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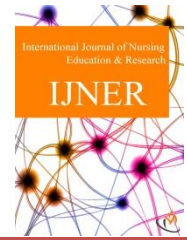
ASSESSMENT OF PATIENT'S PERCEPTION AND EXPECTATION TO WARDS NURSING CARE IN AYDER REFERRAL HOSPITAL, MEKELLE CITY, NORTHERN ETHIOPIA, 201; A CROSS SECTIONAL STUDY

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ABSTRACT

Nursing services is one of the most important components of hospital services which has two major objectives; nursing care of sick patient and prevention of disease and promotion of health. The anecdotal patients' care evaluation and media reports have portrayed negative publicity and image regarding nursing care in certain hospitals. Patients' perceptions regarding nursing care is thought to be the determinant of quality nursing care. Objective of the study was to assess patients' perceptions and expectations regarding nursing care during patient care. The study was conducted using institutional based cross-sectional study design at Ayder referral hospital Mekelle city, Ethiopia. The study population was patients admitted to the wards who fulfill the inclusion criteria of the study. Ethical clearance was secured from Mekelle University, college of health sciences, department of nursing Ethical clearance Committee. Data analysis was done using Microsoft excel spread sheet. Data was summarized using descriptive statistics and data was presented using tables and text. A total of 192 admitted patients approached and all questionnaires fully completed with a non response rate of 0.0%. Most of the participants were female with 108 (66.3%), age group of 20-29 yrs 59(30.7%). Most participants were married 118 (61.4%), farmer 113/58.8/, and had not attended any formal education 99 (51.5%). Most participants came from rural area 117/60.9%/ and 182(94.8%) was orthodox Christian. Almost in all characteristics, participants agreed with average response of more than 2.50 except characteristics harsh and rude, 44% and 40% respectively indicating that they were expecting nurses not to be rude or harsh. Majority of participants 87(45.3%) strongly agreed that they expected nurses to be cheerful. Patients expectations' to nurses were to be kind, friendly, knowledgeable, responsive, but did not expect nurses to be rude and harsh to them. Patients were not usually asked for informed consent. Most patients perceived that nursing care provided was good.

INTRODUCTION

Consumer's satisfaction is central to the marketing concept. Adapting consumer's satisfaction in a

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health care environment is imperative to better understand the needs of its customers (patients). 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

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populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge [1,2].

Quality of care is a system approach to health services, which emphasizes both technical competence as well as interpersonal dimension of "health care giving process". Patient's satisfaction is one of the two main components of quality of care which includes respect for the patient and understanding the needs of the client and providing services accordingly [3].

Nursing services is one of the most important components of hospital services which has two major objectives; nursing care of sick patient and prevention of disease and promotion of health. An outcome measure, which is being increasingly used in health care quality management, is "Patient Satisfaction". Consumer satisfaction is defined as a person's feelings of pleasure or disappointment resulting from comparing a product's perceived performance in relation to the person's expectation. Thus satisfaction is a function of perceived performance and expectation. If the performance falls short of expectation, that the customer is dissatisfied. If the performance matches the expectation, the customer is satisfied. Hospitals provide the same types of service, but they do not provide the same quality of care [2,4].

Quality of services refers to an overall judgment of a particular service. It is based on the difference between expected quality and perceived quality. When quality is higher than expected, is can be termed superior service. When the expected quality of a service equals a perceived service level, it is referred to as general service quality. When the perceived service level is higher than the expected, it is referred to as better service quality. When perceived service level is lower than expected, it is referred to as worse service quality. Well-designed health care delivery system can reduce re hospitalization, improve quality of life and provide patient satisfaction [5-7].

Department of Health and Children's Strategy Document (Ireland) emphasized the need for a quality health service that puts the patient first. More and more patients are demanding to be informed partners in decisions regarding their health and their concerns are now directed at the whole spectrum of their healthcare whilst in a healthcare institution. It has been suggested that to understand patient satisfaction, "patient's perception" of the care received must first be understood, as to rate a service on a satisfaction scale the patient has first to perceive the service [2].

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. The Picker commonwealth program for patient centered care has identified seven dimensions of client-centered care almost all of which cover the scope of nursing practice [8]. Nurses interact with patients more often than any other health care personnel in a hospital. Nurse is the one who translates information imparted by physicians technically and professionally with a humane touch. Patient's perception of nursing care can be influenced by their pre-service expectations of the service provider that are in turn influenced by number of factors such as, cultural background, socioeconomic status etc . After receiving a service the patient compares the perceived service with the expected one. If the perceived service matches or exceeds their expectations they opt to come to the hospital again and recommend it to the needy persons. The expectation and perception of patient towards service provider especially to the nurses as the front liner in the patient service would help nurse to become more caring in their interaction and interpersonal care with patients [9,10].

