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Inpatients satisfaction with nursing care and its associated factors at Tibebe Ghion specialized hospital Bahirdar, northwest Ethiopia, 2022

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BAHIR DAR UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH DEPARTMENT OF HEALTH SYSTEMS MANAGEMENT AND HEALTH ECONOMICS

INPATIENTS SATISFACTION WITH NURSING CARE AND ITS ASSOCIATED FACTORS AT TIBEBE GHION SPECIALIZED HOSPITAL, BAHIRDAR, NORTHWEST ETHIOPIA, 2022

BY MERON AKELE (BSC/NURSING)

A THESIS SUBMITTED TO DEPARTMENT OF HEALTH SYSTEMS MANAGEMENT AND HEALTH ECONOMICS SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN HEALTH SYSTEM AND PROJECT MANAGEMENT.

> JANUARY, 2023 BAHIRDAR, ETHIOPIA

INPATIENTS SATISFACTION WITH NURSING CARE AND ITS ASSOCIATED FACTORS AT TIBEBE GHION SPECIALIZED HOSPITAL, BAHIRDAR, NORTHWEST ETHIOPIA, 2022

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ABSTRACT

Background: Patient satisfaction is the patient's personal judgment of his/her cognitive and emotional reaction on the interaction between expectations and perception of actual care. Patient satisfaction is an outcome indicator, a tool to analyze the quality of a healthcare system, and input to develop strategies for accessible, sustainable, affordable and acceptable patient care. However, little is known about patient satisfaction with inpatient nursing care in Tibebe Ghion Specialized Hospital in particular and in Ethiopia in general.

Objective: The study aimed to assess the level of inpatient satisfaction with nursing care and its associated factors at Tibebe Ghion Specialized Hospital, Bahir Dar, Ethiopia, 2022.

Methods: A Cross-sectional study design was conducted among 410 participants in November 1 to December 1/2022. A systematic sampling technique was used. Pretested interviewer administered questionnaire were used to collect data by trained data collectors. Data entry and data analysis were done using Epi data version 4.6 and exported into SPSS version 25. The fitness of the model was assessed using the Hosmer-Lameshow test. Five point Likert scale Questions were used and compute to measure the outcome variable. The bivariable and multivariable outputs were summarized by the Crude Odds Ratio and Adjusted Odds Ratio. Finally, the variable which showed statistical significance (p-value <0.05) in multivariable analysis was significantly associated factors with inpatient nursing care.

Result: Out of 410 total samples, 398 were responded with a response rate of 97.07%. Among those 242 (60.8%) were females and the mean age of the study participants was 35.23 years. The study revealed that 51.3% of inpatients were satisfied with nursing care and a person who had a particular nurse assigned to nursing activity ,Inpatients whose privacy was assured during nursing care, a person who was comfortable with the ward cleanness, a person who was comfortable with the hospital food, a person who was admitted in gyne/obs were associated with inpatient satisfaction with nursing care.

Conclusion: Inpatient satisfaction with nursing care at Tibebe Ghion Specialized Hospital was low. Admission ward, privacy assured, particular nurse assigned, ward cleanness and hospital food were factors associated with inpatient satisfaction. The hospital administration system is better to work together to fill the gaps identified and improves the level of patient satisfaction.

ABBREVIATIONS AND ACRONYMS

AOR	Adjusted odds ratio
CASH	Clean and Safe Hospital
CI	Confidence interval
COC	Center Of Competence
CPD	Continuous Professional Development
EHAQ	Ethiopian Hospitals Alliance for Quality
EHMI	Ethiopian Healthcare Management Initiatives
EHRIG	Ethiopian Hospital Reform Implementation Guideline
ETB	Ethiopian Birr
Gyne /Obs	Gynecology and obstetrics
IRB	Institutional Review Board
NSNS	Newcastle satisfaction with nursing care
OR	Odds ratio
PSWNC	Patient satisfaction with nursing care
SPSS	Statistical package for social science
WHO	World health organization

Table of Contents

ACKNOWLEDGEMENT i
ABSTRACTii
ABBREVIATIONS AND ACRONYMSiii
LIST OF TABLES
LIST OF FIGURES
1. INTRODUCTION
1.1 Background 1
1.2 Statement of the Problem
1.3 Significance of the Study
2. LITERATURE REVIEW
2.1 Overview on inpatient satisfaction with nursing care
2.2 Associated factors
2.2.1 Socio demographic characteristics of patients
2.2.2 Patient and admission characteristics7
2.2.3 Hospital characteristics
3. Conceptual framework
4. OBJECTIVES
4.1 General Objective

	4.2	Specific objectives 1	0
5	Mł	ETHODS AND MATERIALS 1	1
	5.1	Study Design and period 1	1
	5.2	Study area1	1
	5.3	Source and Study Population 1	1
	5.3	.1 Source population	1
	5.3	.2 Study population	1
	5.4	Eligibility Criteria 1	1
	5.4	.1 Inclusion criteria 1	1
	5.4	.2 Exclusion criteria 1	1
	5.5	Variables in the Study 1	2
	5.5	.1 Dependent Variable	2
	5.5	1.2 Independent Variables 1	2
	5.6	Operational and term definition	2
	5.7 sa	mple size and sampling method 1	2
	5.7	1.1 Sample size determination	2
	5.7	2.2 Sampling method and procedures 1	4
	5.8 Si	urvey instruments and data collection procedures1	5
	5.9 D	ata quality assurance 1	5
	5.101	Data management and analysis 1	6
	5.111	Ethical consideration 1	6

6. RESULTS	7
6.1 Socio-demographic characteristics of respondents	7
6.2 Patient, admission and Hospitalization related characteristics	3
6.3 Inpatient satisfaction with nursing care)
6.4 Factors associated with inpatient nursing care	2
7. Discussion	5
8. Strength and Limitation of the study)
9. Conclusion)
10. Recommendation	l
11. References	2
Annex 1: Subject Information Sheet (English Version) 29)
Annex 2: Consent form (English Version))
Annex 3: Questionnaire (English Version)	l
አባሪ1፡ የአሚኛ እትምጣጎረታዊ ሚጃእናየፍቃድቅጽ34	1
አባሪ 2;በጥናቱላይየሚጎተፉትበጎ ፈቃደኞች34	1
አባሪ 3፡ ማጤይቅ(የአማርኛ ቅጂ)30	5

LIST OF TABLES

Table 1: Socio-demographic characteristics of participants ($n=398$) at Tibebe Ghion specialized
hospital, Bahir Dar, Northwest, Ethiopia, 2023 17
Table 2; Patient and admission related characteristics of the respondents, Bahir Dar, Ethiopia,
2023
Table 3. Inpatient Satisfaction (in %) on different satisfaction item with nursing care at Tibebe
Ghion Specialized Hospital, Bahir Dar, Northwest, Ethiopia, 2023
Table 4; Multivariable logistic regression result on inpatient nursing care at Tibebe Ghion
Specialized Hospital, Bahir Dar, Ethiopia, January 2022

LIST OF FIGURES

1. INTRODUCTION

1.1 Background

Patient satisfaction is defined as the patient's personal judgment of his/her cognitive and emotional reaction as a result of the interaction between expectations and perception of actual care(1).Patient satisfaction is the degree of similarity between a patient's expectation of ideal nursing care and their perception of the actual nursing care received(2). The American Nurses Association's definition of patient satisfaction with nursing, the patient's opinion of care received from nurses during their hospitalization(3).

Health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. patients' satisfaction is an important health outcome, which is regarded as a determinant measure for quality of care(4). A patient satisfaction is directly related with utilization of health services. Therefore healthcare organizations working on their patient satisfaction have an advantage of delivering quality healthcare and thus increase client's preference to visit the hospital. Furthermore, Nurses are frontline care providers and remain with the patient round the clock. Nursing care is one of the major components of healthcare services(5).

Nurses spend much time with the patients than other health care professionals. Moreover 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 (6). In addition they have a unique position to influence and promote effective consumer relationships(7).Furthermore as health care professional and most importantly, as clients of the Ethiopian healthcare system ourselves, many of us aware of the challenges in delivering high quality healthcare service(8).

Nationally Ethiopia is working to achieve highest possible quality in an equitable manner by health promotion, diseases prevention, curative, and palliative and rehabilitation services. Key initiatives implemented include upgrading HEWs and nursing specialty trainings, accredit private health education institution, national certificate of competence (COC) to measure their competencies, develop national continued professional development (CPD) to address need for relicensing health workers, to motivate and retain health staff. Ministry of health developed a new incentive package for health workers like paying for risk to increase patient satisfaction even on the hospital set up there were CASH strategy However it fell short of meeting target 46% to 75%(9).

