

Assessment of Patients' Satisfaction with Nursing Care and Associated Factors in Goba Hospital, Goba-Town, South-East Ethiopia

Abstract

Background: To evaluate and improve the quality of care provided, it is of vital importance to investigate the quality of care in the context of health care. Patient satisfaction is a significant indicator of quality of care. Since patient centered care has become a major concern of health care providers, patient satisfaction. With nursing care become a pivotal indicator of quality of care provided in Hospitals given the fact that nurses provide the primary services to patients' satisfaction.

Objectives: To assess patient satisfaction with nursing care and associated factors in Goba hospital, Bale zone, South East Ethiopia June 2013

Methodology: A cross sectional study design was conducted in Goba Hospital in three wards, namely medical ward, surgical ward and Obstetrics and gynecology wards from April 1 2013 to May 1 2013 using convenient sampling method. The study population was adult patients admitted in to the three wards for at least two nights. Those who were unconscious and unable to communicate were excluded.

Results: A total of 250 adult patients from the study wards medical, surgical and gynecological wards were interviewed and all of them participated in the study. Participants who were males and participants who had history of previous admission were more satisfied. The overall rating of satisfaction was 54%. The top aspects that patient scored highest for their satisfaction with nursing care were, there always being nurse around if patients needed one, nurse's helpfulness and nurses treatment of patient as an individual. Satisfaction items patients least satisfied were the amount of information nurses gives to patients about their condition and treatment, the way nurses explain things to patient and the type of information nurses give to patient about their condition and treatment. Sex was the significant predictor of patient satisfaction with nursing care (P -value<0.05).

Conclusion: Most participants complain about the services given at hospital. This study shows that there are common problems for participants under study. So, the most important factors inhibiting patients' satisfaction are organizational and environmental factors like high cost of the services, noncompliance to treatment and lack of continuity of care. There is also communication gap between nurses and the participants.

Recommendation: Health care providers especially nurses should have caring attitude, good communication skill to enhance patients' satisfaction.

Keywords: Nursing care; Patients; Satisfaction; Quality of care

Received date: October 18, 2021; Accepted date: November 01, 2021; Published date: November 08, 2021

Introduction

Distributed the factor contributing to patient satisfaction has been widely studied and discussed within several disciplines,

including nursing, but the definition still varies from person to person and time to time. Patient satisfaction is a patient's subjective evaluation of their cognitive and their emotional reaction as a result of interaction between their expectation

Tilahun Ermeko Wanamo*,
Ahmed Yasin Mohammed
and Fikadu Nugusu
Dessalegn

Department of Public Health, Goba Referral Hospital, , Madda Walabu University, Bale Goba, Ethiopia

*Corresponding author: FTilahun Ermeko Wanamo, Department of Public Health, Goba Referral Hospital, Madda Walabu University, Bale Goba, Ethiopia

 tilahunjimma2008@gmail.com

Citation: Wanamo TE, Mohammed AY, Dessalegn FN (2021) Assessment of Patients' Satisfaction with Nursing Care and Associated Factors in Goba Hospital, Goba-Town, South-East Ethiopia. J Med Phys and Appl Sci Vol.6 No.6: 16.

regarding nursing care and their perception of actual nursing care. It is the combination of experience, expectation and needs perceived. The way patient perceive nursing care, largely depend on their social status, age, educational level, cultural background, previous hospital experience, support and respect from nurses, constant availability of nurses and appropriately given responses [1].

Patient satisfaction is regarded as one of the desired outcome of care, an element in the health status and an important indicator of a measure of quality of care [2]. It is argued that measurement of patient satisfaction will play an increasingly important role in the growing push towards accountability among health care providers [3].

Client opinions enable nurses to measure existing health care trends and opinions and to learn directly from client perception of the department and improve nursing care and public relations [4].

Even though patient satisfaction with nursing care is the patient opinion of the care received from nursing staff and is acknowledged as an outcome indicator of the quality of nursing care, there is still growing awareness of patient dissatisfaction with nursing care worldwide. Some of the frequently cited factors contributing to the current problems concerning nursing care are lack of continuity in care, high cost of services, noncompliance to treatment and increased medical malpractice [5].

A study conducted in Vietnam and Uganda showed that poor quality of services in the public sector lead to a greater use of private provider. However, private health care services are usually costly for majority of people in developing countries. Despite this reality, the health care providers in developing countries seem to be ignoring the importance of patient perceptions regarding health services [6].

