

Inpatient Satisfaction and Associated factors towards Nursing Care at Felegehiwot Referral Hospital, Amhara Regional State, Northwest Ethiopia

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Abstract; - Background: patient. The aim of this study is to assess the level and factors that determines adult inpatient satisfaction towards nursing care at Felegehiwot Referral Hospital.

Methods: A facility January 1-30, 2015. A sample size of 244 inpatients was determined using single population proportion formula including 10% non-response rate. Simple random sampling method was used to select participants. Interviewer administered questionnaire was employed to collect data using the adapted Newcastle Satisfaction Scale with nursing services. Data was analyzed using SPSS version 16. Both bivariate and multivariate analysis was conducted to determine the effect of independent variables on inpatients' satisfaction with nursing care at 0.05 level of significance.

Result: A total 236 inpatients participated in the study yielding a response rate of 96.9%. Participants who were farmers, rural residents, and female took the greater percentage. The overall level of satisfaction was 44.9%. Sex and occupation, were the only 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 condition and treatment (43.2%), and the way nurses explain things to patients (43.4%) had the least scores.

Conclusion: The level of inpatient satisfaction with nursing care was low. Inpatients were less informed about their disease condition, treatment, and prognosis by nurses since it is essential for making decision related with their care. The hospitals should consider mechanisms to improve the nurses' way of communication and interpersonal relationships beyond training on direct patient care.

Key words: Inpatient satisfaction, nursing care, admission ward, Felegehiwot Referral Hospital.

1. INTRODUCTION

Patient satisfaction provides potentially a direct indicator of system performance in a health care provision. Patient's satisfaction is therefore of high value and it is useful to understand the need of patient. By understanding the importance of satisfaction and determining its existing level, health care services can be made relevant to the requirement of people and patients. 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 (1).

A very important aspect of patient satisfaction depends on 'nursing care,' because nurses involved in almost every aspect of client's care, interact with patients more often than any other health care personnel and translates information imparted by physicians technically and professionally with a humane touch. A providing care (5). Patient satisfaction is considered an important and major factor in explaining patients' perceptions of service quality. Unless quality improvement becomes a priority, and improve patient satisfaction, It not only preventing patients from quick recovery, and increasing their costs, it also elevates the psychological barriers of using the health care system and the consequence becomes grim. Despite this reality, the health care providers in developing countries seem to be ignoring the importance of patients' perceptions regarding health services (6).

Studies in India, also revealed that patient is denied appropriate care the healing process is obviously compromised but most of them not aware of the importance of patients' satisfaction and its role (7).

Other Iran and other countries indicated that generally nursing services could not fully satisfy patient needs. For instance, a national study in university hospitals of selected cities in Iran showed that only 39.7% of the patients were fully satisfied with nursing services(8)

Similarly the Federal ministry of health in Ethiopia also striving to provide quality nursing care service in all health institution, and developing different quality management guidelines and evaluation mechanism for nursing care with the ultimate goal of patient satisfaction. Felegehiwot referral hospital were expected to perform quality nursing care service and improve patient satisfaction than others hospital in the region. However, there were no adequate studies conducted that show the level of inpatient satisfaction in the Hospital. Therefore, this study would aim identify inpatient level of satisfaction and determinant factors towards nursing care from the patients' perspectives (9).

2. METHODS AND MATERIALS

2.1. Study Area and period

This study was conducted at Felegehiwot Referral Hospital from January 01-30/2015. Felegehiwot Referral Hospital is located in Bahir Dar (Capital City of the Region), 565 km away from (Capital City of Ethiopia) in the northwest direction. It has a catchment population of more than 5.5 million people. There are 343 health professionals and 210 administrative staffs. Out of those health professionals, 207 were nurses, and 80 of them were working at the study wards. There are 5 inpatient wards (gynecological & obstetric, surgical, medical, pediatric and eye units) with 400 hospital beds. According to 2006 EFY annual report the Hospital treated 20,200 admitted patients; Out of these, 12,200 were admitted in the study wards. From these 2800, 6000 and 3400 are admitted at surgical, medical, and gynecological and obstetrics wards respectively.

