FACTORS ASSOCIATED WITH PATIENTS' SATISFACTION REGARDING NURSING CARE AT THE SELECTED PUBLIC HOSPITALS IN THE MOPANI DISTRICT, LIMPOPO PROVINCE

by

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DISSERTATION

Submitted in fulfilment of the requirements for the degree of

MASTER OF NURSING

in the

FACULTY OF HEALTH SCIENCES
(School of Health Care Sciences)

at the

UNIVERSITY OF LIMPOPO

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2020

DECLARATION

I, Manyoga Blantina Mathoto declare that the dissertation hereby submitted to the University of Limpopo, for the degree of Master of Nursing Sciences, is my work in design and that it has not previously been submitted by me for a degree at this or any other institution. All sources mentioned and/or cited in this dissertation have been indicated and acknowledged using complete references.

Mathoto M.B

Date: March 2020

ACKNOWLEDGEMENTS

Firstly, I give thanks to God for the favor and grace which have made it possible for me to execute this study.

I further extend sincere appreciation and recognition to the following:

- My supervisor, Prof R N Malema, for her consistent support, guidance and assistance;

- My co-supervisor, Mrs L Muthelo, for her guidance, support and words of encouragement;

- The Limpopo Department of Health and the hospital management teams in the three hospitals in the Mopani District for granting me permission to conduct the research study at these hospitals;

- My husband, Moses Mathoto, for his endless support, words of inspiration and for being so very patient;

- My sons, Tonic and Ted Mathoto, for their support and understanding;

- My niece, Maria Faso Sekgota, for her assistance and for always being there for me. This study could have not been a success without her support.

ABSTRACT

Background: Patient satisfaction with nursing care is regarded as a significant factor in defining the perception of the quality of health care service received. In South Africa, and many other countries globally, the drive to deliver health services that attest to quality has become an incentive for obtaining the views of patients and determining their levels of satisfaction.

Aim: The aim of this study was to determine factors associated with patients' satisfaction regarding nursing care provided at the selected public hospitals in the Mopani District, Limpopo Province.

Objectives: The objectives of this study were to identify and describe factors associated with patients' satisfaction regarding nursing and to determine their satisfaction with the nursing care.

Method/Design: The study applied a quantitative descriptive and cross-sectional design to determine and describe the factors associated with patient satisfaction regarding nursing care. A simple random sampling method was applied in the selection of the 201 respondents in the selected public hospitals. A self-administered questionnaire, the Patient Satisfaction with Nursing Care Scale was used to collect data from inpatients. The software used to analyse the data is Statistical Package for the Social Sciences program. Permission to collect data in the public hospitals was granted by the Limpopo Department of Health while ethical clearance was obtained from the Turfloop Research Ethics Committee.

Results: The study found that 77% of the respondents indicated relatively high levels of satistfaction with the nursing care they received while 23% indicated significant dissatisfaction with their nursing care. Greater satisfaction was noted with regard to the following aspects of the nursing care: nurses' respect of patients' rights (89%); I have been given privacy by nurses (88%); nurses deliver care competently (87%) and nurses are skillful in performing procedures (86%). The study showed no relationship

between the gender, age, educational level and employment status of the respondents and their satisfaction in the domains of affective support, health information, professional-technical competencies and decisional control. However, a there was notable association between marital status and patients' satisfaction in the decisional control domain. The wards to which patients were admitted to were also found to be associated with their satisfaction in the affective support domain

Conclusion: The predominant factor contributing to the satisfaction of the respondents in this study was affective support. This was followed by professional technical competencies. Most respondents indicated dissatisfaction with the health information and decisional control afforded to them, particularly with regard to nurses' involvement of the family in care.

Key concepts: Patient, patient satisfaction, nursing care

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DEFINITION OF CONCEPTS

Nursing care

According to Shawa (2012), nursing care is the privision of heatlh care by nurses to address the physical, psychological and religious demands of the patient. In this study, nursing care denotes the health care services which nurses provide to patients who are hospitalised in the three health institutions where this study was done.

Patient

The World Health Organisation (2004) describes a patient as an individual who interacts with the health system, seeking medical treatment and care for a health condition. In this study, a patient denotes an admitted adult female or male person receiving medical care or treatment at the three hospitals where this study was conducted.

Patient Satisfaction

Shawa (2012) defined patient satisfaction as the contentment that patients feel when their needs and expectations have been met . According to Whitford (2016), patient satisfaction is the complacency that a patient experiences after using a healthcare facility. In this study, patient satisfaction denotes the experiences of patients regarding the care they have received from the nurses and their feeling of contentment when their needs and expectations have been met.

LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
CEO	Chief Executive Officer
DoH	Department of Health
ICU	Intensive Care Unit
IMCHB	Interaction Model of Client Health Behaviour
OHSC	Office of Health Standards Compliance
PSNCS	Patient Satisfaction with Nursing Care Scale
TAC	Treatment Action Campaign
TREC	Turfloop Research Ethics Committee
USA	United State of America

CHAPTER 1

OVERVIEW OF THE RESEARCH STUDY

1.1 INTRODUCTION AND BACKGROUND

Patient satisfaction with nursing care is considered a significant factor in defining the perception of the quality of health service received (Eyasu, Adane, Amdie, Getahun & Biwota, 2016). Charalambous, Efstathiou, Adamakidou, and Tsangari (2014) outlined patients' satisfaction has been utilised in different situations for evaluating the pattern of care and healthcare systems and the level of treatment. During the past few years patient satisfaction has appeared as the main focus of service delivery in healthcare facilities and nursing care has become an important component associated with the satisfaction of patients (Atallah, Mansour, Al-Sayed & Aboshaiqah, 2013).

