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Perception Towards Nursing Care and its Associated Factors in Adult Inpatient Departments in Comprehensive Specialized Hospitals of North West Ethiopia

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BAHIR DAR UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCES
SCHOOL OF HEALTH SCIENCES
DEPARTMENT OF ADULT HEALTH NURSING
PATIENTS' PERCEPTION TOWARDS NURSING CARE AND ITS
ASSOCIATED FACTORS IN ADULT INPATIENT DEPARTMENTS
IN COMPREHENSIVE SPECIALIZED HOSPITALS OF NORTH
WEST ETHIOPIA

PRINCIPAL INVESTIGATOR: ARAGAW YEGZIABHERFENTA (BSc. N)

**A THESIS SUBMITTED TO DEPARTMENT OF ADULT HEALTH NURSING,
SCHOOL OF HEALTH SCIENCES, COLLEGE OF MEDICINE AND HEALTH
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Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia

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Study period	From March 20 to April 27/2023
Study Area	Comprehensive specialized hospitals of Northwest Ethiopia

Declaration sheet

This is to certify that the thesis entitled “Patients’ perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia” submitted in partial fulfillment of the requirements for the degree of masters of science in adult health nursing, department of adult health nursing, Bahir Dar University, is prepared by myself and it has not been submitted, in whole or in part, in any previous application for a master’s degree.

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ADVISOR’S APPROVAL FORM

I hereby certify that I have supervised, read, and evaluated this thesis report entitled “Patients’ perception towards nursing care and its associated factors in adult inpatient department in comprehensive specialized hospitals of northwest Ethiopia” a mixed method study investigated by Aragaw Yegziabherfenta with my advice, guidance, and support. Hence, I approve this thesis as it can be submitted as the final thesis draft for different purposes.

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Approval of Final thesis Report

I hereby certify that I have examined this thesis report entitled "Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia" a mixed method study reported by Aragaw Yegziabherfenta. We recommend and approve the thesis report for degree of "Masters Adult Health Nursing"

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ABSTRACT

Background: Patients' perception of nursing care indicates clients' emotion on the nursing care they have received which is used to provide essential and holistic information on the overall quality of nursing care. And there was no study that has been conducted in Ethiopia that explores patients' perception toward nursing care through in-depth patient interviews. Therefore, this study was attempted to fill this gap.

Objective: The study's objective was to evaluate how patients felt about nursing care and the contributing factors in adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia's, 2023.

Method: An institution based Concurrent triangulation design was conducted with data collection period from March 20,2023 to April 27, 2023. Participants were selected for the quantitative component using a systematic random sampling procedure, and the principal investigator performed an in-depth interview with patients who had been purposefully chosen till saturation level for the qualitative part. Epi Data version 4.6 was used to enter the quantitative data, and SPSS version 25 was utilized to analyze it whereas descriptive and inferential statistics were then employed for analysis. Binary logistic regression was used to assess the association among dependent and independent variables in the quantitative data, while qualitative component was triangulated with quantitative part after it has been thematically analyzed.

Result: The study included 602 admitted patients in total. Of those, 50% of participants had good perception of nursing care. Good perceptions of Patients' on nursing care were significantly associated with previous hospitalization history (AOR = 0.42; 95% CI: 0.29- 0.63), admission to medical wards (AOR = 0.43; 95% CI: 0.27- 0.69), and staying less than seven days in a hospital (AOR = 1.50; 95% CI: 1.03- 2.20).

Conclusion: This study found a significant association between patients' perceptions of nursing care and prior hospitalization history, admission wards, and the length of time the patient spent in admission, as well as that one in two patients have a poor perception of nursing care. Hence, hospitals should implement methods to improve patients' perceptions of nursing care and frequently evaluate nursing care.

Key words: Associated factors, Inpatient Department, Nursing Care and Patient's Perception

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LIST OF ABBREVIATIONS

AOR	Adjusted odds ratio
APHI	Amhara Public Health Institute
CBHI	Community Based Health Insurance
BDU CMHS	Bahir Dar University College of Medicine And Health Sciences
CI	Confidence interval
DMCSH	Debre Markos comprehensive specialized Hospital
DTCSH	Debre Tabor comprehensive specialized
EHRIG	Ethiopian Hospital Reform Implementation Guideline
EHSTG	Ethiopian Hospital Service Transformation Guideline
FHCSH	Felege Hiwot comprehensive specialized Hospital
IPD	Inpatient department
PI	Principal Investigator
SPSS	Statistical package for social science
TGCSH	Tibebe Ghion comprehensive specialized hospital
UOGCSH	University of Gondar comprehensive specialized hospital
VIF	Variation Inflation factor

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1. INTRODUCTION

1.1. Background

One of the most crucial forms of care in the medical field is nursing care, which is given by nurses to keep patients healthy and comfortable as well as to stop the onset of new or worsening illnesses (1, 2). Its goal is to provide patients with high-quality treatment, which is essential in attaining organizational objectives (3). Patients spend most of their time with nurses, who make up the majority of the medical personnel; consequently, the manner in which nursing care is provided greatly affects how patients feel about their overall hospitalization experience (4, 5).

Patients' feelings or opinions on the nursing care they received from nurses during their hospital stay are referred to as the patient's perception of nursing care, and they are recognized as a good indicator of the standard of nursing care (6). In addition to providing crucial and comprehensive information on the overall quality of nursing care, it assesses the level of patient outcomes and patient satisfaction with nursing care (7-11). It also provides feedback to establish standards and evaluate nursing care (12). A similar correlation exists between favorable patient perception and the intended clinical results, such as lower readmission and mortality rates (13).

The length of time nurses spend with patients, their respect, the quantity of information they are given about their condition and treatment, compassion, and cheerfulness are just a few of the characteristics that affect how patients view nursing care (14, 15).

Furthermore, patients can be thought of as important sources of data for the assessment of current care, but in order to provide nursing care to patients, healthcare organizations need to understand their perception of the nursing care provided because it can help in identifying the strengths and weaknesses of the type of care provided from patients' perspectives(16). Similar to this, it is crucial to assess patients' needs for nursing care in order to meet those needs, which may then be used to enhance the delivery of nursing care to patients (17, 18).

Therefore, the study will assess and explore patients' perception towards nursing care in adult inpatient department in comprehensive specialized hospitals of North West Ethiopia.

1.2. Statement of the Problem

The fact that nurses are involved in practically every element of patients' care in hospitals and interact with patients more frequently than any other medical personnel has a substantial impact on how patients perceive nursing care (19, 20). Patients in some continents have positive perceptions of the care that nurses deliver, while in Africa, particularly in the sub-Saharan region, patients had negative perceptions of the nursing care they received, with percentages ranging from 18.5% to 50.3% (6, 21-23).

Patient's perception towards nursing care is influenced by patients' pre-service expectations of the services provided that is also influenced by number of factors such as, cultural background and socioeconomic status, nurse's communication skills, provision of information, kindness, cheerfulness, ability to give patient-centered care, compassion for patients, and concern for the patient and competence in diagnosing and treating the health problem, pre-service expectations, provision of appropriate information about patient's condition and treatment in a jargon-free language, nurses' ability to answer questions, and treating health conditions were all contributing factors which determine the level of patient's perception towards nursing care(15, 24, 25).

It is known that poor perception towards nursing care leads the patient to dissatisfaction, decreased trust in the service provided, delayed health seeking, missed appointments, decreased treatment adherence, feel disengaged, uncomfortable, perceive their care plans as unimportant, tell others about their experiences, and develop a negative attitude about the health care system. As a result, it affects the hospital image and patients intentions to come back to hospitals, which leads to poor health outcomes for the patients and for hospitals loss of income from the patients, as well as wastage of government resources (21, 26-30).

Ethiopian federal ministry of health through the Health Sector Transformation Plan and national health care quality strategy-II envisions all of its citizens to enjoy quality and equitable access to all types of health services(31). Besides, it had also launched strategies and initiatives (CRC, EHRIG, and EHSTG) to enhance the patients' health seeking behavior by creating a favorable environment and to advance patients perceptions by improving the provision of nursing care(32).

Despite the few studies that have been done regarding patients' perceptions of nursing care and the different strategies as well as initiatives launched to enhance patients' perceptions of nursing

care in inpatient departments, this still remains a problem in Ethiopia (6, 21, 23). Likewise, there has been no published study conducted in Ethiopia that explores patients' perceptions of nursing care by incorporating an in-depth study of patients, which was recommended by previous studies as a qualitative study to be carried out. Therefore, it inspired us to undergo this study to assess the patient's perception of nursing care and its associated factors in adult IPD in the comprehensive specialized hospitals of Northwest Ethiopia.

1.3. Significance of the study

The findings of this study would help to identify the areas to be improved in the existing nursing care delivery system & will be taken as input for nurses to improve the provision of care by showing as how they were providing care to their clients. Similarly, the result of this study would also be used for hospitals to enhance the patient's perception by formulating strategies on the identified gaps and it will give crucial data for planners and policymakers to work further to launch initiatives and strategies to improve patient satisfaction towards nursing care. Additionally, the findings of this study will provide baseline information to that interested researchers who would like to conduct further research on related issues in the study area.

2. LITERATURE REVIEW

2.1. Patients' perception towards nursing care

Patients need high-quality nursing care when they visit the hospital, and patient perceptions of the nursing care they received are one aspect in determining their satisfaction with nursing care. (33). In a study conducted on patients' perceptions of nursing care at the hospital De Leon in Spain, it was noticed that 94.1% of patients had good perceptions of the of nursing care (34). According to the study carried out at the Mochtar Bukittinggi hospital in Indonesia, 74.45% of patients reported as they had good perception towards nursing care (35).

In Nepal, a study that evaluated Tampico patients' perceptions of nursing care revealed that about 63.6% of them had a good perception(36). Based on research carried out in Iran, 51.6% of patients had good perception about nursing care received (37). In a somewhat related study, 57% of patients in Pakistan's Institute of Cardiology reported good perceptions on nursing care (38). An Other research performed in Sri Lanka concluded that 70% of patients had good perceptions of nursing care (39).

Conversely, a research conducted in Nigeria's Oyo state found that only 18.5% of patients thought the nursing care as it was good (22). More than half of the participants (54.8%) in the study at Hiwot Fana specialized university hospital had poor perceptions of nursing care (21). Whereas nearly half of study subjects (50.3%) thought that nursing care services was of good, according to another study taken at Mekele Ayder hospital has indicated (23). Similarly, a study conducted at public hospitals in the Beninshangul Gumuz region found that overall good perception was 49.3% (6).

