



INDICES OF PATIENTS' SATISFACTION WITH HEALTHCARE SERVICES IN A TEACHING HOSPITAL

*¹Iddrisu, M. T., **¹Mumuni, A. N., *Ahmed, A., *Mohammed, A. K., ***Yahaya, W.

^{*}Department of Nursing, University for Development Studies, Tamale-Ghana

^{**}Department of Biomedical Laboratory Sciences, University for Development Studies, Tamale-Ghana

^{***}Registry, University for Development Studies, Tamale-Ghana

*Corresponding Author's Email: mnashiru@uds.edu.gh

Abstract

Patient satisfaction is an important health service policy tool and an indicator for measuring the quality of health care. Services received by clients or patients from various departments of a hospital undoubtedly contribute to the overall satisfaction rating they may give about that hospital. This study was conducted to assess patients' satisfaction about services offered by four selected departments of the Tamale Teaching Hospital (TTH) in Northern Ghana. Two hundred (200) in-patients were randomly selected from these four departments, and data was collected from them using a structured questionnaire. Data was analysed by descriptive statistical methods; associations between qualitative variables were explored using Chi-squared cross-tabulation. The results showed that majority (80%) of the patients said they were satisfied with the quality of services they received at the hospital. Patients' satisfaction was found to be influenced by good communication skills (56%), good attitude (64.5%), availability of nurses (59%), and being made aware of their diagnosis prior to interventions (44.5%). Administrative lapses such as prolonged waiting times (over 1 hour) to access folder (54%) and delays (by additional 30 minutes or more) before seeing a doctor (60.5%) negatively impacted on satisfaction of patients. The level of education of patients had no link with their satisfaction ($p = 0.60$), but appeared to be associated with knowledge of their rights as patients ($p < 0.01$). Generally, patients' satisfaction was based on how they were treated by hospital staff in both outpatient and medical departments. The study therefore recommends proactive measures from the authorities of the hospital towards addressing the identified lapses in order to improve satisfaction of patients.

Keywords: Nursing care, Healthcare, Patient satisfaction, Tamale Teaching Hospital, Ghana

Introduction

Satisfaction as defined by Kotler & Keller (2006) is "a person's feeling of pleasure or disappointment which results from comparing a product's perceived performance or outcome against his or her expectations." In other words, customer or client satisfaction is the individual's perception of the performance of a product or service in relation to his or her expectations (Schiffman, Kanuk & Wisenblit, 2010).

In the healthcare setting, patient satisfaction is an important health service policy tool and an indicator for measuring the quality of health care. It is therefore a potentially direct indicator of the performance of healthcare systems and means of identifying services that have to be improved (Al-

Abri & Al-Balusi, 2014). By understanding the essence of patient satisfaction and determining its existence level, health care services can be made relevant and readily available to the requirement of people and patients. Nursing care is one of the major health care services, and contributes a lot to the patient healing process (Shinde & Kapurkar, 2014). It is common knowledge that nurses constitute majority of the hospital staff and serve as the backbone of the health care delivery system (Shinde & Kapurkar, 2014). They often are the health professionals who interact most with patients. Hence, performance of nurses at a health facility could influence patients' satisfaction with the general performance of the facility (Vahey et al.,

2004). This therefore implies that quality of service received at a health facility is the basis for patients' satisfaction.

Undoubtedly, all people are consumers of health services and it is important to know their expectations of health care services. Users of health services want safe and appropriate interventions, treatment, and care that consider their dignity and respect. Healthcare service clients believe that if this is to happen, then they must be involved and consulted, not only in relation to their own healthcare, but also about service planning and delivery, health evaluation and research (Graham, 2001). Assessment of patients' satisfaction therefore helps healthcare managers to improve aspects of their services that may be unsatisfactory to their clients. It informs hospital administrators of the positive and negative aspects of their services. Patients satisfaction assessments therefore help maximize an organization's quality and the value of the care it provides (Al-Abri & Al-Balusi, 2014; Kelsey & Bond, 2001). In the service optimization process, attention should be given to age categories of patients. This is because older patients appear to be more satisfied with services they receive from health facilities compared to younger clients (Demir & Celik, 2002). This is thought to be because they have been going through the social services all their lives, and are believed to be more understanding and accepting than younger patients who usually have less social and commercial experiences of the real world and seem to judge things very quickly. Age could therefore be a determinant of satisfaction with healthcare services (Demir & Celik, 2002).

