



PATIENTS' OPINION OF NURSING CARE
IN
BPKIHS



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*SUBMITTED IN PARTIAL FULFILLMENT OF THE FOURTH YEAR COURSE
REQUIREMENT OF THE B.SC. NURSING PROGRAMME OF COLLEGE OF
NURSING, BPKIHS AND FOR THE DEGREE OF B. SC. NURSING OFFERED BY
BPKIHS; DHARAN, NEPAL*

B. P. KOIRALA INSTITUTE OF HEALTH SCIENCES, DHARAN, NEPAL

2002(2059BS)

"PATIENT S'OPINION OF NURSING CARE IN BPKIHS" DHARAN, NEPAL



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OF NURSING AND FOR THE DEGREE OF B. SC. NURSING OFFERED BY
BPKIHS; DHARAN, NEPAL*

2002 (2059)

APPROVAL SHEET

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"PATIENT'S OPINION OF NURSING CARE IN BPKIHS"

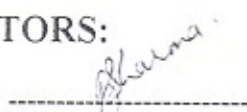
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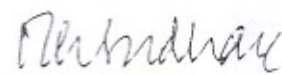


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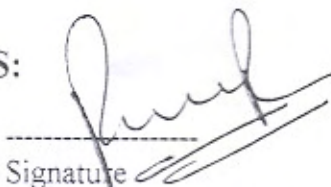


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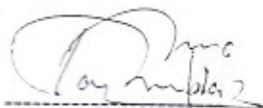


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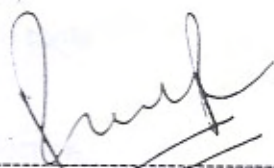


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TABLE OF CONTENTS

ITEM	PAGE NO.
Acknowledgement	i
Abstract	ii
I. INTRODUCTION	
1. Background and the significance of the study	1
2. Need for the study	2
3. Problem statement	2
4. Objectives of the study	2
5. Variables	2
6. Conceptual framework	2-3
7. Conceptual definitions	4
8. Operational definitions	4
9. Hypothesis	5
II. REVIEW OF LITERATURE	6-7
III. RESEARCH METHODOLOGY	
1. Research design	8
2. Setting of the study	8
3. Study population	8
4. Accessible population	8
5. Sample size	8
6. Inclusion criteria	8
7. Exclusion criteria	8
8. Sampling method	8
9. Development of research tools	9
10. Reliability and validity	9
11. Pilot study	9
12. Procedure for data collection	9
-Method of data collection	
-Ethical consideration	
13. Plan for data analysis	10
-Data analysis	



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IV. OTHER CONSIDERATIONS

1. Departments involved
2. Budget

11
11

V. DATA ANALYSIS AND INTERPRETATION

1. Results and findings
2. Graphs

12-23
24-29

VI. DISCUSSION

30-32

VII. SUMMARY OF FINDINGS AND CONCLUSIONS, IMPLICATIONS AND RECOMMENDATION

1. Summary of findings and conclusions
2. Implications
3. Recommendations
4. Limitations
5. Plan for dissemination

33
34
34
34
34

VII. ANNEXURE

1. Bibliography
2. Work plan for the study
3. Questionnaire in English version
4. Questionnaire in Nepali version

35-36
37
38-41
42-45

LIST OF TABLES

NHRC Library
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TABLE NO.	PARTICULARS	PAGE NO.
I.	DISTRBUTION OF THE RESPONDENTS ACCORDING TO THEIR GENDER	12
II.	DISTRIBUTION OF AGE OF THE RESPONDENTS	12
III.	EDUCATIONAL STATUS OF THE RESPONDENTS	12
IV.	DISTRIBUTION OF RESPONDENTS ACCORDING TO THEIR GEOGRAPHICAL REGION.	13
V.	ECONOMIC STATUS OF THE RESPONDENTS.	13
VI.	MEAN AND STANDART DEVIATION OF THE SAMPLE FOR ALL THE 28 SCALES (QUESTIONS).	14
VII.	COMPARISION OF PATIENT'S OPINION OF THREE ASPECTS OF NURSING CARE.	15
VIII.	RESPONDENTS' OPINION OF THREE ASPECTS OF NURSING CARE IN RELATION TO THEIR GENDER.	16
IX.	RESPONDENTS' OPINION OF THREE ASPECTS OF NURSING CARE IN RELATION TO THEIR AGE.	17
X.	RELATIONSHIP OF RESPONDENTS' OPINION OF NURSING CARE WTH THEIR EDUCATIONAL LEVEL.	18
XI.	RELATIONSHIP OF RESPONDENTS' OPINION OF NURSING CARE WITH THEIR GEOGRAPHICAL REGION.	19
XII.	RELATIONSHIP OF RESPONDENTS' OPINION OF NURSING CARE WITH THEIR ECONOMIC STATUS.	19
XIII.	RESPONDENTS' OPINION OF THREE ASPECTS OF NURSING CARE IN RELATION TO VARIOUS DEPARTMENTS OF BPKIHS.	20
XIV.	ASPECTS THAT THE RESPONDENTS LIKED ABOUT NURSING SERVICES IN BPKIHS.	21
XV.	ASPECTS THAT THE RESPONDENTS DISLIKED ABOUT NURSING SERVICES IN BPKIHS	22
XVI.	RESPONDENTS' SUGGESTIONS TO IMPROVE NURSING CARE IN BPKIHS.	23

LIST OF FIGURES

FIGURE NO.	PARTICULARS	PAGE NO.
1.	DISTRBUTION OF THE RESPONDENTS ACCORDING TO THEIR GENDER	24
2.	DISTRIBUTION OF AGE OF THE RESPONDENTS	24
3.	EDUCATIONAL STATUS OF THE RESPONDENTS.	25
4.	DISTRIBUTION OF RESPONDENTS ACCORDING TO THEIR GEOGRAPHICAL REGION.	25
5.	ECONOMIC STATUS OF THE RESPONDENTS.	26
6.	RESPONDENTS' OPINION OF THREE ASPECTS OF NURSING CARE IN RELATION TO THEIR GENDER.	26
7.	AGE VS ASPECTS OF NURSING CARE	27
8.	EDUCATION VS ASPECTS OF NURSING CARE	27
9.	GEOGRAPHICAL REGION VS ASPECTS OF NURSING CARE	28
10.	ECONOMIC STATUS VS ASPECTS OF NURSING CARE	28
11.	DEPARTMENT VS ASPECTS OF NURSING CARE	29

LIST OF ABBREVIATION

BPKIHS; B. P. Koirala Institute of Health Sciences

B. Sc. Nursing; Bachelor of Science in Nursing

ANOVA; Analysis of variance

p-Value; Probability value for $\chi^2(x^2)$ test.

Std. Dev.; Standard deviation

NS; Not significant

SN; Serial Number

No. ; Number

i.e.; That is

e.g.; For example

Fig. no; Figure number

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ABSTRACT

The present study was carried out to assess the patient's opinion of nursing care in BPKIHS. This study is descriptive in nature and helps identify the quality of technical, interpersonal and communication aspects of nursing care provided to the patients of BPKIHS. To compare the opinion on nursing care in BPKIHS among patients of different gender, age group, educational status, geographical region, economic status and ward of service is also one of the objectives of our study. Also it provides the patient's opinion for the improvement of nursing care. Conceptual framework adopted for the study is based on Imogene E. King's open systems framework.

A total no. of 140 patients, 20 from each of the seven units of BPKIHS were interviewed using an instrument; a 28-item likert scale. The instrument also consisted of two open ended questions. The data was collected using a table of random numbers. Suitable statistical methods: descriptive statistics and ANOVA test were applied for the analysis. From the analysis it was found that 55% of the total respondents were male and 45% were female. The average age of the total respondents was 50yrs. 33.6% of respondents were illiterate and only 12.10% had the secondary level of education. 58.6% of the respondents were from rural region and 94.30% had economic status >Rs.4404/person/yr. Results further revealed that the patient's opinion varied among the three aspect of nursing care (technical, interpersonal and communication skill). Again, the mean of percent score for the technical and interpersonal aspects of nursing care was relatively higher than for the communication aspect. The patient's opinion of nursing care varied with the age and geographical region. And there was no significant difference of patient's opinion of nursing care with their gender, educational status and economic status. The patients in orthopedic ward had comparatively higher mean of percentage score regarding the three aspects of nursing care; however, no significant difference was found between the patients' opinion of nursing care and the wards of service (medicine, surgery, orthopedics, eye, ENT, gynecology and dermatology). 52.85% of respondents said that they were satisfied with all the aspects of nursing services in BPKIHS. 32.14% of the respondents had the opinion that the nurses provided good nursing care. The aspects they disliked were that the nurses were less attentive to them (5%) and nurses did not give clear and concise explanation to them (4.28%). Majority of the respondents (65%) suggested that the nursing services being provided in BPKIHS should be maintained as it is and 10% of them suggested that the nurses should provide clear and concise explanations to them.

From this study we therefore, conclude that among the three aspects of nursing care communication aspect requires more focus to further improve the quality of nursing care in BPKIHS.

“PATIENT S'OPINION OF NURSING CARE IN BPKIHS”

I. INTRODUCTION:

1. BACKGROUND OF THE STUDY:

Nursing care refers to care of others. That care may involve any number of activities ranging from carrying out complicated technical procedures to something as simple as holding a hand. The central focus of nursing care is the person receiving care and includes the physical, emotional, social, and spiritual dimensions of that person¹.

Patient's opinion towards nursing care has been the subject of interest in health care for many years. It has also become one measure of quality of nursing care. Therefore, it is now increasingly used as the basis for quality management and improvement². Also, such studies are important as they provide feedback on the quality of nursing care and should form an integral part of the quality assurance system in the setting of nursing care.

Research has indicated that the patient sometimes thinks it is inappropriate for him to initiate interactions with health care professionals. This may derive from his perception of the professionals and of his own role. He may view the professional as a very busy person or assume that the professional will not deem his feelings and reactions to be important enough to devote time and attention to. Consequently, patients often do not provide feedback to nurses about their perceptions of the care they are receiving. In this proposed study, by assessing the patient's opinion towards nursing personnel and nursing care, we can determine a basis for quality nursing care.

In a research study on “Patient Perception Of Nursing Care: An Emerging Theory Of Interpersonal Competence” conducted by the College of Nursing, Brigham Young University, it was found that patients expressed satisfaction with the nurse-patient interaction when nurses informed, explained and instructed on specific aspects of treatment, and taught general principles of care³.

