

ADULT IN PATIENTS' SATISFACTION WITH NURSING
CARE IN HAWASSA UNIVERSITY SPECIALIZED AND
TEACHING HOSPITAL

BY

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Management

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Abstract

Back ground: Patient satisfaction is defined as the extent of the resemblance between the expected quality of care and the actual received care. Patient satisfaction with nursing care is important for any health care agency because nurses comprise the majority of health care providers and they provide care for patients 24 hours a day. Determining factors most contribute to patient satisfaction can further assist nurses in improving the quality of nursing care.

Objectives:-The objective of this study is to assess adult in patient satisfaction with nursing care and its determinants factors in Hawassa specialized and teaching hospital, south nation nationality and people regions, 2014.

Methods: - A cross-Sectional study was conducted at Hawassa specialized and teaching hospitals in south nation nationality and people regions from April 1-30, 2014.

The study populations were Patients who were admitted to medical, surgical, gynecological/obstetric and ophthalmological wards at the time of data collection. A total of 406 patients who were admitted at least for two nights and able to communicate were included in the study. The data collection tool was a modified 'Newcastle Satisfaction with Nursing Scale'. EPI –data version 3.1 and statically package for social science version 16 Statistical softwares was used for date entry and analysis. Mean score, standard deviation; summary tables were used for describing the data. Simple linear regression was conducted and significant variables at p-value <0.25 were taken as candidates for multiple linear regressions. Factors predicting patient satisfaction were identified by using multiple linear regression analysis at a significance level of p-value less than 0.05.

Results: This study showed that the mean satisfaction score of the patients was 47 %. Perceived need (Beta=0.562, 95% CI= 0.581, -0.758) and expectation of care (Beta=0.345, 95%CI=0.334, -0.499) were identified as independent predictors of adult in patient satisfaction having positive association but duration of hospitalization (Beta= -0.193, 95%CI= -0.383-0.179) has negative association with adult in patient satisfaction.

Conclusions and recommendation: The level of adult in patient satisfaction was low compared to other related studies. Perceived need of the patient found to be top priority and crucial factor in determining adult in patient satisfaction. Thus it is recommended that the hospital administration should regularly provide on job training for nurses to help them to provide patients all the relevant care.

Keywords: patient satisfaction, in-patient, nursing care

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Acronym and Abbreviations

AHRQ: Agency for Health care Research and Quality

DEV/ODG: Development and Overseas Development Group

HUSTH: Hawassa University specialized and teaching hospital

IPSQ: interviewing patient satisfaction questioner

MPH: masters of public health

NSNS: Newcastle Satisfaction with Nursing Scale

SNNPRS: Southern Nations, Nationalities and Peoples Regional State

SPSS: Statistical package for Social Sciences

WHO: World health organization

Chapter One: Introduction

1.1 Background

The on-going improvement in the quality of health care has become a daily objective for healthcare professionals and healthcare systems as a whole. 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 such as assessing the superiority of one treatment, pattern of care and one healthcare system over another (1).

Satisfied patients are more likely than the unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens (2).

The most important predictor of patient's overall satisfaction with hospital care is particularly related to their satisfaction with nursing care. Patient satisfaction is defined as the extent of the resemblance between the expected quality of care and the actual received care. Patient satisfaction with nursing care is important for any health care agency because nurses comprise the majority of health care providers and they provide care for patients 24 hours a day (3).

A critical challenge for health service providers in developing countries is to find ways to make them more client-oriented. Improving health services requires 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 provide (4).

The health care providers in developing countries seem to be ignoring the importance of patients' perceptions regarding health services (5).

1.2 Statement of the problem

Assessing patient satisfaction with nursing care is important in evaluating whether patients' needs are fulfilled and subsequently facilitating in the planning as well as implementing appropriate nursing interventions for patients. Determining factors contribute most to patient satisfaction can further assist nurses in improving the quality of nursing care (6). Expectations about quality of care are linked to perceptions of care and when patient's perceptions are positive their clinical experience and outcomes are more likely to be positive (7) .

It is known that qualities of care patients are provided which determines whether they are going to continue to receive the care or look for better option. The public health sector is weighed down by perception of poor quality and the way providers treat their patients made patients to look for other option than using public health sectors (8).

The federal Minister of health and SNNPR bureau are making different efforts that are still on process to fulfil the hospitals with the right manpower, medical equipment and other facilities to meet the needs of the patient. However although these efforts are undergoing to improve the service delivery, the needs of the people have not yet been adequately met (9).

The study conducted in Hawassa referral hospital showed that shortage of experienced nurses, heavy workload, and the low salary reduced the nurse's motivation. The commutative effect of the aforementioned reasons may affect the nursing care provision to the patient. Hence, the satisfaction of the clients towards the service delivery by nurses may be affected too (11).

This study therefore have an important in put in assessing the level of adult in patients' satisfaction with nursing care services provided at Hawassa university referral hospital and identify the factors affecting adult in patients' satisfaction and provide a recommendation on an improved health service delivery that will be helpful to fill gaps which ultimately contributes to enhancing quality of inpatient nursing services in the hospital and improve the level of adult in patients' satisfaction.

Chapter Two: Literature review

Quality is given a priority nowadays becoming an important aspect of health care. Patients have become more aware of quality issues and want health care to become safe and higher quality. In many countries, studies of patient satisfaction and experiences with health care are carried out regularly, and the results are made available to the public together with other indicators of health care quality (12).

The way patients perceive nursing care largely depends on their social status, age, educational level, cultural background and previous hospital experiences. Support and respect from nurses, constant availability of nurses and appropriately given responses are the main indicators of satisfaction (4).

Patient satisfaction as a measure of quality of care

Donabedian (1988) suggests that 'patient satisfaction may be considered to be one of the desired outcomes of care. Information about patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems' (13).

There is general agreement that client satisfaction is an integral component of service quality and expanded definitions of health service quality typically make explicit mention of patient satisfaction. The argument has been offered that the effectiveness of health care is determined, in some degree, by consumers' satisfaction with the services provided. Support for this view has been found in studies that have reported a satisfied patient is more likely to comply with the medical treatment prescribed more likely to provide medically relevant information to the provider, and more likely to continue using medical services. The logic has been extended to developing countries; patient satisfaction and perceived quality will influence utilization of services as well as compliance with practitioner recommendations (8).

Determinants of patient satisfaction

Factors contributing to patient satisfaction are complex and there is no consensus on the important factors contributing to patient satisfaction. Several determinants of patient satisfaction with nursing care include: Sociodemographic background of the patient,

expectations of nursing care, organizational and physical environment, communication and information, participation and involvement, interpersonal relationships, medical and technical skills of providers (4).

Socio demographic background of the patient

Socio demographic background of the patient could influence expectations of patient before the care begins, during and after the care. The socio demographics factors like age, gender, racial/ethnicity, language, culture, education levels that influence patient satisfaction. Age and gender were found to influence perception of care with older patients more satisfied than the young and middle aged patients (14).

A qualitative study conducted in China hospital on patient satisfaction with nursing care and factors influencing satisfaction reported that patients with high levels of education showed greater satisfaction with nursing care than those who had less education (15). patients with high formal education were less satisfied with nursing care than with low or no formal education (4). Another study done to determine inpatient satisfaction with nursing care at the university hospital, Kumasi Ghana revealed that 38% of male participants were very satisfied with nursing care compared to 30% of female participants. Age was an important predictor of patient satisfaction of nursing care as 37% of patients below forty years were less satisfied compared to 46% of those above forty..

In contrast, a cross sectional descriptive study conducted in Philippines on patient satisfaction with nursing care the result revealed that ,there were no significant variations in the mean levels of patient satisfaction in different age groups, education levels and religions (16).

Patients' condition

A study done in Egypt show that, 74% of participants who had not had a history of previous hospital admission were fully satisfied compared to 66% of those who were admitted previously at least once to hospital. On this line we can conclude that previous hospital admission has got some effect on patients' satisfaction (3). Previous experiences during hospitalizations also influenced patient satisfaction. The patients with more experience of hospitalization have more realistic expectations and are therefore easily satisfied (14)

A DEV/ODG report which was conducted in Sub-Saharan Africa on HIV patients in 2008 show that people who are sick are less satisfied with their medical care than those who are well because they have a greater need for services and have more interactions with the health care systems and therefore more opportunity to be disappointed (17).