Satisfaction is a function of perceived performance and expectations. If the performance falls short of expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance exceeds expectations, the customer is highly satisfied or delighted (Kotler & Keller, 2006). However, satisfaction rating is dependent on customers being aware of their rights and avenues of seeking redress when health personnel violate those rights (Ofosu-Kwarteng, 2012). In addition, it appears that there is a noticeable trend towards an association between low educational level and income of patients with high level of satisfaction (Bahrapour & Zolala, 2005; Vadhana, 2012).

According to previous reports, other key factors that influence patients' satisfaction include good facility management, well-functioning organizational framework, intelligent, qualified and accessible personnel (Vadhana, 2012), waiting time, cleanliness, good infrastructure (Peprah, 2014), quality care, availability of drugs, nurses'/physicians' communication, critical thinking and interpersonal skills (Aldana, Piechulek, & Al-Sabir, 2001; Barry, Stevenson, Britten, Barber, & Bradley, 2001; Wysong & Driver, 2009).

In recent times, nurses in the Northern Region have suffered some form of assault, verbal or physical, from aggrieved relatives of patients (Doudu, 2015). These cases therefore motivated this study which aimed to assess the factors that influence the satisfaction of patients regarding the quality of healthcare services in the largest health facility in Northern Ghana, the Tamale Teaching Hospital.

Methods

Study Setting and Location

This was a hospital-based study conducted in the Tamale Teaching Hospital (TTH), located within the Tamale metropolis. The hospital serves as the referral facility for the three Northern regions and parts of the Brong-Ahafo region of Ghana.

Study Design

A cross-section of patients receiving healthcare services from the TTH were recruited into the study. Using a structured questionnaire, information was sought from participants regarding their perceived assessment of the quality of various healthcare services they received from the hospital. Frequencies of responses to various items on the questionnaire were tallied, and presented in frequency distribution Tables.

Target population and Sample size

Two hundred (200) in-patients were randomly selected from the Departments of Medicine, Surgery, Paediatrics and Obstetrics and Gynaecology. The required sample size was determined using the formula for sample size in sampling for proportions (Cochran, 1977) with the following assumptions: 95% confidence level, 5% margin of error, 15.5% patient satisfaction with healthcare services in Tamale, and a corresponding non-satisfaction rate of

84.5%. Fifty (50) participants, comprising both male and female patients, were then selected from each department; mean age \pm standard deviation of participants selected from the Paediatrics and other departments were 10 ± 2 years and 43 ± 4 years, respectively. These departments were chosen based on the number of patients they admit. In cases involving children, their caretakers or guardians answered some of the questions on their behalf.

Inclusion/Exclusion criteria

Patients who satisfied the following criteria were recruited into the study: on admission for not less than 24 hours, on the register of the admitting hospital department, not in critical condition, did not have a mental illness, willing to participate in the study, and consented to participate either by themselves or their guardians if they were children. Patients who did not satisfy at least one of these conditions were excluded from the study.

Sampling procedure

A convenient sampling method was used to select the 200 study participants. Since the study area was localized and had a defined targeted population, it was easier using a convenient sampling method.

Data collection instrument

A structured questionnaire (Appendix I) was used as the data gathering tool. It was a self-administered questionnaire and where necessary, the questions were explained to those who could not read and write for them to provide their answers. Series of questions posed to participants were under four sections: socio-demographics, admission experience, impression about hospital environment and nurses, and knowledge of patient' rights.

The questionnaire was pre-tested by the researchers themselves in order to ensure that preliminary data collected reflected respondents' clear understanding and interpretation of the questions. This also made it possible to refine the questionnaire before actual data collection by the researchers themselves.

Data analysis and presentation

Data analysis was conducted using the Statistical Package for the Social Sciences, SPSS software (version 20, IBM Corp., USA). Data was analysed by descriptive statistical methods, and presented in frequency/percentage distribution Tables. Associations were explored using Chi-squared cross-tabulation. Significance level was set at $p < 0.05$.

