

**PATIENT'S PERCEPTION TOWARDS QUALITY
NURSING CARE**

Research Report

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ABSTRACT

The study titled “Patient's Perception towards Quality Nursing Care” was conducted in Tribhuvan University Teaching Hospital (TUTH) and Bir-hospital in Kathmandu to identify the Patient's Perception towards Quality Nursing Care.

A descriptive quantitative and qualitative research design was adopted. The sample consisted of 200 from medical, surgical wards of respective hospitals by using non probability purposive sampling technique. Semi structured interview questionnaire were used to collect the data. Descriptive statistics was used for analysis of the data based on the objective and research question.

Study findings revealed that the 90% of respondents in Bir hospital said that nurses respond immediately when they call but only 50% of respondent in TUTH. Eighty-four percent in Bir hospital viewed that nurse explains procedure before providing care similarly 74% in TUTH gave same response. Thirty one percent of respondent in Bir hospital said that nurses always maintain privacy during procedure whereas only 13% of respondent in TUTH gave same response.

Similarly response towards patients complain and discomfort in both hospitals, 52% of respondents said that nurses assess for causes and manage for complain & discomfort. Seventy eight percent perceived nurses provided prompt services, maintain individual respect, friendly and they show kindness respectively. About 80% of patients agreed that the nurses were polite, kind, clinically competent, friendly, joyful etc. Sixty percent of respondents stated that environment of the ward were good regarding cleanliness but about 80 % viewed that ward was noisy and waste disposal system was also poor. Fifty seven percent perceived that nurses in the ward showed good reception manner as good orientation of the wards, like visiting hour, doctor's round, toilet, diet facility etc.

It can be concluded that most of the patients viewed getting quality nursing care in both hospitals. However to some extent, higher percentage of patients in Bir hospital perceived quality nursing care in comparison to that of TUTH. It might be as some patient admitted with high expectation to receive quality nursing care, and some

may not have adequate understanding level to judge or evaluate nursing care. Finally nurses and hospital administration need to be more aware in the patient's views in terms of adequate explanation of procedure, maintaining privacy, and ward environment like proper waste disposal system. Therefore nurses must equip themselves with relevant and updated information regarding the patient care.

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CHAPTER I

INTRODUCTION

1.1 Title of the Study: Patient's Perception towards Quality Nursing Care

1.2 Background of the Study

Quality care is difficult to define. Patients' perceptions of their care, especially in the hospital setting, are not well known. Donabedian (1980) developed the elements of quality which include the following: structure, process and outcome. Structure is the physical, organizational and system culture which supports the delivery of quality. Process is what is done in caring for the patients which includes the steps taken to deliver care. Outcome is the end result of the care given, usually the improvement in health.

The history of quality assurance activities in nursing can be traced back to Florence Nightingale's attempts to improve the conditions of care to the soldiers of the Crimean War in 1854-1856. Her standards to assess the care of the soldiers have been established as one of the first documented efforts of quality improvement work, since then, assurance of quality nursing care has remained a priority for nurses throughout the world (Kahn, 1987). Patients and health care professionals view quality nursing care from different perspectives. Health care professionals view competent nursing care as quality nursing care. Patients perceive quality nursing care as caring, interpersonal interactions. Institutions measure quality care through satisfaction surveys that exclude components of nurse caring behaviors. In three studies utilizing the Holistic Caring Inventory (HCI), patient's perceived nurse caring behaviors and attitudes that indicated quality nursing care. The way to bridge the gap between institutions' and patients' perceptions of quality care lies in valuing the interactions

that patients consider quality care and including these interactions in measures of quality care. As the economic and social climates continue to favor competition in health care, quality nursing care remains an important role for patients. Typically, patients express their requirements in terms of what they need, want, prefer, expect and demand with respect to the nursing service they receive. The requirements of patients could be considered as a demand for quality nursing care that nurses attempt to meet. There is an immense need to understand patients' perceptions of their experiences in receiving nursing care (Rice, 1993), because the perceptions of the patients addresses how care should be provided in order for it to be consistent with their expectations.

Nurses need to be more aware that patients and nurses often hold disparate views of the priorities in nursing care. To plan individualized nursing care effectively, nurses need to elicit and use individual patients' preferences more systematically in care planning. Health care has become specialized and compartmentalized because of its complexities. With regards to this satisfaction of patient is an increasing important focus. Patient satisfaction has become a critical element in assessing health care delivery systems, (Mirvis, 1998). Recognizing the needs to monitor how patient feel about the care provided can also be used as a catalyst for service improvement. Of all the healthcare workers nurses spend maximum time with the patients. Therefore, the nurse is in a unique position to influence and promote effective consumer relationships. There are both similarities and differences between patients' and healthcare professionals' views of care. Accurate assessments of quality performed during the accreditation procedure require that both patients' and professionals' views be taken into account for better nursing care to the patient.

Many hospitals use a form letter to find out how patients feel about their nursing care. Research in nursing and patient satisfaction / perception studies while routinely Conducted in the developed world to monitor and improve the quality of care lags behind in the developing world especially in the Asian subcontinent. Thus need was felt to delve into a nursing study to know the patients perceptions of quality of nursing care provided in a tertiary center care.

1.3 Statement of the Problem

Patient's Perception towards Quality Nursing Care.

Healthcare as an industry has changed and grown with quality care being recognized as a right rather than a privilege. According to the Institute of Medicine (IOM) “Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

A very important aspect on which patient satisfaction depends is ‘nursing care’ because nurses are involved in almost every aspect of client’s care in hospital. Nurses interact with patients more often than any other health care personnel in a hospital. Nurses who were perceived as giving quality nursing care had a good attitude and professional manner, showed kindness, trust and honesty, as well as clinical competence. To understand patient satisfaction, “patient’s perception” of care must first be understood.

1.4 Rationale of the Study

As focus has shifted from the healthcare providers to the healthcare consumers; patient satisfaction is being increasingly used worldwide for the assessment of quality of services provided by healthcare institutions. Of all the healthcare workers nurses spend maximum time with the patients. The research studies based on different component of quality nursing care reveals different perception of quality nursing care. Some components of Quality Nursing Care (QNC) were perceived by patient satisfactory, whereas some components were not. Though patient satisfaction surveys with nursing care are routinely conducted in the developed world to monitor and improve the quality of care, the same may not be true for the developing countries. Investigator wants to do research on this title as it helps for followings. In our context, nurse patient ratio is not adequate since only four nurses are allocated for more than thirty beds. This scenario arise a big question regarding quality nursing care whether patients are receiving quality care. Patients tend to perceive Quality Nursing Care as being individualized, having a professional manner and caring attitude and giving

education to them. These concepts provided the rationale and framework for study to explore the perceptions of patients regarding quality nursing care.

1.5 Objective

General: To assess the Perception of Patient towards Quality Nursing Care.

Specific:

- To find out the demographical status of the patients
- To assess the patient's response towards nursing Procedure
- To identify the characteristics and behaviors of nurses
- To identify the environment of wards/ hospital facilities.

1.6 Research Question

What is the patient's perception towards quality nursing care?

1.7 Variables

Independent variables

- Age
- Education
- Occupation
- Care related activities (Nursing procedure)
- Nurses characteristics /behaviors
- Ward environment/hospital facilities

Dependent variable

Patients' Perception.

1.8 Operational Definitions

Patient

Admitted patient in the Medical, Surgical ward of Tribhuvan University Teaching Hospital and Bir-hospital during the period of data collection.

Perception

Feelings about the quality nursing care

Care related activities

the activities of nursing personnel to fulfill the needs of patient for food, water, air, elimination, hygiene, healthy environment, medication , dressing, courtesy and sense of belongingness including ' Activities of daily livings'.

Nurses characteristics/behaviors

Nurses' ways of behaving, acting to patients with features like politeness, kindness, clinical competency, smiling, provide prompt services.

1.9 Application and Usage (significance of the study)

- Improving the quality of patient care in hospitals is a vital and necessary activity. The findings of this study produce data that can help nurse managers and organizations to identify and manage the patient's needs and expectations effectively through quality nursing care.
- Regular evaluation of nursing care activities is a mandatory for professional growth.
- These study findings provide a strong base for the policy maker in the improvement of quality nursing care.