1.2 Statement of the Problem

Patient satisfaction is the main indicator of quality health care service. Since nurses give holistic care, patient's point of view to the nursing care is a good indicator of quality health care. The level of patient's satisfaction towards nursing care is widely varied a cross the world. A cross United States of America and Europe, the patient satisfaction is playing an increasingly important role in quality of care reforms and health care delivery (8).

Globally inpatient satisfaction with nursing care shows consistency in results that is78.8% in India (10), 78.2% in turkey(11), 78.1% in china (12), 77% in Saudi Arabia(13), 72.84% in Iran (14). Patient satisfaction is low in Sub-Saharan Africa due to the following reasons: inadequate nurse to population ratio, inadequate competency(9) .In Ethiopia patient satisfaction with nursing care 46.2% at black lion specialized (7), 60.8% at pawie general hospital (15), 58.8% at Dessie referral hospital(8).

Despite several initiatives and strategies (EHMIs, EHAQ, EHRIG, CASH, EHSTG and other interventions) that brought improvement on quality of delivered care in maternal and child health , communicable diseases, chronic diseases and on quality of emergency and surgical services, the status of delivering quality inpatient healthcare services and inpatient satisfaction still becomes a problem in Ethiopia (16, 17).

Its known that Poor patient satisfaction affects clinical outcome, patient retention, medical malpractice ,timely ,efficient and patient centered delivery of quality healthcare (18). Thus people who are dissatisfied with their hospital stay are more likely to tell others about their experience, which can decrease flow of new patients to come to the facility and affect the hospital image. Unsatisfied patients will not come back to the hospital, and it will lead to loss of income from the patient, as well as wastage of government resources (8).

In Ethiopia, the nursing staffs and service given are improved time to time. However, the level of patients' satisfaction is not measured and assessed frequently. It is difficult to talk more about the quality of nursing care without assessing satisfaction level of patients. country-specific data are still required to provide evidence for cross-country and cross-cultural comparisons in satisfaction level and factors affecting satisfaction using a standardized tool(19). scarcity of resources and ineffective

healthcare system(20). The different contributing factors such as unavailability of assigned nurses in charge of individual care, low standard of healthcare services, nurses disrespect for patients and sufficient awareness of patients about their illness, communication, prolonged length of stay, previous history of hospitalization and comorbidity ,the level of patient satisfaction becomes the top leading problem in provision of quality health care in health institutions(4, 8). However, only little is known about current level of inpatient satisfaction with nursing care and associated factor in Ethiopia, particularly in Tibebe Ghion Specialized Hospital. Thus, this study was initiated to assess the level of in patients' satisfaction and associated factors towards nursing care in Tibebe Ghion Specialized Hospital, Northwest Ethiopia.

1.3 Significance of the Study

The result of this study will be used for zonal, regional and national health policymakers by providing them evidence to design evidence based policy on patient's healthcare satisfaction and related issues.

Likewise, the research findings will be used for Tibebe Ghion Specialized Hospital as a benchmark to plan, monitor and control the existing and future level of patient satisfaction. And the staffs will also be aware of the variables that have unfavorable impact on patient satisfaction with inpatient nursing care.

Moreover, this research finding will be used for researchers to further investigate in similar setting. Furthermore, the findings will give insight to the health professionals to use efficient and effective healthcare service strategies to protect their clients from dissatisfaction. It will also use for them to conduct further research on the same topic.

2. LITERATURE REVIEW

2.1 Overview on inpatient satisfaction with nursing care

A cross-sectional survey was conducted between November 2019 and March 2020 by World Health Organization (WHO) on patient satisfaction and experience on patients and caregivers attending at migrant health centers in 16 provinces in Turkey showed an overall satisfaction rate of 78.2% with nursing care(11).

A cross-sectional survey held in 2018 in North western china on inpatient satisfaction with nursing care in a backward region showed an overall satisfaction rate of 78.15% with nursing care(12). Similarly a study done in Chennai, south India shows overall patients' satisfaction with nursing care quality was 78.88%(10). Another similar study in King Khalid university hospital in Saudi Arabia on inpatient satisfaction with nursing care results revealed that overall satisfaction was 77%(13).

A study conducted in Iran showed highest level of patients' satisfaction was with nurses professional performance(14). A study conducted on Patients' satisfaction with the quality of nursing care provided in Saudi , patients explain their satisfaction by saying nurses taught me how to take my discharge medication and discharged medication was received timely and I was given information regarding my health status(21).

A study conducted on Patient satisfaction with medical care among adults attending Mulago hospital assessment center, Kampala, South Africa showed 53.9% were satisfied with the medical care they received(22). A study conducted on Patient satisfaction with perioperative nursing care in a tertiary hospital in Ghana was also found that 80% of respondents were satisfied with the nursing care (23).

A study conducted on Patients' satisfaction with psychiatric nursing care in Benin, Nigeria and Lagos Nigeria showed majority of the participant's opined that individualized care (74.8%), Patient acceptance by nurses (71.7%), nurses reassurance (72.5%), Nurses kindness and consideration (74%), Early discharge plan (60.3%), quick response to patient's needs (63.4%),Good knowledge of conditions (68.7%), Timely medications (73.3%), Relative involvement inpatient's care (64.9%) and nurses cheerful and gentle approach to care(24, 25). A study conducted in China showed Patients were least satisfied with the type of information nurses gave them and with the sufficient awareness of their needs had higher satisfaction(12).

Similarly a study conducted on evaluation of patient satisfaction and nurse caring behavior in Kediri district hospital, Indonesia 64.8% of respondents reported my nurses treat me in a very friendly and courteous manner,70.7% nurses are good at explaining my health condition and 44.8% of nurses were usually spend plenty of time with me(26).A study conducted in Benin, Nigeria on Patients' satisfaction with nursing care was 52.4% prevalence of satisfaction and 47.6% prevalence of dissatisfaction with nursing care provided(24). similarly another study conducted in Nigeria Analysis of the satisfaction level revealed that 81.7% of the participants had satisfaction with the nursing care (25).

A systematic review and meta-analysis in Ethiopia may 2018 e .c conducted on Patient satisfaction with nursing care shows among 1166 records screened, 15 studies with 6091 patients fulfilled the inclusion criteria and were included in the meta-analysis. The estimated pooled level of patient satisfaction with nursing care in Ethiopia was 55.15%. (1).A study done in Tikur Anbessa specialized hospital showed for a total of 398 respondents participated in the study, yielding a response rate of 100% a total of 46.2% patients were satisfied by the services they received in the hospital(27).

Similarly a study done in pawie general hospital shows the overall patient's satisfaction towards inpatient health care services was 60.8%(15). A study conducted on predictors of adult patient satisfaction with nursing care in public hospitals of North west Amhara region showed 40.7% of participants were satisfied with nursing care(28).

A study conducted at felege hiwot referral hospital showed the overall level of satisfaction with nursing care was 44.9%. 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(6).

A cross sectional study conducted in Dessie referral hospital 2019 shows among total study participants, 220 (58.8%) patients were satisfied with nursing care service(8).a study conducted on Investigating admitted patients' satisfaction with nursing care at Debre Berhan Referral Hospital in Ethiopia: across-sectional study showed 49.2% of patients were satisfied with nursing care (29).

2.2 Associated factors

2.2.1 Socio demographic characteristics of patients

A cross sectional study done in King Khalid University Saudi Arabia on inpatient satisfaction with nursing services and in china tertiary hospitals on Influence of patient and hospital characteristics on inpatient satisfaction(2017) indicated that sex and age have significant association with patient satisfaction (13, 30).similarly marital status has also association with patient satisfaction in the king Khalid university study and cross sectional study on Inpatient satisfaction with nursing care from northwestern China (12, 13).

A study conducted in china tertiary hospitals on Influence of patient and hospital characteristics on inpatient satisfaction(2017) indicated that educational status, found to be strongly associated with their satisfaction of inpatient experience (30).

A systematic review and meta-analysis study on Patient satisfaction with nursing care in Ethiopia and A descriptive correlational study Satisfaction with nursing care and its related factors in patients with COVID-19 showed residence, patients living in the urban area were more likely to be satisfied with nursing care (4, 31).