2.2. Study design

Facility based cross-sectional study design was used.

2.3. Population

2.3.1 Source population

Adult patients who were admitted at medical, surgical, gynecology and obstetrics wards of Felegehiwot Referral Hospital during the study period 2015.

2.3.2 Study population

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

2.3.3. Inclusion and exclusion criteria

2.3.3.1. Inclusion criteria

Eighteen years and older and who were in the ward for more than two nights were included in the study

2.3.3.2 Exclusion criteria

Patients who were severely ill and unable to respond were excluded from the study.

2.4. Sample size and sampling technique

2.4.1 Sample size determination

The sample size was calculated using single population proportion formula considering the following assumptions: A 95% CI, (0.05) margin of error, and proportion of inpatient satisfaction on nursing care at Debre Markos Referral Hospital ($p=0.825$) (32). These parameters were substituted in single population proportion formula.

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

Where,

n = the desired sample size

p = proportion of inpatients satisfaction at Debremarkos referral Hospital

$Z_{\alpha/2}$ = critical value for normal distribution at 95% confidence level which is equal to 1.96 (z value at=0.05)

d = the margin of error taken as 0.05

Therefore, the formula yields 222 sample size and adding 10% (22 in patient) for possible non respondent, the total sample size was 244.

2.4.2. Sampling technique

The Hospital has all basic health services that were: medical, surgical, gynecological and obstetrics services. The study sample ($n=244$) constituted all patients who have been admitted to the study wards. In order to select representative sample of patients from each wards, the total number of inpatients admitted in the previous year (2014) was considered for one month and proportionally allocated to each wards. Simple random sampling was used to select prospective respondents who met the inclusion criteria in the study wards.

2.4.3. Data collection tools and procedures

The data were collected using structured questionnaire. The Newcastle Satisfaction with Nursing Scales tool which was adapted from previous study in Ethiopia was used (27). The scale consists of 17-items. All items were scored on a five-point Likert scale (1 = strongly disagree, to 5 = strongly agree). The adapted questionnaire was contextualized to the local situation and to the research objectives. The questionnaire was prepared in English then translated in to Amharic and back to English to check for accuracy and consistency of the translation. Participants were asked to rate their satisfaction with various aspects of nursing care by selecting only one that best described their opinion on each item of the scale. Data were collected through Interviewer administered questionnaire. One supervisor (BSc nurse) and three data collectors who had better experience were recruited. Training was given to them for one day on objective of the study and data collection tools. also consistency of the tools checked with chrombach alpha and pretest was done on 5% of the calculated study sample a week before the main data collection at DebreMarkos Referral Hospital.

2.5. Variables

2.5.1. *Dependent variables*

Inpatient satisfaction towards nursing care

2.5.2. *Independent variables*

- Age
- Sex
- Religion
- level of education
- Marital status
- Residence
- Admission Ward
- History of admission
- No of nurses assigned/in charged
- Duration of Hospital stay
- Nursing care variables
 - Amount of time spent
 - Nurses' helpfulness
 - Respect of patients
 - Information provided by nurses
 - Willingness of nurses towards patients
 - Frequency of visit by nurses...

2.6. Operational definitions

Nursing care – is a care given by Nurses for patient admitted at Surgery, Gynecology/obstetrics and medical wards in study facility.

Nursing staff- refers to professionals at the level masters, bachelors, and diploma, who were currently working inpatient wards of Surgery, Gynecology and obstetrics, and internal medicine in Felegehiwot Referral Hospital.

Inpatient - patients who were admitted for medical care at Felegehiwot hospital Patient expectation - the patients' strong hope of getting certain level of nursing defined as the patients' feeling of pleasure that comes when the expected need or desires for nursing care is received; It measured with the Newcastle satisfaction nursing scale tools, which consists of 17-items. All items were scored on a five-point Likert scale (1 = strongly disagree, to 5 =

strongly agree). Each individual response summed of and mean score taken as cut of points to be classified patients as satisfied and dissatisfied.