1.10 Conceptual Frame work

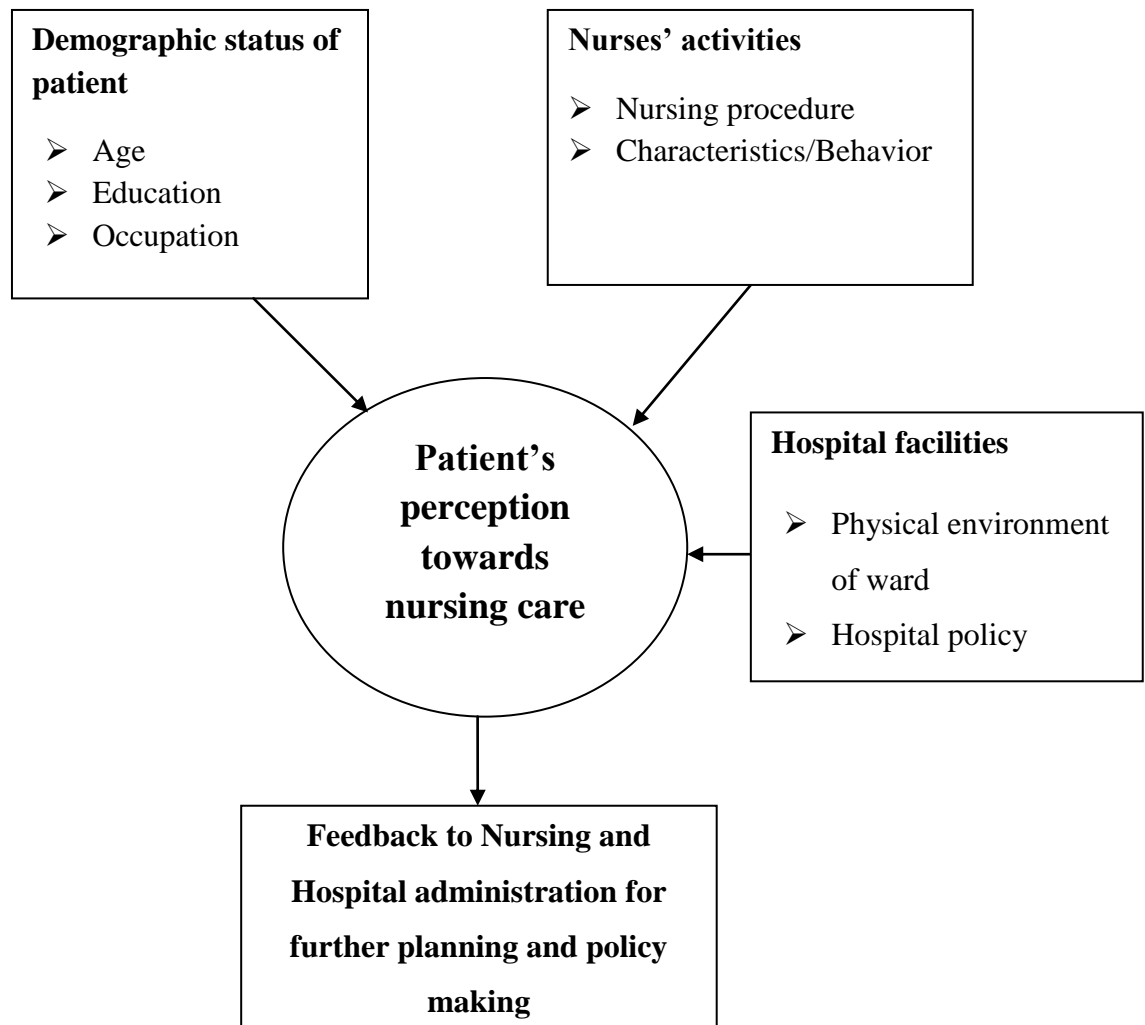


Figure 1: Conceptual Framework on Patient's Perception towards Quality Nursing Care

The conceptual framework presented in figure 1 describes the ways to measuring quality nursing care through patients. There are certain factors such as age, education, occupation of the patients, care related activities/nursing procedure, characteristics/behaviors of the nurses towards patients, hospital facilities which influence the patients perception towards the nursing care they perceived. Patients perception gives us the final feedback which would be useful for nursing administration and manager of the hospital to improve quality nursing care.

CHAPTER II

REVIEW LITERATURE

Review of literature is the process of locating, obtaining, reading and evaluating the research literature in the area of interest of the researcher. The purposes of literature review are the identification of research problem and relevant variables, avoidance of repetition, synthesis of prior work and determining meaning and relationship among variable (Adhikari, 2012). Additionally to find out the recommendation for the further study in similar topic is also the main purpose of literature review. Published and unpublished research reports, books, journals, articles, magazines and abstracts are reviewed and searched from Medline and internet through out the study periods.

2.1 Overview of Patient's Perception and Quality Care

Hospitals are facing serious challenges to provide high quality care with current nursing shortages. Nursing shortages are of major concern for Nursing Management, clinicians and administrators as they lead to impact on quality of care. Patient satisfaction is an increasing important issue both in evaluation and shaping of health care, it should be carried out routinely in all aspects of health care to improve the quality of health services.

Quality care is difficult to define Patients' perceptions of their care, especially in the hospital setting, are not well known. Donabedian (1980) developed the elements of quality which include the following: structure, process and outcome. Structure is the physical, organizational and system culture which supports the delivery of quality. Process is what is done in caring for the patients which includes the steps taken to deliver care. Outcome is the end result of the care given, usually the improvement in health.

Consumer's views and their voice have become an important element in evaluation of care they received. Patients can judge the overall quality of hospital services on the basis of their perception of nursing care received by them. The literature shows there are many factors which influence the nurses and patients to make perception about "quality nursing care". Many studies done were based on various aspects and factors of quality nursing care. The major factors were: age, education, length of hospital stay (Patient), work experience, attitude of nurses, ward environment, good communication, responsiveness, accountability, responsibility, availability of the nurse etc. There was no statistically significant difference in the perception of the quality of nursing care among the patients in the medical and surgical units in the areas of assessment, planning and implementation. However, a significant difference was found in accountability and responsibility of the nurses.

Health care has become specialized and compartmentalized because of its complexities. With regards to this satisfaction of patient is an increasing important focus. Patient satisfaction has become a critical element in assessing health care delivery systems, (Mirvis 1998). Recognizing the needs to monitor how patient feel about the care provided can also be used as a catalyst for service improvement.

It is generally accepted that the primary objectives of organizations in health care are the diagnosis, treatment, rehabilitation, and education of patients. Health manager used to think that it was sufficient to deliver high quality medical and clinical care but in recent times it is noted that patients also want courtesy, compassion, empathic nurses, comfortable rooms, and choice of food (Angelopoulos, Kangis, and Babis, 1998).

Donabedian (1982) quantified the elements of high quality care as appropriate, efficient, and effective with the ultimate result of the best health outcomes for the patients served. Nursing care remains a vital concept, an integral part of quality patient care (Mason, 1998).

To provide satisfactory service to the patients, nurses should have clear understanding of patient's need and expectation. Patients need warm welcome, greeting, comfortable seat and welcoming tone of voice as a friend by nurses for their hospitalization. everyone needs to be treated with respect, honesty and fairness, support, tact, flexibility, attentive listening and understanding are essential to nursing practice. Patients expect atmosphere of trust and security from their health care providers. They want physical comfort, individual respect, friendship and mutual understanding on their patient health care issues (Devy, 1988).

A study conducted on "Nurses' Perception of Unit Quality and Policy Involvement in Three Louisiana Hospitals" by Rose M. Schaubhut in Washington (2009), stated that health care is delivered in the United States hospitals predominantly by nurses, twenty four hours a day, and 365 days per year. Patients come to hospitals for nursing care. Today there are heightened expectations for better patient outcomes delivered by fewer nurses. Health care leaders face increasing costs of health care, greater consumer and employer expectations, and financial pressure placed on hospitals by Medicare to deliver quality patient outcomes. Nursing professionals are in a position to "move toward ensuring the placement of safe patient care (and its evaluation) at the center of the health care vortex, which is exactly how it should be!" (Gallagher and Rowell, 2003).

Daoud, Fendri, Chi and Bejar, 2008 in their study title "Development of a Tunisian Measurement Scale for Patient Satisfaction: Study case in Tunisian Private Clinics". The aim of this research is to propose a Measurement Scale for Patient Satisfaction (MSPS) in the context of Tunisian private clinics. This scale was developed using value management methods and was validated by statistical tools with SPSS. They concluded that the more pressing challenges that health care providers and researchers face was to develop a better understanding of the key components constituting patients satisfaction and valid approaches to their measurements. Literature review was made specified related to perception of nurses', patient's and both nurse and patients.

Satisfaction is a psychological state that results from confirmation or disconfirmation of expectation when compared (Schmidt, 2003). Patient perceptions are important when evaluating nursing care delivery (Suhonen, et al, 2009). Labarere, Francois, Auquir, Robert and Fourney (2001) in “Development of French inpatient questionnaire” concluded that sociodemographic or personal variables influence the way patients make judgments about attributes of multidimensional model of patient’s satisfaction. Patient satisfaction is a relevant concept for patient when they evaluate their experience with expectation. (Avis and Band, 1995).

Clark, Leddy, Drain and Kaldenberg 2007 stated that a moderate relationship between the ratio of nurses to patient-days and patient experiences in the hospital. A study reported that hospitals in states with nursing shortages had lower levels of patient satisfaction than hospital in states with no nursing shortages.

Larrabee, June ,Bolden and Lois (2001) conducted a qualitative study on “Defining patient-perceived quality of nursing care”. Content analysis yielded five themes: providing for my needs, treating me pleasantly, caring about me, being competent and providing prompt care. Similarities and differences were found between these among respondents. Kassim (2008) found patient satisfaction with nursing care in hospital Kangar, overall by looking towards the perception on nursing care as nurses represents the front line deliver of inpatient services in hospital. Majority (95.7%) of patient responded that they were satisfied and most satisfied. Furthermore he concluded that nurses must equip themselves with important information pertaining to services related issues, thus it is particularly important that nurses are able to acknowledge.