Further, the nursing personnel of B.P.Koirala Institute Of Health Sciences (BPKIHS) conducted a research in 1999 on “Satisfaction Of Clients And Their Relatives Receiving Nursing Care” in various units excluding Emergency, Operation Theatre and ICU/CCU⁴. Since that time, no research has been found regarding patients' opinion toward nursing care in BPKIHS. This type of study should be carried out at frequent intervals to assess continuity of quality care.

2. NEED FOR THE STUDY:

Studying patients' opinion of nursing care helps to identify the patient's opinion of various activities provided by nurses, and also measures the quality of nursing care being provided. Thus, in identifying the aspects of care that are seen as less than high quality, a basis is provided for focusing on those lesser aspects, by providing educational programs to improve technical competence, communication, or interpersonal relationships – and ultimately helping improve the quality of nursing care.

3. PROBLEM STATEMENT:

“What is the patient's opinion towards nursing care in BPKIHS?”

4. OBJECTIVES:

- (1) To describe the characteristics of the patients surveyed in BPKIHS.
- (2) To identify the patients' overall opinion of nursing care in BPKIHS.
- (3) To identify the quality of the technical, communication and interpersonal aspects of care provided by the nurses to the patients of BPKIHS.
- (4) To compare the opinion on nursing care in BPKIHS among patients of different gender, age, educational status, geographical region and socio-economic status and ward of service?
- (5) To provide the patient's viewpoint for the improvement of nursing care.

5. VARIABLES:

- (1) Independent variable: *Nursing care*
- (2) Dependent variable: *Patients' opinion*

6. CONCEPTUAL FRAMEWORK

The conceptual framework related to the study is based on Imogene E. King's open systems framework and theory of goal attainment. The central theme of this theory is “interrelationship of concepts and the process of human interactions”¹.

Imogene E. King has defined nursing as a process of human interactions between nurse and patient whereby each perceive the other and the situation and through communication set goals, explore means, and agree on means to achieve goals. There are three interacting systems within the framework:

- (a) Personal system
- (b) Interpersonal system*
- (c) Social system

This model is appropriate for the study. In this study, personal system is defined as the patient hospitalized in BPKIHS and his/her perceptions with respect to his or her demographic variables. Interpersonal system is identified here as the interaction between nurses and patient. Social system consists of the following hospital units: Medicine, surgery, orthopedics, gynecology, eye/ENT, dermatology in the health care organization BPKIHS.

CONCEPTUAL FRAMEWORK BASED ON IMOGENE KING'S OPEN SYSTEMS FRAMEWORK



7. CONCEPTUAL DEFINITIONS:

NURSING CARE:

Nursing care is the care provided by the nurses to the patients and is the goal of nursing as visualized by King; It is more than "to take care of". It includes "caring for" and "caring about" as well. It is dealing with human beings under stress, frequently over long periods. Besides carrying out technical procedures, it is providing comfort and support in time of anxiety, loneliness, and helplessness. It is listening, evaluating, and intervening appropriately and all the aspects occurring during the nurse-patient interaction¹.

PATIENT:

Patient means the person receiving care and is the central focus of nursing care¹.

OPINION:

Patient's opinion is the perception and interpretation on nursing care.

8. OPERATIONAL DEFINITIONS:

NURSING CARE:

The operational definition of nursing care is the "Patient Satisfaction Instrument" originally developed by Hinshaw and Atwood in 1982 dealing with the activities performed by nurses in three dimensions:

- (a) Manual/technical activities and professional knowledge in rendering competent care.
- (b) Relationship/ personal characteristics that foster trust and allow constructive patient caregiver interaction; and
- (c) An ability to teach and to communicate needed information to patients⁵.

PATIENT:

Patients are those who are in various units (Medicine, Surgery, Orthopedics, Gynecology, Eye/ ENT, Dermatology) in BPKIHS during the time of the study.

Attribute variables:

1. Age is measured in years from the last birthday.
2. Educational status is measured by years in formal schooling.
3. Geographical Region will consist of either urban or rural locations.
4. Socio-economic status is based on the question: "What is your approximate monthly income?" The responses will be " $\leq$ Rs 4000/month" and " $>$ Rs 4000/month".
5. Unit of Service consists of the seven wards selected for this study.

OPINION:

It is the perception of patients in various units of BPKIHS towards the three aspects of nursing care included in the instrument, a 28 item four-point Likert Scale to measure patient's opinion of nursing care on a scale from a minimum score of 28 (poor care) to 112 (best care).

9. HYPOTHESIS:

Differences in opinions of nursing care vary according to gender, socio-economic class, and geographical region of residence, age, educational status and ward.

II. REVIEW OF THE LITERATURE:

Many journals, books, newspapers, bulletins, Medline search, articles were searched for the purpose of literature review. Only few researches regarding this study could be found conducted in Nepal. The searched literatures are as follows:

Mr. Ramsharan Mehta and Miss Sakun Singh did a descriptive study to find out the satisfaction of clients and their relatives receiving care at BPKIHS. The findings of the study showed that 50 of the clients were from village, other district than Sunsari, 85 clients were hospitalized for the first time, 72 clients reported that they knew the role of nurses. The satisfaction among respondents were 91 with cleanliness, 87 with security, 78 with nurses' attitude, 74 with doctors' attitude, 65 with water supply, 96 clients were satisfied with nursing service. These findings showed the better nursing services at BPKIHS in 1999⁴.

A study on 'Adequacy of care provided by the nursing personnel in meeting selected physical needs of adult immobilized orthopedic patients in the orthopedic ward, Christian Medical College and Hospital, Vellore, done by Mrs. Pushpa Parajuli (1999), indicated that only 5(12.5%) patients received moderately adequate nursing care while 35(87.5%) patients received inadequate nursing care in relation to selected nursing interventions. It was also found that nursing intervention in various aspects like nutrition, elimination, hygiene, providing exercise; pain relief measures and skin integrity were inadequate. One of the major findings of the study was that there was a significant relationship between adequate care and sex of the patients. But, there was no significant association between the adequacy of care and other variables like age, diagnosis of patients⁶.

A study done by Fosbinder on "Patient perceptions of nursing care; an emerging theory of interpersonal competence" revealed that patients expressed satisfaction with the nurse patient interaction when nurses informed, explained and instructed on specific aspects of treatment, and taught general principles of care. It also showed that the nurses' personal sharing, kidding and joking appeared as an important process in 'getting to know you'. Also patients reported confidence and trust when nurses took charge and appeared to enjoy their work³.

In a study conducted by Tamuhla on "The public's perception of quality nursing care in Botswana health care institutions" it was reported that the Botswana public were dissatisfied with the care they received from nurses when they were patients in a health care institution. The findings showed that the socio-demographic variables had no impact on the subjects' perception of quality nursing care. Caring with humanity and love was the main expectations from nurses. It was found that nurses needed to get closer to the "customer" by formulating well-designed strategies that will incorporate the public's perceptions into the profession's perceptions of quality care⁷.

Carman JM (2000) in her study "On patient perception of service quality, combining the dimensions", found that consumers evaluated the technical dimensions of nursing care, physician care and outcome as more important than the accommodation functions of hospital care and there are significant interactions among the technical dimensions⁸.

A study done by Lumby and England on "Patient satisfaction with nursing care in a colorectal surgical population" revealed that age, sex and educational levels of patients as major influences on individual perceptions of nursing care. Patients whose surgery resulted in stomas were also less satisfied with health-care delivery⁹.

In Norway, Foss studied 1,469 men and 1,226 women on "Gender as a variable on patient satisfaction". They identified that the weak gender difference that occurred in overall satisfaction was due to a significant gender difference between young adults' assessment of the quality of nursing care. For patients over 35, there was no gender difference in satisfaction. He has interpreted that gender differences in patient satisfaction are not straightforward, but vary according to underlying cultural and social factors¹⁰.

On a study done by Oermann, Dillon and Templin on "Indicators of quality of care in clinics; patients' perspectives" shows that the most important indicators of nursing care quality were communicating with the nurse, being treated with respect, being cared for by nurses who were up-to-date, teaching by the nurse, and not being rushed through the visit¹¹.

In a comparative study done by Wu, Courtney and Berger on "Models of nursing care: a comparative study of patient satisfaction on two orthopedic wards in Brisbane" encompassed aspects such as patients' feeling and perceptions; nurses' skill, behavior and attitudes; nurses' communication and education skills; and continuity of care. The results indicated that there were no differences between models of nursing care and levels of patient satisfaction. However, there were significant relationships between patient satisfaction and patients' characteristics such as age, education and health status¹².

A study done on "Effects of patient demands on satisfaction with Japanese hospital care" by Tokunaga, Imanaka and Nobutomo shows that in the interpersonal emphasis group, 'Nurse's kindness and warmth' was associated significantly with overall satisfaction, while 'Skill of nursing care' and 'Nurse's explanation' were significant predictors of overall satisfaction in the technical group¹³.

On a study "Making a difference with dying people; positive nurse-patient interactions" done by Glass, Taylor, Stirling and McFarlane revealed that there was a strong link between positive experiences and effective nurse-patient interactions¹⁴.

In summary, all the studies reviewed except one showed that the interpersonal and communication skill of nurses rank as the most important aspect of satisfaction with care. The study conducted in BPKIHS (1999) also indicated a higher level of satisfaction among the patients. The Carmen study mentioned technical aspects as the most important; but, since this was the exception, one wonders what data collection method was used and how technical care was operationally defined. Personal attributes of the patients were included in all of the studies and age, socio-economic status and education were reported related. Gender differences were reported in one study and a stomal diagnosis in another. Consequently, in this study selected demographic variables will be considered as well as broad diagnostic categories reflected by their ward assignments.

III. RESEARCH METHODOLOGY:

1. RESEARCH DESIGN:

The study design is descriptive to assess the patients' opinion of nursing care in BPKIHS with comparisons of patients by age, gender, educational status, geographical region, socio-economic status and their respective wards as they reflect broad diagnostic categories.

2. SETTING OF THE STUDY:

BPKIHS was the setting of the study. The study was conducted on patients hospitalized in the following units of BPKIHS: Medicine (unit I and II), surgery (unit I and II), orthopedics, gynecology, eye/ ENT, dermatology.

Patients' opinion of nursing care was on nursing care provided by the nursing staff, student nurses and auxiliary nurse midwives, in the above mentioned units.

3. STUDY POPULATION:

Patients hospitalized in the above mentioned units of BPKIHS.

4. ACCESSIBLE POPULATION:

Accessible population was those patients present in the units of BPKIHS during the time of study.

5. SAMPLE SIZE:

A total no of 140 patients who were hospitalized in BPKIHS was selected for the study.

6. INCLUSION CRITERIA:

1. Patients hospitalized in the above mentioned units of BPKIHS.
2. Patients who were above 14 years of age.
3. Who were available during the study period.
4. Who were willing to participate in the study.
5. Who were mentally alert to their surroundings.

