

PATIENTS' PERCEPTION TOWARDS QUALITY OF NURSING CARE IN
INPATIENT DEPARTMENT AT PUBLIC HOSPITALS OF BENISHANGUL
GUMUZ REGIONAL STATE, NORTH WEST ETHIOPIA.

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A THESIS SUBMITTED TO SCHOOL OF NURSING AND MIDWIFERY,
FACULTY OF HEALTH SCIENCES, INSTITUTE OF HEALTH, JIMMA
UNIVERSITY, FOR THE PARTIAL FULFILLMENTS OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS IN ADULT HEALTH
NURSING.

JUNE, 2018

JIMMA, ETHIOPIA

JIMMA UNIVERSITY
INSTITUTE OF HEALTH
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Abstract:

Background: *Quality nursing care service delivery is critical undertaking for optimal patient outcomes. patient's perception of quality nursing care is the patient's feeling or view of the nursing care they received from nursing staff during hospital stay. Using patient's perception as proxy in measuring quality of nursing care is highly recommended.*

Objective: *The aim of this study is to assess patients' perception towards the quality of nursing care in inpatient department at public hospitals of Benishangul Gumuz regional state, North West Ethiopia.*

Methods: *Institution based cross-sectional study design was employed from March 15 to April 30/2018. Stratified random sampling technique was used to select 421 eligible study participants. Interviewer administered structured questionnaire was employed to collect data. Data was entered to epi data version 3.1 and exported to statistical package for social science version 23. Descriptive statistics was computed and binary logistic regression analysis was used to identify candidate variable. Then, variables found to have p value of less than 0.25 was entered into multivariable logistic regression analysis. Finally, the p -values of <0.05 was considered statistically significant. Graph, table and chart were used for presenting results.*

Result: *The overall good perception was found to be 49.3%. There was a statistically significant association between patients' level of education, length of hospital stay, companion possession status and type of room admission ($p<0.05$); there was no statistically significant association between gender, age and previous hospitalization experiences with overall patient perception score.*

Conclusion and Recommendation: *Authors conclude that the patients enrolled in the study perceived nursing care services in negative way, so their perception status with the care they received was found to be at a lower level. This requires imperative attention by responsible bodies to enhance patient perception. Further study is needed to understand the overall patients feeling using qualitative study and also the care providers' perceptions should be examined.*

Key words: *Nursing Care, Quality, Inpatient Department, Patient Perception*

Acknowledgment

My special gratitude and appreciation goes to my advisors Mr Abebe Abera and Mr Bayisa Bereka for their unreserved encouragement, constructive comments and guidance while developing this thesis. Next, my heartfelt thanks extended all my friends, data collectors and supervisors for their support and encouragement throughout this theses work.

I would like to extend my deepest gratitude to Pawe Health Science College for sponsoring this study and the thesis work, Pawe general hospital and Assosa general hospital for their cooperation in giving valuable data source. My deepest thanks are also extended to Jimma University, particularly to my instructors at the school of Nursing and Midwifery.

Finally, I also give my special thanks to patients who participated in this study for their willingness to share their experiences.

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List of acronyms

BGRS	-----	Benishangul Gumuz Regional State
CI	-----	Confidence interval
CRC	-----	Compassionate and respectful care
FMOH	-----	Federal Ministry of Health
HCI	-----	Holistic Caring Inventory
HSTP	-----	Health sector transformation plan
LOS	-----	Length of stay
PPNCS	-----	Patients' Perception of Nursing Care Scale
QNC	-----	Quality nursing care
SD	-----	Standard deviation
SPSS	-----	Statistical package for social sciences
WHO	-----	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Back ground:

There is a growing evidence that perceived quality is the single most important variable influencing consumers to purchase products or services. Quality nursing care (QNC) is extremely important for health care organizations (1). Quality nursing care defined as a process that sought to attain the highest degree of excellence in the delivery of patient care (2). In this study, patient's perception of quality nursing care is defined as the patient's feeling or view of the nursing care they received from nursing staff during hospital stay and is acknowledged as an outcome indicator of the quality of nursing care (3).

Quality nursing care remains an important role for patient because nurses are involved in almost every aspect of client's care in hospital. Nurses also interact with patients more often than any other health care personnel in a hospital(4).

Patient perception is an important indicator which gives an idea about the quality of nursing care services. It also provides feedback to determine the quality and evaluation of nursing care (5). Therefore, patients should be allowed to define their own priorities and evaluate their care accordingly, rather than having those criteria selected by professionals(6).

Health care professionals and patients view quality nursing care from different perspectives. Health care professionals view competent nursing care as quality nursing care (7). Patients describe quality nursing care in terms of interpersonal care, efficiency; competency, comfort, personalized information physical environment, and general instructions (8).

Mostly, quality of nursing care has been measured against expectations of health professionals and standards rather than being grounded in the perspectives of patients. Using patient's perception as proxy in measuring quality of nursing care is highly recommended, though, ignored in most research and organizational endeavor of low income countries thus far (9).

To ensure service improvement initiatives at appropriate levels in hospital is a prerequisite to understand factors which influence patients' perception about the received care. The measurement of patients' perception with quality nursing care is important to determine and

meet patients' need in terms of nursing care and to evaluate quality of nursing care provided (10).

1.2 Statement of the problem:

Sustaining the quality of hospital care and how to improve it has emerged to be a global challenge. This has resulted in various measures being developed to measure quality and no single method can be said to be the best. There is need to find out what constitutes quality care especially from the patient's perspective, together with views from healthcare managers and other groups (11).

The experience possessed by patients can offer alternatives of improving nursing care quality service that may not be observed from other perspectives, for instance, the way of treatment, process or interaction. Despite having various methods of quality measurement, the challenges always persist and there is a belief that measuring and acting on issues of quality raised by patients can provide solution to the problems (12).

Although the significance of measuring patient satisfaction with nursing care cannot be emphasized enough, currently the concern of patients' satisfaction with nursing care has attracted the attention of researchers across the globe. Because knowledge gained from patient satisfaction surveys can set a direction for quality improvement (13).

Currently the nursing profession have often use patient's outcome as a measure to assess the health care delivery system. It assists in the evaluation of nursing care practice quality and it also help in bringing better improvements in the established nursing service (14). Nurses are in a unique position to promote and influence effective relationships with the client. Because the nurses spent much time with the patient than any other health care workers (15).

The study showed that the most important factor affecting patient's perception in terms of hospital care is nursing service. Patient satisfaction study revealed that nursing care is the major determinant of the patient's satisfaction. Care that has been assessed to be high quality based on the, economic, clinical or other providers-related criteria are not ideal, if the patient feels dissatisfied (16). Patient satisfaction research result in Iran showed that dissatisfaction of nursing care service leads the patient to low utilization of nursing care service and developing negative attitude about the health care system. As a result, dissatisfied patients

will not come back to hospital. Therefore, patients' satisfactions are not simply measure of quality, it is the goal of health delivery (17).

A study on patients' perception of quality nursing care stated that nurses' affective activities are more important for the quality nursing care than their technical skill. From this study patients placed most emphasis on the nursing care that recognized them as a unique individual with their need to share feelings, to be accepted as a family member and to have someone listen to them (18).

Despite the fact that a study conducted in Jordan hospitals revealed that the perceived quality of nursing care is relatively low, patients were found less satisfied with both coordination and interpersonal aspect of the care provided. In this study the author conclude that Jordanian healthcare organizations have performed below the average in providing quality care, which considered significant to hospital administrators and directors of nursing. (19).

A study undergone in Nigeria found that dignity was not completely maintained according to the standards expected by the patients. Nurses' attitude towards patients had great influence on patients' perception of nursing care. Quality of care is not only dependent on the care received, but also on the way the care delivered (20). Patients' perception to health care system seem to have been largely ignored by health care administrators in developing countries (21).

The Ethiopian federal ministry of health (FMOH) is struggling to provide quality health care service at every health institution through different strategies (22). Although the needs of the clients are dynamic and are constantly influenced by demographical, social, environmental, cultural, economic and technological factors patient satisfaction is not sufficient enough. Therefore, the health care system needs constantly determining the needs of the clients through patients' satisfaction surveys to go through a continuous change that is in accordance with the priority needs of the client and ensure the quality of nursing care services (23).

Research done in Axum has shown that the overall rating of nursing care quality was 65%. The aspect of care which scored least were patient observation, pressure ulcer prevention and amount of information nurses give about their condition (24). So to improve the health care system the use of patients' perception of care is very important and also nurses should have a clear understanding of patient's need in order to plan individualized nursing care.

In addition, a study conducted in Mekelle Ethiopia showed that the overall patient's perception was found to be 49.7%. In this study, regarding the nurses' characteristics, the nursing care related activities, and the information providing to them the patient perceived was found to be 45.5%, 40.4%, and 38.8% as poor respectively. The result indicates the need for professional accountability and responsibility to provide optimal standard nursing care(25).

The study undergone in Dessie referral hospital on adult patients' satisfaction revealed that the overall patients' satisfaction was 52.5%. This study indicates the rate of patient satisfaction with the nursing care was low. The study further revealed that the type and amount of information nurses gave to the patient was the least scores (15).

In general, a very important aspect on which the patient satisfaction depends on the nursing care, because nurses are involved almost in every aspect of client's care. A nurse who was perceived quality nursing care service had showed kindness, a good attitude and professional manner, thrust and honesty as well as clinical competence. To understand the patient satisfaction, Patient's perception towards nursing care must first be understood. Therefore, the purpose of this study is to assess patients' perception regarding the quality of nursing care and its contributing factors.