‘Patients evaluation of the care and rehabilitation process in geriatric hospital care’ was conducted in Sweden applying grounded theory. The patient was interviewed twice at the beginning of entry to the geriatric hospital care and some weeks after discharge. The patients perceived the outcome of the care as per the effect on their health and quality of the care. Study concluded that patient’s expectation, perception of their illness, types of illness and their character must be considered while giving the patient center nursing care. (Krevers, Narvanen and Oberg, 2002).

Mufti Samina, Qadri GJ, Tabish SA, Mufti Samiya, R Riyaz (2008) conducted a study on "Patient's Perception of Nursing Care at a Large Teaching Hospital" in India. Based on their study, they reported; the overall perceptions of the patients revealed that 31.6% had a 'poor perception' regarding 'explanation and information' aspect of nursing care. For 'caring attitude' 11.5% of patients had a 'poor perception'. 'Responsiveness', 'ward organization' and 'availability' of the nurse revealed a very high percentage of patients having good perceptions (95.9%, 95.7% and 96.5% respectively). It was observed that with an increasing length of stay a greater percentage (35.5%) of patients expressed a deteriorating perception regarding 'explanation' offered by the nurse and her 'availability'.

Herbert N. Wigder, et al (2003) a survey based on patients discharged from a Level 1 trauma hospital in Chicago have also observed that the most significant indices predicting patient and family satisfaction is length of stay. Patients with shorter lengths of stay (less than 3 days) were more satisfied with their care than patients with longer lengths of stay.

The current study reveals that while a very high percentage of patients have a good perception of the 'ward organization' capabilities, 'availability' and 'responsiveness' of the nurse quiet a fair percentage of patients perceive 'explanation & information' and 'caring attitude' qualities of the nurse as poor. Many other studies have also revealed the patient's perception of 'communication& information' aspects of nursing care as less than adequate,(MuftiSamina, Qadri GJ, Tabish SA, R Riyaz, 2008).

Nurses need to be more aware that patients and nurses often hold disparate views of the priorities in nursing care. To plan individualized nursing care effectively, nurses need to elicit and use individual patients' preferences more systematically in care planning (Florin J, Ehrenberg A, Ehnfors M, 2005).

Schmidt (2003) conducted a study on Patient's Perception of Nursing Care in the Hospital setting in USA. The study was conducted by following grounded theory method among eight medical and surgical patients, who were recently discharged from hospital. Four categories of patient's perceptions of their care emerged from the

data. Those categories include patient's experience individualized nature of nursing care, care directed at meeting specific and comprehensive needs, nursing activities supportive of patients individuality, facilitation of patient's participation in decision making. Patient consistently focused on more informal explanation offered by nursing staff while delivery of nursing cares. Timeliness of the nursing staff's responses was mentioned more frequently than the character of responses. Patients described a feeling of safety in knowing that nursing staff was present on the unit and providing surveillance.

A prospective, descriptive survey design adopted by Muntlin A, Gunninberg L, Carlsson M (2002), that took place in one emergency department at a Swedish university hospital in 2002. Patients estimated quality of care at the emergency department as fairly good, but there were areas in need of improvement. A high percent of inadequate quality was related to the environment in the emergency department. About 20% of patients reported that they did not receive effective pain relief. More than 20% estimated that nurses did not show an interest in their life situation and patients did not receive useful information on self-care and about which physician was responsible for their medical care.

Denvy (1998) found that patients were satisfied on nursing care when the nurses and patients both demonstrated mutual trust to each other. Patient thought that nurses, who were interested in the patient as an individual, ensured their physical and psychological comfort. In addition the ones who demonstrated respect for their privacy, dignity and provided regular visits were received to be most caring. Receiving routine help, flexible approach of care and meeting their physical and emotional needs was hospitalized patient reported of good nursing care. Another study was conducted on 'patient's perception and satisfaction with health care professionals at primary Care Facilities in Trinidad and Tabago (Singh, Haqq and Mustafa, 1999). Eighty seven percent of respondents were satisfied with nursing care, among them 85% of patients expressed satisfaction on technical competence of nurses and 85% of patients were satisfied with the advice given by nurses. Seventy four percent of patients were satisfied with service provided by doctors. Regarding nursing

service, the satisfaction rating was 10% higher than the service provided by the doctor.

Other study reported that the communication between nurses and patients is critical to providing and receiving quality care. Nurses and patients have reported concern and frustration when communication is not adequate. (Erinn and Finke, 2008)

2.2 Summary of the Reviewed Literature

To sum up, because patients are often unable to assess the technical quality of medical services accurately, functional quality is usually the primary determinant of patients' perceptions of quality (Donabedian, 1980, 1982). There is growing evidence to suggest that this perceived quality is the single most important variable influencing consumers' perceptions of value, and that this, in turn, affects their intention to purchase products or services (Bolton and Drew, 1988; Zeithaml, 1998).

As focus has shifted from the healthcare providers to the healthcare consumers; patient satisfaction is being increasingly used worldwide for the assessment of quality of services provided by healthcare institutions. To understand patient satisfaction, "patient's perception" of care must first be understood. of all the healthcare workers nurses spend maximum time with the patients. Therefore, the nurse is in a unique position to influence and promote effective consumer relationships. Though patient satisfaction surveys with nursing care are routinely conducted in the developed world to monitor and improve the quality of care, the same is not true for the developing world especially in the Indian subcontinent as well as in Nepal. There are both similarities and differences between patients' and healthcare professionals' views of care. Accurate assessments of quality performed during the accreditation procedure require that both patients' and professionals' views be taken into account. Durieux P, Bissery A, Dubois S, Gasquet I, Coste J.(2005).Results illustrated that educational status, the type of insurance patients had and the emergent admission significantly affects perceptions of satisfaction.

CHAPTER III

RESEARCH METHODOLOGY

In this chapter, Research Methodology determines specific strategies for obtaining subjects, collecting, analyzing data and interpreting the results. It includes research design, setting, study population, sampling, instrumentation including validity and reliability of the instruments, data collection procedure, and data analyzing procedure as well.

3.1 Research Design

A descriptive study was adopted and a combined quantitative and qualitative approach was employed in this study to identify perception of quality nursing care among the patients.

3.2 Research Setting and Population

The study was conducted in two central level hospitals i.e. Tribhuvan University Teaching Hospital (TUTH), Bir hospital. Medical, surgical wards of both hospitals were included.

Tribhuvan University Teaching Hospital: T. U. Teaching Hospital was established in 1983 with the generous support of Japanese Government. T. U. Teaching Hospital is an integral part of the Institute of Medicine of Tribhuvan University. Currently, at 444 beds, Tribhuvan University Hospital is currently the largest hospital in country, providing new tertiary level health service to the Nepalese people. This hospital is the site of teaching and research activities of IOM. There are different wards like medical, surgical, orthopedic, neuro etc. According to the objectives of IOM, to facilitate the

education, research and health care, It performs two distinct functions. As a teaching hospital, it provides practical field for the academic training programs (basic, graduate and postgraduate) of the Institute and, as a national hospital, renders medical care and services to those who need them. Besides, it conducts medical research projects and provides a major impetus to Biomedical and Health Sciences Research in Nepal. The establishment of the Teaching Hospital was a landmark in the evolution of medical education in Nepal.

Bir hospital– Service: Bir hospital, the nation’s oldest medical institute established in the year 1889 AD, has been developed into the National Academy of Medical Sciences (NAMS). It has been contributing much towards the delivery of health care in the country. Every year the Bir hospital admits 8,354 inpatient, deals with 3, 10,942 outpatient attendances and treats over 60,000 accidents and emergency cases. It has currently 400 beds. There are different general wards like medical, surgical, orthopaedic, neuro ward etc. Beside the general medical service, Bir hospital provides services in highly specialised areas like Cardiology, Cardio- thoracic and Vascular Surgery, Burn and Plastic Surgery, and Radiotherapy. The Bir hospital, thus, provides services to the community in most medical and surgical specialty and super-specialties through emergency, outpatient and inpatient facilities. Majority of outdoor examination service and indoor beds in Bir hospital are free. This is the only tertiary referral centre in the country which provides such free service.

3.3 Sampling

A non-probability purposive sampling technique was used to get desired number of subjects. That Sample size was 200.

Sample selection criteria (Inclusion criteria):

- ❖ Hospitalized clients in the ward who stayed more than 3 days.
- ❖ Hospitalized clients who were interested to participate in the study.
- ❖ Admitted patients who were able to participate (conscious) in the study.

3.1 Sampling Technique

Non probability convenient sampling technique was used to get desired number of patients in this study. There were taken interview one by one (to each discharged patients from medical & surgical wards of both hospital) by using interview questionnaire.

- ❖ Population of our study were total patient discharged in the Medical and Surgical Ward of TUTH and Bir Hospital
- ❖ Sampling frame was those discharged patient from the respective wards.
- ❖ 200 samples were taken from Bir and TUTH (100 from each hospital).
- ❖ 200 patients (one by one) who was discharged from medical and surgical wards of TUTH and Bir Hospital.

3.5 Data Collection Procedure

Semi structured interview questionnaire and liker scale were used to collect the data. Investigators and paid, trained employee were responsible to collect the data.

3.6 Research Instrumentation

Interview questionnaire was developed by the researcher to find out the perception of quality nursing care of patients.

Part I: Demographic Status of the respondents

Part II: Interview questionnaire regarding "Perception of Quality Nursing Care"

3.7 Validity and Reliability of the Instruments

Following activities were carried out for maximizing the validity and reliability of the instruments.

