

**PATIENTS' PERCEPTIONS REGARDING NURSING CARE IN THE
GENERAL SURGICAL WARDS AT KENYATTA NATIONAL HOSPITAL**

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DECLARATION

I, Elwin Shawa, declare that this research dissertation is my original work and that it has not been presented in any institution for an academic award.

Signature: Date:

DEDICATION

I dedicate this research dissertation to my lovely wife, Hilda Shawa and daughter, Roselyn. You endured the pain of being alone at home physically throughout this period of my studies but spiritually, the family bonds grew stronger. You remain my great inspiration in my life.

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ABBREVIATIONS/ACRONYMS

AMA	-	American Medical Association
ANA	-	American Nurses Association
JCAHO	-	Joint Commission on Accreditation of Healthcare Organization
KIPPRA	-	Kenya Institute of Public Policy Research and Analysis
KMTC	-	Kenya Medical Training College
KNH	-	Kenyatta National Hospital
MNH	-	Muhimbili National Hospital
NNRU	-	National Nursing Research Unit
PACU	-	Post Anaesthetic Care Unit
QNC	-	Quality Nursing Care
SPSS	-	Statistical Package for Social Sciences
UK	-	United Kingdom
UON	-	University of Nairobi
WHO	-	World Health Organization

OPERATIONAL DEFINITIONS

General Surgical ward: Wards within the surgical department that admits non-amenity patients requiring emergency or elective surgical interventions.

Nursing care: Health care services provided by nurses that meet patients' physical, psychological and spiritual needs.

Patients' challenges: Patients' unmet demands or difficulties faced while receiving nursing care.

Patients' expectations: Things those patients anticipate from nurses as they provide care to patients.

Patients' experience: Events or observations encountered by patients while receiving nursing care.

Patients' perceptions: Refers to how the patient understands the way nursing care is provided. It is patient's representation of how they view nursing care in their own opinion.

Patients' satisfaction: It is patient's feeling of contentment when their needs and expectations have been met.

Quality nursing care: It is the nursing care that meets patients' needs and expectations and also meets the professional standards.

ABSTRACT

Background: Nursing care is a major component of the health services because it is one of the determinants of quality health services. 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.

Aim of the study: To explore patients' perceptions and experiences regarding nursing care in surgical wards.

Methods: A descriptive cross-sectional study was conducted at Kenyatta National Hospital in general surgical wards between April and June, 2012. The study population was adult postoperative patients admitted in the general surgical wards (5A, 5B and 5D). The data collection tool was a structured questionnaire with open and closed questions. Ethical clearance was secured from University of Nairobi and Kenyatta National Hospital Ethics Committee. Participation in the study was voluntary and based on patients' ability to give informed consent.

Results: A total of 168 adult patients from general surgical wards were approached and 167 of them participated in the study (non-response rate of 0.6%). Most patients agreed that they expected nurses to be knowledgeable with an average response of 86% and strongly disagreed that nurses should be rude and harsh (44%). The elderly reported that they had a better experience of pain management than the younger patients ($m > 3.36$). Almost all patients reported that nurses were usually responding quickly when they needed pain medication. The elderly were very satisfied with nursing care with mean response ($m > 4.00$). Most patients (52.4%) were satisfied with wound dressing. Generally, (50.2%) with a mean response ($m > 2.50$) were satisfied with nursing care provided though some complained that nurses were not introducing themselves (41%), some nurses were rude (16.7%), their privacy was not respected and nurses were not providing adequate

information. Most participants (40.5%) indicated that they had a good perception of the nursing care and 22.6% recommended that nursing staff should be added and 11.3% reported that quality of nursing care was poor.

Conclusion and recommendation: Patients' perceptions were influenced by how nurses were conducting themselves towards patients. The need to improve on nurses' interpersonal skills and relationship, and behaviour towards patients was recommended.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND INFORMATION

Nursing care is a major component of health care services that helps alleviate anxiety in surgical patients. Negative patients' perceptions about nursing care add to the stress that they already have due to surgery. This may also be influenced by what they expect nurses to be doing for them and nurses behaviour towards the patients.

It was noted that in highly industrialized countries, some 5000-9000 major operations are performed per 100,000 people per year, and the rates in East Africa in early 1990s were in the range of 70-500/100,000 (Nordberg, et.al, 2001). These rates do not reflect current prevalence of surgical cases admitted in hospitals, it is expected that the updated prevalence could be higher. Among the patients admitted in hospitals, it was observed that hospitalization for surgery is associated with increased anxiety. It was also shown that post-operative pain and anxiety continue to be problematic for patients after the surgery (Allen, et.al, 2002). Therefore, it is expected that nursing care needs to be engaged and should provide individualized care that acknowledges the emotional, physical, spiritual and environmental dimensions of patients. A study conducted in Uganda found that patients' perceptions of quality nursing care include; human rights, receiving information, access to services as well as safety, privacy, respect, politeness, kindness and continuity of care (Nankumbi, 2005). According to the Kenya Institute of Public Policy Research and Analysis (KIPPRA) report (1994) facets of patients satisfaction range from politeness of providers to waiting for services (Ojwang, et.al, 2010). The report pointed out complaints that nurses in Kenya public hospitals were rude, impolite and offered cold reception.

In the general surgical wards, patients undergo two phases of nursing care i.e.; preoperative and postoperative nursing care. Nurses have the duty to meet patients' needs and expectations specific

to each phase of surgical care. Preoperative phase is that time during the surgical experiences that begins with client to have surgery and ends with transfer of patient to operating unit (White, 2007). In this phase, patients are expected to be assessed by nurses during the planning of their care, to be taught about their condition, treatment options, surgical procedure, and to be evaluated in anticipation of surgery. The purpose of preoperative care is to evaluate the patient's readiness for surgery, identify potential risks and hazards of surgery, advise patient about the surgical procedure, prepare patient for postoperative experiences, plan for home care and provide emotional support (Pearson & Osborn, 2010). Postoperative nursing care involves maintaining the airway, monitoring vital signs, assessing the effects of anaesthetic agents, assessing patients for complication and providing comfort and pain relief (Smeltzer & Bare, 2004). This is an immediate postoperative care which is usually provided in a Postanaesthetic Care Unit (PACU), which is before the patient is taken back to the surgical ward. In addition to the immediate postoperative nursing care, the general postoperative care provided in surgical ward focuses on promoting the patients' recovery and initiating the teaching, follows up care and referrals essential for recovery and rehabilitation after discharge.

Therefore, the study explored patients perceptions regarding nursing care provided in surgical wards focusing on preoperative and postoperative phases. Understanding the patients' perceptions of nursing care provided in surgical wards is very important because it would assist in identifying strengths and weaknesses of the type of care provided from patients' perspective. This eventually could help in improving the nursing care so as to meet the satisfaction of the consumers.

1-2 PROBLEM STATEMENT

In the KIPPRA report (1994), 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 (Muhondwa, et.al, 2008). 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 (Ahmad & Alasad, 2004). 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 in Ethiopia found that patients had lowest satisfaction with nursing care in the amount and type of information nurses gave them (Chaka, 2005).

Nurses' attitudes towards patients have great influence on patients' perceptions of nursing care. Most surgical patients are anxious and stressed about their surgery. They have a lot of expectations from nurses about their care. Hence, they require a lot of information about their conditions, procedures, treatment options and expectations after surgery. Some unpublished routine surveys have been done at Kenyatta National Hospital (KNH) regarding customers care satisfaction in various departments however; some themes were not adequately addressed. This study therefore, intended to explore some thematic areas that have not been addressed such as perceptions and experiences regarding nursing care.

1.3 STUDY JUSTIFICATION

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 surgical patients have 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 in surgical wards. The results may be used in quality assurance programmes.

1.4 RESEARCH OBJECTIVES

1.4.1 Broad Objective

The broad objective was to explore patients' perceptions and experiences regarding nursing care in surgical wards at Kenyatta National Hospital.

1.4.2 Specific Objectives

1. To determine patients' expectations from nurses about their care.
2. To determine patients' experiences encountered while receiving nursing care.
3. To assess patients' satisfaction of nursing care in surgical wards.

1.5 RESEARCH QUESTION

Why are patients having negative perceptions of nursing care?

1.6 RESEARCH HYPOTHESIS

Patients' perceptions regarding nursing care are not influenced by nurses' attitudes towards their care.

1.7 EXPECTED BENEFITS

- It would add to the body of knowledge of nursing discipline.
- Feedback from the patients would be the basis for improvement of nursing practice.
- The study tested the King's Theory of Goal Attainment in clinical set up.

1.8 THEORETICAL FRAMEWORK

The study was based on the Imogine King's Theory of Goal attainment. The major elements of King's middle range Theory of Goal of Attainment are seen in the interpersonal system. Two people, who are usually strangers, come together in a health care organization to help and be helped to maintain a state of health that permits function in roles (George, 2002).

King's theory of nurse-patient interaction states that nursing is viewed as "interpersonal process of action, reaction, interaction and transaction, whereby nurse and patient share information about their perceptions in the nursing situation" and as "a process of human interaction, between nurse and patient whereby each perceives the other and the situation, and through communications, they set goals, explore means and agree on means to achieve goals" (Basavanthappa, 2007). According to King's theory, perception had been described as a process in which data obtained through the senses and from memory are organized, interpreted and transformed. This process of human interaction with the environment influences behaviour, provides meaning to experience, represents the individual's image of reality and learning. Communication represents and is part of, the information aspect of interaction and may occur within a person as well as between people. Transaction represents the aspect of human interaction in which values are apparent and involve

compromising, conferring and social exchange. When transactions occur between nurses and clients, the goals are attained.

The theory had been chosen because it identified how patients' characteristics and nurses' attributes affected the patients' perceptions regarding nursing care. Nurse-patient relationship is a mutual relationship whereby both interact in order to understand one another. This can be demonstrated by a study conducted by LEMONIADOU, et.al, (2003), in Greece whereby the researchers were comparing surgical patients' autonomy, privacy and informed consent with nursing interventions. It was found that nurse responsibilities in supporting patient's autonomy, informed consent and privacy were perceived as the best by nurses. Patients on the other hand, perceived this support as occasional. Then it was concluded that the discrepancies in perception was due to the fact that patients perceptions were based on their personal experiences, where as nurses responded on the basis of their general view of specific situation. Another scenario that demonstrates the concept of interaction, communication and perception is a study conducted in South Australia which viewed surgical nursing care as engaged (involving patients in their care) or detached (not involving patients in their care) by women (Koch, et.al, 1997). According to the study, the engaged nurse was the one who is actively involved in care of the patient and was perceived to be a positive experience. The engaged nurse acknowledged the physical, emotional, spiritual and environmental aspects of the patient and provided care that assisted the recovery from surgery. While the detached nurse was perceived as negative experience because was using a procedural approach to care and avoided personal contact with the patient. This led to feelings of vulnerability and insecurity for the patients (Koch, 1997). Here the detached nurse ignored King Law of nurse-patient interaction which says 'nurses and patients in mutual presence, interacting

purposefully, make transaction in nursing situation based on each individual perceptions, purposeful communication and valued goal'.

1.9 CONCEPTUAL FRAMEWORK

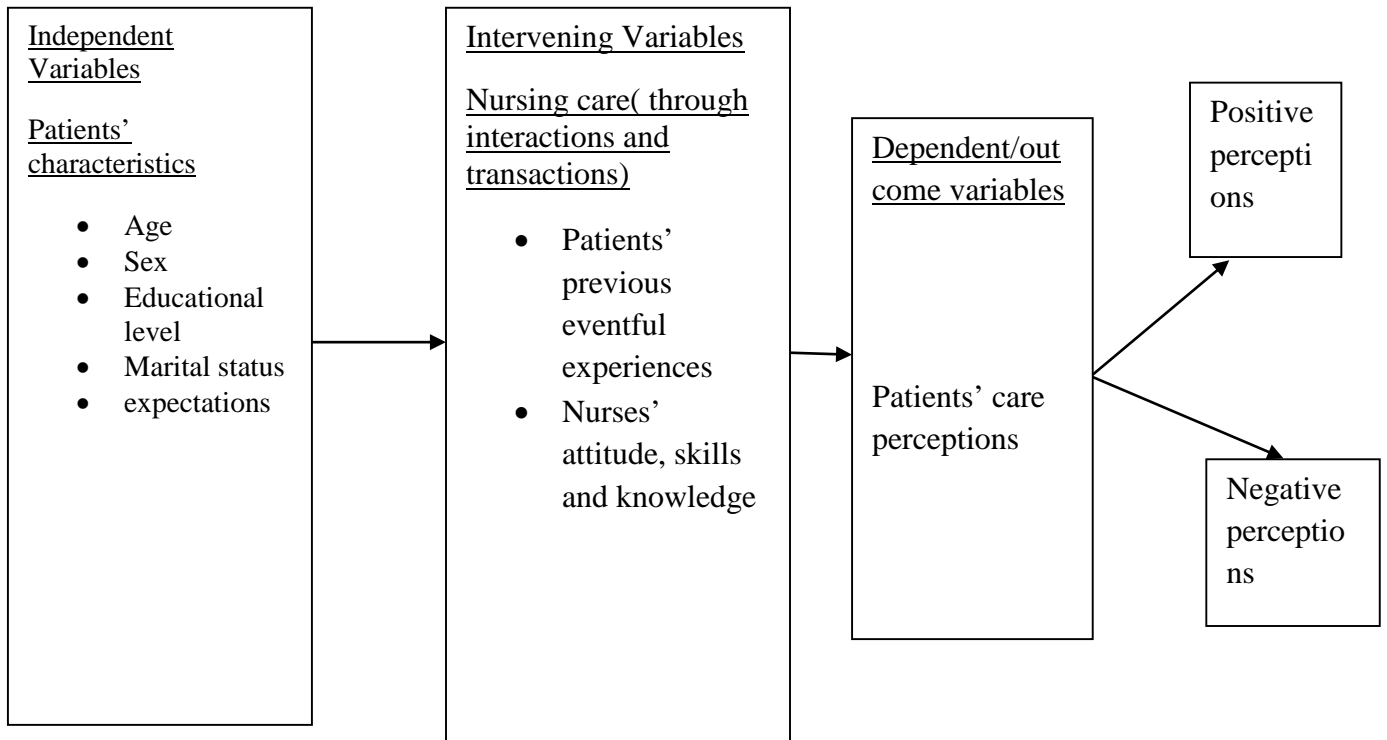


FIGURE: 1.9.1 Conceptual Framework showing how patients' perceptions regarding nursing care is influenced by patients' characteristics

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Patients seek quality nursing care (QNC) when they visit the hospital. Patients' perceptions and satisfaction are one of the elements that determine quality nursing care. The literature review focused on quality of nursing care, patients' perceptions and satisfaction, expectations and nursing activities done during preoperative and postoperative nursing care in a general surgical ward. It also reviewed studies that have been done in relation to patients' perceptions of nursing care.