The National Guidelines on conducting the surveys of how patients experienced the care in public health establishments (Department of Health, 2017) point out that obtaining the views of patients and determining their levels of satisfaction has become an incentive in the drive to deliver health services that attest to high quality in South Africa and many other countries globally. Although surveys on whether patients are satisfied or dissatisfied with nursing care are frequently conducted in first world countries to monitor and edify the quality of care, the same is not happening in third world countries (Chen, 2017). Nunu and Munyewende (2017) indicate that in Germany and France it is mandatory for health care institutions to perform patient satisfaction audits that align with their policies to evaluate the implementation of their particular health systems. Furthermore, in the United States of America (USA) and Europe patient satisfaction surveys have been significant in providing evidence for policy makers to edify performance in hospitals (Nunu & Munyewende, 2017).

A study carried out by Tsai, Orav, and Jha (2015) on patient satisfaction and the quality of care in the USA hospitals that execute major surgical procedures showed that the general satisfaction level was high. However, large variations among hospitals performing major surgeries were found. Hospitals with higher levels of patient satisfaction provided the most proficient care for surgical patients who stays for shorter

periods. A greater quality of surgical procedures, less rates of surgical readmission and mortality were identified amongst these hospitals.

Otani, Herrmann, and Kurz (2011) conducted a study aimed at determining the association of care provided by the nurses and doctors and the physical setting to the overall satisfaction of patients in 32 various tertiary hospitals in the USA. The results show that all attributes were positively related and statistically significant to overall patient satisfaction. Furthermore, the researchers reported that the respect and courtesy of healthcare providers contribute most on the satisfaction of patients, while explanation and communication are the second most significant factors.

Kol, Arikan, Ilaslan, Akinci and Kocak (2018) reported that patients who were hospitalised in medical clinics in Turkey Mediterranean Region were highly satisfied than patients at the surgical clinic. Atallah *et al*. (2013) note that in Saudi Arabia research on patients' satisfaction with nursing care is neglected. A study done in Iran by Mosadeghrad (2012) reveales a significant interrelationship amongst workers' satisfaction, quality of care provided by the workers and patient satisfaction. Furthermore, considerable amount of work, low wages, poor quality of work-life and poor management were found to interfere with the provision of quality patient services in public sectors (Mosadeghrad, 2012).

In sub-Saharan Africa factors related to economy and insufficient resources were reported to be the most contributing factor to the sub standard care in public hospitals (Akacho, 2014). In an academic hospital based in Nigeria, patients in the oncology unit were reported to be moderately satisfied with health information given to them by the nurses. In addition highest scores of satisfaction was noted on competencies of professionals, while the scores in the decisional control domain were reported to be low (Ojewole, Anyanwa & Nwozichi, 2017). Another study in Nigeria reveals that patients were generally satisfied with the services they were receiving from the health care providers and the relationship between patients and healthcare providers scored higher when compared with waiting time and accesibility (Lloh, Ofoedu, Njoku, Odu, Ifedigbo & Iwuamanam, 2012). In a study by Shawa (2012), patients in Kenya complained that nurses were unkind and also reported a cold reception in the public hospitals.

In the Constitution of South Africa, it is stipulated that all citizens has the right to have their dignity respected. Therefore, it is essential that employees in the public and private sector, in executing their duties, should treat everyone with respect and dignity (Nzimakwe & Mpehle, 2012). In a comparative study carried out in the Free State and Gauteng provinces by Nunu & Munyewende (2017), over 90% of the respondents surveyed indicated to be content with the care provided at the Primary Health Care centres in both provinces. Being given health information on the illnesses, waiting periods for a consultation and being treated with kindness were the factors associated with satisfaction in both provinces. In addition, having privacy respected emerged as an important factor in the Free State (Nunu & Munyewende, 2017).

In Limpopo, the results in Mureri (2014) show that patients were not satisfied with the care they received from the nurses in public hospitals of the Makhado Municipality. The majority of the participants reported that nurses did not respond to calls and that patients were not fed by nurses. The provision of emotional support and communication dimensions of nursing care had the lowest scores.

Dzomeku, Ba-Etilayoo, Perekuu, and Mantey (2013) state that provision of quality nursing care is the primary service in a healthcare institution that contributes to the healing process of patients. They claim that without proper nursing care, the health care service would not be adequate, even if there were competent doctors avalaible in a health institution. Therefore, it is important to determine and describe the aspects related to the satisfaction with nursing care received. Furthermore, it is also important to regularly evaluate the status of satisfaction with care provided by the nurses and more importantly to share the findings with health professionals (Kol *et al*., 2018).

1.2 RESEARCH PROBLEM

After the establishment of the Batho-Pele principles in 1997, one would expect patients to be satisfied with the healthcare services they receive in public hospitals. However, it appears that patients are not always satisfied with these services. The Complaint Management Report in specific public hospitals in the Mopani district revealed that even though most patients have generally complimented the hospital on the care they

received, some patients still had complaints and the complaints for 2017 averaged 30% (Complaint Management Report, 2017). Complaints raised by patients indicated that members of nursing staff were always unhappy, angry, arrogant and disrespectful towards the patients. Moreover, other complaints indicate that the care provided by the nursing staff did not satisfy patients (Complaint Management Report, 2017). The Treatment Action Campaign (TAC) report (2017) indicates that the total number of complaints about staff attitude in the Mopani and Vhembe district hospitals and clinics for October 2017 was 339. This is of concern because, the National Charter of Patients' Rights (Department of Health, 1999) and Batho Pele principles stipulate that healthcare providers in South Africa are expected to prioritise patients and render quality care. The attitudes of nurses towards patients have a great influence on how patients perceive nursing care they have received (Shawa, 2012).

The Office of Health Standards Compliance (OHSC) indicate that in order to claim an acceptable level of care, health facilities should score at least 80%. However, the results reported in the OHSC report (2016/2017) reveal that in Limpopo, out of 59 clinics inspected, only 3% of the clinics were performing at 50% or above and none was found to be performing above 60%. In a study by Mureri (2014), it is revealed that in Vhembe district, Limopo province patients reported low (49,3%) level of satisfaction with nursing care received in public hospitals. The National Guidelines on conducting the surveys of how patients experienced the care in public health establishments (2017) states that a score of 80% or more indicates satisfaction with healthcare service while a score of less than 80% indicates dissatisfaction. Based on this background the researcher identified the need to evaluate the level of satisfaction with nursing care received by the patients and to determine and describe factors associated with patient satisfaction in the Mopani district, Limpopo Province.