- Literature on related topic and its objective were carefully and extensively reviewed before the development of instruments.

- The instrument was preliminary tested with my colleagues to refine the questionnaire then it was consulted with the subject expert for the content validity and educationist for the construct/ criterion validity.
- The instrument was pretested (10% of total sample size) in similar setting (without involving the study subjects).
- Necessary modification was done as needed. The interview questionnaire was translated in simple Nepali language for the clear understanding as preferred by the respondents.

3.8 Ethical Consideration

- Ethical approval was obtained from the Nepal Health Research Council, Nepal.
- Formal permission was obtained from Hospital Authority; (Director and Nursing Director) of TUTH, Bir Hospital to conduct the study.
- Informed consent was obtained from each respondent with explanation of the purpose of the study to ensure their right to have complete information.
- Data was collected through interview questionnaire by maintaining confidentiality and privacy from the patients.

3.9 Data Analysis Procedure

The data were edited, organized, coded, and entered into SPSS (Statistical Package for Social Science) software program. The data was analyzed by using descriptive statistics in terms of mean, frequency and percentage and Chi square tool was used for p value. The findings were presented in tables, graphs as well.

(Mean, standard deviation, p value were analyzed with 95% confidence interval. p Value less than 0.05 was considered to be statistically significant).

3.10 Methodological Limitations

- The area of the study was limited to only medical and surgical wards of the central level hospitals located in Katmandu.
- Purposive sampling technique was adopted.
- It was limited to interview and patient's verbatim, focus group discussion were not done among patients.

CHAPTER IV

STUDY FINDINGS

This chapter deals with the in-depth analysis and interpretation of the collected responses to identify the perception towards quality nursing care among hospitalized discharged patients in TUTH and Bir-hospital, Kathmandu. Data were analyzed according to the objectives of the research study.

Data were arranged and presented in Tables, Figures. Findings were presented in different sections.

1. Demographic status of the Respondents
2. Perception on Procedure/Care related activities
3. Responses regarding Nurses Characteristics/ Behaviors
4. Responses on Ward environment/ Hospital facilities

PART I

Demographic status of Respondents

TABLE 1

Distribution of Respondents by Age

n=200

Variables	Frequency	Percentage (%)
20-39 years (Young Adult)	85	42.5
40-59 years (Middle Adult)	54	27
60 yrs or above (Late Adult)	61	30.5

Table 1 indicates that Majority of respondents was young adult (20-39 years) that was 42.5%, 27% were between age group of 40-59 years, and about 31% were age of 60 years or above. Mean age of respondents was 45.55 (SD \pm 19.49) years with the range of 76.

TABLE 2

Distribution of Respondents by Sex

n=200

Variable	Frequency	Percentage (%)
Male	154	77
Female	46	23

Table 2 shows that most of the respondents were male that was 77%, and only 23% were female.

TABLE 3

Marital Status of the Respondents

n=200

Variables	Frequency	Percentage (%)
Married	164	82
Unmarried	36	18

Table 3 shows that most of the respondents were married that were 82%, & only 18% were unmarried.

TABLE 4**Distribution of Respondents by Education****n=200**

Variables	Hospitals		Total (%)
	Bir hospital (n=100)	TUTH (n=100)	
Illiterate	39	17	28
Literate			
Primary	31	19	25
Secondary	19	18	18.5
Higher Secondary	11	46	28.5

Table 4 shows that most of the admitted respondents in Bir hospital were illiterate that was 39%, whereas only 17% were in TUTH. Most of the respondents (46%) of TUTH were having the education of higher secondary level, in contrast only 11% of respondents of Bir-hospital were having the same level of education.

The proportion of patients falling under different educational status is significantly different in two hospitals ($p < 0.05$).

TABLE 5**Distribution of Respondents by Occupation****n=200**

Variables	Hospitals		Total (%)
	Bir hospital (n=100)	TUTH (n=100)	
Government Job	10	19	14.5
Private Job	2	23	12.5
Self - Business	12	18	15
Only Farming	76	40	58

Table 5 shows that most of the respondents (76%) admitted in the Bir hospital were farmer, whereas only 40% respondents admitted in TUTH were involved in farming , job holder including self-business were 60% in the TUTH & only 24% in the Bir-hospital.

The proportion of patients falling under different occupational status is significantly different in two hospitals ($p < 0.05$).

TABLE 6

Distribution of Respondents Admitted to the Different Wards

n=200

Ward	Frequency	Percentage (%)
Medical	100	50
Surgical	100	50

This table 6 reveals that equal percentage of respondents from Medical Ward & from Surgical Ward as 50% and 50% respectively.

PART II

Procedure/Care Related Activities

TABLE 7

Responses of Nurses toward Patient's Callings

n=200

Variables	Hospitals		Total (%)
	Bir hospital (n=100)	TUTH (n=100)	
Respond Immediately	90	50	70
Assure Verbally	1	24	12.5
Come within 15 mints.	8	23	15.5
Not Responding	1	3	2
	100	100	100

Table 7 indicates that in Bir hospital most of the nurses respond immediately i.e. 90% whereas in TUTH 50% nurses respond immediately when patients call them. Twenty four percent verbally assure in TUTH but in Bir hospital only 10% verbally assure to patients response. Similarly 23% in TUTH and 8% in Bir hospital come within 15 minutes respectively.

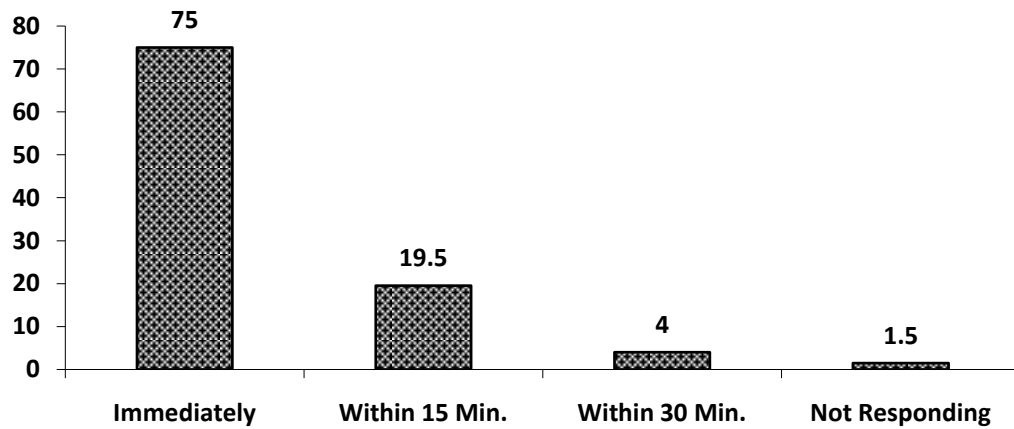


Figure 2

Availability of Nurses during Needs of the Patients

Figure 2 shows that majority of respondents (75%) said, availability of nurses immediately, while 19.5% said, nurses are available within 15 mints & 1.5% respondents said that nurses were not responding.

TABLE 8
Nurses Explanation Regarding Procedure

n=200

Variables	Hospitals		Total (%)
	Bir hospital (n=100)	TUTH (n=100)	
Yes	84	74	79
No	16	26	21

Table 8 reveals that, majority of respondents (84%) in Bir hospital said that Nurses explained procedure before performing. Similarly 74% gave same response in TUTH, whereas 16% and 26% of respondents viewed, nurses not explained the procedure in Bir hospital and TUTH respectively.

TABLE 9
Timing of Procedure Explanation

n=200

Variables	Frequency	Percentage (%)
Before Procedure	100	50
During Procedure	67	33.5
After Procedure	10	5
No Explanation	23	11.5

Table 9 reveals that 50% of respondents answered that nurses explained procedure before carrying out, about 34% said nurses explained during procedure, and about 12% of respondents answered nurses do not explain about procedure.

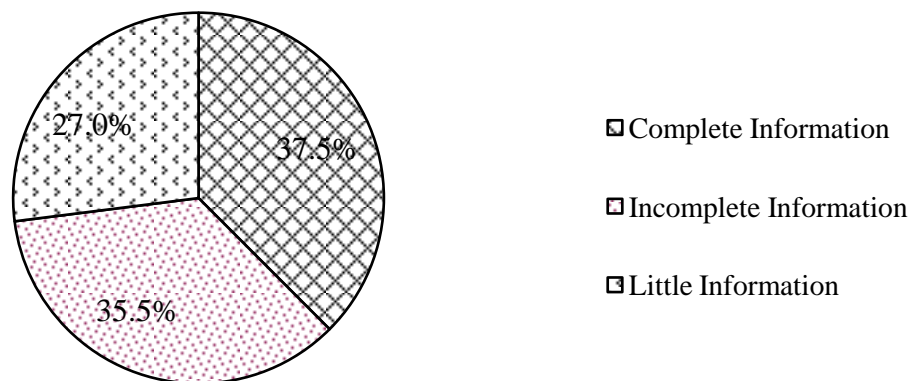


Figure 3

Respondents Responses regarding Procedure Information

Figure 3 shows the percentage of the response regarding information provided by nurse. About 38% of respondents viewed that nurses give complete information, 35% respondents answered that nurses give incomplete information and 27% said nurses give little information about procedure.