2.2 QUALITY OF NURSING CARE

To understand the definition of QNC, there was need to understand what quality is from a health perspective. According to World Health Organization (WHO, 2000) quality has been defined as the process of meeting the needs and expectations of patients and health service staff. The American Medical Association (AMA, 1991), also defined quality as the degree to which care services influence the probability of optimal patient outcome. The WHO, (2006), identified effectiveness, efficiency, accessibility; acceptability/patient-centeredness, equitability and safety as dimensions that help to define quality. The health care services should be effective in such a way that is adherent to an evidence base and results in improved health outcomes for individuals and communities based on needs. It should also be efficient in a manner that maximizes resource use and avoids waste. The health care services should be accessible in terms of being timely and be provided in a setting where skills and resources are appropriate to medical need. The WHO (2006), emphasized that the health care services should be accepted or be patient centered in which it takes into account the preferences and aspirations of individual service users. It should also be equitable whereby it does not vary in quality because of personal characteristics such as gender, race, ethnicity, or socioeconomic status. Lastly, it should be safe, that is, it should minimize risks

and harm to service users. These dimensions as described by WHO are what the health consumers expect from any health professionals.

Since nursing care makes one of the major components of health care service in a hospital, it is necessary to define nursing. According to Virginia Henderson definition, nursing is the unique function of the nurse to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible (Lewis, et.al, 2007). American Nurses Association, (2003) defined nursing as “the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations” (Lewis, et.al, 2007). It can be concluded that QNC can be described as the processes or activities performed by nurses that are aimed at protecting, promoting and maintaining health of individual through meeting physical, psychological and spiritual needs. National Nursing Research Unit(NNRU) (UK), 2008 defined QNC as a good experience for patients with six core elements which are; holistic approach to physical, mental and emotional needs; patient centered and continuous of care; efficiency and effectiveness combined with humanity and compassion; professional high quality evidence-based practice; safe, effective and prompt nursing interactions; patient empowerment, support and advocacy and seamless care through effective treatment with other professionals.

Many studies done on QNC revealed that when measuring QNC it is important to consider the patients’ satisfaction with nursing care (Al-Doghaitler, 2000, & Debono & Travaglia, 2009). Patients become more satisfied if their needs are met. As health professionals, nurses are accountable for quality and systematic improvement of nursing practice (Burhans, & Alligood,

2010). Quality of nursing care according to Australian nurses' organization included themes of patients' need fulfillment and therapeutic effectiveness mediated through selective focusing (Burhans, & Alligood, 2010). QNC in Thailand was perceived as one that met patients' physical, psychological and extra needs. The nurses who were providing QNC were perceived to have good attitude and professional manners, showed kindness, trust and honesty as well as clinical competence (Zhao & Akkadechanunt, 2004). Nursing care that brought about patients joy, smile and understanding was perceived as quality care. A study in China revealed that patients perceived QNC when nurses showed a nice attitude towards them and caring for them (Zhao & Akkadechanunt, 2004). Teaching diseases and nursing related knowledge to patients and providing care as needed promptly was also perceived as QNC by patients (Zhao & Akkadechanunt, 2004). It was observed that quality of care demands that we pay attention to the needs of patients and clients and use methods that have been tested to be safe, affordable and reduce deaths, illness and disability and health care workers are expected to practice according to set standards (Ghana Health services, 2004).

Quality Nursing Care satisfies the needs and expectations of patients. Patients are likely to care more about the communication, listening, kindness and responsiveness of their nurses (Burhans, & Alligood, 2010). Therefore, assessment of quality of care from patients' perspective has been operationalised as patient satisfaction (Rafii, et.al, 2008).

2.3 PATIENTS' SATISFACTION AND EXPECTATIONS WITH NURSING CARE

The nurse-patients relationship sets the tone of the care experience and has a powerful impact on patient satisfaction. Patients see nurses' interactions with others on the care team and draw conclusions about the hospital based on their observations (Zhao & Akkadechanunt, 2004). The authors also argued that, nurses' attitudes towards their work, coworkers, and the organization

affect patients and family judgment of the things that could not be seen behind the scenes. Chaka, (2005), pointed out that patients' satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. Stimson and Webb (1975) suggested that satisfaction is related to perceptions of outcome of care and extent to which it meets patients' expectations. Chaka, (2005) agreed with Pascoe (1983) definition of patients' satisfaction as a health care recipient's reaction to outstanding aspects of the context, process and results of their service experience. High ratings for patient satisfaction are considered a desired outcome of health care (Moscato, et.al, 2007). The authors continued to explain that satisfaction has been shown to be a factor in patient follow through, clinical outcomes and health quality. Components of care experience identified as contributors to patient satisfaction include prior experiences, individualized care, patient values, perspectives and expressed needs, coordination of care, information and education, physical comfort and pain relief, emotional support to alleviate fears and anxieties, involvement of family and friends, continuity during transition out of the hospital and access to care (Moscato, et.al, 2007). O'Connell, et.al, (1999), also identified a number of factors that are known to influence patient satisfaction. These factors include; patients' expectations of the service and the actual service received; the age of the patient (younger patients are said to be more discerning, voicing greater dissatisfaction with care), that patients tended to be more critical of attitudinal aspects of care rather than technical aspects; and gender (women are believed to be voicing greater satisfaction with their care than did men).

A 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 (Ozsoy, et.al, 2007). These expectations of nursing care ranged between 30% and 90% and were not related to nurses' knowledge and competence. It was also found that

patients expected to be informed by nurses about their medication and treatment. The study further revealed that between 14% and 90% of patients stated that they were informed and trained on service, treatment and care including home care. On patients' satisfaction, it was found that the majority of patients were satisfied concerning their orientation to the ward, information on treatment and home care and nurses' prompt answers to the calls for help.

Another study done in Pakistan, (Khan, et.al, 2007) showed that out of 122 patients who agreed to participate in a study, 45% of patients were satisfied with the care provided, while 55% were partially dissatisfied. Among six dimensions of care, 94% liked nursing practice of keeping privacy of patients, 84% had negative experiences as they observed nurses were not attentive to their needs, particularly at night. It was concluded that the patients' expectations were not sufficiently met.

Ahmed & Alasad, (2004), conducted a study in Jordan which was looking at predictors of patients' experiences of nursing care in Medical and surgical wards found that 63% of patients considered the time nurses spent with them as adequate and the provided information was perceived as inadequate. This meant that patients were expecting to be told more about their conditions and treatment. Samina, et.al, (2008), conducted a study on patients' perceptions of nursing care at a large teaching hospital in India. The results showed that a relatively higher percentage of patients had poor perceptions regarding explanation and information and caring attitude aspect of nursing care (31.6% and 11.5%) respectively. However, more than 95% patients had good perception of responsiveness, availability and ward organization capability of nurses.

There are so many factors that influence patients' perceptions of nursing care. Nurses need to understand that it is not only the competence and knowledge that would make patients to be

satisfied with nursing care but also the way they behave and interact with the patients and the way they treat patients will determine the quality of nursing care nurses provided.

2.4 NURSING ACTIVITIES DURING PREOPERATIVE AND POST OPERATIVE PATIENT CARE

Preoperative period begins when the patient is scheduled for surgery and ends at the time of transfer to the surgical suit (Ignatavicius, et.al, 1999). The aim of the preoperative period is to prepare the patient for the surgery. Hence, the nurse conducts assessment of the patient in order to identify any special needs, to highlight potential problems and to provide a baseline against which to measure postoperative progress (Stellenberg & Bruce, 2007). After a thorough assessment, the nurse develops an individualized teaching care plan to help client and family through the surgical experience. Preoperative care mainly consists of education to reduce anxiety and postoperative complications and to promote cooperation in postoperative procedures (Ignatavicius, et.al, 1999). Therefore, the nurse acts as an educator, an advocate and promoter of health. Some of the activities done in preoperative period include; patient history taking, physical assessment, performing psychosocial assessment, ensuring that the basic routine laboratory investigations are done, preoperative teaching, ensuring that the patient has made an informed consent and physical preparation of the patient for surgery. The nurse is also responsible for coordination of patient care to all concerned health professionals.

The most important responsibility of the nurse in preoperative period is giving information to the patients and their family members which featured highly in the review of literature as patients complained that the information given was inadequate. According to Alexander, et.al, (2006), giving information does not only reduce preoperative anxiety and stress but also promotes recovery. Patients who have received structured preoperative information or teaching have been found to mobilize earlier postoperatively, to have shorter postoperative hospital stay and to have a

reduced need for analgesics postoperatively (Alexander, et.al, 2006). After the information has been given, the nurse ensures that the patient make an informed consent. Surgery of any type involves invasion of the body and require informed consent from the client or legal guardian. Consent implies that one has been provided with information necessary to understand the following; the nature of and reason for surgery, all available options and the risks associated with each option, risks of surgical procedure and its potential outcomes, the risks associated with administration of anaesthesia (Ignatavicius, et.al, 1999). The nurse is not responsible for providing detailed information about the surgical procedure, rather, the nurse clarifies facts that have been presented by the physician and dispels myths that the client and the family may have about the perioperative experience.

Postoperative phase begins with the admission of the patient to PACU and ends with a follow up evaluation in the clinical setting or at Home (Smeltzer & Bare, 2004). Smeltzer & Bare, (2004) stated that during the first 24 hour after surgery, nursing care of the hospitalized patient on the general medical-surgical unit involves continuing to help the patient recover from the effects of anaesthesia, frequently assessing the patient's physiological status, monitoring the complications, managing pain and implementing measures designed to achieve the long range goals of independence with self care, successful management of the therapeutic regimen, discharge to home and full recovery. Ignatavicius, et.al, (1999) stated that the nursing care primary concern in the initial hours after admission to the clinical unit include; adequate ventilation, hemodynamic stability, incisional pain, surgical site integrity, nausea and vomiting, neurological status, and spontaneous voiding. The pulse rate, blood pressure and respiration rate are recorded at least every 15 minutes for the first hour and every 30 minutes for the next two hours. Thereafter, they are measured less frequently if they remain stable.

2.5 SUMMARY

It can be summarized that patients' perceptions of nursing care determines the quality of nursing care. The level of patient's satisfaction with the nursing care also determines the quality of nursing care. Patient's satisfaction is affected by patient's characteristics, nurses' behaviour and professional knowledge and skills. Therefore, the patient may become more satisfied with nursing care if nurses meet patient's needs, expectations and provide adequate information on patient's condition and treatment.

CHAPTER THREE: METHODOLOGY

3.1 STUDY DESIGN

This was a quantitative and qualitative descriptive cross-sectional study aimed at describing patients' perceptions regarding nursing care in the general surgical wards at KNH. The quantitative variables included; patients' demographic variables, expectations and level of satisfaction. Qualitative variables included; patients' perception of nursing care and challenges. The study was conducted between April and June, 2012.

3.2 STUDY AREA

The study was conducted at Kenyatta National Hospital (KNH). KNH is the biggest national referral hospital in Kenya and it is also a regional referral hospital in East Africa. KNH is in the central province of Nairobi located off Mbagathi Road. It also acts as a teaching institution for University of Nairobi (UON) College of Health Sciences and Kenya Medical Training College (KMTTC). It has 50 wards, 22 out-patient clinics, 24 theatres (16 specialized) and Accident and Emergency Department. It has bed capacity of 1800, and 209 out of it is for the private wing. On average, its bed occupancy rate goes up to 300%, and in addition at any given day, the hospital hosts in its wards between 2500 and 3000 patients. It has an estimated total number of 1700 nurses, 200 doctors.

The study was conducted in general surgical wards situated on the 5th floor of the tower block namely; 5A, 5B and 5D. The general surgical wards perform both elective and emergency operations (KNH, 2010).

3.4 STUDY POPULATION

The study population was adult inpatients admitted in the general surgical wards 5A, 5B and 5D at KNH.

3.4.1 Inclusion criteria

The patients recruited in the study included those who:

- Had undergone surgery.
- Were in stable general condition postoperative, fully conscious.
- Stayed in the ward for two or more days postoperatively.
- Consented to participate in the study.

3.4.2 Exclusion criteria

Patients who were excluded from the study included those:

- Who were not operated on
- who did not consented to participate
- who stayed in the ward for less than two days postoperatively
- who were in comatose state
- who were confused.

3.5 SAMPLE SIZE DETERMINATION

The sample size was calculated using the following formula (Mugenda and Mugenda, 2003)

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

where; n=the desired sample where population > 10 000

z=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 was not known, P taken as 50%

$$1.96^2 \times 0.5 \times 0.5 / (0.05)^2$$

$$n = 384$$

The study was adjusted for finite population as follows, Fishers' et al. (1998)

$$n_f = \frac{n}{1 + (n/N)}$$

Where; n_f = desired sample for population < 10 000

n = desired sample size for population > 10 000.

N = estimate of the population size (300)

$$n_f = \frac{384}{1 + (384/300)}$$

$$= 168$$

3.6 SAMPLING PROCEDURE

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. 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, (Basavanthappa, 2007). A list of all postoperative patients was obtained from ward registers through the help of ward nurse in-charge. The first two patients in the register books were selected by random to determine the starting point. Sampling interval for systematic sampling was determined by dividing sample size by total population of patients in the register. Sampling interval (k) = N/n ; $300/168 = 1.79$. Therefore, the sampling interval determined was 2. Hence every second patient was chosen to participate in the study from the list (1+2), (3+2).....

3.7 DATA COLLECTION TOOLS

Structured questionnaire with closed and open ended questions written in both English and Kiswahili were used. The study assistants assisted the participants to answer the questions. The questionnaire had sections seeking information on participants' demographic data; patients' expectations, experiences and challenges with nursing care. The participants were also asked to explain how they perceived the nursing care and the level of satisfaction.

3.8 VARIABLES UNDER STUDY

3.8.1 Independent variables included;

- Patients' age
- Patients' gender
- Patients' level of education
- Patients' marital status
- Previous hospitalization

3.8.2 Dependent variable

- Patients' perception of nursing care

3.8.3 Outcome variables

Care satisfaction.

3.9 RESEARCH ASSISTANT TRAINING

Three registered nurses (RN) were recruited through assistance of the ward in-charges, and were trained as research assistants. The training included the study expectations, purpose and objectives, use of the study tool and how to assist patients in answering the questionnaire.

3.10 DATA QUALITY ASSURANCE

Data collection tool was adapted from Hospital Consumers Assessment of Healthcare Providers and Systems (HCAPS) survey tool developed by Centers for Medicare and Medicaid Services in UK. It was then modified to meet the study objectives. It was also reviewed and approved by the KNH/UON Research Ethics committee. The research assistants were selected among RNs who had experience in nurse-patient interactions. The study tool was pretested in patients with orthopaedic conditions and some areas were amended such as patients' roles were deleted. Participants' details remained anonymous and confidentiality was guaranteed to protect their privacy. Data analysis was done with the assistance of a Biostatistician.

