

**JIMMA UNIVERSITY, INSTITUTE OF HEALTH, FACULTY OF PUBLIC
HEALTH, DEPARTMENT OF HEALTH ECONOMICS, MANAGEMENT
AND POLICY**

**ADULT PATIENTS' SATISFACTION WITH INPATIENT NURSING
CARE AND ASSOCIATED FACTORS IN DEBRE TABOR GENERAL
HOSPITAL, NORTHWEST ETHIOPIA**

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Adult Patients' Satisfaction with Inpatient Nursing Care and Associated Factors in Debre Tabor General Hospital, Northwest Ethiopia

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ABSTRACT

Background: Nursing care, which is one of the determinants of quality health services, is a major component of the health services. Patient's satisfaction with the care they receive from health care providers has become one of the most important approaches to measure the quality of care in recent times as against the predominantly clinical and administrative approaches.

Objective: -To assess status of patient satisfaction with inpatient nursing care and associated factors among adult inpatients in Debre Tabor General Hospital, Northwest Ethiopia, 2017

Methods: - Facility based cross sectional study was conducted in Debre-Tabor General Hospital from March 1-April 30 /2017. Total of 285 participants participated in this study. Participants' were selected using convenient sampling technique and interview conducted after discharge decided. The data was collected by using structured questionnaire with five Likert scale. Data was entered and analyzed using SPSS version 20. Bi-variate and multivariate analysis were carried out to identify factors associated with patients' satisfaction with their nursing care after dichotomizing of patient satisfaction into satisfied (satisfied & very satisfied) and dissatisfied (very dissatisfied, dissatisfied & neutral).

Result: From the total 285 respondents, more than three fourth of admitted patients were fully satisfied with inpatients nursing care experience item questions. The overall status of adult inpatient satisfaction with nursing care was calculated to be 66 % (95% CI: 60.4%, 71.2%). The common reasons for this level of satisfaction were: adequacy and maintenance of ward equipment, cleanliness of the ward, adequacy of space, adequacy of light and ventilation, condition of bed, condition of food, access to water and access to hand washing facility.

Duration of stay in the ward (AOR=14.04, 95% CI: 2.948, 66.816), residence (AOR=2.01, 95% CI: 1.144, 3.536), sex (AOR=2.22, 95% CI: 1.102, 4.473), and frequency of re-admission (AOR=1.87, 95% CI: 1.090, 3.218) were significantly associated with adult inpatient satisfaction.

Conclusion and Recommendation: The status of adult inpatient satisfaction was moderate. Short duration of stay in the ward, femaleness, rural residence and first time admission of the study participants favored the satisfaction with care provided. Hence, the hospital should strengthen implementation of standard nursing care in wards to shorten stay of admitted patients in Debre Tabor general hospital. *Keywords:* Inpatient Satisfaction, Nursing Care, Admission Ward, Debre Tabor General Hospital.

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CHAPTER ONE: INTRODUCTION

1.1. Background

Patient satisfaction is defined as the patients' subjective evaluation of their cognitive and emotional reaction as a result of the interaction between their expectations regarding ideal nursing care and their perceptions of the actual nursing care (1). Satisfaction is the psychological state that results from confirmation or disconfirmation of expectations with reality (2). It is used in many health care facilities as an important indicator of care quality and is frequently included in health care planning and evaluation (2). Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. And measurement of patient satisfaction with inpatient care appears to be more important, because the interaction of patient and nursing staff is high in the ward setting and the illness itself affects the attention of nurses (3).

Patient satisfaction is 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 that patient satisfaction has been used in various situations for assessing the superiority of one treatment, pattern of care and one health care system over another (4).

Patient satisfaction has valuable goal and potentially important mediator of a variety of essential outcomes. Satisfied patients may be more adhered with their treatment and it may also directly affect the economical capability of an institution by affecting consumer choice of health institution, so satisfaction with care has a vital power determining whether a person seeks medical advice, complies with treatment, and maintains a continuing relationship with health care providers (3)

Important factors influencing patients/clients satisfaction toward nursing services include literacy levels, intellectual and physical/sensory disability levels and difficulties with language proficiency or ethnic and cultural diversity (5).

Improving communication and collaboration between admitted patients and nurses can improve patient satisfaction and quality of care (6). Patients thereby evaluate the health-care services as

well as the providers from their own subjective point of view(3). Even though patients may not be able to judge specific technical aspects, they provide the best source of accurate information regarding clarity of explanations, helpfulness of information patients are receiving, barriers to obtaining care or the physician's interpersonal behavior(1).

Patients are the best source of information about a hospital system's communication, education, and pain management processes, and they are the only source of information about whether they were treated with dignity and respect(7).

A very important aspect on which patient satisfaction depends is 'nursing care' because nurses are involved in almost every aspect of client's care in hospital, that is nurses interact with patients more often than any other health care personnel in a hospital, so nurse is the one who translates information imparted by physicians technically and professionally with a humane touch(8).A hospital may be soundly organized, beautifully situated and well equipped, but if the nursing care is not of high quality, the hospital will fail in its responsibility of providing care and patient is not considered psychologically or socially well and thus the goal of nursing has not been attained.(9).The perception of an uncaring environment can lead to increased anxiety and diminished coping abilities for the patient as well as it contributes to financial loss and litigation for the nurse and the health care institution(10).

Nurses spend much time with the patients than other health care professionals and they have a unique position to influence and promote effective consumer relationships(11). Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality (3).By understanding the importance of satisfaction and determining its existing level, health care service can be made relevant to the requirement of people and patient. A review of relevant literature supports that assessment of level of patient satisfaction is the tool to determine the level of health care delivery, analyze the existing situation and workout strategy to improve it(12).Although patient satisfaction with nursing care is widely searched in the developed countries, lack of studies made it difficult to find research examining patients' satisfaction with nursing care in developing countries such as Ethiopia(3).

1.2 Statement of the problem

Patient satisfaction with inpatient nursing care is an important indicator of service quality. But, different studies revealed that the level of patient satisfaction varies in different types of health facilities and hospitals in the Ethiopia. As a public institution which has to serve the society, patient satisfaction is one of the core issues to attain. Accordingly, patients' satisfaction is one of the standards that the performance of the hospital will be evaluated.

A critical challenge of health service providers in developing countries is to find ways to make them more client-oriented. Improving service in the health care require hospitals to measure their own performance in order to improve upon current system of service delivery. Well-designed health care delivery system can reduce re-hospitalization, improve quality of life and the health care provided (13).

Among the consequences of poor patient satisfaction, the following can be mentioned. First, customers will be forced to go to private healthcare providers which are costly compared to the public hospitals. This will have huge impact on the total expenditure, mortality and morbidity of the poor households. Second, even if the patient gets the service, he/she will not use properly ordered medications. Third, if there is poor satisfaction, customers will not visit the hospital for treatment and the income generated will get lower. Fourth, the service quality of the hospital will be lower compared to other similar institutions (11).

Patient satisfaction is one indicator of quality nursing care, but there is no level of patient satisfaction well known in Debre Tabor General Hospital. Therefore, this study aims to assess adult inpatient satisfaction and associated factors with inpatient nursing care in DGH, South Gonder, Northwest Ethiopia, 2017.