TABLE 10**Number of Involvement of Patient during Procedure****n=200**

Variables	Frequency	Percentage (%)
Once	26	13
Twice	24	12
Thrice	130	65
Not Involved	17	8.5
Every Time	3	1.5

Table 10 shows that 13% of respondents viewed that only one time involving the patient during procedure, 8.5% viewed that not involvement. In contrast only 1.5% of respondents viewed that involvement of patients as every time.

TABLE 11**Involvement of Patient's Family during Procedure****n=200**

Variables	Frequency	Percentage (%)
Once	17	8.5
Twice	18	9
Thrice	106	53
Not Involved	55	27.5
Every Time	4	2

Table 11 shows that highest number (53%) of respondents said nurses involved patient's family during procedure 3 times, 8.5% of respondents viewed that only one time, similarly 9% said two times but only 2% said every time involving the patient family during procedure, but second highest percentage (27.5%) viewed that not involved the patient's family during procedure.

TABLE 12**Visiting Time of Nurses to Patients****n=200**

Responses	Hospitals		Total (%)
	Bir hospital (n=100)	TUTH (n=100)	
Routinely at Dr's Round	3	39	21
While Shift change	4	4	4
Sometimes, Self Visit	91	53	72
Only on Patients' Request	2	4	3

In table 12, highest number (72%) of respondents stated that they were being visited by nurse only sometimes as a self visit, 21% said at the time of doctor's round routinely but very low percentage (3%) said nurses visit them while they request.

TABLE 13**Maintaining of Privacy during Procedure****n=200**

Responses	Hospitals		Total (%)
	Bir hospital (n=100)	TUTH (n=100)	
Always	31	13	22
Most of the Time	28	37	32.5
Sometimes	32	50	41
Never	9	0	4.5

Table 13 illustrates the responses regarding privacy during procedure. Thirty one percent in Bir hospital viewed nurse always maintained privacy during procedure but only 13% in TUTH viewed same response which shows difference in responses between Bir hospital and TUTH. In contrast 41% (32% from Bir hospital and 50% from TUTH) of respondents answered nurses maintained their privacy sometimes only.

TABLE 14
Nurses Response to Patients' Queries

n=200

Responses	Hospitals		Total (%)
	Bir Hospital (n=100)	TUTH (n=100)	
By giving complete information	34	40	37
By giving some information	25	35	30
By giving minimal information	23	24	23.5
Not giving any Information	18	1	9.5

Table 14 describes about nurses response to patient's queries. Nearly 37% (34% from Bir hospital and 40% from TUTH) of respondents said that nurses respond their queries by giving complete information, whereas 30% (25% from Bir hospital and 35% from TUTH) said nurses respond by giving some information. Similarly about 23% and 24% of respondents said that nurses respond their queries by giving only minimal information from Bir hospital and TUTH respectively but only about 10% from both hospitals told that nurses are not giving any information.

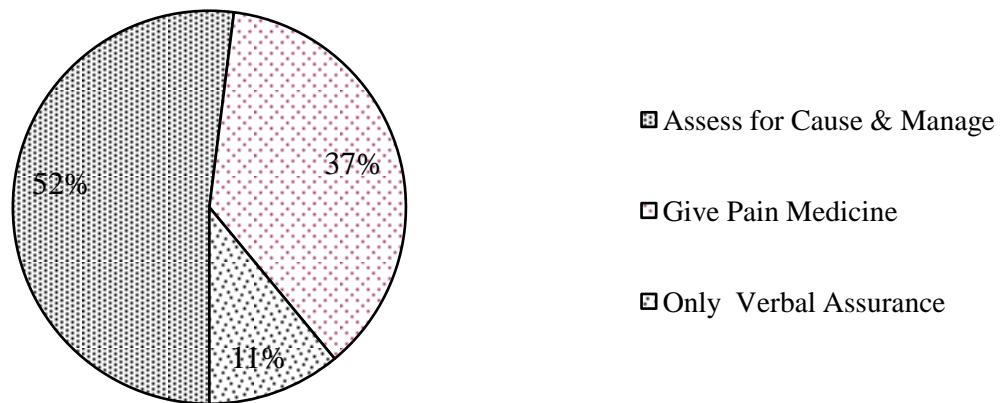


Figure 4
Nurses Responses to Patients Complain and Discomfort

Figure 4 shows that 11% of respondents viewed Nurses gave only Verbal Assurance to patients' complains of pain & discomfort. In contrast more than 50% of respondents viewed that nurses assessed cause & manage. Only 37% of respondents viewed that nurses give pain medication as prescribed.

PART III

Characteristics/ Behaviors of the Nurses

TABLE 15

Respondents Perception regarding Characteristics/ Behaviors of the Nurses

n=200

Statements	Disagree		Uncertain		Agree	
	Frequency	(%)	Frequency	(%)	Frequency	(%)
Understand patients needs	12	(6)	32	(16)	156	(78)
Involve the patient & their family in Care	36	(18)	35	(17.5)	129	(64.5)
Show Kindness	7	(3.5)	49	(24.5)	144	(72)
Clinical Competency	5	(2.5)	36	(18)	159	(79.5)
Polite	7	(3.5)	44	(22)	149	(74.5)
Joyful & smiling	7	(3.5)	45	(22.5)	148	(74)
Friendly Communicate	27	(13.5)	45	(22.5)	128	(64)
Give adequate time for patient	49	(24.5)	45	(22.5)	106	(53)
Maintain the individual respect	12	(6)	33	(16.5)	155	(77.5)
Prompt Service to patients	12	(6)	32	(16)	156	(78)

Table 15 shows that majority i.e.78% of respondents agreed that the nurse understands their needs in compare to 6% who disagreed about this characteristic, likewise 64.5% of respondents agreed that the nurses involve them and their family members while providing care whereas 18% disagreed about the involvement in the care. Similarly 72%, 79.5%, 74.5%, 74% agreed that nurses were kind, clinically competent, joyful and smiling and friendly respectively followed by 3.5%, 2.5%,3.5% and 3.5% disagreed about the their kindness, clinically competency, joyful & smiling and friendly behavior. Likewise 53%, 77.5% and 78% agreed that nurses give

adequate time for them, maintain respect and provide prompt service to them respectively.

PART IV

Ward Environment and Hospital Facility

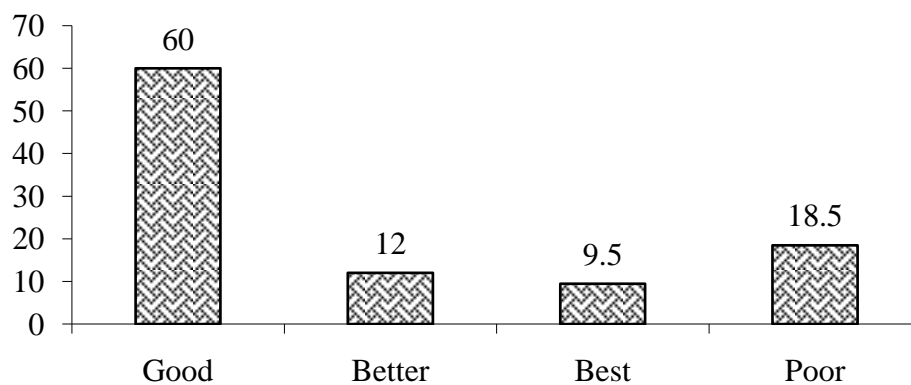


Figure 5

Responses regarding Ward Environment related to Cleanliness

Figure 4 reveals that majority of patients (60%) answered that their ward environment is good in terms of cleanliness, in contrary to this only about 18.5% respondents answered cleanliness of ward is poor.

TABLE 16**Ward Environment related to Noise****n=200**

Variables	Frequency	Percentage (%)
Quiet	41	20.5
Slightly Noisy	92	46
Noisy	67	33.5

Table 16 reveals that majority of patients (46%) answered that their ward environment was slightly noisy but about 34% of respondent answered the ward was noisy while only about 21% said the ward was quiet.

TABLE 17**Ward Environment related to Safety & Security****n=200**

Variables	Disagree		Uncertain		Agree	
	Frequency	(%)	Frequency	(%)	Frequency	(%)
Cleaned & Dry Floor	23	(11.5)	54	(27)	123	(61.5)
Spacious Area	63	(31.5)	57	(28.5)	80	(40)
Side rail of bed	153	(76.5)	31	(15.5)	16	(8)
Facility of Guard	62	(31)	60	(30)	78	(39)
Poor waste disposal	11	(5.5)	30	(15)	159	(79.5)

This Table shows that most of the respondents (62%) agreed that cleaned & dry floor in ward. Similarly 40% of respondents agreed that spacious area in ward. While 77%

of respondents disagreed regarding side rail of bed, like wise 31% of respondents disagreed about facility of guard. Similarly most of the respondents (80%) viewed that poor waste disposal system in ward.