Hospital conditions'

A cross sectional descriptive study conducted in Iran, the study revealed that Patient whose hospital stay was less than five days were more dissatisfied than patient hospital stay of 11-15 days and patient with a hospital stay over 16 days were dissatisfied with hospitalization in both sexes. They found that patients with longer hospital stay were very tired of hospital atmosphere whereas those with short stay were quite satisfied with the services provided.(18). In a study conducted in South Africa, reported that in respect of a country setting (developed or not developed), the highest levels of dissatisfaction was with waiting time (19)..

A descriptive study conducted in Malaysia on patient satisfaction with nursing care found that patients who were hospitalized for a longer period (more than 22 days) are more satisfied than patients who had shorter stay in hospital(i.e., 10 days or less)(6). Patients also express dissatisfaction with inflexible administrations that leave them not knowing who to contact (20).

Nursing care and patient satisfaction

A quantitative study done in Iran referral hospital on evaluation of nursing care on perspective of patient ,the findings revealed 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 satisfied (22). A study conducted in Kenya on the level of patients' satisfaction and perception on quality of nursing services in the Renal unit, the results of the study revealed that 67.8% patients in the Renal unit was satisfied (23). A qualitative study conducted in Sweden on Patient' experience of psychiatric care, Patients' ability to participate and be actively involved in their care and decision making, has an influence on their perception of satisfaction (21)

Needs and expectation of care

The mission of health systems expanded to meet the population's health needs and expectations regarding how patient should be treated by providers. Strategies focused on responsiveness have been developed since 2000s (24). In this context patient's feedbacks become an important source to evaluate the capability of health systems in order to respond to patients' needs. Since 1990s health systems have adopted multidimensional systems to evaluate the results achieved including also indicators related to patient experience and satisfaction (25). Patient satisfaction with nursing care was conceptualized as the degree of congruence between a patient's expectations of ideal nursing care and his perception of the real nursing care he receives (16).

A comparative study on patients' Satisfaction regarding nursing care conducted in Egypt, showed that nearly all patients were satisfied in Al-Ahly hospital by meeting their needs & expectations, and also the patients' responses ratio was high in Al-Noor Hospital (3).

According to a qualitative study done on psychiatric patients in Norway ,interpersonal relationship include honest, trust, respect, understanding, empathy, knowing individuals as a person, touch, friendliness and feeling identified as determinant of patient satisfaction (26). Other study conducted in American on mental health Patients ' experiences of being understood affirm that knowing the individual as a person, not a patient also enhances patient satisfaction (27).

Most patients have specific expectations for their health care visit. Failure to take into account the patient's concerns and expectations, unmet patient expectations have been found to decrease satisfaction(28).

Communication and information

The type and amount of information given to a patient about their condition and treatment are very important in health care. Nurses at the Ghana university hospital were scored very low (14%) for the type and amount of information given about patient's condition and treatment. They were also ranked low (20%) for the way they explained issues to patients.

Also nurses were ranked low (22%) for how they listened to patients' worries and concerns. Furthermore, nurses were rated low (24%) for how they related to relatives and friends of patients. In addition, they were rated low (27% and 28%) respectively for checking on the well-being and how much they know about the care of the patient. The amount and type of information nurses gave to patients about their condition and treatment were major causes of dissatisfaction (4). Another study done in South Africa on Interpersonal and organizational dimensions of patient satisfaction revealed that sometimes patients were misunderstood or not taken seriously because of one way communication and that the communication they received was delivered in a technical language that was hard to understand (19).

Technical skills and competence of the provider

A study done in Iran on Evaluating Nursing Care for Patients Hospitalized with Cancer, the result revealed that patients expect nurses to have a command of specific knowledge about each patient and his treatment. patients feel that their body is in safe hands if nurses are competent and skilfulness; and competence gives them a sense that the staff knows what they are doing (18)

A study conducted in Egypt different hospitals regarding patients' satisfaction related to nurses skills and competences, the result showed that the majority (80%,88% &90%) of patients were satisfied in king Faisal, Al-Noor &Al-Ahly Hospitals as regards nurses' hand washing before and after the procedures (3).

Conceptual framework

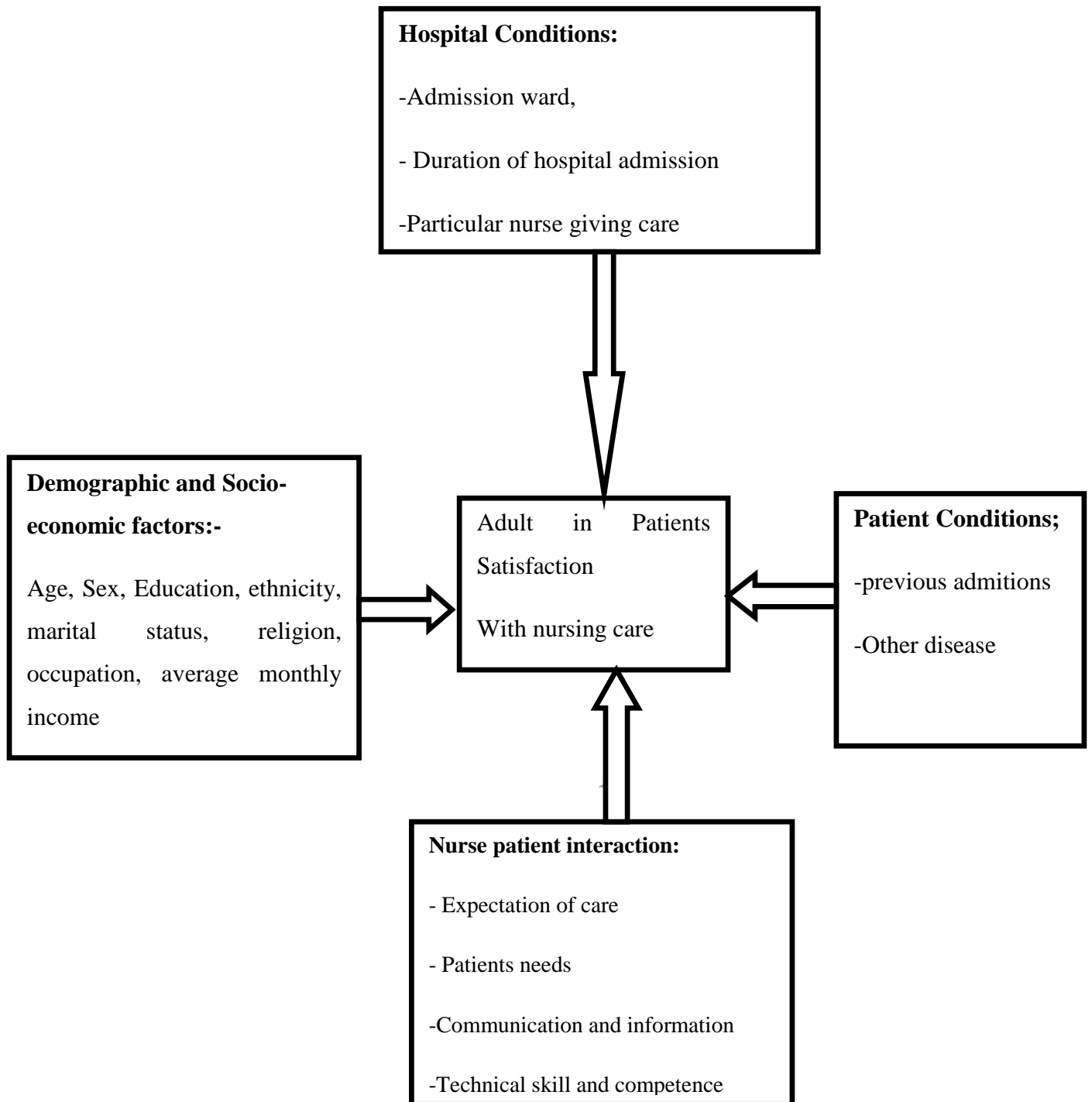


Figure 1: The conceptual frame work was developed by reviewing different literatures (5,15,3).