1.3 Significance of the study

Although patient satisfaction is important for quality nursing care and patient compliance with treatments, there is no study conducted in case of Debre Tabor General Hospital. This study was therefore helpful to identify adult inpatient satisfaction and factors associated with inpatient nursing care. The measurement of patients' satisfaction with nursing is particularly important since nursing care is often a primary determinant of overall satisfaction during a hospital stay. The finding will provide insight (understanding) about factors affecting adult inpatient satisfaction with nursing care and helps for care provider to how to reduce these problems. The finding will help stakeholders by improving the nursing care based on the finding. Finally, this study will be used as a base line for policy makers and other researchers.

CHAPTER TWO: LITERATURE REVIEW

Measuring quality of care in the hospital setting has become very important in evaluating health care services. The U.S. National Center for Health Services Research and Development for instance, assessed the degree of system efficiency and effectiveness in meeting the demands and needs of patients. Even though, there are general standards for acceptable levels of satisfaction, knowledge gained from patient satisfaction surveys can set a direction for quality improvement as the focus is on outcomes(13). Patients' satisfaction may have an impact on major outcomes. Previous studies have demonstrated the impact of satisfaction on adherence to treatment, which may contribute to better care(14).

A study conducted in Philippines patients admitted in medical ward from the total study participants about 34.3% and 35% were highly satisfied with their experience regarding the nurses' caring attitude and the nurses' skill/competence respectively(13). Fewer respondents were highly satisfied with the nurses as information providers, with only 17.2% saying they were highly satisfied. A little over half or 57.8% were highly satisfied in the overall evaluation of care(15)

Satisfied patients are more likely than unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens(16).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(17).

A study conducted in turkey in hospitalized surgical clinic patients the result indicates patients were asked to provide suggestions to better nursing care, 37.5% of them have suggested nurses to care for them more and understand the patient psychology, and 28.4% of patients have suggested that the nurses should be more tolerant and respectful(18).Other study conducted in Iran, on 384 cancer patients in the oncology wards of 10 teaching-hospitals of two main government universities, revealing that a vast majority of these respondents (82.8%) were satisfied with the nursing care provided to them, while the others (17.2%) were not(19).

Study conducted in Iraq showed that high satisfaction rate for the technical quality was 87% followed by interpersonal communication dimension 86% while the lowest satisfaction rate was for the information given by the nurse 64%(5).

Another study done in Fledge Hiwot Referral Hospital overall level of satisfaction was 44.9%.Sex and occupation, were predictors of patient level of satisfaction with nursing care. Among satisfaction items, the amount, nurses know your care (78%), the nurse's helpfulness (55%), and nurses' treatment of patients as an individual (54%) were the three top scores respectively. whereas nurses response to patients request (42.6%), the amount and type of information nurses gave to patients about their condition and treatment (43.2%), and the way nurses explain things to patients (43.4%) had the least scores(20).

Different studies have pointed out that the level of patient satisfaction in different types of health Facilitiesand hospitals in the Ethiopia vary. A study conducted in Eastern Ethiopia(Zewuditumemorial Hospital) on quality of hospital services indicated that 46% of patients were not satisfied while the study conducted in Jimma University Specialized hospital (JUSH) indicated overall client satisfaction was 77%(21).

The study conducted in Debre Markos Hospital, ward condition, nurses' communication, nurses' age and patient's age were the major determinants of patient satisfaction(6). Various factors also influence patients' satisfaction in hospital settings including medical and nursing care, communication, ward management, and environment variables(13).

The study conducted in Dessie referral hospital revealed that overall satisfaction with nursingcare was 52.8%. The top aspects of care where patients scored the highestfor their satisfaction with nursing care were the amountof freedom on the ward (67.2%), nurses' manner in goingabout their work (62.5%), nurses' treatment of patients asan individual (59.7%), and the capabilities of nurses at theirjob (58.4%) whereas amount and type of information nursesgave to patients about their condition and treatment (46.1%)and (44.9%), respectively, the way nurses made patients feelat home (45.2%), and nurses' awareness of patients' needs(45.9%) were the least scores(3).

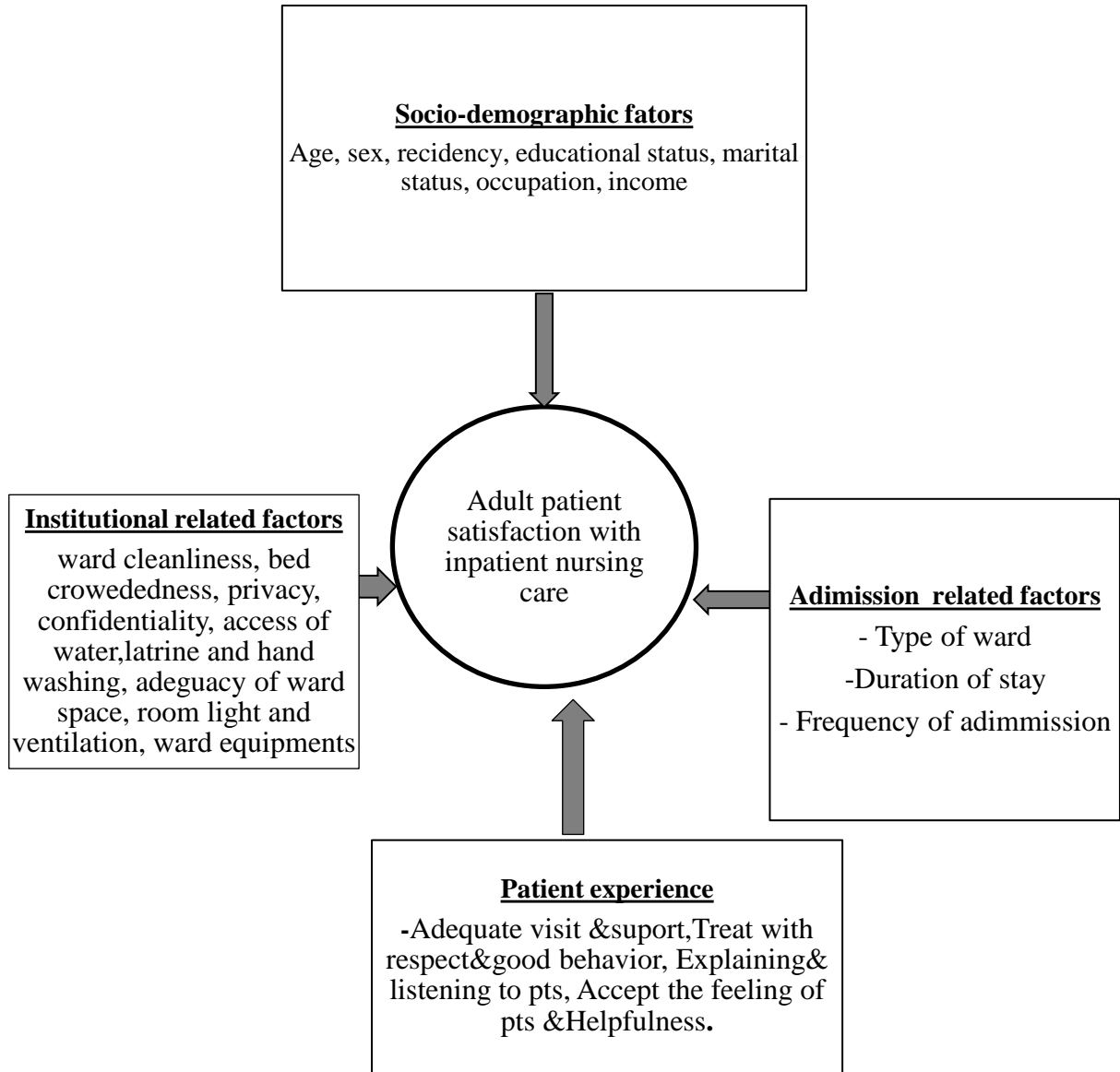


Figure 1 Conceptual framework of Adult patients' satisfaction with inpatient nursing care in Debre Tabor General Hospital, South Gonder, Northwest Ethiopia, 2017