TABLE 18

Respondents' Perception regarding Admission Procedure

n=200

Variables	Disagree		Uncertain		Agree	
	Frequency	(%)	Frequency	(%)	Frequency	(%)
Good reception manner	35	(17.5)	37	(18.5)	128	(64)
Orientation of the ward	75	(37.5)	27	(13.5)	98	(49)
Orientation of Visiting hour	71	(35.)	33	(16.5)	96	(48)
Orientation of timing of Dr's round	71	(35.5)	23	(11.5)	106	(53)
Orientation to the Drinking water	75	(37.5)	18	(9)	107	(53.5)
Orientation to Toilet & bathroom	70	(35)	16	(8)	114	(57)
Orientation to timing of discharge procedure	53	(26.5)	24	(12)	123	(61.5)
Orientation of Diet facility	48	(24)	24	(12)	128	(64)

Table 18 describes about professional characteristics of nurses. It reveals that highest equal percentage (64%) of respondents agreed that nurses have good reception manner and give orientation about diet facility. Similarly second highest percentage (61%) of respondents agreed that nurses have good orientation to timing of discharge procedure. Thirdly, 57% of respondent have responded nurses have good orientation to toilet and bathroom. Likewise, more than 50% of respondents agreed on the fact that nurses have good orientation on drinking water and doctor's round. Lastly less

than 50% of respondents agreed that nurses have good orientation to ward and visiting timing.

On the side of disagreement about 38% of respondents have told that nurses do not have orientation to ward, visiting hours, and drinking water, whereas only about 35% of respondents said that nurses do not have orientation to visiting hour, doctor’s round, and toilet bathroom. Only about 18% of respondents said nurses do not have good reception manner.

Majority of respondents have agreed that nurses have major characteristics of nurse.

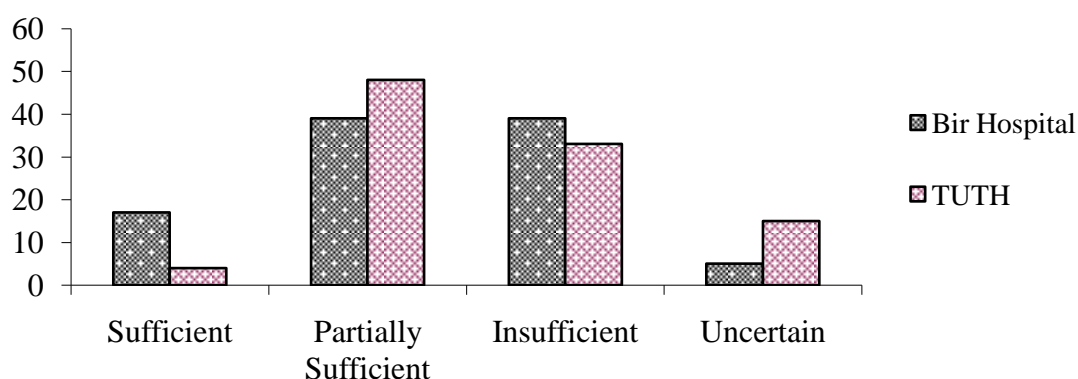


Figure 6

Responses about Numbering of Nurses

Figure 5 illustrates that if the number of nurses in the hospital was sufficient. In this figure the similar percentage of respondents have same views regarding the working number of nurses in both hospitals. Thirty eight percentages of respondents from Bir hospital said that the number of working nurse was insufficient, similar view was given by 33% respondent from TUTH. In contrary to this only about 17% respondents from Bir hospital viewed that nurses were sufficient and same view was given by about 4% of respondent from TUTH. About 39% of respondents from Bir hospital

said the numbers of working nurses are just partially sufficient and similar opinion was given by about 48% of respondent from TUTH.

The proportion of patients falling under different responses about numbering of nurses is significantly different in two hospitals ($p < 0.05$).

TABLE 19
Perception Related to Cost (Hospital Policy)

n=200

Variables	Hospitals		Total (%)
	Bir hospital (n =100)	TUTH (n=100)	
High	16	33	24.5
Medium	76	53	64.5
Uncertain	8	14	11

Table 19 shows that most of the respondents (76%) viewed that medium cost in Bir-Hospital followed by 16% said high and 8% said uncertain. Whereas 53% of respondents said medium cost in TUTH followed by 33% said high cost and 14% said as uncertain.

The proportion of patients falling under different responses about hospital cost is significantly different in two hospitals ($p < 0.05$).

CHAPTER V

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Discussion of the Findings

The concept of quality care is very subjective and individualized. Nowadays it is being sensitive issue in different health care setting globally. There are no universal measures to determine the quality care. So, it is very difficult to evaluate and judge the quality of health services. Therefore when assessing the quality of nursing care, the findings must carefully be interpreted.

5.1.1 Demographic status of Respondents

Study reveals that majority of the respondents were belongs to 20-39 yrs of age group (42.5%) i.e. under young adults. Among 200 respondents 28% were illiterate and educational status is significantly different in two hospital ($p < 0.05$), among the illiterate most of the respondents falls under Bir hospital (39%) and in TUTH (17%) only. Regarding occupational status, 58% of respondents were farmer (76% in Bir-Hospital and 40% in TUTH). The proportion of patients falling under different occupational status is significantly different in two hospitals ($p < 0.05$).

5.1.2 Perception on Quality Nursing Care

The perception of the respondents regarding nurses response towards patients calling; Ninety percent of respondent in Bir hospital said that nurses respond immediately when they call but only 50% of respondent in TUTH perceived that nurses respond

immediately when patients call them. This finding is stated by one patient in Bir hospital that “*Maile sisterlai bolaunae bittikai, sister aai halunu huncha*”.

Majority of respondent i.e. 84% in Bir hospital viewed that nurse explains procedure before providing care similarly 74% in TUTH gave same response. This study contradicts with another study which shows that the nurse was rarely providing the information while conducting any procedures (Sweeney John, Marie Brooks Anne, et al. 2003).

Overall in both hospitals about 38% of respondents viewed that nurses give complete information, 35% respondents answered that nurses give incomplete information and 27% said nurses give little information about procedure.

Thirty one percent of respondents in Bir hospital said that nurses always maintain privacy during procedure whereas only 13% of respondents in TUTH said about maintaining privacy by nurses.

According to Gautam (2005) on her study that the entire patient perceived that their privacy were maintained by the nurses all the time. This finding is contradicted with our research finding.

Regarding patient queries, 34% from Bir hospital and 40% from TUTH said that nurses give complete information to patient's queries whereas only 18% from Bir hospital and 1% from TUTH, told that nurse are not giving any information.

This finding is stated by one of the respondent in TUTH “*Cetamol le jworo kam gharcha bhanaera cetamol ko barema ramrari malai bhannu bhayo, jharko namanikhana.*”

Similarly regarding response towards patients complaints & discomfort in both hospitals, 52% of respondents perceived that nurses assess for causes & manage their complaints & discomfort, 37% perceived that nurses give pain medication and 11% said that nurses verbally assure for complaints & discomfort. According to Muntlin, Gunningberg & Carlson (2006) about 20% of patients reported that they did not receive effective pain relief in emergency department.

Perception regarding characteristics of nurses, 78% of respondents from both hospitals perceived nurses provided prompt services; maintain individual respect, friendly and they show kindness respectively.

This study finding consistent with other findings (Kassim, 2008) which revealed that 61% of nurses provided prompt services to patients and 63% of patients rated that they were satisfied with nurses showing empathy and willingness to help their patients. Most patients expressed that the clinic was excellent and staff were friendly helpful, kind, efficient, courteous and considerate (Paxton & Heaney, 1997).

Likewise about 80% of respondents agreed that the nurses were polite, kind, clinically competent, friendly, joyful and smiling etc. This indicates that nurses were having good professional behavior. This finding supports the previous study by Zhao and Thitinut (2007) that nurse behavior were good and nurses possess good characteristics.

Majority of respondents, more than 57%, perceived that nurses in the ward having good reception manner, good orientation on visiting hour, dr's round, toilet, diet facility etc. This finding is consistent with the study findings of Lieu et al(2004) and Zhao and Thitinut (2007), which reported that nurses provide good orientation of the hospital when they are admitted.

The overall perception regarding ward environment, most of the respondents (60%) viewed that good in cleanliness, similarly according to another study also contributes this results which shows the good perception regarding ward organization capabilities.(Mufti S, Qadri GJ, Tabish SA, Mufti S, Riyaz R., 2008).

But about 34% viewed that environment of ward was noisy and about 80% agreed that waste disposal system was also poor in the ward. One of the respondent from Bir Hospital stated that “*Ward chahi safa cha, bhui sadhai puchirahancha tara bathroom ko waripari phohar cha, baltin ma pani dherai phohar huncha, bela ma uthayera lagdhaina*”. Similarly from TUTH also one of the respondents said that “*Phohar bela bela ma phalna aaudaina, bharae pachi mattari aaunchan, toiletko waripari ganhanaucha*”.

Even though about 44% respondents perceived that nurses were partially sufficient in their wards, they are professionally sound to provide quality care. Similar response was found in another study of Rose M Schaubunt (2009). He reported that heightened expectations for better patient outcomes delivered by fewer nurses.

In this study, nearly 65% of respondents perceived that cost of the hospital were medium.

Conclusion

Patient perception surveys can be of great value to health care providers not only in recognizing and improving quality of care, but also as predictors of return-to-provider behavior of the patients.

Based on this study finding, it can be concluded that most of the respondents in both hospitals perceived quality nursing care as nurses were actively responding to the patient's queries. Most of the nurse used to explain the procedure before performing that is good aspect of quality nursing care but information provided regarding procedure was not so complete. Most of the nurses used to maintain privacy only sometime, but privacy is very important aspect in quality nursing care and should always be prior concern.