A health care organisation's main aim is to ensure that healthcare services provided to all patients is of high quality. Patient satisfaction with nursing care is regarded as a key component when evaluating the type of care rendered and health outcomes. Nurses are of great importance in the care of patients and their relationship with patients is perceived as the core determining element of patient satisfaction. Therefore, conducting a study to provide evidence-based information regarding patient satisfaction with the received nursing care and aspects related to the

satisfaction of patients is imperative for the nursing staff and management, as the results will reflect patients' views on the nature of nursing care.

1.3 AIM OF THE STUDY

The aim of this study was to determine factors associated with patients' satisfaction regarding nursing care provided at the selected public hospitals in the Mopani District, Limpopo Province.

1.4 OBJECTIVES OF THE STUDY

The objectives of this study were:

- To identify and describe the factors associated with patients' satisfaction regarding nursing care at the selected public hospitals in the Mopani District, Limpopo Province.
- To determine the levels of patients' satisfaction with nursing care at the selected public hospitals in the Mopani District, Limpopo Province.

1.5 RESEARCH QUESTIONS

- What are the factors associated with patients' satisfaction regarding nursing care at the selected public hospitals in the Mopani District, Limpopo Province?
- What is the level of patients' satisfaction with nursing care at the selected public hospitals in the Mopani District, Limpopo Province?

1.6 SIGNIFICANCE OF THE STUDY

Describing the level of patient satisfaction and identifying and describing factors associated with patient satisfaction with received nursing care will help the Department of Health and the nursing management in the selected public hospitals to obtain more information and a better understanding of overall aspects of patient satisfaction. Subsequently, the results of the study could be used to produce strategies to enhance patient satisfaction, efficient ways to meet patients' expectations and needs and to better the nursing care provided to patients. The results of this study will assist in recognising the strengths and shortcomings of the type of patient care rendered and in enhancing the image of nursing through behaviour modification. The findings of the

study may also be used by nursing personnel to plan for nursing care that will promote patient satisfaction.

1.7 OUTLINE OF THE STUDY

The first chapter provides the reader with an introduction and the background to the research problem as well as the objectives and significance of the study. Chapter two discusses the literature relevant to this study and the theoretical framework that guides it. The research methodology utilised for the study is discussed in chapter 3. Chapter 4 focuses on data presentation and analysis. Chapter 5 discusses the findings of the research study. Chapter 6 summarises the findings of the research study, the limitations of this study and recommendations proposed for further studies.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review entails reading, comprehending, and drawing assumptions about the available research studies and theory, as well as putting it in an ordered manner (Brink, van der Walt & van Rensberg, 2012). The purpose of a literature review is to impart what is presently acknowledged regarding the subject of interest to the reader (Burns & Grove, 2009). Furthermore, it plays an important part at the end of the study when researchers comprehend their findings and relate them to other studies (Polit and Beck, 2012).

In the context of this study, literature review aimed at acquiring information regarding satisfaction of patients and aspects related to their satisfaction with nursing care. The following sections present the literature review related to this study:

- Meaning of patient satisfaction;
- Relationship between patient satisfaction and nursing care;
- Framework for service delivery in South Africa;
- Quality of care and patient satisfaction;
- Factors associated with patients' satisfaction regarding nursing care;
- Theoretical framework.

2.2 MEANING OF PATIENT SATISFACTION

Ofili (2014) indicates that satisfaction is a concept that is vitally important to the providers of healthcare service, the recipients of health care service (patients), and the health care institutions. The satisfaction of patients is regarded as a fundamental factor when evaluating the health outcomes of patients and quality of care received (Berhane, 2016).. Kumar and Gangal (2011) point out that the actual expression or explanation of satisfaction will differ from one patient to another. Furthermore, the authors continue to explain that the feeling of satisfaction relies upon both physical and psychological factors that relate to attributes of contentment, such as returning to the service provider and recommending it to others (Kumar & Gangal, 2011).

Al-Abri & Al-Balushi (2014) point out that there is no specific definition of patient satisfaction in healthcare . However, many researchers have various explanation of the meaning of patient satisfaction (Arega, 2015). Many definitions of patient satisfaction consist of the elements of subjectivity, experiences, expectations, and perceptions.

According to Juhana, Manik, Febrinella, and Sidharta (2015), patient satisfaction is the level of feeling that arises after receiving health services compared with what the patient was expecting. If the results are similar to what was expected or exceed expectations, it will bring out a feeling of contentment. Otherwise, when the results do not match up to the expectation there will be a feeling of disappointment or dissatisfaction (Juhana et al., 2015).

Cheung, Bower, Kwok, and van Hasselt (2009) emphasize that expectations depend on various factors, including cultural values, thoughts about the hospital stay, and personal needs. Tirado (2016) indicates that the patient's experience of care begins on the first moment the patient interact with a health care provider in a health care instituion. However, Graham, Green, James, Katz, and Swiontkowski (2015) reported that patient satisfaction relies on the environment in which care takes place, including the type of the treatment needed, it's setting, and, above all, the expectation of patients before seeking treatment.

According to Mishra and Mishra (2014) patient satisfaction reflects how medical care has been delivered. While Jiru, Salgedo, and Agago (2017) describe patient satisfaction as a person's feeling of contentment following a services' perceived performance. Qadri, Pathak, Singh, Ahluwalia, Saini, and Garg (2012) define patient satisfaction in a healthcare setting as the level of congruence between patients' perception of the real care rendered by the health care provider and their expectations of ideal care.

Patient satisfaction has been viewed by the Primary Provider Theory as the outcome of the competency of health professionals to render individualized nursing care (Marepula, 2012). This theory indicate that the patient satisfaction or dissatisfaction results from the connection between expectations of the patient and the power of the health care provider (Aragon & Gesell, 2003).