2.2. Factors associated with patient's perception towards nursing care

2.2.1. Socio-Demographic factors

Studies conducted in Saudi Arabia and Turkey showed that patients of younger age had good perception of nursing care(40, 41), while other researches done in Iran and Chile pointed that patients' perception towards nursing care was associated with increased age(42, 43). According to study done at Iran females had good perception towards nursing care (42),whereas study carried out at Oman showed that male patients had good perception towards nursing care(44). Regarding residence, rural resident patients had good perception towards nursing care as the

study carried out in Iran had showed(42). As of marital status, being married was significantly associated from study done at Iran hospitals(37).

According to research conducted in Turkey, Saudi Arabia, and Iran, employed clients had a good perception (11, 40, 41), conversely, studies conducted at Pakistan and Hiwot Fana hospitals pointed out that unemployed and student patients had good perceptions of nursing care respectively(21, 38). Patients who had satisfactory and highly satisfactory income status and patients with higher level of income had positive view to nursing care as the studies from Turkey and Saudi Arabia had showed respectively(40, 41).

Researchers found that, patients with postgraduate educational status had increased level of perception as compared to patients with other educational status (38, 41), whereas the study held in Ethiopia indicated that having educational status of diploma and above increases patients' perception towards nursing care(23). Contrarily, a study at public hospitals of Beninshangul Gumuz found that being illiterate was significantly associated to patients' positive view of the quality of nursing care(6).

2.2.2. Patient related factors

Studies found that, patients who stayed for less than one month at medical & surgery clinics of public hospitals in Turkey(18), stayed for 8-14 days in Hiwot Fana hospital (21) and who stayed for ≤ 7 days in public hospitals of Beninshangul Gumuz(6) had good nursing care perception than others. Patients with prior hospitalization histories showed poor perception, according to studies done at public hospitals in Eastern Ethiopia (45). Participants who had history of previous hospitalization has showed good perception as the research done at Iran revealed(37).

According to studies conducted at medical & surgery clinics of public hospitals in Turkey and public hospitals of Beninshangul Gumuz, the patients' who have Companion had good perception towards nursing care (6, 18). Similarly, study at Turkey indicated that patients who has chronic illness had good perception(18).

2.2.3. Institution related factors

Patients from the Medical wards had a lower level of perception than patients from other wards; according to a study done at Hiwot Fana specialized university hospital had indicated (21). Additionally, studies carried out at Mekele Ayder hospital & public hospitals of Beninshangul

Gumuz showed that patients admitted to private rooms have good perception of nursing care than those who admitted to common rooms (6, 23). A study done in Oman found that patients who were admitted by plan had better patient perceptions of nursing care than patients who were admitted without plan as they arrived at the hospital seeking services(44).

According to a qualitative study carried out in Pakistan, nurses' ability to perform clinical skills proficiently, ability to respond quickly to patients' requests without delaying, meeting patients' expectations, giving respect when providing physical care, and ability to provide theoretical or clinical information and respond to patients' pertinent questions all had an impact on patients' perceptions of nursing care(46).Caring with professionalism, good interpersonal communication skills, involving patients and relatives in the care process, and respecting patients' cultural values and spiritual beliefs was also perceived as good nursing care practice as indicated by study carried out in Ghana (47).

3. CONCEPTUAL FRAME WORK

The conceptual frame work which shows the relationship between dependent and independent variables is adapted from different literature (6, 18, 21, 44, 48).

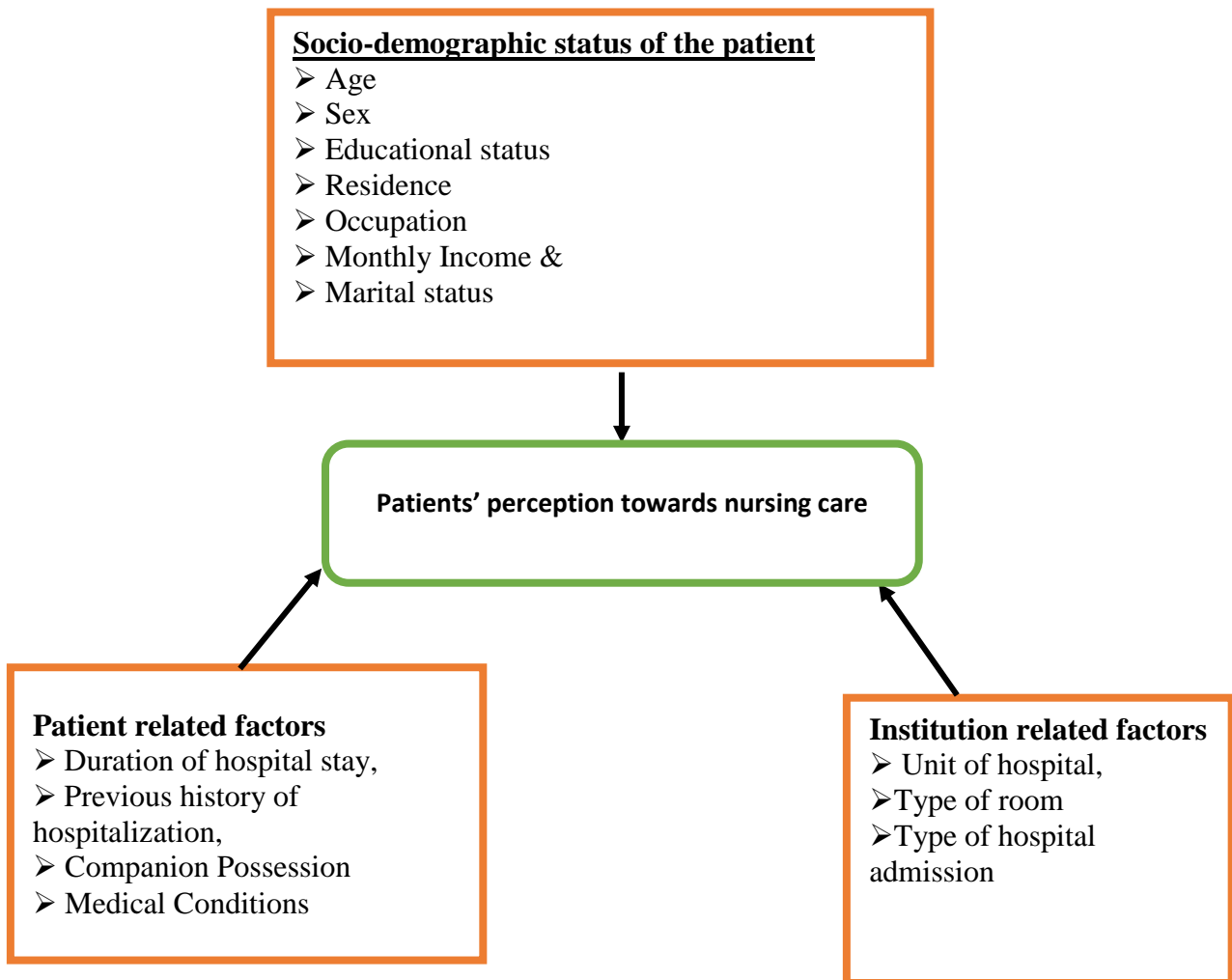


Figure 1: Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia, 2023.

4. OBJECTIVE

4.1. General objective

1. To assess Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia, 2023.

4.2. Specific objectives

1. To determine the Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia, 2023.

2. To identify factors associated with Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia, 2023.

3. To explore Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia, 2023.

5. METHODS AND MATERIALS

5.1. Study Setting & Period

The study was conducted in Comprehensive Specialized hospitals of Northwest Ethiopia from March 20, 2023 to April 27, 2023. There are five Comprehensive specialized hospitals in Northwest Ethiopia which are named as; Debre Markos hospital which is located in East Gojjam that is 300 km and 265 km far from Addis Ababa and Bahir Dar respectively. This hospital has a total of 291 nurses which serves more than 3.5 million people, both outpatients, and inpatients. Felege Hiwot (FHCSH) and Tibebe Ghion (TGCSH) hospitals are found in the capital city of Amhara regional state, Bahir Dar, which is 565 km away from the capital city of Ethiopia, Addis Ababa. Tibebe Ghion has 310 nurses whereas Felege Hiwot hospital has 424 nurses & both hospitals provide different clinical services for around 7 million people in the catchment area, Debre Tabor comprehensive specialized hospital (DTCSH), found in Debre Tabor town, the capital city of the South Gondar Zone which is 104Kms away from Bahir Dar and it is about 666 km from Addis Ababa. The hospital has 160 nurses that serve more than three million outpatients and inpatients. And University of Gondar comprehensive specialized hospital (UOGCSH) is found in Gondar town which is 727 km & 175 km far from Addis Ababa and Bahir Dar respectively. Currently, the hospital contains 520 nurses who are serving around seven million people from both outpatients and inpatients. This all comprehensive specialized hospitals were designed to serve patients who are referred from across the Amhara region and gives outpatient and inpatient services in all major departments (49).

5.2. Study design

An institution based Concurrent triangulation design was employed. To complement the quantitative data, a qualitative study using phenomenological approach was conducted to explore patients' perception towards nursing care.

5.3. Population

5.3.1. Source population

The source population included all adult patients admitted to the inpatient units of comprehensive, specialized hospitals in Northwest Ethiopia.

5.3.2. Study population

Patients who were admitted to the inpatient departments in selected comprehensive specialized hospitals in Northwest Ethiopia were our study population.

5.3.3 Study Subjects

The study subjects were randomly selected patients for the quantitative study and purposefully selected patients for the qualitative study who were available during the study period.

5.4. Inclusion and Exclusion criteria

5.4.1. Inclusion criteria

For quantitative study: All patients who were admitted in surgical, medical & orthopedic wards whose age ≥ 18 years and those stayed for greater than 24hrs(50) prior to the data collection time were included.

For Qualitative study: Patients admitted from surgical, medical & orthopedic wards whose age ≥ 18 years and who stayed at least five days on admission were included(51).

5.4.2. Exclusion criteria

Admitted patients who were critically ill were excluded from the study.

5.5. Sample size and sampling procedure

5.5.1. Sample size determination

For quantitative component the sample size was calculated using formula for a single population proportion considering the following assumptions.

Assumptions

The sample size of the patients was determined with 5% absolute Precision and 95% confidence interval. Proportion of patients' perception with the nursing care ($p=45.2\%$), from the previous study done at Hiwot Fana specialized hospital was considered (21).

Based on the assumptions, the actual sample size for the study was done as follows.

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

Where n=Sample size

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

p= (Proportion of patients' perception with the nursing care 45.2%)

q= (1-p) = (1-0.452) =0.548

d= Margin of error, assumed to be 5%

None response rate=10%

Accordingly, the sample size was determined as follows using the single population proportion formula:

$$n = \frac{(1.96)^2 * 0.452(0.548)}{(0.05)^2}$$

n=380

Considering design effect 1.5 multistagings with adding 10% possible non-response rate yields total sample size of 627.