Ethical considerations

An Introductory Letter was obtained from the Head of the Department of Nursing which was submitted together with the proposal for the study to the Research and Planning Unit of the TTH, where ethical clearance was granted (ethical clearance reference number: TTH/R&D/SR/16/188). Permission was subsequently sought from, and was granted by, the heads of the respective hospital departments prior to study commencement. Each participating patient gave informed verbal or written consent, as appropriate, and had the choice to opt out of the study if they wanted to do so at any time during the study. Participants were assured of confidentiality and anonymity throughout the study.

Results

Socio-demographic characteristics of respondents

Table 1 shows the frequency distribution of the study participants by various socio-demographic characteristics.

Table 1: Socio-demographic characteristics of the study participants

Variable	Categories	Frequency	Percentage
Gender	Male	80	40.0
	Female	120	60.0
Age (<i>in years</i>)	< 10	13	6.5
	10 – 20	24	12.0
	21 – 30	96	48.0
	> 30	67	33.5
Marital status	Married	124	62.0
	Not married	74	37.0
	Divorced	2	1.0
Place of residence	In Tamale	152	76.0
	Outside Tamale	48	24.0
Level of education	No formal education	46	23.0
	Basic	37	18.0
	Secondary	32	16.0
	College	56	28.0
	University	29	15.0
Religion	Islam	115	57.5
	Christianity	73	36.5
	African Traditional	11	5.5
	Others	1	0.5
Occupation	Student	65	32.5
	Teacher	19	9.5
	Business	57	28.5
	Retired	2	1.0
	Others	57	28.5

Distribution of respondents by departments

Equal numbers of in-patients were drawn from the Departments of Surgery, Medicine, Paediatrics, and Obstetrics and Gynaecology to answer the questionnaire. Males and females were sampled from all departments except the Obstetrics and Gynaecology department, which is solely for females. The distribution of participants by departments is shown in Table 2.

Table 2: Distribution of participants by departments

Department	Males		Females	
	<i>Frequency</i>	<i>Percentage</i>	<i>Frequency</i>	<i>Percentage</i>
Surgical	34	17.0	16	8.0
Medical	27	13.5	23	11.5
Paediatrics	19	9.5	31	15.5
Obstetrics & Gynaecology	0	0.0	50	25.0
Total	80	40.0	120	60.0

Factors that influence patients' satisfaction

Assessment of patients' satisfaction was based on health services they received at the hospital, which included waiting time before receiving attention, length of admission, reception at the department, knowledge of their diagnosis after consultation, impression about the hospital environment, and professionalism of nurses handling them.

About 27.5% of the respondents waited for more than 2 hours at OPD before consultation, while 39.5% of them spent less than 30 minutes in the consulting room of all departments. About 70.5% of the patients were on admission within 1 week. About 75.5% rated their reception at their admitting department as "good" while 18.5% of them rated their reception as "very good". On the issue of patients knowing exactly what was wrong with them through a health practitioner, 77.5% of the patients were told their diagnosis and 22.5% of them were not. Out of the 77.5% who knew their diagnosis,

32.3% of them had to ask about their diagnosis before they were told and only one person read their diagnosis from their patient folder. The hospital environment (61%) and bedding arrangement (67.5%) were rated as "good".

Considering these factors, patients were asked to rate their overall satisfaction about services they received at the hospital. Only 17 out of the 200 patients (8.5%) expressed dissatisfaction about the general services they received. Of these 17 dissatisfied respondents, 13 (76.5%) were between ages 20-30 years while 4 (23.5%) were over 30 years of age.

Patients' assessment of nursing care

Table 3 shows the levels of agreement of patients with six specific statements about the professionalism of nurses in the hospital. Values indicated are frequency of responses (percentage of frequency) to each statement.