Similarly, Majority of the nurses assesses for cause and manages for patients complain of pain and discomfort. Most of the respondents perceived that nurses show kindness, maintain individual respect, communicate friendly, have clinical competency, provide prompt service to the patient. Majority of respondents agreed that environment of the ward were good regarding cleanliness despite of the noisy and poor waste disposal system in the ward. This is concern to the quality nursing care as well as for the hospital administration for the betterment of the patient service.

To some extent it was found that nurses in Bir-hospital used to maintain quality nursing care in comparison to TUTH. It might be as some patient admitted with high expectation to receive quality nursing care, and some may not have adequate understanding level to judge or evaluate nursing care. These are important

determining factors to make differing views on the “quality nursing care”. Finally nurses and hospital administration need to be more aware in the patient's views in terms of adequate explanation of procedure, maintaining privacy. Therefore nurses must equip themselves with relevant and updated information regarding the patient care.

Also In-service training programs for nurses on quality nursing care is needed to maintain best nursing care in both hospitals (TUTH and Bir- hospital).

Recommendation

It would be recommended that similar type of study can be done in different peripheral parts/hospitals of the country with large sample.

Comparative study between expectation and perception of patient and perception of nurses towards quality nursing care is helpful to explore the gap of quality nursing care in different hospitals.

Patient satisfaction survey should be carried out routinely in all aspects of nursing services to improve quality nursing care.

It would be recommended to improve the nursing service quality at hospitals, strengthening the hospital policy and improving the nursing service support system.

Implication of the study

The findings of this study would help to identify the policy of the hospital to be more focus on the quality of the physical environment of the ward, likewise toward the cost of the hospital and the increment in numbering of the nurse in the ward which will help in the domain of nursing care and the patient will receive maximum quality care from the nurses.

This study finding is useful to nurses related to their care towards patient and they can modify their behavior according to patient need and within their ethics. Furthermore, this study finding helps the hospital administrator/policy maker to plan and develop strategies focused on quality nursing care.

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APPENDICES

APPENDIX A

Verbal Consent Form with Interview Questionnaire (English and Nepali)

Verbal Consent Form

Direction: The interviewer will read the following message to each hospitalized/discharged patients(respondents) and will asked for their willingness to participate in the study before collecting data from them.

Message: I amhave come from the..... in relation to a study to identify the Patient's Perception towards Quality Nursing Care. Information on it will be collected by asking some questions that will take about minutes. I would like to know whether you would be interested to participate in the study. The findings of the study may not directly benefit you at this moment but it will help in planning for providing quality nursing care/services which may benefit many patients in future. Information obtained from you will be kept confidential and reporting will be done in group without individual identity.

Participation in this study is entirely voluntary. So if you do not wish to participate either now or later during the interview you are free to say so. Do you have any question to ask?

Then would you like to participate?

Yes

No

Signature of the interviewer.....

If the subject (respondent) is willing to participate, proceed with filling the interview questionnaire.

Interview Questionnaire

Title: Patient's Perception towards Quality Nursing Care

Purpose: To identify the Perception towards Quality Nursing Care

Part I

Demographic status of the Respondents

1. Age:
2. Sex:
3. Marital status:
 - a. Married
 - b. Unmarried
 - c. Divorce
 - d. Separated
 - e. Others
4. Education level:
 - 4.1 Literate:
 - a. Primary
 - b. Secondary
 - c. Higher Secondary
 - 4.2 Illiterate
5. Occupation:
 - a. Government
 - b. Private
 - c. Self business
 - d. Others (farmer)
6. Length of hospital stay:
7. Unit of hospital:
 - a. Medical
 - b. Sugrical
 - c. Others
8. Diagnosis:
9. Date of Admission:
10. Current status of diseases:

Part II

Questionnaire on Care/procedure related activities

2.1 How does your nurse respond when you call them?

- a) Respond immediately
- b) Assure verbally
- c) Come within 15 minutes
- d) Not responding

2.2 When does your nurse be available when you need them?

- a) Immediately
- b) Within 15 minutes
- c) Within 30 minutes
- d) Not responding

2.3 Does your nurses explain the procedure before providing care?

- a) Yes
- b) No

2.3.1 When does your nurse explain any procedure?

- a) Before procedure
- b) During procedure
- c) After procedure
- d) No explanation

2.3.2 How much does your nurse explain the procedure?

- a) Complete information
- b) Incomplete information
- c) Little information

2.4 How often does your nurse involve you while giving care?

- a) Once
- b) Twice
- c) Thrice
- d) Not involved

2.5 How often does your nurse involve your family while giving care?

- a) Once
- b) Twice
- c) Thrice
- d) Not involved

2.6 When does your nurse visit you?

- a) Routinely at Dr's Round
- b) Sometimes self visit
- c) While shift changes
- d) Only on your request

2.7 Does your nurse respect your privacy while giving care?

- a) Always
- b) Most of the time
- c) Sometimes
- d) Never

2.8 How does your nurse respond your queries?

- a) Provide complete information
- b) Provide some information
- c) Provide minimal information
- d) Not giving any information

2.9 How does your nurse respond your complain of pain and discomfort?

- a) Give only verbal assurance
- b) Assess for cause and manage accordingly
- c) Give pain medication as prescribed

PART III

Liker Scale: Questionnaire related to characteristics/behaviors of nurse

Items	Response		
	Disagree	Uncertain	Agree
Nurses understand patient's needs			
Nurses involve the patients and their family in patient care			
Nurses show Kindness			
Nurses show clinical competency			
Nurses are polite			
Nurses are joyful and smiling			
Nurses friendly communicate with the patient			
Nurses give adequate time for patient			
Nurses maintain the individual respect			
Nurses provide prompt service to the patient			

PART IV

Questionnaire related to Ward environment/hospital policy

4.1 How do you perceive your ward related to cleanliness?

- a) Good
- b) Better
- c) Best
- d) Poor

4.2 How do you perceive your ward environment related to noise?

- a) Quiet
- b) Slightly noisy
- c) Noisy

4.3 Perception related to safety and security (Liker scale)

Items	Response		
	Disagree	Uncertain	Agree
Cleaned and dry floor			
Spacious area			
Side rail of bed			
Facility of guard			
Proper waste disposal			

4.4 Perception related to admission procedure (Liker Scale)

Items	Response		
	Disagree	Uncertain	Agree
Good Reception manner			
Orientation of hospital/wards			
Orientation of visiting hour			
Orientation to the time of doctor's round			
Orientation to the drinking water			
Orientation to toilet and bathroom			
Orientation to timing of discharge procedure			
Orientation to food facility from hospital			

5. Perception related to hospital policy

5.1 How do you feel about the number of nurses in your ward?

- a) Sufficient
- b) Partially sufficient
- c) Uncertain
- d) Insufficient

5.2 How do you feel about the hospital cost?

- a) High
- b) Medium
- c) uncertain

मञ्जुरीनामा

अनुसन्धानको विषय

अस्पतालमा भर्ना भएका विरामीहरूले पाएको गुणस्तरिय स्याहार सम्बन्धी जानकारी ।

उद्देश्य

गुणस्तरिय स्याहार सेवा सम्बन्धी जानकारी (अन्तर्वार्ता) लिनु ।

नोट: अन्तर्वार्ता लिनु अगाडी सबै उत्तरदाता सँग मौखिक अनुमति लिइने छ र सबै सुचनाहरू गोप्य राखिने छ । सबै सुचनाहरू यो अनुसन्धानमा मात्र प्रयोग गरिने छ । उत्तरदाताहरूलाई सुचना दिनको लागि कर गरिने छैन । साथै तपाईंले (उत्तरदाताहरूले) दिएका सुचनाले भविष्यमा अस्पताललाई र विरामीहरूलाई स्याहार सेवा गुणस्तरिय पाउनलाई मद्दत गराइनेछ (पुग्नेछ) ।

कोडं नं.

अन्तर्वार्ताको मिति:

भाग - १
व्यक्तिगत विवरण

१. उमेर

२. लिंग

क) महिला

ख) पुरुष

३. वैवाहिक अवस्था :

क) विवाहित

ख) अविवाहित

ग) पारपाचुके

घ) अलगगै बसेको

ङ) अन्य...

४. शैक्षिक स्तर

क) साक्षर

ख) निरक्षर

१) प्राथमिक स्तर

२) माध्यमिक स्तर

३) उच्च माध्यमिक र सो भन्दा माथि

५. पेशा:

क) सरकारी जागिर

ख) प्राइभेट जागिर

ग) स्वरोजगार

घ) अन्य

६. भर्ना भएको अस्पतालको मिति

७. वार्ड

क) मेडिकल वार्ड

ख) सर्जिकल वार्ड

ग) अन्य

८. रोगको नाम (डाइग्नोसिस):

९. अस्पतालमा बसेको जम्मा दिन

१०. विरामी (रोग) को हालको अवस्था

भाग-२

१. स्याहार सम्बन्धी प्रश्नहरू

१.१. तपाईंले नर्सलाई बोलाउँदा नर्सले के गर्नुहुन्छ ?

क) तुरुन्तै आउनु हुन्छ

ख) मुखैले आउँछु भन्नु हुन्छ

ग) १५ मिनेट पछि आउनु हुन्छ

घ) वास्ता गर्नु हुन्न

१.२. तपाईंलाई चाहिएको बेलामा नर्स कति बेला आउनु हुन्छ ?