A study conducted on predictors of adult patient satisfaction with nursing care in public hospitals of North west Amhara region showed Being governmental employee, patients in the age group of 31–40 years were least satisfied with the nursing care whereas ever married, more educated patients were more satisfied than their counterparts with nursing care(28).

A study conducted at Debre brhan referral hospital showed there is association between educational status and inpatient nursing care satisfaction, Patients who had high educational status were 80% less satisfied compared with those who had no formal education(29).

2.2.2 Patient and admission characteristics

Across sectional study on Inpatient satisfaction with nursing care from northwestern China shows Patients were more satisfied with nurses who respected their privacy and similarly patient satisfaction had association with history of hospitalization (12). a study in south India and king Khalid university Saudi Arabia again admission staff was helpful, pre admission instruction provided, discharge handled in timely manner ,duration of stay were associated with patient satisfaction(10, 13). a study conducted on Determinants of caregiver satisfaction in pediatric orthopedics shows there is high level of satisfaction with nursing care(32).

A study done in king Khalid University shows an association of patient satisfaction with short duration of hospital stay. another systematic review and meta-analysis in Ethiopia conducted on Patient satisfaction with nursing care and study conducted in Dessie referral hospital shows significant association with no history of previous hospitalization and comorbid disease(4, 8). Similarly systematic review and meta-analysis on Patient satisfaction with nursing care in Ethiopia and Patients' satisfaction and associated factors towards nursing care in Dessie Referral Hospital, Northeast Ethiopia showed Patients who had particular nurse for nursing care were more likely satisfied than those who didn't have particular nurse for nursing care (4, 8). A study in Debrebrhan referral hospital showed Patients who had a history of admission were 2.2 times more satisfied compared with those who had no history of admission(29).

2.2.3 Hospital characteristics

Study conducted in Saudi showed an association of patient satisfaction with integration of service unit t or easy to get to the hospital unit(21). Study conducted in England showed an association between Poor hospital work environment and inpatient nursing care(33). systematic review and meta-analysis in Ethiopia conducted on Patient satisfaction with nursing care showed a significant association between patient satisfaction and cleaness of the room (4). A study conducted at pawie general hospital stated More than half (56%) of the respondents were not satisfied with the cleanliness of the toilet. The majority (98.2%), (97.9%), and (97.3%) of the respondents were satisfied with the availability of bedside equipment and room light and ventilation respectively and Three hundred and thirty (98.8%) of the respondents were satisfied with the condition of the food, More than three-fourths (76.6%) of the respondents were satisfied with the availability of drinking water, Only 3.6% the study participants were dissatisfied with the latrine, More than three-fourths (76.6%) of the respondents were satisfied with the cleanness and comfortableness of the room(15).

3. Conceptual framework

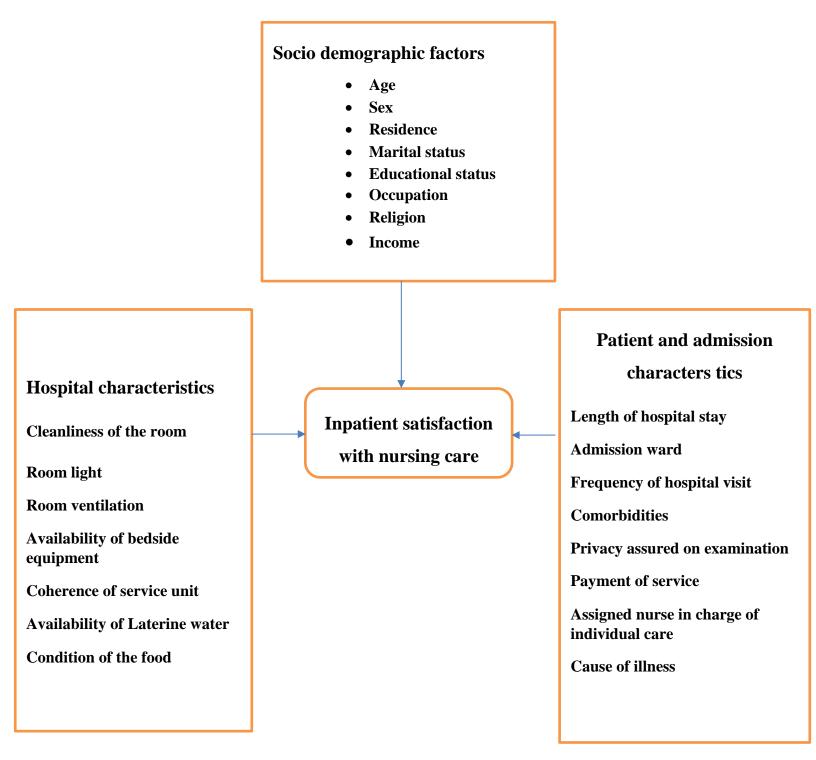


Figure 2: Diagrammatic description of inpatient satisfaction with nursing care and its associated factors at Tibebe Ghion Specialized Hospital 2022 (adapted from different literatures)

4. OBJECTIVES

4.1General Objective

The general objective of this study was to assess inpatient satisfaction with nursing care at Tibebe Ghion Specialized Hospital, Bahir Dar, Ethiopia, 2022

4.2 Specific objectives

- ✓ Aimed to determine inpatient satisfaction at Tibebe Ghion Specialized Hospital, Bahir Dar, Ethiopia,2022
- ✓ Aimed to identify factors associated with satisfaction of patients at Tibebe Ghion Specialized Hospital, Bahir Dar, Ethiopia,2022

5 METHODS AND MATERIALS

5.1 Study Design and period

A Cross-sectional study design was conducted from November 1 to December 1 2022.

5.2Study area

The study was conducted at Bahir Dar city which is located 565 km from Addis Ababa in North West of Ethiopia; the capital of Amhara regional state. The health care service was provided by two specialized governmental hospitals, one specialized and four primary private hospital. There were also eleven health centers in Bahir Dar city administration. Information was taken from Bahir Dar city municipality. This study was at TGSH which was located 8 km away from the city and it is a teaching hospital that serves more than five million people.it had more than 500 beds and 2000 patients per day both in inpatient and outpatient services(34).

5.3Source and Study Population

5.3.1 Source population

All admitted patients to Tibebe Ghion specialized Hospital were source population

5.3.2 Study population

All patients who were admitted to TGSH at the time of data collection were study population.

5.4 Eligibility Criteria

5.4.1 Inclusion criteria

- > Patients who were admitted greater than 24 hours
- Patients who were able to speak.
- Patients whose age was 18 and above

5.4.2 Exclusion criteria

• Those patients in intensive care unit and Patients who were severely ill were excluded

5.5 Variables in the Study

5.5.1 Dependent Variable

Inpatient satisfaction with nursing care

5.5.2 Independent Variables

Socio demographic factors

Age, Sex, Residence, Marital status ,Education ,Occupation ,Religion ,income

Patient and admission characteristics

Length of hospital stay, Admission ward, Frequency of hospital visit, comorbidities, Payment of service, Privacy assured on examination, assigned nurse for nursing care

Hospital characteristics

Cleanliness of the room, Room light, room ventilation, Availability of bedside equipment, integration of service unit, Availability of latrine water, Condition of the food/

5.6Operational and term definition

- satisfied: patients who got score above and equal the mean value from new castle satisfaction with nursing scale (NSNS) were considered as satisfied(8).
- Dissatisfied: patients who got score below to the mean value with (NSNS) were considered as dissatisfied.
- Length of stay; is a clinical metric that measures the length of time elapsed between a patients hospital admittance and discharge. And it was measured short term (1-3),average(4-7) and long stay(>8 days)
- Room ventilation: is intentional introduction of outdoor air into a space ,mainly used to control indoor temperature (35).

5.7 sample size and sampling method

5.7.1 Sample size determination

To determine the sample size for the study population the following assumption was made. The actual sample size for the study was determined using the formula single Population proportion by assuming 5% degree of freedom and 95% confidence interval at alpha ($\alpha = 0.05$) and the population proportion

(58.8%) was taken from a study conducted at Dessie. So, based on the above information the total sample size was calculated by using the following formula. By taking the population proportion p = 58.8%(8).