1.3. Significance of the study:

This study will assess the level of patients' perception regarding the quality of nursing care service and identify potential factors that will affect patients' perception towards nursing care in the hospital. The finding will be used as bridge knowledge to fix the gaps or to identify the area to be improved in the existing health care service delivery system in the hospital. The study will motivate the staff and the manager of the hospital to improve service delivery system by looking the identified gaps from the research findings and gives a chance to maintain attention to improve patient outcome.

A focus has shifted from health care providers to the patient's perspective that is being viewed as a meaning full indicator of health care service quality. Patient satisfaction with nursing care is considered as an important factor in explaining patients' perception of service quality. The interaction between patient and nursing staff in the ward setting is high and the illness itself affects the attention of nurses. Therefore, measurement of patient satisfaction with inpatient care seems to be more important.

Investigation based on different component of quality nursing care revealed different perception of quality nursing care (QNC). Some components of quality nursing care were perceived by the patient satisfactory, whereas some components were unsatisfactory. Assessing the patients' perception towards quality of nursing care is crucial in order to identify the area of dissatisfaction and at the same time to improve the nursing service.

Since there is no similar research in the study area this study will provide relevant information for future planning and interventions of appropriate strategies, input for policymakers and also help as a baseline data for those who are interested in carrying out further research with this regard.

CHAPTER TWO

REVIEW OF THE LITERATURE

2.1 Overview of quality care and patient's perception

Patients seek quality nursing care (QNC) when they visit the hospital. Patients' perceptions and satisfaction are one of the elements that determine quality nursing care. To understand the definition of QNC, there was need to understand what quality is from a health perspective. The world health organization (WHO) defined quality as "the process of meeting the needs and expectations of patients and health service staff". WHO also identified "effectiveness, efficiency, accessibility; acceptability/patient-centeredness, equitability and safety" as a dimensions that helps to define quality (26).

According to institute of medicine (IOM) "Quality of care is the degree to which health service for individuals and populations increase the likelihood desired health outcomes and are consists with the current professional knowledge". Quality of care is a system approach to health service, which emphasize both technical competence as well as interpersonal dimension of health care giving process (25).

A logical definition of QNC might be for it to benefit patients without causing harm, meet patients need for nursing care, and assist patients to reach their goals for health promotion, maintenance and recovery from illness (27). Perception can be defined as the way of thinking about or understand someone or something. Patient's perception is generally considered as the patient's view of service received and the result of the treatment (4).

Quality care is difficult to define patients' perception of their care, especially in the hospital settings, are not well known. Donabedian (1980) developed the elements of quality which include structure, process and outcome. Structure is the physical, organizational and system culture which supports the delivery of quality. Process is what is done in caring for the patients which includes the stapes taken to deliver care. Outcome is the end result of the care given, usually the improvement in health (3). Consumer's view and their view have been become an important element in evaluation of care they received. Patient satisfaction is one of the outcome health care quality management (25).

The patient satisfaction is determined by two factors. The first factor is patients' expectations. Expectations that the patients search and want to see in health institutions can be described as scientific, administrative and behavioral features and vary according to patients age, gender, education level, sociocultural characteristics, past experience in dealing with health care and health institution. The second factor is patients' perception of service they received. Perception are measured on the basis of opinions or assessment of patient about they received and service production process. Perception factors varies according to patient's characteristics and their past experience (9,28).

If the performance matches the customer's expectation, the customer is satisfied. When the performance fall The customer expectation become dissatisfied. Quality of service refers to an overall judgment of a particular service. It is based on the difference between perceived quality and expected quality. When the expected quality of service equals a perceived service level, it is referred to as general service quality. When the perceived service level is higher than the expected, it is referred to as better service quality and when the perceived service level is lower than expected, it is referred to as worse service quality (29).

2.2 Studies on patients' perception towards quality nursing care

A descriptive study conducted on patients' perception of quality nursing care in a Chinese hospital revealed that about 82.19% of the patients perceived the overall score of PQNCS at a high level, and the majority of patients 83.69% perceived the highest quality nursing in the category of staff characteristics. For preconditions for care, 2.51% of the patients had a low level of quality nursing care (18).

Another descriptive cross-sectional study conducted in Turkey on patients' perception showed that among 160 patients the total PPNCS score of patients was found to be 61.2 ± 9.43 . There was statistically significant difference between presence of chronic disease, patients' level of education, companion possession status and hospitalization durations. However, there was no statistically significant difference between age, gender, and previous hospitalization with the average PPNCS score. As a result of this research, it was found that the patients enrolled in the study viewed nursing service in positive way, so their satisfaction level with the care they received was found to be at good level (9).

A study conducted in Sri Lanka hospitals showed that the total mean score of patients' perception of nursing care on Likert Scale was 93.33 out of 108, with a standard deviation of (+) or (-) 12.43 and 70.0 % of respondents had positive perception whereas 30.0% of respondents had negative perception on overall aspect of nursing care. There were 37.6% of respondents who had negative perception in the dimension of Physical Environment and Facilities. In this finding the authors conclude that there was no association between demographic characteristics with the levels of perception about nursing care as highest percentage of respondents had positive perception (4).

The study conducted at a large teaching hospital in India revealed that a relatively higher percentage of patients with poor perception regarding 'explanation and information', and 'caring attitude' aspects of nursing care (31.6% and 11.5% respectively). However more than 95% patients had good perception of 'responsiveness', 'availability' and 'ward organization' capability of the nurse. The finding showed that a higher percentage of patients with length of stay (LoS) more than ten days had a better perception of 'caring attitude' (92.1% vs 86.2%), 'responsiveness' (96.5% vs 95.6%) and 'ward organization' (96.1% vs 95.4%) capabilities of the nurse. However, patient's perceptions regarding 'explanation' and 'availability' of the nurse showed a deteriorating trend with an increasing length of stay (64.5% vs 70.9% and 93.7% vs 98.2% respectively) (29).

A study undergone in Nepal, on patients' perception towards quality nursing care revealed that among 200 respondents the overall perception of respondents about nursing care (nurses' behavior, safety and security and admission procedure) is positive as 91% perceived positively, whereas 9% perceived negatively (not positive). There is no significant difference of perception in relation to total nursing care by sex, education and occupation status of the respondents as highest percentage of respondents had positive perception (30).

The study done at inpatient department of hospitals in Nepal showed that the total mean score of patients' perception of nursing care on Likert Scale was 97.32 out of 115, with a standard deviation of (+) or (-) 13.45 and 63.6 % of respondents had positive perception whereas 36.4% of respondents had negative perception on overall aspect of nursing care. There were 33.6% of respondents who had negative perception in the dimension of Physical Environment and Facilities. The finding showed that there was no association between demographic characteristics with the levels of perception with the nursing care (31).

In Kenya, a descriptive cross-sectional study at Kenyatta National Hospital revealed that from a total of 168 respondents most patients agreed that they expected nurses to be knowledgeable with an average response of 86% and strongly disagreed that nurses should be rude and harsh (44%). Almost all patients reported that nurses were usually responding quickly when they needed pain medication. The result also showed 41% and 16.7% of respondents perceived that nurses were not introducing themselves and some nurses were rude respectively. Most participants (40.5%) indicated that they had a good perception of the nursing care and 22.6% recommended that nursing staff should be added and 11.3% reported that quality of nursing care was poor. Patients' perception was affected by how nurses were conducting with the patient (32).

In addition, a study undergone in renal unit of Kenyatta National Hospital, result showed the level of satisfaction was 67.8%. The aggregate mean score for all of the patients on Likert scale was 71.2 out of 105. Also the finding showed that there was no association between the demographic characteristics and the level of satisfaction with the nursing care (33).

In Ethiopia a study conducted in Bale zone revealed that 90.2% of patients perceived the nursing care in the hospital provided was good. In this study 43.1%, 44.8% and 4.3% respondents perceived that the relation between nurses & them as good, very good and excellent respectively. In other dimension, 87.2% of patients viewed that the nurses were polite to their request and 86.4% respondents viewed nurses gave them chance to talk about their feeling. Also 79.1% responded they got information about their finding from nurses (34).

The study conducted at Dessie Referral hospital showed the overall satisfaction with the nursing care was 52.5%. In this study the respondents' age, sex, class of admission, self-reported health status and admission ward were the variables that significantly associated with patient satisfaction with nursing care. The authors conclude that the rate of patient satisfaction with the nursing care was low in this study (15).

Other study done in Amhara region at Felege Hiwot Referral and Finote Selam District hospitals revealed that the overall patient satisfaction was 67.1%. privacy given to patients, freedom and capabilities of nurses to their job were the top areas of patients have got satisfied on the nursing care services delivered. Differences in the level of hospitals where patients admitted to, their condition of illness and their ward service type was found to be statistically significant predictors of the patients' satisfaction on the nursing care they received (35).

Another study done at Ayder referral hospital in Mkelle city revealed that the overall good perception with the nursing care was 50.3%. In this study the level of good perception for each domain nurse's characteristics, information given, caring activities and caring environment was 54.5%, 61.2%, 59.6%, and 94.7% respectively. The study showed that the educational level and the type of room patient admitted was significantly associated with the patient perception. On the other hand, patients with previous history of admission had good perception towards nursing care. The author also concludes that in this study age, gender and the duration of hospitalization has no significant association with patients' perception of nursing care (25).

A study done in Arba Minch general hospital Gamo Gofa zone showed that the Overall patient satisfaction about inpatient nursing service in the hospital was 40.9%. This study also revealed the age category 35-44 years, respondents attended college and University, rural residents, Patients admitted to Medical ward, patients admitted several times and patients admitted second time, patients with history of surgical operation and duration of hospitalization more than 15 days were factors associated patient satisfaction (36).