CHAPTER THREE: OBJECTIVE

3.1. General objective

- To assess status of patient satisfaction with inpatient nursing care and associated factors among adult inpatients, Debre Tabor General Hospital, Northwest, Ethiopia, 2017

3.2. Specific objective

- To determine status of adult patients' satisfaction with inpatient nursing care
- To identify associated factors of adult inpatients' satisfaction with nursing care

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study Area and Period

The study was conducted in Debre Tabor General Hospital (DTGH). DTGH is found in Debre Tabor town in South Gondar which is located 666km from Addis Ababa; the capital city of Ethiopia and 102 km away from Bahir Dar, the capital of Amhara region. Debre Tabor General Hospital was established in 1923 E.C by the Italian missionaries, and provides service for a total of 2.3 million peoples.

The Hospital has a total of 434 staffs out of which 296 are health professionals, 138 are supportive staff. It has 120 beds and five admission wards - Surgical, Medical, Gynecology & Obstetric, Pediatric and Neonatal ward. According to the recent quarterly report, the Hospital treated 1860 admitted patients; out of which 800 were admitted in the study wards during the study period. That means 177,275 and 348 were admitted at medical, surgical, and gynecological and obstetrics wards respectively. The study was conducted from March 1-April 30 /2017.

4.2 Study Design

Facility based cross sectional study design was conducted.

4.3 Population

4.3.1 Source Population

- All adult inpatients in Medical, Surgical and Gynecology & Obstetric wards of Debre Tabor General Hospital during the study period.

4.3.2. Study Population

- Sampled patients who were admitted to the study wards during the study period.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

- Those who stay in the ward for more than 24 hours and above before discharge decided
- Those who are stable and have willingness to participate

4.5 Sample size determination

The sample size was calculated by using single population proportion formula by considering the following assumptions:

1. 95% confidence level ($z=1.96$)
2. $P = 52.8\%$ proportion of adult inpatients' satisfaction in Dessie Referral Hospital, Northeast, Ethiopia(3).
3. d =margin of error (0.05).
4. 10 % contingency for non - respondents.

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

$$n = \frac{(1.96)^2 0.527(1-0.527)}{(0.05)^2} = 383$$

Since the source population is less than 10,000, correction formula was calculated. Therefore, the total sample size would be:

Where n_i = initial sample size

n_f = final sample size.

N =the source population is 800 patients who were admitted in three wards (Medical (MW), Surgical (SW) and Gynecological ward (GYN/OBS)).

$$n_f = \frac{n_i}{1+N} \quad n_f = \frac{383}{1+\frac{383}{800}} = 259$$

By adding 10% non-respondents, the sample size become **285**

4.6 Sampling procedure

The study subjects were selected by using convenient sampling technique at adult inpatient ward who were admitted during data collection period. The study sample (n=285) constituted all patients who have been admitted to the study wards. In order to select representative sample of patients from each ward, the total number of inpatients admitted for two months in the previous recent quarter report (800) was considered as source population and proportionally allocated to each ward.

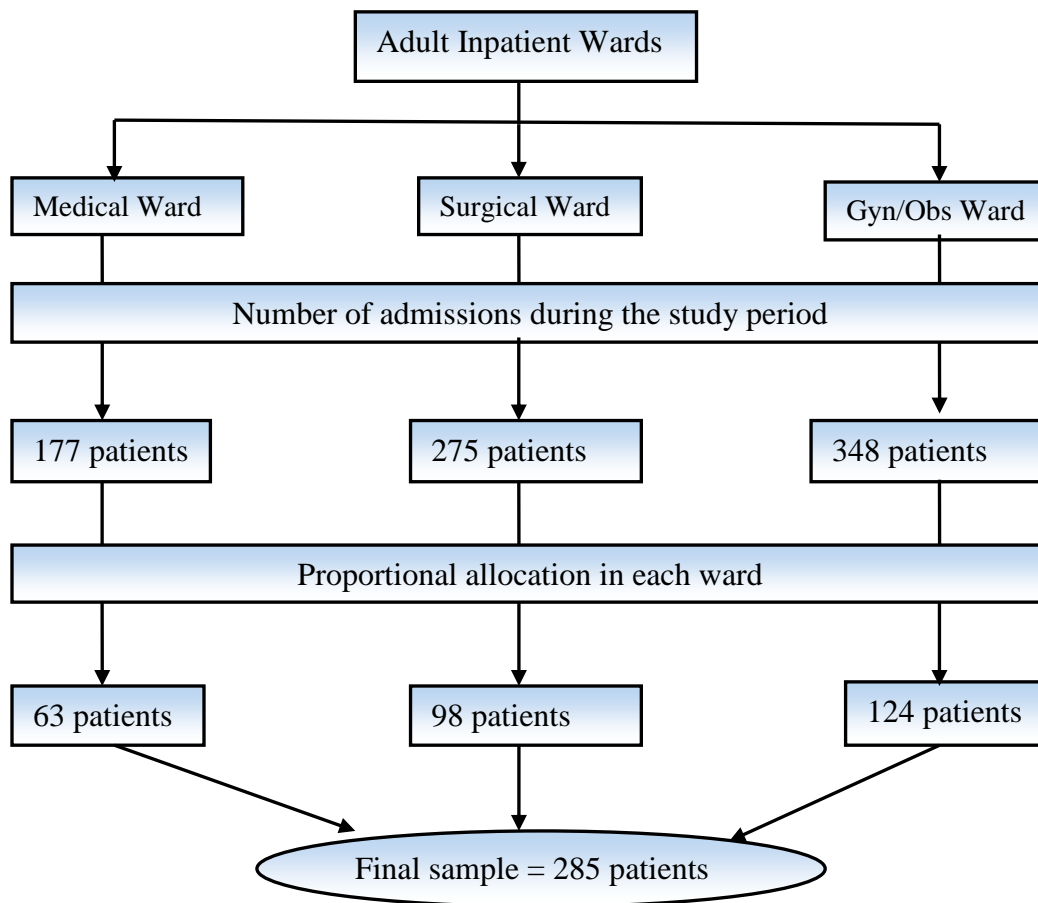


Figure 2 Sampling procedure of Adult Inpatients' Satisfaction with nursing care among inpatients in Debre-Tabor General Hospital, South Gondar, Northwest Ethiopia, 2017

4.7 Study Variables

4.7.1 Dependent variable

- Status of Adult Inpatients' Satisfaction with nursing care.