Significance of the study

Nurses have 24 hour contact with patients as well as being near to them. Thus, as they are the frontline, the patients expect more from them and nurses should also fulfill patients' needs with competence and a compassionate approach. If the patient is denied appropriate care the healing process would be obviously compromised (8, 10).

This study will provide base line information about factors affecting adult patient satisfaction with nursing care. It will also be a significant in promoting effective relationship between the nurses and patients and thereby delivery better and more efficient health care which minimize mortality, morbidity and long hospital stay, while contributing to country's economic development. The results of this study will help health care institutions to recognize factors that affect adult patient satisfaction with nursing care and hence benefit them to win market of health care delivery when improving these factors for the reason patients choose hospitals that deliver higher quality care.

Since large number of Ethiopian population is served by this hospital it is appropriate to apply this study in order information from this study can be utilized to improve quality of service delivered to citizens visiting this public hospital and information which may form a link of understanding between the hospital management. Hence, its outcome may serve as a basis for management to ensuring cost effective, efficient and quality services offered at their hospitals. This could lead to ongoing improvement of the services offered by nurse. Also such investigations could serve as a learning tool for an individual care provider or the department as it may highlight the needs in terms of training, staff development and service rendering.

Chapter Three: Objective

General Objective

To assess the level of adult in patient satisfaction with nursing cares and associated factors in Hawassa specialized and teaching hospitals, SNNPR, 2014

Specific Objectives

To measure level of adult in- patient satisfaction with nursing care in medical, surgical, gynecological/obstetrics and ophthalmological wards of the hospital

To identify factors affecting adult in- patient satisfaction with nursing care

Chapter Four: Materials and Methods

4.1 Study area and period

The study was conducted from April 01-30/ 2014 in Hawassa University specialized and teaching hospital, southern Ethiopia. It is located at the eastern shore of Lake Hawassa. This hospital started to give service in 2003 and it is providing all basic services; outpatient services, emergency and inpatient services. It is managed by Hawassa University (HU). It serves about 12 million populations which include SNNPRS and surrounding Oromia region. Currently the hospital runs its activities with a total of 57 physicians consisting of 7 internists, 3 surgeons, 6 gynecologists, 3 ophthalmologists, 3 pediatricians, 28 general practitioners, 205 nurses(194 all type nurses and 11 midwifery nurses).There are 360 functioning beds in 6 wards of the hospital. The number of patients who visited the hospital per day ranged 90 to 120 in outpatient department and 70 to135 in antiretroviral therapy clinic in 2012/13.The bed occupancy rate per day were in the range of 120-220 and at least one caregiver (patient relative) per patient equivalent to the number of admitted cases accompany the patients. The number of births per day was 5-6 with an average of 3 attendants in 2012/13.

4.2. Study design

Facility based cross sectional study design was employed.

4.3. Population

4.3.1 Source population

All adult in patients, who were admitted in to medical, surgical, gynecology and ophthalmological wards of Hawassa university teaching and specialized hospital.

4.3.2 Study population

Those selected adult in Patients who were included in the study.

4.4. Eligibility criteria

4.4.1. Inclusion criteria

- Admitted in to ward for two nights or more

4.4.2. Exclusion criteria

- Critically ill patients and not able to communicate

4.5. Sample size and sampling technique

4.5.1. Sample size determination

The sample size was determined using sample size determination for estimation of a single population proportion formula as follows

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

$$n = \frac{(1.96)^2(0.541)(0.459)}{(0.05)(0.05)} = 384.$$

Assumption:

P = 0.5, since the level of patient satisfaction with nursing care is not known, P taken as 50%

D = Margin of sampling error tolerated- 5% (0.05)

= Critical value at 95% confidence interval (1.96).

Finally the final sample size will be 423 with considering 10 % non response rate.

4.5.2. Sampling technique

Study participants was proportionally allocated to each wards based on the total number of patient admitted. All adult in patient wards were included for sampling procedure. The sample size was distributed to the wards based on preceding one month's report of patient admissions. Study subjects were included in the study using consecutive sampling technique in each ward.

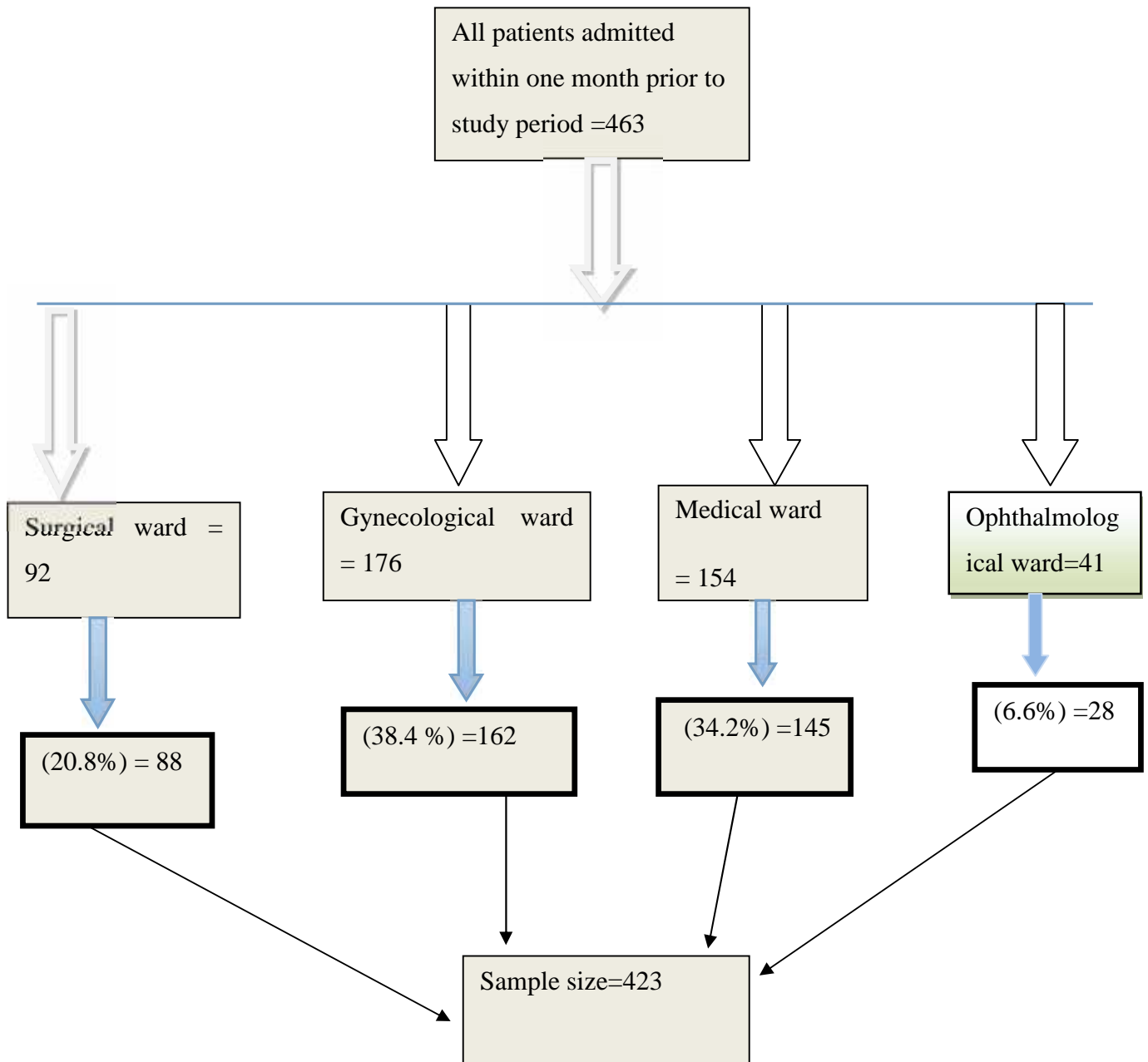


Figure 2 : Schematic presentation of sampling procedure in Hawassa referral and teaching hospital.