Satisfied—refers to the patient's perception of care received is above one's expectation or greater than mean score of satisfaction.

Mean satisfaction- refers to the mean rate of satisfaction for each satisfaction items out of 100%.it was calculated with summed of each individual response of the seventeen satisfaction item and divided by the total maximum score out of hundred.

Dissatisfied—refers to participants' perception of care received below their expectation or less than mean rate of satisfaction.

Finally satisfied responses across all items were summed and transformed to yield an overall level of satisfaction. Participants who scored greater than mean in all aspects of nursing care denoted as Satisfied and less than or equal to mean score Dissatisfied.

2.7 Data analysis procedures

The collected data were checked for completeness, consistency (using chrombach alpha) and coded by the principal investigator. Data were entered in to SPSS version 16.0 for analysis. Descriptive statistics were computed and presented by tables, graphs, and frequencies. Bivariate and multivariate analyses were carried out to assess the association between the dependent and independent variables at 0.05 level of confidence. Those variables with P-value of less than or equal to 0.25 in bivariate analysis were selected to fit for multiple logistic regression model and declared significant at ($P < 0.05$).

2.8. Data quality assurance

Quality of data was assured through the following measures:

- Careful modification of the data collection tool (NSNS) according to Ethiopian situation
- Data collection questionnaire was translated from English to Amharic and back to English language for its consistency.
- Experienced data collectors and supervisors were used
- Data collectors and supervisors were trained for one day.

- Data collection tool was checked through pretest,
- The data collection procedure was closely supervised for its consistency on the same day.
- Coding and data cleaning were done before the final analysis

2.9. Ethical Consideration

Ethical clearance was obtained from Ethical Review Board of bahirdar University, College of Health Sciences before starting the actual data collection. Subsequent permission was granted from the authorities of Felegehiwot Referral Hospital. Participation of Patients in this study was entirely voluntary, and confidentiality was protected. The right of participants to continue or withdraw to participate was respected and names were not mentioned.

3. RESULTS

3.1. Socio demographic characteristics

Two hundred thirty six (236) inpatients agreed to participate in the study, making a response rate of 96.7%. The mean age of the respondents were 33.86 (SD \pm 11.85) years, with range of 18 and 76 years old. Predominantly, 142 (60.2%) were females, 195 (82.6%) of the respondents were orthodox by religion. Concerning the educational status, 44.5% had attended formal education. Nearly half of (52.5%) the inpatients were married; farmers and merchants account for 47.5% and 25% respectively. Nearly three-fifth (58.9%) of the respondents was rural residents (Table 1).

Table 1:
Socio-demographic characteristics of inpatients who were admitted at Felegehiwot Referral Hospital, Amhara Regional State , northwest Ethiopia, January 2015 (N=236)

Socio-demographic variables	Category	Number	Percent
Sex	Male	94	39.8
	Female	142	60.2
Age	18-34	140	59.3
	35-44		
	45-64	55	23.3
	65 ⁺	38	16.1
Marital status		3	1.3
	Single	88	37.3
	Married	112	47.5
	Widowed	22	9.3
	Divorced	14	5.9

Educational status	Unable to read & write	82	34.7
	Read & write only	49	20.8
	1-8	59	25
	9-12	20	8.5
	12 ⁺	26	11.0
Occupational status	Farmer	124	52.5
	Merchant	65	27.5
	Employee	27	11.4
	Other	20	8.6
Residence	Rural	139	58.9
	Urban	97	41.1
Religion	Orthodox	195	82.6
	Muslim	26	11
	Protestant	15	6.4