Table 3: Patients' impression about professionalism of nurses in TTH

Statement of impression	Rating					Total
	<i>Strongly agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly disagree</i>	
The attitude of nurses is good	30 (15.0%)	129 (64.5%)	24 (12.0%)	16 (8.0%)	1 (0.5%)	200 (100.0%)
Nurses are always available when needed	35 (17.5%)	118 (59.0%)	19 (9.5%)	26 (13.0%)	2 (1.0%)	200 (100.0%)
Nurses communicate well with patients	21 (10.5%)	112 (56.0%)	38 (19.0%)	24 (12.0%)	5 (2.5%)	200 (100.0%)
Nurses give health education to patients on condition	20 (10.0%)	89 (44.5%)	34 (17.0%)	42 (21.0%)	15 (7.5%)	200 (100.0%)
Nurses take their time to explain procedures to patients	16 (8.0%)	89 (44.5%)	55 (27.5%)	28 (14.0%)	12 (6.0%)	200 (100.0%)
Nurses provide privacy during procedures	25 (12.5%)	106 (53.0%)	33 (16.5%)	25 (12.5%)	11 (5.5%)	200 (100.0%)

On the quality of the nursing care delivered, 54.5% (109/200) of the patients indicated it was “good”, 30% (60/200) of them said it was “very good”, 13.5% (27/200) of them indicated it was “neither good nor bad”, 1.5% (3/200) indicated it was “bad”, and 0.5% (1/200) indicated it was “very bad”. About 84.5% (169/200) of the patients were therefore generally satisfied about the nursing care delivered by the TTH.

Assessment of nursing care in each department (Table 4) revealed that patients from the Paediatric department were the most satisfied (94.0%), followed by those from the Medical (86.0%), and then Obstetrics & Gynaecology (82.0%) departments; respondents from the Surgical department (76.0%) were the least satisfied and also stayed longer on admission.

Table 4: Patients' satisfaction by department

Department	Satisfied		Not satisfied		Total	
	<i>Frequency</i>	<i>Percentage</i>	<i>Frequency</i>	<i>Percentage</i>	<i>Frequency</i>	<i>Percentage</i>
Surgical	38	76.0	12	24.0	50	100
Medical	43	86.0	7	14.0	50	100
Paediatric	47	94.0	3	6.0	50	100
Obstetrics & Gynaecology	41	82.0	9	18.0	50	100
Total	169	-	31	-	200	-

Association between level of education and satisfaction with healthcare services

Of the sample size of 200 patients, 46 respondents have had no formal education at all while 154 respondents have had some form of formal education (from a minimum of Basic to a maximum of University education). By answering a simple question about whether or not they were generally satisfied with healthcare services at the hospital, 87% of the uneducated respondents expressed satisfaction while 83.8% of the educated respondents expressed satisfaction about the services of the hospital (Table 5). There was no obvious relationship between the level of education of the patients and their satisfaction with general hospital services received ($p = 0.60$).

Table 5: Proportion of patients by their levels of education and satisfaction rating

Level of education	Satisfied		Not satisfied		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
No formal education	40	87.0	6	13.0	46	100
Formal education	129	83.8	25	16.2	154	100
Total	169	-	31	-	200	-

Chi-square test for association: Pearson coefficient = 0.28, p-value = 060

Patients' knowledge of their rights to quality nursing care

Out of the total of 200 patients, 160 (80%) of them knew their rights to quality nursing care (Table 6). Almost all (95%) of the respondents who knew their rights were able to identify over 50% of the Patient's Rights (Appendix I) as enshrined in the Patient's Bill of Rights of the Ghana Health Service. Regarding whether nurses respect these rights in discharging their duties, 128/160 (80%) of the patients rated nurses in the hospital over 50%. As shown in Table 6, almost half (43.5%) of those who did not have formal education did not know of their rights, and only a small percentage (13.0%) of the educated patients did not know their rights.

Table 6: Proportion of patients by their levels of education and knowledge about their rights as patients

Level of education	Knowledge of rights		No knowledge of rights		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
No formal education	26	56.5	20	43.5	46	100.0
Formal education	134	87.0	20	13.0	154	100.0
Total	160	-	40	-	200	-

Chi-square test for association: Pearson coefficient = 20.6, p-value < 0.01

Discussion

Factors associated with patients' satisfaction

Satisfaction of patients with health care services they receive from a health facility may be influenced by a

number of factors. The major factors were thus investigated in this study. Indeed, the findings indicated that most (76.5%) of those who were

dissatisfied were younger respondents aged less than 30 years. It has been suggested elsewhere (Vadhana, 2012) that older respondents generally seem to give more scores to service providers since they have been going through the social services all their lives. The aged are believed to be less judgmental and are more likely to be satisfied with the healthcare system (Demir & Celik, 2002).