For the second specific objective, sample sizes were calculated by using EPI-info as follows;

Table 1: Calculated Sample size for Second objective to assess Patients' perception towards nursing care and its associated factors in Adult inpatient departments in comprehensive specialized hospitals of Northwest Ethiopia, 2023.

Variables	% of outcome exposed	% of outcome unexpose	Power	CI	AOR	Sample size with 10% non- responses
Unable to read and write	64	11.4	80%	95%	21.03	32+(10%) =35(6)
Able to read and write	43	11.4	80%	95%	8.9	72+(10%) =79(6)
Primary school	50.5	11.4	80%	95%	10.7	52+(10%) =57(6)
Secondary school	45.5	11.4	80%	95%	8.2	64+(10%) =70(6)
Length of hospital stay	51.2	34	80%	95%	2.4	280+(10%) =308 (6)
Family support	50.9	27.6	80%	95%	3.53	154+(10%) =169(6)
Type of admission	68.8	47.7	80%	95%	3.67	188+(10%) =207(6)

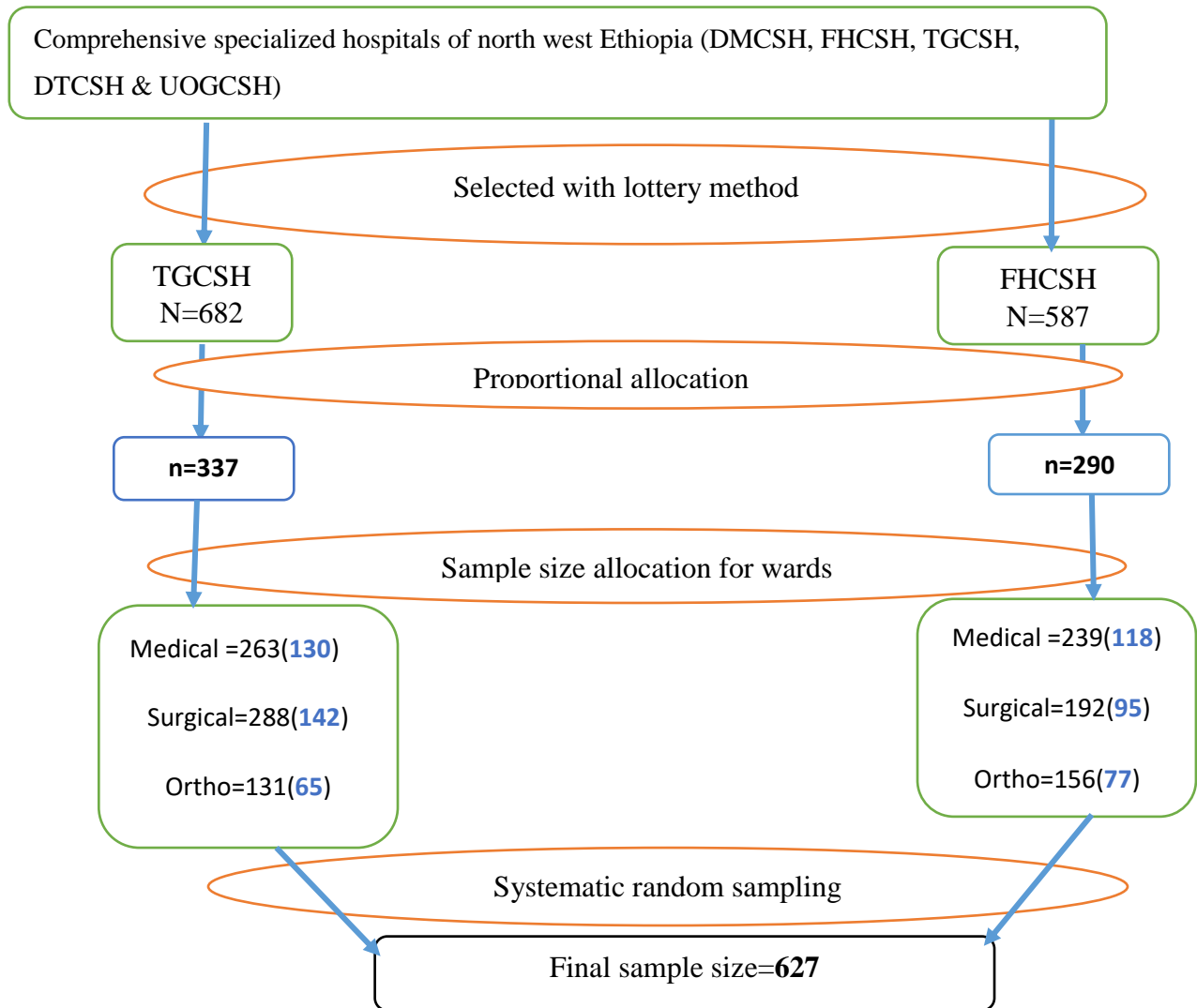
room						
Medical ward	36	54.7	80%	95%	0.416	188+10%=207(21)
Patient expectation	43	48.6	80%	95%	13.14	40+10%=44(21)
Hospital stay(8-14)	53.3	50	80%	95%	3.4	110+10%=121(21)
Diploma & above	5.1	54.1	80%	95%	0.26	94+10%=104(23)
Room of Admission	62.3	44.4	80%	95%	3.22	264+10%=291(23)

As we see from the above table, sample size for specific objective was calculated using Epi Info Version 7 double population proportion formula. Twelve factors from previous study, was taken and sample sizes were determined but the results were less than the above sample size, and the final sample size for this study was 627.

For the qualitative study, Participants were involved in the in-depth interview based on the general rule in qualitative research (saturation), continued to sample until not getting any new information or no longer gaining new insights(52).

5.5.2. Sampling technique and procedure

A sampling technique used for this specific study was multistage sampling technique. There are 5 comprehensive specialized hospitals in northwest Ethiopia, of which 30% (2 hospitals) were chosen by lottery method and selected hospitals were named as TGCSH and FHCSH. Samples were accessed for data collection after proportional allocation to each hospital. Last year's monthly IPD reports were taken and divided by 12 to determine the average monthly admissions in selected departments at both hospitals. The results were TGCSH=682 and FHCSH=587. The collective average monthly admissions for both hospitals were 1,269. The average number of monthly IPD reports from selected wards was taken as the baseline for proportional allocation, and the sample was: 337 for TGCSH and 290 for FHCSH. A systematic sampling was then applied to the target participants with a K-value ($1269/627 \approx 2$). Finally, the first patient was selected by simple random sampling followed by systematic random sampling to select other participants every second value. Lastly data was collected by face-to-face interviews from selected participants.



Key: Final sample from each ward are shown in brackets in bold numbers

Figure 2: Selection of hospitals & Proportional allocation of samples to assess patients' perception towards nursing care and its associated factors in adult inpatient departments in Comprehensive specialized hospitals of Northwest Ethiopia, 2023

For qualitative study; the principal investigator conducted in-depth interviews with purposefully selected patients until the dataset was saturated.

5.6. Study variable

5.6.1. Dependent variable

Patients' perception towards nursing care

5.6.2. Independent variables

Socio-demographic factors; age, sex, educational status, marital status, occupation, residence & monthly income

Patient related factors; previous history of admission, Duration of hospital stay, have Companion & Medical condition.

Institution/hospital related factors; type of admission room, ward service type, unit of hospital & Type of hospital admission.

5.7. Operational Definition and definition of terms

Critically ill: Patients on mechanical ventilation, those who lost their consciousness and those who were unable to respond(53).

History of previous hospitalization: patients who reported as having history of previous admission in any hospital before admitting in this ward(6).

Good perception: Having score above the median score of 26 item questions under perception (12).

Poor perception: Having score less than or equal to the median score of questions under perception(6).

Acute condition: patients who reported having admission case for fewer than 30 days (6).

Chronic condition: patients who reported having admission case for the minimum of 30 days (6).

Companion: A family member, friend, or other care giver assigned to assist the patient during hospitalization (54).

Inpatient Department: Provides services for admitted patients who were registered by liaison officers.(50).

Private room: A room for single patient for privacy and safety not to be disturbed by other patients and hospital staff (55).

Elective admission: an admission that has been planned or scheduled for a specific date(56).

5.8. Data Collection Tools and Technique

Quantitative part: from previous studies, a structured questionnaire using a Likert scale of 1–5 was used to obtain participants' perceptions status (6). Finally, one BSc nurse for supervisory purposes and four BSc nurses for data collection were recruited.

Qualitative part, the interview was conducted at a convenient time based on the participant's interest and in a quiet setting to minimize disruptions and boost attention. Each participant received a pseudonym or a number to protect their privacy. After getting the participant's permission, in-depth interviews were audio recorded. Aiming for immediate transcription, one in-depth interview was conducted each day. The interviewer gave a self-introduction and information about the purpose of the study before the interview began and proceed by gathering background information from the participants. The participants were engaged and asked questions throughout the interview, and the interviewer listened intently until they finish their questions. Probing questions were raised for participants regarding their responses. Lastly, the verbatim transcription was conducted for in-depth data and it was translated conceptually.

5.9. Data Quality Control

Quantitative part, one BSc nurse for supervisory purposes and four BSc nurses for data collection were recruited in order to ensure the quality of the data. For one day, orientation was given on the appropriate approach to collect data as well as on the objective, exclusion, and inclusion criteria of the study. The supervisor additionally performed ongoing follow-up and monitoring during the data collection period. To examine the questionnaire's consistency, it was also pretested in 5% of total sample size in adult inpatient wards at UOGCSH. Every day before data entry, the collected data was confirmed for its completeness.

Qualitative part: data collection, analysis and the interpretation of the findings was under taken by the principal investigator in order for assuring quality of data.

5.9.1. The rigor and trustworthiness

The trustworthiness and rigor of the qualitative data were maintained by considering the credibility, dependability, transferability, and conformability of the study process(57). To ensure data credibility, the principal investigator tried to interview the participants for a long period of time after prolonged engagement. Furthermore, the methods of data collection, interviewing, taking notes, coding, analyzing the data, and identifying the content were accurately stated to be judged correctly by the external audit. To ensure the conformability of the study, recorded interviews and their transcripts, together with the coding process, were made available to others who had done qualitative research, and the authenticity of the coding was confirmed by them.

To allow judgments about transferability by the reader, appropriate probes were used to obtain detailed information on responses. During each interview, the principal investigator observed the

participants' body movements; facial expressions and tone of speech, and everything was recorded.

5.10. Data Processing and Analysis

For quantitative part: The data was checked for its completeness and then it was cleaned, coded and entered into Epi data 4.6 and exported to SPSS version 25 for analysis. The multi-collinearity was checked by VIF and Model fitness was checked using the Hosmer and Lemeshow test and it was $p = 0.763$.