Others includes: Daily laborers, Housewife's and Students

3.2. Admission characteristics

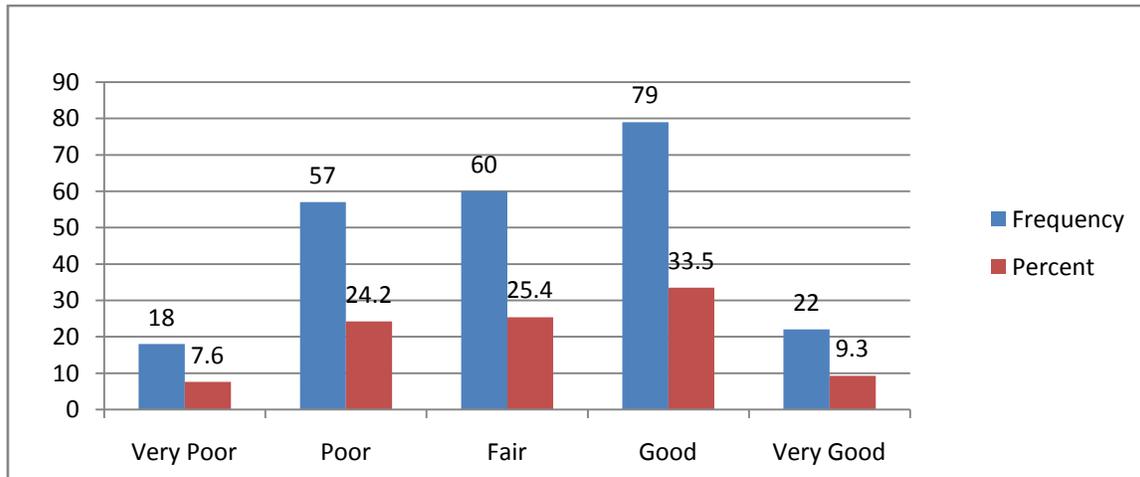
Majority of the respondents (48%) were from medical wards, 24% from surgical, and 28% from gynecology & obstetrics. Half (50.8%) of the inpatients stayed in the hospitals for 2-10 days, and the mean length of stays was 10.41 (SD=5.27) days. About 64% of the respondents had previous history of hospital admission for some illnesses, and 98.3% of participants reported that no particular nurse was in charge of providing care (Table 1).

Table 2:
Admission characteristics of participants at Felegehiwot referral hospital, January 2015

Variables		Frequency	Percent
Wards	Medical ward	113	41.5
	Surgical ward	56	27.5
	Gynecology and obstetrics ward	67	31.0
previous Experience of admission	Yes	150	63.6
	No	86	34.4
One nurse in charge of providing care	Yes	4	1.7
	No	232	98.3
Duration of stay	2-10	120	50.8
	11-21	104	44
	22+	12	5.2

3.3. Inpatient satisfaction

Nursing care satisfaction scores, overall mean rate of inpatient satisfaction was 50.15%. Participants who scored greater than mean was 44.9%. The following five items that inpatients scored on nursing care service were above the mean, namely,



3.4. Satisfaction on patient's characteristics

Among 236 participants from the study Hospital 106 (44.9%) of them were satisfied. Regarding socio-demographic characteristics, 53.2% of male and 39.4% of female were satisfied. Consequently 50% of farmers. Also farmers were 50% satisfied.

With regards to patients condition, duration of admission, 45.8% of those stayed 2-10 day, 42.3% of those stayed 11-21 days, and 58.3% of those who stayed for more than 22 days were satisfied. On the other hand, 48% of those patients who had previous history of admission and 39.5% of those with no history of admission were satisfied with the nursing care they have got. With regards to difference in admission ward, 46.1% of medical, 39.3% of surgical, and 47.7% of gynecological and obstetric wards inpatients were satisfied with nursing care service (Table 3).