The hospital administrators as well as all health care workers have to be clever enough to know what the patient actually wants. By getting to know the patient a little more and to get their views on the care one ought to come closer to what the patient considers as good care. Several attempts have been made to measure patient satisfaction with nursing care. 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 Ethiopian subcontinent. Thus need was felt to delve into a nursing study to know the patients' perceptions and expectations of quality of nursing care provided by nurses at Ayder referral hospital Mekelle, Ethiopia.

Statement of the problem

In the KIPPRA report the public complained that nurses were rude and offered cold reception in public hospitals. Another study conducted in Tanzania at Muhimbili National Hospital (MNH) revealed that patients were dissatisfied with the attitude of health professionals [11]. The study further revealed that nurses treated patients and relatives of hospitalized patients as inferior. Though, some studies conducted in Jordan found out that majority of participants had positive experiences regarding time nurses spent with patients as well as respect for patients, there were still reports of patients' dissatisfaction with information provided because they felt the information given was inadequate [12]. Hence, it is not only time nurses spent with patients and respect for patients that would determine patients' perceptions of nursing care but also other factors such as adequate information about their condition and treatment, kindness, cheerfulness, and among others. This could be supported by a study which was conducted at AAU in Ethiopia found that patients had lowest satisfaction with nursing

care in the amount and type of information nurses gave them [13]. This study therefore, intended to assess some thematic areas that have not been addressed such as perceptions and expectation regarding nursing care.

Significance of the study

According to JCAHO, 2011, and patients' bill of Rights, patients have a right to quality care and information regarding their care. Many health organization and health institutions are striving to achieve high quality services so as to attract more consumers. Patients would like to go to institutions that provide nursing care that is holistic and patient centered. Since admission to strange environment creates high level of anxiety that would also affect the overall outcome of their health, nurses need to have the skills of providing care that would alleviate their anxiety. Nursing care makes a bigger portion of all health services in health organizations; therefore, exploring patients' perceptions and experiences is crucial in identifying areas of patients' satisfaction and dissatisfaction. The study would add to the body of knowledge of nursing discipline in area of patients' satisfaction. It could also allow nurses to understand what patients expect from them and also clarifying any misinformation patients may have regarding nursing care. This would enhance the image of nursing through behavior modification. It could also assist nurses to develop nursing care plans that are patient centered because patients expectations and experiences would be considered. Hence, providing quality nursing care that is consistent with patients' expectations while maintaining standards of nursing at the hospital wards. The results may be used in quality assurance program.

MATERIALS AND METHODS
Study setting

The study was conducted at Ayder referral hospital which is located 780 km from Addis Ababa in Mekelle city which is the capital city of Tigray. Ayder Referral Hospital commenced rendering its referral and specialized medical services in 2008 to the 8 million populations in the catchment areas of the Tigray, Afar and South-Eastern parts of the Amhara Regional States. It provides a broad range of medical services to both in and out patient of all age groups. With the total capacity of about 500 inpatient beds in four major departments and other specialty units along with six other affiliated hospitals in the Tigray region, the Ayder referral Hospital is also used as a teaching hospital for the college of Health Sciences, Mekelle University. Have more than 380 Nurses and more than 53 specialists in the various areas of medical specializations and fairly adequate numbers of all the other health professionals constituting the health care team. The Hospital runs all the specialized/non specialized hospital services including medical, dental,

surgical, emergency, ICU, Blood bank, laboratory, pharmacy, Radiology, pathology while and forensic medicine services. The day-to-day rising of patient flow has already exceeded 100,000 per year [14-16].

Study design, source and study population

Study design was Institutional based cross sectional study design was conducted. Source population was all patients admitted to the selected wards that fulfill the inclusion criteria during the study period at Ayder referral hospital, Mekelle city, Ethiopia. Study population; was all sampled patients (N=192) from medical, surgical, pediatrics, dermatology, obstetrics and gynecology who fulfill the inclusion criteria

Eligibility criteria

Those who admitted to the hospital for at least three nights, those who are in stable condition and who are not critically ill, those who are not risk for infection, and those who are voluntaries Patients below 10 yrs of age, individuals who admitted for less than three days, individuals who are not voluntaries to participate in the study, and individuals who are not at stable condition due to their illness and not able to respond the questionnaire were exclude from the study.