4.7.2 Independent Variables

- **Socio demographic factors**

- Age, Sex, Residence, Educational status, Occupational .Marital status, Monthly income.

- **Institutional factors**

- Cleanliness of admission ward, Ward room light & ventilation, Adequacy of ward space, Condition of bed & food, Access to latrine, water & hand washing..

- **Patient experience of Nursing care**

- Adequate visit, Respect and good behavior, Feeling acceptance (empathetic), Listener & explainer and helping of nurses.

- **Admission related factors**

- Duration of stay in the ward, Frequency of previous admission and Type of ward.

4.8 Data Collection Tools and Procedure

4.8.1 Data Collection Tools

The data was collected by using questionnaires which had five parts; and there were 14 items to determine the patients' satisfaction with nursing care under the model. Each item was rated using a five-point Likert-type scale ranging from "1" (very satisfied), "2" (dissatisfied), "3" (neutral), "4" (satisfied), and "5" (very satisfied).

- 1) Socio-demographic characteristics of the participants which have 7 items
- 2) Satisfaction with nursing care measuring 14 items (Likert scale)
- 3) Institutional related factors 9 items (Likert scale)
- 4) Patient expectation in nursing care 5 items (Likert scale)
- 5) Admission related factors 3 items.

4.8.2 Data Collection Methods

Four laboratory technicians and one laboratory technologist were recruited for data collection and supervision, respectively. The Data was collected by face to face interview using structured questionnaires which was prepared after revising different literature(22). The study participants were interviewed after discharge was decided from each ward based on proportional allocation.

The questionnaire was first prepared in English and translated to Amharic version and re-translated into English version by language experts to ensure items internal consistency. The questionnaire was utilized after conducting pre-test on 5% of study population in Nifasmewucha Hospital which is 97 km far from DTGH. The study participants were asked whether they are able to differentiate nursing staff from other health professionals, If not, the data collectors explained the nurses' uniform and the activities of nursing staffs to the participants, to help them to differentiate the nursing staffs before interviewed.

4.9 Data Quality Control

One day training was given for data collectors and supervisors by principal investigator. After training, pretest was conducted on those who were not involved in the actual data collection. The questionnaire was revised, edited and modified following the feedback from the pretest. The principal investigator and supervisor checked each questionnaire every days and give correction errors accordingly. The data collector interviewed the patient without wearing gown after discharge was decided in order to reduce bias, keeping of patients' freedom and interviewed in quite place and far from other patients.

4.10 Data Analysis

After compilation of data collection each questionnaire was checked for completeness, consistency, missed value and unlikely response. Then the data was coded and entered into SPSS version 20 for analysis. The data was analyzed using descriptive statistics (frequencies, SD, mean graphs and cross tabulation) and binary logistic regression were computed. In binary logistic regression both bi-variant and multivariate analysis were carried out. All variables were entered into bivariate analysis to identify association between dependent and independent variables.

Those explanatory variables with p value < 0.25 in crude analysis had been used for multivariate analysis. In multivariate analysis those variables with p value < 0.05 were reconsidered as predictors of adult inpatients' satisfaction with nursing care. After data analysis, the findings were presented in text, graph and table formats as appropriate.

4.11 Operational Definitions

Patient experience: -describes an individual's experience of how nurses treat them. Or is the sum total of all interactions, shaped by an organizations culture, that influence patient perceptions across the continuum of care.

Satisfied: A total of 14 indicators with 5 scales have been used to measure satisfaction. Hence, the level of satisfaction was broadly classified in to two as fully satisfied and not fully satisfied by using demarcation threshold formula $(\text{total highest score} - \text{total lowest score}) / 2 + \text{Total lowest score}$ (24). Hence who scored less than 42 point out of 70 was considered as not fully satisfied whereas 70 and above was considered as fully satisfied with inpatient nursing care

Adult inpatients- are those participants whose ages were 18 years and above who admitted at gynecology, surgical & medical ward.

4.12 Ethical Consideration

Ethical clearance was obtained from Jimma University, Institutes of Health Ethical Review Board. Official letter was written to Debre-Tabor General Hospital by Jimma University, and consequently DTGH has written letter to each ward offices. Informed verbal consent were obtained from each study subject after explanation that they were involved in the research and that their involvement began after their complete consent. Anyone who was not willing to participate in the study has a full right not to participate or withdraw any time during data collection. Confidentiality could be ensured by all data collectors and the principal investigator by using code numbers rather than names and by keeping the questionnaire locked. Participants were interviewed at quiet and appropriate place.

4.13 Dissemination Plan

The result of the study will be:

- Presented to department of health Economies, managements and policy, public health faculty, Jimma University.
- Shared to Amara Regional Health Bureau, Debre Tabor General Hospital.
- Present on seminars, workshop and scientific conferences.
- Finally, an attempt will be made to publish in peer reviewed journal publications.

CHAPTER FIVE: RESULTS

A total of 285 adult inpatient respondents were interviewed in this study yielding a response rate of 100%.

Socio demographic characteristics of the respondents

From the total (n=285) respondents, 196(68.8%) of them came from rural area and the majority (61%) of them were 18 to 34 years of age. The mean age of the respondents was 35.4 years (SD \pm 16.09 years). Majority of respondents 237(83.2%) were married and also female respondents accounted 215(75.4%). One hundred thirty eight (48.4%) were farmers, 137(48.1%) were unable to read and write (Table 1).

Table 1 Socio-demographic characteristics of adult patient's satisfaction with nursing care who had been admitted in Debre Tabor General Hospital, 2017

Variables	Frequency	Percent (%)
Sex		
Female	215	75.4
Male	70	24.4
Residence		
Urban	89	31.2
Rural	196	68.8
Occupation		
Housewife	41	14.4
Farmer	138	48.4
Merchant	20	7.0
Government Employee	48	16.8
NGO	11	3.9
Daily laborer	11	3.9

Student	16	5.6
Educational status		
Unable to read and write	137	48.1
Can read and write only	37	13.0
Primary school complete	37	13.0
Secondary school complete	25	8.8
Diploma and above	49	17.2
Age in year		
18-34	175	61.4
35-51	37	13.0
52-68	48	16.8
>=69	25	8.8
Monthly income in (ETB)		
<=500	24	8.4
501-801	15	5.3
802-1102	42	14.7
>1103	204	71.6
Marital Status		
ried	237	83.2
le	24	8.4
Divorced	11	3.9
Widowed	13	4.6

Admitted patient characteristics:-

From the total 285 adult inpatient respondents, 271(95.1%) of them stayed 2-5 days in the ward. In addition, more than half of them 169(59.3%) were admitted for the first time and 124(43.5%) of them were admitted in gynecology ward (Table 2).