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

Where P= 58.8%

d= 0.05 (degree of precision) and Z $\alpha/2$ at 95% confidence level = 1.96

By taking the above values, the sample size is

n =
$$(1.96)^{2*}(0.588) (1-0.588) = 373; 373*10\%$$
NRR + 373 = 410
 $(0.05)^{2}$

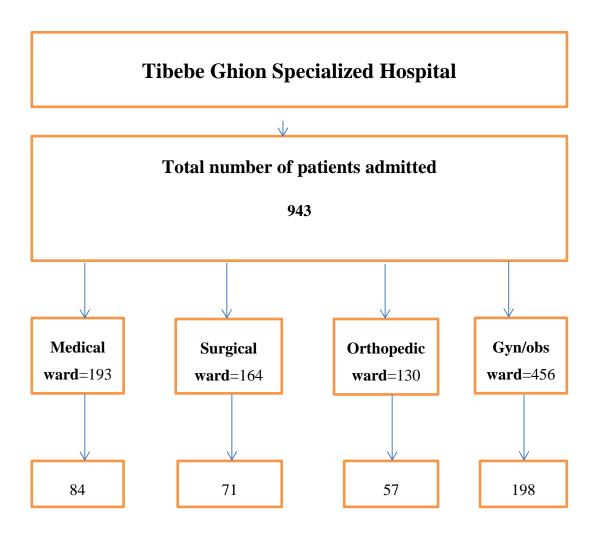
Table 1: Show sample size determination for the second objective at TGSH hospital, Northwest, Ethiopia, 2023

S.no	variables	Р	D	Ζ(α/2)	NRR	Final sample	Place of study
						size	
1	Assigned nurse	35%	0.05	1.96	10%	250	Dessie(8)
2	Service payment	60%	0.05	1.96	10%	162	Pawi(15)
3	History of	69%	0.05	1/96	10%	111	Dessie(8)
	admission						

So, the first objective which yields maximum sample size was used as the final sample size

5.7.2 Sampling method and procedures

A systematic random sampling technique was employed to select study participants in the study area by using their inpatient registration. The total sample size was distributed to the wards (Medical, Surgical, orthopedics, pediatrics and Gynecology/Obstetrics ward) in the hospital using proportional allocation based on the average number of participant's admission in previous one months which is taken from report of August 2022. The first patient to be included in the study was selected by the lottery method, (K = N/n, where; K = the interval, N = total population=943, and n = sample size=410) and then, every 2 participants was interviewed.



5.8 Survey instruments and data collection procedures

The data were collected using structured questionnaire. The standarddized Newcastle Satisfaction with Nursing Scales tool adapted from previous study in Ethiopia was used. The scale consists of 18-items. All items were scored on a five-point Likert scale (1 = strongly disagree, to 5 = strongly agree). The adapted 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 2 nurses for data collection and 1senior nurse for supervision was recruited. One day training were given for each of them on the meaning of every items of the questionnaire and the techniques of data collection such as ways of greeting, ways of taking consent and ways of addressing ambiguous items. After this, pretest were done on 5 %(20) of the calculated sample at felege hiwot comprehensive specialized hospital a week before The main data collection from data were collected by face to face interview at patients exit (during discharge time) by data collectors. To avoid repeated interview for patients with repeated visit during data collection period, data collectors asked and verified the patient whether interviewed or not before. In addition, study participants were informed about what nursing service mean and who nurses are before data collection. Supervisors and principal investigator monitored closely the data collection process. Also consistency of the tools checked with chronbach alpha which were 0.935.

5.9 Data quality assurance

Quality of data was assured through the following measures:

- 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

5.10 Data management and analysis

The collected data was entered, cleaned, coded, checked by using epi data version 4.6 and was analayzed using a computer program of SPSS version 25.00. Frequency tables, descriptive summary's and pie chart was used to describe the study variables. To identify factors associated with inpatient satisfaction with nursing care. bivariable and multivariable logistic regression were used and adjusted odds ratio with CI 95% was calculated. P value <0.05 was used as a cut of point to declare statistical significance. The binary logistic regression model was applied to identify factors that affect inpatient satisfaction with nursing care and variables that yield p value <0.2 in bivariable analysis was considered to be a candidate for multivariable logistic regression analysis. The fitness of the model was assesd using the Hosmer-lemshow model fitness

5.11 Ethical consideration

Ethical clearance was obtained from Bahir Dar University Institutional Review Board. Study participants were informed on the procedure, significance of the study, risk and benefit associated with the study. Written Informed consent was obtained from participants.

All data obtained from them was kept confidentially by using code instead of any personal identifier which was used only for the purpose of the study. Anyone who was not be willing to participate in the study was not be forced to participate and those who start participating in the interview had the right to refuse at any time during the procedure.

6. RESULTS

6.1 Socio-demographic characteristics of respondents

Out of 410 total samples, 398 were responded with a response rate of 97.07%. Among those 242 (60.8%) were females and the mean age of the study participants was 35.23 years (15.93 SD) with 213(53.5%) of the participants were in the age group of 18-30 years. From the respondents, 246(61.8%) were married and majority 297(74.6%) were orthodox in religion (Table 2).

Table 2: Socio-demographic characteristics of participants (n=398) at Tibebe Ghion specialized
hospital, Bahir Dar, Northwest, Ethiopia, 2023VariablesFrequencyPercent (%)

Variables		Frequency	Percent (%)
Sex	Male	156	39.2
	Female	242	60.8
Age	18-30	213	53.5
-	31-40	78	19.6
	41-50	38	9.5
	51-60	31	7.8
	<u>></u> 61	38	9.5
Marital status	Single	114	28.6
	Married	246	61.8
	Divorced	14	3.5
	Widowed	24	6.0
Educational status	Cannot read and write	105	26.4
	Read and write	53	13.3
	Primary school	51	12.8
	Secondary school	86	21.6
	Diploma	57	14.3
	Degree and above	46	11.6
Occupation	Trader	71	17.8
	Farmer	91	22.9
	Civil servant	69	17.3
	Military	78	19.6
	Housewife	78	19.6
	Other specify	11	2.8
Religion	Orthodox	297	74.6
	Muslim	66	16.6
	Protestant	30	7.5
	Others	5	1.3
Income	Less than 500	32	8.0
	501-1500	54	13.6
	1501-2500	42	10.6

6.2 Patient, admission and Hospitalization related characteristics

Regarding patient and admission related characteristics, (191)48.0% of participant were admitted at obstetrics and gynecology ward. Regarding the participants' frequency of hospital visit, 309(77.6%) of them had new visit for the hospital, and 226(56.8%) of participants stayed more than eight (8) days in the hospital with mean length of stay $2.42(SD\pm0.754)$ and 273(68.6) of participants did have other diseases other than current health problem More than half (57.3%) of participants said the hospital bedside equipment was adequate and significant number of respondents 73.1%, 75.9%, 50.3% were comfortable with ward cleanness, the hospital light and ventilation, the hospitals water and latrine facility respectively. (Table 3).

Table 3; Patient and admission related characteristics of the respondents, Bahir Dar, Ethiopia,2023

Respondents' characteris	stics	Frequency	Percentage (%)
Admission ward	Medical ward	81	20.4
	Orthopedics ward	57	14.3
	Surgical ward	69	17.3
	Gyne/obstetrics ward	191	48.0
Frequency of hospital	New visit	309	77.6
visit	Repeat visit	89	22.4
Duration of stay in the	1–3 days	65	16.3
ward	4-7 days	107	26.9
	>8 days	226	56.8
Cause of illness	Acute	269	67.6
	Chronic	129	32.4
Payment of service	with payment	120	30.2

	Exempted	184	46.2
	CBHI	94	23.6
Privacy assured during	Yes	281	70.6
examination	No	117	29.4
Do you have any	Yes	125	31.4
comorbidity	No	273	68.6
Do you have assigned	Yes	185	46.5
nurse for nursing care	No	213	53.5
Adequacy of ward	Yes	228	57.3
bedside equipment	No	170	42.7
Cleanliness of the ward	Yes	291	73.1
	No	107	26.9
Ward room light and	Yes	302	75.9
ventilation	No	96	24.1
Condition the hospital	Yes	188	47.2
food	No	210	52.8
A	Yes	200	50.3
Access to latrine with water	No	198	49.7
Coherence of service unit	Yes	244	61.3
in the hospital	No	154	38.7

6.3 Inpatient satisfaction with nursing care

According to the result 262(65.8%) of the respondents report they were satisfied with nurse's treat with respect and good behavior. 276(69.4%) satisfied with how nurses helped them with their pain. 123(30.9%) dissatisfied with the nurses visit during their need to support and similarly, 38% (151) of the respondents were dissatisfied with basic discharge information nurses offer to them. Overall inpatient satisfaction with nursing care was 51.3% (Table 4).