As a research done in South Africa Johannesburg patient satisfaction with nursing care, some patient explained how they were kept waiting for a long time in order to be assisted [7]. The patients felt worthy as person's and were not merely being treated as patients or case [8]. Nursing care is a missing aspect which is important factor for the patient satisfaction. This is evidenced by the negative encounters patient experienced during hospitalization period [8].

The study conducted in Addis Ababa Ethiopia found that there was communication gap between nurses and their patient that leads to patient dis-satisfaction. This is a common problem for hospital under study which requires urgent attention to enhance patient satisfaction at the same time to ensure quality of nursing care [9].

A study conducted in Jimma to determine patient perception of care received indicated that low satisfaction emerged relative to offering help during meal time, information regarding the disease condition as well as hospital facilities and ward environment, maintaining privacy, the degree of instruction for self-care and result explanation. In the area of informing the patient about their medical diagnosis and medical treatment all respondent

stated that the nursing staff did not do this [10].

Literature Review

The Patient satisfaction is regarded as one of the desired outcomes of care, an element in the health status and an important indicator of a measure of quality care.

Patient satisfaction has been explored before by hospitals for various purposes. However despite efforts of hospitals to improve patient's satisfaction with nursing care, there is still growing awareness of patient dissatisfaction with nursing care worldwide [11].

Determinants of patient satisfaction

Several determinants of patient satisfaction with nursing care include

Socio demographic background of the patient: Socio demographic background of the patient could influence expectation of patient before the care begins, during and after the care. Age, ethnicity, language, culture, education levels, health status are socio demographic factors that influence patient satisfaction [11].

Marked associations were found between satisfaction and sex, age and social class. Elderly patients were more likely to report themselves very satisfied, 85% of those over 65 giving this rating compared to 52% of those aged 15 to 39 years. High social class tending to be most satisfied than the intermediate groups. Older age was the strongest predictors of satisfaction and men tended to be more satisfied than women [11].

Organizational and environmental factors: It Health services which limit patient access to certain providers passed logistical barriers to patients wishing to obtain care and access to their preferred care givers. Organizational and environmental factors that influence patient satisfaction included cleanliness, food noise, fellow patients, the comfort and aesthetic of premises [12].

Staff levels and discharge policies also affect patient satisfaction. Early discharge policies reduce the time available for nursing care delivery to each patient [13].

Communication and information: Information to the patient is of fundamental importance patients need information regarding their care and condition as they feel anxious and vulnerability during their hospitalization [14].

Two way communication is seen as one of the most important characteristics of good quality care as well as being necessary for the development of good staff relationship [14,15]. Sometimes patients were misunderstood or not taken seriously because of one way communication and that the communication they received was delivered in a technical language that was hard to understand [16]. Lack of information provided to the patient about disease, its causes, perspectives and way of treatment was found to be a source of dissatisfaction [17].

Interpersonal relationships: The relation between the patients and the nurse is a determinant of patients satisfaction. Interpersonal relationship include honest, trust, respect, understanding,

empathy, Knowing individuals as a person, touch, friendliness and feeling connected. Good interpersonal relationships provide a crucial emotional element which is important for the patient to respond positively to medical treatment plans and ultimately have satisfaction [18].

Maintaining dignity and privacy: Dignity and privacy have also been established as determining factors in Patient satisfaction. Patients for the most part trust that the nursing staff will maintain their dignity, privacy and confidentiality of information as well as trusting that the staff knew what they were doing [19]. In some cases, lack of privacy with patients complaining they had been overheard by people while discussing life threatening issues [20].

Technical skills and competence of the provider: A Basic expectation among hospital patients is assurance that they will be attended by skilled and competent staff that will treat them professionally and efficiently [21]. Further, the better the level of assurance provided by the hospital staff, the higher the level of patient satisfaction will be with the services. Patients feel that their body is in safe hands if nurses are competent and skillful and competence gives them a sense that the staff knows what they are doing [18,21,22].

Level of satisfaction: Patients in a general hospital reported a high level of satisfaction; 72% were very satisfied, 24.9% fairly satisfied with expectations and a minority, 28% claimed to be very dissatisfied. Patients in psychiatric hospitals, however, tended to be rather different. Only 50% of patient said they were satisfied, while 13% expressed dissatisfaction (Figure 1) [22].