3.11 DATA MANAGEMENT AND ANALYSIS

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 was generated. Data analysis was done using SPSS version 20. The quantitative data was summarized using descriptive statistics. The qualitative data was grouped into themes and as narratives and then was summarized using descriptive statistics. Inferential statistics such as *t*-tests, ANOVA and Pearson correlation was used to find relationships of the variables and its significance.

3.12 STUDY ASSUMPTIONS

The researcher assumed that the respondents were honest with the information they gave

3.13 ETHICAL CONSIDERATION

The Kenyan Constitution, 2010, emphasizes on the persons rights as follows; that every person has inherent dignity and has the right to be treated with dignity and respect; right for protection and not to be subjected to any form of harm/violence from either public or private sources. A person has the right to privacy and not to have information relating to their family or private affairs revealed unnecessarily to unauthorized persons. To protect the rights and welfare of participants and minimize risk of physical and mental discomfort, harm or dangers from research procedures, ethical clearance was sought from KNH and UON Research Ethics Committee. Professionally, researchers are obliged to protect participants' from harm and respect their rights. The principle investigator ensured that all the research assistants were trained on professionalism, ethics and participants rights through training. Permission was granted from ward in-charges to access the participants. Respect for individual participants was expressed by recognizing that their autonomy and right to self-determination underpin their ability to make judgments and decisions for themselves. Therefore, nature and purpose of the research was explained to the prospective

participants, and then informed written consent was sought from the respondents before taking part in the study. Participants were informed that they had the right to withdraw from the research at any time without any prejudice. Subject to legislation, participants were informed that information obtained during investigation was confidential. That the information could only be disclosed to an authorized persons providing direct care to the patient if need be and with prior consent. Otherwise, participants had the right to expect that information provided would be treated confidentially and anonymity would be observed during publication to conceal the true identity of the participant. Participants were also informed that the study attracted no incentives or favor and was purely voluntary. That the study did not pose any physical harm except the discomfort of answering questions and time spent to respond. The principle investigator was obliged to inform the participants of any encounter with evidence of psychological or physical danger to their future well-being, if not already aware, as act as appropriate. The report emanating from the study would be disseminated to University of Nairobi, Kenyatta National Hospital and the Ethics committee and the ward in charges inform of abstracts and scientific conferences and publications.

3.14 STUDY LIMITATIONS

There was language barrier between the principal investigator and respondents which could have affected the outcome of the study. But, it was corrected by recruiting research assistants who were more fluent in Kiswahili language.

CHAPTER 4: FINDINGS/ RESULTS AND DATA ANALYSIS

A total of 168 adult surgical patients were approached and 99.4% (n=167) returned the questionnaires fully completed with a non-response rate of 0.6%. Most of the participants were; males (54.2%), age group of 30-39yrs (32.1%) with mean age of (35yrs) 3.02 (SD=1.628). Most participants were married (42.3%), business persons (38.7%), and had attended tertiary education (40.5%). Most participants came from urban area (47.6%) and 82.1% were Christians. Therefore, this chapter presents the research findings and analysis in the form of tables, and graphs.

4.1 DEMOGRAPHIC FACTORS

Demographic characteristics of the respondents

Table 4.1: Demographic characteristics of the respondents

Characteristic of respondent	Categories/ Groupings	Number (n)	mean	SD	(%)
Gender:	Male	91			54.2
	Female	76			45.2
	Not indicated	1			0.6
Age group:	≤19 yrs	14	3.02(35)	1.268	8.3
	20 - 29 yrs	50			29.8
	30 - 39 yrs	54			32.1
	40 - 49 yrs	25			14.9
	50 – 59 yrs	16			9.5
	≥60 yrs	8			4.8
	Not indicated	1			0.6
Marital status:	Single	44			26.2
	Married	71			42.3
	Divorced	23			13.7
	Widowed	22			13.1
	Separated	7			4.2
	Not indicated	1			0.6
Religion	Christian	138			82.1
	Muslim	29			17.3
	Not indicated	1			0.6
Education level:	None	16			9.5
	Primary	29			17.3
	Secondary	54			32.1
	Tertiary	68			40.5
	Not indicated	1			0.6

Occupation:	Professional	41	24.4
	Business person	65	38.7
	Farmer	28	16.7
	Casual Labourer	31	18.5
	Student	2	1.2
	Not indicated	1	0.6
Area of Residence:	Urban	80	47.6
	Semi-Urban	34	20.2
	Rural	52	31.0
	Not indicated	2	1.2
Previously admitted:	Yes	70	41.7
	No	97	57.7
	Not indicated	1	0.6

The above table summarizes the demographic characteristics of the respondents.

The study showed that majority of the respondents were males 91(54%), and females 76(45%). 71(42.3%) were married, 44(26.2%) never married, 22(13.1%) were widowed while 7(4.2%) were separated. Most of the respondents had attained college/tertiary level of education 68(40.5%) followed by Secondary education 54(32.1%), Primary 29(17.3%) and 16(9.5%) did not attended any formal education.

The age of the respondents ranged from less than 19 years to 60 years and above. The age group with more response was 30 - 39 years 54(32.1%) followed by 20 – 29years 50(29.8%)

Most participants 138(82.1%) were Christians followed by 29(17.3%) were Muslims.

Most participants 65(38.7%) were business persons, 41(24.4%) were professionals followed by 31(18.5%) were casual labourers, and 80(47.6%) were urban residents followed by 52(31.0%) were from rural areas.

Table 4.2: Cross tabulation of Patients' Mean Responses on patients Expectations by Age distribution

Variables	Age						Total	ANOVA	
	<19yrs	20-29yr	30-39yr	40-49yr	50-59yr	>60yr	mean	F	P
Kind	4.00(9.3%)	3.58(29.7)	3.43(30.7)	3.76(15.6)	3.56(9.5)	4.00(5.3)	3.61	1.321	0.256
Cheerful	4.07(9.0)	3.68(29.2)	3.57(30.6)	4.00(15.8)	3.94(10.0)	4.25(5.4)	3.78	1.887	0.099
Responsive	3.86(8.9)	3.52(29.1)	3.59(30.2)	3.80(15.7)	3.94(10.4)	4.25(5.6)	3.62	2.772	0.020
Rude	2.64(10.2)	2.26(31.0)	2.11(30.8)	2.04(14.0)	2.19(9.6)	2.00(4.4)	2.19	0.641	0.669

Significant at $p < 0.05$ and not significant at $p > 0.05$

The table above is showing participants mean responses by age distribution on what patients were expecting from nurses. In all age groups, patients were expecting nurses to be kind ($m=3.61$), cheerful ($m=3.78$) and responsive ($m=3.62$). The study had revealed that there was no significant differences among mean responses by age on what they expected from nurses ($F=0.641, 1.321, 1.887, p > 0.05$) except responsiveness. It has been revealed that there was statistically differences among mean responses by age on expectations that nurses should be responsive to patients concern, $F=2.772, p=0.020$.

Table 4.3: Cross tabulation of Participants' mean responses by gender distribution on patients' expectations

Variables	Gender		Total	ANOVA	
	male	female	mean	F	P
Kind	3.56(53.7)	3.61(46.3)	3.61	0.568	0.452
Cheerful	3.76(54.2)	3.80(45.8)	3.78	0.101	0.750
Responsive	3.53(53.1)	3.74(46.9)	3.62	2.467	0.118
Rude	2.14(53.6)	2.25(46.4)	2.19	0.202	0.654

Note. Numbers in parentheses () denote Percentage %. Significant at $p < 0.05$

The table above is showing the mean participants responses by gender distribution on what they were expecting from nurses. The study revealed that females had a higher mean response (mean= 3.61-3.80) than males' mean response (mean= 3.56-3.76) in agreeing that they expected nurses to be kind, cheerful, responsive and not to be rude. But, the study showed that there was no statistically differences among mean responses by gender on patients' expectations, $p>0.05$.

Table 4.4: Cross tabulation of Patients' mean responses on patients' expectations by Religion

Variables	Religion		Total mean	ANOVA	
	Christians	Muslims		F	P
Kind	3.55(81.3)	3.90(18.7)	3.61	3.265	0.073
Cheerful	3.74(81.8)	3.97(18.2)	3.78	1.540	0.216
Responsive	3.57(81.3)	3.90(18.7)	3.62	3.599	0.060
Rude	2.18(82.7)	2.25(17.3)	2.19	0.099	0.754

Note. Numbers in parentheses () denote Percentage %. Significant at $p<0.05$

The table above is showing participants' average responses on patients' expectations by religion distribution. In religion categories, the study revealed that participants responses were in agreement with expectations that nurses should be kind, cheerful and responsive(mean> 3.61) and did not agree that they expected nurses to be rude(m=2.19). The study also revealed that there was no statistically differences among the mean responses by religion on patients' expectations ($p>0.5$). See table above.

Table 4.5: Cross tabulation of Patients' mean responses on patients' expectations by marital status

Variables	Marital status					Total mean	ANOVA	
	single	married	divorced	widowed	separated		F	P
Kind	3.70(27.0)	3.52(41.4)	3.52(13.4)	3.82(13.9)	3.57(4.1)	3.61	0.583	0.675
Cheerful	3.86(26.9)	3.61(40.6)	3.78(13.8)	4.00(13.9)	4.29(4.8)	3.78	1.691	0.155
Responsive	3.68(26.8)	3.51(41.2)	3.26(12.4)	4.05(14.7)	4.29(5.0)	3.62	4.018	0.004
Rude	2.36(28.6)	2.19(42.0)	2.22(14.0)	2.00(12.1)	1.71(3.3)	2.19	2.266	0.064

Note. Numbers in parentheses () denote Percentage %.

The table above is showing participants responses on patients' expectations by marital status. All the responses were above the mean score, meaning that they were expecting nurses to be kind, cheerful and responsive except that they did not agree that they were expecting nurses to be rude. The study revealed that there was no significant differences between the mean responses by marital status on patients expectations except responsiveness of the nurses to patients concerns (F=4.018, p=0.004).

4.2 PATIENTS EXPECTATION OF NURSING

Table 4.6: Participants' Responses on the Patients expectation of nursing

Characteristics	N	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree(5)	Average Response
Kind	167	5 (3.0%)	11 (6.5%)	56 (33.3%)	67 (39.9%)	28 (16.7%)	3.61
Cheerful	167	1(0.6%)	14(8.3%)	41(24.4%)	76 (45.2%)	35 (20.8%)	3.78
Responsive	167	2(1.2%)	14(8.3%)	51(30.4%)	78 (46.4%)	22(13.1%)	3.62
Harsh	165	61(36.3%)	51(30.4%)	24(14.3%)	20 (11.9%)	9(5.4%)	2.18
Honesty	167	4(2.4%)	16(9.5%)	68(40.5%)	69 (41.1%)	10(6.0%)	3.39
Empathetic	167	5(3.0%)	12(7.1%)	56(33.3%)	71 (42.3%)	23(13.7%)	3.57
Friendly	167	5(3.0%)	13(7.7%)	41(24.4%)	74 (44.0%)	34(20.4%)	3.71
Rude	166	55(32.7%)	58(34.5%)	26(15.5%)	20 (11.9%)	7(4.2%)	2.19
Polite	167	7(4.2%)	21(12.5%)	68(40.5%)	57 (33.9%)	14(8.3%)	3.3
Respectful	166	1(0.6%)	8(4.8%)	36(21.4%)	90 (53.6%)	31(18.5%)	3.86
Knowledgeable and competent	167	1(0.6%)	2(1.2%)	27(16.1%)	51 (30.4%)	85(50.6%)	4.31
Meet my needs	167	27(16.1%)	24(14.3%)	42(25.0%)	56 (33.3%)	18(10.7%)	3.08
Communicate to me	166	11(6.5%)	35(20.8%)	47(28.0%)	48 (28.6%)	25(14.9%)	3.25
Respects my beliefs and values	164	13(7.7%)	25(14.9%)	53(31.5%)	54 (32.1%)	19(11.3%)	3.25
To be informed and explained	166	10(6.0%)	33(19.6%)	38(22.6%)	51 (30.4%)	34(20.2%)	3.4
To be oriented to the ward environment.	166	50(29.8%)	18(10.7%)	19(11.3%)	46 (27.4%)	33(19.6%)	2.96

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, 32.7% and 34.5% respectively ($m < 2.50$), indicating that they were expecting nurses not to be rude or harsh. Majority of participants 85(50.6%) strongly agreed that

they expected nurses to be knowledgeable and competent, and 51(30.4%) agreed that they were expecting nurses to be knowledgeable. Most participants 67(39.9%) agreed that they expected nurses to be kind to patients, and 56(33.3%) were neutral.

Table 4.7: Correlation tables- Relationship between Patients’ age, gender and level of Education and Patients Expectations

Correlation between patients characteristics and patients expectations	Pearson Chi square coefficient (p)value	Interpretation	r
Kind: Age	0.740	Strong	15.618
Gender	0.343	Weak	4.496
Education level	0.616	Strong	9.997
Cheerful: Age	0.506	Strong	19.247
Gender	0.754	Strong	1.901
Education level	0.753	Strong	8.399
Responsiveness: Age	0.178	Weak	25.652
Gender	0.442	Weak	3.746
Education level	0.011*	Very weak	26.018
Harsh: Age	0.211	Weak	24.757
Gender	0.234	Weak	5.563
Education level	0.051	Very weak	20.833
Honesty: Age	0.477	Weak	19.690
Gender	0.544	Strong	3.081
Education level	0.001*	No correlation	32.640
Empathetic: Age	0.504	Strong	19.270
Gender	0.218	Weak	5.762
Education level	0.456	Weak	11.878
Friendly: Age	0.544	Strong	18.656
Gender	0.925	Very strong	0.898
Education level	0.824	Very strong	7.480
Rude: Age	0.913	Very strong	12.092
Gender	0.793	Strong	1.685
Education level	0.925	Very strong	5.823
Knowledge and competent: Age	0.461	Weak	19.957
Gender	0.403	Weak	4.025
Education	0.116	Weak	17.974
Informed & explained to me: Age	0.390	Weak	21.129
Gender	0.567	Strong	2.946
Education level	0.376	Weak	12.910
Orientation to the ward: Age	0.431	Weak	20.438
Gender	0.597	Strong	2.773
Education level	0.368	Weak	13.017

Pearson Correlation: Significant at $p < 0.05$. *categories column do differ significantly from each other at the level of 0.05.

The table above is showing that there was positive relationship between patients' gender, age and level of education and what they were expecting from nurses but there were no significant differences among their responses, $p>0.05$.