According to a study report in Addis Ababa the overall rating of satisfaction was 90.1%. This study revealed that the type of ward, sex, age, duration of hospital stays and marital status affected the patient's satisfaction on nursing care. The authors also conclude that education level and religion had no association with patient's perception on nursing care (37).

2.3. Conceptual framework

Many studies in different parts of the world reviewed that patients' perception of quality nursing care is affected by different factors. For this study according to the literature review the main factors identified are socio-demographic status of the patient, patient related factors, hospital related factors.

The next conceptual frame work which depicts the relationship of the variables is adapted from Gupta BS. (7). It helps to summarize the relationship between dependent and independent variables.

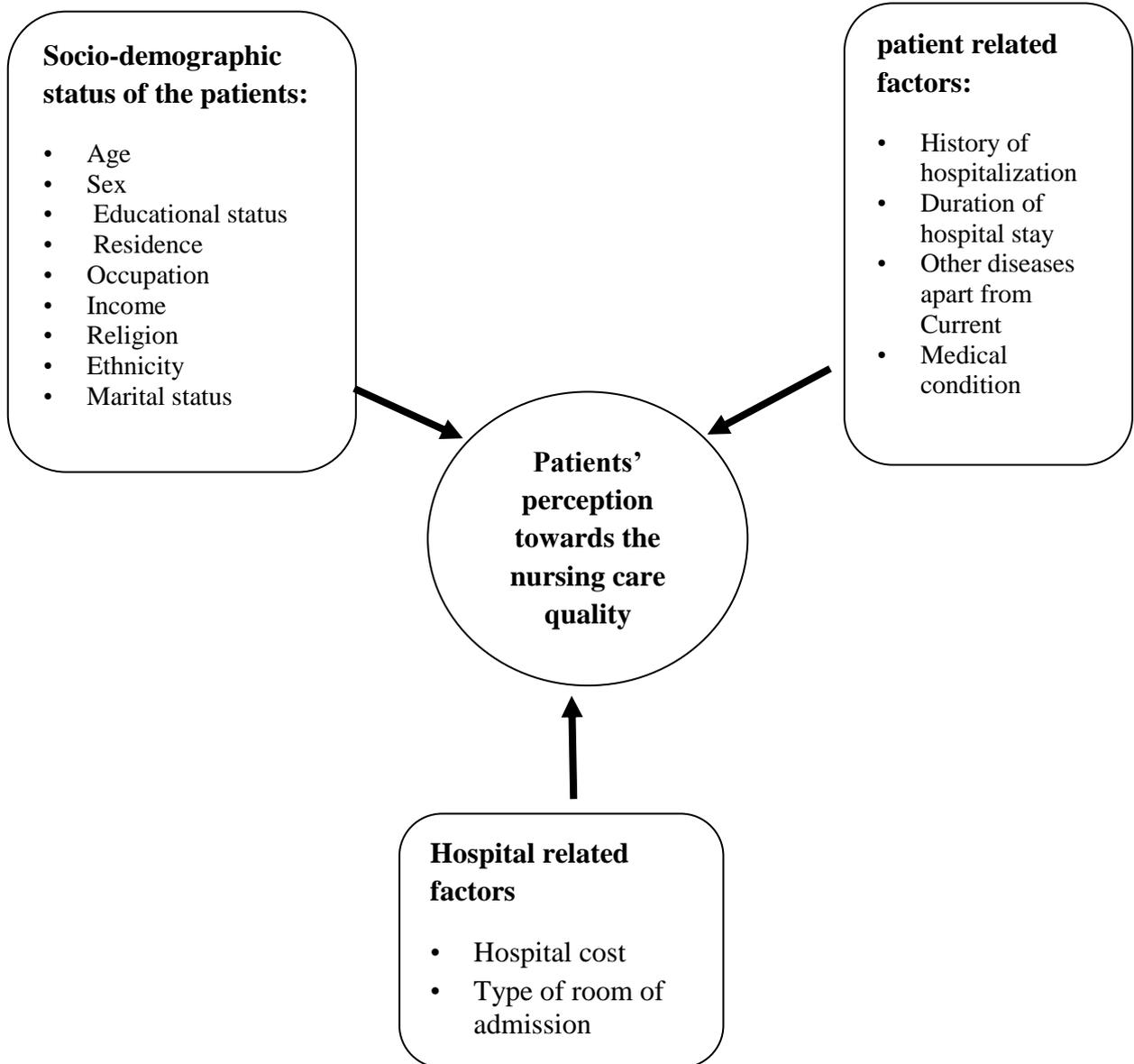


Figure 1: Conceptual frame work adapted from Gupta BS. on patient's perception towards quality nursing care (7).

CHAPTER THREE

OBJECTIVES

3.1. General objective:

To assess patients' perception towards the quality of nursing care in inpatient department of public hospitals at Benishangul Gumuze regional state, North West Ethiopia, 2018.

3.2. Specific objectives:

- To determine the level of patients' perception of nursing care quality at public hospitals of Benishangul Gumuze regional state, North West Ethiopia, 2018.
- To identify factors associated with patients' perception of nursing care quality at public hospitals of Benishangul Gumuze regional state, North West Ethiopia, 2018.

CHAPTER FOUR

METHODS AND MATERIALS

4.1 Study area/Setting and period:

The study was conducted in public hospitals of Benishangul Gumuz Regional state, North West Ethiopia, from March 15/2018 to April 30/2018. B/G/R/S is one of the nine regional states of the federal democratic republic of Ethiopia and 675 km far from Addis Ababa to the West. The region is administratively composed of 3 zones and 20 woredas. The region has a total area of approximately 50,380 km² with altitude ranging from 580 to 2,731 meters above sea level. The population size of the region is estimated at 1,000,000 and the proportion of male and female is 50.7% and 49.3% respectively. The annual population growth rate is estimated at 3% per annum. About 13.5% and 86.5% of the population are living in urban and rural areas respectively. Two general hospitals (namely Assosa general hospital and Pawe general hospital), 33 health centers and 378 health posts make the regional health care service coverage 87%.

Pawe general hospital is one of the public hospitals in the region, which is situated in Pawe town, Pawe woreda, Metekle zone. The hospital was established in 1980 E.C. The catchment population of the hospital is estimated to be over 570, 000. The hospital provides over 15 different services with 150 beds and 310 employees, 153 are technical staffs and the rest 157 are supportive staffs. The average annual service volume of the hospital is estimated to be 5000 inpatients and over 8000 outpatients. The nurses give care for around 340 inpatients per month within four wards (38).

Assosa general hospital is one of the public hospitals in the region, which is situated in Assosa town. The hospital was established in 1977 E.C and renovated in 1982 E.C. The catchment population of the hospital is estimated to be over 600, 000. The hospital provides over 15 different services with 108 beds and 298 employees, 130 are technical staffs and the rest 168 are supportive staffs. The average annual service volume of the hospital is estimated to be over 4300 inpatients and over 8700 outpatients. The nurses give care for around 300 inpatients per month within four wards (39).

4.2 Study design

Institution based cross-sectional study design was used to measure patients' perception of the quality of nursing care

4.3 Population

4.3.1 Source population

- All adult patients who were admitted to inpatient wards at public hospitals of Benishangul Gumuze regional state were the source of population

4.3.2 Study population

All adult patients who were admitted to the Medical, Surgical, Gynecology and Obstetrics wards in Assosa and Pawe general hospitals and eligible were the study population.

4.4 Inclusion and exclusion criteria

4.4.1 Inclusion criteria

- Patients whose age ≥ 18 years
- Hospitalized clients in the ward who stayed at least for 3 days.

4.4.2 Exclusion criteria

- Patients who cannot respond/ disoriented/ altered mental status

4.5 Sample size and sampling procedure

4.5.1 Sample size determination

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

Assumptions

The sample size of the patients was determined with 5% absolute precision and 95% confidence interval. Proportion of patients' perception with the nursing care ($p=50.3\%$, from the previous study done at Ayder Referral Hospital (25)) was considered. Based on this assumption, the actual sample size for the study was as follows.

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

d2

Where n=Sample size

Z=value corresponding to a 95% level of significance=1.96

p= (Proportion of patients' perception with the nursing care 50.3%)

q= (1-p) = (1-0.5) =0.5

d= Margin of error, assumed to be 5%

None response rate=10%

Therefore, based on using the above single population proportion formula the sample size calculated as:

$$n = \frac{(1.96)^2 \cdot 0.53(1-0.53)}{(0.05)^2}$$
$$n=383$$

For possible non-response rate, the final sample size was increased by 10% to 421 admitted patients.

4.6.2 Sampling technique and procedure

Since there are two general hospitals in the study area, this study was conducted in both hospitals purposively. Stratified random sampling technique was applied and the total sample size (n=421) was allocated proportionally based on the total number of patient flow in the hospitals. Thus, Pawe general hospital was contribute about 221(52.4%) and Assosa general hospital 200(47.6%) participants from the total samples. First, the number of patients to be taken from each ward was determined based on the number of patient flow they had. Through using a systematic random sampling technique, sample patients who stayed in the study wards for at least three days were invited to the survey.

By taking the number of patients who were admitted in the study ward for the last 6 months, number of patients expected within the study period was estimated (i.e N=510 patients in Pawe and N= 450 patients in Assosa general hospital) and then it was divided by sample size of each hospital to get the interval. Then, K=2 for each hospital (i.e. 510/221≈2, 450/200≈2). The first patients were selected by lottery method from their order of registration and then

every other patient who had received those on the list will be approached consecutively.