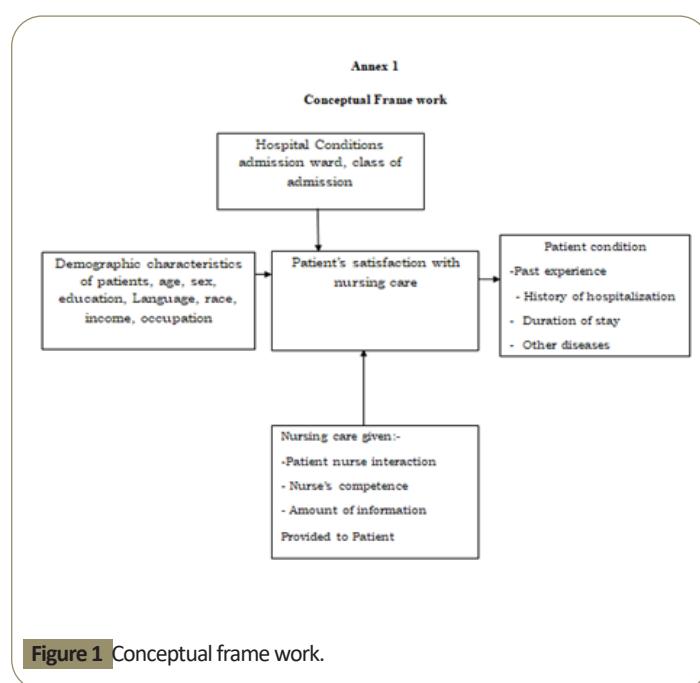


Figure 1 Conceptual frame work.

Materials and Methods

Study area and period

The study was conducted in Goba Hospital which is the only public Hospital in Goba Town under Oromia Health bureau which

provides all basic services, that is, pediatrics Medical surgical a Gynecological services [23].

This Hospital had 105 beds of which pediatrics 23 beds, Gynecology 23 beds, Medical ward 30 beds, and surgical ward 26 beds. The hospital gives service for 17139 and 514440 inpatient and outpatient in a year respectively and also has 86 health professionals (Doctors 13, nurse 55, MW 10 and HO 8) [24-26]. The study was conducted from April 01 to May 01/2013.

Study design

Institution based cross sectional study was employed.

Population

Source population: Adult patients who were admitted to Medical, Surgical and Gynecological wards of Goba Hospital Bale zone, South East Ethiopia June 2013.

Study population: Patients who were admitted to the study wards in the study Hospital, at the time of data collection and who met the inclusion criteria.

Inclusion criteria: Patients whose age 18 years and older being in the ward for at least two nights and able to communicate.

Exclusion criteria: Respondents who were unconscious and unable to communicate during the interview

Sample size determination

Sample size was determined based on duration of study period of patient flow using convenient sampling method.

Sampling Procedure: Convenient sampling method was used according to patient flow in each ward, from medical ward, surgical ward and gynecological wards of Goba hospital with in the given study period. The study samples that were admitted and met the inclusion criteria were taken from wards under the study.

Variables and measurement

Dependent variables

- Patient satisfaction with nursing care

Independent Variables

- Age
- Sex
- Occupation
- Income
- Language
- Educational status
- Admission ward
- History of admission
- Duration of Hospital stay
- Patient nurse interaction

- Nurse's competence
- Amount of information provided to patient

Operational definition

Fully satisfied: refers to participants who respond as very/ completely satisfied For satisfaction items

Not fully satisfied: refers to participants who respond as not all/ barely) quit Satisfied for satisfaction items

Nursing care: Assistance provided to a patient when for some reason he cannot provide for the satisfaction of his needs

Nursing staff: refers to nurses, junior nurses and health assistants who Worked in Hospital under study

Patient: any adult person of 18 years and above, who has been admitted to Hospital for two nights or more.

Patient satisfaction: Patients' subjective evaluation of their cognitive and Emotional reaction as a result of interaction between cares Provider and their expectations and perceptions regarding nursing care.

Data collection methods

The data was collected from the study hospital by the group members. The participants (adult participants) were interviewed by face to face method using the prepared questioner. Data was collected from the relevant wards (Medical, surgical, Gynecology ward) in one control month from April 01 to May 01 2013.