4.6. Data collection tools and procedures

4.6.1. Tool of data collection

An interviewing interviewer led patient's satisfaction questionnaire (IPSQ) adapted from Newcastle Satisfaction with Nursing Scale (NSNS) (30), was used. It was used to measure the adult in patients' satisfaction regarding nursing care provided in Hawassa referral hospital. Some modifications were done to suit the nature of the current study. IPSQ was including three parts as the following:

Part 1: Patients' socio- demographic , personal characteristics and hospital conditions as regards their age in year, gender, level of education, occupation, previous admissions and other disease.....etc. this part had 12 items.

Part 2: Adult in patient satisfaction with nursing care: it was measured using a Likert scale containing 19 items. Each item was scored on a five-point scale ranging from (1 = not at all satisfied, 2 = barely satisfied, 3 = quite satisfied, 4 = very satisfied, and 5 = completely satisfied).

Part 3: nurse patient interaction it was measured with Likert Scale containing 10 items on five points (1=strongly disagree, 5=strongly agree). The items were internally consistent with Cronbach's alpha value of 0.80.

4.6.2 Data collection technique

The questionnaire was prepared in English and translated in to Amharic by two MPH holder experts and back to English by another to check consistency. The data were collected by six nurses who were experienced in data collection and working in another area. The study participants were asked whether or not they are able to differentiate nursing staff from other health professionals. If not, the data collectors explained the activities of nursing staffs (nurse diagnosis, provision of medications, ,patient follow up, dressing of patients, giving bed bath, bed making, Assessment of vital Signs, positioning, moving and transferring Clients , Nasogastric tube (Insertion and Feeding) , Feeding (Gastrostomy and Jejunostomy) , Ostomy Care (Urinary and Bowel Diversions) ,Urinary Catheter Care) to the participants, to help them to differentiate the nursing staffs before interview were conducted.

4.6.3. Data quality control

The questionnaires initially prepared in English were translated to Amharic and back translated to English to see the consistency. The instrument was pretested in Adare hospital on (5% equivalent of the sample size). After pretest, ambiguity wards were modified. All data collectors were trained for one day to make clearly understand nursing care and patient's satisfaction and the meaning of each of the question items in detail.

PI and supervisors supervised the data collection on daily basis.

4.6.4 Data processing and principal component Analysis

EPI –data version 3.1 and SPSS version 16 Statistical softwares was used for data entry and analysis respectively. Frequencies, percentage, mean, standard deviation and summary tables were used for describing and presenting the finding. Each scale was subjected to factor analysis to investigate the underlying components and to reduce the number of items based on Eigen value. Factors with Eigen value less than one were discarded and only those with Eigen value greater than one were considered in subsequent analysis. Only items with factor loading greater than or equal to 0.40 were retained and varimax rotation method was employed. Cronbach's alpha of 0.70 or greater was the cut-off point to judge the internal consistency of each scale. Whenever the scales had more than one factor extracted the factors were renamed according to the items contained in the factor extracted.

Factor score was computed for scale that was identified to represent the satisfaction scale. By using this regression factor score, bivariate linear regression was conducted and significant variables at p-value <0.25 was candidate for multiple linear regressions. Factors predicting patient satisfaction were identified by using multiple linear regression analysis at a significance level of p-value less than 0.05 at 95%CI was considered the cut-off value for statistical significance. Assumptions of linear regressions were checked including normality, linearity, multicollinearity and homoscedasticity.

4.7. Study variables

4.7.1. Dependent Variable

Adult in Patient Satisfaction with nursing care

4.7.2. Independent variables

Socio economic factors: Age, sex, Religion, Occupation, Marital status, ethnicity education, Income

Hospital conditions: Admission Ward, duration of admission, particular nurse giving care

Patient's condition: other disease, History of previous admission

Nurse patient interaction; patient need and expectation of care, communication, technical skill and competence

4.8. Ethical consideration

Ethical approval was obtained from ethical clearance committee of college of public health and medical sciences. Permission was obtained from Hawassa referral hospital. Oral consent was obtaining from each study participant during data collection. No personal identification or name was used to keep confidentiality of subjects' information. Participants were assured of their full right to participate or refuse participation in this study.

4.9. Dissemination of the result

The findings will be presented to Jimma University scientific community in a defense and the result submitted to the department health service management college of public health and medical sciences. The findings will be also communicated to the Hawassa referral hospital and other relevant stakeholders at national, regional and zonal level to enable them to take and apply research recommendations during their planning process. Publications in peer reviewed, national or international journals will also be considered.

4.10. Operational definitions and measurement

Nursing care; The range of responsibilities which fall to individual nurses related to their personal experience and skill which includes (nurse diagnosis, provision of medications, ,patient follow up, dressing of patients, giving bed bath, bed making, Assessment of vital Signs, positioning, moving and transferring Clients , Nasogastric tube (Insertion and Feeding) , Feeding (Gastrostomy and Jejunostomy) , Ostomy Care (Urinary and Bowel Diversions) ,Urinary Catheter Care)

Adult in patient satisfaction with nursing care: patient's perceived opinion about the care received from nursing staff measured by one score. It has 19 items with 5 point Likert score (1-not fully satisfied to 5-completely satisfied). Reliability check showed that the scale has internal consistency (Cronbach's $\alpha = 0.820$). The items of the scale were subjected to factor analysis to look into the underlying components. Accordingly, one component was identified with Eigen value greater than one and it accounted for 72.797% of the overall variance. Factor scores were created and used in the subsequent analysis.

Adult in Patient satisfaction level was measured by the percentage of maximum scale score. The percentage of maximum scale score was computed using the following formula.

$$\text{Percentage Mean score} = \frac{\text{actual score} - \text{potential minimum score}}{\text{potential maximum score} - \text{potential minimum score}} \times 100\%$$

- This formula gave individual percentage mean score and to know the overall level of satisfaction of the study population, the average of this score was taken.

Nurse patient interaction; Patients were asked about their need, expectation of nursing care communication and skill of nurses. Every item was scored on a five point scale ranging from strongly disagree (1) to strongly agree (5). Reliability check showed that the scale has internal consistency (Cronbach's $\alpha = 0.80$). To examine the underlying factors (components) of the Nursing care scale, factor analysis was conducted and produced two factors with Eigen value greater than one. These factors were Perceived need score and expectation score.

Perceived need score: was measured as the magnitude of score a respondent gives to seven items, the maximum score is 35 and the minimum is 7. It accounted for 41.1% of the overall variance and its score was used in subsequent analysis.

expectation score: was measured as the magnitude of score a respondent gives to three items, the maximum score is 15 and the minimum is 3. It accounted for 28.4% of the overall variance and its score was used in subsequent analysis.

Percentage of positive responses for perceived need and expectation of care calculated as;

Number of positive responses to the items in the dimension

Total number of responses to the items in the dimension

According to the Agency for Healthcare Research and Quality (AHRQ); percentage of positive responses ≥ 75 % indicate that strengths areas and 50 percent or fewer respondents did not answer positively the areas needing improvements (31).

Other diseases; diseases different from the cause of admission

Chapter Five: Results

5.1. Socio-demographic characteristics and patients' conditions

A total of 406 participants were included in the study giving a response rate of 96%. From the total patients, 213(52.5%) were female. The mean age of respondents was 39.88(+15.850). A larger proportion of the respondents 123(30.3%) were in the age group >44years followed by 115 (28.3%) from 25-34 age group. Majority of the respondents, 237 (58.4%), were from urban area while the remaining 103(25.4%) and 60(16.2) were from rural and semi-urban area respectively.

Three hundred thirteen (77.1%) of study subjects were married. Concerning educational status, 102 (25.1%) of the respondents could not read and write, only 76 (18.7%) of them had attended secondary education (Grades 9– 12). One hundred fifty seven (38%) of the participants were protestant in religion, and most of the respondents, 97(32.9%) were Sidama, followed by Oromo 129(31.8).