Benishangul Gumuz
Regional State

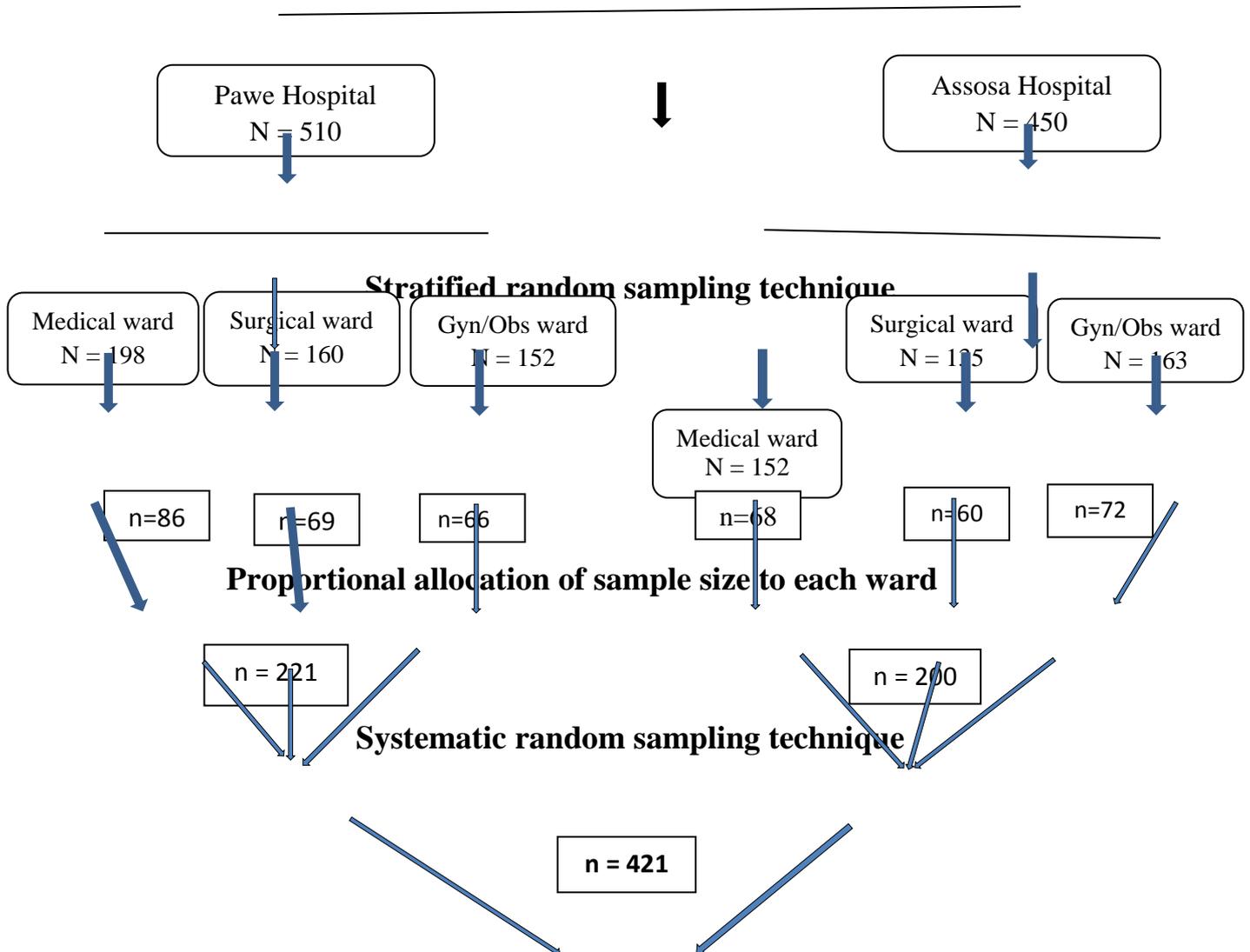


Figure 2: Schematic representation of sampling procedure

4.8 Data collection instrument and procedure

The instrument was modified patients' perception of quality nursing Care Scale (PQNCS) which was developed by Senarath and colleagues in Sri Lanka in 2011. The tool was formerly used in a related study conducted in Tigri (25) and it was contextualized to the local context. The data was collected by using face to face interview with structured and five-point Likert scale questionnaires.

The instrument had three sections. Section I- socio demographic characteristics of patient, Section II-patient/admission related characteristics and Section III- questionnaire regarding "Patient's Perception of Quality of Nursing Care". Patients' perception of nursing care was measured using the Likert scale items. All the items were scored on a five-point scale ranging from 1 = strongly disagree, 2 = dis agree, 3 = neutral, 4 = agree and 5 = strongly agree). Participants were asked to rate their perception with various aspects of nursing care by selecting only one number that best describes their feeling on each item of the scale. Four diploma nurses from health center for data collection and two BSC nurses as supervisor were recruited from college of health science.

4.9 Study variable

4.9.1 Dependent variable

- ❖ patients' perception of nursing care quality

4.9.2 Independent variables

- ❖ Age
- ❖ Sex
- ❖ Educational status
- ❖ Marital status
- ❖ Occupation
- ❖ Ethnicity
- ❖ Residence
- ❖ Religion
- ❖ Income
- ❖ History of admission
- ❖ Duration of hospital stay
- ❖ Other diseases apart from current
- ❖ Medical condition
- ❖ Type of room of admission
- ❖ Hospital

coast

4.10. Operational Definition and definition of terms

- ✚ **Quality:** Quality in health care means offering a range of service that are safe, effective and that satisfy clients' needs and want.
- ✚ **Quality nursing care:** It is the nursing care that meets patients' needs and expectations and also meets the professional standards.
- ✚ **Patients' Perception of quality nursing care:** is defined as patient's feeling or view about the nursing care they received in their hospital stay in terms of interpersonal care, comfort, efficiency, personalized information, physical environment, and competency of nurses.
- ✚ **Other disease:** patients who reported having other disease apart from the main admission case
- ✚ **History of previous hospitalization:** patients who reported having history of previous admission in any hospital before admitting in this ward.
- ✚ **Acute condition:** patients who reported that experiencing of the admission case for less than 30 days.
- ✚ **Chronic condition:** patients who reported that experiencing of the admission case for 30 days and above.
- ✚ **Patients overall perception level:** by summing up the response of 26 perception questions those who scored points more than the median score was categorized as having good perception and those who scored less than or equal to the mode score was categorized as having poor perception.

4.11 Data Quality Assurance

Pre-test was conducted on Chgni general hospital on 5% sample size of patients 2 weeks before actual data collection to make sure clarity of the questionnaire, after which correction of concepts and statements were made. The reliability analysis was performed on the final instrument to assess the internal consistency as measured by alpha Coefficient, which was 0.86 for the total scale.

Training was provided for data collectors and supervisors on data collection procedures to ensure the quality of the field operation. The training was focused on how to fill the questionnaire and make good interviews. The issues which are relevant to the study, about confidentiality of the information and informed consent were part of the training.

The questionnaire was prepared in English language and the final English version was translated to Amharic by experts. This was done because the local language for the study area is Amharic and this makes easier for data collectors to communicate with patients.

The researcher and supervisors was closely supervising the data collection process. On daily bases the supervisors were countercheck for accuracy and completeness of the filled questionnaire. And every day the researcher and supervisors contact with the data collectors to solve problems and correct errors as early as possible.

4.12 Data Analysis

The data was checked for completeness, consistency and responses in each question was coded for simplicity of data entry. Then, data was entered to EPI-data version 3.1 and exported to statistical package for social sciences (SPSS) version 23. Descriptive statistical analyses were computed to see the frequency distribution and binary logistic regression was used to identify candidate variable for multiple logistic regression.

The variables with p-value of <0.25 were taken to multivariable logistic regression analysis to determine the significant association. Model fitness was checked by Hosmer and Lemshow test. A median score was used to summarize the patients' perception as good and poor. Those who scored above the median score was taken as good and below or equal to the median score as perceived poor.

Finally, the p-values <0.05 were considered statistically significant. Graph, table and chart were used for presenting results in order to give a clear picture of magnitude and relationships of various study variables.

4.13 Ethical consideration

Prior to data collection ethical clearance was obtained from Institutional Review Board of Jimma University, Institute of Health. An official support letter was also obtained from Benishangul Gumuze regional health bureau. Permission was grant from ward in-charges to access the participants and informed consent was asked to the study participant to confirm willingness for participation after explaining the objective of the study. The participants had also the right to refuse or terminate their participation at any point of time. The information provided by each respondent were kept confidential through anonymous recording and coding of questionnaire.

4.14 Dissemination of the result:

The finding of the research will be disseminated to Jimma University, institute of health and other concerned officials like Assosa and Pawe general hospital, Metekel zone health department, regional health bureau and ministry of health. In advance effort would be made to present it at national scientific conference and publication on international journals.

CHAPTER FIVE

RESULT

5.1 Sociodemographic characteristics of the respondents.

A total of 421 participants included in the study, of which 418 gave responses to the study items completely, which made the response rate of the study to be 99.3%. Two hundred forty-seven (59.1%) were females. More than half 236(56.5%) of study participants were in age range of 18-30 years with Mean age of $34.88 \pm (SD =13.29)$ years. With regard to marital status majority 304(72.7%) were married followed by 92(22.0%) single. Nearly half of the respondents 196(46.9%) were orthodox in religion and Amhara and Gumuz accounts 133(31.8) %, 81(19.4%) respectively. About one third of the participants 145(34.7%) were unable to read and write, whereas 109(26.1%) of the participants were farmer and 219(52.4%) were living in rural areas. On the other hand, 216(51.7%) of them earn 500-1000 ETB a month, with their mean monthly income being 880.4 Ethiopian Birr ($SD \pm 751.8$) (Table 1).

Table 1: Socio-demographic Characteristics of patients' in public hospitals of Benishangul Gumuze regional state, North West Ethiopia, March 15 – April 30/ 2018 (n=418).