Data quality control

Before actual data collection the questioner was pretested on (5%) individual of Robe Hospital, there by possible adjustment or modification was made on the tool. There was training of data collector for one day by advisors (Adem Esmael BSc, MSc and Desalegn Markos BSc, MSc) and the data was supervised every day by advisors. The consistency of filled questionnaire was checked by advisors.

Data processing and analysis

The questioner was checked for completeness and descriptive statistics was computed manually using scientific calculator. Data was summarized and presented by tables and graphs. P-value was calculated for associated factors and interpreted as having association if P-value less than 0.05.

Results

Socio demographic characteristics

A total of 250 patients were interviewed. Most of the study participants were females which account about 138 (55.2%) and most of those participants were found in the age range of 28 to 37 which accounts 77 (30.8%), the average age of the participants were 39-94 years.

The educational status of the participants during the survey was: about 80 (32%) respondents couldn't read and write, 43 (17.2%) were fifth to eighth grade, 34 (13.6%) were high school, 26 (10.4%) were below fourth grade, 26 (10.4%) were diploma, 25

(10%) were first degree and above and 16 (6.4%) were certificate.

The occupational status of the respondents during the study was; about 75 (30%) were house wife, 55 (22%) were governmental employee, 43 (17.2%) were farmers, 41 (16.4%) were merchants, and 36 (14.4%) were included in others. Most of the study participants 56 (22.4%) have earned 500 and below Ethiopian birr per month.

The dominant religion of the participants was Muslims which accounts 104 (41.6%) followed by orthodox 80 (32%) and the rest 66 (26.4%) were protestant catholic and others.

Most of them have history of previous admission which accounts about 143 (57.2%) and most of them have no other disease other than the current health problem which accounts 189 (75.6%).

The mean length of stay (nights) was nine nights. Most of the study participants about 132 (52.8%) were fully satisfied by nursing care they received. The study participants those who were not fully satisfied said that they were not satisfied because of high cost of the services which accounts 40 (32%) followed by noncompliance to treatment 34 (27.2%), lack of continuity in care 27 (21.6%), medical mal practice 18 (14.4%) and others 6 (4.8%).

Communication and information 134 (38.7%) is the dominant way in which the nursing care could have been improved followed by interpersonal relationship 111 (32.2%), maintaining dignity and privacy 81 (23.4%) and others 20 (5.7%) (**Table 1**).

Table 1: socio-demographic characteristics of participants by frequency and percentage in Goba hospital, Bale zone, South East Ethiopia June 2013.

Variable		Frequency	Percentage
Sex	Male	112	44.8
	Female	138	55.2
Age	18-27	53	21.2
	28-37	77	30.8
	38-47	47	18.8
	48-57	39	15.6
	58-67	22	8.8
	68-77	12	4.8
Educational status	Unable to read and write	80	32
	4th grade and below	26	10.4
	5th-8th grade	43	17.2
	High school	34	13.6
	Certificate	16	6.4
	Diploma	26	10.4
	1st degree and above	25	10
Occupational status	Housewife	75	30
	Governmental employee	55	22
	Merchant	41	16.4
	Farmer	43	17.4
	Others	36	11.4

Income	≤ 500	56	22.4
	501-800	46	18.4
	801-1100	35	14
	1101-1400	28	11.2
	1401-1700	25	10
	≥ 1701	60	24
Toshiba	Muslim	104	41.6
	Orthodox	80	32
	Protestant	42	16.8
	Catholic	12	4.8
	Others	12	4.8

To assess whether or not the participants knew that there was one particular nurses who facilitated the nursing care for them in the ward, One hundred and seventy seven (70.8%) of participants responded "yes" 45 (18%), 28 (11.2%), of participants responded "no" and "not sure" respectively (Figure 2).

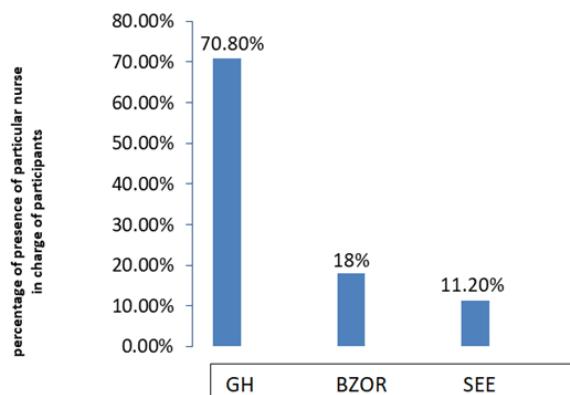


Figure 2 Presence of particular nurse in charge of participants, in Goba hospital, Bale zone Oromia region, south east Ethiopia June 2013.