Table 3:

Patient level of satisfaction and their association towards nurses services at Felegehiwot Referral Hospital, Bahir Dar City, Amhara Regional State, January 2015

	Characteristics	Category	Level of satisfaction		<u>COR(95%)</u>
			Satisfied	Not satisfied	
Socio demographic Characteristics	Sex	Male	50(53.2%)	44(46.8%)	1.74(1.03-2.95)
		Female	56(39.4%)	86(60.6%)	1
	Age	18-34	61(43.6%)	79(56.4%)	1
		35-44	22(40.0%)	33(60.0%)	0.86(0.45-1.6)
		45-64	21(55.2%)	17(44.8%)	1.6(0.77-3.2)
		65+	2(66.6%)	1(35.4%)	2.6(0.22-29.2)
	Occupation	Farmer	62(50%)	62(50%)	1
		Employee	44(67.6%)	21(32.3%)	0.43(0.22-0.84)
		Merchant	16(59.2%)	11(40.8%)	0.58(0.21-1.58)
		Others	8(40%)	12(60%)	1.23(0.59-2.57)
Educational status	Not read, write	41(50%)	41(50%)	1	
	Read write	24(49%)	25(51%)	0.96(0.47-1.9)	
	1-8	26(40%)	35(60.%)	0.78(0.40-1.54)	
	9-12	7(35%)	13(65%)	0.53(0.19-1.98)	
	12+	8 (30.7%)	18(69.3%)	0.4(0.17-0.1.13)	
Religion	Orthodox	108(55.4%)	87(44.6%)	1	
	Islam	13(50%)	13(50%)	1.24(0.54-2.81)	
	protestant	6(40%)	9(60%)	0.82(0.28-2.41)	
Hospital condition	Admission wards	Medical	52(46%)	61(54%)	1
		Surgical Gynecology & obstetrics	22(39.3) 32(47.7%)	34(60.7%) 35(52,3%)	1.15(0.68-1.96) 1.9(0.56-6.41)
	One nurse in charged	Yes	2(50%)	2(50%)	1.2(0.17-8.88)
		No	104(44.8%)	128(55.2%)	1
Patient condition	Previous Hx admission	Yes	72(48%)	78(52%)	1
		No	34(39,5%)	52(60.5%)	0.70(0.42-1.21)

Duration of admission	2-10	55(45.8%)	65(54.2%)	1
	11-21	44(42.3%)	60(57.7%)	0.84(0.42-1.4)
	22+	7(58.3%)	5(41.7%)	1.96(0.56-6.41)

3.5. Regression Analysis on Patients’ Satisfaction towards Nursing Care and Selected Variables

Among a number of socio-demographic, Hospital condition and patient related factors included in this study, only few were identified as significant predictors of the analysis. Patient level of satisfaction was significantly associated with sex and occupation. Males were 1.9 (95%CI: 1.08-3.19) times more satisfied than female patients. Employees were 0.42 (95%CI: 0.21-0.82) times less likely to satisfy than farmers. But patients’ satisfaction has no significant association with age, marital status, educational status, duration of admission, history of previous admission and admission wards (Table 4).

Table 4:

Association between inpatients’ characteristics and satisfaction level towards nurses services at Felegehiwot Referral Hospital, Bahir Dar City, Amhara Regional State, January 2015

Characteristics	Category	Level of satisfaction		COR(95%)	(AOR(95%))
		Satisfied	Not satisfied		
Sex	Male	50(53.2%)	44(46.8%)	1.74(1.03-2.95)	1.9(1.08-3.19)**
	Female	56(39.4%)	86(60.6%)	1	1
Age	18-34	61(43.6%)	79(56.4%)	1	1
	35-44	22(40.0%)	33(60.0%)	0.86(0.45-1.6)	0.75(0.38-1.5)
	45-64	21(55.2%)	17(44.8%)	1.6(0.77-3.2)	1.4(0.64-3.03)
	65+	2(66.6%)	1(35.4%)	2.6(0.22-29.2)	2.1(0.17-25)
Occupation	Farmer	62(50%)	62(50%)	1	1
	Employee	44(67.6%)	21(32.3%)	0.43(0.22-0.84)	0.42(0.21-0.82)**
	Merchant	16(59.2%)	11(40.8%)	0.58(0.21-1.58)	0.61(0.22-1.6)
	Others	8(40%)	12(60%)	1.23(0.59-2.57)	1.6(0.67-3.9)