Sample size determination, sampling procedures

The sample size was calculated using the following formula and assumptions; $N(no)= (Z\alpha/2)^2 P(1-P)/ d^2$ where; N(no)=the desired sample population > 10,000, $Z\alpha/2$ =standard normal deviate (1.96) corresponding to 95% confidence limit. d=degree of precision usually set at 0.05, P= prevalence/proportion.(Estimated proportion 0.5). Since the patients' perceptions regarding nursing care is not known, P will be taken as 50% 1.96^2 x $0.5x0.5/(0.5)^2$ n= 384 Since The study population is less than 10,000 it was adjusted using the correction formula. n_f =N(no)/1+(N(no)/N) N=estimate of the population size (380) n_f= 384/1+(384/380) =192. The study used systematic random sampling. This technique was chosen because of its simplicity for it added a degree of system into random selection of subjects. The number of participants to each ward is allocated equally based on the beds they have. It is a type of probability sampling whereby the researcher ensure that all the members of the population have equal chances of being selected as the starting point or the initial subject.

Data collection tool, data collection procedure

Structured questionnaire written in English then translated to Tigrigna will be used. The study assistants had assisted the participants to answer the questions. The questionnaire has sections seeking information on participants' demographic data; patients' expectations,

experiences and challenges with nursing care. The participants asked to explain how they perceived the nursing care. A priory contact had made with a sample of respondent's explaining the objectives and purpose of the study in order to maximize the return of the draft questionnaires. Finally, the main self-administer questionnaires was distributed to all actual respondents. To maintain its confidentiality it was filled by preserving anonymity of respondents.

Data quality assurance, entry and analysis

The research assistants were selected among RNs who had experience in nurse-patient interactions. Half days of training had given for data collectors. The study tool was pretested in patients admitted to the ward who fulfill the selection criteria and some necessary points were amended after the pretest. Participants' details remained anonymous and confidentiality guaranteed to protect their privacy. The information in the study tool was checked for completeness before entering into Excel spreadsheet on the computer. The raw data was cleaned, coded and entered into the computer as soon as data is generated. Data analysis was done manually using Microsoft Excel. Data will be summarized using descriptive statistics.

Ethical consideration

The data collection was done after getting approval from the MU-CHS department of nursing Ethical review committee. Official permission had received from Ayder referral hospital, and verbal consent was obtained from individuals. Participation was on voluntary basis and their information kept confident. Moreover, the purpose, procedures of the study, advantages and disadvantages had told to participants.

Variables and operational definition

Dependent variables were Patients perception of nursing care, Patients expectations Independent variables were Patients' age, Patients' gender, Patients' level of education, Patients' marital status, and previous hospitalization. Operational definitions of terms were: Patients' expectations: average response of patient's expectation to ward Nurses > 50% show what patients expect from nurses and if < 50% patients do not need nurses to be. Patients' perceptions: Patients' understanding the way nursing care is provided and it is measured as excellent, good, fair & poor according to their level of perception.

Dissemination and utilization of the results

The final result of the study was submitted to Mekelle University, college of health science department of Nursing, Ayder referral hospital, and other concerned officials like Ethiopian Nurse Association (ENA), Tigray regional health bureau. The result of this study could be used by hospitals as an input to their management that would bring improvement in nursing care and for policy makers to design appropriate strategy in nursing.

Limitations of the study were

Absence of financial support, Shortage of time, The results can't to be generalized, The study can't show cause and effect.

RESULTS
Socio demographic characteristics of respondents

A total of 192 admitted patients approached and all questionnaires were fully completed with a non-response rate of 0.0%. Most of the participants were female with 66.3%, age group of 20-29 yrs (30.7%). Most participants were married (61.4%), farmer (58.8), and had not attended any school (51.5%). Most participants came from rural area (60.9%) and 94.8% were Christian.

Patient's expectation of nursing care

The above table is showing participants' responses on the expectations of nursing care. Almost in all characteristics, participants agreed with average response of more than 2.50 except characteristics harsh and rude, 44% and 40% respectively indicating that they were expecting nurses not to be rude or harsh. Majority of participants 87(45.3%) strongly agreed that they expected nurses to be cheerful. And 84(43.7%) of participants agreed that they were expecting nurses to be knowledgeable and competent. Most participants 104(54.1%) agreed that they expected nurses to be honest.

Patient's perception of nursing

37.5% (n=72) of the respondents agreed that the nursing care they had received during their stay in the ward was good, while 9.4% (n=18) perceived that nursing care was poor.