The study shows how would the participants rate the care they received in the ward 132 (52.8%) of participants were fully satisfied (Figure 3).

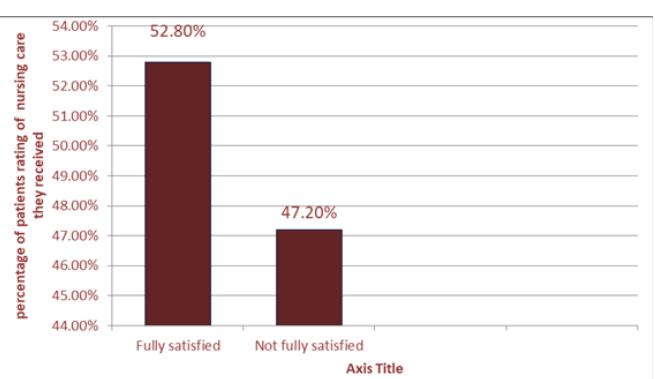


Figure 3 Patients' rating of nursing care they received in Goba hospital Bale zone Oromia region South East Ethiopia June 2013.

Among the study participants 133 (53.2%) of them were fully satisfied about their overall stay in the wards, In this case fully satisfaction, Refers to very good and excellent responses (Figures 4 and 5).

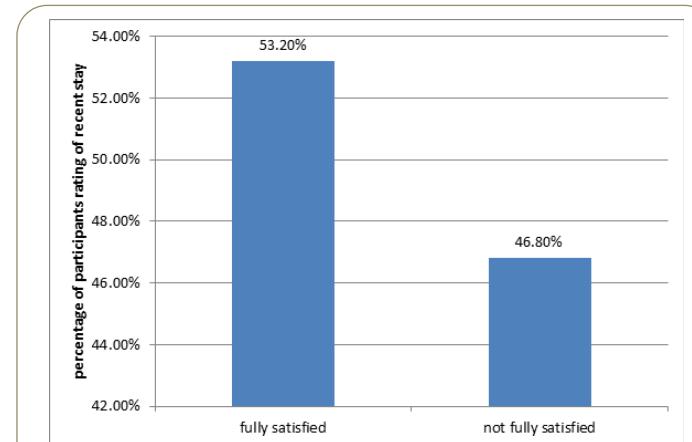


Figure 4 Participants rating of recent stay in ward at Goba hospital June 2013.

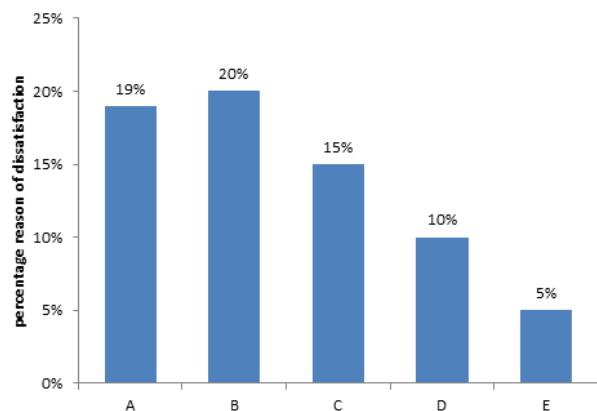


Figure 5 Why participants are not satisfied in the nursing care in Goba hospital June 2013.

Keys: A. Because of lack of continuity in care
 B. Because of high cost of services
 C. Because of non-compliance to treatment
 D. Because of increased medical mal practice
 E. Other (Figure 6).

Keys:

A=Communication and information

B=Interpersonal relationship

C=Maintaining dignity and privacy

D=Other

There always being a nurse around if they needed one (59.6%), Nurses helpfulness (59.2%), nurses treatment of patient as an individual (59.21), nurses manner in going about their work (58.8%), how quickly nurse came when they called for them

(56%) were aspects of care given the highest satisfaction ratings.