Educational status	Illiterate	41(50%)	41(50%)	1	1
	Read & write	24(49%)	25(51%)	0.96(0.47-1.9)	1.4(0.62-3.1)
	1-8	26(40%)	35(60.%)	0.78(0.40-1.54)	1.31(0.53-3.50)
	9-12	7(35%)	13(65%)	0.53(0.19-1.98)	0.72(0.17-3.0)
	12+	8 (30.7%)	18(69.3%)	0.4(0.17-0.1.13)	0.51(0.19-0.1.3)
Residence	Rural	68(48.9%)	71(51.1%)	1	1
	Urban	38(39.2%)	59(60.8%)	0.67(0.39-1.13)	0.97(0.35-2.7)
Previous Hx admission	Yes	72(48%)	78(52%)	1	1
	No	34(39,5%)	52(60.5%)	0.70(0.42-1.21)	0.70(0.39-1.27)
Duration of admission	2-10	55(45.8%)	65(54.2%)	1	1
	11-21	44(42.3%)	60(57.7%)	0.84(0.42-1.4)	0.95(0.53-1.7)
	22+	7(58.3%)	5(41.7%)	1.96(0.56-6.41)	2.1(0.64-6.6)

4: DISCUSSION

The finding of this study revealed that the overall Hospital were 44.9 %. This was lower as compared to studies conducted in karad city tertiary care Hospital in India (74.1%) and black lion Hospital Ethiopia (90.1%). The difference might be related to the types of Hospital that, both of them were teaching hospital that most of nurses were professional expertise and have adequate technology for the implementation of better nursing care practices; however Felegehiwot is regional referral hospital (7, 30).

When discussed with each rating of satisfaction item, the highest mean rate of satisfaction was 3.94, with the amount nurse knew your care, but studies conducted at black lion hospital with this satisfaction item scored 3.78, and the amount of freedom nurse given to patients ranked the highest 4.52. The study also revealed that patients were "satisfied" with "nurses" helpfulness and willingness to respond patients request, (M = 2.72) and (M=2.7) respectively. It is consistent with the findings of previous studies in Malaysia Sains university Hospital which showed that patients scored highest for their satisfaction with nurses' helpfulness (30, 20).

On the other hand, the finding showed that only 44.8% satisfied with the attitude of nurses towards relatives', which is almost similar result 46% with studies conducted Kwame Nkrumah University Hospital in Ghana. this showed that patients were dissatisfied in areas of greetings and politeness of the nurses towards their relatives(30). in addition only 47% of inpatients were satisfied with the amount of privacy given, which is lower than studies at black lion Hospital 61%. The reason might be related with the number of beds or admitted patients in a rooms.

This finding disagrees the general belief that elements of privacy, respect and advocacy enhance patients' satisfaction with nursing care (26, 25).

The study finding also revealed that, Patients were satisfied ($M = 2.33$), with "the amount of time nurses spent with patients. Which is lower compared with studies in black lion Hospital ($M=3.86$) and Sains Hospital in Malaysia ($M =3.26$)". The possible explanation might be due to the nurse patient ratio or the work load of the study Hospital. Patients at felegehiwot hospital also least satisfied with the amount of information given to a patient about their condition and treatment(43.2%) and for the way nurses explain issues to patients(43.4%). which was consistent with studies in Black lion Hospital (40%), (42%), and greater than in studies at karad city Hospital Ghana (14%) and (20%) respectively(26,29)..

The reason might be related to Quite a good number of respondents were highly educated and expect more information from nurses. also it might be due to the complexity of the hospital service and way of expression that could not be easily understandable in most of illiterate study participants.