Table 1. Socio demographic characteristics of respondents in Ayder referral hospital, Mekelle city, Ethiopia June 2013

Characteristics of respondents	Categories/groupings	Frequency	Percent %
Gender	male	84	43.7
	female	108	66.3
Age in years	<19	22	11.4
	20-29	59	30.7

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	30-39	50	26.0
	40-49	25	13.0
	50-59	20	10.4
	>60	16	8.3
Religion	Orthodox	182	94.8
	Muslim	8	4.2
	Catholic	2	1.0
	Protestant		
	Others		
Marital status	Single	41	21.4
	Married	118	61.4
	Divorced	15	7.8
	Widowed	11	5.7
	Separated	7	3.6
Occupation	Professional	29	15.1
	Farmer	113	58.8
	Casual laborer	15	7.8
	Business person	24	12.5
	Others	11	5.7
Level of education	Not attended any school	99	51.5
	Primary	38	19.8
	Secondary	31	16.1
	Tertiary	24	12.5
Area of residence	Urban	52	27.0
	Semi urban	23	11.9
	Rural	117	60.9
Have you been admitted to the hospital before?	Yes	60	31.3
	No	132	68.7

Table 2, Patient's expectation of nursing care in Ayder referral hospital Mekelle city, Ethiopia June 2013

Measuring characteristics	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Average Response
Kind	9 (4.7%)	8 (4.1%)	3 (1.6%)	86(44.8%)	86(44.8%)	4.2
Cheerful	11(5.7%)	4 (2.0%)	7 (3.6%)	83(43.2%)	87(45.3%)	4.2
Responsive	8 (4.1%)	10(5.2%)	6 (3.1%)	85(44.2%)	83(43.2%)	4.1
Harsh	84(43.7%)	47(24.5%)	12(6.2%)	25(13%)	24(12.5%)	2.2
Honesty	6(3.1%)	7(3.6%)	10(5.2%)	104(54.1%)	65(33.8%)	4.1
Empathetic	7(3.6%)	4(2.0%)	14(7.3%)	86(44.8%)	81(42.2%)	4.2
Friendly	8(4.1%)	20(10.4%)	10(5.2%)	88(45.8%)	60(31.3%)	3.8
Rude	83(43.2%)	64(33.3%)	10(5.2%)	23(11.9%)	11(5.7%)	2.0
Polite	8(4.1%)	5(2.6%)	10(5.2%)	84(43.7%)	85(44.2%)	4.2
Respectful	10(5.2%)	9(4.7%)	8(4.1%)	100(52.0%)	65(33.8%)	4.0
Knowledgeable and competent	8(4.1%)	6(3.1%)	15(7.8%)	84(43.7%)	79(41.1%)	4.1
Meet my needs	10(5.2%)	9(4.7%)	12(6.2%)	90(46.8)	61(31.7%)	3.8
Communicate to me	22(11.5%)	14(7.3%)	27(14.0%)	88(45.8%)	41(21.4%)	3.6
Respects my beliefs and values	10(5.2%)	19(9.9%)	13(6.8%)	85(44.3%)	65(33.9%)	3.9
To be informed and explained	8(4.1%)	11(5.7%)	8(4.1%)	89(46.4%)	75(39.0%)	4.0
To be oriented to the ward environment	13(6.8%)	9(4.7%)	16(8.3%)	92(47.9%)	62(32.3%)	4.0

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Table 3. Patients Perceptions of quality of nursing care in Ayder referral hospital Mekelle city, Ethiopia June 2013

Perception	Frequency	Percent %
Excellent	40	20.8
Good	72	37.5
Fair	62	32.3
poor	18	9.4