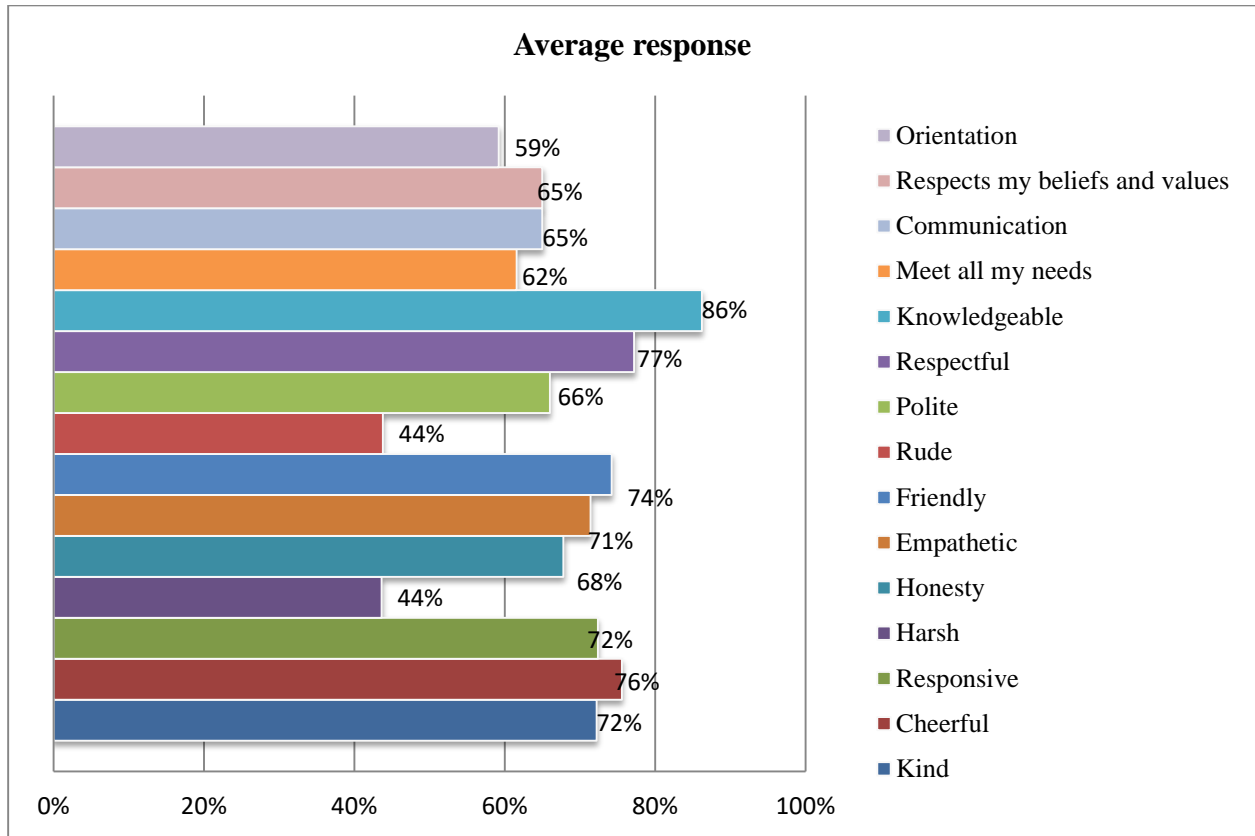


Figure 4.1 : Average response on Patients' expectations of nursing care

The above graph is showing the average responses on the participants' expectations of nursing care. The majority expected nurses to be knowledgeable (86%) and also did not expect nurses to be harsh and rude (44% respectively).

Table 4.8: Cross tabulation of Patients' mean responses on patients' experiences by age distribution.

Variables	Age of the Respondents						Total mean	ANOVA	
	<19yrs	20-29	30-39	40-49	50-59	>60		F	P
Privacy	2.64(9.0)	2.31(27.4)	2.46(32.2)	2.60(15.7)	2.44(9.4)	3.25(6.3)	2.49	1.714	0.134
Nurse response when in pain	3.42(10.3)	2.71(27.9)	2.91(33.7)	2.71(11.6)	3.36(11.8)	3.80(4.8)	2.95	3.283	0.008
Pain control	3.23(8.8)	2.79(27.6)	2.85(31.2)	3.12(16.4)	3.06(10.3)	3.86(5.7)	2.97	2.616	0.027
Help with pain	3.21(9.7)	2.65(28.1)	2.70(30.9)	2.84(15.3)	2.94(10.2)	3.38(5.8)	2.81	1.782	0.120
Explanation of procedures	2.79(9.1)	2.72(28.8)	2.35(31.8)	2.60(16)	2.12(8.5)	2.87(5.8)	2.44	1.571	0.171
Asked consent	2.29(8.2)	2.28(27.8)	2.35(32.6)	2.52(16.2)	2.65(10.8)	2.43(4.4)	2.36	0.664	0.651

Note. Numbers in parentheses () denote Percentage %.

The above table is showing cross tabulation of patients' mean responses on patients' experiences by age distribution. Respondents were asked to rate their responses on a four Likert scale. The study revealed that age groups of 50-59years (m=3.36(11.8%)) and over 60 years m=3.80(4.8%) had expressed that nurses usually responded quickly when they needed pain medications. The age groups 40-49 years m=3.12 (16.4%) and over 60years m=3.86(5.7%) expressed that they had good pain control experience. The study revealed that there was statistically significant differences among the mean responses by age on how quickly nurses were responding when they needed pain medication (F=3.283, p=0.008) and how often their pain was controlled (F=2.616, p=0.027). The study also had revealed that participants were not usually asked for informed consent by nurses (m=2.36) and explanations on treatment and procedures were not usually given (m=2.44).

Table 4.9: Cross tabulation of Participants mean responses on patients' experiences by gender.

Variables	Gender		Total mean	ANOVA	
	Male	Female		F	P
Privacy	2.44(53.3)	2.54(46.7)	2.49	0.445	0.506
Nurse response when in pain	2.81(52.3)	3.11(47.7)	2.95	3.968	0.048
Pain control	2.85(52.8)	3.11(47.2)	2.97	3.547	0.062
Help with pain	2.72(52.9)	2.91(47.1)	2.81	1.740	0.189
Explanation of procedures	2.34(52.9)	2.47(47.1)	2.40	0.746	0.389
Asked consent	2.32(53.7)	2.40(46.3)	2.36	0.270	0.604

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$.

The above table is showing the mean responses of participants on patients' experiences by gender.

The study showed that females had higher mean responses ($m > 3.11$) than males ($m < 2.85$) on the responses that nurses were sometimes respecting their privacy ($m = 2.54$), were usually responding quickly when they needed pain medication ($m = 3.11$), their pain was usually controlled ($m = 3.11$); nurses were sometimes helping them with pain ($m = 2.91$); nurses were sometimes providing explanations on treatments and procedures and asked consent from patients. The study revealed that there were no significant differences in their responses by gender distribution except on the experience that nurses were responding quickly when they needed pain medication ($F = 3.547$, $p = 0.048$)

Table4.10: Cross tabulation of Participants mean responses on patients’ experiences by religion

Variables	Religion		Total mean	ANOVA	
	Christians	Muslims		F	P
Privacy	2.47(81.8)	2.59(18.2)	2.49	0.406	0.525
Nurse response when in pain	2.86(79.1)	3.32(20.9)	2.95	5.511	0.020
Pain control	2.93(82.1)	3.15(17.9)	2.97	1.379	0.242
Help with pain	2.77(81.4)	2.97(18.6)	2.81	1.114	0.293
Explanation of procedures	2.34(80.5)	2.69(19.5)	2.40	3.163	0.077
Asked consent	2.30(80.5)	2.62(19.5)	2.36	2.692	0.103

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$

The table above is showing mean responses on patients’ experiences by religion. It showed that the Muslims had higher mean responses than Christians. There was statistically significant differences between mean responses on the experience that nurses were responding quickly when patients needed pain medication ($F.5.511, p=0.020$), but there was no significant differences in their responses on how often their pain was controlled; how often their privacy was respected and how often nurses were providing information on treatment and procedures.

Table 4.11: Cross tabulation of Participants responses on patients’ experiences by marital status.

Variables	Marital status					Total mean	ANOVA	
	single	married	divorced	widowed	separated		F	P
Privacy	2.40(24.9)	2.55(43.8)	2.13(11.9)	2.86(15.3)	2.43(4.1)	2.49	2.064	0.088
Nurse response when in pain	3.00(22.6)	2.80(45.0)	2.88(11.6)	3.37(16.1)	3.17(4.8)	2.95	1.691	0.156
Pain control	3.00(25.9)	2.80(40.8)	3.00(13.9)	3.38(14.9)	3.14(4.6)	2.97	1.980	0.100
Help with pain	3.00(27.2)	2.63(40.4)	2.70(13.4)	3.09(14.7)	2.86(4.3)	2.81	1.831	0.125
Explanation of procedures	2.56(27.6)	2.25(40.1)	2.17(12.5)	2.73(15.0)	2.71(4.8)	2.40	1.891	0.114
Asked consent	2.28(25.2)	2.30(41.9)	2.30(13.6)	2.76(14.9)	2.43(4.4)	2.36	1.116	0.351

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$

The table above is showing mean responses of participants on the patients' experiences. The study showed that there were no significant differences among the participants responses by marital status distribution, $p > 0.05$. The study revealed that the single, divorced, widowed and separated had their mean responses ($m > 3.00$), showing that they usually experienced that nurses were responding quickly when they were in pain and their pain was usually controlled. The study showed that there were no statistically significant differences in responses on patients' experiences' by marital status distribution, $p > 0.05$

Table 4.12: Cross tabulation of Participants mean responses on patients' experiences by level of education

Variables	Level of Education				Total mean	ANOVA	
	Not attended	Primary	Secondary	Tertiary		F	P
Privacy	2.63(10.2)	2.76(19.4)	2.17(28.3)	2.60(42.1)	2.49	3.691	0.013
Nurse response when in pain	3.13(11.8)	3.14(17.3)	2.72(29.4)	3.00(41.5)	2.95	1.553	0.204
Pain control	3.70(10.1)	3.07(18.7)	2.85(31.8)	2.97(39.4)	2.97	0.810	0.490
Help with pain	2.94(10.2)	2.86(17.9)	2.69(31.3)	2.85(40.6)	2.81	0.524	0.666
Explanation of procedures	2.69(10.8)	2.38(17.3)	2.35(31.8)	2.39(40.1)	2.40	0.527	0.665
Asked consent	2.44(10)	2.50(18.1)	2.22(30.8)	2.39(41.1)	2.36	0.624	0.601

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$

The table above is showing the mean responses of participants on patients' experiences by level of education distribution. The study showed that the participants who did not have formal education and those with primary education had experienced that nurses usually responded quickly when they were in pain ($m = 3.13, 3.14$) and their pain was usually controlled ($m = 3.70, 3.07$) respectively. There were no significant differences in their responses on patients' experiences by level of education distribution $p > 0.05$.

4.3 PATIENTS EXPERIENCES/CHALLENGES

Table 4.13 : Participants’ responses on the Patients’ experience/challenges in the wards

Characteristics	N	Never (1)	Sometimes(2)	Usually(3)	Always(5)	Average Response
Assistance in bathing	86	12(7.1%)	29(17.3%)	20(11.9%)	25(14.9%)	2.67
support to bathroom/toilet	106	8(4.8%)	62(36.9%)	8(4.8%)	28(16.7%)	2.53
Observation of privacy	166	20(11.9%)	73(43.5%)	45(26.8%)	28(16.7%)	2.49
Nurses introduction	165	61(36.3%)	52(31.0%)	32(19.0%)	20(11.9%)	2.07
Nurses quick response to pain.	135	3(1.8%)	48(28.6%)	37(22.0%)	47(28.0%)	2.95
How often was pain controlled	160	1(0.6%)	60(35.7%)	42(25.0%)	57(33.9%)	2.97
Nurses effort towards pain control.	165	5(3.0%)	70(41.7%)	42(25.0%)	48(28.6%)	2.81
explanation about procedures	166	28(16.7%)	71(42.3%)	39(23.2%)	28(16.7%)	2.40
consent to do procedures	165	33(19.6%)	63(37.5%)	46(27.4%)	23(13.7%)	2.36

The above table shows participants responses on their experiences and challenges. It indicates that patients had a positive experience because the scores in almost all variables are above average score of 2.50 except in “nurses introduction” 41% (2.07), observation of patients’ privacy 50% (2.49), explanation about procedures to patients 48% (2.40) and asking for consent from nurses 47% (2.36)” are below average score. This indicated that majority of the participants experienced lack of privacy, inadequate explanation about procedures, treatment and nurses were not asking for consent before doing the procedures. Also see figure below.

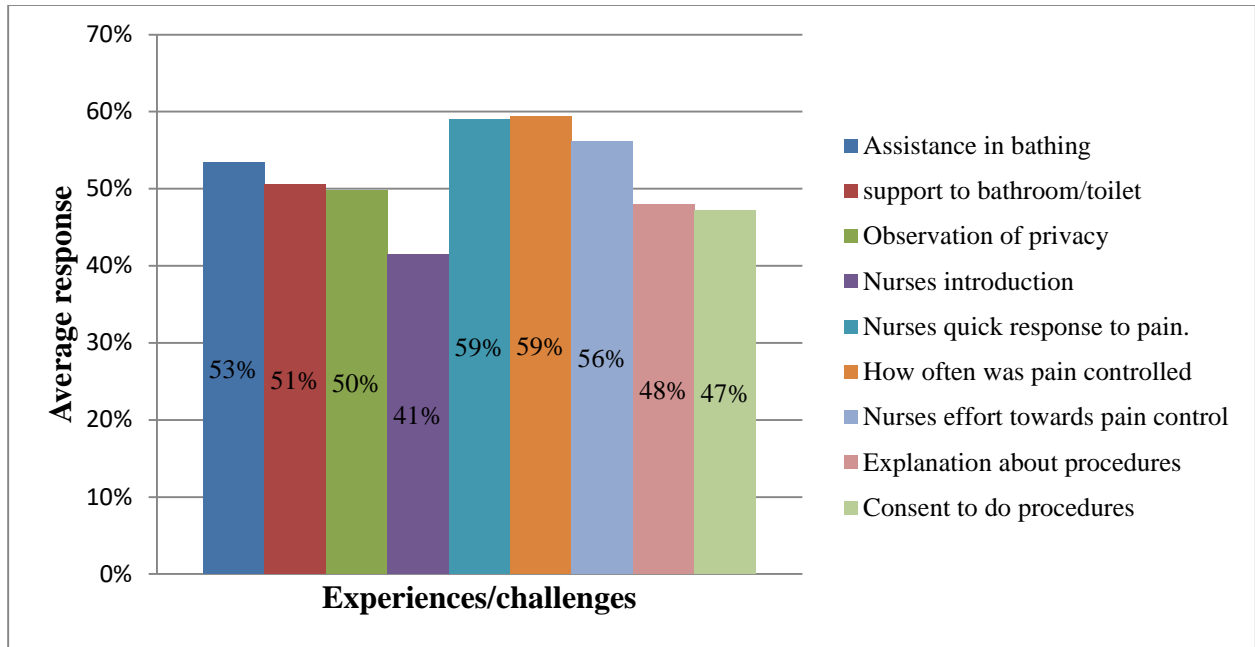


Figure 4.2: Average Patients responses on Experiences and Challenges

Most participants' responses (59%) indicated that they had good experience in the control of their pain and nurses' quick response to their pain. 41% of the responses indicated that nurses were not introducing themselves to patients while 48% and 47% indicated that nurses were not usually explaining procedures to the patients and informed consent were not usually sought respectively.