For both dependent and independent variables, descriptive statistical analysis, such as frequency distribution & proportion, was performed. All variables with a p-value <0.25 from the bivariable logistic regression were entered into the multivariable logistic regression model, and the variables that had been associated with the dependent variable were identified on the basis of 95% CI and p-value less than 0.05. Finally, the result was presented using text and a table.

For the qualitative part, the audio recorded data were transcribed in to written form by Amharic language and then translated to English language by English experts. Then the translated data were read and reread until the full meaning of the contents understood. Codes were given to each quote of the participants. In order to answer the study objectives and provide a report based on categorized themes, the data was analyzed thematically. Quotes were used to highlight each category and show association with each theme. Data analysis was facilitated by the ATLAS.ti 8 software, and responses were categorized under each theme, sub-theme, and category. Finally, emerging themes were used to organize and integrate the qualitative data, and the outcomes were triangulated with quantitative findings.

5.11. Ethical consideration

Ethical clearance was obtained from Bahir Dar University College of Medicine and Health Sciences' research ethical review committee. TGCSH and Amhara Public Health Institution (APHI) received the letters collected from BDU CMHS. APHI wrote a letter to FHCSH based on the letter that they had received from BDU CMHS. For each study area, a written official letter was provided to the quality and research coordinator offices & it was permitted. Additionally, all eligible participants of the study were informed about the purpose of the study. Data was gathered after obtaining verbal agreement from those interested to take part in the study. Their participation was relied on their level of interest, and a code number was used to safeguard the study participants' confidentiality.

6. RESULT

6.1. Quantitative results

6.1.1. Socio demographic characteristics of the respondents

The study included a total of 627 participants, and 602 of them completed all of the questions, resulting in a response rate of 96.01%. According to the study's findings, 325 participants or 54% were males. (table-2).

Table 2: Patients' socio-demographic Characteristics in comprehensive specialized hospitals of North West Ethiopia, 2023

Variables	Category	Frequency	Percentage (%)
Sex	Male	325	54
	Female	277	46
Age	18-30	220	36.5
	31-40	110	18.3
	41-50	113	18.8
	51 and above	159	26.4
Marital status	Single	165	27.4
	Married	335	55.6
	Separated	24	4
	Divorced	39	6.5
	Widowed	39	6.5
Educational status	Unable to read and write	200	33.2
	Able to read and write	92	15.3
	Primary school	118	19.6
	Secondary School	111	18.4
	College diploma and above	81	13.5
Occupation	Government employee	87	14.5
	Merchant	92	15.3
	Farmer	217	36
	House wife	65	10.8
	Student	64	10.6
	Private employee	52	8.6
	Others	25	4.2
Place of residence	Rural	333	55.3
	Urban	269	44.7
Monthly income	<500	11	1.8
	500-1000	14	2.3
	1001-1500	36	6
	1501-2000	150	24.9
	>2000	391	65

Others (Occupation): - Daily laborers, prisoners, religious fathers & retired

6.1.2. Patient and admission related characteristics

In terms of patient and admission-related characteristics, the majority of study participants (41%) were admitted to medical ward whereas 60.8% of participants had spent ≥ 8 days in the study hospitals. Of the participants, 406 (67.4%) had never been previously admitted and the majority of respondents (94.7%) reported having companion possession during their hospital stay (Table-3).

Table 3: Patient and admission-related characteristics of the participants in comprehensive specialized hospitals of North West Ethiopia, 2023

Variable	Category	Frequency	Percentage (%)
Ward	Medical	247	41
	Surgical	232	38.5
	Orthopedics	123	20.4
Number of days stayed in hospital	≤ 7	194	32.2
	≥ 8	408	67.8
Service type	Free	49	8.1
	CBHI	396	65.8
	Payment	157	26.1
History of previous admission	Yes	196	32.6
	No	406	67.4
Companion/Family support	Yes	570	94.7
	No	32	5.3
Medical Conditions	Acute illness	417	69.3
	Chronic illness	185	30.7
Type of hospital admission	Planned	77	12.8
	Un Planned	525	87.2

6.1.3. Patients' perception towards nursing care

According to this study, 50% (95% CI; 45.7-54.2%) of the participants had good perception of the nursing care they had received.

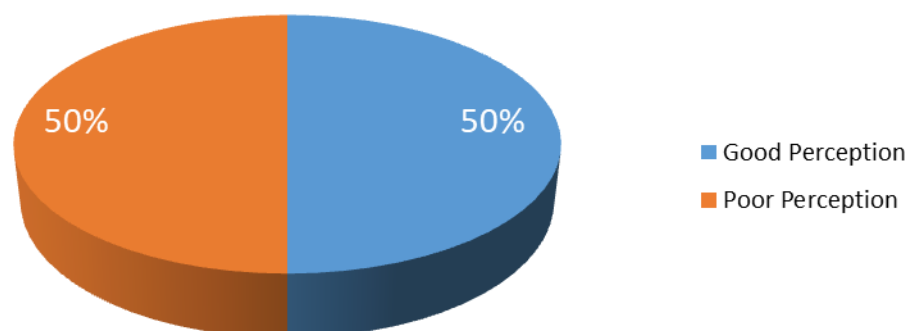


Figure 3: Over all patients' perception towards nursing care in Adult IPD in comprehensive specialized hospitals of North West Ethiopia, 2023

6.1.4 .Dimensions of patients' perception towards nursing care

Patient's perception towards nursing care was measured by six dimensions which are listed under (Table-4).

Table 4: Description of dimensions of Patient's perception towards nursing care in inpatient departments in comprehensive specialized hospitals of North West Ethiopia, 2023

S no.	Aspect	Good perception No. (%)	Poor perception No. (%)	Total %
1	Interpersonal care	291(48.3%)	311(51.7%)	100%
2	Efficiency	227(37.7%)	375(62.3%)	100%
3	Comfort	266(44.2%)	336(55.8%)	100%
4	Personalized information	244(40.5%)	358(59.5%)	100%
5	Physical environment	225(37.4%)	377(62.6%)	100%
6	Competency	285(47.3%)	317(42.7%)	100%
Overall patients' perception		301(50%)	301(50%)	100%

6.1.4. 1. Interpersonal care

A good perception of the interpersonal nursing care related dimension was held by nearly half of the respondents, 48.3% (95% CI: 44.5-52.3%). The three features of nursing care services that received good perceptions from the greatest percentage of study participants were Among them, nurses offered me the chance to share my worries and concerns 338 (56.1%), showed willingness when I requested for assistance 346 (57.5%), and promptly tended to my requests (53.2%). Contrarily, participants negatively answered the following questions: 261 (43.4%), 246 (40.9%), and 222 (36.9%), respectively, about nurses being pleasant, maintaining individual respect, and spending enough time with me.

6.1.4.2. Efficiency

On the efficiency dimension, 37.7% (95% CI: 34.1-41.7%) of participants received good nursing care, of which 371 (61.6%), 368 (61.1%), 298 (49.5%), and 249 (41.4%) of respondents felt that there were enough nurses available to take care of them, that the nurses kept good coordination with the rest of the staff, that the nurses kept records efficiently, and that the nurses provided treatment and medication promptly.

6.1.4.3. Comfort

According to the analysis of this particular study, the domain of comfort revealed that 44.2% (95% CI: 40-48%) had positive attitudes toward nursing care, with 59.8%, 42%, and 38.7% of them having positive attitudes toward the ward's peaceful surroundings, the measures taken to ensure exam privacy, and the cleanliness of the bed, respectively.

6.1.4. 4. Personalized information

About 40.5% (95% CI: 36.5-44.9%) of individuals had good perceptions of the personalized information domain. Of those participants, 210 (34.9%), 195 (32.4%), and 173 (28.7%) had positive perceptions of the nurses' ability to provide sufficient information about the patient's illness, investigations, and facilities when they first arrived at the ward, respectively.

6.1.4.5. Physical caring environment

Regarding the physical environment, 37.4% (95% CI: 33.6-41.2%) of the participants had positive perceptions, and 488 (81.1%), 477 (79.2%), 424 (70.4%), and 208 (34.6%) of those surveyed had positive perceptions of the ward's lighting, ventilation, safety and security, and information displayed at the entrance, respectively.

6.1.4.6. Competency

The percentage of participants who had a positive view on the competency dimension was about 47.3% (95% CI: 43.5-51.5%). In terms of the respondents' perceptions of nurses' competence, 256 (42.5%) and 283 (47%) respondents felt that nurses were competent and informed enough to answer their queries, respectively.

6.1.5. Factors related to patient's perception towards nursing care

About fourteen variables were inserted to a binary logistic regression model for the bi-variable logistic regression analysis. Of those variables nine variables, including the age of the patients, their marital status, their level of education, their occupation status, residence where they lived, how long they were in the hospital, the admission ward they were admitted to, the type of ward service they received, and their prior history of admission were significant at the significance level of 0.25.

The length of the hospital stay, previous history of hospitalization, and admission ward were found to be statistically significant predictors of patients' perceptions of nursing care at p-values less than 0.05 in multivariable logistic regression analysis among socio-demographic and patient/admission related factors included in this study.

This study regression analysis revealed that patients who had previously been hospitalized were 58% less likely than those who had never been admitted to perceive good nursing care (AOR=0.42, 95%CI: 0.29-0.63; P=0.000). In comparison to patients admitted to orthopedic wards, those admitted to medical wards were 57% less likely to perceive good nursing care (AOR=0.43, 95%CI:0.27-0.69; P=0.001). Regarding the number of days spent in the hospital, patients who stayed for less/equal to seven days were 1.5 times more likely to have good perceptions than those who stayed for great or equal to eight days (AOR=1.50, 95%CI:1.03-2.20;P=0.035)(Table 5).