7. EXCLUSION CRITERIA:

1. Patients with less than 3 days stay in hospital.
2. Patients who were unconscious or disoriented.

8. SAMPLING METHOD:

Twenty patients from each of the designated units were selected using the table of random numbers. If the selected patient couldn't meet the criteria, the next patient was selected having a number on the table.

9. DEVELOPMENT OF RESEARCH TOOLS:

The instrument for data collection consisted of:

1. Structured questionnaires
2. Structured interview

The instrument is adapted from the 1982 Hinshaw and Atwood instrument. It is a 28-item Likert scale that asks patients to rate how strongly they agree or disagree that nurses perform activities in three dimensions of nursing¹⁵. They are:

1. Technical skill
2. Communication skill
3. Interpersonal skill

10. RELIABILITY AND VALIDITY:

Hinshaw and Atwood in 1982 adapted the instrument for an inpatient population and used three construct validity techniques: Convergent and discrimination strategy, discriminance, and predictive modeling. Each was reported to show acceptable levels of validity. Internal consistency reliability as reported by Hinshaw and Atwood was as high as 0.91 and 0.90. No permission is necessary; the instrument has public access.

To evaluate the validity and reliability of the instrument for our study the instrument was discussed with the experts from the concerned fields and modifications were made in wording and cultural pertinence as per suggestions. Following collection of the data, the reliability was tested using the Cronbach Alpha statistic.

11. PILOT STUDY:

A pilot study was conducted on 7 patients hospitalized in different units of BPKIHS, who meet the sample criteria, to assess the readability and cultural appropriateness of the instrument as well as to determine the feasibility of the study in terms of time and the ability of the patients to understand the statements.

12. PROCEDURE FOR DATA COLLECTION:

1. Method of data collection: The data was collected from patients hospitalized in different units of BPKIHS during the time of our study, using interview technique based on structured questionnaires. The interview technique was adopted for all the patients under study. To get the accurate information from the patients and avoid bias, we introduced ourselves to patients as researchers, not as student nurses. During data collection time one of us interviewed the patient and the other recorded the information obtained.
2. Ethical considerations: Written as well as verbal consent was obtained from the department of nursing, BPKIHS regarding the data collection procedure. To protect the human rights informed consent was obtained from the study subjects prior to data collection. They were assured of confidentiality as well.

13. PLAN FOR DATA ANALYSIS:

For data analysis, suitable statistical tests were applied: frequency distributions, percentages, mean, standard deviations, according to the level of the data. The ANOVA (F-value) was used to determine patients' opinion of nursing care with respect to the independent variables, congruent with level of data and the particular requisites for the statistic. Because the instrument items was summed to produce interval level data and the sampling was a probability method, inferential statistics could be used to test the hypothesis.

DATA ANALYSIS

S.N.	OBJECTS	TYPES OF ANALYSIS
1.	Describe the demographic attributes of the sample.	Descriptive statistics were used for the analysis: Standard deviation and mean for the interval data; frequency and percentage for nominal data, frequency, and percentage for ordinal data.
2.	Opinion towards nursing care among patients admitted in different units of BPKIHS.	Descriptive statistics (frequency distribution, percentage, mean, standard deviation)
3.	Difference in opinion towards nursing care among patients of different age, gender, educational status, geographical region, socio-economic status and their respective units.	ANOVA test.

IV. OTHER CONSIDERATIONS:

1. DEPARTMENT INVOLVED:

Nursing Department

2. BUDGET

PARTICULAR

1. Stationary (paper, diskette, transparency etc.)
2. Photocopy
3. Printing
4. Questionnaire and report writing
5. Data analysis
6. Miscellaneous

V. DATA ANALYSIS AND INTERPRETATION

1. RESULTS AND FINDINGS:

A total number of 140 patients were interviewed from various wards of BPKIHS to assess the patient's opinion of nursing care. Equal numbers of patients (20) which is 14.3% of the total sample were interviewed from each of the seven units (medicine, surgery, orthopedics, gynecology, eye, ENT, dermatology) of BPKIHS. Demographic profile of the sample is given table numbers 1, 2,3,4,5.

TABLE NO.I: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO GENDER

SN	GENDER	FREQUENCY	PERCENT
1.	Male	77	55%
2.	Female	63	45%
	Total	140	100%

The above table shows that the male respondents were 55% of the total sample and female respondents were 45% of the total sample.

TABLE NO.II: DISTRIBUTION OF AGE OF THE RESPONDENTS

SN	AGE OF RESPONDENTS (Years)	FREQUENCY	PERCENT
1	15-25	36	25.7
2	25-35	27	19.3
3	35-45	18	12.9
4	45-55	22	15.7
5	55-65	22	15.7
6	65-75	11	7.9
7	75-85	4	2.8
	Total	140	100%

Patients were categorized according to different range of age. Most of the respondents were in the age group of 15-25yrs and it was 25.7% of the total sample. Least percentage (2.8%) of the respondents were from the age group 75-85yrs. The average age of the sample was 50yrs (45-55yrs). (Table no.2)

TABLE NO.III: EDUCATIONAL STATUS OF THE RESPONDENTS

S.N	EDUCATIONAL STATUS OF THE RESPONDENTS	FREQUENCY	PERCENTAGE
1	ILLITERATE	47	33.6
2	PRIMARY EDUCATION	32	22.9
3	SECONDARY EDUCATION	44	31.4
4	HIGHER SECONDARY EDUCATION	17	12.1
	TOTAL	140	100%

Educational status of the patients was categorized as illiterate, primary education, secondary education and higher secondary education. Most of the patients interviewed were illiterate (33.6) only 12.1% of the patients were upon higher secondary level educated. (Table no 3)

TABLE NO. IV: DISTRIBUTION OF PATIENTS ACCORDING TO GEOGRAPHICAL REGION

S.N	GEOGRAPHICAL REGION	FREQUENCY	PERCENT
1	URBAN	58	41.4%
2	RURAL	82	58.6%
	TOTAL	140	100%

Geographical region was classified as urban and rural. Larger numbers of respondents were from rural region (58.6%) and 41.4% of the respondents were from urban region.(Table no. 4)

TABLE NO.V: ECONOMIC STATUS OF THE RESPONDENTS

S.N	ECONOMIC STATUS	FREQUENCY	PERCENT
1	≤Rs4404/person/yr	8	5.7%
2	>Rs4404/person/yr	132	94.3%
	TOTAL	140	100%

Economic status of the patients was categorized as <Rs4404/person/yr and >Rs4404/person/yr. Majority of respondents had economic status of >Rs4404/person/yr (94.3%) and only 5.7% of the respondents had economic status of <Rs4404/person/yr. (Table no 5)

TABLE NO.VI: THE MEAN OF PERCENT SCORE AND STANDARD DEVIATION OF THE SAMPLE FOR EACH SCALE (QUESTION)

S.N	QUESTION NUMBER	MEAN %	STD. DEV.	MIN	MAX
1.	The nurses give good advice.	3.33	0.96	1	4
2.	It is always easy to understand what the nurses talking about.	3.71	0.61	1	4
3.	The nurses are patient enough	3.61	0.66	1	4
4.	The nurses are precise in doing their work.	3.78	0.55	2	4
5.	The nurses give directions at just the right speed.	3.56	0.82	1	4
6.	The nurses take measures to protect my privacy during any procedures.	3.40	0.98	1	4
7.	The nurses are organized in their work.	3.74	0.62	1	4
8.	The nurses do things for me in a timely manner.	3.73	0.62	1	4
9.	The nurses are skillful in assisting the doctors with procedures	3.67	0.63	2	4
10.	The nurses perform their work with confidence	3.64	0.70	1	4
11.	The nurses think I can understand the explanation of my illness and explain it to me	2.62	1.28	1	4
12.	The nurses are pleasant to be around for me.	3.74	0.60	1	4
13.	I feel free to ask the nurses the questions.	3.64	0.78	1	4
14.	The nurses are friendly to me.	3.24	1.02	1	4
15.	The nurses understand how I feel	3.39	0.97	1	4
16.	When I need to talk to someone I can go to nurses with my problem	3.51	0.84	1	4
17.	The nurses are attentive to me.	3.47	0.79	1	4
18.	The nurses understand in listening to my problems.	3.52	0.74	1	4
19.	The nurses make me feel that I am important	3.51	0.87	1	4
20.	The nurses talk to me with respect	3.28	1.03	1	4
21.	Just talking to the nurses make me feel better	3.39	0.96	1	4
22.	The nurses tell me about the result of my tests	2.29	1.33	1	4
23.	The nurses explain things to me in simple language	3.49	0.86	1	4
24.	The nurses are never too busy at the desk to spend time talking to me	2.67	0.74	1	4
25.	The nurses make it a point to show me how to carry out the doctors' prescription	2.91	1.23	1	4
26.	The nurses give explanations why tests are ordered	1.86	1.13	1	4
27.	The nurses tell me about the changes in my health condition from time to time in response to treatment	2.41	1.25	1	4
28.	The nurses give explanation to me before performing nursing procedures	2.61	1.33	1	4

There are a total of 28 scales of close-ended questions. The total numbers of respondents interviewed were 140. The above table indicates the mean of percent score value and standard deviation of the responses given by 140 patients for each scale. As seen in the table, question no. 4 has the maximum mean of percent score. It shows that majority of the respondents believed that the nurses in BPKIHS are precise in doing their work. Thus it indicates higher level of satisfaction among respondents in this area of nursing care. Likewise, the mean of percent score of the sample for the scale: The nurses give explanation of why tests are ordered, is the lowest (1.86), thus, indicating a relatively lower level of satisfaction on this area of nursing care. Further, the total mean of percent score of the sample for the technical and interpersonal aspect of nursing care is relatively higher than for the communication aspect of nursing care.

TABLE NO.VII: COMPARISON OF PATIENT'S OPINION OF THREE ASPECTS OF NURSING CARE

ASPECTS OF NURSING CARE	n	MEAN+ STD DEVIATION	F VALUE	P VALUE
TECHNICAL SKILL	140	90.48+ 11.17	82.448	0.000
INTERPERSONAL SKILL	140	84.50+14.64		
COMMUNICATION SKILL	140	69.78+15.46		

The above table shows the comparative relationship among the three aspects of nursing care. The instrument has been categorized to assess the patient's opinion of nursing care regarding three aspects (technical skill, interpersonal skill and communication skill). There are 10 scales for technical skill, 9 for interpersonal skill and 9 for communication skill. The p-value obtained by analysis of these three types of variance is 0.000. This table indicates that there exists a significant difference of the patients' opinion among three aspects of nursing care. And also shows that the respondents had better opinion of technical aspect of nursing care as compared to other two aspects of nursing care. Thus it is found that there is difference in opinion regarding three aspect of nursing care.