2.3 THE IMPORTANCE OF PATIENT SATISFACTION IN HEALTHCARE

In the literature reviewed for this study, researchers indicate that determining whether patients are satisfied or dissatisfied has a great influence on the improvement of the type of care rendered. Qadri et al. (2012) outline that determining the satisfaction of patients helps to assess healthcare services from the view point patients, identify areas of problem, and helps with the conception of ideas for solving the identified problems. Berhane (2016) points out that asking patients about the treatment they have received and what they think about the provision of care is a significant step towards improving health services and ensuring that quality of care rendered to patients meets their needs and expectations.

According to Dabale, Jagero, and Nyatoti (2015), the satisfaction that customers experience, having used health service, and the quality of the service rendered is key to keeping relationships in good condition and expanding a successful business. Graham et al. (2015) maintain that evaluation of satisfaction is significant in the context of value-based health care because there may be variations between satisfaction related with the process of care and satisfaction with the health outcome of treatment.

Ross & Venkatesh (2015) concur with Arega (2015) that when patients are satisfied with the care received, they would continue to utilise the service, maintain their specific relationship with particular health care professionals and adhere to the treatment.

2.4 RELATIONSHIP BETWEEN PATIENT SATISFACTION AND NURSING CARE

The profession of nursing aims at providing quality, patient-centred care that is viewed by patients as satisfactory and caring (Tirado, 2016). According to Patel and Sharma (2018), nursing care is the main factor that influences overall patient satisfaction during hospitalisation. Rajeswari (2011) asserts that during hospitalisation patient satisfaction lay out a balance between patients' perceptions and expectations of their nursing care. Shawa (2012) claims that the rapport between the patient and nurse establishes the tone for the care experience and has a strong influence on the satisfaction of patients. Sibotshiwe (2009) states that, because nurses constitute the majority of the healthcare workforce and spend most of their hours at work with patients, their values, behaviours and attitudes, levels of experience and competencies have an impact on the way patients perceive the care they receive.

Tang, Soong & Lim (2013) reported that the patient experience of nursing care gives a different perspective on quality and helps clinical staff to direct quality improvement.

The importance of the art of nursing as an element of satisfaction of the patient is pointed out by Tirado (2016). This study was conducted as an integrative literature review, aimed to determine the effect of nursing art on patient satisfaction and the following themes were reported: establishing a rapport with the patients, performing a thorough patient assessment, communication that is useful to the patients and nurses' availabilty for the patients. Tirado (2016) concludes that nursing art, based on the demonstration of caring behaviours is an element of patient satisfaction.

In a study conducted by Soliman, Kassam & Ibrahim (2015) at Mansoura University hospital in Egypt, nurses caring behaviour was found to be a significant factor for patient satisfaction. Patients indicated that their satisfaction with the received nursing care involved being given individualzed care. Patients reported that the knowledge that nurses had and their competency in executing the duty were not important in relation to their overall satisfaction with received nursing care. The authors indicate that encouraging nurses to demonstate the caring behaviours may improve the quality of patient care and that will ultimately enhance patient satisfaction. Similarly, in Mosadeghrad (2012), patients wanted healthcare providers to be caring, friendly, polite, to show respect, empathy, kindness and to express compassion and sympathise with them. Hartono (2017) states that the caring behaviour of nurses is anticipated to give excellent service to the clients, so the client feels at ease and content with the rendered health services.

2.5 FRAMEWORK FOR SERVICE DELIVERY IN SOUTH AFRICA (SA)

In SA, some laws and legislations guide healthcare providers in delivering healthcare services to the public. This study considers the National Charter of Patients' Rights and the Batho Pele principles.

2.5.1 National Charter of Patients' Rights

The Department of Health developed a National Patients' Rights Charter in 1999, to make sure that the patients receive improved quality health care and to build up the

relationship between patients and health care providers. According to this charter, patients have certain rights which are discussed below (DoH 1999):

- *A healthy and safe environment*

Every patient has the right to be treated in an environment that is safe which includes effective waste disposal and sanitation services. The environment in which patients are cared for should add to their mental health and physical well-being.

- *Participation in decision-making*

Patients have the right to be granted permission to partake in decision-making on matters affecting their treatment. The risks and advantages of specific procedures or interactions should be communicated to patients.

- *Access to health care*

Every individual has the right to have to access to health care services including reproductive health care. Patients should receive care as soon as possible. In other words, the waiting time before receiving attention from the health care provider should not be long

- *Knowledge of one's health insurance/medical aid scheme*

A member of health insurance or medical aid scheme has the right to information about the medical aid scheme or insurance and where necessary, a member may challenge the decisions of such health insurance or medical aid scheme.

- *Choice of health services*

Every patient has the right to freely choose where they want to be treated, provided that their choice align with the ethical standards of the institution.

- *Treatment by a named health care provider*

Every patient has the right to know the name of the health care provider and, therefore, must be treated by well identified health care providers.

- *Confidentiality and privacy*

Health information of the patient must be kept confidential and can be divulged only with informed consent.

- *Informed consent*

Every patient has a right to be given accurate and full information about the nature of their disease, complications, medical procedures, the treatment plan and complications associated therewith, and the cost involved.

- *Refusal of treatment*

Patients are free to decline treatment provided that this will not endanger the health of others. Such refusal can be either in writing or verbal.

- *Be referred for a second opinion*

If the patient wants a referral to another health care provider for a second opinion, he or she should be allowed to do so.

- *Continuation of care*

Every patient has the right to continuity of care, this implies that once a health care worker has accepted responsibility to care for a patient, he or she may not leave the patient unattended.

- *Complaints about health services*

When the patient is not satisfied with the care received she or he must be allowed to lodge a complain about such care, to have such complaints investigated, and to be given feedback after the investigation.