Table 5: Factors associated with patient's perception towards nursing care in IPD in comprehensive specialized hospitals of Northwest Ethiopia, 2023

Variable	Category	Patients' perception		COR (95%CI)	AOR(95%CI)
		Good No. (%)	Poor No. (%)		
Age of patients	18-30	119(39.5)	101(33.6)	2.11(1.39-3.21)	1.364(0.72-2.59)
	31-40	63(20.9)	47(15.6)	2.40(1.49-3.95)	1.52(0.85-2.74)
	41-50	62(20.6)	51(16.9)	2.18(1.33-3.56)	1.59(.90-2.79)
	>50	57(18.9)	102(33.9)	1	1
Marital status	Single	88(29.2)	77(25.6)	1	1
	Married	162(53.8)	173(57.5)	0.82(0.56-1.19)	1.11(0.67-1.86)
	Separated	15(5)	9(3)	1.46(0.60-3.52)	1.47(0.52-4.13)
	Divorced	26(8.6)	13(4.3)	1.75(0.84-3.64)	2.31(0.98-5.42)
	Widowed	10(3.3)	29(9.6)	0.30(0.14-0.66)	0.96(0.35-2.63)
Educational status	Unable to read and write	85(28.2)	115(38.2)	0.54(0.32-0.90)	0.55(0.24-1.24)
	Able to read and write	38(12.6)	54(17.9)	0.51(0.28-0.93)	0.55(0.24-1.28)
	Primary school(1-8)	72(23.9)	46(15.3)	1.13(0.64-2.01)	1.22(0.58-2.58)
	Secondary school(9-12)	59(19.6)	52(17.3)	0.82(0.46-1.46)	1.08(0.52-2.23)
	College diploma and above	47(15.6)	34(11.3)	1	1
	Occupation	Government employee	51(16.9)	36(12)	3.01(1.17-7.73)
Merchant		46(15.3)	46(15.3)	2.13(0.84-5.41)	1.39(0.48-4.03)
Farmer		111(36.9)	106(35.2)	2.23(0.92-5.37)	2.65(0.93-7.61)
House wife		29(9.6)	36(12)	1.71(0.65-4.53)	1.16(0.38-3.51)
Student		32(10.6)	32(10.6)	2.13(0.80-5.62)	1.18(0.38-3.66)
Private employee		24(8)	28(9.3)	1.82(0.67-4.96)	1.09(0.35-3.39)
Others		8(2.7)	17(5.6)	1	1
Admission Ward	Medical	92(30.6)	155(51.5)	0.41(0.26-0.63)	0.43(0.27-0.69)**
	Surgical	136(45.2)	96(31.9)	0.97(0.62-1.51)	1.13(0.70-1.83)
	Orthopedic	73(24.3)	50(16.6)	1	1
Length of hospital stay	>=7	108(35.9)	86(28.6)	1.40(0.99-1.97)	1.50(1.03-2.20)*
	>=8	193(64.1)	215(71.4)	1	1
service type	Free	26(8.6)	23(7.6)	0.96(0.50-1.82)	1.11(0.48-2.56)
	CBHI	190(63.1)	206(68.4)	0.78(0.54-1.13)	1.01(0.64-1.61)
	Payment	85(28.2)	72(23.9)	1	1

Previous history of admission Residence	Yes	69(22.9)	127(42.2)	0.41(0.29-0.58)	0.42(0.29-0.63)**
	No	232(77.1)	174(57.8)	1	1
	Rural	156(51.8)	177(58.8)	0.75(0.55-1.04)	0.65(0.39-1.07)
	Urban	145(48.2)	124(41.2)	1	1

“*”- indicates statically significant (p <0.05) whereas “**” - indicates statically highly significant (p <0.01), AOR =adjusted odd ratio, COR=crude odd ratio, CI=confidence interval & Reference=1

6.2. Qualitative analysis

6.2.1. Participants characteristics

For the qualitative study, a total of 11 patients were enrolled. With an interquartile range of (27-42 years), the patients' median age was 36 years. Of those participants six of them were males and seven participants were married (Table-6).

Table 6: The socio-demographic characteristics participants of an in depth interview

Participan ts code	Sex	Age/ Year s	Marital status	Educational status	Occupation	Residence
P-1	Male	36	Single	Secondary school	Government Employee	Urban
P-2	Female	38	Married	Primary school	House wife	Urban
P-3	Male	48	Married	Degree	Government Employee	Urban
P-4	Female	23	Single	Diploma	Private employee	Urban
P-5	Male	29	Single	Diploma	Government Employee	Urban
P-6	Female	27	Single	Degree	Government employee	Urban
P-7	Male	52	Married	Able to read & write	Farmer	Rural
P-8	Female	40	Married	Primary school	Farmer	Rural
P-9	Female	20	Single	Secondary school	Student	Rural
P-10	Male	33	Married	Primary school	Merchant	Urban
P-11	Male	42	Married	Degree	Government employee	Urban

“P” indicates participant.

6.2.2. Themes

Immediately following each interview for the current study, we took a verbatim transcription, read it aloud multiple times to familiarize ourselves with the important points, and then conceptually translated it. Finally, we coded the condensed meaning units, compared the codes, and divided the codes into themes and sub-themes based on their similarities and differences. In-depth interview data were analyzed and coded, and the results were used to classify the patients' perceptions of the nursing care they received into four main themes and sub-themes under each main theme, as shown in table 7 compared the codes' similarities and differences to identify themes and sub-themes from in-depth interview data. The themes and sub-themes were then identified.

Table 7: Identified themes with their own sub themes.

Themes	Sub themes
Perceived quality of nursing care	Provision of Patient centered care Provision of information Timely provision of care Fairness of care
Perceived Characteristics of nurses	Effectiveness of clinical skills Nurses attitudes towards patients'
Perceived nurses' way of communication	Nurse to staff communication Nurse to patient communication
Participant's suggestions	Suggestions to hospitals Suggestions to nurses

Theme-1: Perceived quality of nursing care

Participants in our in-depth interview expressed a variety of views on nursing care received, which were condensed and presented in this section by four subthemes.

Sub theme 1: Provision of Patient centered care

According to the responses from the in-depth interviews, the patients have various opinions about the nursing care they got while hospitalized.

The majority of participants had negative perceptions of patient-centered care; they believed they were not being heard, that nurses did not take into account their thoughts, and that nurses ignored them when providing care.

It was described by 52 years-old- male participant as “...*Due to this illness (current illness), I have been admitted to the hospital three times. However, some nurses in this hospital don't seem to share my concerns. For example, most of the time nurse X followed me, but when I asked her to contact a doctor to transfer me to another nearby hospital, her response was, "You have to finish your course of treatment."* [P-7]

On the other hand, some of the participants stated a positive patient-centered approach to care they have gained. The participants talked about instances in which they felt that nurses appreciated them and were prepared to modify their care to put them more at ease.

A 38-years-old female participant had said “...*The nurses informed the doctors, and they changed my medication as soon as I told nurses, as the medication I had been taking wasn't comfortable.*”[P-2]

Subtheme-2: Provision of information

The majority of patients thought that they were not being told about the current status of their illness, the rationale behind drug modifications, or the specific body areas that were affected. Patients have also complained that they did not receive enough instructions regarding what to do while being admitted or after leaving the facility.

In addition to that a 40 years old female participant described it as; “...*They (nurses) do not give us information as why they are changing medications even when they are going to replace or add other medications.*” [P-8]

In contrast, some patients perceived that the nurse was helpful in providing instructions regarding their care. They reported that the nurse provided information about a drug that can cause drowsiness and recommended rest while avoiding activities that could potentially cause harm.

A 38 years female participant stated as “...*There was a medication that has drowsiness effect, due to this reason nurse advised me to have rest and to avoid potentially harmful activities while taking it.*” [P-2]

Subtheme-3: Timely provision of care

The in-depth interview of the participant revealed that patients had varying levels of perceptions with the timeliness of care provided by nurses. Patients who stayed hospitalized for a long time

had been forgotten by nurses unless recalled by their nurses. Similarly, some participants noted that care provided during the day is preferable than care provided at night due to potential attention lapses during the night. There have been also instances where some patients have not received timely nursing care and have complained that the nurses have not given priority to their urgent need for care.

The 36 years male participant responded as “...*I remember that a nurse instructed my little brother to bring a condom catheter, and he promptly fulfilled the order. Even though I was soaked with urine they took beyond an hour to come.*” [P-1]

In addition to this it was also evidenced by 40 years female participant as “...*They (nurses) take care of us closely for a few days after surgery; however, after a period of time, it is an attendant who tells them when patients feel pain.*”[P-8]

Subtheme-4: Fairness of care

The provision of care without discrimination was another idea raised by those participants as to what constitutes high-quality nursing care. Almost all respondents in this participants said that the care was given in an unfair or imbalanced manner; participants thought that nurses gave patients with whom they already had a relationship or whom they saw as close to them preferential care. Participants also felt that they were receiving care in an unfair manner based on their educational background, where they lived, and whether or not they had been there for a long time.

The 33 years male participant had expressed this as “...*When some nurses meet someone whom they know before or who has a close relationship with them, they ask about him or her, see him or her in groups, and talk a lot with him or her. On the other hand, they didn't do all these activities for others or for me.*” [P-10]

Theme-2: Perceived characteristics of nurses

In this theme participants' had raised different issues on perceptions of good qualities that nurses must possess in order to provide quality nursing care. Two sub themes were emerged in this section.

Subtheme1: Effectiveness of clinical skills

Based on the in-depth interview findings, the overall perception of the effectiveness of clinical skills by patients about nurses appeared to be somewhat varied. While some participants have praised the competency of the nurse who was able to secure the IV cannula after several attempts, others have reported negative experiences with the same procedure and other clinical skills such as wound care and catheterization. The participants have experienced unfavorable perceptions regarding the competency of nurses while inserting IV cannula and catheter, which have resulted in pain and discomfort. Furthermore, some patients felt that their wounds could have healed faster with better cleaning and care. To conclude; the participants had perceived the nurses' clinical performances as undesirable.

It was explained by 33 years male participant “...As an illustration, Nurse X repeatedly tried but failed to secure the intravenous line; nevertheless, another nurse quickly arrived and did it. Additionally, while catheterizing, he also made me feel pain.” [P-10]

Subtheme-2: Nurses attitudes towards patients'

Majority of participants in the in-depth interview findings revealed that the nurses have a positive impact on the patients' overall perception of the nursing care. The patients appreciated the nurses' ability to feel their pain while administering medications and their consideration for privacy by making attendants to stay outside during medical evaluations. Additionally, the fact that the nurses not only treated the patients with medications but also provided psychological therapy made them satisfied and increased their perception to the nursing profession as well. Furthermore, patients value the nurses' dedication to preserving privacy even in cases where there were no curtains between patients. This led to an increase in trust toward nurses as they seemed committed to ensuring that patients feel comfortable and safe.

The 20 years female participant stated it as “...while injecting medications they feel patients pain too and they make others to stay outside while we are going to have medical evaluation which made me even to have a good perception towards nursing profession...They treated me not only by medications rather they also provided psychological therapy which made me to be satisfied.”[P-9]

It was also verified by the quote of 38 years female participant as “...*Even though there is no bedside screen, they keep patients’ privacy by making patients attendants to stay outside of the ward when they are going to assess us.*”[P-2]

However, some patients reported that nurses tend to talk among themselves without updating patients or any attendants about their current status. This may lead to confusion and distress for patients or caregivers who may be listening on the conversation.

The 40-years old female participant explained it as follows “... *They (nurses) don't communicate our present state for ourselves or attendants; instead, they only talk to their colleagues*” [P-8]

Unlike perceived positive attitudes of nurses listed above some patients had noticed as nurses had also negative caring behavior as evidenced by 48 years male participant “...*They (nurses) lack concern about maintaining patients' privacy because when I was prepared for an operation they send me with naked body to operation room where, a lot of students were there.*” [P-3]

Theme-3: Nurses’ way of communication

Establishment of an effective communication was another characteristic of nursing care as perceived by our participants. From the point view of the study participants, poor communication gives patients a sense of being ignored and neglected. They believed that communicating patients with respect from the very beginning of hospitalization gives patients great confidence and comfort and they thought as they will be healed by good inter-professional communication as well.