TABLE NO.VIII:
RESPONDENTS OPNION OF THREE ASPECTS OF NURSING CARE IN
RELATION TO THEIR GENDER

Aspects of nursing care	Male Mean+ Std. dev	Female Mean+ Std. Dev	Total (Mean)	p-value
Technical skill	90.81+ 10.09	90.08+ 11.7	90.48	0.70(NS)
Interpersonal skill	85.14+ 14.10	83.73+14.64	84.50	0.573(NS)
Communication skill	70.42+ 15.93	69.0+ 15.46	69.78	0.592(NS)

The above table shows the relationship of the three aspects of nursing care in relation to their gender. The mean of percent score for technical skill as obtained from the male respondents is 90.81 while for the female respondents it is 90.08 and the p- value obtained is 0.701. Similarly the mean of percent score for interpersonal skill obtained for male respondents is 85.14 while for the female respondents is 83.73 and the p-value obtained is 0.573. The mean of percent score for communication skill as obtained from the male respondents is 70.42 while for the female respondents is 69.00 and the p-value is 0.592.

This indicates that there exists no significant difference regarding the respondent's opinion of three aspects of nursing care in relation to their gender (Table no 8)

TABLE NO.IX: RESPONDENTS OPINION OF THREE ASPECTS OF NURSING CARE IN RELATION TO THEIR AGE

S.N	AGE (yrs)	TECHNICAL SKILL	INTERPERSONAL SKILL	COMMUNICATION SKILL
1	15-25 Mean N Std Deviation	85.56 36 11.92	78.40 36 15.57	63.97 36 14.88
2	25-35 Mean N Std. Deviation	91.57 27 6.01	81.79 27 14.11	70.78 27 15.87
3	35-45 Mean N Std Deviation	91.94 18 12.11	88.58 18 13.33	72.69 18 16.37
4	45-55 Mean N Std Deviation	89.32 22 14.04	85.98 22 14.71	70.83 22 17.81
6	55-65 Mean N Std Deviation	94.43 22 11.23	88.01 22 13.99	73.23 22 12.38
7	65-75 Mean N Std Deviation	93.64 11 7.01	91.67 11 10.07	68.69 11 13.50
8	75-85 Mean N Std Deviation	96.88 4 4.73	92.36 4 9.45	80.56 4 13.03
	p-value	0.043	0.028	NS (0.170)

In table no, IX the relationship of three aspects of nursing care with age of the patients is given. It shows that the mean of percent score for technical skill (96.88), interpersonal skill

(92.36) and communication skill (80.56) for the age group 75-85yrs is the highest among all other age groups. For the age group of (15-25) yrs, the mean of percent score for technical skill (85.56) interpersonal skill (78.40) and communication skill (63.97) is the lowest among all other age groups. The above table further shows that there is a significant *difference* between the technical aspect of nursing care and the age of patients ($p= 0.043$) as well as a significant *difference* between interpersonal aspect of nursing care and age of patients ($p= 0.0280$). But there is no significant *difference* of communication aspect of nursing care with age of the patients.

Thus it is found that the patients of older age group (75-85) yrs have better opinion of nursing care and the higher level of satisfaction than rest of the age groups. Similarly, the patients of younger age group (15-25) yrs have lower level of satisfaction regarding the nursing care as compared to rest of the age groups. Therefore, it shows that the patient's opinion of three aspects of nursing care varies with age of the patients. (Table no 9)

TABLE NO.X: RELATIONSHIP OF RESPONDENTS'OPINION OF NURSING CARE WITH THEIR EDUCATIONAL LEVEL

SN	EDUCATION	TECHNICAL SKILL	INTEROERSONAL SKILL	COMMUNICATION SKILL
1	ILLETERATE			
	Mean	90.37	86.05	71.39
	N	47	47	47
	Std. deviation	13.54	15.49	15.32
2	PRIMARY LEVEL			
	Mean	90.47	82.90	66.41
	N	32	32	32
	Std. deviation	9.32	15	14.76
3	SECONDARY LEVEL			
	Mean	91.59	85.16	71.09
	N	44	44	44
	Std. deviation	9.78	14.77	16.15
4	HIGHER SECONDARY			
	Mean	87.94	81.54	68.30
	N	17	17	17
	Std. deviation	11.01	12.24	15.56
	p-value	NS (0.729)	NS (0.642)	NS (0.47)

The mean of percent score for technical skill among patients with secondary level of education is 91.59, which is the highest among patient of different educational level. Similarly,

the mean of percent score for interpersonal and communication skill among illiterate patient are 86.05 and 71.39 respectively.

The above table shows that there is no significant difference of three aspects of nursing care (technical skill, p -value=0.729; interpersonal skill, p -value=0.642; communication skill, p -value=0.478) with educational level of the patients. (Table no 10)

TABLE NO.XI: RELATIONSHIP OF RESPONDENTS OPINION OF NURSING CARE WITH THEIR GEOGRAPHICAL REGION

SN	GEOGRAPHICAL REGION	TECHNICAL SKILL	INTERPERSONAL SKILL	COMMUNICATION SKILL
1	URBAN			
	Mean	89.22	81.08	66.81
	N	58	58	58
	Std. deviation	12.48	14.77	17.14
2	RURAL			
	Mean	91.37	86.92	71.88
	N	82	82	82
	Std. deviation	10.13	14.14	13.88
	p-value	NS (0.264)	0.019	NS (0.056)

In table No. XI, mean of the percent score for technical skill, interpersonal skill and communication skill among patients of rural region are 91.37, 86.92 and 71.88 respectively which is higher than that of the respondents of urban region.

This table further indicates that there is a significant difference of interpersonal aspect of nursing care with their geographical region ($p=0.019$) while there exists no significant difference of other two aspects of nursing care with geographical region.

TABLE NO.XII: RELATIONSHIP OF RESPONDENTS OPINION OF NURSING CARE WITH THEIR ECONOMIC STATUS

SN	ECONOMY	TECHNICAL SKILL	INTERPERSONAL SKILL	COMMUNICATION SKILL
1	<Rs.4404/person/yr			
	Mean	88.75	79.86	69.79
	N	8	8	8
	Std. deviation	16.20	16.45	16.50
2	>Rs.4404/person/yr			
	Mean	90.59	84.79	69.78
	N	132	132	132
	Std. deviation	10.87	14.54	15.46
	p-value	NS (0.653)	NS (0.357)	NS (0.999)

Above table shows that the majority of the respondents(132) had economic status of >Rs 4404/person/yr, i.e above the poverty line of Nepal. Only 8 respondents had economic status of <Rs.4404/person/yr, i.e. below the poverty line of Nepal. The mean of percent score of the sample for technical and interpersonal aspect of nursing care among respondents of economic status (Rs.>4404/person/yr) are 90.59 and 84.71 respectively, which is higher in comparison of the respondents with economic status (Rs.<4404/person/yr).

This table indicates that there exists no significant difference of technical aspect of nursing care ($p=0.653$), interpersonal aspect of nursing care ($p=0.357$) and communication aspect of nursing care (0.999) with respect to their economic status. (Table no 12)

TABLE NO.XIII: RESPONDENTS' OPINION OF NURSING CARE IN RELATION TO VARIOUS DEPARTMENTS OF BPKIHS

SN	DEPARTMENT	TECHNICAL SKILL	INTERPERSONAL SKILL	COMMUNICATION SKILL
1	MEDICINE			
	Mean	88.37	81.67	66.25
	N	20	20	20
	Std. deviation	11.19	12.85	18.89
2	SURGERY			
	Mean	89.63	80.28	69.03
	N	20	20	20
	Std. deviation	12.57	17.33	15.17
3	ENT			
	Mean	89.50	83.89	69.17
	N	20	20	20
	Std. deviation	11.34	14.66	11.61
4	EYE			
	Mean	93.38	90.14	70.42
	N	20	20	20
	Std. deviation	11.25	13.71	15.75
5	ORTHOPEDICS			
	Mean	94.00	91.81	77.36
	N	20	20	20
	Std. deviation	7.54	14.26	15.80
6	GYNECOLOGY			
	Mean	88.38	80.56	67.64
	N	20	20	20
	Std. deviation	15.07	15.08	12.85
7	DERMATOLOGY			
	Mean	90.12	83.19	68.61
	N	20	20	20
	Std. deviation	7.67	11.52	16.81
	p-value	0.546	0.058	0.377

Table no. XIII shows that the mean of percent score for technical aspect, interpersonal aspect and communication aspect of nursing care among the patients of orthopedic ward are 94.00, 91.81 and 77.36, which is the highest among patients of other wards of BPKIHS. Similarly, the least mean of percent score for technical aspect and communication aspect of nursing care are 88.37 and 66.25 respectively among respondents of medical ward and the least mean percent of interpersonal aspect of nursing care is 80.28 among respondents of surgical ward. The above table indicates that there is no significant difference of technical aspect of nursing care (p -value=0.546), interpersonal aspect of nursing care (p -value=0.058) and communication aspect of nursing care (p -value=0.377) in relation to various departments of BPKIHS.(Table no 13)

TABLE NO.XIV: ASPECTS THAT THE RESPONDENTS LIKED ABOUT NURSING SERVICES IN BPKIHS

S.N	LIKES	FREQUENCY (n=140)	PERCENT
1	The nurses provide good care	45	32.11
2	The nurses administer medications at the right time and do the things for me at the right time.	33	23.57
3	The nurses speak politely	19	13.57
4	The nurses are of good nature.	15	10.71
5	The nurses maintain the cleanliness of the ward.	15	10.71
6	The nurses are attentive to me.	14	10
7	Liked all the three aspects of nursing care.	74	52.85
8	The nurses provide suggestions.	6	4.28
9	The nurses understand my problems	3	2.14
10	The nurses provide good explanations to me.	5	3.57

This table illustrates the aspects that the patients liked about nursing services in BPKIHS. Majority of the respondents (52.85%) said that they were satisfied with all the aspects of nursing services being provided. 32.14% of the total respondents had the opinion that the nurses provided good nursing care. 23.57% of the respondents answered that the nurses in BPKIHS administered medications at the right time and performed activities for them at the right time. 13.57% of the respondents told that the nurses spoke in a polite manner while 10.71% of them had the opinion that the nurses had good nature and the same percentage (10.71%) of the patients said that the nurses maintained cleanliness of the ward environment. Only 2.14% of them said that the nurses understood their problems.(Table no. 14)