Table 4.14 : Patients experiences

Experience	Frequency	Percentage
Positive	107	63.7
Negative	46	27.4

Most respondents appreciated the services they received since 107 (63.7%) responded positively indicating that they experienced good care, explanation of their condition, understanding staff, good technology, improved nursing care and good drugs during their stay in the wards. However, others 46 (27.4%) responded negatively since they claimed to have experienced rudeness from the

nurses, poor communication; overcrowded wards; shortage of nurses; lack of equipment and assumption of condition from the nurses, see table below

Table 4.15: Challenges encountered in the wards

challenge	Frequency	Percentage
Inadequate equipment	22	13.1
Long waiting list	9	5.4
Poor diet	5	3.0
Overcrowding	3	1.8
Few nurses	15	8.9
Rude nurses	28	16.7
Imagination of death	11	6.5
Poor communication	15	8.9

Most respondents encountered a challenge of rude nurses 28(16.7%) followed by inadequate equipment 22(13.1%). 8.9% (n=15) reported that there was poor communication.

Table 4.16: Correlation Table between Patients’ characteristics and Experiences and challenges

Correlation between patients characteristics and patients experiences	Pearson Chi square coefficient(p) value	Interpretation	r
Provision of privacy: Age	0.542	Strong	13.778
Gender	0.037*	Very weak	8.511
Education	0.079	Very weak	15.443
Nurses introduction: Age	0.251	Weak	18.217
Gender	0.057	Very weak	7.518
Education	0.053	Very weak	16.750
Response for pain med. Age	0.016*	Very weak	28.965
Gender	0.264	Weak	3.977
Education	0.500	Strong	8.345
Control of pain: Age	0.032*	Very weak	26.657
Gender	0.165	Weak	5.092
Education	0.872	Strong	4.546
Given explanation: Age	0.046*	Very weak	25.271
Gender	0.823	Very strong	0.912
Education	0.347	Weak	10.049
Ask for consent: age	0.590	Strong	13.166
Gender	0.277	Weak	3.859
Education	0.702	Strong	6.376
Challenges: Age	0.573	Strong	309.750
Gender	0.396	Weak	65.310
Education	0.186	Weak	271.852

Pearson Correlation: -1=perfect negative correlation, +1=perfect positive linear correlation, 0= no correlation, <0.5=weak correlation and >0.5 strong correlation, significant at p<0.05. *categories column do differ significantly from each other at the level of 0.05.

4.4 PATIENTS’ SATISFACTION WITH NURSING CARE

Table 4.17: Cross tabulation of participants mean responses on patients’ satisfaction

variables	Age of the Respondents						Total mean	ANOVA	
	<19yrs	20-29	30-39	40-49	50-59	>60		F	P
Welcome on admission	3.36(8.5)	3.47(30.6)	3.23(30.2)	3.28(14.7)	3.38(9.7)	4.38(6.3)	3.39	1.791	0.118
Approach to examinations	3.50(8.9)	3.43(30.5)	3.21(30.4)	3.48(15.8)	3.13(9.1)	3.63(5.3)	3.35	0.619	.685
Talking to patients	3.21(8.9)	3.46(30.1)	3.17(29.9)	3.60(16.3)	3.56(10.3)	4.14(5.3)	3.41	1.394	0.229
Listening to patients concern	3.07(7.7)	3.41(30.1)	3.25(30.5)	3.67(15.9)	3.80(10.3)	3.88(5.6)	3.43	1.400	0.227
Treated as individual	3.43(8.8)	3.21(28.3)	3.15(30.1)	3.52(16.2)	3.63(10.7)	4.80(5.9)	3.34	1.321	0.258

Willingness to respond	3.93(8.8)	3.41(29.0)	3.23(29.2)	3.60(15.7)	3.94(11)	4.00(5.6)	3.51	2.039	0.076
Information provided	3.50(8.5)	3.31(28.1)	3.25(29.3)	3.96(16)	3.95(10.9)	4.25(5.9)	3.51	2.709	0.022
Pre-operation care	4.07(9.2)	3.65(28.3)	3.62(30.4)	3.96(16)	4.13(10.7)	4.13(5.3)	3.79	1.451	0.209
Respect for privacy	4.29(10.3)	3.27(29.9)	3.13(28)	3.88(16.6)	4.19(11.5)	4.50(6.2)	3.55	5.683	0.000
Pain management	4.58(10)	3.71(29)	3.54(29.3)	4.12(16.4)	3.81(9.7)	4.38(5.6)	3.83	3.065	0.011
Wound dressing	4.38(8.2)	4.45(31.2)	4.04(29.5)	4.56(16.3)	4.25(9.7)	4.38(5.0)	4.31	1.501	0.174
Anxiety alleviation	3.86(9.1)	3.59(29.5)	3.28(29.6)	3.92(16.4)	3.69(9.9)	4.13(5.5)	3.60	1.642	0.152

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$

The table above is showing mean responses of participants on level of satisfaction with the nursing care by age distribution. The study revealed that patients were generally quite satisfied with the nursing care provided with mean response of above (3.00). The elderly were very satisfied with information provided (m=4.25), respect for their privacy (m=4.50) and pain management (m=4.38). It also showed that the elderly were more satisfied with the nursing care provided (m>4.00). All age groups were very satisfied with wound dressing (m>4.00). The study showed that there were statistically significant differences in responses on the level of satisfaction especially with information provided (F=2.709, p=0.022), respect for privacy (F=5.683, p=0.000) and pain management (F=3.065, p=0.011).

Table 4.18: Cross tabulation of Participants' mean Responses on the level of satisfaction with nursing care by gender distribution

Variables	Gender		Total mean	ANOVA	
	Male	Female		F	P
Welcome on admission	3.40(54.5)	3.37(45.5)	3.39	0.035	0.851
Approach to examinations	3.33(53.8)	3.39(46.2)	3.35	0.136	0.713
Talking to patients	3.36(53.6)	3.46(46.4)	3.41	0.294	0.588

Listening to patients concern	3.38(53.5)	3.49(46.5)	3.43	0.406	0.525
Treated as individual	3.35(54.8)	3.32(45.2)	3.34	0.028	0.893
Willingness to respond	3.60(55.7)	3.40(44.3)	3.51	1.276	0.260
Information provided	3.56(55)	3.45(45)	3.51	0.342	0.559
Pre-operation care	3.80(54)	3.79(46)	3.79	0.003	0.955
Respect for privacy	3.70(56.4)	3.39(43.6)	3.55	2.655	0.105
Pain management	3.80(53.8)	3.87(46.2)	3.84	0.175	0.676
Wound dressing	4.34(54.2)	4.27(45.8)	4.31	0.293	0.589
Anxiety alleviation	3.50(52.8)	3.71(47.2)	3.60	1.290	0.258

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$

The table above is showing the mean responses on the level of satisfaction with nursing care by gender distribution. The study revealed that all gender categories were quite satisfied with nursing care with mean response of above 3.00. Patients were very satisfied with wound dressing with mean response of 4.31. But the study revealed that there were no statistically significant differences in responses by gender distribution on level of satisfaction of nursing care, $p > 0.05$.

Table 4.19: Cross tabulation of Participants' mean responses on the level of satisfaction with nursing care by level of education distribution.

Variables	Level of Education				Total mean	ANOVA	
	Not attended	Primary	Secondary	Tertiary		F	P
Welcome on admission	3.69(10.6)	3.48(18.2)	3.23(30.8)	3.41(40.5)	3.39	0.932	0.427
Approach to examinations	3.50(10.2)	3.48(18.2)	3.23(30.8)	3.39(40.7)	3.35	0.553	0.647
Talking to patients	3.27(8.9)	3.68(18.7)	3.26(31.3)	3.44(41.1)	3.41	0.936	0.425
Listening to patients concern	3.69(10.6)	3.99(19.1)	3.28(31.4)	3.32(38.9)	3.43	1.788	0.152
Treated as individual	3.06(9)	3.62(19.3)	3.30(32.2)	3.31(39.5)	3,34	0.957	0.415
Willingness to respond	3.38(9.4)	3.86(19.5)	3.49(32.2)	3.39(39.0)	3.51	1.316	0.271
Information provided	3.50(9.7)	3.93(19.8)	3.40(31.2)	3.42(39.2)	3.51	1.526	0.210
Pre-operation care	3.38(8.7)	4.17(19.6)	3.64(31.2)	3.85(40.5)	3.79	2.908	0.036
Respect for privacy	3.50(9.6)	3.93(19.6)	3.30(30.0)	3.61(40.8)	3.55	1.753	0.158
Pain management	3.87(9.9)	4.07(18.8)	3.66(30.9)	3.85(40.4)	3.83	0.981	0.403
Would dressing	4.00(9.2)	4.50(18.1)	4.27(31.8)	4.33(41.0)	4.31	1.066	0.365
Anxiety alleviation	3.75(10.1)	3.83(18.6)	3.35(30.3)	3.66(41.0)	3.60	1.276	0.284

The numbers in parentheses () denotes percentages %. Significant at $p < 0.05$

The table above is showing the mean responses of participants on level of satisfaction with nursing care by level of education distribution. All participants showed that they were quite satisfied with nursing care with mean response of above 3.00. All participants were very satisfied with wound dressing (m=4.31). The study showed that there were no statistically significant differences in responses on the level of satisfaction with nursing care by level of education distribution except the pre-operative care(F=2.908, p=0.036).

Table 4.20: PATIENTS' SATISFACTION WITH NURSING CARE PROVIDED

Characteristics	N	Not at all satisfied (1)	Barely satisfied (2)	Quite satisfied(3)	Very Satisfied(4)	Completely Satisfied (5)	Average Response
Nurses welcomed on admission	166	9(5.4%)	22(13.1%)	51(30.4%)	60(35.7%)	22(13.1%)	3.42
Nurses approach to examination	164	8(4.8%)	25(14.9%)	54(32.1%)	55(32.7%)	22(13.1%)	3.35
Patient treatment as an individual	163	10(6.0%)	29(17.3%)	46(27.4%)	52(31.0%)	26(15.5%)	3.34
Nurses willingness	164	7(4.2%)	25(14.9%)	43(25.6%)	56(33.3%)	33(19.6%)	3.51
Information provided	164	13(17.7%)	16(9.5%)	47(28.0%)	50(29.8%)	38(22.6%)	3.51
preparation for the operation	163	7(4.2%)	8(4.8%)	35(20.8%)	75(44.6%)	38(22.6%)	3.79
Pre-operative teaching	164	7(4.2%)	11(6.5%)	43(25.6%)	59(35.1%)	44(26.2%)	3.74
Respect for privacy	164	12(7.1%)	21(12.5%)	39(23.2%)	48(28.6%)	44(26.2%)	3.55
Helping with pain	164	13(7.7%)	37(22.0%)	59(35.1%)	50(29.8%)	4(2.4%)	3.83
Helping with turning in bed.	156	10(6.0%)	12(7.1%)	31(18.5%)	59(35.1%)	44(26.2%)	3.74
Helping with bed making	164	14(8.3%)	9(5.4%)	14(8.3%)	64(38.1%)	63(37.5%)	3.93
Helping with wound dressing	162	3(1.8%)	3(1.8%)	23(13.7%)	45(26.8%)	88(52.4%)	4.31
Alleviation of anxiety.	166	11(6.5%)	19(11.3%)	41(24.4%)	50(29.8%)	45(26.8%)	3.60

The table above is showing level of patient's satisfaction with nursing care. It shows that majority of respondents were quite satisfied with nursing care with a mean response of above 3.00. Most respondents 88(52.4%) were more satisfied with wound dressing with mean response of (mean=4.31) followed by bed making 38.1% (n=64) with mean response of (mean=3.93).

Table 4.21: Correlation Table: Relationship between Patients’ characteristics and Satisfaction

Correlation between patients characteristics and patients satisfaction	Pearson Chi square coefficient(p) value	Interpretation	r
Welcome on admission: Age	0.639	Strong	17.212
Gender	0.083	Very weak	8.234
Education	0.028*	Very weak	22.920
Approach to patients: Age	0.859	Very strong	13.422
Gender	0.659	Strong	2.419
Education	0.555	Strong	10.702
Attention to concerns: Age	0.406	Weak	23.781
Gender	0.303	Weak	10.061
Education	0.392	Weak	16.620
Treated as individual: Age	0.652	Strong	20.851
Gender	0.464	Weak	4.854
Education	0.292	Weak	12.688
Provision of information: Age	0.150	Weak	17.022
Gender	0.794	Strong	3.594
Education	0.792	Strong	14.134
Preparation for operation: Age	0.896	Very strong	12.539
Gender	0.629	Strong	2.590
Education	0.199	Weak	15.837
Respect for privacy: Age	0.001*	No corr	45.051
Gender	0.258	Weak	5.299
Education	0.096	Very weak	18.698
Help with pain: Age	0.365	Weak	21.564
Gender	0.992	Very strong	0.263
Education	0.280	Weak	14.339
Help with bedmaking: Age	0.063	Very weak	30.468
Gender	0.359	Weak	4.367
Education	0.085	Very weak	19.136
Wound dressing: Age	0.735	Strong	15.706
Gender	0.857	Very strong	1.327
Education	0.538	Strong	10.897
Anxiety alleviation: Age	0.410	Weak	20.777
Gender	0.365	Weak	4.314
Education	0.661	Strong	9.483

Note: Pearson Correlation: -1=perfect negative correlation, +1=perfect positive linear correlation, 0= no correlation, <0.5=weak correlation and >0.5 strong correlation, significant at p<0.05.*categories column do differ significantly from each other at the level of 0.05.

4.5 PATIENTS' PERCEPTION OF NURSING CARE

Table 4.22: Patients Perceptions of quality of nursing care

Perception	Frequency	percentage
Good	68	40.5
Fair	30	17.9
Excellent	27	16.1
Poor	19	11.3
satisfactory	20	11.9

40.5% (n=68) of the respondents agreed that the nursing care they had received during their stay in the ward was good, while 11.3% (n=19) perceived that nursing care was poor.