Variable	Category	Frequency	Percentage (%)
Sex	Male	171	40.9
	Female	247	59.1
Age in year	18-30	236	56.5
	31-40	99	23.7
	41-50	65	15.6
	51 and above	18	4.3
Marital status	Married	304	72.7
	Single	92	22.0
	Divorced	9	2.2
	Widowed	13	3.1
Religion	Orthodox	196	46.9
	Muslim	163	39.0
	Catholic	21	5.0
	Protestant	38	9.1
Ethnicity	Amhara	133	31.8
	Oromo	66	15.8
	Shinasha	46	11.0
	Berta	64	15.3

	Gumuz	81	19.4
	Agew	10	2.4
	Others	18	4.3
Educational status	unable to read and write	145	34.7
	Able to read and write	51	12.2
	Primary school	101	24.2
	Secondary School	77	18.4
	College and above	44	10.5
Occupation	Government employee	47	11.2
	Merchant	40	9.6
	Farmer	109	26.1
	House wife	68	16.3
	Private employee	131	31.3
	Other	23	5.5
Place of residence	Rural	219	52.4
	Urban	199	47.6
Income classification	<500	106	25.4
	500-1000	216	51.7
	1001-1500	50	12.0
	1501-2000	15	3.6
	>2000	31	7.4

Note: Others(Ethnicity): - Kenbata, Tigre, Mao, Komo

Others(Occupation): - student, prisoners

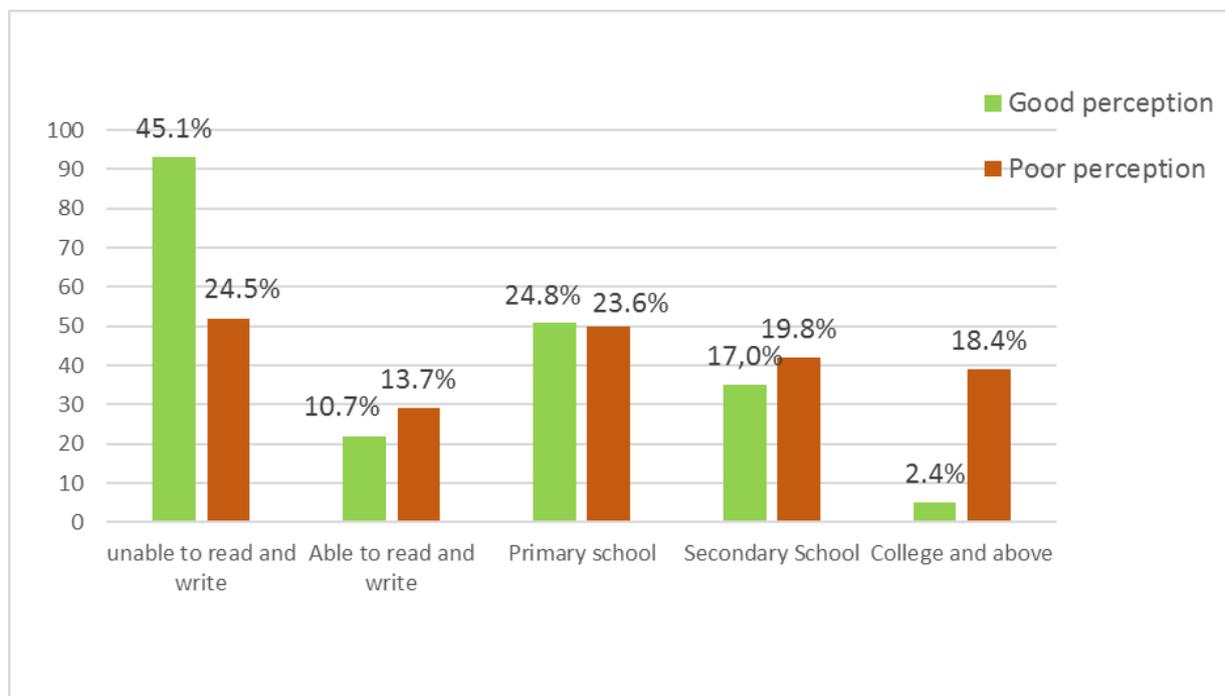


Figure 3: Educational status on patients' perception of quality of nursing care in public hospitals of Benishangul Gumuze regional state, North West Ethiopia, March 15 – April 30/ 2018 (n=418).

5.2 Patient and admission related characteristics

Regarding the patient and admission related characteristics the highest percentage of the study subjects were admitted to medical ward 153(36.6%), followed by Gyn/obs ward 137(32.8%). Among participants 386(92.3%) were admitted in the common room. Concerning service 339(81.1%) of participants had paid for the service they received.

Regarding the participants' history of admission 264(63.2%) of them were not previously admitted. A considerable number of patients, 340 (81.3%) were admitted for acute illness. Moreover 341(81.6%) of patient did not have other diseases apart from to current health problem. Majority of respondents 389 (93.1%) had family support/Companion Possession in their hospital stay and concerning the hospital cost more than half 178(52.3%) of respondents perceived it as medium followed by 158(46.5%) of respondents perceived as high cost. Three hundred seventy-one (88.8%) of the participants stayed in the study hospitals for ≤ 7 nights, with the mean length of stays (nights) 5.2 (SD \pm 2.5) (Table 2).

Table 2: Patient and admission-related characteristics of the participants in public hospitals of Benishangul Gumuze regional state, North West Ethiopia, March 15 – April 30/ 2018 (n=418)

Variable	Category	Frequency	Percentage (%)
Admission ward	Medical	153	36.6
	Surgical	128	30.6
	Gyn/obs	137	32.8
Number of days stayed in hospital	≤ 7	371	88.8
	> 8	47	11.2
Service type	Free	79	18.9
	Payment	339	81.1
History of previous admission	Yes	154	36.8
	No	264	63.2
Other disease	Yes	77	18.4
	No	341	81.6
Medical condition	Acute illness	340	81.3
	Chronic illness	78	18.7
Family support	Yes	389	93.0
	No	29	7.0
Type of room of admission	Common room	386	92.3
	Private room	16	7.7
Feeling about hospital cost	High	158	46.5

	Medium	178	52.4
	Low	2	0.6
	Uncertain	2	0.6

5.3 Patients' perception about the quality of nursing care service

The results of this study revealed that 206(49.3%) of the study participants had good perception about the overall nursing care quality they received. Nearly half of respondents 202(48.3%) had good perception regarding on interpersonal nursing care related dimension. Among this, nurses friendly communicate with the patients 297(71.1%), nurses maintain the individual respect 265(63.4%), nurses show willingness when asked for help 260(60.2%) were the three aspects of nursing care services which had good perception with the highest proportion of the study participants. On the contrary, nurses did most of the things by asking them, nurses involve the patients and their family in patient care and nurses immediately took care of their requests were 208(49.8%), 134(32.1%) and 100(23.9%) respectively.

On the second dimension of nursing care 164(39.2%), 186(44.5%), 306(73.2%) and 168(40.2%) of respondents had good perception on nurses gave treatment/medication without any delay, nurses maintained records efficiently, enough number of nurses were available for their care and nurses maintain good coordination with other staff respectively.

Regarding on patient comfort 266(63.6%), 75(17.9%), and 75(17.9%) of them had good perception on efforts taken for ensuring privacy during examination, peaceful environment in the ward and cleanliness of the bed respectively. Related to the information given by the nurse out of the total participants 107(25.6%), 111(26.6%), and 162(38.8%) of them had good perception with the amount of information provided on facilities available when first came to the ward, the amount of information provided regarding the illness and the amount of information provided regarding on investigations respectively.

Concerning on the caring environment 308(73.7%), 329(78.8), 313(74.9%), and 239(57.2%) of respondents had good perception on ventilation of the ward, lighting condition of the ward, safety and security in the ward and information displayed at the entrance respectively. On the last dimension 247(59.1%) and 273(65.3%) of them had good perception on nurses' competency and enough knowledgeable to answer their questions.

From the six dimensions, the overall patients' perception was mostly related with interpersonal dimension where the correlation coefficient value $r=0.751$ and it was lesser related with comfort related dimension of nursing care where the correlation coefficient value

r=0.234 Combined score of patient's perception in each of the six dimension is summarized in (Table 3).

Table 3: Patients' perception on nursing care at public hospitals of Benishangul Gumuze regional state, North West Ethiopia, March 15 – April 30/ 2018 (n=418).

