

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF PATIENTS SATISFACTION TOWARDS NURSING CARE SERVICES:
COMPARATIVE CROSS SECTIONAL STUDY AMONG ADULT INPATIENTS AT BLACK
LION AND LANDMARK GENERAL HOSPITAL, ADDIS ABABA, ETHIOPIA, 2017.

By: ABAYNESH MEKONNEN(BSc)

A THESIS TO BE SUBMITTED TO ADDIS ABABA UNIVERSITY SCHOOL
OF ALLIED HEALTH SCIENCES DEPARTMENT OF NURSING AND
MIDWIFERY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF ADULTHEALTH NURSING

JULY, 2017

ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF PATIENTS SATISFACTION TOWARDS NURSING CARE SERVICES:
COMPARATIVE CROSS SECTIONAL STUDY AMONG ADULT INPATIENTS AT BLACK
LION AND LANDMARK GENERAL HOSPITAL, ADDIS ABABA, ETHIOPIA, 2017.

By: ABAYNESH MEKONNEN (BSc)

Email: abinesh.tafe@gmail.com

Advisors:-

1. DEBELA GELA (BSc, MScN)
2. FEKADU AGA (Assist. Professor, PhD fellow)

A THESIS TO BE SUBMITTED TO ADDIS ABABA UNIVERSITY SCHOOL
OF ALLIED HEALTH SCIENCES DEPARTMENT OF NURSING AND
MIDWIFERY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF ADULT HEALTH NURSING

JULY 2017

ADDIS ABABA, ETHIOPIA

Acknowledgements

First of all, I would like to express my deepest gratitude to Addis Ababa University who provides the opportunity and sponsoring me to conduct this thesis. Next my advisors Mr. Debela Gela and Fekadu Aga for their valuable advice, guidance and support in writing the thesis and provision of encouragement they offered me.

I would also like to thanks AAU Health science library staffs for their cooperation and support in supplying me with necessary information document for the research thesis writing.

Finally, I also give my special thanks to patients who participated in this study for their Willingness to share their experiences and data collectors and supervisors for their support.

Table of contents	
Acknowledgements.....	iii
List of tables.....	vi
List of Figures.....	vii
List of Abbreviations.....	viii
CHAPTER ONE.....	11
1. Introduction.....	11
1.1. Background.....	11
1.2. Statement of the Problem.....	12
1.3. Significance of the Study.....	15
CHAPTER TWO.....	16
2. Literature Review.....	16
2.1. Patients Satisfaction with Nursing Care Given.....	16
2.2.1. Socio-Demographic Characteristic.....	16
2.2.2. Health Care Provider (HCP) Related Factors.....	17
2.2.3. Institutional Factors.....	18
2.3 Conceptual Framework.....	20
CHAPTER THREE.....	22
3. Objective.....	22
3.1. General Objective:.....	22
3.2. Specific Objectives:.....	22
CHAPTER FOUR.....	23
4. Methodology.....	23
4.1. Study Area.....	23
4.4 Source population.....	24
4.5 Study population.....	24
4.6 Eligibility criteria.....	24
4.5.1 Inclusion criteria.....	24
4.5.2 Exclusion criteria.....	24
4.8 .Data Collection Tools and Techniques.....	28
4.9. Study Variables.....	28
4.10. Operational Definitions.....	29
4.13. Ethical Considerations.....	30
4.14. Dissemination of the Results.....	31
5. RESULTS.....	32

6. Discussion	42
7. Strengths and limitation	44
7.1. Strengths	44
7.2. Limitation.....	44
8. Conclusion	45
9. Recommendation	46
References.....	47
Annex 2: Consent form (English Version)	50
Annex 3: Questionnaire (English Version).....	51
Annex 5. Consent Form (Amharic Version).....	55
Annex 6. Questionnaire (Amharic version)	56
Declaration.....	60

List of tables

Table 1. Socio demographic characteristics of the patients in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Table 2. Clinical characteristics of the patients in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Table 3. Satisfaction of the patients on hospital structure, appropriateness, patient centeredness, timeliness , staff competency and nursing care provided in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Table 4 . Overall satisfaction of the respondents in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Table 5. Bivariate and multivariate analysis of patient's satisfaction and its explanatory variable .

List of Figures

Figure 1: Representation of Donabedian philosophy "The quality of care: How can it be ?"[Donabedian, 2005]. 21

Fig 2 The schematic presentation of the sampling procedure that used to select study participants in Black Lion and Landmark General Hospital Addis Ababa, Ethiopia, 2017.

Fig 3 Overall satisfactions of the respondents in Black Lion Hospital and Land mark, Addis Ababa, Ethiopia, 2017.

List of Abbreviations

AAU	Addis Ababa University
BLH	Black Lion Hospital
CSA	Central Statistics Agency
DC	Data Collection
EDHS	Ethiopian Demographic Health Survey
HCP	Health Care Provider
LGH	Landmark General Hospital
MOH	Minister of Health
NGO	Non-Governmental Organizations
PS	Patients Satisfaction
PI	Principal Investigator
SPSS	Statistical Package for Social Science
UNICEF	United Nations Children's Fund
WHO	World Health Organization
Yrs.	Years

ABSTRACT

Background: The level of satisfaction of patients about the health services can be considered an important tool of quality of services. Nursing care is a major component of the health services because it is one of the determinants of quality of health services. Patient's satisfaction with the care they receive from health care providers has become one of the most important approaches to the measurement of the quality of care in recent times as against the predominantly clinical and administrative approaches.

Objective: This study aims to assess and Compare the level of patients' satisfaction towards nursing care services between Black Lion and Landmark General Hospital, 2017.

Method: Institutional based Comparative cross sectional study was conducted in Black Lion and Landmark General Hospital from March to April 2017. A systematic random sampling technique was used to select sample of 262 adult patients admitted in both hospitals. Data was collected using semi structured questionnaire. The data was coded, edited, and cleaned, and entered into Epidata 3.1 version then exported to SPSS version 21 for analysis. Finally the result was presented using charts, tables and graphs.

Result: Of the total 257 above half 181 (70.4%) of the respondents were satisfied during their stay in hospital and 76 (29.6%) of them were not satisfied. Majority of the patients 77.8 were satisfied with nurse adequate visit and getting their support when needed. Regarding to Nurse explaining well and listening careful to patient and admission procedure 79.4% and 76.35 of the study participants were satisfied respectively. Whereas only 0.4% of the patients were highly dissatisfied on Number of rounds made by the doctor is reasonable, Nurses treat with respect and good behavior, Nurse explaining well and listening careful to patient, The admission procedure was good, no delay, Efficient services (length of stay ...), capacity of doctors and capacity of nurses. Education of patients {**AOR=5.8: 95% CI (1.74, 19.4)**} and cause of illness (acute illness) {**AOR=2.6: 95% CI (1.32, 5.38)**} were associated with satisfaction of patients in hospital.

Conclusion and Recommendation: The study revealed that more than half of the patients were satisfied during their stay in the hospital. There is a need to design intervention that can increase satisfaction of the patients in the hospital.

Keywords: Adult patients' satisfaction, nursing care, dissatisfaction

CHAPTER ONE

1. Introduction

1.1. Background

Patient satisfaction is defined as the patients' subjective evaluation of their cognitive and emotional reaction as a result of the interaction between their expectations regarding ideal care and their perceptions of the actual care (1). It is also described as a health care recipient's reaction to several aspects of their service experience. It is used in many health care facilities as an important indicator of quality care and is frequently included in health care planning and evaluation (2). Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality (3). Measurement of patient satisfaction with inpatient care appears to be important, because the interaction of patient and nursing staff is high in the ward setting and the illness itself affects the attention of nurses (4). There are factors influencing patients/ clients satisfaction toward nursing services include literacy levels, intellectual and physical/sensory disability levels and difficulties with language proficiency or ethnic and cultural diversity (5).

A very important aspect on which patient satisfaction depends is 'nursing care' because nurses are involved in almost every aspect of client's care in hospital (6, 7). Nurses interact with patients more often than any other health care personnel in a hospital. Nurse is the one who translates information imparted by physicians technically and professionally with a humane touch (7). A hospital may be soundly organized, beautifully situated and well equipped, but if the nursing care is not of high quality, the hospital will fail in its responsibility of providing care (8). Nurses spend much time with the patients than other health care professionals. They have a unique position to influence and promote effective consumer relationships (9).

Thus, it is important to elicit the opinion of patients, as well as, their degree of satisfaction with the available service to improve the quality and efficiency of health services outcome.

1.2. Statement of the Problem

Patient satisfaction with inpatient nursing care is an important indicator of service quality. However, different studies revealed that the level of patient satisfaction varies in different types of health institutions (10, 11, 12, 13).

According to world health organization consumer satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery more generally. However, consumer satisfaction studies are challenged by the lack of a universally accepted definition or measure. Yet, the studies done by WHO show that 54% of all the patients that visits different health care facilities, like hospitals, are satisfied with the service they received. The remaining 46% seems to be dissatisfied due to different factors (14). A study conducted in Iraq showed that high satisfaction rate for the technical quality was 87% followed by interpersonal communication dimension 86% while the lowest satisfaction rate was for the information given by the nurse 64%. These did not have statistical differences among the age of the patients, their education, their marital status and occupation. Furthermore, the satisfaction level with nursing care except for females who reported significantly higher level of satisfaction with nursing technical quality (15).

According to Donabedian (1980), the evaluating of effective medical service system is described in terms of structure, processes, and outcomes. Structure denotes the attributes of the settings in which care occurs. It includes organizational infrastructure such as size, numbers of patients, geographical location of the hospital, equipment money and patient characteristics such as age, gender, education, and human resources or health personnel like as doctors, nurses, registration, pharmacy and other staff of the hospital. The aim of these factors is structure to protect and improve quality health care services with patient satisfaction by appropriate utilization of process. (16)

Age is one of the most important background factors for causing difference of maturity on thinking, behavior and emotion. People each age have different feeling, expectation, opinion and attitude toward something when being feeling about health care service. (16)

A study stated that an older age patients scoring more highly satisfied 49% than young 29% and middle aged patients 39% in health care services. According to Blazevska, Vladickiene, and Xinxo, (2004) there was no statistically significant difference in comparing the opinion of the different age group patients about health care quality. Most respondents in each group reported

waiting time is another important factor in a higher level of patient satisfaction with better health care services of chronically ill patients. A study stated that most common problems were waiting time in 79.2% of patient dissatisfied during their health care services. (16)

Education was a crucial factor of health care services. Being education was caused of expectation in receiving medical care in the accurate method and technique and need of information about symptom and treatment program. (16) In the study of Al-Doghaither (2004) showed that education was significantly associated with health care services. Those with more education were less satisfied than those less education. Another current study revealed that patients with lower educational levels (illiterate/ primary) were more satisfied than those with higher levels (secondary/ university). This may be due to that highly educated people have more critical thinking and high level of expectation in all aspects of life. (16)

A recent study in India on patient satisfaction about health care services stated that the overall satisfaction level of patients for availability of services was 97% for seating arrangements, 95% about cleanliness, 93% for timing, 83% regarding services provided by the others staff and 85% for availability of sufficient doctors hospital. A recent study from Bangladesh, reported that the most powerful relationship for client satisfaction with health services was provider behavior, especially respect and politeness (16).

