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Evaluation of admitted patients' satisfaction and associated factors among nursing care in Goba referral hospital, southeast Ethiopia

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Abstract

Background: Patient satisfaction is a patient's subjective assessment of their cognitive and their emotional reaction as a result of interaction between their expectation regarding nursing care and their perception of actual nursing care. Patients' scores of their satisfaction and experiences on a given services are a frequently used indicator of health service quality.

Objectives: To assess patient satisfaction with nursing care and associated factors in Goba hospital, Bale zone, southeast Ethiopia.

Methodology: An institutional based cross sectional study was conducted in Goba referral hospital from April 1 2017 to May 1 2017 by using consecutive sampling method. The study population was adult patients admitted in to the three wards for at least two nights. The data was collected using structured and pretested questionnaire. The data was analyzed using SPSS 20.0 software. Variables with (p-value<0.05) was significantly associated with patient satisfaction by nursing care.

Result: A total of 250 adult patients from medical, surgical and gynecological wards were interviewed. The overall rate of satisfaction was 54%. Cost of the services (31.4%), lack of continuity of care (29.7%) and noncompliance to treatment (18.9%) were identified as the three leading causes of patient dissatisfaction. Variables such as sex, waiting time and history of previous admission were significantly associated with the outcome variable.

Conclusion and recommendation: In this study the rate of patient satisfaction was low. Sex, history of previous admission and having other disease were predictor variables. Sex, waiting time and history of previous admission were predictors. Health care providers especially nurse should give patient centered service.

Key words: admitted patients' satisfaction, nursing care, health care providers, Goba referral hospital.



Background

Patient satisfaction is a patient's subjective assessment of their cognitive and their emotional reaction as a result of interaction between their expectation regarding nursing care and their perception of actual nursing care. Patients' scores of their satisfaction and experiences on a given services are a frequently used indicator of health service quality. The factor contributing to patient satisfaction has been widely studied and discussed within several disciplines, including nursing, but the definition still varies from person to person and time to time. It is the combination of experience, expectation and needs perceived. The way patient perceive nursing care, largely depend on their social status, age, educational level, cultural back ground, previous hospital experience, support and respect from nurses, constant availability of nurses and appropriately given responses (1). Patient satisfaction is regarded as one of the desired outcome of care, an element in the health status and an important indicator of a measure of quality of care (2). It is argued that measurement of patient satisfaction will play an increasingly important role in the growing push towards accountability among health care providers (3). Client opinions enable nurses to measure existing health care trends and opinions and to learn directly from client perception of the department and improve nursing care and public relations(4).

Even though patient satisfaction with nursing care is the patient opinion of the care received from nursing staff and is acknowledge as an outcome indicator of the quality of nursing care, there is still growing awareness of patient dissatisfaction with nursing care worldwide. Some of the frequently cited factors contributing to the current problems concerning nursing care are lack of continuity in care, high cost of services, noncompliance to treatment and increased medical malpractice (5). A study conducted in Vietnam and Uganda showed that poor quality of services in the public sector lead to a greater use of private provider. However, private health care

services are usually costly for majority of people in developing countries. Despite this reality, the health care providers in developing countries seem to be ignoring the importance of patient perceptions regarding health services (6). As a research done in South Africa patient satisfaction with nursing care, some patient explained how they were kept waiting for a long time in order to be assisted (7). The patients felt worthy as person's and were not merely being treated as patients or case. Nurses are still missing caring which an important aspect of patient satisfaction is. This is evidenced by the negative encounters patient experienced during hospitalization period (8).

The study conducted in Ethiopia found that there was communication gap between nurses and their patient that leads to patient dissatisfaction. This is a common problem for hospital under study which requires urgent attention to enhance patient satisfaction at the same time to ensure quality of nursing care (9). A study conducted in Jimma to determine patient perception of care received indicated that low satisfaction emerged relative to offering help during meal time, information regarding the disease condition as well as hospital facilities and ward environment, maintaining privacy, the degree of instruction for self-care and result explanation. In the area of informing the patient about their medical diagnosis and medical treatment all respondent stated that the nursing staff did not do this (10).

Methods

An institutional based cross sectional study was conducted from April 01 to May 01/2017 in Goba referral hospital. The study was conducted in Goba referral hospital which is the only public hospital in Goba town under Oromia health bureau which provides all basic services, that is, pediatrics medical surgical an gynecological services. The hospital had 105 beds of which pediatrics 23 beds, Gynecology 23 beds, Medical ward 30 beds, and surgical ward 26 beds. The

hospital gives service for 17,139 and 514,440 inpatient and outpatient in a year respectively and also has 86 health professionals: 13 Doctors, 55 nurses, 10 Midwives and 8 health officers.

The sample size was calculated by using a single population proportion formula by considering $P= 72\%$ (26), $d= 5\%$, $Z_{\alpha/2}=1.96$, and a 5% non-response rate; the final sample size calculated to be 324. The hospital was stratified in to medical, surgical, and obstetric and gynecological wards. Then patients that were admitted and met the inclusion criteria were taken from each ward. The participants were selected from each ward by using consecutive sampling technique. The adult participants were interviewed by face to face interview method using the structured and pretested questionnaire. Data was collected from the relevant wards: medical, surgical, gynecology wards.