This study also gives credence to the fact that attitude of nurses, availability and accessibility of nurses, making patients aware of their diagnoses before treatment, health education to patients and cleanliness of the hospital environment are factors associated with satisfaction. Patients of the TTH in this study were generally satisfied with the above factors at the hospital. According to a study (Peprah, 2014) at the Sunyani Regional Hospital in the Brong Ahafo Region of Ghana, patients' satisfaction with health care services could be influenced by a number of factors. These factors include attitude of health professionals towards patients, prompt service delivery, ability to disseminate information to patients, the availability of up-to-date equipment, the hospital's ability to render 24 hour service, and cleanliness of the hospital. Services that aim to meet the needs and expectations of patients must therefore focus on enhancing these factors in the best ways possible.

Long waiting time to access patient folder and poor communication skills of nurses were also identified as barriers to satisfaction. Peprah (2014) also cited communication skills as a potential factor that could impact on satisfaction. About 66.5% of the patients in this study (Table 3) expressed satisfaction about the communication skills of nurses at the TTH. About 27.5% of them however indicated that they had to wait for more than 2 hours to access their folders at the OPD, which they felt was frustrating. This study further revealed that the longer patients stayed on the ward, the more anxious they became and less satisfied they were with nursing care. This probably explains the least satisfaction scores awarded by patients in the Surgical department.

Patients' satisfaction with nursing care

According to the results of this study, 84.5% of the respondents were satisfied with the nursing care delivered to them. This was consistent with the general satisfaction ratings for the associated factors of satisfaction, and supports the suggestion that if

other hospital related factors are satisfactory to patients, they would most likely be satisfied with the general services of the hospital including professionalism of nurses and other health practitioners (Ofosu-Kwarteng, 2012; Peprah, 2014). The results also revealed that the Paediatric department recorded the highest satisfaction rate (94%), followed by the Medical (86%), Obstetrics & Gynaecology (82%), and Surgical (76%) departments. Generally, patients in the Surgical department spent longer time on admission than their counterparts in the other departments. This could have been the reason for the low satisfaction rate in that department, since a prolonged stay in the ward could be associated with frustration for most patients.

Regarding general level of satisfaction, 67% of the respondents were satisfied, 14.5% were very satisfied, 9.5% were neither satisfied nor dissatisfied, 8.5% were dissatisfied and 0.5% were very dissatisfied. This means therefore that healthcare services offered by the hospital matched the expectations of majority of the respondents. Indeed, satisfaction is dependent on perceived performance and expectation (Kotler & Keller, 2006), such that if performance matches with customers' expectations, they are satisfied.

It has been suggested that highly educated patients are mostly less satisfied with general services they access at the hospital (Shinde & Kapurkar, 2014; Sharew et al., 2018). However, this study did not find a significant association ($p = 0.60$) between patients' satisfaction and their level of education (Table 5).

Knowledge of rights to quality nursing care

About 80% of the patients in this study were aware of their rights to quality nursing care. This finding agrees with that of Yousuf *et al.* (2009) who conducted their study in a single hospital in Malaysia and reported that most patients usually appear to be aware of their rights, and have enough information regarding their illness and modality of treatment. This study further revealed that 92% of those who did not know their rights as patients had little/basic or no formal education at all. This suggests that higher education might be a factor in patients' awareness of their rights. It appeared that nurses at the TTH are very cautious of these rights in discharging their duties in the context of this study, as most of the respondents who knew their rights

scored nurses over 50% regarding nurses' respect of those rights.

Limitations and strengths of this study

A standard patient rating scale was not used in this study. However, a careful review of the literature was conducted to identify the major determinants of patients' satisfaction which were then included in the structured questionnaire. Medical diagnosis, admission history, severity and length of illness, and medical interventions were relevant variables that could have enhanced the accuracy of the study. These were however lacking in our study. The strengths of this study however were that a reasonably large sample size was used, and there was a 100% response rate by participants.

Conclusion

The findings of this study suggest that patients' assessment of the quality of services they receive from a health facility depends on a number of factors which include hospital-related and personal experiences. Level of education did not seem to impact satisfaction, but rather the knowledge about patients' rights to nursing care. Even though satisfaction rating from patients was quite significant, the hospital can enhance this by improving those areas of services that had poor satisfaction ratings by the patients. In particular, waiting time at the OPD should be reasonably reduced by creating more folder collection points and functioning consulting rooms in the facility. This will reduce the overall waiting times of patients before they can access medical care.