	Aspect	Good perception	Poor perception	Total %
		No(%)	No(%)	
1	Interpersonal care	202(48.3)	216(51.7)	100
2	Efficiency	161(38.5)	257(61.5)	100
3	Comfort	206(49.3)	212(50.7)	100
4	Information	105(25.1)	313(74.9)	100
5	Environment	172(41.1)	246(58.9)	100
6	Competency	180(43.1)	238(56.9)	100
Overall		206(49.3)	212(50.7)	100

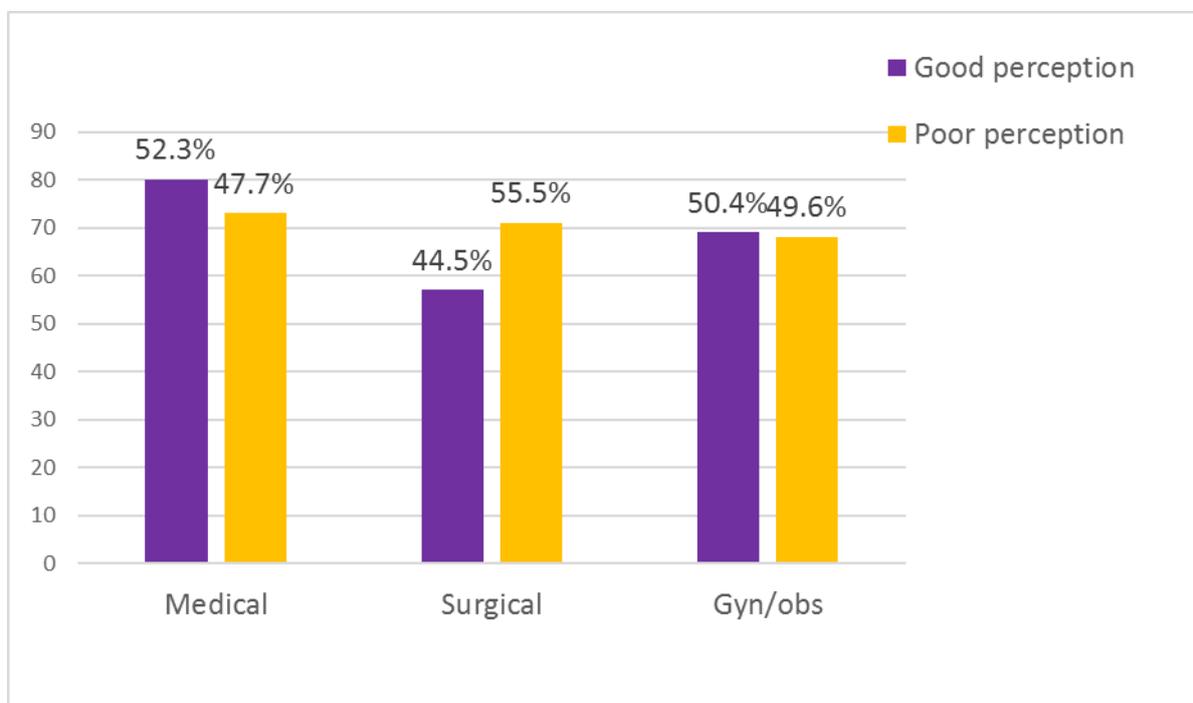


Figure 4: Educational status on patients' perception of quality of nursing care in public hospitals of Benishangul Gumuze regional state, North West Ethiopia, March 15 – April 30/ 2018 (n=418).

5.4 Logistic Regression Analysis on Patients' perception of quality of nursing care

The results from binary logistic analyses showed that there were no association between some of socio demographic characteristics and patient/admission related factors with patients' overall perception about quality of nursing care. However, there were relationship between sex, educational status, history of previous admission, income, number of days (nights) stayed in hospital, family support and type of admission room with patients' overall perception with nursing care quality.

In multiple logistic regression analysis among a number of socio-demographic and patient/admission related factors included in this study educational status, length of hospital stay, family support/companion possession, type of admission room and hospital setting were found to be statistically significant predictors of patients' perception (Table 5).

The regression analysis indicated that patients who were unable to read and write were 21 times more likely to have good perception towards nursing care quality than those who had College Diploma and above [AOR = 21.026 and 95% CI (7.433, 59.479)]. Regarding number of days (nights) stayed in hospital, those patients who stayed for ≤ 7 nights were 2.39 times more likely to have good perception compared to those stayed for ≥ 8 nights [AOR =2.386 and 95% CI (1.209, 4.709)].

In addition, the study result showed that patients who had family support were 3.5 times more likely to have good perception towards nursing care quality compared to those who had no support/Companion Possession [AOR =3.531and 95% CI (1.475, 8.453)]. Patients who were admitted to private room were 3.68 times more likely to have good perception towards nursing care quality compared to those admitted in common room [(AOR=3.676 and 95% CI (1.534, 8.811)]. This study showed that patients admitted in Pawe Hospital were 1.7 time more likely to have good perception on nursing care quality than those who were admitted in Assosa Hospital [AOR =1.724 and 95% CI (1.127, 2.636)].

Table 4: Bivariate and multivariate logistic regression analysis on patients' overall perception of nursing care quality in public hospitals of Benishangul Gumuze regional state, North West Ethiopia, March 15 – April 30/ 2018 (n=418).

Variable	Label/category	Patient perception		COR (95 % CI)	AOR (95 % CI)	P-value
		Good perception	Poor perception			
		N(%)	N(%)			
Educational status	unable to read and write	93(45.1)	52(24.5)	13.950(5.179, 37.578)	21.026(7.433, 59.479)	.001
	Able to read and write	22(10.7)	29(13.7)	5.917(2.003, 17.485)	8.897(2.852, 27.756)	.001
	Primary school	51(24.8)	50(23.6)	7.956(2.899, 21.831)	10.740(3.752, 30.748)	.001
	Secondary School	35(17.0)	42(19.8)	6.500(2.313, 18.270)	8.228(2.819, 24.017)	.001
	College and above	5(2.4)	39(18.4)	1	1	
Length of hospital stay	≤ 7 days	190(92.2)	181(85.4)	.492(.260, .292)	2.386(1.209, 4.709)	.012
	≥ 8 days	16(7.8)	31(14.6)	1	1	
Family support	Yes	198(96.1)	191(90.1)	2.721(1.177, 6.292))	3.531(1.475, 8.453)	.005
	No	8(3.9)	21(9.9)	1	1	
Type of admission room	Common room	184(89.3)	202(95.3)	1	1	
	Private room	22(10.7)	10(4.7)	.492(.260, .929)	3.676(1.534, 8.811)	.004
Hospital Setting	Pawe Hospital	121(55.3)	98(44.7)	1.656(1.124, 2.439)	1.724(1.127, 2.636)	.012
	Assosa Hospital	85(42.7)	114(57.3)	1	1	

Note: statistically significant at P <0.05 and 1=Referent

CHAPTER SIX

DISCUSSION

This study revealed the level of adult Patients' perception and associated factors in public hospitals of Benishangul Gumuze regional state. The overall proportion of patients who had good perception on the quality of nursing care was 49.3%. This finding was consistent with the study done in north Ethiopia 50.3% (25). But this percentage was lower compared to other studies conducted in Sri Lanka hospital 70%, Nepal 63.6% and Kenya 67.8% (4,31,33). This difference might be related with variation in socio-demographic characteristic of study participants, the level of hospitals studied, nurse staffing and differences in doctor-patient relationship or nurses' participation in decision making process.

This study revealed that 48.3% of respondents had good perception on interpersonal nursing care related dimension which was lower compared to other studies conducted in Sri Lanka 63.07% and Nepal 65% (4,31). This difference might be because of nurses prioritized the completion of job related tasks rather than spending time to talk, work overload or due to lack of the concept of patient centered care.

From the second dimension of efficiency related nursing care, this study revealed that 39.2% of participants perceived good as nurses gave them treatment/medication without any delay. This finding was lower than study conducted in Jordan 66%. Also in this study 40.2% of patients perceived good as nurses maintain good coordination with other staff which was lower than study done in Jordan 66% (19). This could have explained that staff members might not be sensitized to the importance of on-time medication administration, lack of understanding of the specific information or poor communication within the staff.

Regarding on information the result showed that 26.6% and 38.8% of them were fully have good perception as they have got enough information regarding their illness and investigation from nurses respectively, which was lower than study conducted in North Ethiopia 70.6% and 91.4% respectively (25). This might be because of either the nurses' reluctance to exhibit these important qualities of providing care, or their ignorance of the skills altogether.

The study done in Sri Lanka 69.3%, North Ethiopia 94.7% and Nepal 66.4% of respondents had good perception on the nursing care environment (4,25,31). But this study showed only 41.1% of them had good perception on the nursing care environment. This difference may be due to lack of resources or inadequate equipment.

Concerning on nurse's competency only 43.1% of them were fully have good perception as nurses who gave care for them were competent, which was lower than study conducted in Jordan 62%, Northwest Ethiopia 80.2% and China 84% (19,35,40). This might be due to difference in nurses to patient ratio, the level of hospitals, and advancement of technologies which were used to provide quality nursing care.

The findings of this study showed that there was no relationship between socio demographic variables including gender, age, marital status, ethnicity, and religion with patient's overall perception. This finding was similar with study conducted in Nepal and China (31,40). In various studies conducted on the subject; it was found that the patients' gender (9,15) and age (9,15,36) had significant association with patients' perception on nursing care. This can be due to the difference in socioeconomic difference and level of understanding on quality of services.

The study showed that educational level was significantly associated with patient perception. This finding was in line with the study done in Turkey and Addis Ababa (9,37). This could be explained by people who are highly educated might expect a higher standard of care than lower education status. Contrary to this, study done in Gamo Gofa and Mekelle showed that respondents attended college and University were more likely to be satisfied with nursing care service provided than illiterate once (36,37).

Patients' number of night spent in the ward had also an association with patients' perception. In this study those patients' who spent ≤ 7 nights were 2.39 times more likely to have good perception than who spent ≥ 8 nights. It may because those who spent ≥ 8 nights might have a higher demand and they might have some other hospital acquired infection as they spent more time in the hospital. This finding was in agreement with study done in Turkey, Gamo Gofa and Black Lion (9,36,37).

In this study patients who had family support were 3.5 times more likely to have good perception towards nursing care quality compared to those who had no support/Companion Possession. This might be due to the possibility of decrease in expectations of nursing care because of companions met the patient's needs. In contrast, studies done in Turkey (1) revealed that there is no association between family support and patient perception on nursing care. This can be due to the difference level of caring in the hospital, availability of quality control and assurance at the hospital and the staffing.

Concerning the type of admission room those admitted to private room were 3.68 times more likely to have good perception towards nursing care quality compared to those admitted in common rooms. It is in agreement with study done in Dessie Referral Hospital (15). This might be related with the privacy and nurses perform their nursing duties in a careful and meticulous manner in the private room and also patients admitted at private room can get conducive environment for care and information about their disease and prognosis.