TABLE NO. XV: ASPECTS THAT THE RESPONDENTS DISLIKED ABOUT NURSING SERVICES IN BPKIHS

S.N	DISLIKES	FREQUENCY	PERCENT
1	The nurses are less attentive to me	7	5
2	The nurses do not provide clear and concise explanations	6	4.28
3	The nurses are not friendly to me.	4	2.85
4	The nurses do not speak politely to me	3	2.14
5	The nurses do not allow to use the hospital facilities properly	1	0.71
6	The nurses discriminate among the patients	1	0.71

The aspect that the respondents disliked was that the nurses were less attentive to them (5%). The next aspect that they disliked was that the nurses did not give clear and concise explanation to them (4.28%) 2.14% of them thought that the nurses didn't speak politely .Again 2.85% of the total respondents had the opinion that the nurses were not friendly. (Table no. 15)

TABLE NO.XVI: RESPONDENTS' SUGGESTIONS TO IMPROVE NURSING CARE IN BPKIHS

S.N	SUGGESTIONS	FREQUENCY (n = 140)	PERCENT
1	The nurses should maintain the nursing services being provided as it is.	91	65
2	The nurses should provide good care.	24	17.14
3	The nurses should be more friendly and attentive.	19	14.57
4	The nurses should give proper explanations of why tests are ordered.	12	10
5	The nurses should have good nature	3	2.14
6	The nurses should provide care in timely manner.	2	1.42
7	The nurses should have no discrimination	2	1.42
8	The nurses should provide medications at the right time.	1	0.71
9	The nurses should maintain the cleanliness of the ward	1	0.71
10	The nurses should maintain the patient's privacy	1	0.71
11	The nurses should explain about the disease condition	1	0.71

Table no XVI shows the suggestions offered by the respondents to improve nursing services in BPKIHS. Majority of the respondents (65%) suggested that the nursing services being provided in BPKIHS should be maintained as it is. 14.57% of them suggested that the nurses should be more friendly. 17.14% of the respondents suggested that the nurses should provide good care to them. And 10% of them suggested that the nurses should provide clear and concise explanations of why tests are ordered to them. (Table no 16)

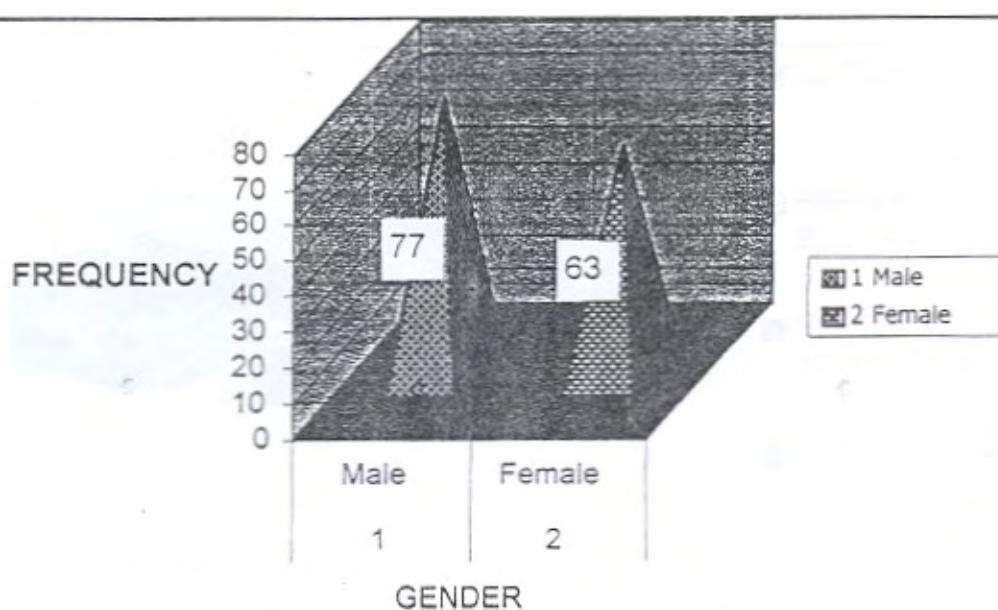


Fig. no. 1: Distribution of Respondents according to their Gender

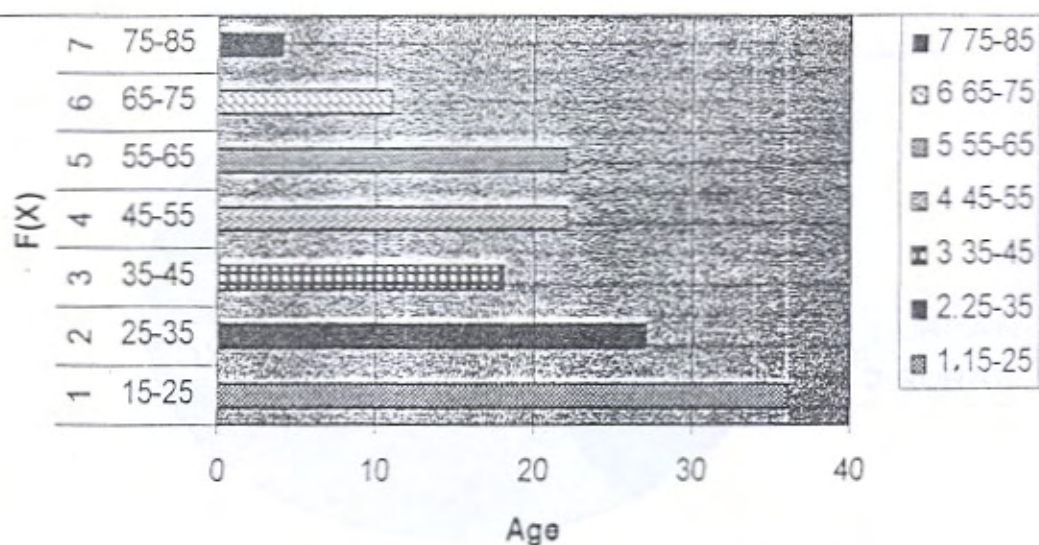
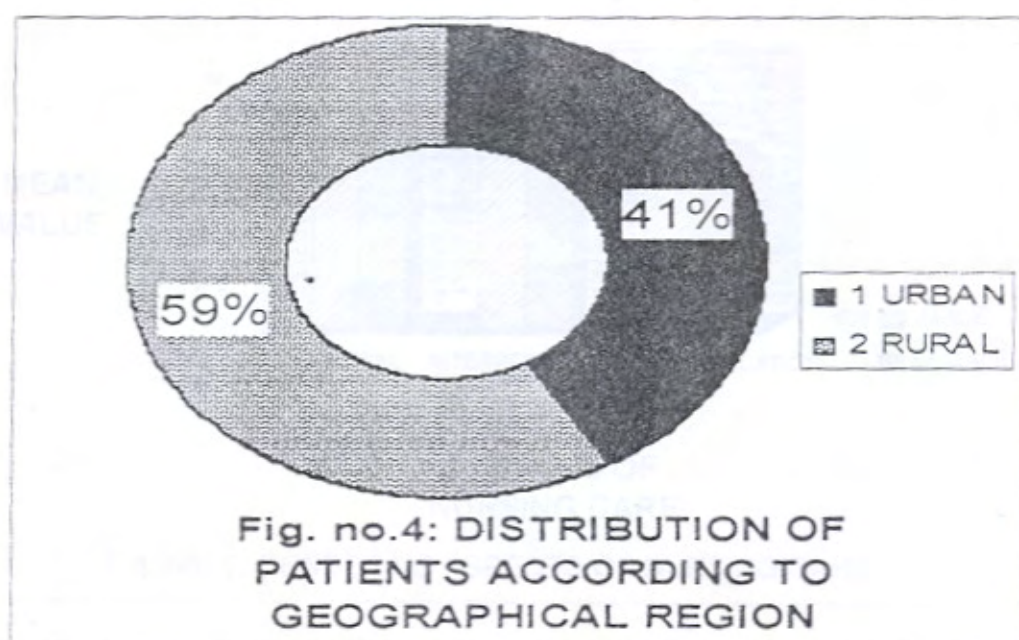
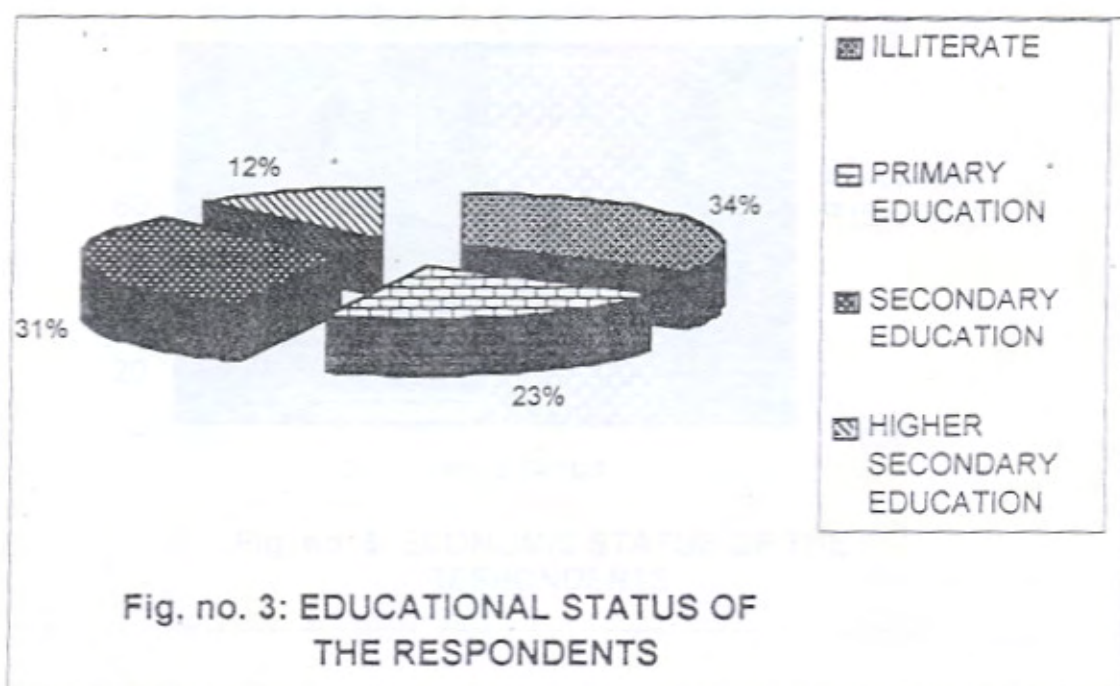


Fig. no. 2: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO AGE.