Table4. Inpatient Satisfaction (in %) on different satisfaction item with nursing care at Tibebe Ghion Specialized Hospital, Bahir Dar, Northwest, Ethiopia,2023

Variables	Highly dissatisfied (%)	Dissatisfied (%)	Neutral (%)	Satisfied (%)	Highly satisfied (%)
Nurses communication–well explanation and listening	30(7.5)	64(16.1)	58(14.6)	150(37.7)	96(24.1)
Nurses always communicate in understandable language without using medical terms	38(9.5)	94(23.6)	66(16.6)	117(29.4)	83(20.9)
How nurses listened to my worries and concerns.	27(6.8)	79(19.8)	57(14.3)	142(35.7)	93(23.4)
The amount of confidentiality nurses gave you	24(6.0)	70(17.6)	53(13.3)	137(34.4)	114(28.6)
Nurses treat with respect and good behavior	20(5.0)	56(14.1)	60(15.1)	149(37.4)	113(28.4)
Nurses gave you pre admission information	50(12.6)	84(21.1)	60(15.1)	115(28.9)	89(22.4)
How nurses were/are willing to respond to my concerns/requests.	35(8.8)	72(18.1)	47(11.8)	134(33.7)	110(27.6)
How nurses helped me with my pain	16(4.0)	68(17.1)	38(9.5)	156(39.2)	120(30.2)
How nurses helped me with bed making	55(13.8)	103(25.9)	56(14.1)	90(22.6)	94(23.6)
My anxiety and stress was alleviated by nursing care	42(10.6)	103(25.9)	67(16.8)	100(25.1)	86(21.6)
The amount of time nurses spent with you	33(8.3)	93(23.4)	70(17.6)	111(27.9)	91(22.9)
Nurses make adequate visits and get their support when needed	34(8.5)	89(22.4)	48(12.1)	123(30.9)	104(26.1)
The way the nurses made you feel at home	42(10.6)	99(24.9)	65(16.3)	101(25.4)	91(22.9)
The amount of information nurses gave to you about your condition and Treatment	43(10.8)	102(25.6)	50(12.6)	110(27.6)	93(23.4)
The amount of privacy nurses gave you	37(9.3)	99(24.9)	48(12.1)	112(28.1)	102(25.6)
Nurses awareness of your need	48(12.1)	84(21.1)	64(16.1)	118(29.6)	84(21.1)
Nurses provide discharge teaching	62(15.6)	89(22.4)	72(18.1)	94(23.6)	81(20.4)
Nurses do your discharge plan timely	60(15.1)	84(21.1)	64(16.1)	116(29.1)	74(18.6)

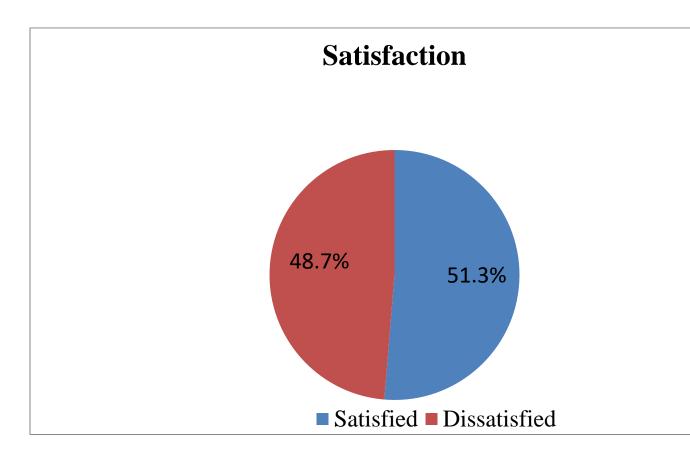


Figure 3:Overall Inpatient satisfaction with nursing care of Tibebe Ghion Specialized Hospital, bahirdar Dar, Northwest, Ethiopia,2023

6.4 Factors associated with inpatient nursing care

Variables with p value < 0.2 in bi-variable analysis were eligible for the multivariable logistic regression. About 17variables were eligible for multivariable logistics regression among them Five variables were significantly associated with inpatient nursing care at p<0.05; assigned nurse for nursing care, Privacy assured, ward cleanness, admission ward and condition of the hospital food were significant factors associated with inpatient nursing care.

A person who had assigned nurse to nursing activity were 3.78 times more likely satisfied than those who hadn't assigned nurse to nursing care(95% CI 2.32-6.14). Inpatients whose privacy assured during examination and nursing care were (AOR=1.988, 95%CI= 1.162-3.401) times satisfied with inpatient nursing care than those whose privacy's not assured during nursing care.

The odds of satisfaction for participants who report their feeling on ways the ward was clean were 3.162 times higher than to those who report their feeling the ward was not clean (AOR=3.162, 95%CI=1.639-6.098). the odds of satisfaction for Participants who report their feeling on ways the condition of the hospital food is nutritious was 1.927 times higher than those who feel the hospital food was not nutritious (AOR=1.927, 95%CI=1.107-3.353). A person who were admitted in gyne/obs was (AOR=0.489, 95%CI=0.251-0.952) times less likely to be satisfied to inpatient nursing care than those who are admitted in other wards (medical, surgical and orthopedics)(Table 4).

Variables		Satisfaction		COR,(95%)CI	AOR,(95%)CI	
Sex Male		Satisfied Dissatisfied				
		88	68	1		
	Female	116	126	0.711(0.475-1.066)		
Age	18-30	106	107	1		
	31-40	40	38	1.06(0.63-1.79)		
	41-50	17	21	0.81(0.4-1.64)		
	51-60	17	14	1.23(0.58-2.61)		
	>61	24	14	1.73(0.85-3.53)		
Religion	Orthodox	156	141	0.277(0.031-2.504)		
	Muslim	27	39	0.173(0.018-1.635)		
	Protestant	17	13	0.327(0.033-3.284)		
	Others	4	1	1		
Education	Cannot read and	56	49	1.486(0.739-2.985)		
	write					
	Read and write	29	24	1.571(0.709-3.479)		
	Primary school	29	22	1.714(0.767-3.830)		
	Secondary school	40	46	1.130(0.550-2.324)		
	Diploma	30	27	1.444(0.661-3.155)		
	Degree and above	20	26	1		
Privacy	Yes	165	116	2.85(1.81-4.47)	1.98(1.16-3.401)*	
assured	No	39	78	1	1	
Assigned	Yes	132	53	4.87(3.18-7.5)	3.78(2.32-6.14) *	
nurse for nursing care	No	72	141	1	1	
Ward cleanness	Yes	179	112	5.242(3.16-6.572)	3.162(1.639-6.098) *	

Table 5; Multivariable logistic regression result on inpatient nursing care at Tibebe GhionSpecialized Hospital, Bahir Dar, Ethiopia, January 2022

	No	25	82	1	1
Condition	Yes	131	57	4.313(2.83-6.57)	1.927(1.11-3.35)*
of Hospital	No	73	137	1	1
food					
Admission Ward	Medical	51	30	1	1
	Orthopedics	39	18	1.28(0.62-2.6)	1.32(0.53-3.264)
	Surgical	25	44	0.33(0.17-0.65)	0.44(0.189-1.0)
	Gyne/obs	89	102	0.51(0.3-0.87)	0.489(0.25-0.95)*
Duration of stay	1-3 days	28	37	1	
	4-7days	58	49	1.554(0.841-2.911)	
	>8days	118	108	1.444(0.828-2.518)	
Integration of service unit	Yes	156	88	3.915(2.548-6.016)	
	No	48	106	1	
Payment of service	With payment	50	70	1	
	Exempted	102	82	1.741(1.09-2.72)	
	CBHI	52	42	1.733(1.05-2.989)	
Comorbidity	Yes	131	142	1.522(0.99-2.334)	
	No	73	52	1	
Availability of bedside Ward equipment	Yes	143	85	3.006(1.990-4.542)	
	No	61	109	1	
Ward light and ventilation	Yes	1777	125	3.619(2.194-5.968)	
	No	27	69	1	
Latrine with water	Yes	134	66	3.713(2.453-5.619)	
	No	70	128	1	

1 = Reference; COR=Crude Odds Ratio; AOR=Adjusted Odds Ratio

*Shows significance at p value <0.05

7. Discussion

Patient satisfaction is the key indicator of quality nursing care. Although, there is improvement in quality of nursing care, still it falls at fundamental level in developing countries. Thus, this study was aimed to estimate the level of inpatient satisfaction towards nursing care. The overall proportion of patients who were satisfied with nursing care at Tibebe Ghion Specialized Hospital was 51.3%. This implied that inpatient satisfaction with nursing care is still a significant problem that hampers satisfaction to access quality healthcare services.