Patients who were admitted to Pawe Hospital had good perception towards nursing care quality than those who cared in Assosa Hospital. This might be related to the difference in physical environment or the level of understanding of patients.

Strength and Limitation of the study

Strength of the study

- Since the data collectors were not from the hospital workers, the patient can talk freely what he/she felt heart fully about the quality of care without fearing for his/her future cares.
- Participation of patients was also generally satisfactory with 99.3% response rate
- Since interview was made with admitted patients, patients who stay for a long period of time were not missed

Limitation of the study

- As to the limitation of this study, it could have been better to conduct certain in-depth interviews or focus group discussions among the patients for further qualitative exploration of the case to back the quantitative data. However, logistic constraining factors prevented the researcher from doing so.
- Patients' were not interviewed at sites away from the health facility. So, social desirability bias is also likely as the respondents were interviewed at their beds.
- Perception ratings were collected through face-to-face interviews which might be subjected to response biases.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATION

7.1 Conclusion

In conclusion the level of overall adult Patients' perception about the quality of nursing care in the hospitals was low. Number of nurses available for their care, ventilation of the ward, safety and security in the ward and lighting condition of the ward were the four top items that patients were more satisfied. In contrary the amount and type of information nurses gave to patients about their illness and investigation, the way nurses took immediate care for their request and cleanliness of the bed were the least satisfied items. This is a common problem for hospitals under study which requires urgent attention to enhance patients' perception at the same time to insure quality of nursing care.

Based on our analysis, those with higher level of education perceived as poor nursing care when compared with those not educated. It was also found that the perception of nursing care quality was influenced by patients' hospitalization time and family support/companion possession. The type of admission rooms also showed an association with perception of nursing care which indicates that admission to a private room was significantly associated with good perception to nursing care.

7.2 Recommendation

Based on the findings of the study the investigator recommends the following

1. Regional Health Bureau
 - The Regional Health Bureau are recommended to design and launch intervention programs to improve the information provision and communication skills and the skills of making clients feel well of the nursing staff at the study hospitals.
 - Regularly evaluate patients' perception to ensure the sustainability of quality of nursing care services.
2. Hospital Admiration
 - Since majority of patients had poor perception on ward environment, hospital administrators should have more efforts to ensuring the nursing care environmental cleanliness by improving availability of necessary materials and supplies.

- The hospital should strengthen operational standards of Nursing Care Practice to the staffs
- Organize nursing education program and skill training workshops for the nurses

3. Nursing staff

- should focus on patient centered care to reduce patient's length of hospital stay.
- Should considered a balanced care for private and common rooms including pts privacy and confidentiality during care.

4. Researcher

- The future researcher should add qualitative study and consider strong study designs.

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Annex

Annex I: Participant Information Sheet

Good morning/ afternoon?

My name is _____. Currently I am a graduate student at Jimma university, Faculty of Health Sciences, School of Nursing and Midwifery. And now I am conducting a research to assess patients' perception of quality nursing care provided by nurses in Pawe and Assosa general hospital.

Title of the research: Patients' perception towards quality of nursing care in inpatient department at public hospital of Benishangul Gumuz Regional state, north west Ethiopia, 2018.

Objective: To assess the patients' perception regarding the quality of nursing care in inpatient department of public hospitals at Benishangul Gumuze regional state, North West Ethiopia, 2018.

Participants: Randomly selected patients' who have stayed three days in study ward

Potential Risks: There is no foreseen risk by being in this study.

Benefits: No financial benefits are related with this study. But by participating in this study, you will give an input for service provision in the hospital.

I would like to ask you few questions. Your honest response to the questions can make the study to achieve its objective. All the information that you give will be kept confidential and private. Only the principal investigator and interviewer will have access to the information. You are kindly requested to respond voluntarily. You can also choose not to participate in this study totally or if you become uncomfortable during the study, you will be allowed to leave the study at any time. At any time that you have questions, you can contact me by using the following addresses.

Sani Yenuss

Mobile: 09 13 38 70 39

E-mail: zerabacha@gmail.com

Annex II: Informed consent

JIMMA UNIVERSITY
INSTITUTE OF HEALTH
FACALITY OF HEALTH SCIENCE
SCHOOL OF NURSING AND MIDWIFERY

I here with declare that:

- The objectives of this study are explained to me and are clear.
- The contents of the consent are verified to me to participate in the study.

I understand that participation in this study is completely voluntary and that I may withdraw at any time without supplying reasons. I agree to participate in this study to be interviewed, provided my privacy is guaranteed. When signing this consent form to participate in the study, I promise to answer honestly to all reasonable questions and not provide any false information or in any other way purposely mislead the researcher.

Respondent's signature _____

If no, skip to the next participant

Date of interview: _____ Time started: _____ Time finished: _____

Interviewer Name _____ Signature _____ Date _____

Supervisor's name _____ signature _____

Thank you

Annex III: English version Questionnaire

Questionnaire ID number----- Hospital Name_____

Note: Encircle from the given option and write if any other idea

Section I: Socio-Demographic Characteristics of the respondent (patient's)

No	Question	Response
101	Sex	1. Male 2. Female
102	Age in year	_____
103	Marital status	1. Married 2. Single 3. Divorced 4. Widowed
104	Religion	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5.) Others(specify-----)
105	Ethnicity	1. Amhara 2. Oromo 3. Shinasha 4. Berta 5. Gumuz 6. Others(specify-----)
106	Educational status	1. unable to read and write 2. Able to read and write 3. Primary school 4. Secondary School 5. College and above

107	Occupation	1. Government employee 2. Merchant 3. Farmer 4. House wife 5. Private employee 6. Others(specify)-----
108	Place of residence	1. Rural 2. Urban
109	Income (In ETB)	

Section II: Patient-related (admission-related) Characteristics of the Participants and hospital related questions

No	Question	Response
201	Admission ward	1. Medical 2. Surgical 3. Gyni/obs
202	Number of days (nights) stayed in hospital	_____
203	Ward Service Type	1. Free 2. Payment
204	Do you have history of previous admission/hospitalization?	1. Yes 2. No
205	Have you other disease/s in addition to current health problem?	1. Yes 2. No
206	Medical Conditions	1. Acute Illness/Conditions 2. Chronic Illness/conditions
207	Do you have family support/Companion Possession?	1. Yes 2. No
208	Type of room of admission	1. Common room 2. private room
209	How do you feel about the hospital cost?	1. High 2. Medium 3. Low 4. uncertain

Section III: Patient's perception on nursing care quality

Select only one number that best describe their opinion on each item of the scale (1 = Strongly disagree, 2 = disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly agree)		Strongly disagree	disagree	Neutral	Agree	Strongly agree
I	Interpersonal care					
301	Nurses welcomed me on my admission to this ward.					
302	They did most of the things by asking me					
303	Nurses maintain the individual respect					
304	Nurses are polite					
305	Nurses show willingness when asked for help					
306	Nurses gave me opportunity to express my worries and concern					
307	Nurses immediately took care of my requests					
308	Nurses involve the patients and their family in patient care					
309	Nurses friendly communicate with the patient					
310	Nurses spent adequate time with me					
II	Efficiency					
311	The nurses gave me treatment/medication without any delay					
312	The nurses maintained records efficiently					
313	Enough No. of nurses are available for my care					
314	The nurses maintain good coordination with other staff					
III	Comfort					
315	Efforts taken for ensuring privacy during examination					
316	My ward is peaceful					
317	The bed is clean					
IV	Personalized information					
318	Nurses provide enough information on facilities available when first came to the ward					
319	Nurses provide enough information regarding the illness					
320	Nurses provide enough information on investigations					
V	Physical environment					
321	The ward is well ventilated					

322	Lighting condition of the ward is adequate					
323	I have felt safety and security in the ward in every way					
324	Adequate information displayed at the entrance					
VI	Competency					
325	Nurses are competent					
326	Nurses are knowledgeable enough to answer my questions					

Annex IV: Participant Information Sheet of Amharic version

እንደምን አደሩ/ዋሉ?

ሳኒ የኑስ እባላለሁ፡፡ በጅምዩኒቨርሲቲ፣ ጠፍ ሳይንስ ፋካሊቲ፣ ነርሲንግና ሜዲሻል ትምህርት ክፍል የ2ኛ ዓመት የሚከተሉት ድግሪ ተመራቂ ተማሪ ነኝ፡፡ በአሁኑ ሰዓት በጋዊ እና አሰሳ ጠቅላላ ሆስፒታል ተኝተውለሁ ለመታከም ህመሙን ከነርሶች ስላገኙት እንክብካቤ ያላቸውን ግንዛቤ በማጥናት ላይ ነኝ፡፡

የጥናቱ ርዕስ፡ - በጋዊ እና አሰሳ ጠቅላላ ሆስፒታል ተኝተው የሚታከሙ ህመሙን ከነርሶች ስላገኙት እንክብካቤ ያላቸውን ግንዛቤ፣ ሰሜን ምዕራብ ኢትዮጵያ፣ 2018 ዓ.ም.፡፡

የጥናቱ ዓላማ - በጋዊ እና አሰሳ ጠቅላላ ሆስፒታል ተኝተው የሚታከሙ ህመሙን ከነርሶች ስላገኙት እንክብካቤ ያላቸውን ግንዛቤ እና ተፅዕኖዎች ማወቅ