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**APPENDIX I
RESEARCH QUESTIONNAIRE**

SECTION A: SOCIO-DEMOGRAPHICS

- 1.1 Sex: Male Female
- 1.2 Age (years): < 10years 10-20 21-30 30+
- 1.3 Level of education: No formal education Basic Secondary College University
- 1.4 Occupation: Student Teacher Business Retired Other (specify).....
- 1.5 Marital status: Single Married Divorced Other (Specify).....
- 1.6 Place of residence:.....
- 1.7 Religion: Islam Christianity Traditional Africa Other (Specify).....

SECTION B: ADMISSION EXPERIENCE

- 2.1 Admission department: Surgical Medical Paediatric Obstetrics & Gynaecology
- 2.2 How long did you have to wait before you were attended to at the:
 - 2.2.1 OPD before consultation? < 30 minutes 30 – 60 minutes 1 – 2 hours > 2 hours
 - 2.2.2 consulting room? < 30 minutes 30 – 60 minutes 1 – 2 hours > 2 hours
- 2.3 How was your reception to the ward? Good Very good Bad Very bad
- 2.4 Have you been told what you are suffering from? Yes No
 - 2.4.1 If yes, how were you informed? I asked By clinician Other (Specify).....
- 2.5 Length of admission:.....
- 2.6 Reception into ward: Good Very good Bad Very bad

SECTION C: IMPRESSION ABOUT HOSPITAL ENVIRONMENT AND NURSES

S/N	Item	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
3.1	The hospital environment is clean					
3.2	The bedding arrangement is good					
3.3	The attitude of nurses is good					

3.4	Nurses are always available at the ward when needed					
3.5	Nurses communicate well with patients					
3.6	Nurses give health education to patients on their condition					
3.7	Nurses take their time to explain procedures to patients					
3.8	Nurses provide privacy during procedures					

3.9 What will you say about the quality of nursing care delivered?

Good [] Very good [] Neither good nor bad [] Bad [] Very bad []

3.10 Are you satisfied with the nursing care delivered? Yes [] No []

3.11 Indicate your level of satisfaction with the nursing care delivered

Satisfied [] Very satisfied [] Neutral [] Dissatisfied [] Very dissatisfied []

SECTION D: KNOWLEDGE OF PATIENT'S RIGHTS

4.1 Are you aware that you have a right as a patient of the hospital? Yes [] No []

4.2 If yes, indicate your level of awareness about the following rights of the patient:

1 = very much aware, 2 = aware, 3 = don't know, 4 = unaware, 5 = very much unaware

S/N	Right	1	2	3	4	5
4.3	The patient has the right to quality basic health care irrespective of his/her geographical location					
4.4	The patient is entitled to full information on his/her condition and its management and the possible risk factors except in emergency when the patient is unable to make a decision and need for treatment is urgent					
4.5	The patient is entitled to know of alternative treatment(s) and other health care providers within the service if it may contribute to improved outcomes					
4.6	The patient has the right to know the identity of all his caregivers and other persons who may handle him including students, trainees and ancillary/auxiliary workers					
4.7	The patient has the right to consent or decline to participate in a proposed study involving him/her after full explanation has been given.					
4.8	The patient who declines to participate in/withdraws from a research project is entitled to the most effective care available					
4.9	The patient has the right to privacy during consultation, examination and treatment					

4.10	The patient is entitled to confidentiality of information obtained about him/her and such information shall not be disclosed to a third party without his/her consent					
4.11	The patient is entitled to all relevant information regarding policies and regulation of the health facility that he/she attends					
4.12	Procedures for complaints, disputes and conflict resolution shall be explained to patients or their accredited representatives					
4.13	Hospital charges, mode of payments and all forms of anticipated expenditure shall be explained to the patient prior to treatment					
4.14	Exemption facilities, if any, shall be made known to the patient					
4.15	The patient is entitled to personal safety and reasonable security of property within the confines of the institution					
4.16	The patient has the right to a second medical opinion if he/she desires					

4.17 How well do nurses abide by the above rights, on a percentage scale (i.e., 1-100%)?.....