The study also shows the problem gets worst in Developing countries. For example different studies conducted in Africa shows that the satisfaction of patients with the nursing care they have received is not good (17).

Study done in Inpatient satisfaction and associated factors towards nursing care at Felegehiwot Referral Hospital, Amhara Regional State, and Northwest Ethiopia shows that Among satisfaction items, the amount, nurses know your care (78%), the nurse's helpfulness (55%), and nurses' treatment of patients as an individual (54%) were the three top scores respectively. (18)

A study on the quality of hospital services in eastern Ethiopia based on patient's perspective indicated that 46% of patients were not satisfied on waiting time, availability of drug, the payment status. While the study conducted at Jimma Specialized hospital indicated overall client satisfaction on the way the doctor examined them (77%) & on other hands dissatisfaction was reported to be high (46.9%) by respondents with the time spent to see a doctor. All the

percentages show that there is a low satisfaction of patients with respect to the nursing care given in different parts of Ethiopia (18, 19).

Study conducted at Zewditu memorial hospital identified an overall rating on satisfaction questions (patient centeredness, hospital infrastructure, nursing care, staff competence) of 67% satisfaction among inpatients admitted to medical, surgical and gynecological wards (20).

A study done on inpatient satisfaction with nursing care and communication at DebreMarkos hospital indicated an overall inpatient satisfaction on satisfaction questions (hospital infrastructure, patient centeredness, nursing care provided, staff competence) of 56 % (21). Whereas amount and type of information nurses gave the patients about their condition and treatment (46%) & (44.9%) respectively, the way nurses awareness of patients' needs (45.9%) were the least score. These percentage shows both in the capital city of Ethiopia, Addis Ababa, and in the central regional cities like DebreMarkos the nursing care is not given in a way that satisfies the patients.

In Black Lion Hospital there are many improvements in years to increase the level of satisfaction of the patients with the nursing care they received and there have been some improvements (22). However, still some gaps that need to be identified in the area. Landmark Hospital has never been a subject of a studies regarding patients satisfaction with the nursing care they received. This research tries to fill the knowledge gap in that area. Also, by doing a comparative study the research aims tries to give overall picture of the public and the private hospitals respective to that.

Therefore, these research tires to assess the patient's satisfaction of the nursing care they received in public, Black Lion Referral Hospital, and Private, Landmark General Hospital. Although, some studies have been done on public hospitals, there is no published cross-sectional study done comparatively between public and private hospitals.

1.3. Significance of the Study

This study is significant in that it will attempt to show the situation of health care delivery. It also provides basic information on the levels of patients' satisfaction between public and private hospitals with respect to their related factors for the Federal ministry of health (MOH), Regional health office and Woreda health districts, Ethiopian nursing association, academic community, service providers, health care professionals and above all hospital management bodies like Medical director and Matron.

Hence, this study is assumed to have significant importance in providing information in view of patients' satisfaction of health care service provided by Black Lion Referral Hospital, and Landmark General Hospital Addis Ababa Ethiopia.

Farther, it may serve as an insight for any researcher interested in similar study and also particularly help the respective institution to design strategies in providing health care system for the assurance of patients' satisfaction.

CHAPER TWO

2. Literature Review

2.1. Patients Satisfaction with Nursing Care Given

Patient satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Assessing patient satisfaction has become an Integral part of hospital management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries requires that the satisfaction of patient be measured on a regular basis (1).

2.2.1. Socio-Demographic Characteristic

Satisfaction with nursing care was found to increase when patients become older in their age, have better functional health status, are in private rooms, and are hospitalized in surgical wards. On the other hand, no correlations were found between patients' satisfaction and age, gender, or education. Patient's ability to evaluate the care they receive is reduced when they do not have enough knowledge about their condition (1).

There is evidence that patient socio-demographic characteristics affect patient satisfaction level. It can be associated with patient characteristics, including age, gender, race, and education level and health status. In addition, it is logical that previous admissions and the length of the current admission also affect the patient response (10, 24).

In Alasad and Ahemed study showed that the overall rating of patient satisfaction was 77%, it was considered relatively low in comparison to other studies. According to this study comparison between wards, the gynecological ward had a significantly higher percentage of patients' satisfaction with nursing care than the surgical wards (1).

A study conducted in London, 2002, marked associations were found between satisfaction and gender, age and social class. Elderly patients were more likely to report themselves very satisfied, 85% of those over 65 giving this rating compared to 52% of those aged 15 – 39 years. Satisfaction was also related to social class, those from extremes (high social class) tending to be most satisfied than the intermediate groups. The same study done in London showed that older

age was the strongest predictors of satisfaction and men tended to be more satisfied than women(1).

A study done in Black lion indicated overall participants' satisfaction 90% with nursing care in contrary to other studies in the country. Female and age (18-30) had higher satisfaction than males and older participants'. Number of nights spent in the ward had also an association with satisfaction. Those who stayed 11-21 nights had lesser satisfaction than those who stayed less than 10 days(22,26)

2.2.2. Health Care Provider (HCP) Related Factors

A study conducted in Philippines patients admitted in medical ward from the total study participants about 34.3% and 35% were highly satisfied with their experience regarding the nurses' caring attitude and the nurses' skill/competence respectively. Fewer respondents were highly satisfied with the nurses as information providers, with only 17.2% saying they were highly satisfied. A little over half or 57.8% were highly satisfied in the overall evaluation of care (11).

A study conducted in Turkey in hospitalized surgical clinic patients the result indicates patients were asked to provide suggestions to better nursing care, 37.5% of them have suggested nurses to care for them more and understand the patient psychology, and 28.4% of patients have suggested that the nurses should be more tolerant and respectful (1).Other study conducted in Iran, on 384 cancer patients in the oncology wards of 10 teaching-hospitals of two main government universities, revealing that a vast majority of these respondents (82.8%) were satisfied with the nursing care provided to them, while the others (17.2%) were not (23).

According to Donabedian the effectiveness of care, in achieving or producing health and satisfaction, is the ultimate indicator of the quality of care. Satisfaction data play a significant role in the strategy and tactics health care providers use in delivering services for patients. In addition, measurement of patient satisfaction is increasingly playing important role in the growing push towards accountability among health care providers. It is also viewed as an established indicator of quality of care (1, 24).

Support and respect from nurses, constant availability of nurses and appropriately given responses are the main indicators of satisfaction (13, 27).

A study on patient satisfaction in an Urban Health Care Centers of Siliguri Municipal Corporation, Darjeeling, and West Bengal shows that overall satisfaction was 73.1% with a mean value of 3.655. Highest satisfaction was scored in general private hospitals 67%, and the public Hospitals have scored low, the study also shows that Mean score and percentage of the patient satisfaction was high in that Urban Health Centre. Only matter of concern was time spent with the doctor. Doctor's time, lack of facility and poor quality of services were the major reasons for dissatisfaction among a few dissatisfied patients (1)

A study conducted in Hong Kong indicated that communication, respect and patient engagement in provider patient relationship are important in determining patient's satisfaction (10,24)

According to the study conducted in Bangladesh treatment outcomes are more favorable when patients feel they are active participants in care and that their problem has been discussed fully, when they feel encouraged to ask questions, when they feel emotionally supported and when they share their ideas or feelings in the treatment planning process(12).

A study in Pakistan on patient level of satisfaction with various aspects of care provided by doctors in surgical ward indicated that care givers' politeness, consultation and respect for privacy being key determinants of users' perception of satisfaction. Aspects of care such as seeking patients' participation in discussion of their illness, explaining them prescription drugs and lab investigations are areas required attention, especially with regard socio demographic factors like age and education(1).

A critical challenge for health service providers in developing countries is to find ways to make them more client-oriented. Improving service in the health care require hospitals to measure their own performance in order to improve upon current system of service delivery. Well-designed health care delivery system can reduce re-hospitalization, improve quality of life and the health care provided (23, 25).

2.2.3. Institutional Factors

Patient satisfaction that constitutes an important dimension of quality care and patients' outcomes, complementing measures of institutional performance and clinical outcome have proven to be a valuable, relatively cheap and conventional way to assess the provision of quality care to patients. Patient satisfaction has been used in various situations for assessing the superiority of one treatment, pattern of care and one health care system over another (11,26).

Satisfied patients are more likely than unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens. The way patients perceive nursing care largely depends on their social status, age, educational level, cultural background and previous hospital experiences.

A study done in India comparing the public and private hospitals in a cross-sectional study revealed that the private hospitals are in better position with patient's satisfaction, 77%, than the public hospitals 66% with the nursing care they both provide. The only issue the patients have in the private hospital was the amounts of time they get spend with their nurses and the nurses' communication skills in informing them about their cases. In public hospitals cleanness, knowledge of the nurses, reception, and communication has been an issue of dissatisfaction (1).

The study in Nigeria shows that in public hospitals, compared to private hospitals in cross-sectional study, the patient's dissatisfaction mainly comes from the amount of time the nurses get to spend with patients. In an average public hospital of Nigeria, nurses missed 2.7 of 12 required care activities per shift. Three-fourths (73.4%) of nurses reported missing at least one activity on their last shift. This percentage ranged from 25 to 100 across hospitals. Nurses most commonly reported not being able to comfort or talk with patients (47.6%) and plan care (38.5%). 6 out of 10 patients rated hospitals highly. This proportion ranged from 33% to 90% across hospitals. In this regard the study also shows the private hospital nurses where much more available to the patients (13).

A cross-sectional study in Ghana shows a different result. In Public hospitals the overall opinion about the efficiency of hospital's nursing care was satisfactory in 92% of patients. 68% respondents said that the time of coming to hospital and consulted by nurses was too long. Although in 75% of patients the time devoted by nurses was only between 0-5 min., the communication and explanation of disease by nurses were found satisfactory in 80% and 91% respectively. The need of investigations was necessary as per 90% of patients. Time required to locate and get medicines from pharmacy was satisfactory in nearby all patients. The study showed it was much better than the private hospitals (1).