Table 2: Admission characteristics of patient who had been admitted in Debre Tabor General Hospital, 2017 (n=285)

Variables	Frequency	Percent (%)
Type of ward		
Gynecology	124	43.5
Surgical	98	34.4
Medical	63	22.1
Frequency of admission		
First time	169	59.3
Two and above	116	40.7
Duration of stay in the hospital		
2-5 days	271	95.1
>5 days	14	4.9

Patients' satisfaction status with hospital Structure

Out of 285 admitted patients, 150(52.6%) were very satisfied on maintenance of ward equipment, 210(73.7%) were very satisfied on cleanliness of ward, 140(49.1%) of them were very satisfied on adequacy of ward space, 214(75.1%) of them were very satisfied on adequacy of light and ventilation. Similarly, 156(54.7%) of them were very satisfied on condition of bed, 119(41.8%) of them were very satisfied on condition of food, 108(37.9%) of them were very satisfied on access to water, 44(15.4%) of them were very satisfied on access to latrine and 98(34.4%) of them were very satisfied on access to hand washing facility (Table 3).

Table 3 Adult inpatients' satisfaction status on hospital utilities with nursing care at Debretabore General Hospital, 2017

Variables	Reponses				
	Very dissatisfied n(%)	Dissatisfied n(%)	Neutral n(%)	Satisfied n(%)	Very satisfied n(%)
1. Maintenance of ward equipment.	1(0.4)	3(1.1)	71(24.9)	60(21.1)	150(52.6)
2. Cleanliness of ward	0	1(0.4)	7(2.5)	67(23.5)	210(73.7)
3. Adequacy of ward space	3(1.1)	10(3.5)	62(21.8)	70(24.6)	140(49.1)
4. Ward room light and ventilation	0	2(0.7)	17(6.0)	52(18.2)	214(75.1)
5. Condition of bed in the ward	0	3(1.1)	27(9.5)	99(34.7)	156(54.7)
6. Condition of food.	0	2(0.7)	58(20.4)	106(37.2)	119(41.8)
7. Access to water facility	0	4(1.4)	72(25.3)	101(35.4)	108(37.9)
8. Access to latrine facility	0	31(10.9)	128(44.9)	82(28.8)	44(15.4)
9. Access to hand washing facility	0	5(0.8)	62(21.8)	120(42.1)	98(34.4)

Patients Experience to Nursing Care:-

Table 4 Adult inpatients' experience of nursing care at Debre Tabor General Hospital, 2017.

Ser No	Variables	Response				
		Verydiss atisfied n(%)	Dissatis fied n(%)	Neutra l n(%)	Satisfi ed n(%)	Very satisfie d n(%)
2.1	Nurses make adequate visits and get their support when needed	1	2	64	72	146
2.2	Nurses treat with respect and good behavior	0	5	7	56	217
2.3	Nurse explained well and listen carefully to patient	0	6	19	71	189
2.4	Empathetic nurses feel/accept the feeling of the patient	0	7	13	81	184
2.5	Meet all need available in the hospital by helping of nurses	0	4	59	90	132

Patient' Satisfaction with the service given by nursing care providers

Of the total 285 adult inpatients' 188(66.0%) of them were satisfied with the service given by nursing care providers (95% CI: 60.4%, 71.2%) (Figure 4).

The fourteen questions were classified in to four dimensions. These are: Nurse Character, nursing care related, information and care giving environment.

Regarding the nurse characteristics, 236(82.8%) of them were fully satisfied by reception of the nurses to the ward, 239 (83.86%) of them were fully satisfied by the nurses' approach, 229(80.54%) of them were fully satisfied by the willingness of nurses to respond patients concern and 184(64.56%) of them were fully satisfied by the amount of time nurses spent with

patients. Concerning caring environment 217(74%) amount of privacy and 232(81.40%) confidentiality given for patients of study participants were fully satisfied (Table 4).

Table 5 Adult inpatients' satisfaction with nursing care at Debre Tabor General Hospital structure of, 2017

Variables					
	Very dissatisfied n(%)	Dissatisfied n(%)	Neutral n(%)	Satisfied n(%)	Very satisfied n(%)
How reception of the nurse while you were admitted to the ward	0	4(1.4)	45(15.8)	32(11.2)	204(71.6)
The nurses' approach and behavior when they were examined.	0	10(3.5)	36(12.6)	57(20)	182(63.9)
The way nurses were/are talking to you.	0	16(5.6)	47(16.5)	70(24.6)	152(53.3)
How nurses were/are willing to respond to your concerns/requests	0	23(8.1)	33(11.6)	97(14)	132(46.3)
How nurses helped you with your pain	0	34(11.9)	42(14.7)	106(37.2)	103(36.1)
How nurses helped you with bed making	1(0.4)	28(9.8)	36(12.6)	83(29.1)	137(48.1)
Do you think your anxiety and stress was alleviated by nursing care	0	22(7.7)	34(11.9)	78(27.4)	151(53)
The amount of time nurses spent with you	1(0.4)	31(10.9)	69(24.2)	78(27.4)	106(37.2)
How quickly nurses came when you need them	1(0.4)	14(4.9)	36(12.6)	100(35.1)	134(47)
The way nurses made you feel at home	2(0.7)	19(6.7)	38(13.3)	94(33)	132(46.3)
The amount of information nurses gave to you about your condition and treatment	10(3.5)	43(15.1)	76(26.7)	89(31.2)	67(23.5)
How often nurses checked to see if you were okay	1(0.4)	29(10.2)	47(16.5)	82(28.8)	126(44.2)
The amount of privacy nurses gave you	1(0.4)	17(6)	50(17.5)	104(36.5)	113(39.6)
The amount of confidentiality nurses gave you	1(0.4)	9(3.2)	43(15.1)	71(24.9)	161(56.5)

Of the total 285 adult inpatients 188(66.0%) of them were satisfied with the service given by Nursing care providers (95% CI: 60.4%, 71.2%).

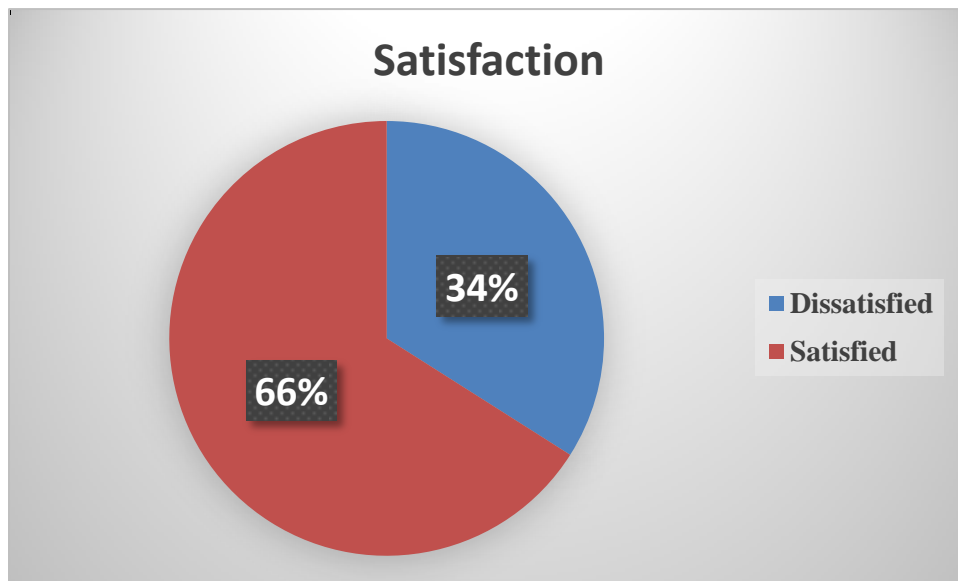


Figure 3 Status of adult inpatients satisfaction with nursing care at Debre Tabor General Hospital, 2017

Factors associated with patients' satisfaction

In the bivariate analysis five variables (residence, duration of stay, frequency of admission, sex and type of ward) were associated with patient satisfaction. Out of these five variables identified in the bivariate analysis of logistic regression only duration of stay, frequency of admission, sex and residence were significantly associated with adult inpatients' nursing care satisfaction in the multivariate analysis.