Subtheme-1: Nurse to staff communication

Our participants had also clarified issues that constitute provision of quality nursing care. Effective communication and cooperation with colleagues during work shifts impact positively on the provision of optimal nursing care; hence, almost all patients realized that nurses’ provision of general information to doctors during round time and to their colleagues at duty shift time enhances patients’ health.

42 years male participant had described it as “*nurses provide the service in collaboration with their staffs, for instance, doctors prescribe our medications and promptly nurses deliver it to us.*”[P-11]

Similarly, it was also explained by a 48years-old male participant. *“...It is their inter-professional communication which would make us to be treated well, and they would have knowledge about the medication that we take, we will be saved and they provide good service to us. ...If there is no communication among nurses how will patients be cured?”* [P-3]

Subtheme-2: Nurse to patient communication

The study participant considered that there was a communication gap between the nurses and patients. The participant agreed, as it is their culture to greet people, but some nurses don't do it. This implies that some nurses were not showing basic communication gestures, which can make patients feel uncomfortable. On the other hand, the participant told that patients are always in tension when they are going to ask for help due to the fear of an unpleasant response from the nurses.

This is evidenced by a 29 years male participant *“...If I see him once upon a time, I will greet him because it is our culture too, but here I can't say all the nurses greet us by calling our names rather than few nurses.”*[P-5]

Additionally, it was also stated by the quote of 52 years male participant *“...However, we as a patient have needs, always we are in tension to ask for help even while seeking nursing care because we fear nurse's response not to be unpleasant.”* [P-7]

Theme-4: Perceived Suggestions of Participants

Those participants had suggestions for institution, heads of nurses and to nurses in order to enhance the provision of quality nursing care.

Subtheme-1: Suggestions to hospitals

The study participants believed that internal transfers of service provider nurses and head nurses should be implemented within wards to prevent boredom from setting in due to the care specified to that ward and also participants emphasized the need for proper nurse recruitment to ensure the provision of sufficient nursing care to patients.

A 48 years male patient had said as *“There should be an internal transfer of the service provider nurses and head nurses because staying for a long period of time in one particular ward may make them to be bored of care specified to that ward.”* [P-3]

Subtheme-2: suggestions to Nurses

The feedback from most participants emphasizes the need for care providers to prioritize patient privacy and consider individual patient needs when providing care. This includes ensuring that patient information is kept confidential and not shared without consent, and that care plans are tailored to the unique needs of each patient. Additionally, accurate and timely information should be provided to patients and their families in order to reduce confusion and anxiety during the care experience.

A 38 years old female participant had described it as “...*Although one nurse provided me with accurate information about my current status and mentioned as I would be admitted to the surgical ward for surgery and another nurse later informed me that this was not possible. This was provoking for me, so they have to avoid providing ambiguous information.*” [P-2]

Similarly, 27 years old female participant has explained as “...*it is better not to expect always doctors’ orders and they have to tell me information regarding my current status and it is also better to inspect our medications from cabinets before prescribing it.*”[P-6]

7. DISCUSSION

This study was conducted to assess and explore the perceptions of patients towards nursing care and its associated factors in adult inpatient department in comprehensive specialized hospitals of Northwest Ethiopia to minimize the gaps that reduces or influences the effectiveness of nursing care.

According to the study, 50% (95% CI; 45.7-54.2%) of participants had good perception of the nursing care they received. The results were higher than those of studies conducted in Nigeria (18.5%) and Eastern Ethiopia (45.2%) (21, 22). These discrepancies might be due to socio-demographic status, Sampling technique, sample size, study period and tool used, in which this study used six dimensions of patient's perception towards nursing care whereas in Nigeria they had used modified consumer quality index for accident and emergency questionnaires.

Our study finding was in line with research conducted in, Western Ethiopia, and Northern Ethiopia and Iran with their perception results 49.3%, 50.3%, and 51.6% respectively (6, 23, 37). But, this study showed a lower magnitude of good patient's perception towards nursing care as compared to the study done in Spain, Indonesia, Nepal, Pakistan and Sri Lanka with their particular percentages as; 94%, 82.19%, 63.6%, 57% and 70% respectively(34-36, 38, 39) . This lower result of a particular study might be emanated from the instrument used to measure perception, socio-demographic characteristic of study participants, sample size difference and study subjects.

In this study three variables were associated with patient's perception towards nursing care. Of those variables previous history of hospitalization was significantly associated with patients' perception towards nursing care. Here, it was found that patients who had previously been hospitalized were 58% less likely than patients who had no prior hospitalizations to perceive good nursing care. This result was consistent with research done in selected public hospitals of Eastern Ethiopia(45). However, research from northern Ethiopia, Iran, and Chile revealed that patients who had previously been admitted had good perceptions towards nursing care (23, 37, 43). The reason behind this could be that patients' expectations can vary according to previous experience in similar situations and as the number of admissions increase, patients can compare their care with that received previously. Additionally, patients who have been admitted to the

hospital and have frequently received nursing care can see the nurses' compassionate behavior, which may be related to the frequent costs related to hospitalization (45). The findings obtained from participant quotes in an in-depth interview supported this quantitative result.

This was stated by 48 years male participant as follows “...*I've been admitted to the hospital in the past, and the nurses were cleaning my wound while using a bedside screen and allowing the visitors to leave the room. For current admission, while providing care, they make attendants stay outside, but there are a little bit gaps in the utilization of curtains to keep patients from seeing our bodies.*” [P-3]

And it was also supported by quote of 23 years old female participant “...*When I was admitted to the hospital that referred me, the nursing staff briefed us about the disease, what we have to do, and our dietary preferences. But, since this admission, I haven't seen them doing it in my ward.*” [P-4]

In this study, there was a significant association between patients' perceptions of nursing care and the wards they were admitted to. Compared to patients admitted to orthopedic wards, patients in medical wards were 57% less likely to believe they were receiving good nursing care. This result was consistent with the research conducted in eastern Ethiopia (21). This could be because most of the time medical ward patients have more serious illnesses, poorer prognoses, and are subjected to stressful and uncomfortable conditions; as a result, these things may have influenced their perception level and made it low.

Patients' perceptions of nursing care in the current study were linked to the number of days they stayed in the hospital. It demonstrated that patients who stayed less than or equal to seven days had a 1.5 times higher likelihood of having a positive perception than those who were admitted for at least eight days. Evidence for this finding was provided by a study conducted in Western and Eastern Ethiopia (6, 21). It might be because patients who stay in hospitals for longer periods of time have opportunities to observe nurses' caring behaviors, which raises expectations for nursing care, or it might be because patients who stay in hospitals for longer periods of time may have more hospital acquired infections that weaken patients and cause their expectations to rise. This finding was supported by qualitative result of participants quote stated by p-1 & P-8 as;

These was briefed by the response of 36years old male participant as “*I have been admitted for a long period of time in this hospital, and it made them bored of me, that is why my questions were unconcerned. For example, I told them not to extend plaster while dressing my wounded part, but the response was not as favorable.*” [P-1]

This finding was also supported by the quotes of 40years female participant “*...They take care of us closely for a few days after surgery; however, after a period of time, it is an attendant who recalls them when patients feel pain.*” [P-8]

8. LIMITATION AND STRENGTH OF THE STUDY

8.1. Strength

The study employed a mixed method and it was also conducted on a large sample size.

8.2. Limitations of the study

An interview was conducted with patients at their bedside, which may hinder them from completing the questions freely without hesitancy, and may lead to social desirability bias. Similarly, all hospitals were not included in the study. Additionally median was used to measure the overall perception of patients towards nursing care.

9. CONCLUSION AND RECOMMENDATIONS

9.1. CONCLUSION

According to the study's findings, just half of the participants had a poor perception of nursing care. Additionally, there are different factors associated with patients' perceptions of nursing care; admission wards, their prior hospitalization history, and the length of time they had been in admission were significantly associated with patient's perceptions. It indicates that further strategies have to be introduced to enhance patients' perceptions of nursing care.

9.2. Recommendations

Based on the findings of the study the investigator recommended the following concerned bodies.

1. For Hospitals

To improve patients' perceptions of nursing care, hospitals should use techniques to monitor nurses' delivery of patient-centered care and the cleanliness of the ward, particularly the neatness of the beds to decrease patient's hospital stay by reducing nosocomial infections. Hospitals are also better to have bedside screens to protect patient's privacy. Additionally, hospitals should pay more attention to nurse capacity building.

2. For Nurses

Nurses should equip themselves with relevant and updated information regarding patient care, including their treatment and current health situation. To reduce length of stay, they should also emphasize patient-centered care. In the same way, they ought to think about providing all patients with equitable care and maintaining patient privacy throughout operations, regardless of the patients' status.

3. For Researchers

The future researcher should carry out observational study on medical wards to identify predictors of patient perception towards nursing care. Additionally, nurses' attitude and associated factors towards nursing care is better to be investigated

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Bahir Dar University

College of medicine and health science

School of health sciences

Department of Adult health nursing

ANNEXES

Annex I: Participant Consent Information Sheet

Greetings

My name is _____. I am working as a data collector for the study being conducted by **Aragaw Yegziabherfenta** who is staff member of Agew gimjabet primary hospital and now he is student at Bahir Dar University, college of medicine and health science. Since you have been chosen to participate in the study, I respectfully ask you to pay attention while I'm explaining the purpose of the project.

The study title; Patients' perception towards nursing care and its associated factors in adult IPD in Comprehensive specialized hospitals of North West Ethiopia; 2023.

The study's results will be utilized to create the best nursing care policy, which will then be put into practice in the designated areas. Furthermore, this interview will be finished in 20 minutes. Participation in the data collection has no risk, and the respondent's privacy will be protected because a name is not requested on the form. The study's conclusions will apply generally to inpatient care and won't have any impact on you specifically. The decision to engage in this study is entirely up to you. If you choose to participate, you can withdraw from it at any time without incurring any penalties or losing any rewards to which you would otherwise be entitled.

Contact detail of the investigator

The study's primary investigator, Mr. Aragaw Yegziabherfenta, can be reached at yoniaragaw21@g mail.com or by phone at 0910288534 if you'd like additional information.

Do you have any inquiries you would want to ask me regarding the study? Yes----- No-----

Proceed-----

Consent form

I've read and/or heard the participant information document. I fully understand the objectives of the study, the risks and advantages, the concerns regarding confidentiality, the rights associated with participation, and the contact information for any questions. I have been given the chance to inquire about any points that might not have been apparent. I was made aware of my right to leave the study whenever I want. I hereby declare that I have provided my informed consent to participate in this study and have signed below to prove it.