Patients' views have become an important element in the evaluation of health care, even though the concept of patient satisfaction has rarely been defined or examined theoretically. This is reflected in the diversity of definitions and measurement approaches in studies. In a meta-

analysis of satisfaction literature, Hall and Dornan found it difficult to compare studies because of the variations in the dimensions of satisfaction measured (1, 15).

The study conducted in Jimma specialized hospital indicated highest (82.7%) satisfaction with the way the doctors examined them and on the other hand dissatisfaction was reported to be highest (46.9%) by respondents with the time spent to see a doctor. The study on the patient's perspective in Eastern Ethiopia indicated that the satisfaction with health care found to have a significant association with waiting time, the availability of drugs, the payment status of the respondent and the address of the patient. When the waiting time is long the satisfaction is low, when the drugs are not available the satisfaction is low, when the patients are getting free treatment the satisfaction is high and when the patients travel long distance to get to the hospital the satisfaction is low (19, 25).

It was indicated that, the cause of dissatisfaction is not due to nursing care but other hospital services such as pharmacy, laboratory, catering and other services (22, 26).

2.3 Conceptual Framework

According to Donabedian, patient satisfaction is explained by the degree to which patient's expectations are fulfilled. It is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (24, 28).

Donabedian described client satisfaction as one of the outcome in the three dimensions of quality: Structures, Processes and Outcomes. Assessing outcomes has merit both as an indicator of the effectiveness of interventions and as part of a monitoring system directed to improving quality of care as well as detecting its deterioration. Quality assessment studies usually measure one of three types of outcomes: medical outcome, cost, and client satisfaction (24, 28).

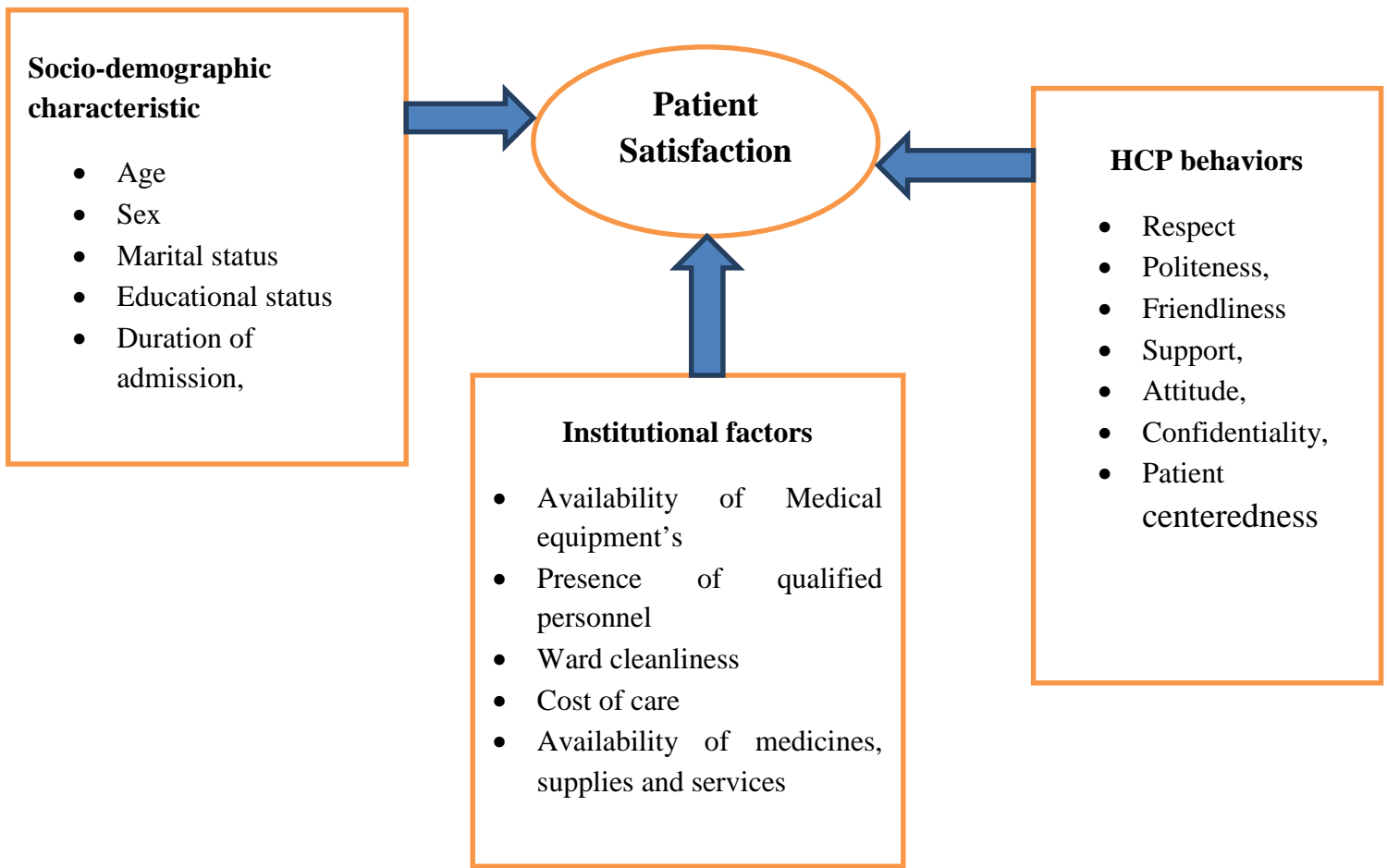


Figure 1: Representation of Donabedian philosophy" The quality of care: How can it be assessed?" [Donabedian, 2005].

CHAPTER THREE

3. Objective

3.1. General Objective:

Assessment of patients' satisfaction towards nursing care services: comparative cross sectional study among adult inpatients between Black lion and Landmark general hospital, 2017.

3.2. Specific Objectives:

- To assess the level of patients satisfaction in in Black Lion Hospital and Land Mark hospital Addis Ababa, Ethiopia.
- To compare private and public hospital in relation to patients' satisfaction in Black Lion Hospital and Land Mark hospital Addis Ababa, Ethiopia.
- To identify factors associated with satisfaction of patients in Black Lion Hospital and Land Mark hospital Addis Ababa, Ethiopia.

CHAPTER FOUR

4. Methodology

4.1. Study Area

Addis Ababa University is a state university in Addis Ababa, the capital city of Ethiopia. It was established in 1950 and named as University College of Addis Ababa and later in 1962 renamed as Haile Selassie I University after the Ethiopian Emperor Haile Selassie I. Then in 1975 the institution received its current, Addis Ababa University.

It is the training center for fellows, postgraduate undergraduate, medical students, dentists, nurses, Radiographers and laboratory technicians. Addis Ababa University has thirteen campuses. Twelve of these are situated in Addis Ababa, and one is located in Bishoftu, about 45 kilometers away.

Black Lion hospital is the largest teaching hospital managed by Addis Ababa University, College of Health Sciences. It is a very large referral University hospital with approximately 370,000-400,000 patients flow per year. The hospital has 800 beds, with 169 specialists, 65 non-teaching doctors and 8 major operating theatre rooms. The emergency department sees around 80,000 patients a year with equipped emergency well trained professionals. (28)

Landmark general hospital is owned by landmark private limited company. The hospital was officially inaugurated on sene 8, 2000 E.C or 13th September 2008 G.C. Landmark hospital one of relatively the largest private hospital in Addis Ababa, Kirkos sub-city, on the way from Mexico square to kera, near Genet Hotel. It is an especial hospital on Heart surgery. It has 51 beds and 52 nurses. (29)

Thus, the study was conducted in governmental hospital Black lion and private hospital at Landmark hospitals in Addis Ababa, Ethiopia.

4.2 Study Period

The study was conducted from March to April 2017 at governmental hospital Black lion and private hospital at Landmark hospital

4.3 Study design

Institutional based Comparative cross sectional study design was conducted.

4.4 Source population

All Adult patients admitted to the hospital inpatient wards of BLH and LGH.

4.5 Study population

Adult patients admitted to medical, surgical and gynecology and obstetrics wards of the hospital during the study period.

4.6 Eligibility criteria

4.5.1 Inclusion criteria

- Patients admitted to the wards at least five days in the ward

4.5.2 Exclusion criteria

- Patients who are seriously ill and unable to communicate.
- Non-adult patients

4.6 Sample size

4.6.1. Sample size determination

The sample size for this particular study was calculated using formula for a single population Proportion considering the following assumptions.

Assumptions: A 95% confidence level, margin of error (0.05), proportion of patient satisfaction

On nursing care (p=56%, from previous study (21) is substituted in the following single

Population proportion formula.

$$n = \frac{(Z / 2)^2 p (1-p)}{d^2}$$

$$d^2$$

$$= \frac{(1.96)^2 (0.56) (0.44)}{(0.05)^2}$$

$$(0.05)^2$$

$$= (1.96)^2 (0.56) (1-0.56) / (0.05)^2$$

Where n= required sample size

Z= = critical value for normal distribution at 95% confidence level which equals to

1.96 (z value at =0.05)

P= (Proportion of patient satisfaction on nursing care 56%)

d= 0.05 (5% margin of error);

$$n_i=379$$

Because the total population is less than 10,000 which was 560, admitted patients at BLH 509 and LGH 51 .Final sample size was determination by using the correction formula as follow

$$N_f = \frac{n_i}{1 + n_i/N}$$

n_f= Total sample size

N= Total patients admitted in both hospitals which was 560.

$$N_f = \frac{n}{1 + \frac{n}{N}} = \frac{379}{1 + \frac{379}{560}} = 238$$

N_f = 238. Non response rate = 10%. By adding the non-response rate.

The final sample size is 262.

4.6.2. Sampling technique and procedure

Since the large numbers of patients were admitted in medical, surgical and gynecological ward,

These three wards were selected purposefully but pediatric ward was not selected due to the

Respondent were not direct care receivers. The total sample size (n=262) was allocated proportionally in each hospital ward according to the total number of beds in medical, surgical and gynecological wards. Through using a systematic random sampling technique, sample patients who stayed in the study wards for at least 5 days was invited to the survey. By taking the number of patients who were admitted in the study ward for 1 month, number of patient expected in one month was estimated and then it was divided by sample size of each ward to get the interval. Then, K=2 for each ward. The first patients were selected by lottery method from their order of registration and then every other patient who had received care was selected and only those on the list were approached consecutively.