In what follows the result of multivariate analysis is discussed. In this study, admitted patients stayed two up to five days in the ward were fourteen times (AOR= 14.04, 95% CI: 2.948, 66.816) more likely to be satisfied as compared to those who stayed more than five days. In addition, the odds of admitted patients from rural area were two times (AOR=2.01, 95% CI: 1.144, 3.536) more likely to be satisfied compared to patients' admitted from urban area.

Patients' who were admitted for the first time were two times (AOR=1.87, 95% CI: 1.090, 3.218) more likely to be satisfied compared to patients who were admitted two or more times. Female inpatients were two times (AOR=2.22, 95% CI: 1.102, 4.473) more likely to be satisfied compared to male admitted patients (Table 6).

Table 6 Multivariate analysis of factors associated with adult inpatient satisfaction with nursing care Debre Tabor General Hospital, 2017

Variables	Satisfaction		Adjusted OR (95% CI)	P-value
	Not satisfied	Satisfied		
Sex				
Female	63(29.3)	152(70.7)	2.22(1.102, 4.473)**	0.026
Male	34(48.6)	36(51.4)	1	
Residence				
Urban	39(43.8)	50(56.2)	1	
Rural	58(29.6)	138(70.4)	2.01(1.144, 3.536)**	0.015
Duration of stay in the ward				
2-5 days	85(31.4)	186(68.6)	14.04(2.948, 66.816)**	0.001
>5 days	12(85.7)	2(14.3)	1	
Frequency of admission				
First time	46(27.2)	123(72.8)	1.87(1.090, 3.218)**	0.023
>=2 times	51(44)	65(56)	1	
Types of ward				
Gynecology	34(27.2)	90(72.6)	1.65(0.768, 3.543)	0.199
Surgical	32(32.7)	66(67.3)	1.79(0.882, 3.631)	0.107
Medical	31(49.2)	32(50.8)	1	

** P-value < 0.05 for multivariate analysis, 1=reference

CHAPTER SIX: DISCUSSION

In this study, we have planned to address the status of adult inpatient satisfaction with nursing care and its associated factors. So, the result of this study showed that status of adult inpatient satisfaction with nursing care was moderate. Patients' residence, duration of stay in the ward, sex and frequency of admission were significant factors associated with their satisfaction.

This finding indicates 66% (95% CI: 60.4%, 71.2%) of adult inpatient satisfaction with nursing care which is in line with the studies in Northwest Ethiopia in 2013 (67.1 %) (8) and lower than Black Lion teaching Hospital (Ethiopia) 90.1% (23). The difference might be because most of nurses in Black Lion teaching Hospital were professional expertise and the hospital use adequate technology for the implementation of better nursing care practices. But, this finding was higher than studies done in Ethiopian selected public hospitals 52.7 % (The study was conducted in three public hospitals, namely Hiwot Fana Specialized University Hospital (HFSUH), Jugel Hospital and Dil Chora Hospitals, found in Harari Region and Dire Dawa City Administration, Eastern part of Ethiopia (24). Similarly, Ethiopian referral hospitals 52.8% (in Dessie Referral Hospital) (25), Felegehiwot referral hospital (44.9%) (12) and Minilik II Hospital (47.7%) (11) have lower inpatient satisfaction. The probable reason for this might be because the above-mentioned hospitals may have high number of patient flow and work overload which leads to low percent of adult inpatient satisfaction.

The finding showed that, adult inpatients' residence, duration of stay in the ward, sex and frequency of admission were the most predictor variables for this study. Admitted patients from rural areas (AOR=2.01, 95% CI: 1.144, 3.536) were two times more likely to be satisfied compared to patients from urban area. This finding appeared to be consistent with studies done in Erbil, Iraq (26), Felega Hiwot referral hospital (12). Statistical significant association was identified between frequency of admission and adult inpatient satisfaction with nursing care. Adult in patients who were admitted for the first time (AOR=1.87, 95% CI: 1.090, 3.218) were 1.87 times more likely to be satisfied compared to those who were admitted more than one time. This result is consistent with other studies done in Ethiopia and abroad (25-27).

Duration of stay in the ward had also a statistical significance association with adult inpatient nursing care satisfaction. In this study, admitted patients who stayed 2-5 days in the ward were (AOR= 14.14, 95% CI: 2.948, 66.816) 14.14 times more likely to be satisfied compared to those who stayed more than 5 days. This result is consistent with other study done in selected public Ethiopian hospitals(23, 24) and Kenya public hospital(1).This finding was also inconsistent with studies done in Iran that patients having longer duration in the hospital were more satisfied compared to those who stayed less than five days(18). This might be due to, individual perception difference, service quality and good opportunities for receiving nurses' care.

This study revealed that female patients were about 2 times more likely to be satisfied with the nursing care as compared to male patients. This finding is consistent with studies done in Dessie Referral Hospital. The possible explanation might be that the majority of female patients' level of education is lower than males, so their knowledge and expectation towards their needs, rights, and quality of nursing care might be lower than males.

Limitation of the study

- Social desirable bias since interview was conducted in the ward.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

This study revealed that the satisfaction status of adult inpatient was moderate in the study area. Duration of stay in the ward, sex, address and frequency of admission were found significantly associated with adult inpatient satisfaction with nursing care provided in the hospital. Patients with Short duration of stay in the ward, females, rural residents and patients of first time admission were more satisfied than their counterparts. Moreover, the patients were not sufficiently informed about their disease condition, treatment, and prognosis by the nurses.

7.2 Recommendations

The following recommendations were made based on findings of this study;

- Nurses should continue their practices to give better nursing care to meet expectations of patients' especially from urban area.
- The hospital shall consider mechanisms to improve the nurses' way of communication and interpersonal relationships.
- The hospital should strengthen its nursing care in order to reduce the length of stay in the ward, which increases the level of satisfaction.–
- Researchers needs to conduct further study with strong study design such as longitudinal studies.

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ANNEX

Annex I: English version Questionnaire

Information Sheet

Greetings

My name is _____. This is to give you information regarding a study design to assess adult patients' satisfaction with inpatient nursing care and associated factors at Debre Tabor General Hospital Northwest in collaboration with Jimma university public health faculty. The aim of the study is to generate evidence on quality of nursing care and factors influencing service delivery based on patient's satisfaction. The study will have a benefit in the effort to improve the quality of nursing care by the stakeholders and can influence decision makers.