The mean monthly family income of respondents was 1095 ± SD 870.44 ETB. One hundred seventy four (42.8%) of the respondents had greater than 1499 ETB monthly family income while 72 (17.7%) had monthly family income between 500-999ETB.

Occupationally, 132 (32.2%) of the respondents were government worker, 79(21.9%) were farmer and 79(19.5) were merchant (Table 1).

Table 1: Socio demographic characteristics of adult in patients in Hawassa specialized and teaching hospital SNNPR, Ethiopia, July 2014

Variables	Frequency (n=406)	percent
Sex		
Male	213	52.5
Female	193	47.5
Age		
15-24	60	14
25-34	115	28.3
35-44	108	26.6
>44	123	30.3
Residence		
Urban	237	58.4
Semi urban	66	16.2
Rural	103	25.4
Religion		
Orthodox	125	30.8
Muslim	124	30.5
Protestant	157	38.7
Ethnicity		
Oromo	129	31.8
Sidama	97	32.9
Amhara	59	14.5
Wolayta	57	14
Gurageh	36	8.9
Others*	28	6.9
Marital Status		
Single	68	16.7
Married	313	77.1
Divorced	10	2.5
Widowed	15	3.7
Educational status		
Could not read and write	102	25.1
Primary	117	28.8
Secondary	76	18.7
College	54	13.3
Degree and above	57	14.0
Occupation		
Government worker	132	32.5
Merchant	79	19.5
Farmer	89	21.9
Student	21	5.2
House wife	69	17

Others*(kembata, Hadiya and Silte), others** (privet worker and daily laborers)

5.2 The Hospital's conditions and patient's conditions

The duration of hospitalization varied from two nights to more than seven nights, with 55.9% being in hospital for more than two nights. With regards to previous hospitalization experience, 79.1% of the respondents experienced first time admission to a hospital while 20.9% of them had previous hospital admissions. Majority of the respondents, 386 (95.1%), had no other diseases other than admission case. Regarding the admission wards 41.6% of the patients were admitted in Gynecology/Obstetrics ward, 32.0% were admitted to medical ward and 18.8% were admitted in surgical ward (Table 2).

Table2 Distribution of participants according duration of hospitalization, frequency of admission, other disease & admission ward in Hawassa specialized and teaching hospital, SNNPR, Ethiopia July 2014

Items	Frequency	Percent
Duration of hospitalization		
>seven night	80	19.7
Seven night	99	24.4
Two night	227	55.9
Frequency of hospital admission		
New admission	321	79.1
Repeated admission	85	20.9
Other disease		
Yes	20	4.9
No	386	95.1
Ward of admission		
Medical	130	32.0
Gynecology/Obstetrics	169	41.6
Surgical	76	18.8
ophthalmological	31	7.6

5.3 Nurse patient interaction

Perceived need: the percentage positive score for perceived need was 60.6%. It relatively moderate according to Agency for Health care Research and Quality (AHRQ) (31). Percentage positive score for expectation of care was low being 36.2%, according to (AHRQ)

The participants reported that the three highest ratings towards their needs were, ‘the nurse checks your ID, prior to administering medication’ 124(30.5%) participants were strongly agree (M=3.89, SD=1.062), ‘Doctors and nurse work together’ participants were agree 275 (57.8%) (M=3.63, SD=1.115) and ‘The nurse takes defective equipment from your environment’ participants were agree 278(68.5%) (M=3.60, SD=1.115).

On the other hand the three lowest scores were 230(63.5%) of the participant disagree with ‘The nurse give health education’, two hundred eighty two (69.4%) of the participants were agree with that ‘Nurses are carless on their duty’ (M=2.31, SD=1.149), and 211(51.9%) of the participants were disagree with ‘The nurse monitors your safety & security’ (M=3.27, SD=1.193) (Table 3).

Table 3 patients and nurses interaction on nursing care in Hawassa specialized and teaching hospital SNNPR, Ethiopia, July 2014

statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Patients' needs					
The nurse checks your ID, prior to administering medication	21(5.2%)	21(5.2%)	65(16.0%)	175(43.1%)	124(30.5)
The nurse maintains your rights & needs	29(7.1%)	88(21.7)	65(16%)	174(42.9%)	50(12.3%)
The nurse monitors your safety & security	102(25.1%)	109(26.8%)	51(12.6%)	112(27.6%)	32(7.9%)
The nurse provides you with clean & quite environment	33(8.1%)	101(24.9%)	43(10.6%)	181(44.6%)	48(11.8%)
The nurse takes defective equipment from your environment	28(6.9%)	56(13.8%)	44(10.8%)	218(53.7%)	60(14.8%)

Doctors and nurse work together	26(6.4%)	52(12.8%)	53(13.1%)	202(49.8%)	73(18%)
Nurses doing their job without relying doctors	25(6.2%)	49(12.1%)	59(14.5%)	193(47.5%)	80(19.7%)
Patients' expectation of care					
The nurse give health education	163(47.5%)	67(16.5%)	93(22.9%)	37(9.1%)	46(11.3%)
Nurses help all patients equally	91(22.4%)	181(44.6%)	55(13.5%)	64(15%)	15(3.7%)
Nurses are carless on their duty	14(3.4%)	78(19.2%)	32(7.9%)	178(43.8%)	104(25.6)

Table 4 Reliability coefficient, total variances explained, mean score and SD of the extracted factors of each scale for assessing adult in patients satisfaction with nursing care in Hawassa University specialized and teaching hospital SNNPR, Ethiopia, 2014 (n=406)

Extracted variables	No of items load	Cronbach's alpha coefficient	Total variance explained	Mean	SD
Perceived need score	7	0.80	41.1%	24.69	6.33
Expectation of care score	3		28.4%	7.31	2.33
Adult in Patients satisfaction score	19	0.82	72.797%	3.01	0.986

Perceived need score have mean score of 24.69 and \pm SD of 6.33.the maximum score was 35 and the minimum score was 9.

Patient expectation score it have maximum score of 14 and minimums score was 3 (M=4.65, SD=1.987).

Patient satisfaction score have maximum score of 14 and minimums score with mean 3.01 and \pm SD of 0.986 (table 4).

5.4 overall adult in Patients' satisfactions with nursing care

Overall level of adult in patient satisfaction (the mean of percentage of maximum scale score) with nursing care was 47 %. The item's had Cronbach's Alpha value of 0.82. A maximum score of 90, a minimum of 19 and the range was 71. Percentage mean satisfaction score was calculated based on percentage of maximum scale score.

Table 5 patient satisfaction with nursing care in Hawassa specialized and teaching hospital SNNPR, Ethiopia, June 2014

Items	Mean	Std. Deviation
1. the amount of time nurses spent with you	3.00	1.140
2. how capable nurses were at their job	3.05	1.068
3. there always being a nurse around if you needed one	2.99	1.134
4. the amount nurses knew about your care	2.99	1.113
5. how quickly nurses came when you called for them	2.98	1.166
6. the way the nurses made you feel at home	2.94	1.162
7. the amount of information nurses gave to you about your condition and treat	2.89	1.195
8. how often nurses checked to see if you were Okay	2.96	1.190
9. nurses' helpfulness	2.99	1.134
10. the way nurses explained things to you	3.03	1.123
11. how nurses helped put your relatives' or friends' minds at rest	2.94	1.172
12. nurses' manner in going about their work	3.05	1.126
13. The type of information nurses gave to you about your condition and treatment	2.95	1.148
14. Nurses' treat you as an individual	3.23	1.191
15. How nurses listened to your worries and concerns	3.00	1.224
16. The amount of freedom you were given on the ward	3.31	1.151
17. How willing nurses were to respond to your requests	3.03	1.173
18. The amount of privacy nurses gave you	2.93	1.161
19. Nurses' awareness of your needs	2.95	1.177
Total mean score of all items	3.01	0.986

Note. Statements: 5 = completely satisfied, 4 = very satisfied, 3 = quite satisfied, 2 = barely satisfied, 1 = not at all satisfied

5.5 Factors associated with adult in patient satisfaction

The relationship between socio-demographic variables and adult in patient satisfaction was quantified by bivariate analysis. Age, sex, occupation and educational status of the patient showed statistically significant association ($p < 0.05$). No significant associations were observed between residence, religion, marital status, average monthly family income and satisfaction factor score.