The sample size for each hospital was determined by:

$$BLH=509 \div 560 \times 262 = 238$$

$$LGH=51 \div 560 \times 262 = 24$$

The sample size for each wards the hospitals was determined by proportionate allocation formula:

$$N_j = \frac{n \times NJ}{N}, \text{ where}$$

N

n_j = is sample size of the ward

N_j = is number of bed in the ward

n = is the total sample size of 262 (BLH 238) and (LGH 24)

N = total number of bed BLH (330) and LGH (45)

$$n_{\text{medical}} = \frac{238 \times 121}{330} = 87$$

330

$$n_{\text{surgical}} = \frac{238 \times 67}{330} = 48 \text{ and}$$

330

$$n_{\text{gyn/obs}} = \frac{238 \times 142}{330} = 102$$

330

Accordingly 87 from medical ward, 48 from surgical ward, 102 from obstetrics and gynecology

Was taken from Black Lion Hospital.

$$n_{\text{medical}} = \frac{24 \times 23}{45} = 13$$

45

$$n_{\text{surgical}} = \frac{24 \times 15}{45} = 8 \text{ and}$$

45

$$n_{\text{gyn/obs}} = \frac{24 \times 7}{45} = 4$$

45 , Accordingly 13 from medical ward, 8 from surgical ward, 4 from obstetrics and gynecology LGH.

Was taken from Hospital.

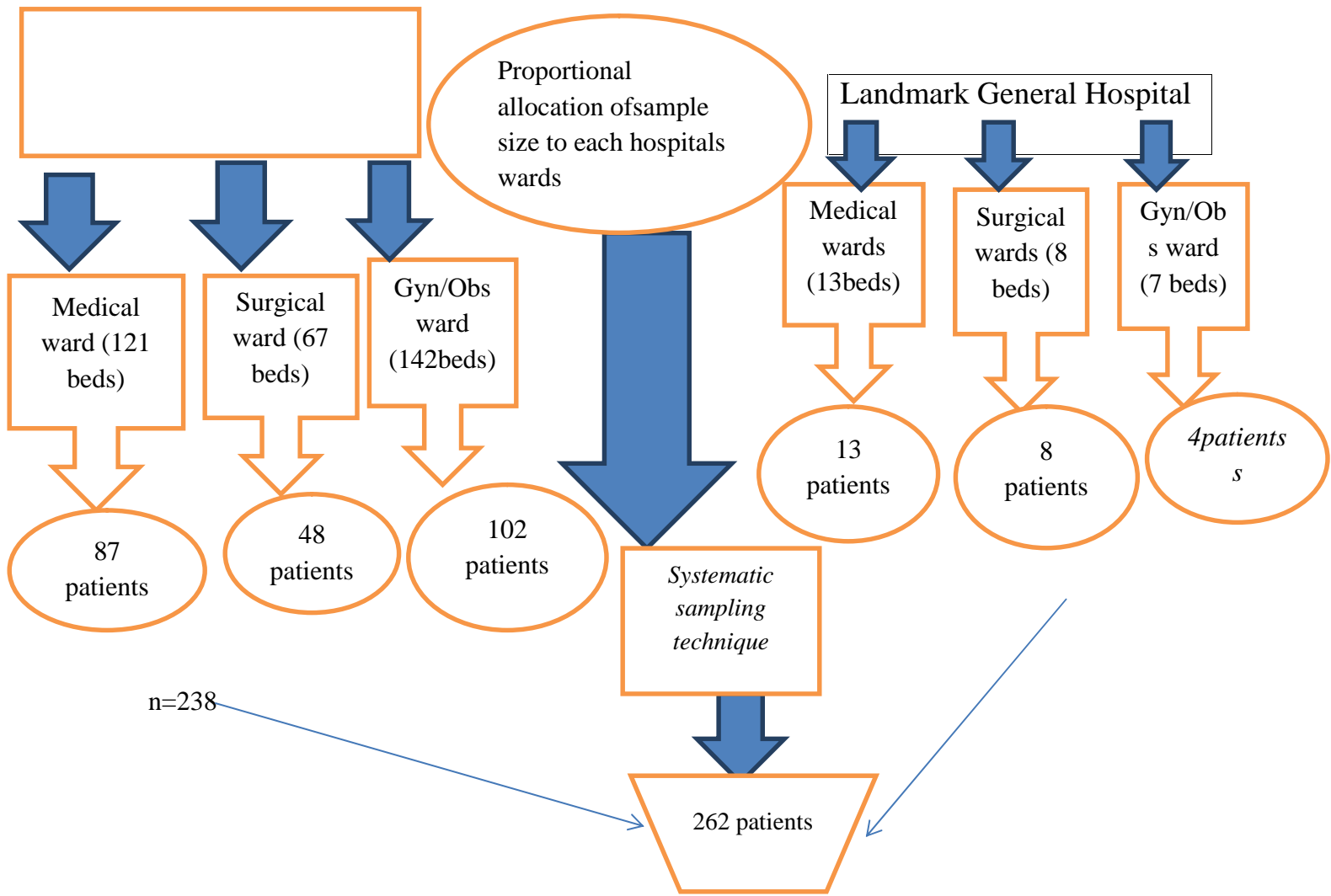


Figure 2: Schematic presentation of sampling procedure used to select study participant's from each wards of BLH and LGH Addis Ababa, Ethiopia 2017

4.8 .Data Collection Tools and Techniques

A semi-structured interview administered questionnaire, which include all the relevant information on socio-demographic, patient characteristics, hospital structures, appropriateness and timeline of service and overall satisfaction (acceptability) of the patients and care givers. The Newcastle Satisfaction with Nursing Scales (NSNS) tool which was adapted from previous study in Ethiopia was used (35).The question has nine parts.Likert scale of 1-5 was used to collect response of the respondents of their satisfaction status; value 1 for highly dissatisfied response and value 5 for highly satisfied response. The satisfaction will assess in two steps: First, the respondents were asked whether they were satisfied with the care received; then they were asked their level of satisfaction or dissatisfaction.During data collection 3data collectors (MSc emergency medicine students) and 3 clinical nurses professional was collect the data from respective hospitals ward.

4.9. Study Variables

Dependent:

- Inpatients satisfaction

Independent Variable

- **Socio-demographic variables;** Age, sex, marital status, educational status, duration of admission, residence, occupation
- **Institutional variables;** Availability of Medical equipment's, Presence of qualified personnel, Ward cleanliness, Cost of care, Availability of medicines, Hospital structure: ward environment including equipment, infrastructures, of diagnostic services, treatment efficacy, access and cost of the services
- **HCP behaviors;** Respect, politeness, friendliness, support, attitude, confidentiality, patient centeredness, timeliness: efficient services, coordination (harmonization and alignment).

4.10. Operational Definitions

Acceptability: The stats how the patients are receive care and satisfied by the care given by nurses.

Appropriateness: The condition that the patient thought that the overall care provided to the patient is correct and mandatory including diagnosis, treatment, access to services and cost
Length of stay:

Patient satisfaction: patient's attitude of the service delivery based on their experience and expectations is above to the expected.

Satisfied: The questions related to satisfaction were asked to assess the satisfaction of the patients that means above mean indicate satisfied. As result those scored above mean were considered as satisfied. After the response for each question were summed up. Mean score was calculated and those scored above mean (≥ 138.6 mean) were considered as they were satisfied.

Dissatisfied: The questions related to satisfaction were asked to assess the satisfaction of the patients that means below mean indicate dissatisfied. As result those scored below mean were considered as dissatisfied. After the response for each question were summed up. Mean score was calculated and those scored below mean (< 138.6 mean) were considered as they were dissatisfied.

Outcome: patient's or care giver level of satisfaction

Staff competency: The ability of the nurses to give proper care to the patient.

Structure: constitute hospital physical environment, equipment's and infrastructures.

Timeliness: The way the patients get good service without troubling.

Very dissatisfied: Fail to meet patient's expectation leading to disappointment

4.11 Data quality Assurance

Pre-test was conducted on 5% of sample size of patients' in Zewditu memorial hospital 1weeks Before data collection to make sure clarity of the questioner, after which correction of concepts And statements were made. The quality of data were ensured through training of data collectors, Regular supervision, immediate feedback, spot checking and reviewing each of completed Questionnaires daily were carried out by the principal investigator to maintain data quality. The

Questionnaire was prepared in English and translated into Amharic language, Afan Oromo and then back to English to keep its consistency. Data collectors were trained for one day. Epi-data version 3.1 Was used to cleaned up and prevents data entry errors.

4.12 Data analysis Procedure

For all categorical variables frequencies and percentages was calculate. In addition, data entry and analysis was conduct using Epi data and exported in to SPSS version 21. Then, the entered data was edit, clean and analyze. Finally, the data was summarized using descriptive statistics of median, standard deviation and percentage and presented in tables and charts. Cross tabulation was used to assess the proportion of dependent variable in specific variable, bivariate and multivariate logistic regression analysis was used to identify associated factors of patient satisfaction using odd ratio and level of significance at 5%. The data for the liker scale response was recorded where required as dissatisfied for the response of 1 (very dissatisfied) and 2 (dissatisfied) and as satisfied as 3 (Neutral), 4 (satisfied) and 5 (very satisfied).

4.13. Ethical Considerations

Ethical approval and clearance were obtained from ethical review committee of University of Addis Ababa, collegeHealth Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. Supportive letter were obtained from Department of Nursing and Midwifery to Black lion Hospital and Landmark General Hospital to obtain permission to collect the data. Permission to conduct the study was also requested both Black lion hospitaland Landmark General Hospital. Informed consent had been asked to the study participant to confirm willingness for participation after explaining the objective of the study. The respondents have also the right to refuse or terminate at any time. The information provided by each respondent was kept confidential through anonymous recording and coding of questionnaire.

4.14. Dissemination of the Results

The finding of the study was disseminated to relevant stakeholders Addis Ababa University, Landmark hospital and sponsoring body and effort will be made to make presentations on appropriate forums and get published.