क) तुरुन्तै आउनु हुन्छ

ख) १५ मिनेट पछि आउनु हुन्छ

ग) ३० मिनेट पछि आउनु हुन्छ

घ) वास्ता गर्नु हुन्न

१.३. नर्सले कुनै विधि (Procedure) गर्दा तपाईंलाई जानकारी दिनुहुन्छ

क. दिनुहुन्छ

ख. दिनुहुन्न

यदि दिनुहुन्छ भने कति बेला ?

क) विधि गर्नु भन्दा अगाडी

ख) विधि गर्ने बेला (गद्दै खेरी)

ग) विधि सकिसकेपछि

यदि दिनुहुन्छ भने कति कतिको विवरण दिनुहुन्छ ?

क) विधिवारे पूरै विवरण

ख) थोरै

- १.४. नर्सले तपाईंलाई स्याहार गर्दा तपाईंलाई संलग्न गराउनुहुन्छ ?
- क) एकचोटी
ख) दुईचोटी
ग) तिनचोटी
घ) संलग्न गराउनुभएको छैन
- १.५. तपाईंको परिवारलाई नर्सले स्याहार गर्दा साथमा कतिको राख्छ ?
- क) एकचोटी
ख) दुईचोटी
ग) तीनचोटी
घ) राख्दैन
- १.६. नर्सले तपाईंलाई कहिले भेट्न आउनु हुन्छ ?
- क) डा.को राउन्डको बेला
ख) आफै जुन बेला (अनिश्चित समय)
ग) ड्युटी चेन्ज हुने बेलामा
घ) तपाईंले बोलाउदा मात्रै
- १.७. तपाईंको गोपनीयतालाई नर्सहरूले कतिको कदर गर्नुहुन्छ ?
- क) सधै
ख) कहिलेकाँही
ग) धेरैजसो
घ) गर्नुहुन्न
- १.८. तपाईंले सोधेको प्रश्नको उत्तर नर्सले कसरी दिनुहुन्छ ?
- क) पुरा विवरण दिनुहुन्छ
ख) आधा विवरण दिनुहुन्छ
ग) थोरै विवरण दिनुहुन्छ
घ) दिंदैदिनुहुन्न

१.९. तपाईंले जानकारी गराईसकेपछि तपाईंका अफ्ठ्यारा र दुखाई कम गर्न नर्सहरुले कसरी प्रतिक्रिया गर्नुहुन्छ ?

क) बोलिले मात्र प्रतिक्रिया दिनुहुन्छ

ख) कारण पत्ता लगाएर र निवारण गर्नुहुन्छ

ग) दुखाई कम गर्ने दवाई दिनुहुन्छ

२. नर्सको व्यवहार सम्बन्धी प्रश्नहरु

विषय	होइन	थाहा छैन	हो
नर्सले तपाईंको चाहाना बुझ्छ			
नर्सले तपाईं र तपाईंको परिवारलाई तपाईंको स्याहारमा संलग्न गराउँछ			
नर्सहरु जाति छन्			
नर्सहरु नम्र छन्			
नर्सहरु हँसिला छन्			
नर्सहरु राम्ररी कुरा गर्छन्			
नर्सहरु बिरामीको मान राख्छन्			
नर्सहरु पर्याप्त समय दिन्छन्			
नर्सहरु तुरुन्तै सेवा प्रदान गर्छन्			

३. वार्डको वातावरण सम्बन्धी प्रश्न

३.१. तपाईंलाई वार्डको सरसफाई कस्तो लाग्छ ?

क) धेरै राम्रो

ख) राम्रो

ग) ठिकै

घ) नराम्रो

३.२. तपाईको वार्ड कतिको शान्त छ ?

- क) शान्त छ
- ख) अलिकति हल्ला हुन्छ
- ग) हल्ला हुन्छ

३.३. सरसफाई र सुरक्षाको बारेमा तपाईलाई तपाईको वार्ड कस्तो लाग्छ ?

विषय	छ	ठिकै छ	छैन
सफा र सुख्खा भुँई			
खुला ठाउँ			
बेडमा साइड रेल छ			
गार्डको प्रबन्ध			
व्यवस्थित फोहोर फाल्ने			

४. भर्ना प्रक्रिया सम्बन्धी

विषय	सहमत	असहमत
स्वागत राम्रो गर्छ		
वार्डको विषयमा जानकारी राम्रो दिन्छ		
बिरामी भेट्ने समयको बारेमा उचित जानकारी पाइन्छ		
डा.को राउन्ड हुने बेलाको उचित जानकारी पाइन्छ		
खानेपानीको बारेमा जानकारी गराइन्छ		
शौचालयको विषयमा सम्पूर्ण जानकारी गराइन्छ		
डिस्चार्जको प्रक्रियाको बारेमा जानकारी गराइन्छ		
खाना तालिकाहरुको बारेमा जानकारी गराइन्छ		

५. अस्पतालको नियम तपाईंलाई कस्तो लाग्छ ?

५.१. तपाईंलाई नर्सको संख्या वार्डमा पर्याप्त छ, जस्तो लाग्छ ?

क) पर्याप्त छ

ख) ठिकै छ

ग) थाहा छैन

घ) अपुग छ

५.२. अस्पतालको सेवा शुल्क बारेमा तपाईंको विचार कस्तो छ ?

क) धेरै

ख) ठिकै

ग) थाहा छैन

APPENDIX B

**Permission letters from concerned hospitals (TUTH, Bir-Hospital)
Ethical clearance (Approval letter) from NHRC**



Ref. No.

TRIBHUVAN UNIVERSITY
TEACHING HOSPITAL



Cable: TUTHMED, KATH

Maharajgunj
Kathmandu, Nepal

Date: २०६९।४।१९

जो जससंग सम्बन्ध छ ।

प्रस्तुत विषयमा मनमोहन मेमोरियल इन्स्टिच्युट अफ हेल्थ साइन्सेजमा अध्यापनरत उप प्राध्यापक श्री बिमला शाह र श्री सोनी श्रेष्ठले "Perceived quality Nursing care among hospitalised patients." विषयमा मिति २०६९।०५।०९ देखि २०६९।०७।३० सम्म यस अस्पतालमा तथ्यांक संकलन कार्य गर्नलाई अनुमती दिइएको छ ।

भरत अधिकारी
सहायक प्रशासक
सामाजिक सेवा



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
चिकित्सा विज्ञान राष्ट्रिय प्रतिष्ठान
वीर अस्पताल

पत्र संख्या:-

चलानी नम्बर:-

महाबौद्ध, काठमाडौं

मिति:-
२०६९।०६।१५

विषय :-

जो जससंग सम्बन्ध छ।

प्रस्तुत विषयमा मनमोहन मेमोरियल इन्स्टिच्यूट अफ हेल्थ साइन्सेजमा अध्यापनरत उप प्राध्यापक श्री बिमला शाहलाई "Perceived quality Nursing Care among hospitalized patients." विषयमा मिति २०६९।०६।१५ देखि २०६९।०९।१५ सम्म यस अस्पतालमा तथ्याङ्क संकलन गर्नलाई अनुमति दिइएको छ।


(सुधा वैद्य)
नि. नर्सिङ्ग निर्देशक




Nepal Health Research Council

Estd. 1991

NHRC

Ref. No. 526

Executive Committee

Executive Chairman

Prof. Dr. Chop Lal Bhusal

Vice - Chairman

Dr. Rishi Ram Koirala

Member-Secretary

Dr. Shanker Pratap Singh

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Prof. Dr. Meeta Singh

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Dr. Narendra Kumar Singh

Dr. Samjhana Dhakal

Dr. Devi Gurung

Representative

Ministry of Finance

National Planning Commission

Ministry of Health & Population

Chief, Research Committee, IOM

Chairman, Nepal Medical Council

16 November 2012

Ms. Bimala Kumari Shah

Principal Investigator
Man Mohan Memorial Institute of Health Sciences,
Kathmandu

Ref: **Approval of Research Proposal** entitled **Patient Perception towards quality Nursing Care**

Dear Ms. Shah,

It is my pleasure to inform you that the above-mentioned proposal submitted on 27 August 2012 (**Reg. no. 111/2012** please use this Reg. No. during further correspondence) has been approved by NHRC Ethical Review Board on 12 November 2012 (2069-07-27).

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, total research amount is NRs. 2, 00,000.00 and NHRC processing fee is NRs. 8,910.00.

If you have any questions, please contact the research section of NHRC.
Thanking you.

Sincerely Yours,

Dr. Shanker Pratap Singh
Member Secretary



University Grants Commission

Ref. No.



Date:

July 14, 2013

To Whom It May Concern

This is to certify that **Ms. Bimala Sah (Team Leader), Assistant Professor,** Mahamohan Memorial Institute of Health Sciences (affiliated to Tribhuvan University), Bansthali, Kathmandu, and her Team members (Ms. Soni Shrestha and Ms. Bedant Kala Thulung) were awarded Faculty Research Grants - 2012 entitled "**Patient's Perception Towards Quality Nursing Care**". They have successfully completed the work and submitted the final report on July, 2013 within stipulated time frame.

I wish them success in their academic and professional career.

Prof. Dr. Harinder Thapaliya

Research Director