The patients have the right for partial or nonparticipation for the data collection. There is no risk for participating in the data collection and confidentiality of the respondent will be maintained as the name is not required on the questionnaire.

Informed Consent

This is to respectfully request you to participate on this study. You can have full control to take time to understand and decide whether or not to take part on the study. You are also not obliged to answer a question you don't want to and you may end the interview at any time you want to.

However, your cooperation and genuine response for the study is highly appreciated. The interview may take up to 30 minutes to complete the questionnaire.

Contact detail of the Investigator:-If you want to know more about the study you can contact the principal investigator of the study

MuluDemle through her mobile phone numbers 0918708023, e-mail:mdemle@ymail.com. Do you have any question that you want to ask us about the study?

Consent Form

Interviewer: Please provide a paper copy of the Consent form to the respondent and explain it. With due understanding of the aforementioned information, I am willing to participate in the Study?

(Yes) check box: => Proceed (No) Check box: => Stop

Name of the interviewer: _____ Signature _____ Date __/__/_____

Name of the supervisors: _____ Signature _____ Date __/__/_____

Identifiers

Q1. Ward name _____ Q2. Total number of bed in the ward [_____]

Total area of the ward room/s _____(Sq.m)

Q3. Interviewer code

Q4: Interview date (day/month/year) _____

Time audit started: HH/Min [__|__]

Time audit completed: HH/Min [__|__]

Q5. Respondent Code [__|__|__]

Q6. Progress of questioner

1. Completed 2. Partially completed

Part One: Socio-demographic Characteristics

Instruction: These questions ask you about your socio-demographic characteristics please listen and give your appropriate response

Serial No		Questionnaires
1. Socio Demographic variable	Response	
1.1. Sex	1. Male <input type="checkbox"/>	2. Female <input type="checkbox"/>
1.2. Age in year	-----Years	
1.3. Residence	1. Urban <input type="checkbox"/>	2. Rural <input type="checkbox"/>
1.4. Educational status of the patient	Unable to read and write <input type="checkbox"/>	4. Secondary school complete <input type="checkbox"/>
	2. Can read and write <input type="checkbox"/>	5. Diploma and above <input type="checkbox"/>
	3. Primary school complete <input type="checkbox"/>	
1.5. Occupation of the patient	1. House wife <input type="checkbox"/>	2. Farmer <input type="checkbox"/>
	3. Merchant <input type="checkbox"/>	4. Gov't employee <input type="checkbox"/>
	5. NGO <input type="checkbox"/>	6. Daily labor <input type="checkbox"/>
	7. Student <input type="checkbox"/>	
1.6. Monthly income in ETB	-----Birr	
1.7. Marital status	1. Single <input type="checkbox"/>	2. Married <input type="checkbox"/>
	3. Divorce <input type="checkbox"/>	4. Widowed <input type="checkbox"/>
2. Admission related patient characteristics		
2.1 History of admission/Frequency	1. First times <input type="checkbox"/>	2. Second <input type="checkbox"/>
	3. >2times <input type="checkbox"/>	
2.2 Duration of stay in the ward	-----days	
1.3 type of ward	1. gyn/w <input type="checkbox"/>	2. S/W <input type="checkbox"/>
		3. M/W <input type="checkbox"/>

Part two:- Satisfaction Measuring Question

Glossary; Each item was rated using a five-point Liker-type scale ranging from “1” (very dissatisfied), “2” (dissatisfied), “3” (neutral), “4” (satisfied), and “5” (very satisfied).

1. Hospital structure

Ser No	Questionnaires	Response				
		1	2	3	4	5
1.1	Maintenance of ward equipment.					
1.2	Cleanliness of the ward					
1.3	Adequacy of ward space					
1.4	Ward room light and ventilation					
1.5	Condition of bed					
1.6	Condition of food.					
1.7	Access to water facility					
1.8	Access to latrine facility					
1.9	Access to hand washing facility					

2. Patients Experience of Nursing Care

Ser No	Questionnaires	Response				
		1	2	3	4	5
2.1	Nurses make adequate visits and get their support when needed					
2.2	Nurses treat with respect and good behavior					
2.3	Nurse explaining well and listening careful to patient					

2.4	Empathetic nurses feel/accept the feeling of the patient					
2.5	Meet all need available in the hospital by helping of nurses					

3. Patients' satisfaction with nursing care provided

Ser.	Questionnaires	Response				
		1	2	3	4	5
3.1	Reception of the nurse while you were admitted to the ward.					
3.2	The nurses' approach and behavior when they were examined.					
3.3	The way nurses were/are talking to you.					
3.4	How nurses were/are willing to respond to your concerns/requests.					
3.5	How nurses helped you with your pain					
3.6	How nurses helped you with bed making					
3.7	Do you think your anxiety and stress was alleviated by nursing care					
3.8	The amount of time nurses spent with you was enough					
3.9	How quickly nurses came when you need them					
3.10	The way the nurses made you feel at home					
3.11	The amount of information nurses gave to you about your condition and treatment					
3.12	How often nurses checked to see if you were okay					
3.13	The amount of privacy nurses gave you					
3.14	The amount of confidentiality nurses gave you					

መጠየቅ

የመረጃ ገለጻ ቅጽ

ሰላምታ

ስሜ-----እባላለሁ::

ይህ የጅምር ንብረት የህብረተሰብ ጤና ፋካሊ ቴረፐስትና የህክምና አገልግሎት ለሚሰጡት ሰራተኞች የሚደረገው ጥናት መረጃ ለመስጠት ነው::

የዚህ ጥናት አላማ ትኩረት የሚታከም ህመምን በሚሰጡት መረጃ ላይ ትኩረት ሰጥተው ለሚሰጡት ሰራተኞች የሚታከም ነገር ስትከብቁና በሌሎች ተያያዥነት ባላቸው ጉዳዮች ላይ መረጃ ለመስጠት ነው:: ይህ ጥናት የሚመለከተው አካል የአገልግሎት ጥራት ለማሻሻል ለሚያደርጉት ጥረት እንዲሁ ምላሽ ሰጪ ሰራተኞች ጥቅም ይኖረዋል::

ለዚህም በአሁኑ ጊዜ ያለው መረጃ በሆስፒታሉ ትኩረት የሚታከም ክፍሎች ውስጥ በመታከም ካሉት ህመምን መጠይቅ በማድረግ ይሰጣል:: የሚጠየቁት ህመምን በከፊል ይምሙሉ ለመሰጠት ላለመሰጠት ስትያላቸው ሲሆን የመረጃው ሚስጥራዊነት የሚጠበቅ ይሆናል:: ለዚህም የተጠያቂ ስም ጽሑፍ ስፈልግም:: በጥናቱ ላይ መሳተፍ ምንም ጉዳት ወይም ስጋት አያስከትልም::