Regarding hospital condition and patient's condition the following variables were statistically significant; frequency of admission, duration of hospital stay, other disease and particular nurse giving care ($p < 0.05$).

When looking at other predictor variables from nurse patient interaction; perceived need and expectation of care had statistically significant association ($p < 0.05$) with adult in patient satisfaction (Table 5).

Table 6 Factors associated with adult in patient satisfaction in Hawassa specialized and teaching hospital SNNPR, Ethiopia, June 2014

Variables	Unstandardized Coefficients B	p-Value	95% Confidence Interval for B
sex			
Male*	.330	0.005	.099, .560
Female			
Age	-.012	<.001	-.018, -.006
Residence			
Urban *			
Semi urban	-.035	.553	-.149, .080
Rural			
Religion			
Orthodox			
Muslim			
Protestant*	.037	.537	-.081, .155
Ethnicity			
Oromo*			
Sidama			
Amhara	.046	.262	-.035, .127
Wolayta			
Gurageh			
Others			
Marital Status			
Single			
Married*			
Divorced	-.067	.438	-.235, .102

Widowed			
Educational status			
Could not read and write *			
Read and write only			
Elementary	-0.065	.027	-.122, -.007
Secondary			
College			
Degree and above			
Occupation			
Government worker*			
Merchant			
Farmer	.101	.004	.032, .169
Student			
House wife			
Others			
Average monthly income			
<500			
500-999			
1000-1499	-0.050	0.217	-0.129,-0.029
>1499*			
Durationof hospitalization			
>than7 nights	.240	<.001	.114, .367
7 nights			
2 night*			
Frequency of hospital admission			
New admission*	-.338	.005	-.576, -.100
Reputed admission			
Other disease			
Yes	.500	.029	.051, .948
No*			
Admission ward			
Medical			
Surgical			
Gynecology/Obstetrics*	.010	.562	-.104,.124
ophthalmological			
Particular nurse giving care	-.381	.005	-.645, -.117
Perceived need	.704	<.001	.610, .798
Patients'expectation	.441	<.001	.333, .549

*reference category (the highest frequency taken as reference categories)

5.6 Independent predictors of Patient satisfaction

Those variables significantly associated with patient satisfaction on the bivariate analysis were entered in to a multivariable linear regression analysis.

Results from a multivariate linear regression showed that age, sex ,educational status ,occupation, frequency of admission ,duration of hospitalization ,other disease ,particular care giving nurse were not significantly associated. The results showed that significant predictors of adult in patient satisfaction with nursing care were perceived need, perceived expectation and duration of hospitalization.

A unit increase in perceived need score will lead to 0.562 increments in adult in patient satisfaction (Beta=0.562, 95%CI=0.581, -0.758). A unit increase in expectation score will lead to 0.345 increments in adult in patient satisfaction (Beta=0.345, 95%CI=0.334, -0.499) and a day increase in duration of hospital stay will lead to 0.193 decrease in adult in patient satisfaction (Beta= -0.193, 95%CI=-0.383-0.179).

Table 7 Independent predictors of adult in patient satisfaction in Hawassa specialized and teaching hospital SNNPR, Ethiopia, June 2014

Item	Un standardized	Standardized	P-Value	95% CI for B
	Coefficients	Coefficients		
	B	Beta		
Constant	2.676		0.000	-1.444,3.834
Sex	0.140	0.058	0.404	0.043,0.323
Age	-0.003	-0.042	0.669	-0.009,0.003
Educational status	-0.021	-0.029	0.901	-0.082,0.041
Occupation	-0.046	-0.055	0.780	-0.118,0.027
Frequencyof admission	-0.128	-0.043	0.426	-0.077,0.333
Duration of hospitalization	-0.277	-0.193	<0.001*	-0.383,-0.179
Other disease	-0.280	-0.050	0.965	-0.111,0.669
Particularcaregiving nurse	0.120	0.037	0.637	-0.110,0.350
Expectation score	0.419	0.345	<0.001*	0.334,0.499
Perceived need score	0.672	0.562	<0.001*	0.581,0.758

. R = 0.740, R square = 0.548, Adjusted R square = 0.536

Chapter Six: Discussion

Patient satisfaction is an important quality outcome indicator of health care in the hospital setting. The measurement of patients' satisfaction with nursing is particularly important since nursing service is often a primary determinant of overall satisfaction during a hospital stay (3).

This study revealed that the overall satisfaction level of adult in patients' with nursing care was 47% ($M=3.01$, $SD=0.986$). The level of adult in patients' satisfaction was low compared to other study. A study conducted in Kenya national hospital, on the level of in patients' satisfaction with nursing care revealed that 67.8% patients were satisfied (23). This deference may be due to difference in setting and low patient flow in Nairobi hospitals compared to ours. The level of satisfaction in this study was higher than study conducted in Ghana teaching hospital where about 33% of respondents were fully satisfied with their nursing care (4).

Concerning patients' socio demographic characteristics, the results of this study showed no significant associations with patient satisfaction score. These findings similar with the findings of Mustard, who studied for improving patient satisfaction through the consistent use of scripting by the nursing staff and pointed out that demographic characteristics seem to be unimportant (23). A study conducted in Iran also showed that, there was no significant relation between age, education and total satisfaction with nursing care (18).

The positive percentage scores for Perceived need score was 60.6%, which was relatively moderate according to Agency for Health care Research and Quality (AHRQ). It was implicating a potential effect on addressing the need-based care for the patient at large. Percentage positive score for expectation of care was 36.2%, which was low according to (AHRQ). It was implicating a potential negative effect on addressing the expected care for the patients. On the other-side the potential to cause patient not satisfaction with nursing care.

The results of this study also showed a significant positive association between perceived need score and expectation of care score with adult in patient satisfaction score during hospital stay.

A unit increase in Perceived need score will lead to 0.562 increments in the adult in patient satisfaction score (Beta=0.562, 95%CI= 0.581, 0.758). If the perceived needs of the patient fulfilled they were more satisfied with nursing care they received.

A unit increase in expectation of care score will lead to 0.345 increases in the adult in patient satisfaction (Beta=0.345, 95% CI=0.334, 0.499). If they get what they expected nursing care service they will be more satisfied. This study also in line with finding in Iran, which showed that nearly all in patients were satisfied by meeting their needs & expectations (3).The study conducted in Ghana teaching hospital showed that in patient expectation of care is influenced by his/her satisfaction with the perceived actual nursing care (4).

patients who stayed more than seven nights had 0.193 unit lower adult in patient satisfaction as compared to those who stayed for two nights (Beta= -0.193, 95%CI= -0.383,-0.179). This may be due to the nurse give more attention to new admitted and critical patients rather than those stayed for long time. Similarly, a study conducted in Kenya public hospital on evaluation of nursing care pointed out that Satisfaction was also related to duration of hospitalization, (81.8%) of the patients hospitalized between 2 to 5 days were more satisfied than those stayed more than two weeks (22). Patient whose hospital stay was less than five days were more satisfied than patient hospital stay of 11-15 days and patient with a hospital stay over 16 days were dissatisfied with hospitalization in both sexes. In contrast a study conducted in adult cancer patient satisfaction (beta coefficient =0.082) shows that the more days the patient stays in the department, the higher the level of total satisfaction (1).

6.1 limitation of the study

Social desirability bias is likely in this study as the respondents were interviewed in the wards of the hospital.

This study might suffer from Hawthorn effect (**the** Hawthorne effect *is* when a group of people who know they are being studied and watched perform tasks better or improve behavior)

Chapter 7: Conclusion

The level of adult in patient satisfaction (the mean of percentage of maximum scale score) was low compared to other related studies. None of the socio-demographic characteristics of respondents were found to be independent predictors of adult in patient satisfaction. The results of this study found that significant positive association between perceived need score and expectation of care score with adult in patient satisfaction score during hospital stay.