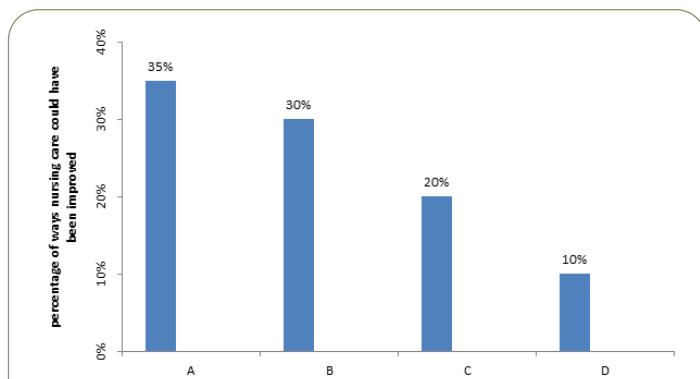


Figure 6 Ways in which nursing care could have been improved during current stay of participants in Goba hospital June 2013.

The amount of information nurses give to patient about their condition and treatment (42%), the type nurses explains things to patients about their condition and treatment (43.6%), the way nurse made patients feel at home (44%) and the amount of time spent with patient (46%) were aspects of care given the lowest satisfaction ratings (**Table 2**).

Table 2: Fully satisfied for satisfaction items in Goba hospital, Bale zone, south East Ethiopia June 2013.

s.no	Items	Frequency	%
1	The amount of time nurses spent with you	135	54
2	How capable nursed were at their job	130	52
3	There always being a nurses around If you needed one	149	59.6
4	The amount nursed knew about your care	140	56

5	How quickly nursed came when you called for them	135	54
6	The way the nurses made you feel at home	110	44
7	The amount of information nursed give to you about your condition and treatment	105	42
8	How often nurses checked to see if you were okay	116	46.4
9	Nurses helpfulness	148	59.2
10	The way nurses explain things to you	109	43.6
11	How nurses helped put your relatives or friends minds at rest	128	51.2
12	Nurses manner in going about their work	147	58.8
13	The type of information nurses gave to you about your condition and treatments	109	43.6
14	Nurses treatment of you as an individual	148	59.2
15	How nursed listened to your worries and concerns	119	47.6
16	The amount of freedom you were given in ward	133	53.2
17	How willing nurses were to respond to your request	126	50.4
18	The amount of privacy nurses gave you	116	48.4
19	Nurses awareness of your needs	124	49.6

Participants characteristics as a measure of satisfaction (fully satisfied versus not fully satisfied), A total of 136(541) of participants from the study hospital were fully satisfied for satisfaction items. Male participants (66%) were more satisfied compared to female participants (45%), participants who have history of previous admission (76%) were more satisfied than who did not have history of previous admission (52%), who earned 1401-1700 were more satisfied compared to others and participants who were in the age group of 28-37 (66%) were more satisfied (**Table 3**).

Table 3: Participants characteristics fully satisfied versus not fully satisfied of participants in Goba hospital, Bale zone, Oromia region, South East Ethiopia June 2013.

Variable		Fully satisfied	Not fully satisfied	X2	P-value
Sex	Male	74 (66%)	38 (34%)	13.65	0.0002
	Female	62 (45%)	76 (55%)		
Age	18-27	24 (45.3%)	29 (54.7%)	9.58	0.088
	28-37	51 (66%)	26 (34%)		
	38-47	25 (53%)	22 (47%)		
	48-57	26 (67%)	13 (33%)		
	58-67	7 (32%)	15 (68%)		
	68-77	3 (25%)	9 (75%)		
History of previous admission	Yes	109 (76%)	34 (24%)	62.2	0.0001
	No	27 (25%)	80 (75%)		
Having other disease	Yes	21 (34%)	40 (66%)	13	0.0003
	No	115 (61%)	74 (39%)		
Educational status	Unable to read and write	44 (55%)	36 (45%)	6.32	0.388
	Below 4th grade	11 (42%)	15 (58%)		
	5th-8th grade	23 (53%)	20 (47%)		
	Highs school	7 (44%)	9 (56%)		
	Certificate	22 (65%)	12 (35%)		
	Diploma	12 (46%)	14 (54%)		
	1st degree and above	17 (68%)	8 (32%)		