Moreover, patients whose privacy assured during nursing activity, who have assigned nurse for nursing care, ward cleanness, hospital food and admission ward were found to be determinant factors of inpatient satisfaction with nursing care.

Different studies in different countries revealed variations in the level of patient satisfaction with nursing care. A study conducted by World Health Organization (WHO) on patient satisfaction and experience on patients and caregivers attending at migrant health centers in turkey was 78.2% which is higher than this study (11). The possible justification can be due to the cross sectional survey, has large sample size (4460) individuals from 10 refugee health units were studied. The current study is also lower than a study conducted in north western china which was 78.15% of participants satisfied with inpatient nursing care (12). Besides It is lower than a cross sectional survey conducted in Chennai south India that was 78.88% of participants were satisfied with inpatient service. This disparity may be due to the study population and socio-demographic status and difference in continent (36).

Although This study is lower than a study in King Khalid university hospital in Saudi Arabia, 77% of patients were satisfied with inpatient nursing care(13). Moreover It is also lower than a study conducted in Nigeria which is 81.7% of patients were satisfied with inpatient nursing care. This variation may be due to socio demographic status and difference in specification of department because the compared study assessed satisfaction on inpatient psychiatric.

Besides It is lower than study conducted in Dessie referral hospital that 58.8% And 60.8% study done in pawie general hospital of respondents satisfied with inpatient nursing care. it may be because in Dessie referral hospital about 300 (80.2%) of the participants stayed for 2-10 night in their hospital, with the

mean length of stays 1.28 However in this study 226(56.8%) of participants stayed more than eight (8) days in the hospital with mean length of stay 2.42 is relatively and nearly two-thirds (63.2%) of participants stayed less than 3 days in pawie general hospital. As a result patients who stays short time in the hospital is likely to satisfy than who stays longer. In addition in the pawie study only 8.1 % of respondents have comorbidity(7).

However it's consistent to a systematic review and meta-analysis conducted on Patient satisfaction with nursing care in Ethiopia it was 55.15% satisfied with nursing care(4). The possible clarification can be similarity with the study setting. Also this study is Similar with a study conducted in Benin; Nigeria on Patients' satisfaction with nursing care which was 52.4% of participants. This may be due to similarity with the method and tool. Similarly this study is consistent with a study conducted in eastern Amhara region at three public hospitals which was 48.4% of satisfaction ,possible justification may be both study's used standardized NSNS tool to measure their outcome variable and may be consistency in the study area thus similarity in the socio demographic status of the participants(4).

Nevertheless this study was higher as compared to a previous study findings conducted at black lion comprehensive specialized hospital, Addis Ababa, Ethiopia which was 46.2% satisfied with inpatient nursing care this may be due to study period and another similar study in northwest Amhara region conducted at three public hospitals was lower than this study which is 40.7 % of participants were satisfied with inpatient nursing care. The possible justification may be due to about 69.8% of respondents got service by payment whereas in this study only 30.2 % pay for service and 51.5% stayed less than five days in the hospital with 8 days of average length of stay where as current study average length of stay were 2 days only(28).

The findings of this study showed that there was no relationship between most of socio demographic variables including educational status, occupation, income, religion to patient's overall satisfaction with nursing care. Even though they are not statistically significant, concerning age and marital status, this study showed that 61.8% married patient was satisfied than 38.2% of single patients. This is in agreement with Dessie study that married patients' satisfaction levels are higher than those of widowed and divorced patients'. This might be due to more than half of the patient was married and the social support and care that married patients receive from their spouses and children might decrease their care

needs and expectation levels (8). regarding age most of geriatric patients age>61 were satisfied this may be due to older patients might need support for their activity of daily living from nurses and if their needs were met in turn this may increase their satisfaction(8).

This study revealed that a person who had assigned nurse to nursing activity were(AOR=3.78, 95%CI=2.32-6.14) times more likely satisfied than those who hadn't assigned nurse to nursing care this finding is similar with a study conducted in Dessie referral Hospital. This might be because of nurse giving nursing care for a particular patient these increase patient and nurse relationship secondary to these reason increase satisfactions with nursing care. Inpatients whose privacy assured during examination and nursing care were (AOR=1.988, 95%CI= 1.162-3.401) times satisfied with inpatient nursing care than those whose privacy's not assured during nursing care. This finding is also similar with the study conducted in pawie general hospital this might be due to a lack of privacy that makes communication difficult between patients and healthcare professionals, mainly when they discuss sensitive conditions. Misdiagnosis and ineffective treatments for patients may result if the patients' privacy is not assured. Finally, the patient's trust may have eroded which makes it difficult to build a good patient- healthcare professional relationship. As a result, the patient's satisfaction level may decrease if privacy is not assured during care provision (15). About 117(29.4%) respondents reported that privacy were not assured during examination and patient care. The possible explanation can be there were 6-8 patient beds per room in the hospital and there were no bed side patient screen and even female and male patients admitted/kept in the same room so during nursing care nurses have not option to keep the patient privacy during nursing care.

Even though length of stay and payment of service were not statistically significantly they are an important variables needs to be addressed the mean(average length of stay of Tibeb Ghion Specialized Hospital were 2.42. among 65 respondents who stays 1-3 days 28 of them were satisfied with inpatient nursing care, out of 107 respondents who were stayed for 4-7 days 58 were satisfied with nursing care and whereas among 226 respondents 118 were satisfied with their duration of stay in the hospital this may be because respondents who stays short time in the hospital may not have adequate evidence to suggest or comment the hospital in their shorter stay and out of 120 respondents who payed for service 50 were satisfied with inpatient nursing care, out of 200 respondents used exempted service 102 were satisfied and out of 94 respondents who have CBHI 52 were satisfied with inpatient nursing care . most of respondents were exempted because almost half percent of the samples taken from gynecology and obstetrics ward.

A person who were comfortable with ward cleanness was (AOR=3.162, 95%CI=1.639-6.098) times satisfied to inpatient nursing care than those who were not comfortable. this may be because it reduce stress, decreases cross contamination and thus increases patient satisfaction. This finding is supported by astudy conducted at pawie general hospital 76.6% were satisfied with ward cleanness. a person who report their feeling on the ways comfortable with the condition of the hospital food were (AOR=1.927, 95%CI=1.107-3.353) times satisfied with inpatient nursing care than those who were not comfortable with hospital food is, this finding is similar with study conducted in pawie general hospital this may be because since food is a basic need to live and being healthy it should be clean safe and nutritious specially for a person who is sick because they have loss of appetite related to their diseases. A person who were admitted in gynecology and obstetrics were (AOR=0.489, 95%CI=0.251-0.952) times less likely to be satisfied to inpatient nursing care than those who are admitted in other wards (medical, surgical and orthopedics). this may be because the samples taken from gynecology and obstetrics were almost a half and possibility of busy patient flow.

8. Strength and Limitation of the study

Used well-structured questionnaire from validated survey instruments and the response rate was high. Since the interview was made after discharge at the exit patients are free to respond.

Since the study was cross sectional, it shows only temporal relationship between variables (inability to infer causality).

9. Conclusion

The study findings stated that 51.3% of inpatients were satisfied with the hospital nursing care. This implied that inpatient satisfaction with nursing care is still a significant problem that hampers satisfaction to access quality healthcare services. Moreover, patients whose privacy assured during nursing activity, who have a particular nurse assigned for nursing care, ward cleanness, hospital food and admission ward were found to be determinant factors of inpatient nursing care.

10. Recommendation

Based on the study findings, the following recommendations were made to institutions and concerned bodies:

The hospital administrator's better to supervise the ward cleanness and condition of the food served Regarding privacy the hospital better to have a simple bed side screens

Regarding assigned Nurses better to implement for all wards assigning particular nurses for nursing care according to the standard nurse to patient ratio

For researchers; further large-scale study should be conducted at the national level to assess the level of inpatient satisfaction.