Of these, perceived need of the patient has been found to be top priority and a crucial factor in determining patient satisfaction with nursing care.

In addition to this long duration of hospitalization lead not satisfaction of patients with nursing care. This is a common problem for all the hospital wards under study which requires urgent attention to enhance patients' satisfaction at the same time to ensure quality of nursing care.

Chapter 8: Recommendations

1. The hospital administration should regularly provide on job training for nurses to help them to provide patients all the relevant care and health education related to their health problems.
2. The hospital administration should consider designing and implementing strategies for addressing specific areas of concern for improvement and enhancing nurses' awareness of patient expectations and needs.
3. Long duration of hospital stay should be improved in accordance with treatment plan
4. Examining the items with low patients' satisfaction will enable nurses to identify the defects in nursing care and to institute appropriate change. Items with high patients' satisfaction need to be maintained and enhanced by nurses.

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Annex 1: Questionnaire

English Version Questionnaire

Jimma University Collage of Public Health and Medical Sciences

Department of Health Services Management

Questionnaire for data collection on the assessment of adult in patient's satisfaction with nursing care services in Hawassa referral hospitals.

I D E N T I F I C A T I O N

Name of the institution-----Address of the institution-----

Verbal Consent Form before conducting the interview

Greetings:

Hello, how are you?

My name is -----I am working as data collector for the study conducted by Jimma university post graduate student Mihret Tesfu on Adult patient satisfaction with nursing care in Hawassa referral hospital. I would like to interview you few questions about the nursing care service of this hospital. The objective of the study is to assess the level of patient' satisfaction with the nursing care services of the hospital and to identify the factors affecting adult in patient satisfaction with nursing care in Hawassa referral hospitals, which will be important to improve the health service delivery of the hospitals. Your cooperation and willingness for the interview is very helpful in identifying the problems related to the issue. Your name will not be written in the form and I assure you that all information that you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any question you do not wish to answer. I f you are not still comfortable with the interview, please feel free to stop it any time you like. Do I have your permission to continue?

1 – If yes, continue to the next page

2 – If no, skip to the other participant

I interviewer's name and code-----, signature-----

Date if interview-----, Time started _____, Time finished ---
----- ward.....

Supervisor's name -----, Signature -----

-I thank you for your cooperation

GENERAL INSTRUCTION

All questions have pre-coded response. It is therefore very important to follow the following Instructions while you are interviewing respondents and recoding their answers.

- Ask each question exactly as it is written on the questionnaire.
- Do not read the pre code response to respondents. Listen only to the response of respondents.
- Circle the response in the response column that best matches the answer of the respondent.

PART ONE: SOCIO – DEMOGRAPHIC CHARACTERISTICS AND PERSONAL
CONDITONS.

S.N ^o	QUESTIONS	RESPONSE	CODE
1	Sex	1. Male 2. Female	
2	Age (in years)		
3	Address	1.urban 2.sem urban 3.rural	
4	Religion	Orthodox -----1 Muslim -----2 Protestant-----3 Catholic -----4	
5	ethnic group	1. Amhara 2. Oromo 3. Wolayta 4. Sidama 5. Gurageh	
6	Marital Status	1- Single 2 –Married 3 –Divorced 4 –Widowed	
7	Educational Status	1- Illiterate 2- Reads and writes 3-Primary &Intermediate(1-8) 4-Secondary(9-12) 5-colleg 6- degree and above	

8	Occupation	1- Governmental employee 2 – Merchant 3 – Farmer 4-student 5-House wife 6-other	
9	Monthly income	----- Birr	
10	Frequency of admission	1 – New admit ion 2 – Repeat admit ion	
11	Including last night, how many nights did you spend in this ward?	1->7 night 2-seven night	
12	Have you other disease/s in addition to current health problem	1-yes 2-no	
13	Was there one particular nurse in charge of your care in this ward?	1. Yes 2. No 3. Not sure	

SECTION 2: YOUR OPINIONS OF NURSING CARE

HOW TO ANSWER THESE QUESTIONS

In this section, we ask your opinions of the nursing care you received during your stay on the ward. For each question, please circle one number which best describes your view.

Thinking about your stay on the ward, how did you feel about nursing care?

SN	items	Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied
1	The amount of time nurses spent with you	1	2	3	4	5
2	The capability of nurses at their job	1	2	3	4	5
3	There always being a nurse around if you needed one	1	2	3	4	5
4	The amount nurses knew about your care	1	2	3	4	5
5	How quickly nurses came when you called for them	1	2	3	4	5
6	The way the nurses made you feel at home	1	2	3	4	5
7	The amount of information nurses gave to you about your condition and treatment	1	2	3	4	5
8	How often nurses checked to see if you were Okay	1	2	3	4	5
9	Nurses' helpfulness	1	2	3	4	5
10	The way nurses explained things to you	1	2	3	4	5
11	How nurses helped put your relatives' or friends' minds at rest	1	2	3	4	5
12	Nurses' manner in going about their work	1	2	3	4	5
13	The type of information nurses gave to you about your condition and treatment	1	2	3	4	5
14	Nurses' treatment of you as an individual	1	2	3	4	5
15	How nurses listened to your worries and concerns	1	2	3	4	5
16	The amount of freedom you were given on the ward	1	2	3	4	5
17	How willing nurses were to respond to your requests	1	2	3	4	5
18	The amount of privacy nurses gave you	1	2	3	4	5
19	Nurses' awareness of your needs	1	2	3	4	5

SECTION 3: QUESTIONS ABOUT GENERAL NURSING CARE IN YOUR STAY
IN THE WARD

No		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	The nurse checks your ID, prior to administering medications.	1	2	3	4	5
2	The nurse maintains your rights & needs.	1	2	3	4	5
3	The nurse monitors your safety & security.	1	2	3	4	5
4	The nurse provides you with clean & quite environment.	1	2	3	4	5
5	The nurse provide you health education					
6	The nurse takes defective equipment from your environment & reporting the defect.	1	2	3	4	5
7	The doctors and nurse work together	1	2	3	4	5
8	The nurses doing their job without relying doctors	1	2	3	4	5
9	The nurses help all patients equally	1	2	3	4	5
10	The nurses are carless on their duty	1	2	3	4	5

THANK YOU!!

Amharic version questioners

በጂማ ዩኒቨርሲቲ ሕክምና ፋክሊቲ

የሕብረተሰብ ጤና ሳይንስ ክፍል

በሐዋሳ ዩኒቨርሲቲ ስፔሻላይዝድ እና የሕክምና ትምህርት ሆስፒታል ተኝተዉ ለሚታከሙ ሕሙማን ከነረሰ ባለሞያዎች ስላገኙት እነክብካቤ መጠይቅ: 2006

የሆስፒታሉ ስም ----- የመኝታ ክፍል -----

የመኝታ ክፍሉ ቁጥር -----

ሕሙማን በጥናቱ ለመሳተፍ ፍቃደኛ ስለመሆናቸዉ የሚገልፁበት ፎርም

እነደምን ሰነበቱ የእኔ ስም-----ይባላል:: በሐዋሳ ዩኒቨርሲቲ በሚደረገዉ በዚህ ጥናት ዉስጥ ተሳታፊ ስሆን እሆን እርስሆ በዘህ ሆስፒታል መኝታ ክፍል ዉስጥ ተኝተዉ በሚታከሙበት ወቅት ከነርስ ባለሙያዎች ስላገኙት እነክብካቤ ቃለመጠይቅ አደርጎለታለሁ::የዚህ ጥናት አላማ ሕሙማን በቂና የተሞላ አገልግሎት ከንርስ ባለሞያዎች እንዲያገኙ ለማድረግ ነዉ::ለአላማዉ መሳካት የእርሶን ትብብር እንሻለን::የእርሶ ስምም ሆነ አድራሻ በመጠይቁ ዉስጥ አይካተትም እነዲሁም የእርሶ ማንነትም ሆነ የሰጡት ምላሽ የእርሶ ስለመሆኑ በምንም ሁኔታ አይገለፅም:: በዘለህ ጥናት ለመሳተፍ እኛ የእርሶን ሙሉ ፍቃደኝነት ስንጠይቅ ያለምንም አስገዳጅነት ሲሆን ፍቃደኛ ሃልሆኑ ከመጀመሪያዉም ሆነ ቃለመጠይቁን ከጀመሩም በኋላ ከመገል ላይ ማቻረጥ የችላሉ::