Regarding to patients characteristics, Patients living in rural area were 48.9% more satisfied compared with urban (39.2%). On the other hand Patients who were unable to read and write were 50% satisfied compared with those 12+ whose level of satisfaction was 30.7%. which is consistent with other studies in Addis Ababa Hospitals (26) moreover the difference in admission ward, gynecological and obstetric wards 47.7% satisfied compared with 46.1% of medical, and ,39.3% of surgical wards with nursing care service. it was similar with studies in Black lion hospital Addis Ababa, and the possible explanation might be the presence of midwives professionals in the ward(30).

On the analysis of independent variable, The level of patient satisfaction was found to be significantly associated with Sex and occupation. Among Hospitalized patients males were 1.9 times more likely to satisfied than Females. The result is supported by studies in India. The possible reason might be related with female's need of extra care or males less nursing care expectation. The other factors which significantly associated with satisfaction were employee. Which was 0.42 times less likely to satisfied than farmers. This is consistent with studies in Addis Ababa. The reason might be related to their individual standard needs of nursing care. In addition, employees might also high expectation of the service and compare with other facilities and dissatisfied than others (30, 7).The study also showed that Age, length of stay, class of admission, residence, level of education and history of previous admission were not significantly associated with satisfaction towards nursing care. In contrast age was the strongest predictors of patient satisfaction in studies on Mahatma Gandhi Hospital India. But consistent with studies in Addis Ababa hospital (28,27). On the contrary, studies in eastern Ethiopia found that duration of admission,

history of previous admission and room of admission were significantly associated with patient satisfaction. This might be related to repeat cost and quality of nursing care service (5).

5. CONCLUSION AND RECOMMENDATION

5.1. CONCLUSION

The overall level of satisfaction with nursing care service 44.9%, which is low compared with different literatures. Patients were least satisfied with the given information, the way nurses explain issues and frequency of visit. Even though they expected and it is essential for making decision related with their care. Moreover patients also dissatisfied with the amount of freedom and privacy to patients.

However they satisfied with the amount nurses know their care, the nurses' willingness and helpfulness to patients and their relatives were the three aspects with the strongest quality of nursing care services that should be sustained and improved more.

There are statistically significant associations between patients' satisfaction and sex and occupation. Male were more satisfied than females, and patients who were employed were less satisfied than farmers. However, there is no significant association between patients' satisfaction and demographic characteristics such as age, educational status, residence, and history of admission, admission wards, marital status and others.

5.2. RECOMMENDATIONS

Based on the findings, of the following were recommended:

- There is a communication gap between nurses and patients that lead most patients to dissatisfaction, so nurses should improve the way of conveying information to and from patients.
- The hospital management use the findings, communicate the issue with nurses and other stakeholders and arrange in-service training to improve their communication skills with patients.
- The hospital nurse directors and nurses need to take advantage of the time they spend with patients by providing more information to them, being aware of patients' needs and responding to their needs, and providing respect and support to patients' family and friends.
- Finally there is a significant difference in satisfaction with sex and occupation, so hospital nurses try to provide quality nursing care service at all level of patients.

6. LIMITATION OF THE STUDY

As to the limitation of this study,

- 1, The study was limited in addressing other related factors of satisfaction such as income level of patients, availability of recourses, medications, and other hospital utilities.
- 2, Information biases (social desirability bias)

7. ACRONYMS

FMOH–Federal Ministry of Health

FRH – Felegehiwot Referral Hospital

MOE –Ministry Of Education

NSNS–New castle Satisfaction with Nursing Scale

PSNCS-patient satisfaction with nursing care scale

QOL -quality of life

SPSS/PC– Statistical Package for the Social Sciences/Personal Computer

Author's Contribution

Melesse Belayneh conceptualized the research problem, designed the study, conducted field work, collected data, data analysis and drafted the manuscript.

I was involved in revision of the proposal and research report and I had prepared and read the manuscript with the used of rest time by commitment.

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