135	Housewife	32 (43%)	43 (57%)	22.37	0.0002
	Government employee	24 (44%)	31 (56%)		
	Merchant	27 (75%)	9 (25%)		
	Farmer	32 (74%)	11 (26%)		
	Others	21 (51)	20 (49%)		
Income	≤ 500	34 (60%)	22 (40%)	2.67	0.75
	501-800	27 (59%)	19 (41%)		
	801-1100	18 (51%)	17 (49%)		
	1101-1400	15 (54%)	13 (46%)		
	1401-1700	12 (48%)	13 (52%)		
	≥ 1701	30 (50%)	30 (50%)		
Religion	Orthodox	45 (59%)	33 (41%)	2.7	0.61
	Muslim	57 (55%)	47 (45%)		
	Protestant	7 (58%)	5 (41%)		
	Catholic	19 (45%)	23 (25%)		
	Others	6 (50%)	6 (50%)		
No of nights stayed	2-5	50 (57%)	37 (43%)	7.13	0.13
	6-9	43 (49%)	45 (51%)		
	10-13	13 (43%)	17 (57%)		
	14-17	14 (78%)	4 (22%)		
	18-30	16 (59%)	11 (41%)		

Discussion

The finding of this study indicated that almost half of (54%) of the participants were satisfied with nursing care they received which was low compared to the study conducted in Iran 82% and in Northern Ireland 70% [23]. This is due to the fact that both Iran and Northern Ireland are more developed than our country. So they may reduce factors affecting patient satisfaction.

The result of this study showed that there was relationship between sex and patients' satisfaction in which men were tended to be more satisfied than women from nursing and daily care they received which is similar with study conducted at Nancy University hospital in northeast France [24]. It may be due to the care they receive from opposite sex since most of the nurses were females.

Based on the findings no significant relation was between age and patients satisfaction which contradicts with the finding of the study done in Kuala Lumpur [25]. May be in Kuala Lumpur people especially older could be place greater value on the nursing care they receive when their own need of care is at its greatest.

No relationship was reported between family monthly income of the patients and their overall satisfaction with nursing care. This result was similar with the previous study conducted by Iranian Center for Breast cancer in Tehran city [23]. However, the study done in London reported that patients with lower income were less satisfied with nursing care they received [26]. The reason may be there is support from government like free treatment if they cannot afford the cost.

The top aspects that patients scored highest for their satisfaction with nursing care were there always being a nurse around if they needed one, nurses helpfulness, nurses treatment of patient as individual. Patients scored lowest for their satisfaction in the amount of information nurses given to patients about their

condition and treatment, the way nurses explains things to patients and the type of information nurses gives to patients about their condition and treatments.

The highest satisfaction in the study were amount of freedom in the ward (83%), how capable nurses were at their job (70%), nurses treatment of patient as an individual (70%), nurses manner in going about their work (67%), and the amount of privacy (61%) which was slightly similar with the study done in Addis Ababa in public hospital 92%, 90%, 87%, 86% and 61% respectively [9]. In this study the amount of freedom on the ward was not given the highest satisfaction rating, though it is generally believed that element of privacy, respect, and freedom which nurses consider through their practice, enhance patient's satisfaction with care.

Aspects of care given the lowest satisfaction in this study were the amount of information nurses given to patients about their condition and treatment (42%), the way nurses explain things to patients (43.6%), the type of information nurses give to the patients about their condition and treatment (43.6%).

However, there is similarity of this result with study done in Johannesburg (2) except how willing nurses were to respond to your requests (53%) and nurse's awareness of your needs (56%).

In this study two way communications is seen as one of the most important characteristics as good quality care as well as being necessary for the development of good quality care and development of good staff relationship.

Conclusion

In this study the dissatisfaction rate was 46%. The major reasons were high cost of the services, lack of continuity in care, noncompliance to treatment, communication gap between nurses and their patients. For this reason patients are complaining about the care given by nurses. There always being a nurse

around when the patient needed one is a major satisfaction items a patient scored.

Thus assessing the items with low patient's satisfaction will enable nurses to identify the problem in nursing care. In contrary items with high patients satisfaction need to be maintained and enhanced by nurses.

Recommendation

It was found that the organizational and environmental factors influenced patient's satisfaction. Therefore nursing administration of hospital recommended that to deliver health care system that could make patient centered health system. Nurses recommended ensuring continuity of care given to patients. Goba hospital which was under study should use the findings of this study to improve nursing services. Goba hospital recommended following nearly the service given in the hospitals by nurse as to give training which helps nurses increase their knowledge and attitude towards care given. Finally other researcher recommended conducting further research.