Table 4.23: Patients' recommendations

Recommendation	frequency	percentage
courtesy	19	11.3
Motivate nurses	21	12.5
Early theatre preparation	4	2.4
Improve communication	22	13.1
Good care	11	6.5
Improve on meals	1	0.6
Supply enough linen	6	3.6
Reduce congestion	5	3.0
Add more nurses	38	22.6
Add equipment	17	10.1

Most respondents 38(22.6%) recommended that the nursing staff should be added. Others, 13.1% (n=22) noted that there was communication breakdown among patients and nurses. 10.1% (n=17) recommended that the hospital management should consider adding more equipment.

Table 4.24: Correlation Table: Patients' characteristics against Perception of nursing care

Characteristic	Excellent	Fair	Good	Poor	Satisfactory	r	P
Gender	16.2%	18.0%	40.7%	11.4%	12.0%	9.118	0.104
Age	16.2%	18.0%	40.7%	11.4%	12.0%	26.323	0.391
Religion	16.2%	18.0%	40.7%	11.4%	12.0%	7.385	0.194
Marital status	16.2%	18.0%	40.7%	11.4%	12.0%	22.756	0.301
Occupation	16.2%	18.0%	40.7%	11.4%	12.0%	43.817	0.002*
Education	16.1%	17.9%	40.5%	11.3%	11.9%	49.447	0.000*
Area of residence	16.3%	18.1%	40.4%	11.4%	12.0%	9.636	0.473
Admission History	16.1%	17.9%	40.5%	11.3%	11.9%	49.386	0.000*

*Categories column do differ significantly from each other at $p < 0.05$.

The table above is showing that there was positive relationship between patients' characteristics and perception of nursing care but there were no significant differences from each other except on the variables of patients' occupation, educational level and history of admission at $p < 0.05$.

Table 4.25: Correlation Table: Relationship between Patients' Expectations and Satisfaction

Correlations			
		Nurses inform and explain to me about my medication, and treatment procedures	Information provided about my condition and treatment
Nurses inform and explain to me about my medication, and treatment procedures	Pearson Correlation	1	.192*
	Sig. (2-tailed)		.014
	N	166	163
Information provided about my condition and treatment	Pearson Correlation	.192*	1
	Sig. (2-tailed)	.014	
	N	163	164
*. Correlation is significant at the 0.05 level (2-tailed).			

Indicate that strength of association between expectation variables and satisfaction variables is high ($p = 0.014$), and that the correlation coefficient is significantly different from zero ($P < 0.05$)

Correlations			
		Nurses are kind	How nurses were/are willing to respond to my concerns/requests
Nurses are kind	Pearson Correlation	1	.176*
	Sig. (2-tailed)		.024
	N	167	164
How nurses were/are willing to respond to my concerns/requests	Pearson Correlation	.176*	1
	Sig. (2-tailed)	.024	
	N	164	164
*. Correlation is significant at the 0.05 level (2-tailed).			

Indicate that strength of association between expectation variables and satisfaction variables is high ($p = 0.024$), and that the correlation coefficient is significantly different from zero ($P < 0.05$)

CHAPTER FIVE: DISCUSSION OF THE RESULTS

5.0: INTRODUCTION

Patient's perceptions regarding nursing care is one of the predictors of consumers' satisfaction with nursing care provided. In this study, patients in the surgical 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.

5.1 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 harsh 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 had revealed that almost in all age groups of participants, they agreed that they were expecting nurses to be kind ($m=3.61$). But, the age groups of less than 19 years(9.3%) and over 60 years(5.3%) strongly agreed that they expected nurses to be kind($m=4.00$). The study showed that there were no statistically significant differences in responses that they were expecting nurses to be kind, $p>0.05$. On nurses to be cheerful; although participants agreed that they expected nurses to be cheerful ($m=3.78$), there were no significant differences in responses that they expected

nurses to be cheerful by age distribution, $p>0.05$. The age group of over 60 years strongly agreed that they expected nurses to be responsive ($m=4.25$), and there were statistically significant differences in responses ($F=2.272$, $p=0.020$). Although, all age groups strongly disagreed that they were expecting nurses to be rude, there were no significant differences in responses, $p>0.05$. These findings can be compared with the study findings done in Uganda which found that patients were expecting nurses to be kind, polite and continued care (Nankhumbi, 2005). The study referred above did not find any significant differences in responses by patients' characteristics.

On participants' mean responses on the patients' expectations by gender, the study revealed that females had a higher mean responses ranging from ($m=3.61-3.78$), than males ($m=3.56-3.76$). This indicated that more females were expecting that nurses should be kind, cheerful, and responsive and not to be rude. But, these mean responses did not show that there were statistically significant differences in responses by gender distribution, $p>0.05$. Hence gender had little influence on patients' expectations.

Participants' mean responses by religion were that they agreed that they were expecting nurses to be kind, cheerful, and responsive but not rude. The study also revealed that there were more Christians (82.7%) than Muslims (17.3%) that participated in the study. Among the Christians (81.3%) $m=3.55$ agreed that they expected nurses to be kind and 18.3% ($m=3.90$) of Muslims agreed that they expected nurses to be kind. Although, the study revealed that Muslims had a higher mean response ($m>3.90$) than Christians ($m<3.74$), there were no significant differences in responses by religion distribution, $p>0.05$. Therefore, religion did not affect what patients were expecting from nursing care.

Participants mean responses on patients' expectations by marital status revealed that all categories were expecting that nurses should be kind, cheerful, and responsive and strongly disagreed that nurses should be rude. The separated (4.8%) and widowed (13.9%) strongly agreed that they were expecting nurses to be cheerful ($m=4.29$ and $m=4.00$ respectively) and also to be responsive to patients' concerns ($m=4.29$ and 4.05 respectively). The study also showed that there was statistically significant differences among mean patients' responses by marital status on patients' expectation of nurses responsiveness to patient's concerns ($F=4.018$, $p=0.004$). It could be said that marital status had some influences on what patients were expecting from nurses.

The study revealed that 50.6% of participants with an average response of 86% strongly agreed that they were expecting nurses to be knowledgeable and competent of their work. That is why patients become dissatisfied with nursing care if inadequate information about their condition and treatment was given. This can be supported by a study done in India which showed that there was relatively higher percentage of patients (31.6%) who had poor perceptions regarding explanation and information (Samina, et al, 2008). Participants were in agreement with almost all expectations because the mean response was above 50% except that they did not agree that they expected nurses to be rude and harsh (34%), Table 4.6 page 28. Generally, the study revealed that there was a strong positive linear correlation between patients characteristics such as age, and educational level, and other patients demographic characteristic and expectations but did not show significant differences among the patients' characteristics at $p<0.05$. These findings are in consistent with the study done in Turkey on patients' expectations of nursing care. It was found that patients were expecting nurses to be cheerful, knowledgeable and competent, and to be informed of the treatment (Ozsoy, et al, 2007). It was also observed that patients whose expectations were met were very satisfied with nursing care. Therefore, this study had revealed that patients were expecting nurses

to orient them to the ward; respect beliefs and values; communicate nursing care to them and not to be harsh and being rude to patients.

5.2 PATIENTS' EXPERIENCES AND CHALLENGES

The participants were asked to rate how often they encountered the given experiences using a four point Likert scale. The study, therefore, illustrated that elderly patients (aged above 50 years) had a better experience of pain management by nurses than younger patients ($m > 3.36$). The study revealed that there was statistically significant differences among the mean responses by age on how quickly nurses were responding when patients needed pain medications ($F = 3.283$, $p = 0.008$) and on how often pain was controlled ($F = 2.616$, $p = 0.027$). The study also showed that participants were not usually asked for informed consent ($m = 2.36$) and explanation on treatment and procedures were not usually given ($m = 2.44$).

The study illustrated that females had higher mean response ($m > 3.11$) than males ($m < 2.85$) that nurses were sometimes respecting their privacy; nurses were responding quickly when they wanted pain medication; their pain was usually controlled; and sometimes explanations on treatment and procedures were provided. The study found out that there were no statistically significant differences in responses by gender distribution except on the experience that nurses were responding quickly when they wanted pain medication ($F = 3.547$, $p = 0.048$).

The Muslims had higher mean response ($m = 2.59 - 3.32$) than the Christians ($m = 2.30 - 2.97$) that they experienced nurses were sometimes respecting their privacy; nurses were usually responding quickly when they wanted pain medication and their pain was usually controlled; explanations on treatment and procedures were sometimes provided and informed consents were sometimes obtained. The study revealed that there were statistically significant differences in responses by religion on the experience that nurses were responding quickly when patients wanted pain

medication ($F=5.511$, $p=0.020$), but there were no statistically significant differences in responses on other experiences that they encountered.

Although, the single, divorced, widowed and separated had higher mean response ($m>3.00$) than the married ($m<2.80$) that nurses were usually responding quickly when they wanted pain medication and their pain was usually controlled, there were no statistically significant differences in responses by marital status, $p>0.05$.

Patients who have not had any formal education and those with primary education had higher mean response ($m>3.07\leq 3.70$) than those with secondary and tertiary education that nurses were usually responding quickly when they wanted pain medication and their pain was usually controlled. The study showed that there were no significant differences in responses by level of education.

Generally, majority of participants (63.7%) expressed positive experience. It was found that patients had a positive experience because the scores in almost all variables were above average score of 50% except in “nurses introduction” (36.3%) reported that nurses never introduced themselves; observation of patients’ privacy (43.5%) reported that nurses were sometimes observing patients’ privacy, explanation about procedures to patients (48%) and asking for consent from patients (47%) were below average score, (Figure 4.2 page 35). It was interesting to note that most patients expressed positive experiences of quick response of nurses when they needed pain medication and having their pain well controlled (59%). This study has revealed that post surgical pain nursing management was good. The study also found out that nurses were not always protecting patients’ privacy; nurses were not always introducing themselves to patients; were not always providing explanations on treatment and procedures; and were not always obtaining informed consent from patients.

Though the study showed that there was positive linear correlation between patients' age, level of education and other characteristics, and the variable of patients experiences and challenges, there were no significant differences in participants responses ($p>0.05$).

Currently, most people are aware of their rights as a patient. Since majority of participants had gone to school there could be high probability that they were exposed to many sources of health information. Therefore, if nurses did not respect patients' rights such as right to privacy, and right to information, it was easy for patients to conclude that they had a negative nursing experience. This can have a very negative impact for surgical patients because these patients have high level of anxiety and stress. Patients needed a lot of information about their conditions, treatment options and procedures. The key to a good nurse-patient relationship is self introductions of nurses to patients and it helps in creating a friendly atmosphere. Hence, it assists in alleviating patients' anxiety. Better patients hospital experiences encourages and gives hope to many patients as trust between nurse and patients increases. Carrying out nursing activities professionally will also help patients have a positive experience while in the ward. A correlation study conducted in UK that looked at priorities for improving patients' Hospital experience. It found that hospital staffs who responded better to patients' concerns or complaints, the more likely that patients recommended the hospital to others (Hospital Pulse Report, 2008).

Most respondents encountered challenges of shortage of nurses and also rude nurses (16.7%) followed by inadequate equipment (13.1%). See table 4.15 page 37. It was interesting to note that patients acknowledged that shortage of nurses in public hospitals is a big problem, but the problem of nurses being rude to the patients was highly mentioned. KIPPRA report (1994) also highlighted that the public was complaining of nurses being rude to patients. Inadequate nursing personnel,

material resources and unfriendly behaviour of nurses towards patients can have negative implication on quality of nursing care.

5.3 PATIENTS' SATISFACTION OF NURSING CARE

Patients' satisfaction is one of the indicators that measures quality of nursing care. Participants were asked to rate their level of satisfaction on a five-point Likert scale.

The elderly (age group of over 60 years) were very satisfied with nursing care with mean response of $m > 4.00$. They were very satisfied with information provided ($m = 4.25$); respect for privacy ($m = 4.50$); and pain management ($m = 4.38$). All participants of all age groups were very satisfied with wound dressing ($m > 4.00$). The age group of less than 19 year to 59 years were very satisfied with pre-operative care ($m = 4.13$). Generally, all patients were quite satisfied with nursing care, however, the study found that there were no statistically significant differences in responses, $p > 0.05$. It appeared that most patients were more satisfied with wound dressing and pain management. The study was consistent with one study which found that elderly patients reported themselves very satisfied with nursing care (Chaka, 2005).

Regarding gender of participants, the study revealed that all participants were satisfied with nursing care with mean response of ($m > 3.00$). All participants were very satisfied with wound dressing ($m = 4.31$). This study did not show that there was difference in the level of satisfaction between males and females which is in contrast with other study done in Ethiopia, (Chaka, 2005) reported that female patients (74%) were more satisfied compared to male patients (69%).

Participants were quite satisfied with nursing care regardless of their level of education with mean response of ($m > 3.00$). Although the study showed that most participants were very satisfied with wound dressing ($m = 4.31$), there were no statistically significant differences in responses by level

of education. Chaka (2005), conducted a study that showed that illiterate were more satisfied with nursing care than literate patients.

Majority of respondents were satisfied with the nursing care $m > 3.00$ (50.2%). Most patients were satisfied with wound dressing $m = 4.31$ (52.4%) followed by bed making $m = 3.93$ (38.1%). This was encouraging finding because despite the challenge of inadequate nursing personnel, patients were still receiving basic nursing care. The study showed that there was positive linear correlation between patients' age, gender and level of education and other patients' characteristics and level of satisfaction. The study revealed that there were no statistically significant differences from each other at $p < 0.05$. The study also showed that about 17% of participants were not satisfied with information provided about their treatment and conditions. One study concluded that type of information that nurses gave patients about treatment and conditions was one of the major cause of dissatisfaction (Samina, et.al, 2008). About 35.7% were very satisfied with the way nurses welcomed patients in the ward. It is believed that the genesis of good patient-nurse relationship begins at admission and it is at this time that patients can predict whether they are going to receive quality nursing care or not. Although 28.6% were very satisfied with how nurses respected their privacy, 12.5% were barely satisfied with respect to privacy. Self-guarding patients' privacy is the nursing responsibility. Nurses should be advocating for protection of patients' rights from any abuse either by fellow nurses or other health professionals. Patients are going to appreciate nursing care if they feel safe within nurses' jurisdiction. Generally, patients were satisfied with nursing care provided. These findings can be compared with the study that was done in Pakistan. The Pakistan study found that 94% of patients liked nursing practice of keeping privacy of patients and overall patients' satisfaction of nursing care was 45% and 55% were dissatisfied (Khan, et al, 2007). But, this study had revealed that satisfaction level of patients was above mean response

of 50%. It can be concluded that there was relative relationship between patients' characteristics and the level of satisfaction, but there was no significant differences among patients characteristics and level of satisfaction $p < 0.05$.