Before actual data collection the questionnaire was pretested on (5%) individual of Robe hospital; there by possible adjustment or modification was made on the tool. There was training of data collector for one day with principal investigator, and the data was supervised every day by investigators. The consistency of filled questionnaire was checked daily. The data were cleaned, edited, coded and entered into SPSS 20.0 for analysis. Descriptive statistics was done for most of the variables. Data was summarized and presented by tables and graphs. P-value was calculated for associated factors and interpreted as having association if p-value less than 0.05.

Ethical consideration

An ethical clearance was received from Madd Walabu University college of Medicine and Health Science, and permission was obtained from Goba Referral Hospital. Participation in the study was voluntary and based on each patient's ability to give informed consent. Participation was guaranteed confidentiality of the information collected. Non participation was not having negative effect on case.

RESULT

Socio demographic characteristics

A total of 250 patients were interviewed. Most of the study participants were females which account about 138(55.2%) and most of those participants were found in the age range of 28 to 37 which accounts 77(30.8%), the average age of the participants were 39.94 years. Regarding educational status of the participants about 80(32%) respondents couldn't read and write. About 75(30%). Most of the study participants 56(22.4%) have earned 500 and below Ethiopian birr per month. The dominant religion of the participants was Muslims which accounts 104(41.6%) followed by orthodox 80(32%).



Table 1. Socio-demographic characteristics of participants in Goba referral hospital, Bale zone, southeast Ethiopia

Variable	Category	Frequency	Percentage
Sex	Male	112	44.8
	Female	138	55.2
Age	18-27	53	21.2
	28-37	77	30.8
	38-47	47	18.8
	48-57	39	15.6
	58-67	22	8.8
	68-77	12	4.8
Educational status	Unable to read and write	80	32
	4 th grade and below	26	10.4
	5 th -8 th grade	43	17.2
	High school	34	13.6
	Certificate	16	6.4
	Diploma	26	10.4
	1 st degree and above	25	10
Occupational status	Housewife	75	30
	Governmental employee	55	22
	Merchant	41	16.4
	Farmer	43	17.4
	Others	36	11.4
Income	≤500	56	22.4
	≤800	46	18.4
	801-1100	35	14
	1101-1400	28	11.2
	1401-1700	25	10
	≥1701	60	24
Religion	Muslim	104	41.6
	Orthodox	80	32
	Protestant	42	16.8
	Catholic	12	4.8
	Others	12	4.8

Reasons and patient satisfaction items

The majority of patients have history of previous admission which accounts about 143(57.2%) and one fourths of them have no other disease other than the current health problem 189(75.6%). Most of the study participants about 135(54%) were fully satisfied by nursing care they received in the wards. The majority 36(31.4%) of participants were not fully satisfied due to high cost of

the services. Communication and information 134(38.7%) is the dominant way in which the nursing care could have been improved followed (Table 2).

Table 2. Reasons of satisfaction among participants in Goba referral hospital, Bale zone, southeast Ethiopia

Variable	Category	Frequency	Percentage
Are you satisfied with a given service?	Yes	135	54%
	No	115	46%
Why participants are not satisfied in the nursing care?	Because of lack of continuity in care	34	29.7%
	Because of high cost of services	36	31.4%
	Because of non-compliance to treatment	22	18.9%
	Because of increased medical mal practice	16	14.1%
	Other	7	5.9%
Approaching ways in nursing care	Communication and information	89	35.5%
	Interpersonal relationship	75	30.0%
	Maintaining dignity and privacy	61	24.2%
	Other	26	10.3%
Is there one particular nurses to facilitated the nursing care in the ward	Yes	177	70.8%
	No	45	18.0%
	Not sure	28	11.2%
History of previous admission	Yes	143	57.2%
	No	107	42.8%
Have you another disease or problem	Yes	61	24.4%
	No	189	75.6%
There always being a nurse around if they needed	Yes	148	59.2%
	No	102	40.8%
Don you think they came quickly when you called them	Yes	108	43.1%
	No	142	56.9%
Are they willing to respond to your request	Yes	126	50.5%
	No	124	49.5%

Associated factors

A total of 136(541) of participants from the study hospital were fully satisfied for satisfaction items. Male participants (66%) were more satisfied compared to female participants (45%),

participants who have history of previous admission (76%) were more satisfied than who did not have history of previous admission (52%) and less than one hour waiting time had association with patient satisfaction (Table 3).