2.5.2 Batho Pele principles (The White Paper on Transformation of Public Services)

In the public sector, the principles of Batho Pele for servive delivery as they serve as acceptable policy and framework. This document provides implementation strategies for public service delivery transformation to increase competence and quality. The

Batho Pele policy has eight principles. These are discussed below-concerning patients (SA 1997).

- *Consultation*

Consulting patients regarding the health services that are offered is important as it will enable patients to choose the desired service whenever possible

- *Service standards*

In the process of developing service standards, patients must be involved and also be informed about the level of service that will be offered so that they know what to expect.

- *Increasing access*

The acess to the services that patients are entitled to, must be equal for all.

- *Ensuring courtesy*

Service providers should treat patients as individuals and in an unhurried manner and also show respect, empathy, fairness and understanding at all times.

- *Providing information*

Patients should be fully informed about the services concerning their treatment. The Batho Pele policy stipulates that the providers of service should make a decision on what information to be given to patients and then ensure that it is provided in an understandable language, free from medical terms.

- *Openness and transparency*

Patients should be informed about the way different departments in the government operate and utilise the resources they consume.

- *Redress*

Patients should be offered an apology when services provided are falling below the promised standards.

- *Value for money*

Planning the allocated budget carefully and controlling the utilisation of resources will give patients the best possible value for money.

Providing information, courtesy, redress, openness and transparency are the principle of interest for this study as they are closely related to the theoretical framework that guides the study.

2.6 QUALITY OF CARE AND PATIENT SATISFACTION

According to Akacho (2014), the accessibilty of excellent healthcare to the community directly helps in improving their health and makes them more productive and useful in society. Further, it decreases the number of deaths that results from provision of sub-standard care in public hospitals. Public members, prospective clients of healthcare and stakeholders in general, have often commented that a healthcare institution is rated according to the quality of nursing care it gives (Sibotshiwe, 2009).

Quality is a concept with different meanings for different people. Mosadeghrad (2012) states that quality in health care results from cooperation between the patient and health care providers in a conducive and supportive environment. Mishra and Mishra (2014) define quality as an inherent and distinctive attribute of a product or service. According to Mhlanga, Zvinavashe, Haruzivishe and Ndaimani (2016), quality nursing care encompasses meeting patients' needs and demands by conforming to set standards, requirements and thorough implementation of care through the nursing process. However, Dikmen and Yilmaz (2016) point out that providing satisfaction by only meeting the expectations of patients does not mean to provide quality service.

Shawa (2012) describes quality care as the process of meeting the psychological, physical and religious demands of a person by performing the activities that protect, promote and maintain health . Moreover, in studies (Shawa, 2012; Patel & Sharma, 2018; Tang et al., 2013) patient satisfaction has been noted as an indicator that measures quality of care. Limosnero (2013) elucidates that putting patient satisfaction and quality measures together raises awareness and expectations in pursuit of greater value and quality and is tied to financial rewards.

A study by Ross and Venkatesh (2015), points out that the provision of high quality medical resources to all patients is the key purpose of health care. Furthermore, they claim that patient satisfaction which depends on the the way staff conduct themselves, admission procedure, technique used, physical lay out of the facility and diagnostic services reflects the quality of care provided (Ross & Venkatesh 2015). It has been argued that unless the patient is satisfied, care cannot be considered high quality (Suhonen, Papastavrou, Efstathiou, Tsangari, Jarasova, Leino-Kilpi, Patiraki, Karlou, Balogh & Merkouris, 2012). Mamseri (2012) suggests that the improvement of patient care in any hospital relies mainly on the quality of nursing care. Moreover, Naidu (2009) states that patient satisfaction is affected by health care quality which in turn impact on positive behaviours, such as patient's adherence to care regimens.

2.6.1 Donabedian's components of quality care

Donabedian (1997) claims that structure, process and outcome are indicators of quality:

- *Structure*

Structure imply the attributes of the environment in which care is provided. These attributes embrace resources such as money, equipments and facilities; human resources like the total number of employees; and the organizational structure such as peer review and reimbursement methods (Donabedian, 1997).

- *Process*

Process refers to the actual activities performed in providing and receiving care. It consist of the activities of the patients' in seeking health care and fulfilling the instructions, as well as the activities of practitioners in diagnosing the patients and implementing treatment (Donabedian, 1997).

- *Outcome*

Outcome refers to the effects of care on the patients' status of health status. The changes in the patients' coduct and improvements in the patients' knowledge are included under a definition of health status, as is the degree of the patient's satisfaction with care (Donabedian, 1997). According to Donabedian (1997), these components influence each other.This implies that the manner in which nursing is structured and the way the nursing process is carried out in an organisation results in an outcome which either lead to patient satisfaction or dissatisfaction.

2.6.2 Dimensions of quality

The World Health Organization (WHO) (2006) identifies six elements of quality that help to define it. The dimensions are described below:

- *Effective*

Effective means that health care providers should deliver health care that is evidence-based on needs, and results in the improvement of health outcomes for individuals and communities (WHO, 2006). Effective services mean that diagnosis, care, treatment or intervention achieve the desired outcomes from the patients' point of view (Mosadeghrad, 2012).

- *Efficient*

Efficient refers to providing care in a way that maximises the use of supplies and avoids waste (WHO, 2006). Efficiency is the degree of the association between the used resources for the implementantion of care and the outcome achieved (Mavanyisi, 2014).

- *Accessible*

Accessibility refers to the provision of health care that is appropriate, reasonable, and rendered in an environment where skills and available resources are relevant to the medical need (WHO, 2006).

- *Acceptable/Patient-centred*

Acceptable means considering the cultures of the communities, the desires of individuals and their preferences when rendering health care (WHO, 2006). Involvement of patients and family members in their care promotes rapport. Errors during the provision of care are avoided when patients are allowed to participate in their health care (Mavanyisi, 2014).

- *Equitable*

Equitable refers to providing fair and equal health care to all people, irrespective of their personal characteristics like socioeconomic status, ethnicity, gender and race (WHO, 2006).