Figure 1. Average response on Patients' expectations of nursing care in Ayder referral hospital Mekelle city, Ethiopia June 2013
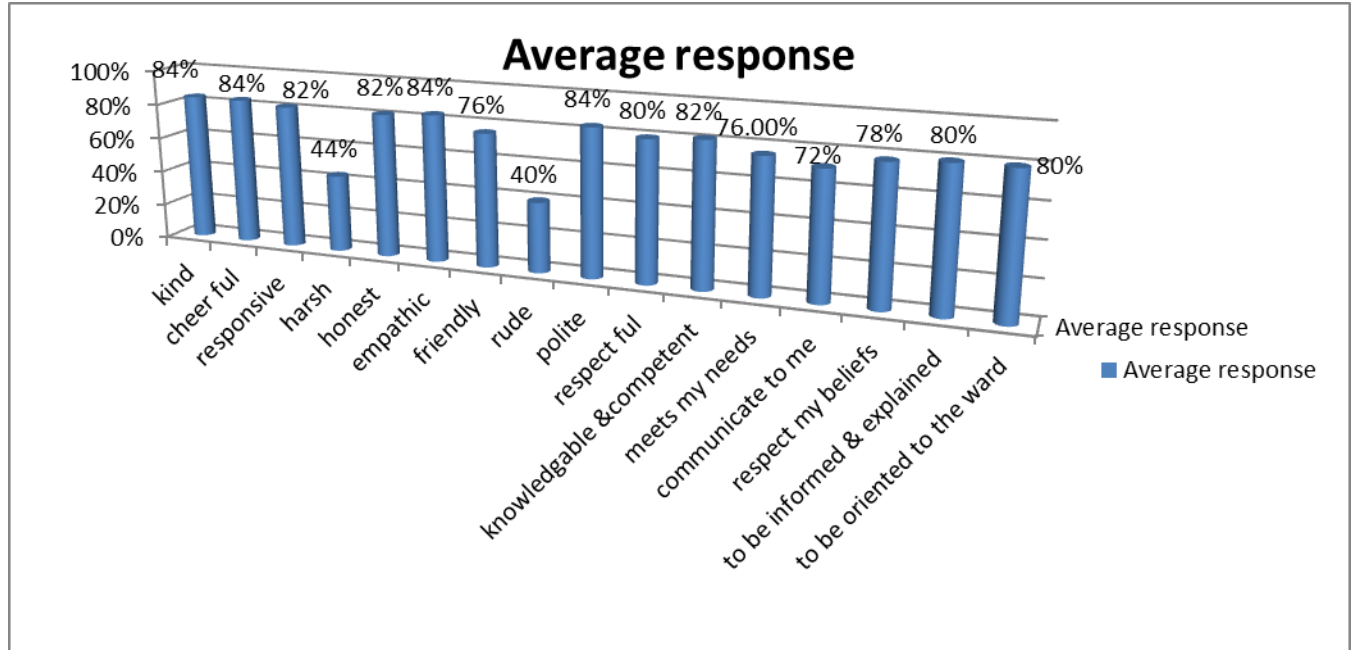
DISCUSSION

Patient's perceptions regarding nursing care is one of the predictors of consumers' satisfaction with nursing care provided. In this study, patients admitted in the wards were evaluated according to patients' understanding or assessment of nursing care provided in their own perspective. Although many studies have been conducted on the quality of nursing, little have been studied on how patients' expectations and experiences/challenges can influence patient's perception of nursing care. This looked at how patients' expectations and experiences influence their perception of nursing care.

PATIENTS EXPECTATIONS

Patients' expectations are the characteristics that the patients expect from nurses as they provide nursing care to patients. If these expectations are met patients are able to appreciate the quality of nursing care they have received. The expectations under study were; that patients expected nurses to be kind, cheerful, responsive, honesty and friendly, and not to be hash and rude. Other expectations were that they expected nurses to be knowledgeable and competent, communicate to patients about the nursing care, inform and explain treatment, medication and procedures to patients and orienting the patients to the ward environment and regulations.

The study shows the same result with the study conducted in Turkey on the patients expectations and satisfaction of nursing care, revealed that patients' expectations of nursing care were found to be cheerfulness, concern, understanding, courtesy and benevolence [23]. It was also found that patients expected to be informed by nurses about their medication and treatment. But there is some difference with the study conducted in Turkey which shows little expectation with nurse's knowledge and competence.

The results of the study that held at large teaching hospital in India revealed a relatively higher percentage of patients with poor perception regarding 'explanation and information', and 'caring attitude' aspects of nursing care (31.6% and 11.5% respectively).but in the study here 62.6% average response shows good perception regarding the explanation and information.

PATIENTS' PERCEPTIONS

Participants were asked to give their perception of quality of nursing care they had received. On perception of quality of nursing care, 37.5% felt that quality of nursing care was good while 9.4% reported that quality of nursing care was poor. The study at Kenya on perception of quality of nursing care shows almost the same result, 40.5% felt that quality of nursing care was good while 11.3% reported that quality of nursing care was poor.

CONCLUSION

Patients expectation to nurses were to be kind, friendly, knowledgeable, responsive, but did not Expect nurses to be rude and harsh to them. Nurses were not introducing themselves to patients. Patients were not usually asked for informed consent. Most patients perceived that nursing care Provided was good.

RECOMMENDATION

Based on the findings of the study the investigator recommends the following; Assessment should include patients' care expectations especially at admission so as to incorporate them in the nursing care plan. Nurses should be advocating for patient's rights in the wards. They should be the first ones to respect patients' rights such as right to privacy and information. Patients feel satisfied if their rights are respected. Need to carry out a study to find out factors that affect nurses' attitudes towards patients. The hospital to use the findings in addressing the challenges that patients are encountering in the hospital wards. Things that were found to be satisfying should be encouraged and try to change things that patients were not satisfied.

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