5.4 PATIENTS' PERCEPTIONS

Participants were asked to give their recommendations on how nursing care can be improved and also give their perception of quality of nursing care they had received. 22.6% of the participants recommended that management should add more nurses to cover for shortage and improve efficiency. Other respondents (13.1%) noted that there was communication breakdown between patients and nurses. They recommended that nurses should improve on interpersonal skills and they should have positive attitude towards patients. Other participants (12.5%) also observed that for more efficiency, nurses should be motivated by improving working conditions such as provision of adequate resources.

On perception of quality of nursing care, 40.5% felt that quality of nursing care was good while 11.3% reported that quality of nursing care was poor. Though the study showed that there was positive correlation between patients' characteristics and patients' perception of nursing care, there were no statistically significant differences from each other, $p < 0.05$. Patients perceived the quality of nursing depending on how much satisfactory they were with the nursing care. Patients' expectations also influenced level of patients' satisfaction because most of the patients agreed with most of them. The more patients' expectations are met, the more satisfactory the patients would become and this would give good perception of nursing care. The study showed that there were positive correlation between patients' expectations and their level of satisfaction with nursing care. Therefore, in testing the hypothesis that patients' perceptions are not influenced by nurses' attitude, the Pearson correlation test was used. It looked at the correlation of patients' expectations and

patients' satisfaction with how nurses conduct themselves when carrying out nursing activities. The hypothesis was rejected at 5% level of significance $t= 0.014, 0.024, p<0.05$ (see table 4.24 page 46). Therefore, it can be concluded that patients' perceptions were influenced by nurses' attitudes.

5.5 CONCLUSION

- Patients expected nurses to be kind, friendly, knowledgeable, responsive, but did not expect nurses to be rude and harsh to them.
- Majority had positive experience of nursing care.
- Patients felt that nurses were not usually providing explanation on treatment and procedures.
- Patients were not usually asked for informed consent.
- Nurses were not introducing themselves to patients
- The elderly indicated that they had better pain control experience than the young patients.
- Patients were satisfied with wound dressing, post surgical pain control and bed making.
- Patients were not satisfied with the information provided about their conditions and treatment by nurses.
- Most patients perceived that nursing care provided was good.
- Patients felt that nurses were rude.
- The study found that patients' expectations can have some influences on patients' satisfaction level of care.
- This study has revealed that patients' perceptions regarding nursing care are influenced by nurses' attitudes or the way nurses interact with patients.

- The results can be generalized because KNH receives patients from all parts of the country.

5.6 RECOMMENDATION

Based on the findings of the study the investigator recommends the following;

1. Assessment should include patients' care expectations especially at admission so as to incorporate them in the nursing care plan.
2. There is need for nurses to establish good rapport with patients in order to promote trust between the nurse and the patient hence reducing the chances of patients labeling nurses as rude people and also will make patients feel at home. Nurses also need to acquire customer care skills through organized seminars/trainings by the hospital management.
3. Nurses should be advocating for patients 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.
4. The hospital management should consider employing more nurses since most patients felt that they did not receive satisfactory nursing care due to shortage of nurses and equipment e.g. beds, linen. Management also should consider awarding nurses who are performing better in terms of nurse-patient relationship.
5. Need to carry out a study to find out factors that affect nurses' attitudes towards patients.
6. The hospital to use the findings in addressing the challenges that patients are encountering in general surgical 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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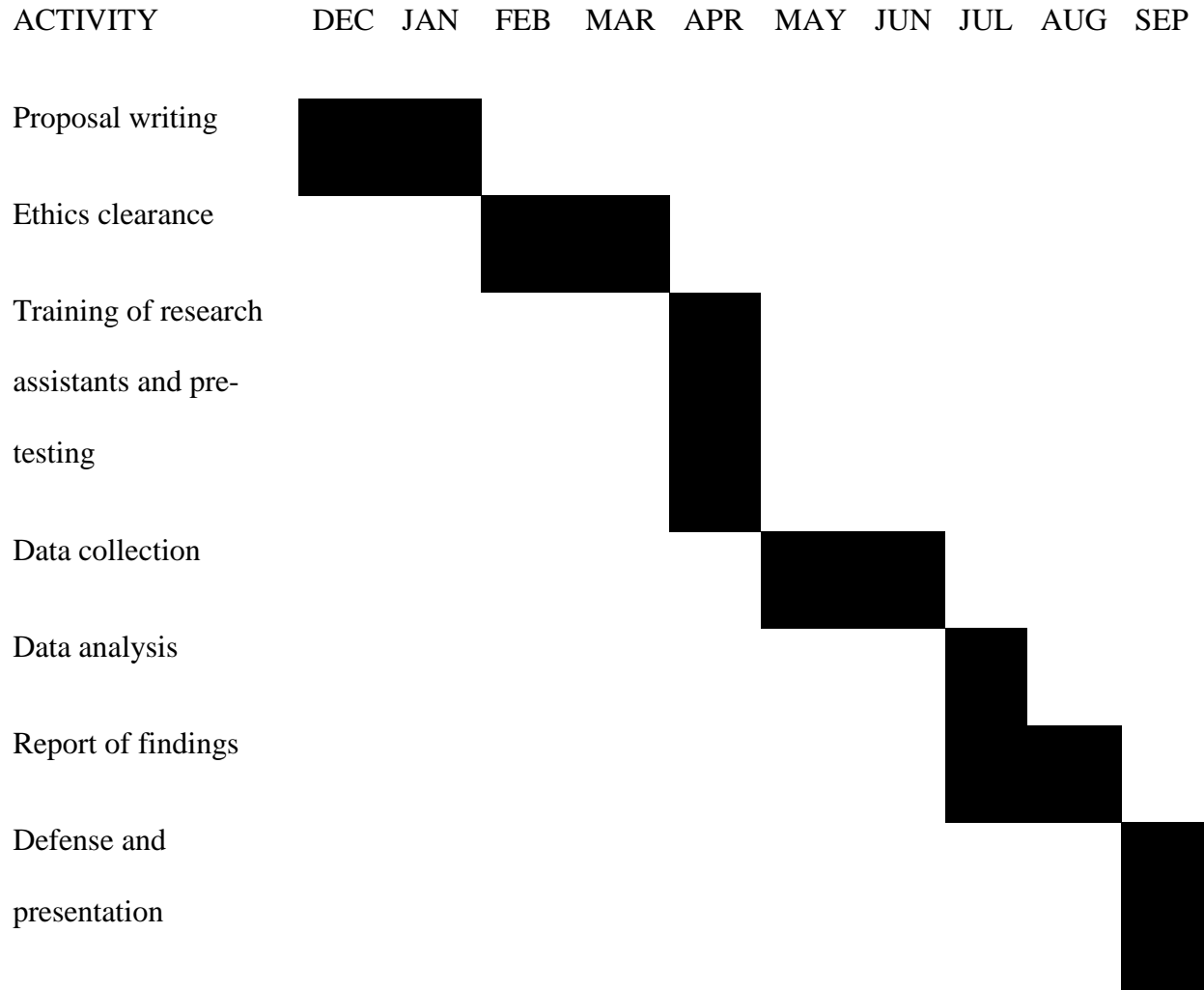
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APPENDICES

APPENDIX I: EXPENDITURE

No	ITEM	QUANTITY	COST/ITEM IN KSH	TOTAL COST IN KSH
1	STATIONERY			
1.1	Foolscap papers	2 reams	250	500
1.2	Printing papers	2 reams	400	800
1.3	A4 note books	4	100	400
	SUBTOATL			1 700
2	TYPING, PRINTING & PHOTOCOPYING SERVICES			
2.1	Proposal typing	4 drafts	400	800
2.2	Proposal printing	4 drafts	400	800
2.3	Proposal photocopying	200 pages	5	1 000
2.4	Proposal binding	5 copies	500	2 500
2.5	Typing dissertation and printing	200 pages	25	5 000
2.6	Photocopying	5 copies	400	2 000
2.7	Binding	5 copies	500	2 500
2.8	Internet and library services	40 days	300	12 000
	SUBTOTAL			26 600
3	PERSONNEL			
3.1	Ethical committee Review	Fee x1 day	1000	1 000
3.2	Ministry of Science and Technology Authorization	Fee x 1day	1000	1 000
3.3	Research Assistants Training	3x1 day	500	1 500
3.4	Allowances for pretesting for research assistants	3x1day	500	1 500
3.5	Allowances for pretesting for Investigator	1x1day	2000	2 000
3.6	Allowances for Biostatistician	1	20000	20 000
3.7	Allowances for Investigator for the whole period	1	25 000	25 000
3.8	Allowances for Research Assistants for the whole period	3x30 days	500	45 000
	SUBTOTAL			97 000
	GRAND TOTAL			125 300

APPENDIX II: TIME FRAME GHANT CHART



APPENDIX III: QUESTIONNAIRE FOR DATA COLLECTION
STUDY TITLE: PATIENTS' PERCEPTIONS REGARDING NURSING CARE IN
GENERAL SURGICAL WARDS AT KENYATTA NATIONAL HOSPITAL.

Instructions -Tick in the boxes provided.

Ward:..... Participant's code ID..... Research Assistant Name.....

SECTION 1: DEMOGRAPHIC CHARACTERISTICS

1. Gender

- 1. Male
- 2. Female

2. Age in years

- 1. ≤19
- 2. 20-29
- 3. 30-39
- 4. 40-49
- 5. 50-59
- 6. ≥60

3. Religion

- 1. Christian
- 2. Muslim
- 3. Others. Specify:

4. Marital status

- 1. single 2. married 3. divorced 4. widowed
- 5. separated

5. Occupation

- 1. Professional
- 2. Businessperson

3. Farmer

4.others.(specify):

6. Level of education

1.Not attended any school. 2. Primary

3.Secondary 4.Tertiary

7. Area of residence

1. Urban. 2. Semi urban 3.Rural

8. Have you been admitted to the hospital before?

1. Yes 2. No

SECTION 2: Patients Expectations of Nursing Care.

What were your expectations about nurses? Tick one box against each phrase/statement according to the scale below.

Key: Scale; 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5 strongly agree

No.	Measuring characteristics	1	2	3	4	5
1	Kind					
2	Cheerful					
3	Responsive					
4	Harsh					
5	Honesty					
6	Empathetic					
7	Friendly					
8	Rude					
9	Polite					
10	Respectful					
11	Knowledgeable and competent about their work					
12	Meet all my needs					

13	Communicate to me what type of nursing care I was going to receive					
14	Respects my beliefs and values					
15	Informed and explained about my medication, and treatment procedures					
16	Oriented to the ward environment and briefed on ward regulations.					

SECTION 3: Patients' Experiences/challenges

1. During this hospital stay, did you need help from nurses with bathing?

1. Yes 2.No

2. If yes, how often did you get help with bathing as soon as you wanted? Tick only one appropriate box

1	Never	
2	Sometimes	
3	Usually	
4	Always	

3. During this hospital stay, did you need help from nurses in getting to the bathroom/toilet or in using a bedpan? 1. Yes 2.No

4. If yes, How often did you get help in getting to the bathroom/toilet or in using a bedpan? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	

4	Always	
---	--------	--

5. How often did nurses make sure that you had privacy when they took care of you or talked to you? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

6. During this hospital stay, when nurses first came to care for you, how often did they introduce themselves? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

7. During this hospital stay, did you have to ask for pain medicine? Tick the appropriate box

1.Yes 2.No

8. If yes, how often did nurses respond quickly when you asked for pain medicine? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

9. How often was your pain controlled? Tick only one appropriate box.

1	Never	
---	-------	--

2	Sometimes	
3	Usually	
4	Always	

10. How often did nurses do everything they could to help you with your pain? Tick only one appropriate box

1	Never	
2	Sometimes	
3	Usually	
4	Always	

We want ask you about procedures and tests, for example, drawing blood, wound dressing or signing a consent form for an operation.

11. How often were you given an explanation about any procedures, treatments and tests done on you? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

12. How often did nurses ask for your consent for them to do the procedures and tests on you? Tick only one appropriate box.

1	Never	
2	Sometimes	
3	Usually	
4	Always	

13. During your stay in the ward, what are the experiences and challenges that you had encountered in the course of receiving nursing care?

Experiences

.....
Challenges:
.....

SECTION 4: Patients' satisfaction with nursing care provided

Indicate the level of satisfaction with nursing care received by ticking the box provided against each statement;

Key: Scale; 1=Not at all satisfied, 2=Barely satisfied, 3= Quite satisfied, 4= Very satisfied and 5= completely satisfied.

No.	Statements	1	2	3	4	5
1	The way Nurses welcomed me on my admission to this ward.					
2	The nurses' approach when they were examining me.					
3	The way nurses were/are talking to me.					
4	How nurses listened to my worries and concerns.					
5	How Nurses treated me as individual					
6	How nurses were/are willing to respond to my concerns/requests.					
7	Information provided about my condition and treatment					
8	How they prepared me for the operation					
9	How they taught me about what I expected to be doing after the operation.					
10	How nurses respect my privacy					
11	How nurses helped me with my pain					

12	How nurses assisted me with turning in bed.					
13	How nurses helped me with bed making					
14	How nurses helped me with wound dressing					
15	My anxiety and stress was alleviated by nursing care					

16. What have you liked most about the care?

.....

.....

17. What would you recommend in order to improve the nursing care in this ward?

.....

.....

18. What is your perception of quality of nursing care you have received?

.....

.....

Thank you very much for sparing time to participate in this study.

APPENDIX IV: CONSENT EXPLANATION

I am a second year postgraduate student at the University of Nairobi, college of Health sciences pursuing Masters Degree in Medical-Surgical Nursing.

Dear Participant,

I intend to carry out a study on ‘Patients’ perceptions regarding Nursing Care in General Surgical Wards at KNH’ as part of the requirement for the award of master’s degree in Medical-Surgical Nursing.

Your participation in this study is voluntary. The information that you will provide will be used to explore your perceptions and experiences regarding the nursing care with an aim of how to improve the quality of nursing care that will meet patients’ needs and expectations. If you agree to participate in this study we will ask you a few questions by completing a questionnaire on satisfaction, perceptions, expectations and experiences and your role as a patient in nursing care. You will be guided through and will take about 20 minutes. There is no harm or pain that will be inflicted on you during this process and there will be no monetary gain for participation.

The information you provide will be kept confidential and anonymous therefore, you will not write any of your personal particulars. Participation in research may involve loss of privacy but information about you will be handled as confidentially as possible. Should you feel like withdrawing from the study at any time, you will be free to do so without any victimization or bias in subsequent treatment that you will receive?

Your participation will be highly appreciated. In case of any questions or clarifications feel free to contact the Principal Investigator on [REDACTED] or email [REDACTED]@yahoo.co.uk . As well as Secretary to the ethics and Research Committee Prof. A.N.Guantai on [REDACTED] or

email [REDACTED]@ken.healthnet.org. My supervisors contact details are: Mrs Lilian A. Omondi, email: [REDACTED]@uonbi.ac.ke Cell: [REDACTED], and Mr. Anthony Ayieko, email: [REDACTED]@yahoo.com cell: [REDACTED].