Ethical Consideration

Before the start of the data collection process ethical clearance was secured from Madawalabu University college of Medicine and Health science and permission was obtained from Goba Hospital. Participation in the study was voluntary and based on each patient's ability to give informed consent. Participation was guaranteed confidentiality of the information collected. Non Participation was not having negative effect on case.

References

- 1 Alhusban MA, Abualrub RF (2009) Patient satisfaction with nursing care in Jordan. *J Nurs Manag* 17(6):749-758.
- 2 Samuel Fenisi (2008) Assessment of patient satisfaction in Johannesburg Hospital . *J Clin Nurs* 6: 1.
- 3 Andaleeb SS (2001) Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Soc Sci Med* 52(9): 1359-1370.
- 4 Richardsan stover S (2007) Practice development in health care. *J Clin Nurs* 1:2.
- 5 Guldner R (1993) Unresolved issue in the measuring of patient satisfaction with nursing care. *J Adv Nurs* 7:217.
- 6 Locker D, Dunt D (1978) Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. *Social Science & Medicine*. Part A: *Med Psychol & Med Sociol* 12: 283-292.
- 7 Swichdt (2003) Service quality perception and patient satisfaction; in study of hospital in developing country. *J Clin Nurs* 1: 396.
- 8 Hornsten A, Lundman B, Selstam EK, Sandstrom H (2005) Patient satisfaction with diabetes care. *J Adv Nurs* 51(6): 609-617.
- 9 Nyirenda G, Belachew T (2010) Concern worldwide final evaluation of national CMAM programme Ethiopia. *J Clin Nurs* 1: 567.
- 10 Guadagnimo C, Rabal M (2003) Role of Patient satisfaction with nursing care. *J Clin Nurs* 2: 2439.
- 11 Avis M, Bond M, Arthur A (1995) Satisfying solutions? A review of some unresolved issues in the measurement of patient satisfaction. *J Adv Nurs* 22(2):316-322.
- 12 Iezzoni LI, Davis RB, Soukup J, ODAY BO (2002) Satisfaction with quality and access to health care among people with disabling conditions. *Int J Qual Health Care* 14(5): 369-381.
- 13 Irurita V (1999) Factors affecting the quality of nursing care: The patient's perspective. *Int J Qual Health Care* 5(2): 86-94.
- 14 Strahan EH, Brown RJ (2005) A qualitative study of the experiences of patients following transfer from intensive care. *Int J Qual Health Care* 21(3): 160-171.
- 15 Strahan EH, Brown RJ (2001) A qualitative study of the experiences of patients following transfer from intensive care. *Int J Qual Health Care* 18(3): 42.
- 16 Eriksson U, Svedlund M (2007) Struggling for confirmation-patients' experiences of dissatisfaction with hospital care. *J Clin Nurs* 16(3): 438-446.
- 17 Bankauskaite V, Saarelma O (2003) Why are people dissatisfied with medical care services in Lithuania? A qualitative study using responses to open-ended questions. *Int J Qual Health Care* 15(1): 23-29.
- 18 Jennings BM, Heiner SL, Loan LA, Hemman EA, Swanson KM (2005) What really matters to healthcare consumers. *JONA: J Nurs Adm* 35(4): 173-180.
- 19 Richhard sancasey , hidor (2007) Determining factors in patient satisfaction with nursing care. *J Clin Nurs* 15(3) :138.
- 20 Stover , sayers(2005) Does the essence of care live up to expectations? Practice development in health care. *J Clin Nurs* 1: 2.
- 21 Andaleeb SS (2001) Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Soc Sci Med* 52(9):1359-1370.
- 22 Jennings (2005) journal of nursing administration. *J Clin Nurs* 35:176.
- 23 Davidson R, Mills ME (2005) Cancer patients' satisfaction with communication, information and quality of care in a UK region. *European journal of cancer care* 14(1):83-90.
- 24 Thi PL, Briancon S, Empereur F, Guillemin F (2002) Factors determining inpatient satisfaction with care. *Social science & medicine* 54(4):493-504.
- 25 Rafii F, Hajinezhad ME, Haghani H (2008) Nurse caring in Iran and its relationship with patient satisfaction. *Australian Journal of Advanced Nursing* 26(2):75-84.
- 26 Patrick DL, Scrivens E, Charlton JR (1983) Disability and patient satisfaction with medical care. *Medical Care* 1062-1075.