5. RESULTS

5.1 Socio demographic characteristics of study participants

Table 1. Socio demographic characteristics of the patients in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Variables		Black lion (n=233)	Land mark (n= 24)	Total (n=257)
Age	18-25	56 (24%)	8 (33.3%)	64 (24.9%)
	26-30	59 (25.3%)	11 (45.8%)	70 (27.2%)
	31-35	28 (12%)	4 (16.7%)	32 (12.55)
	36-40	29 (12.4%)	1 (4.2%)	30 (11.7%)
	41-50	33 (14.2%)	0 (0%)	33 (12.8%)
	51-55	6 (2.6%)	0 (0%)	6 (2.8%)
	>55	22 (9.4%)	0 (0%)	22 (2.3%)
Sex	Male	81 (34.8%)	13 (54.2%)	94 (36.6%)
	Female	152 (65.2%)	11 (45.8%)	163 (63.3%)
Education	Not read and write	63 (27%)	(0%)	63 (24.5%)
	Read and write	92 (39.5%)	7 (29.2%)	99 (38.5%)
	Primary (1-8)	29 (12.4%)	2 (8.3%)	31 (12.1%)
	Secondary (9-12)	26 (11.2%)	4 (16.7%)	30 (11.7%)
	Tertiary(above 12)	23 (9.9%)	11 (45.8%)	34 (13.2%)
Religion	Orthodox	103 (44.2%)	11 (45.8%)	114 (44.4%)
	Muslim	78 (33.5%)	7 2(9.2%)	85 (33.1%)
	Protestant	51 (21.9%)	62 (25%)	57 (22.2%)
	other	1 (4%)	(0%)	1 (0.4%)
Ethnicity	Amahara	79 (33.9%)	10 (41.7%)	89 (34.6%)
	Oromo	26 (11.2%)	8 (33.3%)	34 (13.2%)
	Tigre	95 4(0.8%)	5 (20.8%)	100 (38.9%)
	Gurage	16 (6.9%)	1 (4.2%)	17 (6.6%)
	Other	17 (7.3%)	(0%)	17 (6.6%)
Marital status	Single	98 (42.1%)	11 (45.8%)	109 (42.4%)
	Married	133 (57.1%)	13 (54.2%)	146 (56.8%)
	Divorced	2 (0.9%)	0 (0%)	2 (0.8%)
Occupation	Employed	113 (48.5%)	5 (20.8%)	118 (45.9%)

	Unemployed	73 (31.3%)	19 (79.8%)	92 (35.8%)
	other	47 (20.2%)	0 (0%)	47 (18.3%)
Residence	Urban	137(58.8%)	22 (91.7%)	159 (61.9%)
	Rural	96(41.2%)	2 (8.3%)	98 (38.1%)
Monthly income	<500	133 (57.1%)	0 (0%)	133 (51.8%)
	500-1000	41 (17.65)	0 (0%)	41 (16 %)
	100-1500	13 (5.6%)	0 (0%)	13 (5.1%)
	1500-2000	10 (4.3%)	0 (0%)	10 (3.9%)
	2000-2500	7 (3%)	0 (0%)	7 (2.7%)
	≥ 2500	29 (12.45)	24 (100%)	53 (20.6%)

From the total of 262 planned study participants, complete response rate was obtained for 257 (98.09%). Of these participants 233 (90.6 %) were from Black Lion Hospital and 24 (9.4 %) are from Land Mark Hospital.

One hundred sixty six (63.4%) participants were female, whereas 66 (36.6 %) were male.

Among the participants majority of them 115 (44%) were orthodox Christian followers. From the Total of 257 participants majority of them 146 (56.8 %) were married (Table 1).

5.2 Clinical characteristics of study participants

Table 2. Clinical characteristics of the patients in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Variables		Black Lion	Land mark	Total (n=257)
History of admission	First time	78 (33.5%)	15 (62.5%)	93 (36.2%)
	Second	61 (26.2%)	5 (20.8%)	66 (25.7%)
	More than two	94 (40.3%)	4 (16.7%)	98 (38.1%)
Cause of illness	Acute	117 5(0.2%)	17 (70.8%)	134 (52.1%)
	Chronic	116 (49.8%)	7 (29.2%)	123 (47.9%)

Regarding to the characteristics of patients, 38.1 % of the respondents had history of more than two admissions, followed by 36.2% admitted for first time and 25.7% had history of admission for the second time.

Among the participants 134 (52.1 %) of their cause of illness was acute, whereas 123 (47.9%) of their cause of illness was chronic (Table 2)

5.3 Institutional factors

Table.3. Institutional factors of satisfaction among patients in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Variables	Mean	Satisfied	Not satisfied
Adequacy and maintenance of ward equipment	3.74	203 (79%)	54 (21%)
Cleanliness of the ward is	3.72	194 (75.5%)	63 (24.5%)
Adequacy of ward space	3.76	202 (78.6%)	55 (21.4%)
Ward room light and ventilation	3.79	209 (81.3%)	48 (18.7%)
Condition of bed	3.8	205 (79.8)	52 (20.2%)
Condition of food (nutritious and safe)	3.59	160 (62.3%)	97 (37.7%)
Access to water, latrine and hand washing facility	3.44	153 (59.5%)	104 (40.5%)
Diagnostic services are good	3.87	212 (82.5%)	45 (17.5%)
Have got good progress of treatment (effective)	3.74	193 (75.1%)	64 (24.9%)
Access to service pharmacy, get medicine in the hospital	3.51	136 (52.9%)	121 (47.1%)
Access to service- laboratory and x-ray diagnosis	3.63	150 (58.4%)	107 (41.6%)
Payments for the exam, drug and	3.66	165 (64.2%)	92 (35.8%)

other services is fair			
------------------------	--	--	--

In this study, among the total of 257 majorities of them 79%, 75.5%, 82.5% were satisfied regarding to Adequacy and maintenance of ward equipment, Cleanliness of the ward and Diagnostic services respectively, while 40.5% of the respondents dissatisfied concerning to Access to water, latrine and hand washing facility and 47.1% dissatisfied for Access to service pharmacy, get medicine in the hospital (Table 3).

5.4 Health care providers' factors

Table 4. Health care providers' factors of satisfaction among patients in Black Lion Hospital and Land mark in Addis Ababa Ethiopia, 2017.

Variables	Mean	Satisfied	Not satisfied
Physician communication–well explanation /consultation	3.83	211 (82.1%)	46 (17.9)
Nurses make adequate visits and get their support when needed	3.84	213 (82.9%)	44 (17.1%)
Number of rounds made by the doctor is reasonable	3.82	213 (82.9%)	44 (17.1%)
Nurses treat with respect and good behavior	3.8	210 (81.7%)	47 (18.3%)
Nurse explaining well and listening careful to patient	3.8	211 (82.1%)	46 (17.9%)
The admission procedure was good, no delay	3.79	205 (79.8%)	52 (20.2%)
Efficient services (length of stay ...)	3.69	179 (69.6%)	78 (30.4%)
There is good layout from wards to other services like lab. X-ray, pharmacy (and coordination)	3.55	138 (53.7%)	119 (46.3%)
Perceived capacity of doctors	3.87	214 (83.3%)	43 (16.7%)

Perceived capacity of nurses	3.86	216 (84%)	41 (16%)
The way nurses were/are talking to me.	3.81	212 (82.5%)	45 (17.5%)
How nurses listened to my worries and concerns.	3.8	212 (82.5%)	45 (17.5%)
How Nurses treated me as individual	3.82	215 (83.7%)	42 (16.3%)
How nurses were/are willing to respond to my concerns/requests.	3.81	209 (81.3%)	48 (18.7%)
How nurses helped me with my pain	3.87	217 (84.4%)	40 (15.6%)
How nurses helped me with bed making	3.87	216 (84%)	41 (16%)
My anxiety and stress was alleviated by nursing care	3.7	180 (70%)	77 (30)
The amount of time nurses spent with you	3.78	202 (78.6%)	55 (21.4%)
How quickly nurses came when you need them	3.8	204 (79.4%)	53 (20.6%)
The way the nurses made you feel at home	3.65	170 (66.1%)	87 (33.9%)
The amount of information nurses gave to you about your condition and treatment	3.43	128 (49.8%)	129 (50.2%)
How often nurses checked to see if you were okay	3.62	155 (60.3%)	102 (39.7%)
The amount of privacy nurses gave you	3.82	207 (80.5%)	50 (19.5%)
Nurses awareness of your needs	3.84	215 (83.7%)	42 (16.3%)
The amount of confidentiality	3.89	218 (84.8%)	39 (15.2%)

nurses gave you			
-----------------	--	--	--

Majority of the patients 82.9% were satisfied with nurse adequate visit and getting their support when needed. Regarding to Nurse explaining well and listening careful to patient and admission procedure 82.1% and 79.8% of the study participants were satisfied respectively.

Whereas 17.1 %, 18.3%,17.9% and 20.2% of the patients were dissatisfied towardsreasonability of the number of rounds made by doctor , Nurses treat with respect and good behavior, Nurse explaining well and listening careful and the admission procedure respectively (Table 4)

5.5 Overall satisfaction of the respondents

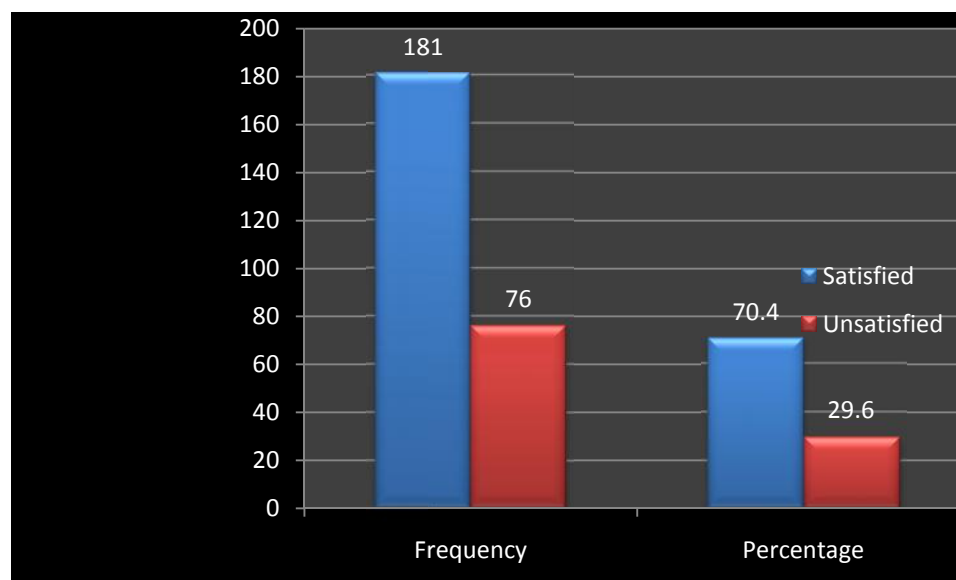
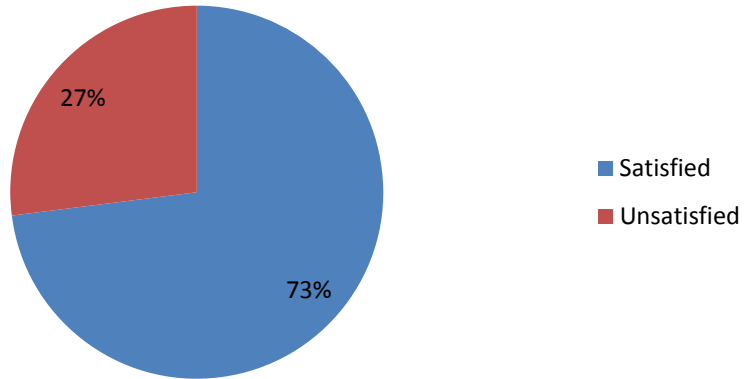


Fig 2 Overall satisfaction of the respondents at Black Lion Hospital and Land mark, Addis Ababa, Ethiopia, 2017.