- *Safe*

Safety refers to rendering healthcare which protects clients from harm (WHO, 2006). The setting in which care is delivered should add to the mental and physical well-being of the client. The patient must be protected from inhuman and degrading treatment and medico-legal hazards should be prevented.

Mavanyisi (2014) mentions that constraints such as insufficient budget, absenteeism of nurses, and lack of skilled and competent nurses, high turnover of staff, and low morale may prevent nurses from rendering quality nursing care to patients.

2.7 FACTORS ASSOCIATED WITH PATIENT SATISFACTION

Patient satisfaction is a complex concept influenced by different variables (Naidu, 2009). Research studies have linked patient satisfaction to the socio-demographic data of the patient, perceptions, and expectations of the patient, communication and providing adequate information, interpersonal relationships, technical skills of healthcare providers, continuity of care, and patients' participation in decision-making.

2.7.1 Socio-demographic data of the patient

- *Age*

In studies by Ozlu & Uzun (2015); Schoenfelder, Klewer & Kugler (2011), and Shawa (2012) older patients more content with received nursing care than younger patients. This contrast with the findings in Tang et al. (2013); Soliman et al. (2015); Merkouris, Andreadou, Athini, Hatzimbalasi, Rovithis & Papastavrou (2013); Abdel, Maqsood, Oweis & Hasna (2012) in which the differences regarding age of the respondents were insignificant. However, Limosnero (2013) states that the more patients become old, the more they report greater satisfaction. According to Eyasu et al. (2016), this might be due to frustrating situations, such as being diagnosed with chronic illnesses, being widowed in older age, and also that patients who are older might require support from nurses when performing activities of daily living.

- *Gender*

Generally it is acknowleged that there is no relationship between gender and patient satisfaction (Ozlu & Uzun 2015; Merkouris et al*.,* 2013; Abdel Maqsood et al*.,* 2012). However, in the studies by Limsnero (2013); Soliman et al., (2015); Alasad, Tabar & Aburuz (2015) women reported being more satisfied than men. This is in contrast with the results in (Dzomeku et al*.,* 2013; Ojewole et al., 2017) where females were less satisfied with received nursing care.

Soliman et al. (2015) proposed that the expectations of men are fewer compared with those of women and that health information which nursing staff provide to female patients is less than that of male patients. Eyasu et al. (2016) suggest that a possible reason for this difference might be that the level of education of most female patients is lower than males, so their expectation and knowledge of the meeting of their rights, needs and quality care might be lower than males. However, Dzomeku et al. (2013) attribute the difference in gender to the fact that males are less conscious of hygiene and poor practical skills than women and this makes them less observant and critical of aspects of quality when evaluating staff performance.

- *Ethnicity*

The origin of ethnicity has been identified as one of the characteristics of the most complicated determinants of patient satisfaction (Marepula 2012). However, in Limosnero (2013), Asians indicated lower average satisfaction ratings than whites and Latinos. In Tang et al. (2013) the difference in ethnicity and patients' satisfaction and was found to be significant. The authors conclude that the difference that exists could be due to cultural differences, as well as language barriers.

- *Level of education*

Ozlu and Uzun (2015) state that as the level of education goes up, satisfaction with nursing care declines. Furthermore, Mosadeghrad (2012) suggests that patients with a higher educational level may demand to be given full information about medication, treatment procedures, risks, and side effects. In a study by Ozlu and Uzun (2015), it was concluded that a high level of education increases the patients' expectations of

caring tasks nursing services. Arega (2015) claims that patients with a high school education are significantly less satisfied than other educational levels.

- *Marital status*

According to Laal (2013), married patients' satisfaction levels were found to be higher than widows and divorced patients. Ozlu and Uzun (2015) attribute this to the support and care that married people receive from their spouses.

2.7.2 Patients' perceptions and expectations

According to Arega (2015), satisfaction levels may be affected by the expectations of the patient. Arega (2015) describes expectations as what the patients expect, want and those aspects of care that need to be completed. Such expectations are grounded on their personality, background, environment and experiences. Besides, the author further explains that when the expected performance is greater than perceived performance, customers (patients) become dissatisfied and vice versa (Arega, 2015). Mishra and Mishra (2014) affirm that expectations that are not realistic or very high may lead to dissatisfaction, even with reasonably good standards of medical care.

Dikmen and Yilmaz (2016) maintain that patients' expectation of care is influenced by their satisfaction with perceived actual nursing care. Furthermore, the authors point out that individuals' perception of health status and past experiences may influence their satisfaction with the received care. The findings in a study by Berhane (2016) show that patient satisfaction is determined by the experience not the expectation fulfilled. Moreover, the author concludes that what determines patient satisfaction is the actual care conditions of medical care.

Shawa (2012) claims that negative perceptions about nursing care add to the stress that patients already experience and, as a result, that, may affect their levels of satisfaction According to Jiru, Salgedo & Agago (2017), when patients have a positive experience of nursing care, it has a positive effect on both the entire health organization and nursing staff.

2.7.3 Communication and information

Studies by Eyasu et al. (2016); Berhane (2016); Merkouris et al. (2013); Dzomeku et al. (2013); Villarruz-Suilt, Dans & Javelosa (2009) have all revealed the importance of good communication and providing thorough health information to patients. Villarruz-Suilt et al. (2009) state that the inability of nurses to give sufficient information to patients is the greatest common cause of patient dissatisfaction. According to the findings of a study by Dzomeku *et al*. (2013), the main cause of patient' dissatisfaction is the type of information nurses give to patients about their diseases and treatment. Berhane (2016) point out that nursing communication is amongst the greatest essential characteristics of health care services preferred by patients. Further, in Berhane (2016), patients mention care providers using technical (medical) terms during their communication and state that it is crucial for them to be involved in discussion during the rendering of care and for the details to be shared with them

The results of a study by Villarruz-Suilt et al. (2009) reveal that, though patients do not need much information from their nurses regarding their disease or even their treatment plan, they thought that additional information from nurses about these would be helpful and important to them. Akacho (2014) finds that good health care depends on the effectiveness of provider-patient communication. Poor communication can cause incorrect diagnoses and inappropriate medical treatment. However, Abdel Masqood *et al*. (2012) observe that inability to release information might be explained by the fear of giving bad news, especially in patients with terminal diseases.