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Annex 1: Subject Information Sheet (English Version)

Greetings

My name is _______this is to give you information regarding a study designed to assess inpatient satisfaction with nursing care and its associated factors at Tibebe Ghion Specialized Hospital. The aim of the study is to generate evidence on quality of service and factors influencing service deliver based on patient's perspective. The study will have a benefit in the effort to improve the quality service by the stakeholders and can influence decision makers. Cross sectional data will be collected using interview from patient's admitted to the hospital wards

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

Annex 2: Consent form (English Version)

In understanding this document, I am giving my consent to participate in the study entitled as "inpatient satisfaction with nursing care and its associated factors at Tibebe Ghion specialized Hospital, Bahir Dar, Ethiopia". I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in anyway. I understood that participation in this study does not involve risks. I understood that Meron Akele is the contact person if I have questions about the study or about my rights for study participant.

Respondent's signature_____

Interviewer

Annex 3: Questionnaire (English Version)

Put $(\sqrt{)}$ mark or encircle the numbers in front of options provided.

Part one-Socio demographic characteristics

So-	Questions	Response
101	What is your sex?	1. Male 2.Female
102	Age	Years.
103	What is the highest level of education you received?	1. Not read and write 2. Read and write 3.Primary(1-8) 4.Secondary school 5.Diploma 6.Degree and above
104	What is your religion?	1. Orthodox 2.Muslim 3. Protestant 4.Others(specify)
105	What is your marital status?	1.Single 2. Married 3.Divorced 4.Widowed
106	What is your occupation?	1. trader 2.farmer 3.civil servant 4.military 5.house wife 6.others
107	Where is your residence?	1. Urban 2.Rural
108	How much is your monthly income?	1.less than or equal to 500 2.501-1500 3.1501-2500 4.>2500

Part two-Patient and admission characteristics

S/N	Questions	Response
201	Admission ward	1.medical
		2.orthopedics
		3.surgical
		4.gynecology and obstetrics
201	History of admission/Frequency	1.new visit
201	Instory of admission/Trequency	2.repeat visit
202	Duration of stay in the ward	1. 1–3 days
202	Duration of stay in the ward	2. 4-7 days
		3. >8 days
203	Cause of illness	1. Acute
203	Cause of filless	2.Chronic
204	Payment of service	1.with payment
204	a dynam of service	2. Exempted
		3.CBHI(community based health
		insurance)
205	Privacy assured during examination	1.yes
200		2.no
206	Do you have any comorbidities	1.yes
		2.no
207	Do you have particular nurse assigned for nursing care	1.yes
		2.no
		3.notsure

Part three-institution characteristics

S/n	Questions		Response						
			1	2	3	4	5		
301	Availability of bedside ward equipment								
302	Cleanliness of the ward								
303	Ward room light and ventilation								
304	Condition the hospital food								
305	Access to latrine water								
306	Integration of service unit in the hospital								

1= Highly dissatisfied, 2= Dissatisfied, 3= Neutral, 4= Satisfied, 5= Highly satisfied

S/n	Questions		Response							
		1	2	3	4	5				
401	Nurses communication–well explanation and listening									
402	Nurses always communicate in understandable language without									
	using medical terms									
403	How nurses listened to my worries and concerns.									
404	The amount of confidentiality nurses gave you									
405	Nurses treat with respect and good behavior									
406	Nurses gave you pre admission information									
407	How nurses were/are willing to respond to my concerns/requests.									
408	How nurses helped me with my pain									
409	How nurses helped me with bed making									
410	My anxiety and stress was alleviated by nursing care									
411	The amount of time nurses spent with you									
412	Nurses make adequate visits and get their support when needed									
413	The way the nurses made you feel at home									
414	The amount of information nurses gave to you about your condition and Treatment									
415	The amount of privacy nurses gave you									
416	Nurses awareness of your need									
417	Nurses provide discharge teaching									
418	Nurses do your discharge plan timely					+				

Part four-Inpatient satisfaction with nursing care

አባሪ 1፡ የአሚኛ እትምጣጎረታዊ ሚጃእና የፍቃድቅጽ

እንደምን አደራችሁ/ እንደምን ዋላቸሁ

ሜሮን አክስ እባሳስሁ በጤና ሲስተም እና በፕሮጀክት ማኔጅመንት የባህርዳር ዩኒቨርሲቲ MPH ተማሪ ነኝ። በ2022 በጥበበ ግዮን ስፔሻላይዝድ ሆስፒታል በሰሜን ምዕራብ ኢትዮጵያ በነርሲንግ እንክብካቤ እና ተያያዥ ምክንያቶች የታካሚ እርካታ በሚል ርዕስ ጥናት እያደረግሁ ነው።

የጥናቱ ዓላማ፡ - በጥበበ ግዮን ስፔሻላይዝድ ሆስፒታል የሕሙማን እርካታ በነርሲንግ እንክብካቤ እና ተያያዥነት ያላቸውን ጉዳዮች መገምገም ።

የበጎ ፈቃደኞች ተሳትፎ ፡- በጥናቱ ላይ የሚሳተፉት በጎ ፈቃደኞች ብቻ ናቸው፣ በማንኛውም ጊዜ ሳስመሳተፍ ወይም ስመውጣት መወሰን ምንም ውጤት አይኖረውም። ከጥናቱ ስመውጣት ከወሰኑ ከእርስዎ የተሰበሰበ ናሙና እና መረጃ ይጣላል::

አደጋ እና አስመመቸት በተሳታፊው ላይ፡-ምንም ቀጥተኛ ስጋት እና አስመመቸት የስም.

ጥቅማ ጥቅሞች ፡-በዚህ ጥናት ላይ ለመሳተፍ ቀጥተኛ የገንዘብ ክፍያ አይኖርም። ይሁን እንጂ የሕክምና ሰነዶችን ለመገምገም እና የታካሚን እንክብካቤ ጥራት ለማሻሻል በተዘዋዋሪ ለመርዳት በሆስፒታሉ እና ፖሊሲ አውጪዎች ሲጠቀሙበት ይችላሉ. ጥናቱን በተመለከተ ማንኛቸውም ጥያቄዎች(ዎች) ካሎት፤ ከዚህ በታች በተጠቀሰው አድራሻ ማስተላለፍ ይችላሉ፡፡ :

ዋና መርማሪ፡ - ሜሮን አክስ ስልክ፡- +251949923272 አሜል፡ - meronswith@gmail.com

አባሪ 2; በ ጥና ቱ ላይ የ ሚጎ ተፉት በጎ ፈቃደኞች

ውድ ተሳታፊዎች ስሜ ------ ----እባላለሁ በባሀር ዩኒቨርሲቲ ሀክምና እና ሳይንስ ኮሌጅ የታካሚዎችን የነርሲንግ እንክብካቤ እና ተያያዥ ጉዳዮችን በጥበበ ግዮን ስፔሻላይዝድ ሆስፒታል ማስተር ኦፍ ፐብሊክ ሄልዝ በጤና ስርአት እና በፕሮጀክት ማኔጅመንት የሚፌልገውን በክራል ለማሟላት ጥናት እያደረግሁ ነዉ ። በዚህ ጥናት ላይ እንድትሳተፉ ተጋብዘዋል። የእርስዎን አሰራር በተመለከተ ማንኛውም አይነት ጥያቄ ካሎት ስልክ ቁጥሩን+251949923272 በመጠቀም ማነጋገር ይችላሉ። የምትሰጡት ማንኛውም መረጃ ለሆስፒታሉ፤ ለፖሊሲ አውጪ፤ ለክልል/ዞን/ወረዳ ደረጃ ውሳኔ ሰጪዎች ጠቃሚ እርምጃ እንዲወስዱ እና በህክምና አሰጣጡ ላይ ያለውን ችግር ለመከላከል መረጃ ለመስጠት በጣም ጠቃሚ ስለሆነ እባክዎን ትኩረት ይስጡ እና ለማጠናቀቅ ጊዜዎን ይውሰዱ። የተዋቀረ መጠይቅ; እና ምልክታው ከ15-20 ደቂቃ ሊፈጅ ይችላል እና ማንኛውም የሰጠኸኝ መረጃ መጠይቁን በምትመልስበት ጊዜ ካጠፋኸው ጊዜ በቀር ምንም እንደማይንዳህ እና ስምዎ በማንኛውም ወረቀት ላይ ስላልተጻፈ ሚስጥራዊ እንደሚሆን አረጋግጣለሁ። መርማሪው እንኳን የመረጃውን ባለቤት አያውቅም። በማንኛውም ጊዜ ጥያቄ ማንሳት ይችላሉ። ትንታኔው በግለሰብ ደረጃ አይደረግም, እንደ ሆስፒታል ደረጃ ብቻ ይከናወናል. ስለዚህ እባክዎን ለሁሉም መጠይቆች ምላሽ ይስጡ።

እባክህ ይህን <mark>ለ</mark>መቀጠል ተስማምተ**ሃ**ል?