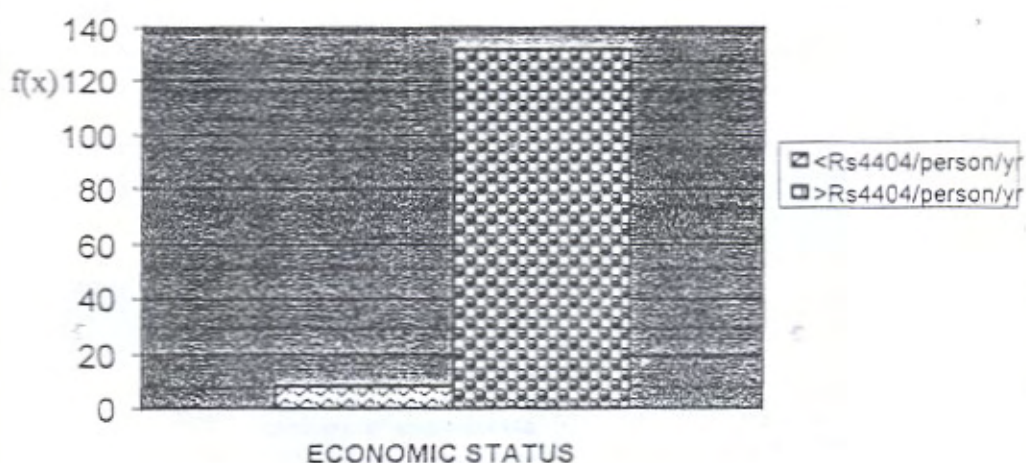


Fig. no. 5: ECONOMIC STATUS OF THE RESPONDENTS

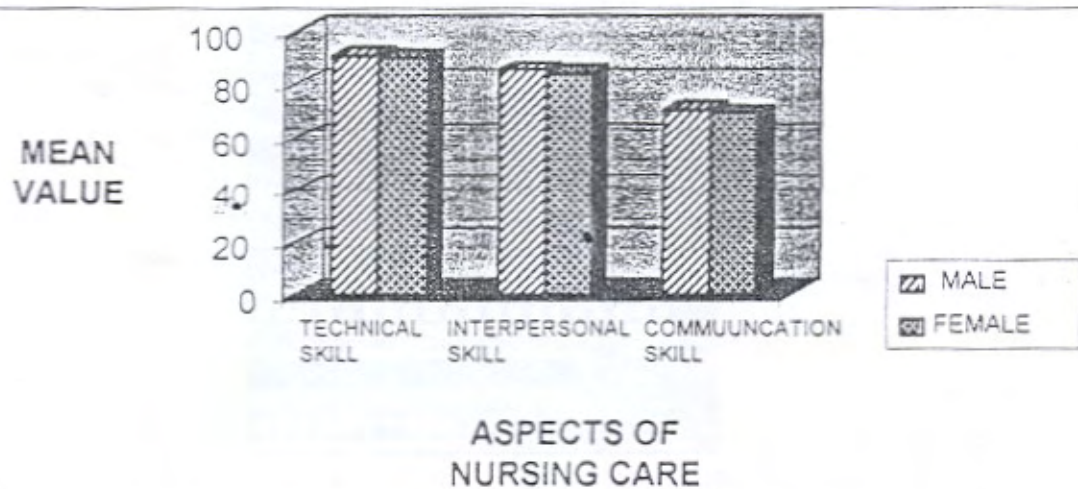


Fig. no. 6: GENDER VS ASPECTS OF NURSING CARE

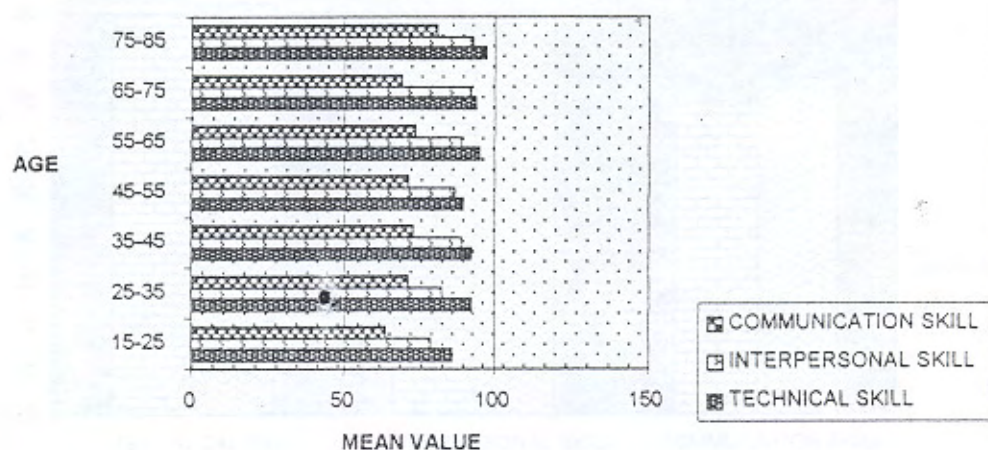


Fig. no. 7 AGE VS ASPECTS OF NURSING CARE

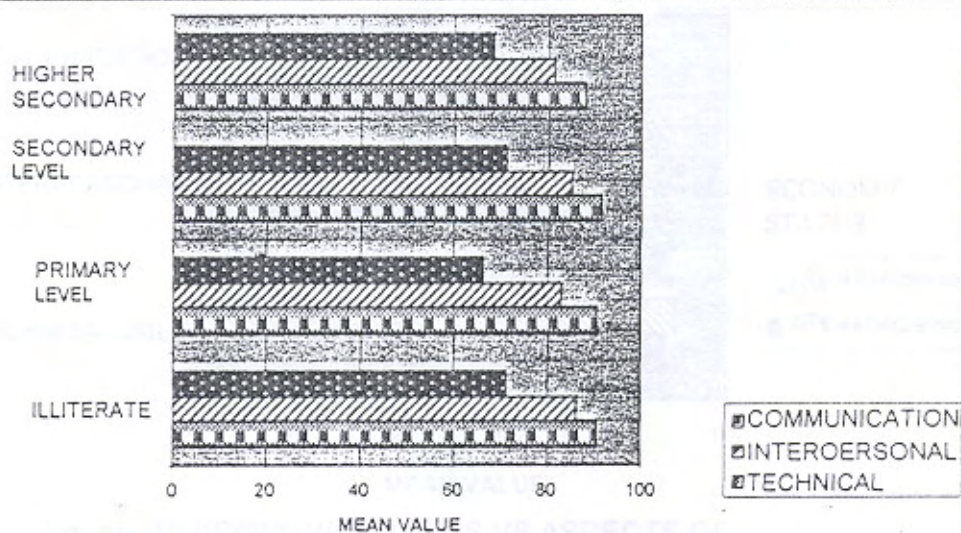
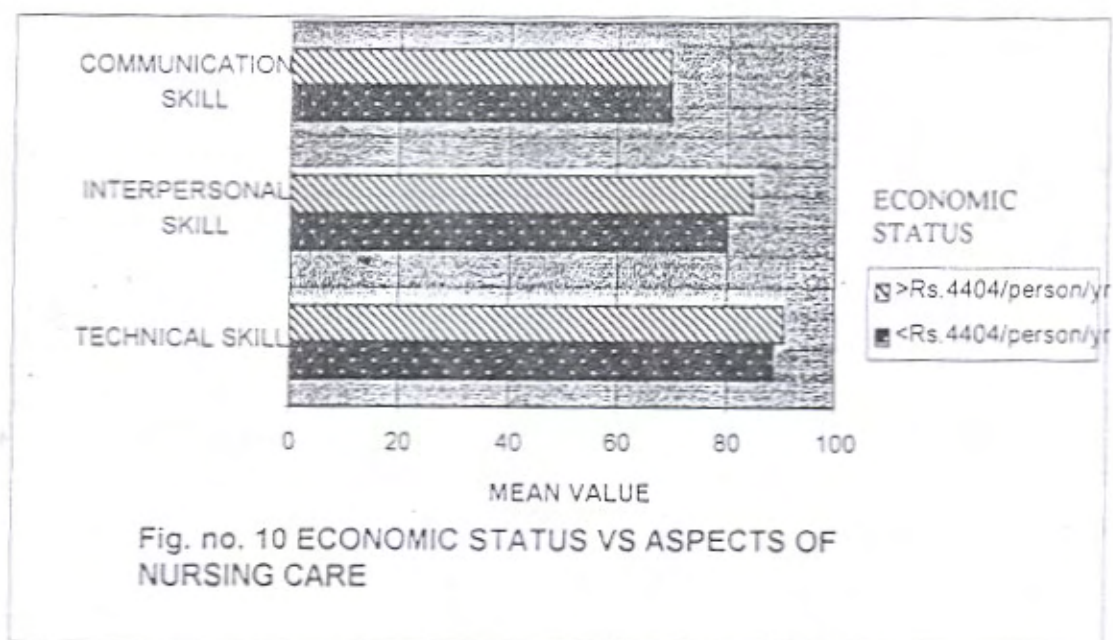
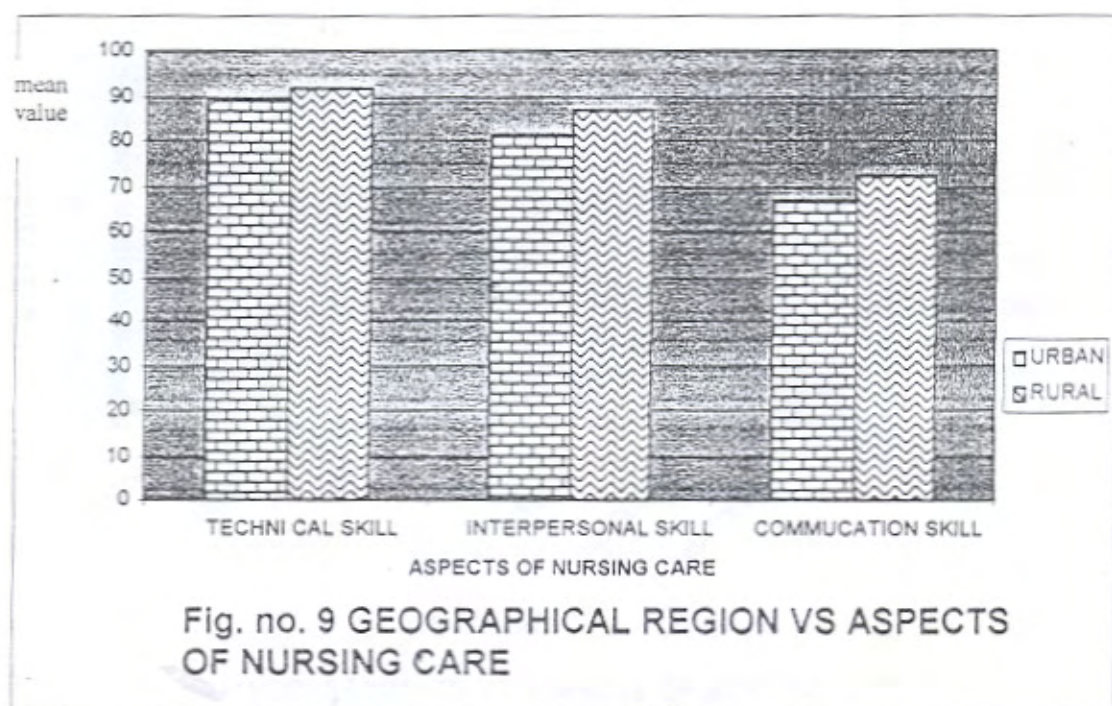