To determine the level of overall satisfaction, the responses were summed up and a total score obtained for each respondent. The mean was calculated and those scored above mean were considered as satisfied and those scored below mean were considered not satisfied.

Out of 257, above half 181(70.4%) of the participants were satisfied whereas 76(29.6%) were found as unsatisfied (Fig 2).

Black Lion Hospital



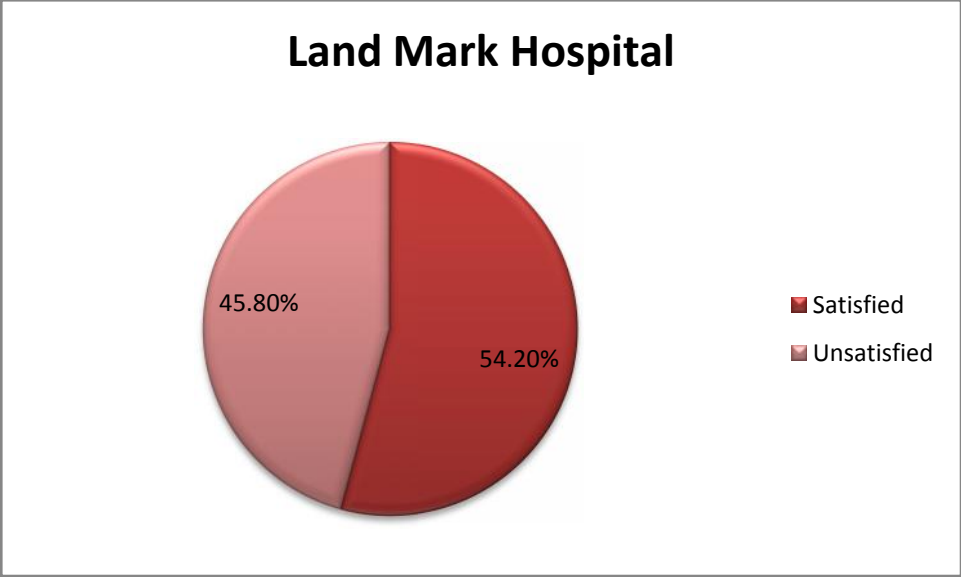


Fig.3.Overall satisfaction of the respondents inLand mark hospital, Addis Ababa, Ethiopia, 2017.

To determine the level of overall satisfaction in Land mark hospital, the responses were summed up and a total score obtained for each respondent. The mean was calculated and those scored above mean (164.9) were considered as satisfied and those scored below mean were considered not satisfied. Among the total 24 of the patients in land mark 54.2% of them were satisfied while 45.8% of the participants were unsatisfied

5.8 Factors associated with satisfaction of patients

Table 5. Bivariate and multivariate logistic regression analysis of patients' satisfaction and its explanatory Variables

Variables	Satisfaction		COR, 95%CI	AOR, 95%CI
	Satisfied	Unsatisfied		
Age				
18-25	53 (82.8%)	11 (17.2%)	1.5 (0.47-5.29)	2.39 (0.58-9.81)
26-30	48 (68.6%)	22 (31.4%)	0.6 (0.21-1.96)	1.47 (0.40-5.38)
31-35	20 (62.5%)	12 (37.5%)	0.49 (0.14-1.67)	0.84 (0.21-3.29)
36-40	22 (73.3%)	8 (26.7%)	0.8 (0.22-2.92)	1.41 (0.34-5.85)
41-50	19 (57.6%)	14 (42.4%)	0.35 (0.1-1.18)	0.72 (0.19-2.72)
51-55	2 (33.3%)	4 (66.7%)	0.14 (0.02-1.05)	0.26 (0.02-2.62)
>55	17 (77.3%)	5 (22.7%)	1	1
Sex				
Male	64 (68.1%)	30 (31.9%)	0.83 (0.48-1.45)	0.91 (0.57-2.87)
Female	117 (71.8%)	46 (28.2%)	1	1
Education				
Not read and write	51 (82.3%)	11 (17.7%)	5.21(2.04-13.31)*	5.86(1.74-19.4)**
Read and write	70 (71.4%)	28 (28.6%)	2.95 (1.32-6.62)*	2.1 (0.78-5.61)
Primary (1-8)	22 (71%)	9 (29%)	2.75 (0.98-7.68)	2.3 (0.69-7.78)
Secondary (9-12)	21 (65.6%)	11 (34.4%)	2.14 (0.79-5.79)	1.30 (0.41-4.12)
Tertiary(above 12)	17 (50%)	17 (50%)	1	1
Cause of illness				
Acute	102 (76.1%)	32 (23.9%)	1.77 (1.033-3.05)*	2.67 (1.32-5.38)**
Chronic	79 (64.2%)	44 (35.8%)	1	1

*P value is significant at $P < 0.2$

** P value is significant at $P < 0.005$

COR crude Odd Ratio

AOR Adjusted Odd Ratio

Binary Logistic regression was used to assess the association of each independent variable's satisfaction of patients. The binary logistic regression analysis gave out education and cause of illness as factors associated with patient satisfaction. The associated factors which showed a p-value < 0.2 and less were added to multivariate regression model for analysis.

The multi regression analysis revealed that P-value < 0.05 cause of illness and education is a variable which is found to have association with the satisfaction of patients. Patients those did not write and read were 5.8 times {**AOR=5.8: 95% CI (1.74, 19.4)**} more likely to be satisfied compared to patients those have educational level more than tertiary. Patients with acute cause of

illness were 2.6 times {**AOR=2.6: 95% CI (1.32, 5.38)**} more likely to be satisfied compared to patients with chronic cause of illness (Table 5).

6. Discussion

This facility based cross sectional study has attempted to assess the satisfaction of patients in public and private hospital in Addis Ababa, Ethiopia.

The study found that about more than half of patients (70.4%) were satisfied with nursing care given for them. This study was consistent with the finding in the study conducted in selected hospital in Addis Ababa where 67 % of the participants were satisfied (31).

In the current study patients in private hospital (100%) were more satisfied with nursing care as compared to government hospital (67.4%). This study was comparable with the study conducted in Punjab where 67.6 % patients were satisfied in private hospitals and 84% were satisfied in public hospital (32) and the same finding was showed in the study conducted in Pakistan where more satisfaction of patients in private sector was reported than in the public sector (33).

Almost half of the study participants were females (65.2 %) and married (56.8%). This finding was the same with findings in Maharashtra where majority of the respondents were female (61%) and 86.2% of the study participants were married (34) and in Pakistan 61.4% of the diabetes mellitus patients were females(35).

Concerning to how Nurses treated the patients as individual majority (79.4%) of them was satisfied. This finding was in line with the findings in the study conducted in selected hospital in Addis Ababa where patients scored highest for their satisfaction with nurses' treatment of patients as an individual(31).

Regarding to factors that associated with satisfaction of patients, age and sex of the respondents were not significantly associated with patient's satisfaction. This finding was comparable with the study conducted in the Cyprus where age and sex was not associated with satisfaction of patients (36).

Education was a crucial factor of health care services. Being education was caused of expectation in receiving medical care in the accurate method and technique and need of information about symptom and treatment program. In addition, education was a divider of a person's class level, honor and dignity. When receiving a health care service, people expected that they would receive the service suited to their dignity. People are having higher education often higher expected than people having lower education (37). In the current study those not educated were more satisfied (AOR =5.86, CI (1.74-19.4)) than those more educated. The same finding was reported in the study conducted in the Bangladesh where education was significantly associated with health care 21 services. Those with more education were less satisfied than those less education. This may be due to that highly educated people have more critical thinking and high level of expectation in all aspects of life (37).

7. Strengths and limitation

7.1. Strengths

- Give information on patients' satisfaction.
- Resources for next researchers.

7.2. Limitation

- Since the study was cross-sectional does not show causal relationship.

8. Conclusion

The study revealed that overall satisfaction were 70.4% ,(more than half of patients satisfied with Access to service- laboratory and x-ray diagnosis, , Adequacy and maintenance of ward equipment, Cleanliness of the ward, Ward room light and ventilation, Physician communication– well explanation /consultation, the amount of information nurses gave to them about their condition and treatment and the amount of privacy nurses gave them), while 40.5% of the respondents dissatisfied concerning to Access to water, latrine and hand washing facility and 47.1% dissatisfied for Access to service pharmacy, get medicine in the hospital. The public hospital was 73% satisfied and the private one is 54.2% satisfied, Education and cause of illness (acute illness) was significantly associated with satisfaction of the patients. This suggests that health care providers and hospital decision makers should consider ways to increase satisfaction of patients during their stay in the hospital.

9. Recommendation

Based on the finding of the study the following important recommendation is forward respective body on increasing satisfaction of patients and researchers who are engaged in this area.

Therefore this study recommend to:-

Hospital decision makers

- The hospital managers should consider institutional factors to increase satisfaction of patients

Health care providers

- Nurses should modify their provision of services in order to make their patients more satisfied.

Other researchers

- Further studies should be considered to explore the needs of patients and to identify types of interventions that will have a positive impact on the satisfaction of patients.