1. አዎ 2. የለም

ፊርማ-----

አባሪ3፡ ማጤይቅ(የአማርኛቅጂ)

ምላሻዎን ከፊትለፊት (ላ) ምልክትያድርጉ ወይምይክበቧቸው።

	<i>ጥያቄዎች</i>	<i>የጥያቄዎች ም</i> ላሽ
101	ፆታ	1.ወንድ 2.ሴተ
102	ዕድ ሜ	<u>አ</u> መት.
103	የትምህርት ደረጃ	1. ማንበብ ሕና መፆፍ የወ 2. ማንበብ ሕና መፆፍ የወ 3. የመጀመሪያ ደፈ 4. ሁለተኛ ደፈ 5. ድፕሎማ 6. ድግሪ ሕና ከዚያ በ
104	ሀይማኖት	1.ኦርቶዶክስ 2.ሙስሊም 3. ፕሮቴስታንት 4.ሌሎች(ይጥቀሱ)
105	የትዳር ሁኔታ	1.ደላንባ 2. ደንባ 3የተፋታ 4. የሞተባት
106	ስራ	1.ን <i>ጋ</i> ኤ 2. ገበራ 3.መንግስት ሰራተ 4.የቀን ሰራተ 5.የቤት አመቤት 6.ሌሎች(ይጥቀሱ)

107	መኖሪያ	1.ክተ <i>ማ</i>
		2. ንጠር
108	የወር የንበ. መጠን	1.≤ 500
		2.501-1500
		3.1501-2500
		4.>2500
	•	·

ክፍል	አንድ- ማ ሀበራዊ	<u>እ</u> ና	ስነ -ሕዝብ	ባህሪያት

ክፍል ሁለት - የ ታካሚእና የ መግቢያ ባህሪያት

ምላሽዎን ከፊት ለፊት (ላ) ምልክት ያድርጉ ወይምይክበቧቸው።

ተ. ቁ	ጥ <i>ያቄዎች</i>	የጥ <i>ያቄዎ</i> ች ምላሽ
201	የተኝበት ክፍል	1.የዉስጥ ደዊ ተኘቶ ህክምና ክፍል
		2.የአጥንት ተኘቶ ሀክምና ክፍል
		3.የቀዶ ተኘቶ ህክምና ክፍል
		4.የ <i>ማ</i> ህጠንና ተኘቶ ህክምና ክፍል
202	የሆስፒታል ጉብኝት ድፃፃሞሽ	1 .አዲስ <i>ጉ</i> ብኝት
		2. ተደ <i>ጋጋሚ ጉ</i> ብኝተ
203	በሆስፒታል ውስጥ የቆዩበት ጊዜ	1. 1-3 ゆ7 2. 4-7 ゆ? 3. >8 ゆ?
204	የበሽታ መንስኤ	1. አጣዳፊ
		2.ሥር የሰደደ
205	የአንልግሎት ክፍይ	1. በክፍ <i>ይ</i>
		2. 79
		3. ጤና መድህን
206	በምርመራ ወቅት ገመና ተሽፍናል	1. አዎ

		2. አይደለም
207	ተጓዳኝ ህመም አለብዎ	1አዎ
		2. አይደለም
208	ለነርሲግ እንክብካቤ ለራስህ የተመደበልህ ልዩ ነርስ ነበረህ	1. አዎ
		2. አይደለም
		3.ሕርግጠንኛ አይደስሁም

ክፍል ሶስት የ ተቋምባሀሪያት ለሚከተሉት ጥያቄዎች ምላሽዎን ከፊት ለፊት (√) ምልክት ያድርጉ ወይም ይክበቧቸው። 1= ከፍተኛ እርካታየለኝም፣ 2= አልረካም፣ 3=7 ለልተኛ፣ 4=ረካሁ፣ 5= በጣምእርካታ

ተ. ቁ	ተ. ቁ ጥያቄዎች		ምላሽ							
		1	2	3	4	5				
301	የክፍሉ እቃዎች በቂ ናቸዉ ብለዉ ያስባሉ?									
302	የክፍሉ ጽዳት ጥሩ ነበር ብለው ይስባሉ									
303	ክፍሉ በቂ ብርሃንና አየር ማናፌሻ አለው ብለው ይስባሉ									
304	የሆስፒታሉ ምግብ ንንቢ እና ደህንነቱ የተጠበቀ ነው ብለው ያስባሉ									
305										
	ሆስፒታሉ የውሃ፣ የመጸዳጃ ቤት እና የእጅ መታጠቢያ አንልግሎት አለው ብለው ያስባሉ	ı								
306										
	የሆስፒታሉ አንልግሎት ክፍል ቅንጅት አለው ብለው ያስባሉ									

ክፍል አራት - በነርሲንግ እንክብካቤየ ታካሚእርካታ ዙሪያ ያሉ ጥያቄዎች

1=በጣምደስተኛ ያልሆነ ፣ 2= እርካታየለኝም፣ 3= 7 ለልተኛ ፣ 4= እርካታ፣ 5=በጣምእርካታ ያለው

402 403 404 405 406 407 408	ጥ <i>ያቄዎ</i> ች	ምሳሽ							
		1	2	3	4	5			
401	የሆስፒታሉ ነርሶች በደንብ የ <i>ሚያ</i> ብራሩ እና ታካሚን በትኩሬት የሚ <i>ያዳ</i> ምጡ ናቸዉ ብለዉ <i>ያ</i> ስባሉ								
402	ነርሶች <i>ጋ</i> ር ሁልጊዜ የህክምና <i>ቃ</i> ላትን ሳይጠቀሙ ሊረዱት በሚችል ቋንቋ ይግባባሉ								
403	ነርሶች <i>ጭንቀትዎን</i> እና ስ <i>ጋ</i> ቶችዎን ሰምተው <i>ያ</i> ውቃሉ?								
404									
	ነርሶች የበሽታዎትን ሁኔታ ሚስጥራዊነት ጠብቀዋል								
405	ነርሶች በአክብሮት እና በጥሩ ስነምግባር አገልግሎወታል								
406	በነርሶች የቅድመ መግቢያ መመሪያ ተሰቶታል								
407	ነርሶች ለጥያቄዎችዎ ምላሽ ለመስጠት ፍቃደኞች ነበሩ?								
408	በሀመም ስሚት ጊዜ ነርሶች ረድተውዎታል								
409	ነርሶች አል <i>ጋ</i> በማንጠፍ ረድተዎታል								
410	<i>ጭንቀትዎ</i> በነርሲን ግ እንክ ብካቤ ተቀርፏል								
411	ነርሶች ከእርስዎ <i>ጋር የሚያ</i> ሳልፉት ጊዜ በቂ ነው								
412	ነርሶች በቂ ጉብኝት አድርንዋል እና አስፈላጊ ሆኖ ሲ <i>ገኝ</i>								

	ያገኙታል.			
413	ነርሶች እንደቤት እንዲስማዎት ያደርጉ ነበር			
414	ስስ እርስዎ ሁኔታ መረጃ ነርስ የሰጡዎት እና ህክምናው በቂ ነው			
415	ነርሶች አንል ግሎት ሲሰ ጡ የግል <i>ገመ</i> ናዎን ጥብቆለዎታል			
416	ነርሶች ስለፍላጎትዎ ግንዛቤ ነበራቸው			
417	የመልቀቂያ ፕላን በጊዜው ተከናውኗል			
418	ነርሶች በመልቀቂያ ጉዳይ በቂ መረጃ ስቶታል			

APPROVAL SHEET

I declare and affirm by my signature that, this research thesis entitled inpatient satisfaction with nursing care and associated factor at Tibebe Ghion specialized hospital Bahir Dar, northwest Ethiopia, 2022. Cross-sectional study is my original work and all the sources that I have used throughout the thesis development have been indicated and acknowledged using complete references.

Name of student: Meron Akele (MPH Candidate)

Signature _____ Date __ / ____

This work has been submitted for examination with my approval as an advisor,

Name of advisors:1. Mr. Gebeyehu Tsega (MPH)

Signature _____ Date ____/___/

Name of Advisor: 2. Mr. Getachew Setotaw (MSc - HI)

Signature _____ Date ___/__/___

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Signature 18 .____ Date 17/ 6 / 15

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Name of advisors:1. Mr. Gebeyehu Tsega (MPH)

Signature Date 17/6/15

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41

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