Signature of participant: ----- Data collector: -----

General Information

1. Respondent's code number: -----

2. Date of interview-----time interview started-----ended at-----

Annex II: English version Questionnaire

Questionnaire ID number----- Hospital Name-----

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

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

No	Question	Response
101	Sex	1. Male 2. Female
102	Age in year	-----
103	Marital status	1. Married 2. Single 3. Separated 4. Divorced 5. Widowed
104	Educational status	1. unable to read and write 2. Able to read and write 3. Primary school 4. Secondary School 5. College diploma and above
105	Occupation	1. Government employee 2. Merchant 3. Farmer 4. House wife 5. Student 6. Private employee 7. Others(specify)----
106	Place of residence	1. Rural 2. Urban
107	Monthly income (In ETB)	-----

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

No	Question	Response
201	Admission ward	-----
202	Number of days (nights) stayed in hospital	-----
203	Ward Service Type	1. Free 2. Community based health insurance 3. Payment
204	Do you have history of previous admission/hospitalization?	1. Yes 2. No
205	Do you have Companion?	1. Yes

		2. No
206	Type of room of admission	1. Common room 2. private room
207	Medical Conditions	1. Acute illness/condition 2. Chronic illness/conditions
208	Type of hospital admission	1.Planned 2.unplanned

Section III: Patient's perception on nursing care quality

Select only one number that best describe their opinion on each item of the scale (1 = Strongly disagree, 2 = disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly agree)					
S.no	Questions				
I	Interpersonal care				
301	Nurses welcomed me on my admission to this ward.	1	2	3	4 5
302	They did most of the things by asking me	1	2	3	4 5
303	Nurses maintain the individual respect	1	2	3	4 5
304	Nurses are polite	1	2	3	4 5
305	Nurses show willingness when asked for help	1	2	3	4 5
306	Nurses gave me opportunity to express my worries and concern	1	2	3	4 5
307	Nurses immediately took care of my requests	1	2	3	4 5
308	Nurses involve the patients and their family in patient care	1	2	3	4 5
309	Nurses friendly communicate with the patient	1	2	3	4 5
310	Nurses spent adequate time with me	1	2	3	4 5
II	Efficiency				
311	The nurses gave me treatment/medication without any delay	1	2	3	4 5
312	The nurses maintained records efficiently	1	2	3	4 5
313	Enough No. of nurses are available for my care	1	2	3	4 5

314	The nurses maintain good coordination with other staff	1	2	3	4	5
III	Comfort					
315	Efforts taken for ensuring privacy during examination	1	2	3	4	5
316	My ward is peaceful	1	2	3	4	5
317	The bed is clean	1	2	3	4	5
IV	Personalized information					
318	Nurses provide enough information on facilities available when first came to the ward	1	2	3	4	5
319	Nurses provide enough information regarding the illness	1	2	3	4	5
320	Nurses provide enough information on investigations	1	2	3	4	5
V	Physical environment					
321	The ward is well ventilated	1	2	3	4	5
322	Lighting condition of the ward is adequate	1	2	3	4	5
323	I have felt safety and security in the ward in every way	1	2	3	4	5
324	Adequate information displayed at the entrance	1	2	3	4	5
VI	Competency					
325	Nurses are competent	1	2	3	4	5
326	Nurses are knowledgeable enough to answer my questions	1	2	3	4	5

Section IV: For qualitative data collection: This is used to gather qualitative data for in-depth interviews.

Instruction: This guide will be used to evaluate how patients see nursing care, the factors that affect how well it is provided, and the corrective actions that have been made.

Greetings: Thank you for taking time to meet with me today.

My name is Aragaw Yegziabherfenta from Bahir Dar University and I want to ask you about how people view nursing care. The quality of inpatient care is specifically one of those factors that impact a patient's prognosis. In order to preserve lessons that can be planned for in the future to improve the quality of the service, this is very important. All responses will be kept in confidence. Keep in mind that you are not required to speak about anything you don't want to, and you are free to end the interview at any point.

Do you have any questions about what I have explained?

Do you want to take part in this interview voluntarily?

Annex III: Qualitative: Guide questions

Sex-----; Age-----; marital status -----; Educational status-----; Occupation-----
-----;place of residence-----

1. Throughout your stay on this ward, how did nurses care for you?

Probe: care given in terms of compassionate and respectful?

How do you explain the interaction between nurses and clients during nursing care?

2. How do you describe nurses' efforts regarding provision of information & comfort to their clients?

Probe: About existing problem, medication safety & medical care procedure?

Regarding maintaining privacy of patients during medical procedure?

3. What do you perceive about the competency of nurses while caring for you?

Probe: Abilities and skills of nurses while doing medical care procedures?

4. How do you describe the caring environment of inpatient ward?

Do you have any more idea?

**ባህርደር ዩኒቨርሲቲ
ህክምናና ጤና ሳይንስ ኮሌጅ**

**የጤና ትምህርት ቤት
የአዋቂዎች ጤና ነርሲንግ ትምህርት ክፍል**

በአማርኛ የቀረበ የተሳታፊዎች መረጃ ቅጽ

አማርኛ መጠይቅ

የተኝቶ ህክምና አገ/ት ባገኙ ህሙማን የሚሞላ መጠይቅ

አባሪ አንድ

ሰላምታ:

ስሜ _____ ይባላል። የአገ/ግ/ የመጀ/ደረጃ ሆስፒታል ባልደረባ በሆኑት በአቶ አራጋው የእግዚአብሔርፈንታ እየተካሄደ ላለው ጥናት መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። አሁን ላይ በባህርደር ዩኒቨርሲቲ በ2ኛ ዲግሪ የአዋቂዎች ጤና ነርሲንግ ተማሪ ነው። እርስዎ የጥናቱ ተሳታፊ ሆነው ስለ ተመረጡ የፕሮጀክቱን (የጥናቱን) አላማ ለእርስዎ ለማስረዳት ትኩረትዎን እንዲሰጡኝ በአክብሮት እጠይቃለሁ። የጥናት ርዕስ; በሰሜንምዕራብ ኢትዮጵያ ሪፈራል ሆስፒታሎች ተኝተው የሚታከሙ ታካሚዎች ለሚሰጣቸው ነርሲንግ እንክብካቤ ያላቸው አመለካከት እና ተጓዳኝ ምክንያቶች በሚል ርዕስ የሚካሄድ ነው።

የጥናቱ ግኝቶችን በመጠቀም ከነርሲንግ እንክብካቤ አገልግሎት ጥራት ጋር የተገናኙ ፖሊሲ ለመንደፍ እና በታለሙ ሆስፒታሎች ላይ ተግባራዊ ለማድረግ ይጠቅማል። በመሆኑም ይህ ቃለ መጠይቅ በ20 ደቂቃ ውስጥ ይጠናቀቃል። በመረጃ አሰባሰብ ውስጥ ለመሳተፍ ምንም አይነት ስጋት የለም። ለዚህም ማረጋገጫ በዚህ ፎርም ስም አይሞላም።

የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። ነገር ግን በጥናቱ ለመሳተፍም ሆነ ለመሳተፍ ሙሉ መብት አልዎት። ለመሳተፍ ከወሰኑ በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አለዎት።

የጥናቱ ባለቤት አድራሻ

ስለ ጥናቱ የበለጠ ለማወቅ ከፈለጉ የጥናቱ ባለቤት የሆኑትን አቶ አራጋው የእግዚአብሔርፈንታን በእጅ ስልካቸው +251910288534 እንዲሁም በኢሜል አድራሻ: yoniaragaw21@gmail.com ማግኘት ይችላሉ።
ስለ ጥናቱ ሊጠይቁን የሚፈልጉት ጥያቄ አለዎት? አዎ----- የለም----- እንቀጥል----

የፍቃድ ቅፅ

የተሳታፊውን መረጃ በተመለከተ አንብቤዋለሁ/ተነበልኛል። የጥናቱ አላማ፣ ስጋቶች እና ጥቅሞች፣ ሚስጥራዊ ጉዳዮች፣ የመሳተፍ መብቶች እና ለማንኛውም መጠይቆች አድራሻዎች በግልፅ ተረድቻለሁ። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄዎችን እንድጠይቅ እድል ተሰጥቶኛል። በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት እንዳለኝ ተነገሮኛል። ስለዚህ ከዚህ በታች በተገለፀው መሰረት ፊርማዬን በማስቀመጥ በዚህ ጥናት ለመሳተፍ

በፈቃደኝነት መስማማቴን አረጋግጣለሁ።

የተሳታፊ ፊርማ: ----- መረጃ ሰብሳቢ:-----

አጠቃላይ መረጃ

1. የተሳታፊ መለያ ቁጥር:-----

2. ስለ ትክክለኛነቱ ያረጋገጠው ተቆጣጣሪ:

ስም-----ፊርማ:-----ቀን:-----

ክፍል አንድ: - የህመሙን አጠቃላይ ማሕበራዊ ሁኔታ

ተ.ቁ	ጥያቄ	ምላሽ
101	ፆታ	1. ወንድ 2. ሴት
102	እድሜ	-----
103	የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. ተራርቆ የሚኖር/ተራርቃ የምትኖር 3. የተፋታ/ች 4. የሞተችበት/ባት
104	የትምህርት ሁኔታ	1. ማንበብና መጻፍ የማይችል 2. ማንበብና መጻፍ የሚችል

		3. የመጀመሪያ ደረጃ(1-8) 4. ሁለተኛ ደረጃ ትምህርት(9-12) 5. የኮሌጅ ዲፕሎማና ከዚያ በላይ የተማሩ
105	የሥራ ሁኔታ	1. የመንግስት ሰራተኛ 2. ነጋዴ 3. አርሶ አደር 4. የቤት እመቤት 5. ተማሪ 6. የግል ተቀጣሪ 6. ሌላ (ይጥቀሱ)-----
106	የመኖሪያ ቦታ	1. ገጠር 2. ከተማ
107	ወርሃዊ ገቢ(በብር)	-----

ክፍሌ ሁለት: ህመማንን በተመለከተ

ተ.ቁ	ጥያቄ	ምላሽ
201	ተኝተው የሚታከሙበት ክፍል	-----
202	በዚህ መኝታ ክፍል ውስጥ ምን ያህል ጊዜ ቆይተዋል(በቀን)	-----
203	የአገልግልት ዓይነት	1. ነፃ 2. በጤና መድህን 3. ክፍያ
204	ከዚህ በፊት ሆስፒታል ውስጥ ተኝተው ታክመውያ ያውቃሉ	1. አዎ 2. የለም
205	አስ ታማሚ አለዎት	1. አዎ 2. የለም
206	የመኝታ ክፍል አይነት	1. የጋራ ክፍል 2. የግል ክፍል
207	የ ህመምዎ ሁኔታ	1. በቅርብ ጊዜ የ