2.7.4 Interpersonal relationships

Shawa (2012) put forward a discussion that nurses need to understand that satisfaction of patients does depend only on the knowledge and competence of the nurses, but also the way they conduct themselves and relate with the patients. The manner in which the nurses treat patients determines the quality of nursing care rendered. Mosadeghrad (2012) states that because often many patients and their relatives lack sufficient technical knowledge they depend on attributes, such as trust, sympathy, respect, courtesy and effective listening to evaluate health care quality.

The findings in Tang *et al*. (2013) reveal that the main contributing factors to patient' satisfaction with nursing care are affective support, such as caring behaviors and respectful. Similar results were also found in studies conducted by Ozlu and Uzun (2015); Winklerova and Jarasova (2013) and Shawa (2012). In a study by Ozlu and Uzun (2015), patients suggested that nurses should understand the psychology of a patient and be more tolerant and respectful when rendering nursing services. While in Shawa's study (2012), patients expected nurses to be kind, cheerful, and responsive. Also, the findings in a study by Villarruz-Suilt et al. (2009) showed that characteristics of the nurse-patient relationship, such as understanding, trust, respect, patience, and humor, were associated with patient satisfaction.

Patel and Sharma (2018) conducted a review of literature to determine if patients are satisfied with the care rendered by the nursing staff. In this literature review, 20 studies were reviewed. The results of this study reveal that some patients expected nurses to explain all treatment procedures to them, listen to their concerns, behave appropriately and be patient with them. Furthermore, the findings of the searched review show that the most highly rated aspects of care were greetings on arrival with prompt attention, information about their plan of care, clear information regarding medication and attention every day by a qualified and competent nurse. Also, one study reveals that most nurses did not spend much time with patients because they were busy documenting paperwork and this created a communication gap between nurses and patients (Patel & Sharma, 2018).

2.7.5 Environmental factors

Patients judge a health facility the moment they set eyes on it. Before a service can even begin, the patient usually has already made a decision on whether they will revisit the hospital or not (Ross & Venkatesh, 2015). Sibotshiwe (2009) states that the setting in which nursing care is rendered has an influence on the quality of care provided. An unhygienic environment in which nursing care is given, has an effect on how clients perceive the quality of care (Sibotshiwe, 2009). Therefore, it would not be out of place for hospitals to make sure that the hospital environment is always neat and clean.

Ozlu and Uzun (2015) carried out a study in Turkey with the aim to find out the satisfaction levels of patients in various health facilities. The findings revealed that patients in government health facilities were less satisfied than patients in private health facilities. The authors attribute the reasons for higher satisfaction in private hospitals to better resources, provision of health information, greater number of nurses and the lower number of patients. Also, the findings show that patients in government health facilities proposed that nurses should be respectful and more tolerant and that they should understand the feelings of patients. These findings are inconsistent with the results in Sharma & Kamra (2013) where it is revealed that patients' satisfaction with the care provided by the nurses in Ludhiana (Punjab) was high in selected government health facilities as well as in private health facilities. However, patients' satisfaction in private hospitals was higher in all the dimensions of nursing care compared with public hospitals (Ozlu & Uzun 2015).

Tateke, Woldie, and Ololo (2012) underline that patient expectations in a private hospital are higher than the expectations of a patient in a public hospital. Furthermore, Villarruz-Suilt et al. (2009) claim that patients in a public hospital already know that the health institution they are entering to caters to hundreds of patients a day, with just limited resources, overflowing wards and staffing challenges and that they probably take those things into consideration when they respond to questions on the satisfaction of patients and would possibly have pre-conceived views in light of the situation.

2.7.6 Individualised nursing care

According to Gurdogan, Findik, and Arslan (2015), patient satisfaction is influenced by patient-centered care. Suhonen, Papastavrou, Efstathiou, Tsangari, Jarasova, Leino-Kilpi, Patiraki, Karlou, Balogh, and Merkouris (2012) conducted a study in five European countries. The aim was to determine the relationship between patient satisfaction in surgical patients and patient-centered care.The findings show a positive association between patient satisfaction and individualized. Similar findings were found in a study by Gurdogan, Findik, and Arslan (2015).

2.8 THEORETICAL FRAMEWORK

According to Ingham-Broomfield (2014), a theoretical framework is a tool to stimulate questions to help in the assessment of the value of a research paper. The theoretical framework guiding this study has been adapted from the Interaction Model of Client Health Behaviour (IMCHB). To incorporate each clients' differences into a comprehensive and systematic structure that asseses the different determinants of health behaviors, the IMCHB was developed by Cox in 1982 (Robinson & Thomas, 2004). The model identifies and suggests explanatory association between client-singularity, the client- profession interaction, and health outcome (Cox, 1982). The IMCHB consists of three major elements: client singularity, client professional-interaction and health outcome (Cox, 1982).