ተሳታፊዎች፡ - በአጣጣጥ ወጠኑ ሶስት ቀን እና ከዚያ በላይ በመኝታ ክፍል የቆዩ ህመሙን

የጎንዮሽ ጉዳት፡ - በዚህ ጥናት መሳተፍ ምንም አይነት ጉዳት የለም፡፡

ጥቅማጥቅም፡ - በዚህ ጥናት መሳተፍ ምንም አይነት ገንዘብ አያስገኝም፡፡ ነገር ግን በዚህ ጥናት በመሳተፍ

ለአገልግሎት አሰጣጥ መሻሻል ከፍተኛ አስተዋፅኦ ያደርጋሉ፡፡ ስለዚህ የተወሰኑ ጥያቄዎችን ልጠይቅዎት

እወዳለሁ፡፡ የእርስዎ በእውነት ላይ የተመሰረተ መልስ ለዚህ ጥናት መሳተፍ አስተዋፅኦ ያደርጋል፡፡ እርስዎ

የሚሰጡት መረጃ ከአጥኚዎ ላይ ተመሳሳይ አድራጊው በስተቀር በማንኛውም መልኩ ለሌላ 3ኛ ወገን ተላልፎ አይሰጥም፡፡

በሙሉ ፈቃደኝነት እንዲሳተፉ እየጠየቅሁ ያለ መሳተፍ ወይም በማንኛውም ጊዜ ራስዎን ከጥናቱ የማገለል ሙሉ መብት

አለዎት፡፡ ማንኛውም ጥያቄ ካለዎት በሙሉ ተለው አድራሻዬ ማገኘት ይችላሉ፡፡

ሳኒ የኑስ

ስ.ቁ. 09 13 38 70 39

ኢ.ሜይል፡ zerabacha@gmail.com

Annex V: Informed consent of Amharic version

ጅም ዩኒቨርሲቲ

ጤ ሳይንስ ፋካሊቲ

ነርሲንግ እና ማድዋይፊሬ ትምህርትክፍል ድህረ ምረቃ ፕሮግራም

እኔ ከዚህ በታች የተገለጸው የዚህ ጥናት ዓላማ በደንብ የተብራራልኝ ሲሆን የጥናቱንም ዓላማ ተረድቻለሁ፡፡

በዚህ ጥናት ላይ መሳተፍ በመሉ ፈቃድኝነት ላይ የተመሰረተ መሆኑን በሚገባ የተረዳሁ ሲሆን በማንኛውም ጊዜ ከጥናቱ ራሴን የማገለል መብት እንዳለኝ አወቁክለሁ፡፡ ስለሆነም የምስጢር መረጃ እስከተጠበቀ ድረስ በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ፡፡ በዚህ ጥናት ለመሳተፍ ስምሜቴን ስገልፅ ለምጤቱ ጥያቄ በእውነት ላይ የመሰረተ መልስ ለመስጠት የተስማሙ መሆኔን አረጋግጣለሁ፡፡

የመረጃ ሰጪው ፊርማ _____

የመረጃ ሰብሳቢው ስም-----ፊርማ-----

የተቆጣጣሪ ስም -----ፊርማ-----

ቃለ መጠይቁ የተደረገበት ቀን -----የተጀመረበት ሰዓት-----

ያለቀበት ሰዓት-----

አመሰግናለሁ!

Annex VI: Amharic version Questionnaire

ጅምዩኒቨርሲቲ

ጠፍ ሳይንስ ፋካሊቲ

ነርሲንግ እና ማድዋይሪን ትምህርት ክፍል

ድህረ ምረቃ ፕሮግራም

የ መጠይቁ መለያ ቁጥር ----- የ ሆስፒታሉ ስም _____

ከተሰጠች አማራጮች ከርስዎ አስተያየት ጋር ተቀራራቢ የሆነ ወንድ አንዱን ብቻ በመሚጥ ተጨምሮ ሀሳብ ካለዎት ከጥያቄውን ያስፍሩ ::

ክፍል አንድ: - የህመማን አጠቃላይ ማክበራዊ ሁኔታ

ቁጥር	ጥያቄ	ምሳሌ
101	የታ	1. ወንድ 2. ሴት
102	እድሜ	
103	የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. የተለያየ/ች 4. የሞተበት/ባት
104	የየትኛውሀይማኖት ተከታይ ነዎት?	1. ኦርቶዶክስ 2. መስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌላ (ይጥቀሱ)
105	ብሔር	1. አማራ 2. ኦሮሞ 3. ሸናሻ 4. ቦርታ 5. ጉምዝ 6. ሌላ (ይጠቀስ)-----
106	የትምህርት ሁኔታ	2. ማንበብና መጻፍ የማይችሉ 3. ማንበብና መጻፍ የሚችሉ 4. የመጀመሪያ ደረጃ(1-8)

		5. ሁለተኛ ደረጃ(9-12) 6. ኮሌጅና ከዚያ በላይ
107	የሥራ ሁኔታ	1. የመንግስት ሰራተኛ 2. የግል ድርጅት ሰራተኛ 3. አርሶ አደር 4. የግል ተቀጣሪ 5. የቤት እመቤት 6. ሌላ (ይጥቀሱ)
108	የመኖሪያ ቦታ	1. ገጠር 2. ከተማ
108	ወርሃዊ ገቢ	

ክፍል ሁለት: ህመምንን በተመለከተ

ቁጥር	ጥያቄ	ምላሽ
201	የመኝታ ክፍል	1. ማደካል 2. ሰርጅካል 3. ጋይኒ/ኦብስ
202	በዚህ መኝታ ክፍል ወስጥ ምን ያህል ሌሊት አሳልፈዋል	
203	የአገልግሎት ዓይነት	1. ነፃ 2. ክፍያ
204	ከዚህ ቀደም ሆኑ ጊዜ ወስጥ ተኝተውታክ መውያ ወቃሉ	1. አዎ 2. የለም
205	አሁን ተኝተውክ ማታክ መቶ ህመም ተጨማሪ ሌላ ህመም አለዎት	1. አዎ 2. የለም
206	የህመም ሁኔታ	1. በቅርብ ጊዜ የጀመረ 2. የቆየ (ኅባር) ህመም(>1ወር)
207	የቤተሰብ ድጋፍ/ አስታማኝ መጽ አለዎት	1. አዎ 2. የለም
208	የመኝታ ክፍል አይነት	1. የጋራ ክፍል 2. የግል ክፍል
209	የሆስፒታሉን የአገልግሎት ክፍያ መክን እንዴት ይመለከቱታል?	1. ከፍተኛ ነገር 2. መካከለኛ ነገር 3. ዝቅተኛ ነገር

ክፍል ሦስት: በዚህ መሻታ ክፍል ውስጥ እያሉ ከነርሶች ስላገ ኙት እንከብካቤ የተሰማዎትን ስሜት በተመለከተ

(1 =ሙሉ-በሙሉ አልሰማም, 2=አልሰማም, 3=እርግጠኛ አይደለሁም, 4=እስማማለሁ, እና 5 = ሙሉ-በሙሉ እስማማለሁ)		1	2	3	4	5
ቁጥር	ጥያቄ					
301	ነርሶች ወደመሻታ ክፍሉ ስገባ መልካም አቀባበል አድርገው ወልኛል					
302	ነርሶች ማንኛውንም ነገር ከሚረጋቸው በፊት ፈቃደኝነቱን ይጠይቃሉ					
303	ነርሶች የእያንዳንዱን ስዉክብር ይጠብቃሉ					
304	ነርሶች ትህትና ይታይባቸዋል					
305	በጥያቄዎቻቸው መሰረት እርሶዎን ለምርዳት ነርሶች ፍላጎት ያሳያሉ					
306	ነርሶች ሀሳቤንና ፍላጎቱን እንደገልጽ አድልደሰጠኛል					
307	ነርሶች ለጥያቄዎ ፈጣን ምላሽ ይሰጣሉ					
308	ነርሶች በሚደረጉልኝ እንከብካቤ እኔንና ቤተሰቦቼን ያሳትፋሉ					
309	ነርሶች ከእርሶዎ ጋር መልካም ግንኙነት አላቸው					
310	ነርሶች ከእኔ ጋር በቂ ጊዜ ያሳልፋሉ					
311	ነርሶች ህክምና/ሙከራዎች በስድስት ይሰጠኛል					
312	ነርሶች የህክምና ሁኔታዎን በአግባቡ መዘግጠዎ ስቀምጥሉ					
313	በመሻታ ክፍሉ ውስጥ አገልግሎት የሚሰጡበት ነርሶች አሉ					
314	ነርሶች ከሌሎች የሰራ ባልደረቦች ጋር የተቀናጀ ጥሩ					

	ግንኙነት አላቸው					
315	ነርሶች በግል እንዲከናወንልኝ ለምደልጋቸው ነገሮች ጥረት ያደርጋሉ					
316	የመኝታ ክፍሌ ሰላማዊ ነው					
317	አልጋዩ ንጽህናው የተጠበቀ ነው					
318	ነርሶች በመኝታ ክፍሉ ወስጥ ማግኘት ስለምትለው አገልግሎት በቂ መረጃ ሰጥተዋል					
319	ነርሶች ስለህመሙ ሁኔታ በቂ ማሰሪያ ሰጥተዋል					
320	ነርሶች ስለ ስለሚረገጡ የምርመራ ሁኔታ በቂ ማሰሪያ ሰጥተዋል					
321	የመኝታ ክፍሉ ጥሩ የአየር ዝውውር ያገኛል					
322	የመኝታ ክፍሉ በቂ ብርሃን አለው					
323	በመኝታ ክፍሉ ወስጥ በማንኛውም መልኩ ደህንነቴና ጸጥታዬ እንደተጠበቀልኝ ይሰማኛል					
324	በመግቢያው ላይ በቂ የሆነ መረጃ ይታያል					
325	ነርሶች በመቻቸው ብቃት ያሳያሉ					
326	ነርሶች ለጥያቄዎቹ በቂና አጥጋቢ የሆነ ምላሽ ይሰጣሉ					