Table 3. Participants' characteristics fully satisfied versus not fully satisfied of participants in Goba referral hospital, Bale zone, Oromia region, southeast Ethiopia.

variable		Fully satisfied	Not fully satisfied	X ²	p-value
Sex	Male	74(66%)	38(34%)	13.65	0.0002
	Female	62(45%)	76(55%)		
Age	18-27	24(45.3%)	29(54.7%)	9.58	0.088
	28-37	51(66%)	26(34%)		
	38-47	25(53%)	22(47%)		
	48-57	26(67%)	13(33%)		
	58-67	7(32%)	15(68%)		
	68-77	3(25%)	9(75)		
History of previous admission	Yes	109(76%)	34(24%)	62.2	0.0001
	No	27(25%)	80(75%)		
Having other disease	Yes	21(34%)	40(66%)	13	0.0723
	No	115(61%)	74(39%)		
Educational status	Unable to read and write	44(55%)	36(45%)	6.32	0.388
	Below 4 th grade	11(42%)	15(58%)		
	5 th -8 th grade	23(53%)	20(47%)		
	Highs school	7(44%)	9(56)		
	Certificate	22(65%)	12(35%)		
	Diploma	12(46%)	14(54%)		
	1 st degree and above	17(68%)	8(32%)		
Occupational status	Housewife	32(43%)	43(57%)	22.37	0.0602
	Government employee	24(44%)	31(56%)		
	Merchant	27(75%)	9(25%)		
	Farmer	32(74%)	11(26%)		
	Others	21(51)	20(49%)		
Income	≤500	34(60%)	22(40%)	2.67	0.115
	501-800	27(59%)	19(41%)		
	801-1100	18(51%)	17(49%)		
	1101-1400	15(54%)	13(46%)		
	1401-1700	12(48%)	13(52%)		
	≥1701	30(50%)	30(50%)		
Religion	Orthodox	45(59%)	33(41%)	2.7	0.61

	Muslim	57(55%)	47(45%)		
	Protestant	7(58%)	5(41%)		
	Catholic	19(45%)	23(25%)		
	Others	6(50%)	6(50%)		
Number of nights stayed	2-5	50(57%)	37(43%)	7.13	0.13
	6-9	43(49%)	45(51%)		
	10-13	13(43%)	17(57%)		
	14-17	14(78%)	4(22%)		
	18-30	16(59%)	11(41%)		
Waiting time	< 1hr.	79(31.6%)	33(13.2)	19.23	0.0036
	>2 hr.	51(20.4)	87(34.8)		

Discussion

The finding of this study indicated that almost half of (54%) of the participants were satisfied with nursing care. This finding was consistent with a study conducted in Ethiopia (25). It was low compared to the study conducted in Iran 82% and in Northern Ireland 70% (20). This is due to the fact that both Iran and Northern Ireland are more developed than our country. So they may reduce factors affecting patient satisfaction. The result of this study showed that there was relationship between sex and patients' satisfaction in which men were tended to be more satisfied than women from nursing and daily care they received which is similar with study conducted at Nancy University hospital in northeast France (21). It may be due to the care they receive from opposite sex since most of the nurses were females. Based on the findings no significant relation was between age and patients satisfaction which contradicts with the finding of the study done in Kuala Lumpur (22). May be in Kuala Lumpur people especially older could be place greater value on the nursing care they receive when their own need of care is at its greatest. In this study, there was no relationship reported between family monthly income of the patients and their overall satisfaction with nursing care. This result was similar with the previous study conducted by Iranian Center for Breast cancer in Tehran city (20). However, the study done in London reported that patients with lower income were less satisfied with nursing care they received (23). The reason may be there is support from government like free treatment if they

cannot afford the cost. History of previous admission and having other disease had significant relationship with patient satisfaction. This finding also consistency with different studies.

The top aspects that patients scored highest for their satisfaction with nursing care were there always being a nurse around if they needed one, nurses helpfulness, nurses treatment of patient as individual. Patients scored lowest for their satisfaction in the amount of information nurses given to patients about their condition and treatment, the way nurses explain things to patients and the type of information nurses give to patients about their condition and treatments. The highest satisfaction in the study were amount of freedom in the ward (83%), how capable nurses were at their job (70%), nurses treatment of patient as an individual (70%), nurses manner in going about their work (67%), and the amount of privacy (61%) which was slightly similar with the study done in Addis Ababa in public hospital 92%, 90%, 87%, 86% and 61% respectively (9). In this study the amount of freedom on the ward was not given the highest satisfaction rating, though it is generally believed that element of privacy, respect, and freedom which nurses consider through their practice, enhance patient's satisfaction with care. Aspects of care given the lowest satisfaction in this study were the amount of information nurses given to patients about their condition and treatment (42%), the way nurses explain things to patients (43.6%), the type of information nurses give to the patients about their condition and treatment (43.6%). However, there is similarity of this result with study done in Johannesburg (2) except how willing nurses were to respond to your requests (53%) and nurse's awareness of your needs (56%).

Conclusion and recommendation

In this study the satisfaction rate of patients was low when compared with different studies conducted in Ethiopia. The major reasons were high cost of the services, lack of continuity in care and noncompliance to treatment between nurses and their patients. Sex, history of previous

admission and waiting time were predictor variables. Therefore, nursing administration of the hospital was recommended to deliver health care system that could make patient centered health system; and nurses should ensure continuity of care given to patients.

Competing interests

Authors have declared that there is no any competing interest.

Authors' contributions

AYM and ALW developed the concept, developed method and data collection tool, collect data, analyzed and interpret the data, and draft the manuscript. Both authors read and approved the final manuscript.

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