References

1. Allan J, Schatter P et al. (2009). Does patient satisfaction of general practice change over a decade? *BMC FamPract*, Feb 8; 10:13
2. Wagner D, Bear M. (2009). Patient satisfaction with nursing care: a concept analysis within a nursing framework. *J AdvNurs*, 65(3):692-701.
3. Taylor K. (2009). Paternalism, participation and partnership-the evolution of patient centerdness in the consultation. *Patient EducCouns*, 74:150-155.
4. U. Senarath, N. S. Gunawardena, B. Sebastiampillai et al., "Patient satisfaction with nursing care and related hospital services at the National Hospital of Sri Lanka," *Leadership in Health Services*, 26, (1), pp. 63–77, 2013.
5. Namir. Ghanim , Ibrahim Hassan Mustafa, Zhyan Abdullah. Inpatients' satisfaction toward nursing services in the medical and surgical wards of Rizgary Teaching Hospital, Erbil, Iraq. *Zanco J. Med. Sci.* :2016, 20(2),
6. Wagner D, Bear M. Patient satisfaction with nursing care: a concept analysis within a nursing framework. *Journal of Advanced Nursing*: 2009; 65(3):692-701.
7. Anisah, A. et al. Patients' perception of the ambulance services at Hospital Universitiy Saints Malaysia, Singapore:2008, 49(8): p. 631.
8. Mufti, S., et al. Patient's Perception of Nursing Care at a Large Teaching Hospital in India. *International Journal of Health Sciences*:2008, 2(2).
9. T. Schoenfelder, J. Klewer, and J. Kugler, "Determinants of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany," *International Journal for Quality in Health Care*, vol. 23, no. 5, Article ID m zr038, pp. 503–509, 2011.
10. Ahmad MM, Alasad JA, Nawafleh H; Nursing care and quality of life among Jordanian patients with cancer. *Leadership in Health Services*. 2010, 23: 1-11.
11. M Vanessa C. Villarruz-Sulit1, A, L. Dans, U. Javelosa1, Measuring Satisfaction with Nursing Care of Patients Admitted in the Medical Wards of the Philippine General Hospital, 2009, Vol. 43 N0. 4.
12. Revilla A, TabouletP et al. (2008). La satisfaction des patients aux urgencesest-elle comparable à celle des soignants? *UrgencePratique*, 90:5-8.
13. Jeffrey L.Jackson, J. Chamerin, K.Kroenke, Predictors of patients' satisfaction, *Soc. Sci. & Med.* 52 (2001) 609-620.

14. Piron L, Turolla A et al. (2008). Satisfaction with care in post-stroke patients undergoing a telerehabilitation programme at home. *J Telemed Telecare*, 14(5):257-60.
15. Panvelkar NP, Saini B, Armour C. (2009). Measurement of patient satisfaction with community pharmacy services: a review. *Pharm World Sci*, 31:525-537.
16. Chapter 2 literature reviews. <http://www.unaids.org/documents/2011>.
17. Ahmad MM, Alasad JA, Nawafleh H; Nursing care and quality of life among Jordanian patients with cancer. *Leadership in Health Services*. 2010), 23: 1-11.
18. Ethiopian hospital reform implementation guideline. Ethiopian hospital management initiative, May 2010: Version 1.
19. F. Assefa, A. Mosse, and Y. H. Michael, "Assessment of clients' satisfaction with health service deliveries at Jimma university specialized hospital," *Ethiopian Journal of Health Sciences*, vol. 21, no. 2, pp. 101–109, 2011.
20. Mahlet Girma. Assessment of inpatients' satisfaction on quality of care and associated factors at Zewditu memorial Hospital, Addis Ababa. 2015.
21. S, Alemu, Challi J, Tsion, A, Mayur. Changes in in-patient satisfaction with nursing care and communication at DebreMarkos Hospital, *American Journal of Health Research* 2014; 2(4): 171-176.
22. Mulugeta M, et al. Assessment of adult patients' satisfaction and associated factors with nursing care at TikurAnbassa hospital. *Int.J.Nurs.Midwifery*. Aug 2014 vol 6(4).
23. Akhtari-Zavare, M., Abdullah, M. Y., Syed, S. Hassan, Binti, S. Said, and Kamali, M. Patient Satisfaction: Evaluating Nursing Care for Patients Hospitalized with Cancer in Tehran Teaching Hospitals, Iran." *Global Journal of Health Science*, 2010, 2 (1): 117-126.
24. McCabe MP, Roberts C et al. (2008). Satisfaction with services among people with progressive neurological illnesses and their carers in Australia. *Nurs Health Sci*, 10(3):209-15.
25. Aldebasi YH, Ahmed MI (2011) Patients' Satisfaction with Medical Services in the Qassim Area. *Journal of Clinical and Diagnostic Research* 5: 813-817.
26. M Tesfu , W Beyene, A. Adult Patient Satisfaction with In-patient Nursing Care in a Referral and Teaching Hospital, *Journal of Nursing & Care*, 2016, 2.5.
27. Nuti S., Bonini A., Murante A.M., Vainieri M. (2009), Performance assessment in the maternity pathway in Tuscany Region, *Health Service Management Research*, Vol.22: 115-121.
28. http://www.ethioembassy.org.uk/consular_services/visa.htm.
29. <http://www.Ethiopia.visit>

30. Coulter A., Fitzpatrick R., Cornowell J. (2009), The point of care. Measures patients' experience in hospital: purpose, methods and uses. The King's fund, July.
31. Bekele Chaka. Adult patient satisfaction with nursing care. 2005
32. Suresh K. Sharma, Pawan K. Kamra. Patient Satisfaction with Nursing Care in Public and Private Hospitals. Nursing and Midwifery Research Journal, Vol-9, No.3, July 2013
33. AfshanKhattak, Muhammad Ismail Alvi, Muhammad AwaisYousaf, Syed Zain-ulAbideen Shah and Diva Turial, SohailAkhter. Patient Satisfaction A Comparison between Public and Private Hospitals of Peshawar. International Journal of Collaborative Research on Internal Medicine & Public Health. 2012
34. PatavegarBilkish ,ShelkeSangita , AdhavPrakash and KambleManjunath. A cross-sectional study of patient's satisfaction towards services received at tertiary care hospital. National Journal of Community Medicine Vol 3 Issue 2 April-June 2012
35. Aisha Jalil ,RubeenaZakar , Muhammad ZakriaZakar and Florian Fische. Patient satisfaction with doctor-patient interactions: a mixed methods study among diabetes mellitus patients in Pakistan. BMC Health Services Research (2017) 17:155
36. AnastasiosMerkouris, AngelikiAndreadou ,EvdokiaAthini and Maria Hatzimbalasi. Assessment of patient satisfaction in public hospitals in Cyprus: a descriptive study. VOLUME 7, ISSUE 1, 2013.
37. Ghose .S and S. VivekAdhish "patient satisfaction with medical service" health and population perspective and issue (2011) 34(4) 232-242

Annex 1: Subject Information Sheet (English Version)

Greetings

My name is _____

This is to give you information regarding a study designed to assess inpatients' satisfaction of the quality of care and associated factors at Black Lion and Landmark hospitals, Addis Ababa in collaboration with Addis Ababa University. The aim of the study is to generate evidence on quality of service and factors influencing service delivery based on patient's perspective. The study will have a benefit in the effort to improve the quality service by the stakeholders and can influence decision makers. Cross sectional data will be collected using interview from patient's admitted to the hospital wards.

The patients have the right for partial or non-participation for the data collection. There is no risk for participating in the data collection and confidentiality of the respondent was maintained as the name is not required on the questionnaire. The interview may take up to 30 minute to complete the questionnaire.

Annex 2: Consent form (English Version)

In undersigning this document, I am giving my consent to participate in the study entitled as "assessment the level of patient satisfaction towards the given nursing service between Black Lion and Landmark General Hospital, Addis Ababa, Ethiopia". I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I understood that participation in this study does not involve risks. I understood that AbayneshMekonnen is the contact person if I have questions about the study or about my rights as a study participant.

Respondent's signature _____

Interviewer

Name _____ Signature _____ Date _____

Annex 3: Questionnaire (English Version)

**Addis Ababa University, College of Health Sciences, Department of Nursing and midwifery
Graduate Studies**

Direction for Data Collectors: Put () mark on the boxes in front of options provided.

This questionnaire is to assess the level of patient satisfaction towards the given nursing service between Black Lion and Landmark General Hospital, Addis Ababa, Ethiopia

Part one- Socio demographic characteristics

S/N	Questions	Response
101.	What is your sex?	1. Male 2. Female
102.	Age	_____ Years.
103.	What is the highest level of education you received?	1. Not read and write 2. Read and write 3. Primary (1-8) 4. Secondary (9-12) 5. Tertiary (above 12)
104.	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Others (specify) _____
105.	What is your ethnicity?	1. Amhara 2. Gurage 3. Oromo 4. Tigre 5. Others specify _____
106.	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed
107.	What is your occupation?	1. Unemployed 2. Employed 3. Others (specify) _____

108.	Where is your residence?	1. Urban 2. Rural
109.	How much money do you earn on monthly basis?	_____Ethiopian birr

Part two- Patient characteristics

S/N	Questions	Response
201.	History of admission/Frequency	1. First times 2.Second 3.>2
202.	Duration of stay in the ward	_____ days
203.	Cause of illness	1. Acute 2. Chronic

Part three- Hospital structure

1 =highly dissatisfied, 2= dissatisfied, 3=Neutral, 4=Satisfied, 5= highly satisfied

S/N	Questions	Response				
		1	2	3	4	5
301.	Adequacy and maintenance of ward equipment and infrastructures including availability of wheelchair					
302.	Cleanliness of the ward is					
303.	Adequacy of ward space					
304.	Ward room light and ventilation					
305.	Condition of bed					
306.	Condition of food (nutritious and safe)					
307.	Access to water, latrine and hand washing facility					
308.	Comment/Explain your conditions of Satisfaction					

Part four- Appropriateness

S/N	Questions	Response				
		1	2	3	4	5
401.	Diagnostic services are good					
402.	Have got good progress of treatment (effective)					
403.	Access to service pharmacy, get medicine in the hospital					

404.	Access to service- laboratory and x-ray diagnosis					
405.	Payments for the exam, drug and other services is fair					
406.	Comment/Explain your conditions of satisfaction_____					

Part five- Patient centeredness

S/N	Questions	Response				
		1	2	3	4	5
501.	Physician communication–well explanation /consultation					
502.	Nurses make adequate visits and get their support when needed					
503.	Number of rounds made by the doctor is reasonable					
504.	Nurses treat with respect and good behavior					
505.	Nurse explaining well and listening careful to patient					
506.	Comment/Explain your condition of satisfaction_____					

Part six- Timeliness

S/N	Questions	Response				
		1	2	3	4	5
601.	The admission procedure was good, no delay					
602.	Efficient services (length of stay ...)					
603.	There is good layout from wards to other services like lab. X-ray, pharmacy (and coordination)					
604.	Comment/Explain your conditions of satisfaction__					