Fig. no. 8 EDUCATION VS ASPECTS OF NURSING CARE



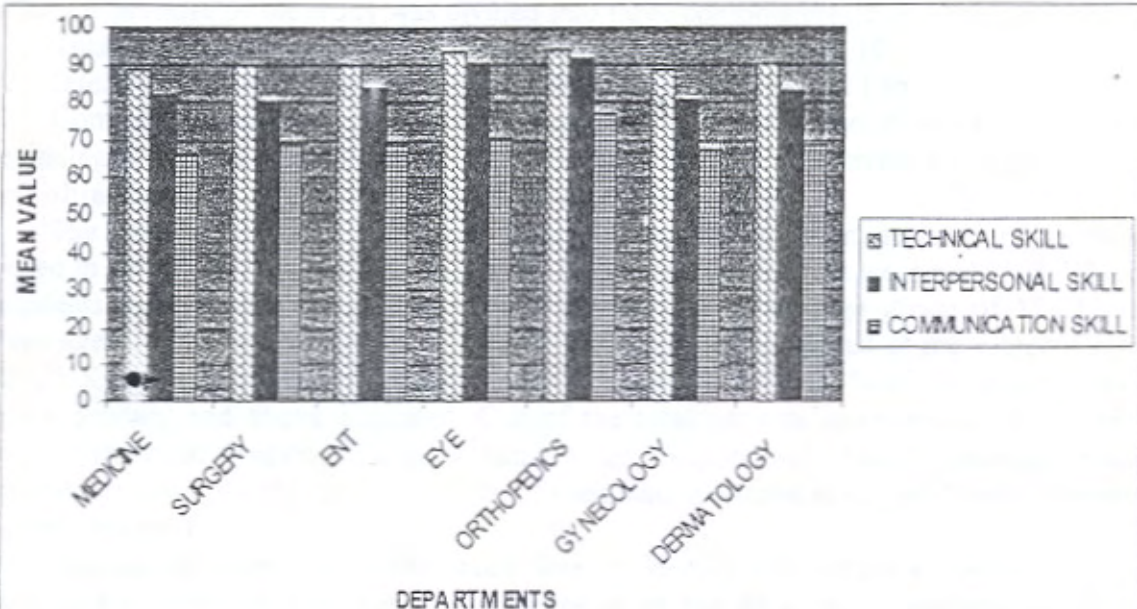


Fig. no. 11 DEPARTMENTS VS ASPECTS OF NURSING CARE

VI. DISCUSSION

The study was aimed to assess the patient's opinion of nursing care in BPKIHS. Nursing care for the purpose of the study was divided into three components of:

- 1) Technical skills rated from the responses to questions no 1 to 10.
- 2) Interpersonal skills rated from the responses to questions no 11 to 19.
- 3) Communication skills rated from the responses to questions no 20 to 28.

The findings of the study are discussed in accordance with the objectives of this study.

First objective:

The first objective of our study was to describe the characteristics of the subjects surveyed in BPKIHS. Findings revealed that 55% of the respondents were male and 45% of the respondents were female. Most of the respondents were in the age group of 15-25yrs. The average age of the sample was 50yrs. Regarding the educational status of the subjects surveyed in BPKIHS, majority of them were illiterate (33.6%) while only 12.1% of the respondents were higher secondary and above educated. Out of the total patients interviewed, 58.6% of them belonged to rural region. Largest number of respondents had economic status of >Rs4404/person/yr (94.3%) and only 5.7% of them had economic status of <Rs4404/person/yr.

Second objective:

The second objective of the study was to identify the patient's opinion of overall nursing care in BPKIHS. The statistical analysis of all the 28 scales (questions) revealed that the mean score of the sample regarding their opinion on nursing care for the scale- The nurses are precise in doing their work (technical aspect of nursing care) is the highest (3.78) among all other scales which indicates that the majority of respondents had the opinion that the nurses in BPKIHS are precise in doing their work and therefore, they had higher level of satisfaction regarding this area of nursing care. For the scale; the nurses give explanation of why tests are ordered; the mean score of the sample is the lowest (1.86) among all the scales indicating that the nurses didn't regularly provide explanation on why tests are ordered. Thus the respondents had relatively lower level of satisfaction on this area of nursing care. This might be because that the nurses are busy enough in other areas of nursing care. (For all the scales, 4 denotes the highest score and 1 denotes the lowest score) Furthermore, the highest mean score of the respondents regarding their opinion on the interpersonal aspect of nursing care is for the scale: The nurses are pleasant to be around for me (3.74%). Similarly for the communication aspect of nursing care, the highest mean of percent score is for the scale: Just talking to the nurse makes me feels better (3.39). Also, it is seen that the mean of percentage score of the respondents for the technical and interpersonal aspects of nursing care is comparatively higher than that of the communication aspect. Thus it can be concluded that the communication aspect of nursing care needs to be focused comparatively more than the other aspects.

On a study done by Fosbinder on "Patient's perceptions of nursing care ; an emerging theory of interpersonal competence " revealed that patients expressed satisfaction with the nurse patient interaction when nurses informed, explained and instructed on specific aspects of treatment and taught general principles of care. It also showed that the nurses' personal sharing, kidding and joking appeared as an important process in 'getting to know you.' Further a study done by Oermann, Dillon and Templin on "Indicators of quality of care in clinics; patients' perspectives" shows that the most important indicators of nursing care quality were communicating with the nurse, being treated with respect, teaching by the nurse and not being rushed through the visit. Thus, both the studies reveal that the communication and interpersonal skill of nurses' rank as the most important aspect of satisfaction with care. Our

study also reveals the need for improvement in communication aspect of nursing care for the overall improvement of quality of care and ultimately increases the level of patient satisfaction. Thus, these studies are related to our study.

Third objective:

The third objective of our study was to identify the quality of the technical, interpersonal and communication aspects of care provided by the nurses to the patients of BPKIHS. From the above findings also it is revealed that among the three aspects, the level of satisfaction among respondents is higher regarding technical and interpersonal aspects as compared to the communication aspect. Again, the findings of open ended questions regarding their likes and dislikes of nursing care being provided revealed that 32.14% of the respondents had the opinion that the nurses provided good nursing care. 23.57% of the respondents answered that the nurses in BPKIHS administered medications at the right time and performed the activities for them at the right time. 13.57% of the respondents liked the nurses' polite manner of speaking and their friendliness. Thus, it can be said that the quality of technical and interpersonal aspects of nursing care is relatively higher than the communication aspect.

Fourth objective:

The fourth objective was to compare the opinion on nursing care among patients of different age, gender, geographical region, educational status, economic status and the ward of service. A significant *difference* was found on patient's opinion with three aspects of nursing care. ($p=0.000$). This might due to be the reason that the mean of percent score for the communication aspect of nursing care is relatively lower than the other aspects. There was no significant *difference* of patient's opinion with gender of the respondents while their opinion of nursing care varied with their age. Respondents of older age group was found to have relatively better opinion of nursing than those of younger age group. Further, educational status was not found to have any significant *difference* with their opinion on nursing care. However, patients' opinion of nursing care varied with the geographical region of the patient: a significant *difference* was found between the interpersonal aspects of nursing care with the geographical region. No significant *difference* was found between the patient's opinion of nursing care and their economic status. The respondents in orthopedic ward had the highest mean of percent score for all the aspects of nursing care as compared to other wards. However, no significant *difference* was found between the patient's opinions of nursing care with the various units of BPKIHS.

A study done by Lumby and England on "Patient satisfaction with nursing care in a colorectal surgical population" revealed that age, sex and educational levels of patients are as major influences on individual perceptions of nursing care. Again, a comparative study done by Wu, Courtney and Berger on "Models of nursing care; a comparative study of patient satisfaction on two orthopaedic wards in Brisbane", the results indicated that there were significant *difference* between patient satisfaction and patients' characteristics such as age, education and health status. Thus, these studies are consistent to our study, which also reveals that there exists a significant *difference* between patients' opinion of nursing care with personal attributes as age and geographical region.

Fifth objective:

The last objective of our study was to provide the patient's viewpoint for the improvement of nursing care. Majority (65%) of the respondents suggested that the nursing services being provided should be maintained as it is. 14.57% of the respondents suggested that

the nurses should be more friendly and 10% of them suggested that the nurses should provide clear and concise explanations regarding why tests are ordered to them. Thus this study provides a feedback on the quality of nursing care being provided and can help us improve the quality of nursing care focusing more on the weaker aspects.

VII. SUMMARY OF FINDINGS AND CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

1. SUMMARY OF FINDINGS AND CONCLUSIONS:

The purpose of the study was to assess the patient's opinion of nursing care in BPKIHS. The study was conducted on patients hospitalized in various units of BPKIHS. A total number of 140 patients: 20 from each of the seven units were interviewed. A pre-tested instrument was used which was a 28 item Likert scale and also had two open-ended questions. The 28-item likert scale was used to assess the three dimensions (technical, interpersonal and communication) of nursing care. The conceptual framework adopted for the study was based on Imogene E. King's Open Systems Framework. Descriptive statistics (mean, standard deviation, frequency, percentage) were used for the analysis of the data collected. And ANOVA test was used to determine the association of patient's opinion of nursing care with respect to their gender, age, educational status, geographical region, economic status and the various departments of BPKIHS.