Thank you.

Elwin Shawa (Principal Investigator)

INFORMED CONSENT

I, having read the consent explanation and explained to, do voluntarily agree to take part in this study on “Patients’ Perceptions Regarding nursing care in General Surgical Wards at KNH” on the day of, 2012. I am also aware that I can withdraw from the study without losing any benefits or treatment.

Signed

Witness

Date

APPENDIX V: QUESTIONNAIRE FOR DATA COLLECTION KISWAHILI VERSION MASWALI YA UTAFITI

**UTAFITI JUU YA: MTAZAMO WA WAGONJWA JUU YA HUDUMA YA UUGUZI
KATIKA WODI YA UPASUAJI, HOSPITALI KUU YA KENYATTA**

Maagizo: Weka alama ya (√) katika schemu zilizotengwa.

Wodi:..... Kitambulisho cha mshiriki:..... Jina la Msaidizi wa mtafiti:.....

SEHEMU YA KWANZA: HULKA YA MSHIRIKI

- 1.Jinsia. 1 mme () 2 Mke ()
- 2.Umri (Miaka) 1. <19 (), 2. 20-29 (), 3. 30-39 (), 4. 40-49 (), 5. 50-59 (), 6. >60 ().
- 3.Dini: 1. Mkristo (), 2. Muisilamu (), 3. Nyinginezo ()
- 4.Kuoja/Kuolewa: 1.Bado (), 2. Nimeotewa/Nimeoa (), 3. Talakiwa (), 4. Mjane (),
5. Tumeachana ()
- 5.Shughuli zako: 1. Mtaalamu (), 2. Mkulima (), 3. Mfanyibiashara (), 4. Nyingine (eleza)
.....
- 6.Kiwango cha elimu: 1. Sijaenda shule (), 2.Shule ya Msingi (), 3. Shule ya upili (),
4. Chuo ().
7. Mkaaazi: 1. Mjini (), 2. Mjimdogo (), 3. Kijiji ().
- 8.Ume wahi kulazwa Hospitalini? 1.Ndio (). 2. La ().

SEHEMU YA PILI: Matarajio ya Wagonjwa kwa Huduma ya Uuguzi.

Una matarajio gani kwa wauguzi? Weka alama (√) mbele ya matarajio yaliyo hapa chini kuonyesha kiwango cha kukubaliana kwako.

Kiwango cha kukubaliana: 1=Nakataa kabisa, 2=Nakataa, 3=sina maoni, 4=Nakubaliana
5=Nakubaliana sana.

No.	Hulka za wauguzi	1	2	3	4	5
1	Mwenye huruma					

2	Mcheshi						
3	Mwenye kuajibika						
4	Mkali						
5	Muadilifu						
6	Anayehisi pamoja nawe						
7	Mpenda urafiki						
8	Mjeuri						
9	Mpole						
10	Mwenye Heshima						
11	Anayeyatimiza mahitaji yangu						
12	Anaekutana na haja zangu						
13	Ananieleza ni huduma gani ya uuguzi nitapokea						
14	Anaheshimu itikadi zangu						
15	Ananifahamisha na kunieleza madawa yangu na huduma zote za matibabu						
16	Alinijulisha mazingira ya wodi na kanuni zake						

SEHEMU YA TATU: Hisia/changamoto za wagonjwa

1. Ulipokaa hospitali je, ulihitaji msaada wa muuguzi wakati wa kuoga?

1. Ndiyo (). 2. La ()

2. Kama ndiyo; mara ngapi ulipata msaada huo mara tu ulipohitaji.

Weka alama (√) kwa kisanduku kimoja.

1	Sikupata	
2	Mara nyingine	

3	Kawaida	
4	Kila wakati	

3.wakati ulipokaa hospitalini, je, ulihitaji msaada wa muuguzi kufika kwa bafu/msaalani au kutumia chombo cha kuendea haja. 1. Ndiyo (). 2. La ().

4.Kama ni ndiyo; ni mara ngapi ulipata msaada kufika msalaani/bafu au kutumia bakuli ya kuendea haja?

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

5. Ni mara ngapi wauguzi walihakikisha umesitirika wakati walipokuhudumia au kuongea nawe? Toa jibu moja.

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

6.wakati huu ulipokaa hospitalini, wakati wauguzi walipokuja kukuhudumia; ni mara ngapi walijitambulisha? Toa jibu moja

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

7.wakati huo ulipokaa hospitali je ilikuhitaji kuomba dawa za maumivu? 1. Ndiyo (). 2. La ().

8.Kama ndiyo, ni mara ngapi wauguzi waliitikia haraka ulipo-omba dawa za maumivu? Jibu mmoja.

1	Sikupata	
---	----------	--

2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

9.Ni mara ngapi maumivu yako yalitibiwa? Toa jibu moja.

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

10. Ni mara ngapi wauguzi walifanya juhudi zozote walizoweza kukusaidia na mauunivu? (Toa jibu moja).

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

Tungependa kuku-uliza kuhusu taratibu, na chunguzi zingine kama kutoa damu, kufunga kidonda na kuweka sahihi yu idhini ya upasuaji.

11.Mara ngapi ulipewa maelezo kuhusu taratibu, matibabu au chunguzi ulizofanyiwa? (Toa jibu moja).

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

12.Ni mara ngapi wauguzi walikuomba idhini ya kukufanyia taratibu au uchuuguzi? Toa jibu moja.

1	Sikupata	
2	Mara nyingine	
3	Kawaida	
4	Kila wakati	

13. Wakati wa makaazi yako wodini, ni mapito gani au changamoto zipi ulizopitia wakati ulipokuwa unapokea huduma ya uuguzi?

Mapito

.....

Changamoto

.....

SEHEMU NNE: Kuridhika kwa wagonjwa na Huduma za wauguzi.

Ashiria/onyesha kiwango cha kutosheka na huduma za uuguzi ulizopokea kwa kuweka alama (√) mbele ya sentensi zifuatazo kiwango cha kukukaliana. 1=sikutoshelezwa kabisa. 2=toshelezwa kidogo. 3=toshelezwa kiasi. 4=toshelezwa sana. 5= toshelezwa zaidi(kuridhishwa)

No	Sentensi	1	2	3	4	5
1	Jinsi wauguzi walivyonikaribisha wodini siku nilopolazwa hospitali.					
2	Jinsi wauguzi walivyo nipima					
3	Jinsi wauguzi walivyo ongea name					
4	Jinsi wauguzi walivyo sikiliza hofu na shauku zangu					
5	Jinsi wauguzi walivyo nichukua binafsi.					
6	Jinsi wauguzi walivyokuwa tayari kushughulikia shauku na mahitaji yangu.					
7	Maelezo niliyopewa juu ya hali yangu ya matibabu					
8	Jinsi walivyo nitayarisha kwa upasuaji.					
9	Jinsi walivyonifundisha niliyotarajiwa kuyafanya baada ya upasuaji					
10	Jinsi vile wauguzi walivyo niheshimu kifaragha					
11	Jinsi wauguzi watahughulikia maumivu					
12	Jinsi wauguzi walinisaidia kugeuka kitandani					
13	Jinsi wauguzi walinisaidia kutandika kitanda					
14	Jinsi wauguzi walinisaidia kufunga vidonda					
15	Shauku na hisia zangu zilitoka kutokana na huduma za wauguzi					

16. Ni kitu gani umefurahia zaidi juu ya huduma hizi?

.....
.....

17. Ni nini ungetamani kitekelezwe ilikuboresha huduma za uuguzi katika wodi hii?

.....
.....

18. Una mtazamo gani juu ya kiwango cha huduma za uuguzi ulizopokea.

.....
.....

Ansante sana kwa mda wako na kuhusika katika utafiti huu.

APPENDIX VI: CONSENT EXPLANATION KISWAHILI VERSION MAELEZO YA RIDHIA

Mimi ni mwanfunzi wa mwaka wa pili katika chuo kikuu cha Nairobi nikisomea shahada ya pili ya uuguzi katika matibabu na upasuaji.

Mpendwa Mshiriki,

Natarajia kutafiti juu ya “Mtazamo wa wagonjwa juu ya Huduma ya uuguzi katika wodi za upasuaji katika Hospitali kuu ya Kenyatta” ikiwa sehemu ya mahitaji ya kufuzukwa shahada ya pili ya uuguzi wa upasuaji.

Kushiriki kwako katika utafiti huu ni hiari Habari zote utakazotoa zitatumwa kuangalia mtazamo na mapito yako juu ya huduma ya uuguzi kwa lengo la kuboresha kiwango cha huduma hizi ili kukutana na mahitaji na matarajio ya wagonjwa. Ukikubali kushiriki katika utafiti huu, tutakuuliza maswali machache kwa kujaza jarida la maswali juu ya kutosheka, mtazamo, matarajio na mapito na jukumu lako kama mgonjwa unayepokea huduma za uuguzi.

Utalekezwa kwa takribani dakika ishirini. Hakutakuwa na madhara au maumivu kwako na pia hakutakuwa na faida ya kifedha kwa kushiriki kwako.

Habari utakazotoa hapa hazitatolewa kwa yeyote nawe hutatambuliwa kivyovyote, huta andika chochote cha kukutambulisha. Kushiriki katika utafiti kunaweza kuleta kutambuliwa, lakini habari zote zinazokuhusu hazitafichuliwa kamwe. Utakapojihisi kujiondoa katika utafiti huu wakati wowote utakuwa huru kufanya hivyo bila wasiwasi au athari zozote mbaya katika matibabu utakayopokea baadaye.

Tuta ninakushukuru kwa sana kushiriki kwako. Ukiwa na swali ama ukihitaji maelezo zaidi uwe huru kuwasiliana na mtafiti mkuu kwa nambari [REDACTED] au barua pepe

[REDACTED]@yahoo.co.uk. Pia unaweza kuwasiliana na katibu wa maadili na utafiti-Prof. A.N.

Guantai katika nambari ya simu [REDACTED] au barua pepe [REDACTED]@ken.healthnet.org. Wa

simamizi wangu ni Bi. Lilian A Omondi barua pepe [REDACTED]@uonbi.ac.ke. Simu tembezi

[REDACTED], na Bwana Anthony Ayieko, wa [REDACTED]@yahoo.com, simu tembezi

[REDACTED]

Shukrani.

Elwin Shawa (Mtafiti mkuu)

UFAHAMU WA KURIDIA

Mimi,..... baada ya kusoma na kuelezwa juu ya kuridhi utafiti huu, hapa basina kubali kwa hiari kushiriki katika utafiti huu, “Mtazamo wa wagonjwa juu ya huduma za uuguzi katika wodi za upasuaji katika Hospitali kuu ya Kenyatta” siku hii yamwezi wa 2012.

Ninatambua yakini ya kwamba ninaweza kujiondoa katika utafiti huu pasi na kupoteza faida ziwazozote au matibabu.

Sahihi:.....

Shahidi:.....

Tarehe:.....

APPENDIX VII: LETTER TO NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Elwin Shawa,

University of Nairobi,

School of Nursing Sciences,

6th February, 2012

TO,

The Chairperson,

National Council for Science and Technology

P.O. Box 30623-00100

Nairobi.

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION REQUEST

I am a second year postgraduate student pursuing Masters of Science in Nursing (Medical-Surgical Nursing). I am writing to request your permission to carry out research on “Patients’ Perceptions Regarding Nursing Care in General Surgical Wards at KNH”. The study will be carried out in general surgical wards. Your consideration will be highly appreciated and it will go a long way in facilitating my study completion and also research findings will be utilized both locally and internationally in provision of quality nursing care.

Thank you.

Yours faithfully,

Elwin Shawa

APPENDIX VIII: LETTER TO KENYATTA NATIONAL HOSPITAL ETHICS COMMITTEE

Elwin Shawa,

University of Nairobi,

School of Nursing Sciences,

6th February, 2012

TO,

The Chairperson,

Kenyatta National Hospital Ethics Committee

P.O. Box 20723-00202

Nairobi.

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION REQUEST

I am a second year postgraduate student pursuing Masters of Science in Nursing (Medical-Surgical Nursing). I am writing to request your permission to carry out research on “Patients’ Perceptions Regarding Nursing Care in general Surgical Wards at KNH”. The study will be carried out in general surgical wards. Your consideration will be highly appreciated and it will go a long way in facilitating my study completion and also research findings will be utilized both locally and internationally in provision of quality nursing care.

Thank you.

Yours faithfully,

Elwin Shawa

APPENDIX IX: APPROVAL LETTER FROM UON/KNH ETHICS COMMITTEE

APPENDIX X: DUMMY TABLES FOR DATA ANALYSIS
PATIENTS' EXPECTATIONS

What were your expectations about nurses?

		1	2	3	4	5
1	Kind					
2	Cheerful					
3	Responsive					
4	Harsh					
5	Honesty					
6	Empathetic					
7	Friendly					
8	Rude					
9	Polite					
10	Respectful					
11	Knowledgeable and competent					
12	Meeting patients' needs					
13	Communicate to patients about their nursing care					
14	Respect patients' beliefs and values					
15	Informed patients about their medications and treatment procedures					
16	Patient orientation to the ward environment and regulations					

PATIENTS' EXPERIENCES AND CHALLENGES

		YES	NO	1	2	3	4
1	Did you need help from nurses with bathing?			X	X	X	X
2	How often did you get help with bathing?	X	X				
3	Did you need help in getting to bathroom/toilet			X	X	X	X
4	How often did you get help to bathroom/toilet?	X	X				
5	How often did nurses make sure you had privacy	X	X				
6	How often did nurses introduce themselves to you	X	X				
7	Did you have to ask for pain medication?			X	X	X	X
8	How often did nurses respond quickly to give you medication	X	X				
9	How often was your pain controlled?	X	X				
10	How often did nurses do everything they could to help you with pain?	X	X				
11	How often were you given an explanation about procedures?	X	X				
12	How often did nurses ask for consent from you to do procedures	X	X				
13	Experiences encountered						
14	Challenges encountered						

PATIENTS' SATISFACTION

		1	2	3	4	5
1	Nurses welcoming patients on admission					
2	Nurses approach to patients examination					
3	Way nurses spoke to patients					
4	way nurses listened to patients worries and concerns					
5	Way nurses treat patients as individuals					
6	Nurses willingness to respond to patients concerns/requests					
7	Information provided					
8	Patients' preparation for the surgery					
9	Patients teaching/education on what to expect postoperatively					
10	Respect for patients' privacy					
11	Nurses helping patients with pain					
12	Nurses helping patients with turning in bed					
13	Nurses helping patients with bed making					
14	Nurses helping patients with wound dressing					
15	Alleviation of patients' anxiety and stress					
16	What have you liked about nursing care you have received?					
17	What recommendations would give to improve the nursing care?					
18	What are your perceptions about the nursing?					