Part seven- Staff competency

S/N	Questions	Response				
		1	2	3	4	5
701.	Perceived capacity of doctors					
702.	Perceived capacity of nurses					
703.	Comment/Explain your conditions of satisfaction_					

Part eight- Acceptability

S/N	Questions	Response				
		1	2	3	4	5
801.	Overall satisfaction to the service					
802.	Comment/Explain your conditions of satisfaction----					

Part nine- Patients' satisfaction with nursing care provided

S/N	Questions	Response				
		1	2	3	4	5
901.	The way nurses were/are talking to me.					
902.	How nurses listened to my worries and concerns.					
903.	How Nurses treated me as individual					
904.	How nurses were/are willing to respond to my concerns/requests.					
905.	How nurses helped me with my pain					
906.	How nurses helped me with bed making					
907.	My anxiety and stress was alleviated by nursing care					
908.	The amount of time nurses spent with you					
909.	How quickly nurses came when you need them					
910.	The way the nurses made you feel at home					
911.	The amount of information nurses gave to you about your condition and treatment					
912.	How often nurses checked to see if you were okay					
913.	The amount of privacy nurses gave you					
914.	Nurses awareness of your needs					
915.	The amount of confidentiality nurses gave you					

Annex 6. Questionnaire (Amharic version)

በአዲስአበባዩኒቨርሲቲጤናሳይንስኮሌጅየነርቪንግእናሚዲያደፈራትምህርትክፍልየድህረ-

ምረቃፕሮግራምመጠይቅ(ከእንግሊዘኛየተተሮጎም)

ይህመጠይቅበጥቁርአንባሳስፔሻላይዝድእናላንድማርክአጠቃላይሆስፒታልተኝቶታካምዎችእርካታእናተጻዳኝነገሮችለማጥናትየተዘጋጀቅፅነዉ።

ለመረጃስብሳቢዎችመመሪያ፡ በጥያቄዎቹፊት-ለፊትበተዘጋጀዉሳጥን የ “ “ ምልክትያድርጉ።

ክፍልአንድ፡ ማህበራዊእናስነ-ህዝብመረጃመጠይቅ

ተ.ቁ	መጠይቅ	ምላሽ
101.	ፆታ?	1. ወንድ 2. ሴት
102.	እድሜ?	_____ አመት
103.	የትምህርትደረጃ?	1. ማንበብናመጻፍአይ 2. ማንበብናመጻፍ 3. አንደኛደረጃንያጠናቀቀ(1-8) 4. ሁለተኛደረጃ ት /ቤትያጠናቀቀ(9 -12) 5. ከ 12ኛበላይ
104.	ሐይማኖት ?	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4.ሌላ (ይገለፅ)_____
105.	ብሔር ?	1. አማራ 2. ጉራጌ 3. ኦሮሞ 4.ትግሬ 5. ሌላ_____
106.	የጋብቻሁኔታ ?	1. ያገባ

		2. ያላገባ 3. የፈታ 4. በሞት የተለየ
107.	የሰራሁኔታ ?	1. ሰራተኛ 2. ስራ የሌለው 3. ሌላ(ይገለፅ)_____
108.	የመኖሪያዎ አካባቢ የትኑው?	1. ከተማ 2. ገጠር
109.	የወርገቢ መጠን?	_____ የኢትዮጵያ ብር

ለ. ክፍል ሁለት: የህመም ተኛው ባህሪያት

ተ.ቁ	መጠይቅ	ምላሽ
201.	ታካሚ ምዝገባ ታሪክ/ ተመላላሽ	1. ለመጀመሪያ ጊዜ 2. ሁለተኛ ጊዜ 3. ከሁለት ጊዜ በላይ
202.	ለህክምና ክፍሉ የቆይታ ጊዜ	_____ ቀናት
203.	የህመሙ ምክንያት	1. ከባድ 2. እጅግ ከፍተኛ

ክፍል ሶስት: የሆስፒታሉ አወቃቀር:

ቀጥሎ በተዘረዘሩት መጠይቆች እርስዎ ሊሰማሙበሚችሉበት ምልክት በማኖር ሃሳብዎን ይግለጹ

ማብራሪያ/መግለጫ

1=በእጅግ አልተደሰትኩበትም: 2=አልተደሰትኩበትም: 3=መሀከለኛ: 4=ተደሰቼ በታላሁ:

5=በእጅግ ተደሰቼ በታላሁ:

ተ.ቁ	መጠይቅ	1	2	3	4	5
301.	የመኝታ ክፍሎቹ ዕቃዎችና ሌሎች መሰረተ ልማቶች በቂነት ና ጥገና ሁኔታ ተሸርካሪ ወንበር ጭምር					

302.	የመኝታክፍሎቹንጽህናሁኔታ					
303.	የመኝታክፍሎ-ወለልስፋትበቂናመቼነት					
304.	የመኝታክፍሎ-በርሃነክየርመስጫ/መናፈሻ					
305.	የመኝታሁኔታ					
306.	የምግብሁኔታ (ገንቢ ና ተመጣጣኝ)					
307.	ውሃ፣መጻዳጃናየአጅመታጠቢያበቂየምግኘትሁኔታ					
308.	በጠቅላላበአገልግትላይያለዎትንአስተያየት/ እርካታዎንመጠንይግለጹልን					

ክፍልአራት:አግባብነት/ተገቢነት

401.	የህክምናአሰጣጥሂደቶቹጥሩናቸው					
402.	ጥሩየህክምናአሰጣጥሂደትአግኝቼበታለሁ					
403.	አገልግሎትበምግኘትሂደት ፤መድሃሂትመደብር፤መድሀኒቶችንበሆስፒታሉውስጥይገኛል					
404.	አገልግሎትየምግኘትሂደት ፤ለላቦራቶሪናለራጅምርመራ					
405.	ለምርመራ፤መድሃሂት ና ነሌሎችአገልግሎትችየሚከፈለውክፍያተመጣጣኝነው					
406.	በጠቅላላበአገልግትላይያለዎትንአስተያየት/ እርካታዎንመጠንይግለጹልን					

ክፍልአምስት:ህመማንገጣላልማድረግ

501.	የሐኪሙግንኙነት ፤ነገሮችንበተገቢውመንገድመግለጽ /መምከር					
502.	ነርሶችበቂክትትልያደርጋሉ፤አስፈላጊሆኖሲገኝምድጋፋቸውንያደርጋሉ					
503.	የዶክተሮችድግግሞጉብኝትበቂናበተገቢውነው					
504.	ነርሶችህመማንገጠከበሬታናበመልካምስናምግባርያስተናግዳሉ፤					
505.	ነርሶችበአግባቡነገሮችንይገልጻሉ፤በጥንቃቄህመማንገደምጣሉ					
506.	በጠቅላላበአገልግትላይያለዎትንአስተያየት/					

እርካታዎንመጠንይግለጹልን					
-----------------	--	--	--	--	--

ክፍልሰድስት፡ትክክለኝነት/ አግባብነት

601	የህመምንአቀባበልሂደቱጥሩነበር				
602	የአገልግሎትብቃት (የቆዩበትጊዜ				
603	ከመኝታክፍሎችወደሌሎችአገልግሎትስፍራዎችእንደላብራቶሪ፣ፊደል፣ክፍል፣ርማሲመመላለሻኮሪደሮች/መንገዶችጥሩናቸው				
604	በጠቅላላበአገልግትላይያለዎትንአስተያየት/ እርካታዎንመጠንይግለጹልን				

ክፍልሰባት፡የሠራተኞችሎታ

701.	የዶክተሮችሎታበእርስዎአስተያየት				
702.	የነርሶችሎታ				
703.	በጠቅላላበአገልግትላይያለዎትንአስተያየት/ እርካታዎንመጠንይግለጹልን				

ክፍልሰምንት፡ተደራሽነት

801.	በአጠቃላይበአገልግሎቱላይያሎትእርካታ				
802.	በጠቅላላበአገልግትላይያለዎትንአስተያየት/ እርካታዎንመጠንይግለጹልን				

ክፍልዘጠኝ፡የህመምንእርካታበነርሶችአገልግሎትአሰጣጥ

901.	ከርሶች እኔን የሚያነጋግሩበት መንገድ	1	2	3	4	5
902.	ከርሶች ጭንቀትንና ጉዳዩን እንዴት ያዳምጣሉ					
903.	ከርሶች እንደ አንድ ግለሰብ እንዴት ይንከባከቡኛል/ያዩኛል					
904.	ከርሶች ጥያቄዎችንና ጉዳዩን ለመመለስ ምን ያህል ይተጋሉ/ፈቃደኛናቸው					
905.	ሀመሜን ከመገስታ ገስታ ገስታ ገስታ ከርሶች እንዴት ረዱኝ					
906.	መኝታ ስፍራ ከመቻቸት ረገድ ከርሶች ምን ያህል ረዱኝ					
907.	ትኩረት ጭንቀት በከርሶች አያያዝ ምክንያት ተሸሽሏል					
908.	ከርሶች ከአንተ ጋር ያሳለፉቸው ጊዜያት					
909.	ከርሶች ገስት ፈልጋቸው ምን ያህል ፈጥነው ደረሱልን					
910.	ከርሶች እንግዳ እንዳትሆን/ነጻነት እንዲሰማህ የሚያደርጉት ሁኔታ/አካሄድ					
911.	በህክምና ህአሰጣጥና በጤንነት ህሁኔታ ላይ ከርሶች የሰጡ ህመረ ጃመጠን					
912.	አንተ በጥሩ ሁኔታ ላይ ስለመሆን ምን ያህል/ስንት ጊዜ አረጋገጡልህ					
913.	ከርሶች የሰጡት የነጻነት መጠን					
914.	ከርሶች ፍላጎት ህንጻ ማወቅን ቃታቸው					
915.	ከርሶች በራስ መተማመን እንዲኖርህ ያደረጉት መጠን					

Declaration

The under signed declared that this work has never been presented in this or another university for graduation and that the source materials used in this research project have been dully acknowledge.

Name

AbayneshMekonnen

Signature

Place of submission; Addis Ababa University, College of Healthy Science, Department of Nursing and Midwifery Department

Addis Ababa, Ethiopia, 2017

Date of submission; 2017

This thesis submitted for examination with my approval as a college advisor.

Approved advisors

Name	Signature	Date
1. Debelu Gela	-----	-----
2. Fekadu Aga	-----	-----

Place of submission; Addis Ababa University, College of Healthy Science, Department of Nursing and Midwifery Department

Addis Ababa, Ethiopia, 2017