		ጀመረ 2. የቆየ (ነባር) ህመም
208	የተኝቶ ህክምናው ዓይነት	1. በቀጠሮ 2. ያለቀጠሮ

ክፍል ሦስት፡ በዚህ መጻታ ክፍል ውስጥ እያሉ ከነርሶች ስለሚያገኙት እንክብካቤ የተሰማዎትን ስሜት በተመለከተ

የእርስዎን ሀሳብ በደንብ ይገለፅልኛል ብለው የሚያስቡትን አንድ ብቻ ይምረጡ (1 = ሙሉ በሙሉ አልሰማማም, 2 = አልሰማማም, 3 = እርግጠኛ አይደለሁም, 4 = እሰማማለሁ, እና 5 = ሙሉ በሙሉ እሰማማለሁ)

ተ.ቁ	ጥያቄ					
U	የግለሰቦች እንክብካቤ					
301	ነርሶች ወደ መጻታ ክፍል ስገባ መልካም አቀባበል አድርገውልኛል	1	2	3	4	5
302	ነርሶች ማንኛውንም ነገር ከማድረጋቸው በፊት ፈቃደኝነቴን ይጠይቃሉ	1	2	3	4	5
303	ነርሶች የእያንዳንዱን ሰው ክብር ይጠብቃሉ	1	2	3	4	5
304	ነርሶች ትሁት ናቸው	1	2	3	4	5
305	ነርሶች ለእርዳታ ሲጠየቁ ፈቃደኛ ናቸው	1	2	3	4	5

306	ነርሶች ሀሳቤንና ፍላጎቴን እንድንገልጽ እድል ይሰጡኛል	1	2	3	4	5
307	ነርሶች ለጥያቄ ፈጣን ምላሽ ይሰጣሉ	1	2	3	4	5
308	ነርሶች በሚያደርጉልኝ እንክብካቤ እኔንና ቤተሰቦቼን ያሳትፋሉ	1	2	3	4	5
309	ነርሶች ከእርሶዎ ጋር መልካም ግንኙነት አላቸው	1	2	3	4	5
310	ነርሶች ከእኔ ጋር በቂ ጊዜ ያሳልፋሉ	1	2	3	4	5
ለ	ቅልጥፍና					
311	ነርሶች ህክምና /መድሀኒቴን በስዓቱ ይሰጡኛል	1	2	3	4	5
312	ነርሶች የህክምና ሁኔታዎን በአግባቡ መዝግበው ያስቀምጣሉ	1	2	3	4	5
313	በመኝታ ክፍል ውስጥ አገልግሎት የሚሰጡ በቂ ነርሶች አሉ	1	2	3	4	5
314	ነርሶች ከሌሎች የስራ ባሌደረቦች ጋር የተቀናጀ ጥሩ ግንኙነት አላቸው	1	2	3	4	5
ሐ	ምቹት					
315	ነርሶች በምርመራ ወቅት ሰውነቴ ለሌላ ሰው እንዳይታይ ያደርጋሉ	1	2	3	4	5
316	የመኝታ ክፍሌ ጸጥታው የተጠበቀ ነው	1	2	3	4	5
317	አልጋዩ ንጽህናዉ የተጠበቀ ነዉ	1	2	3	4	5
መ	ግላዊ መረጃ					
318	ነርሶች በመኝታ ክፍሉ ውስጥ ስላሉ አገልግልቶች	1	2	3	4	5

	በቂ መረጃ ሰጥተዉኛል					
319	ነርሶች ስለህመሜ ሁኔታ በቂ መረጃ ሰጥተዉኛል	1	2	3	4	5
320	ነርሶች ስለሚደረጉልኝ የምርመራ ዓይነቶች በቂ ማብራሪያ ሰጥተዉኛል	1	2	3	4	5
ረ	አካባቢን በተመለከተ					
321	የመኝታ ክፍሌ መጥፎ ሽታ የለውም	1	2	3	4	5
322	የመኝታ ክፍሌ በቂ ብርሃን አለዉ	1	2	3	4	5
323	በመኝታ ክፍሌ ዉስጥ በማንኛዉም መልኩ ደህንነትና ጸጥታ እንደተጠበቀልኝ ይሰማኛል	1	2	3	4	5
324	በመግቢያዉ ላይ በቂ የሆነ መረጃ አስቀምጠዋል	1	2	3	4	5
ሰ	ብቃት					
325	ነርሶች በሙያቸዉ ብቃት አላቸዉ	1	2	3	4	5
326	ነርሶች ለጥያቄዎቹ በቂና አጥጋቢ የሆነ ምላሽ ይሰጡኛል	1	2	3	4	5

ክፍል አራት. ለጥራት ክፍል ስብስብ መጠይቅ

መጠይቁ የጥናቱ ባለቤት ፈልጎ በመረጣቸዉ ታካሚዎች ላይ የሚካሄድ ነዉ።

መመሪያ: ይህ መመሪያ ተኝተዉ የሚታከሙ ታካሚዎች ለሚሰጣቸዉ ነርሲንግ እንክብካቤ ያላቸዉ አመለካከት እና ተጓዳኝ ምክንያቶች ለመለካት እና ችግሮቹን ለመቅረፍ የሚወሰዱ እርምጃዎችን

ለመገምገም ይጠቅማል።

ሰላምታ; ዛሬ ከእኔ ጋር ለመገናኘት ጊዜ ወስደው ፈቃደኛ በመሆንዎ አመሰግናለሁ።

ስሜ አራጋው የእግዚአብሔርፈንታ ይባላል። በባህርዳር ዩንቨርስቲ የ2ኛ ዲግሪ ተማሪ ስሆን የተኝቶ ህክመና ክፍል የነርሲንግ እንክብካቤ አሰጣጥ በተመለከተ መረጃ ለመሰብሰብ እፈልጋለሁ። በተለይም የግለሰቦች ህመም ሁኔታ የሚወስነው የነርሲንግ እንክብካቤ ጥራት ላይ ስለሆነ በዚህ ጥናት ለማድረግ ነው። በመሆኑም ይህ ጥናት የአገልግሎት ጥራት ለማሻሻል የሚረዱ ግብዓቶችን ለመውሰድ ትልቅ ሚና ይጫወታል። ሁሉም ምላሾች በሚስጥር ይቀመጣሉ።ያስታውሱ፣ ስለማትፈልጉት ነገር ምንም ንግግር አለማድረግ ይችላሉ፤ በማንኛውም ጊዜ ቃለ መጠይቁን ማቆም ይችላሉ። አሁን ስለገለጽሁት ጥያቄ ካለዎት? በዚህ ቃለ መጠይቅ ለመሰተፍ ፈቃደኛ ነዎት? ----- ቀን-----

የጥናቱ ባለቤት ፈልጎ በመረጣቸው ታካሚዎች ጋር የሚደረግ ቃለመጠይቅ።

ፆታ-----፣ እድሜ-----፣የጋብቻ ሁኔታ -----፣የትምህርት ሁኔታ-----፣ የስራ ዓይነት -----፣ የመኖሪያ ቦታ-----

1. እርስዎ በቆይታ ጊዜዎ ውስጥ ያገኙት የነበረውን የነርሲንግ እንክብካቤ እንዴት ይገልጻሉ?
 - በነርሶችና ታካሚዎች መካከል ያለውን ግንኙነት እና ተግባቦት እንዴት ተገንዝበዋል?
 - አክብሮ በርህራሄ እንክብካቤ ከመስጠት አንፃር እንዴት ያይታል ?
2. ነርሶች በህክምናው ወቅት ታካሚው ምችት እንዲሰማው ከማድረግ ረገድ እንዲሁም ስለታካሚው አጠቃላይ ሁኔታ በየጊዜው መረጃ ከመስጠት አኳያ የሚያደርጉትን ጥረት እንዴት ይገልጻሉ?
 - አሁን ስላለው ችግር, ስለሚወስዱት መድኃኒት ደህንነት & ሕክምና አሰጣጥ?
 - በህክምና ሂደት ወቅት የታካሚዎችን የግል ሚስጥር መጠበቅ?
3. ነርሶች እርስዎን በሚንከባከቡበት ጊዜ የሚያሳዩትን ብቃት እና ቅልጥፍና እንዴት ተገንዝበዋል?
 - የነርሲንግ እንክብካቤ በሚያከናውኑበት ጊዜ የነርሶች ክህሎትና ችሎታ?
4. አጠቃላይ የተኝቶ ህክምናውን ክፍል ሁኔታስ እንዴት አይተውታል?
 - የክፍሉን ንጽህና እና ፀጥታ አጠባበቅ እንዴት ተገንዝበዋል?
 - የህሙማን ቤተሰቦች/ዘመድ አዝማድ የሚጎበኙበትን ጊዜ በተመለከተ እንዴት አዩት?

❖ ተጨማሪ ሀሳብ አለዎት?

በጣም አመሰግናለሁ!

ቤሔር ጻር የካርዲኦሎጂ
 ሕክምና እና ጤና ሳይንስ ኮሌጅ
 የሰነድ - ምግባር ገምጋሚ ቦርድ
 ቤሔር ጻር ላይኛ ክፍል

Bahir Dar University
 College of Medicine and Health Sciences
 Institutional Review Board
 Bahir Dar, Ethiopia



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IRB's Decision

Meeting No.: Expedite review/2023
 Protocol number: 764/2023

Date: March 20, 2023
 Assigned No: 003

Protocol Title:- Patient's Perception to wards nursing care and its associated factors in adult inpatient department at northwest amhara regionals, north west ethiopia, mixed study design	
Site PI:	Aragaw Yegziabherfenta
Site Co-investigators	
Institute:	College of Medicine and Health Sciences, Bahir Dar University
Elements Reviewed (CMHS/IRB 01 -008)	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Review of Revised Application <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of the Previous review:
Decision of the meeting:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Recommendation <input type="checkbox"/> Resubmission <input type="checkbox"/> Disapproved

- Elements approved:
1. Protocol Version No.: 01
 2. Protocol Version Date: March 20, 2023
 3. Informed Consent Version: 01
 4. Informed Consent Version Date: March 20, 2023

Obligations of the PI:

- ✓ Comply with Standard National and International Ethical Guidelines
- ✓ All Amendments and Changes made in the Protocol and Consent Needs IRB Approval
- ✓ Report SAE within 10 days of the event
- ✓ End of the study, including manuscript and thesis works should be reported to IRB

To NRERC

Institutional Review Board (IRB) Approval: Period from 20/03/2023 to 20/08/2023

Follow-up Report Expected in:

3months _____ 6months 9months _____ One Year _____

Chairperson, IRB: Mulusew Andualem (PhD)

Signature Mulusew Andualem