Statistical analysis of the data revealed there exists a significant difference on the patient's opinion with the three aspects of nursing care. Thus the patient's opinion differed regarding the three aspects of nursing care. Further the analysis of all the 28 scales showed that majority of the respondents believed that the nurses in BPKIHS were precise in doing their work and again a majority of the respondents believed that the nurses didn't regularly provide clear explanations on why tests are ordered to them. However compared to the technical and interpersonal aspects of nursing care, the communication aspect was found to be the aspect with lower level of satisfaction. There was no significant difference of three aspects of nursing care with the patients' gender. It was found that the patient's opinion of nursing care varied with the age of the respondents: the older age group being the respondents with higher level of satisfaction regarding nursing care. Further, no significant difference was found between patient's opinion of nursing care with their educational status and economic status. However regarding the geographical region, the mean of percentage score of the three aspects of nursing care was higher among the respondents of rural region than those of urban region and a significant difference was found to exist between the patient's opinion on interpersonal aspect of nursing care and geographical region ($p=0.019$). Again, no significant difference was found regarding patient's opinion and the various wards of service; but the mean of percentage score on the three aspects of nursing care was relatively higher among the respondents of orthopedic ward. Majority of the respondents said that they were satisfied with all the aspects of nursing care being provided in BPKIHS (52.85) and 32.14% of them expressed that the nurses provided good nursing care. Regarding the aspects they disliked the respondent told that the nurses were less attentive to them (5%). Whereas 4.28% of them felt that the nurses didn't provide clear and concise explanation to them. Majority of the patients (68%) suggested that the nursing services being provided should be maintained, as it is. 17.14% of the respondents suggested that the nurses should provide good care to them. 10% of them suggested that the nurses should give clear and concise explanations to them.

Thus the quality of the nursing care on three aspects could be assessed from this study as well as patients view point for improvement of nursing care could be determined. Therefore educational programs can be provided focusing on the lesser aspect of the nursing care to improve the quality of the nursing care.

2. IMPLICATIONS:

This research study has several implications for nursing. This study would help the nursing personnel to determine the quality of nursing care being provided on three dimensions. It would further be helpful for them to emphasize on the lesser aspects of nursing care for the betterment of care provided to the patients in BPKIHS.

This study will also be a feedback to the nursing personnel; and would also be a reference for similar kind of research study in future. It might also help develop educational programs to improve technical competence, communication and interpersonal relationship of the nursing personnel and thus helping improve the quality of nursing care.

3. RECOMMENDATIONS:

Based on the findings of study, recommendations can be made for improving nursing practice:

The nursing personnel in BPKIHS should have frequent educational programs e.g. in-service education, staff development programs to enhance their level of competence and knowledge, especially focusing more on the communication aspects of nursing care.

Similar type of research study should be conducted frequently to assess the effectiveness of the educational programs provided to the nursing personnel and hence to assess the quality of nursing care in BPKIHS.

4. LIMITATIONS:

1. Unavailability of adequate patients in some units, which prolonged our period of data collection.
2. Difficulty in communication with patients of certain ethnic groups.
3. Difficulty in using random samplings in certain units because of less number of patients.
4. While all the efforts were made to elicit an honest feedback from patients, the information obtained may have been subjective at times, as is inherent with all such studies.

5. PLAN FOR DISSEMINATION:

We plan to share and disseminate the findings of this study to the concerned persons and places as:

1. BPKIHS- Nursing coordinator / college of nursing.
2. BPKIHS- Supervisors
3. BPKIHS- Library

We hope to present the data collected and inferences drawn before scientific bodies in speech and print. Based on feedback, we would like to modify the questionnaire as suitable and interview to yield more useful data.

ANNEX-1

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ANNEX II

WORK PLAN FOR THE STUDY

[illegible]

ANNEX III

"PATIENT'S OPINION OF NURSING CARE IN BPKIHS"

DEMOGRAPHIC DATA:

Gender: Male Female
(1) (2)

Age:

- | | |
|----------|----------|
| 1. 15-25 | 5. 55-65 |
| 2. 25-35 | 6. 65-75 |
| 3. 35-45 | 7. 75-85 |
| 4. 45-55 | |

Educational status :

Illiterate	Primary level	Secondary level	Higher secondary level
(1)	(2)	(3)	(4)

Geographical region :

Urban	Rural
(1)	(2)

Socio- economic status:

a) ~~Do you have sufficient income to meet your basic needs?~~

Yes	No
(1)	(2)

b) What is your approximate annual income?

≤Rs4404/person/yr	> Rs4404/person/yr
(1)	(2)

Please give your honest opinion for this on this list by circling one of the four answers to describe how nurse(s) are:

TECHNICAL SKILL:

1. The nurses give good advice.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

2. It is always easy to understand what the nurses talking about.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

3. The nurses are patient enough.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

4. The nurses are precise in doing their work.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

5. The nurses give directions at just the right speed.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

6. The nurses take measures to protect my privacy during any procedures.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

7. The nurses are organized in their work.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

8. The nurses do things for me in a timely manner.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

9. The nurses are skillful in assisting the doctors with procedures.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

10. The nurses perform their work with confidence.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

INTERPERSONAL SKILL:

11. The nurses think I can understand the explanation of my illness and explain it to me.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

12. The nurses are pleasant to be around for me.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

13. I feel free to ask the nurses the questions.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

14. The nurses are friendly to me

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

15. The nurses understand how I feel.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

16. When I need to talk to someone I can go to nurses with my problem.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

17. The nurse is attentive to me.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

18. The nurses understand in listening to my problems.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

19. The nurses make me feel that I am important.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

COMMUNICATION SKILL:

20. The nurses talk to me with respect.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

21. Just talking to the nurses makes me feel better.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

22. The nurses tell me about the results of my tests.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

23. The nurses explain things to me in simple language.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

24. The nurses are never too busy at the desk to spend time talking with me.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

25. The nurses make it a point to show me how to carry out the doctors' prescriptions.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

26. The nurses always give explanation why tests are ordered.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

27. The nurses tell me about the changes in my health condition from time to time in response to treatment.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

28. The nurses give explanation to me before performing nursing procedures.

Always	Most of the time	Sometimes	Never
(4)	(3)	(2)	(1)

29. What are the aspects you like and dislike about nursing services in BPKIHS?

30. What are your suggestions to improve nursing care in BPKIHS?

THANKS

ANNEX IV

प्रश्नावली

सहमति पत्र-

"Patients' opinion of nursing care in BPKIHS" मा गर्न लागिएको अध्यायन अनुशन्धानका अनुशन्धानकर्ताले यस्को उद्देश्य तथा प्रयोजनहरुको सम्बन्धमा मलाई पूर्ण जानकारी गराएको हुँदा, म यस सहमति पत्रमा सहमत छु भनी सहि गर्दछु।

.....
(सही)

व्यक्तिगत परिचयात्मक तथ्यहरु

लिंग: महिला ☐ पुरुष ☐
(३) (१)

उमेर:
(वर्षमा)

शैक्षिक स्तर:
अशिक्षित ☐ ७ कक्षा सम्म ☐ १० कक्षा सम्म ☐ १० कक्षा भन्दा माथि ☐
(१) (२) (३) (४)

भौगोलिक क्षेत्र:

शहर ☐गाउँ ☐

आर्थिक स्तर:

तपाईंको वार्षिक आम्दानी लगभग कति हुन्छ ?

≤ रु. ४४०४

> रु. ४४०४

(१)

(२)

कृपया तल दिईएका प्रत्येक भनाइको लागि "नर्सहरु कस्तो हुनुहुन्छ" व्याख्या गर्दै चारवटा उत्तर मध्ये एकमा गोलो बनाई तपाईंको आफ्नो विचार दिनुहोस् ।

(१) नर्सले मलाई असल सुभाष दिनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(२) नर्सले बोलेका कुराहरु बुझ्न सजिलो हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(३) नर्स धैर्यवान हुनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(४) नर्सले पूर्ण रुपमा आफ्नो काम गर्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(५) नर्सले ठिक समयमा निर्देशनहरु दिनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(६) नर्सले कुनै पनि काम गर्दा मेरो गोप्यता कायम राख्नु हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(७) नर्सले मेरो

७) नर्स आफ्नो काम संगठित रुपले गर्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(८) नर्सले मेरो लागि कामहरु ठिक समयमा गरिदिनु हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(९) डक्टरलाई कामहरुमा सघाउन नर्स दा हुनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१०) नर्सले आफ्नो काम आत्मविश्वासको साथ गर्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१०) नर्सले आफ्नो काम आत्मविश्वासको साथ गर्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(११) नर्सले म आफ्नो रोगको बारेमा बुझ्नसक्छु भन्ने सोच्नुहुन्छ र मेरो रोगको बारेमा मलाई बताउनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१२) नर्स छेउछाउमा भएको मलाई राम्रो लाग्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१३) म नर्सलाई खुल्ला रुपमा प्रश्नहरू गर्नसक्छु ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१४) मलाई कस्तो लागि राखेको छ भनेर नर्सले बुझ्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१५) नर्सले मसँग मित्रतापूर्वक व्यावहार गर्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१६) मलाई कोहिसँग कुरा गर्नु छ भने म नर्सकहाँ आफ्ना समस्याहरू लिएर जान सक्छु ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१७) नर्सले मतिर ध्यान दिनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१८) नर्स मेरो समस्याहरू सुन्न सधै तयार हुनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(१९) नर्सले मलाई म महत्वपूर्ण छु भनेर आभास गराउनु हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्न
(४)	(३)	(२)	(१)

(२०) नर्सले मलाई आदर दिएर कुरा गर्नुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२१) नर्ससंग कुरा गर्दा मात्र पनि मलाई राम्रो भएको अनुभव हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२२) नर्सले मलाई जाँचका परिणामहरु बताउनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२३) नर्सले मलाई साधारण भाषामा कुराहरु बताउनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२४) नर्स काउन्टरमा बस्नुको सट्टा मसंग कुरा गरेर समय बिताउनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२५) नर्सले मलाई डक्टरले दिएका सल्लाहरु कसरी थुन जफत पालना गर्ने भनेर सिकाउनुहुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२६) नर्सले मलाई जाँच गर्नुका कारणहरु खुलाएर बताउनु हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२७) नर्सले समय समयमा उपचारको क्रममा मेरो स्वास्थ्यमा आएको परिवर्तनको बारेमा मलाई बताउनु हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२८) नर्सले कुनै पनि काम गर्नु भन्दा अगाडि मलाई यसको बारेमा जानकारी गराउनु हुन्छ ।

सधै	धेरै जसो	कहिलेकाहीं	कहिले पनि गर्नुहुन्छ
(४)	(३)	(२)	(१)

(२९) तपाईंलाई वि.पि.को.स्वा.वि.प्र. को नर्सिङ्ग सेवाका कुन-कुन प १ नराम्रो लाग्छ ?

(३०) वि.पि.को.स्वा.वि.प्र. को नर्सिङ्ग सेवामा सुधार ल्याउन तपाईं के-के सुझाव दिनुहुन्छ ।