የፍቃድ ሻነት መጠየቂያ ቅጽ

ስለዚህ በዚህ ጥናት ላይ እንዲሳተፉ በትህትና እጠይቃለሁ:: ጥናቱን ጊዜ ወስደው መረዳት እና ለመሳተፍ ወይም ላለመሳተፍ መወሰን የራስዎ መብት ነው:: አንዳንድ ጥያቄ መለስ ካልፈለጉ የማይገደዱ ሲሆን መጠይቁን በፈለጉ ጊዜ ማቆም ይችላሉ:: ሆኖም የእርሶት በብርና ትክክለኛ መልስ በሰጡን ስጋት የከፍተኛ ለይሆናል:: መጠየቂያው ወስድ ይችላል:: ስለጥናቱ የበለጠ ማወቅ ከፈለጉ የጥናቱ ዋና ተጠሪ ለመሆን ያስገቡ ስምዎን ለዚህ አድራሻ ማግኘት ይችላሉ:: ስልክ-0918708023. ኢሜል ኤም ደም ሌ አት ዋይ ሜል ደት ኮም::

<p>ጠያቂ: የፍቃድ ሻነት ቅጹን ለተጠያቂው እባክዎ ይሰጡና ያብራሩ:: ከላይ የተገለጸውን መረጃ በመረዳት በጥናቱ ላይ ለመሳተፍ ፍቃድ ሻነት ይሰጡ</p> <p>አዎ ከሆነ ይቀጥሉ</p> <p>አይደለም ከሆነ ይቀሙ</p> <p>የጠያቂው ስም-----ፊርማ-----ቀን-----</p>
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	5. ዲፕሎማና ከዛብላይ የሆነ <input type="checkbox"/>	
1.5 የታማሚ ወ. የሥራ ሁኔታ	1. የቤት እመቤት <input type="checkbox"/> 3. ነጋዴ <input type="checkbox"/> 5. የግል ሰራተኛ <input type="checkbox"/> 6. የቀን ሰራተኛ <input type="checkbox"/>	2. የግብርና ስራ <input type="checkbox"/> 4. የመንግስት ሰራተኛ <input type="checkbox"/> 7. ተማሪ <input type="checkbox"/>
1.6 የበሽተኛ ወ. የወር ገቢ በኢትዮ ጵያ	-----በር	
1.7 የጋብቻ ሁኔታ	1. ያገባ <input type="checkbox"/> 3. የፈታ <input type="checkbox"/>	2. ያላገባ <input type="checkbox"/> 4. የሞተበት <input type="checkbox"/>
2. የተኛ ወ. ታማሚ መረጃ		
2.1 ተኝተው የመታከም ልምድ አለዎት ወይ	1. የመጀመሪያ <input type="checkbox"/> 2. ሁለተኛ ጊዜ <input type="checkbox"/>	3. ከሁለት በላይ <input type="checkbox"/>
2.2 በክፍሉ/በዋርድ የቆይታ ጊዜ	-----በቀን	
2.3 የተኛ በትክፍል ስም	1. ማዋለጃ ክፍል <input type="checkbox"/>	2. ቀዶ ጥገና ክፍል <input type="checkbox"/>
		3. የወ. ስፕደዌ <input type="checkbox"/>

1. በሆስፒታሉ በኩል ያሉ ውይይቶችን አርካታ መጠይቅ

መፍቻ: 1= በጣም አለመርካት 2= አለመርካት 3= ከሁለቱም የሌለ

4= መርካት 5= በጣም መርካት::

ተ.ቁ ጥያቄ	መልስ				
	1	2	3	4	5
1.1 በሆስፒታሉ ዋና ድርጅት በቁረብ የተጠገነ የመኝታ ክፍል እቃዎች መኖር ለምሳሌ ዊልቸር					
1.2 የመኝታ ክፍሉን ፅህናት በተመለከተ ያለው ሁኔታ ምን ይመስላል					
1.3 የመኝታ ክፍሉ በቁረብ መኖር / አለመጨናነቅን በተመለከተ ያለው ሁኔታ					
1.4 የመኝታ ክፍሉ ውስጥ በቁረብ ለህይወት የሚጠበቅ የሥራ ስራ መኖርን በተመለከተ ያለው ሁኔታ					
1.5 በመኝታ ክፍሉ ውስጥ በተመለከተ እንዴት ያወቃል					
1.6 በቁረብ ስራ ስራ መኖርን በተመለከተ					
1.7 በቁረብ ላይ					
1.8 በቁረብ ስራ ስራ መጠቀሚያ አለ					
1.9 የእጅ መታጠቢያ ቦታ አለ					

2. ታማሚ ውይይት ጠብቀው የነርሶች እንክብካቤ አሰጣጥ.

ተ.ቁ ጥያቄ	መልስ				
	1	2	3	4	5
2.1 የነርሶች እንክብካቤ እና በመጎብኘት ሁኔታ እንደተፈለገ ይሆናል					
2.2 የነርሶች ህይወት አቅርቦትን በተመለከተ እንደጠበቃ ሆኖ ይሆናል					
2.3 ነርሶች በደንበኞች ላይ ለምሳሌ ለሥራ ላይ ላይ ይሆናል					
2.4 ነርሶች እንደራሳቸው አድርገው ስሜታችሁን ይቀበሉታል					
2.5 በነርሶች አማካኝነት ተኝታችሁ የምትፈልጉትን ሁሉ ታገኛላችሁ					

3. እንክብካቤ በሚሰጡ አቼወ ነርሶች ላይ የያለው የበሽተኞች እርካታ

ተ.ቁ	ጥያቄ	መልስ				
		1	2	3	4	5
3.1	ወደምኝ ታክፍል ሲመጡ የነርሶች አቀባበል እንዴት ነበር					
3.2	በምርመራ ጊዜ የነርሶቹ የፊት ገጽ ታክፍት እና ባህሪ ይለን ይህን ይወካል					
3.3	ነርሶቹ በጥሩ ሁኔታ ያናግሩ ኛል ብለው ያምናሉ					
3.4	ነርሶቹ የምፈልገውን ነገር ምላሽ ለመስጠት ፈቃደኛ ናቸው ይላሉ					
3.5	ነርሶቹ በጥሩ ሁኔታ የህመማቸውን ስቃይ ይረዱ ኛል ይላሉ					
3.6	ነርሶቹ አልጋ የንባድን በያነጥፉል ኛል/ ያግዙ ኛል ይላሉ					
3.7	በነርሶቹ እንክብካቤ ጭንቀትና ብሶቴዎቻቸውን ለመቆጣጠር ያስባሉ					
3.8	ነርሶች ካንቸ/ተ/ጋር በዙሰ አትያጠፋሉ					
3.9	የነርሶች እርዳታ በሚሰጡ ሰዓታት ገደብ ሲጠሩ ተሳታፊ መሆናቸው					
3.10	እዚህ በምትገኙ ትምህርት ጊዜ ነርሶቹ እንደ ቤታችሁ እንዲሆኑ ያደርጋሉ					
3.11	ስላንቸ/ተ/ የህመም ሁኔታና የህክምና ሂደት ነርሶቹ ምን ያህል ይገልጻሉ					
3.12	ስለ ደንብ ትራንስፎር/ህ/ ነርሶች በቀን ምን ያህል ይነበኛሉ					
3.13	ነርሶች ነጻነታችሁን ጠብቀው አካላችሁን ሳይጋልጡ ያከማሉ					
3.14	ነርሶች ሚስት ገንዘብ ጠብቆ ለሰዓታት ምን ያህል ያምኑ አቸዋል					