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት አዎ----- አይደለሁም -----

1. ፍቃደኛ መሆናቸዉን ካረጋገጡ በኋላ ቃለመጠይቁን ይጀምሩ::
2. ፍቃደኛ ካልሆኑ ምክኒያቱ ይገለፁ-----
3. በመቀጠል ወደሚቀጥለዉ ሕመሙተኛ ጥጊዳ

ቃለመጠይቁ:-

የተደረገበት ቀን----- የተጀመረበት ሰዓት-----ያለቀበት ሰዓት

የተቆጣጣሪዉ ስም----- ፊርማ-----

ክፍል አንድ :- እርሶዎን በተመለከተ መጠይቅ

የሚከተሉት ጥያቄዎች ስለእርሶዎ ማንነት የሚጠይቁ ናቸው። የሚሰጡን ምላሽ ለጥናታችን የሚረዳን ይሆናል ለአንዳንድ ጥያቄዎች ምላሽ ለመስጠት የተቸገሩ ከሆነ ይበልጥ ተቀራራቢ ይሆናል ያሉትን ይመልሱ።

1. ምታ 1. ወንድ 2. ሴት
2. ዕድሜ ----- ዓመት
3. አድራሻ 1. ከተማ 2. ክፍለ ገጠራማ 3. ገጠር
4. ሀይማኖት 1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ
5. ሌላያልትገለጸ.....
4. ቤሔረሰብ 1. አማራ 2. ኦሮሞ 3. ወላይታ
4. ሲዳማ 5. ጉራጌ
6. ሌላያልትገለጸ.....
5. የትዳር ሁኔታ 1. ያለገባ 2. የገባ 3. አግብቶ/ታ የፈታ/ች
4. አግብቶ/ታ የሞተበት/ባት
6. የትምህርት ሁኔታ 1. ማንበብ እና መፃፍ የማይችል/ትችል 2. ማንበብ እና መፃፍ የሚችል/ትችል 3. የመጀመሪያ ደረጃ (1-8) 4. የሁለተኛ ደረጃ (9-12) 5. ድፕሎማ 6. ዲግሪ እና ከዚያ በላይ
7. የሥራ ሁኔታ 1. የመንግስት ሠራተኛ 2. ነጋዴ 3. አርሶ አደር
4. ተማሪ 5. የቤት እመቤት 6. ሌላ ካለ የግለፁ
8. ከዚህ በፊት እዚህ ሆስፒታል ተኝተው ያወቃሉ 1. ለመጀመሪያ ጊዜ 2. በተደጋጋሚ
9. በዚህ መታከሚያ መኝታ ክፍል ወስጥ ምን ያህል ለሊት አሳልፍዋል 1. ሁለት ለሊት 2. ሦስት ሌሊት 3. ከሦስት ሌሊት በላይ
10. ከተኙበት ህመም ሌላ የጤና ችግር አለዎት 1. አዎን 2. የለም
11. ተኝተው በሚታከሙበት ክፍል ወስጥ የእርሶዎን እንክብካቤ በተመለከተ ኅላፊነት የነበረው የነርስ ባለሙያ ነበር 1. አለ 2. የለም 3. እርግጠኛ አይደለሁም

ክፍል ሁለት:-

ከነርስ ባለሙያዎች ስላገኙት እንክብካቤ የእርሶዎን አስተያየት የሚጠይቁ ናቸው። ለእያንዳንዱ ጥያቄ ከእርሶዎ ሃሳብ ጋር የሚመሳሰለውን ይመልሱ።

በዚህ መጻታ ክፍል ውስጥ እያሉ ክርሶች ስላገኙት እንክብካቤ የተሰማዎት ስሜት፡-

ተ. ቁ	የጥያቄዎች ዝርዝር	ሙሉ በሙሉ አላስደሰተኝም	አላስደሰተኝም	አስደስቶኛል	በጣም አስደስቶኛል	ሙሉ በሙሉ አስደስቶኛል
1	ክርሶች ለእርሶ አገለግሎት በመስጠት ያሳለፉት ጊዜ					
2	ክርሶች በሙያቸው ያሳዩት ብቃት					
3	እርዳታ በፈለጉ ጊዜ የክርሶች ዘወትር በቅርብ መገኘት					
4	እርሶ ምን ያህል እንክብካቤ እንደሚያስፈልገዎት ክርሶች ያላቸው ዕውቀት					
5	እርሶዎ ነርስ በሚፈልጉበት ጊዜ በቶሎ የማግኘትዎ ሁኔታ					
6	ክርሶች ቤትዎ እንዳሉ እንዲሰማዎት የሚያደርጉት					

	ጥረት					
7	ስለ ጤንነትዎ ሁኔታና ስለህክምናዎ ክንርሶች ያገኙት መረጃ/ምላሽ					
8	ነርሶች እርሶዎ ደህና ስለመሆንዎም ሆነ ስለሁኔታዎ በተደጋጋሚ መከታተል ሁኔታ/ተግባር					
9	ነርሶች እርሶዎን ለመርዳት ያላቸዉ ፍላጎት					
10	ነርሶች ነገሮችን/ሁኔታዎች ን ለእርሶዎ የሚያስረዱበት መንገድ/ዘዴ					
11	ነርሶች አስታማሚዎችን ለማረጋገጥ የደረጉት ጥረት					
12	ነርሶች ስራቸዉን በሚያከናውኑበት ወቅት የሚያሳዩት					

	ባህርይ					
13	ስለጤንነትዎ ሁኔታና ስለህክምናዎ ክነርስዎች ያገኙት መረጃ/ምላሽ ዓይነት					
14	ነርሶች በእርሶዎነትዎ/በለበ ዓዊ ፍጡርነትዎ ያደረጉት መስተንግዶ					
15	ነርሶች የሚያስጨንቅዎት ን ሆነ የሚያሳስቦትን ነገር ለማድመጥ የነበራቸው ፍቃደኝነት					
16	በተኙበት ክፍል ወስጥ የነበርዎት ነፃነት					
17	ጥያቄዎችን ለመመለስ የነበረዉ የነርሶች ፍቃደኝነት					
18	በግልዎ ማከናዎን ወይም					

	እንዲከናወንልዎ ለሚፈልጉዎቸው ነገሮች ክርሶች ያገኙት የትብብር መጠን					
19	ክርሶች የእርሶዎን ፍላጎት ለማወቅ የሚያደርጉት ጥረት					

ክፍል ሦስት:- አጠቃላይ የቆይታዎ ሁኔታ

ተ. ቁ	የጥያቄ ዝርዝር	በጣም አልሰማም	አልሰማምም	አልወሰንም	እስማማለሁ	በጣም እስማማለሁ
1	ክርሶች መድኃኒት ከመስጠታቸው በፊት የመለያ ቁጥራችሁን ሁሌ ያየሉ?					
2	ክርሶች መብታችሁንና ፍላጎታችሁን ሁልጊዜ ይጠብቃሉ					
3	ክርሶች የጤና አጠባበቅ ትምህርት ይሰጣሉ					
4	ክርሶች					

	ምቕታችሁንና ደህንነታችሁን ይጠብቃሉ?					
5	ነርሶች የክፈሉን ዕዳትና ፀጥታ እነሰዲጠበቅ ያደርጋሉ					
6	ነርሶች ከአገልግሎት ወጪ የሆኑ ዕቃዎችን ከክፍልዎ ያስወግዳሉ					
7	ነርሶች ና ዶክተሮች በህብረት ይሰራሉ					
8	ነርሶች በስራቸው ቸልተ ናቸው					
9	ነርሶች በሰራቸው አደሎ ይሰራሉ					
10	ነርሶች በሰራቸውን ዶክተሮች ሳይሞረከዙ ይሰራሉ					

እናመሰግናለን