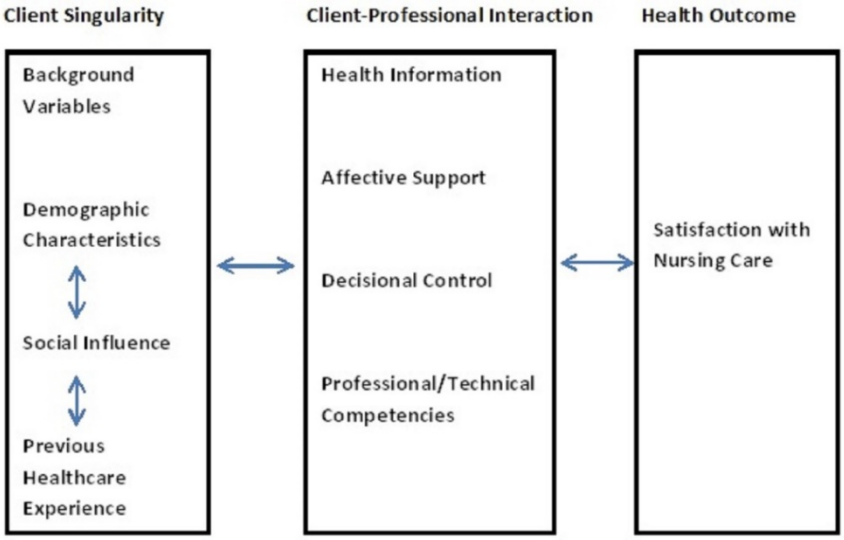


Figure 1: Interaction Model of Client Health Behaviour adapted from Cox (1982)

2.8.1 Client singularity

Client singularity is used to describe the pattern of the client's background variables: environmental resources, demographic characteristics, previous experiences and social influence (Cox, 1982). The IMCHB model suggests that individuals can be examined by the way in which these variables are expressed and relate with one another.

2.8.2 Client- professional interaction

The IMCHB specifies the client- professional interaction as the main influence on the outcomes health care. The model suggests that client-professional interaction has four components that define the interaction and that the strength of these components within the interaction varies according to the client-singularity and the expressed health care needs (Cox, 1982). The model further specifies that the association between health care provider involves an uninterrupted reciprocal relationship between aspects of the client's singularity, the client-professional interaction/realationship and the health outcome (Cox, 1982). The four components of client-professional interactions are discussed below:

2.8.2.1 Health information

The IMCHB acknowledges that knowledge and health information are necessary conditions for enhancing a positive outcome. The amount of control that the patient perceives himself or herself to have in the health care setting, aspects of the client's singularity and the relationship that the patient has with the health care provider, all influence what information is processed and how that patient will utilise the information (Cox, 1982).

2.8.2.2 Affective support

Affective support within IMCHB refers to attending to the patient's level of emotional arousal. The provider must consider the patint's need for affective (emotional) support in keeping with the client singularity (Cox, 1982). Denying affective support to the patient for whom that need is paramount will result in patient dissatisfaction (Cox, 1982).

2.8.2.3 Decisional control

Decisional control denotes the patient's expectations of having the authority to participate in decision making to attain a desired consequence. Decisional control promotes the patient's sense of self-belief and commitment to health-related behaviours (Cox, 1982).

2.8.2.4 Professional-technical competencies

These components define the interaction between the health care provider and the client. The greater the patient's need for technical skills from the health care provider the less the need to be involved in decision making.

2.8.3 Health outcome

The health outcomes comprises of the following five variables: the utilisation of health care services, indicators of the health status, the severity of the health care problems, adherence to the recommended treatment and satisfaction with received care (Cox, 1982). However, Cox (1982) further indicates that each of these outcomes varies in meaning in according to the objectives of the study. Utilisation of health care services denotes the use of available health resources. Indicators of health status refer to the health outcome (Cox, 1982). The indicators of the severity of health care problem are based on the outcome of a disease or its management. Adherence to the treatment regimen refers to the behaviours required to achieve good health outcomes. Satisfaction with care is the feeling of contentment that arises as a result of the performance of health services received (Cox, 1982).

2.9 CONCLUSION

This chapter discusses the meaning and importance of patient satisfaction, the relationship between received nursing are and patient satisfaction, the framework for service delivery in South Africa, factors associated with patient satisfaction regarding nursing care, previous studies of patient satisfaction and the theoretical framework which guides this study.

The literature reviewed indicates that patient satisfaction with nursing care received is considered a fundamental aspect in shaping the quality of care in any health organisation. Furthermore, previous studies associate patient satisfaction with variables such as patients' socio-demographic data, perceptions and expectations of the patient, interpersonal relationships and the technical skills of healthcare providers.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The research method used to conduct the study is discussed in this chapter. The research approach, study sites, population targeted , sampling method, data collection process, reliability and validity of the instrument, ethical considerations and data analysis are presented in this chapter.

3.2 RESEARCH METHOD

A quantitative research approach has been used to conduct this study. A quantitative research approach is a formal, objective, systemic study process to describe and test the relationships among variables (Burns & Grove, 2009). The quantitative research approach was chosen as the researcher identified and described factors associated with patients' satisfaction regarding nursing care and she determined the level of patients' satisfaction with the nursing care at the selected public hospitals in the Mopani District, Limpopo Province.

Quantitative research approach involves gathering of data in the form of numbers and generalising it across various groups of people (Babbie & Mouton, 2011). The questionnaire was prepared and distributed as a tool to collect data from respondents. Thereafter, analysis of the collected data was done with the help of an experienced statistician. The results of the study are presented in descriptive and quantitative forms.

3.3 STUDY SITE

The study was carried out in selected public hospitals belonging to the Mopani District in the Limpopo Province. There are eight (8) public hospitals in the Mopani District (Mopani District Municipality). From the eight hospitals in the district, three hospitals situated in the Greater Tzaneen Municipality were sampled for the study. Hospitals in Greater Tzaneen Municipality were selected because this municipality is the only one in the Mopani District which has more than two public hospitals, other municipalities

have only one or two hospitals. The hospitals selected for the study are referred to as Hospital 1, Hospital 2 and Hospital 3, to ensure anonymity.

Hospital 1 is a level 2 regional hospital, providing comprehensive health care and specialist services, which include paediatrics, obstetrics and gynaecology, orthopaedics, general surgery and psychiatric services. It is classified as a rural hospital and has a bed capacity of 400 with 317 usable beds. Hospital 2 is a level 1 district hospital, classified as an urban hospital. It has a bed capacity of 86 with 74 usable beds and it provides comprehensive health care services which include HIV and TB related treatment. Hospital 3 is a level 1 district hospital, also classified as a rural hospital, providing comprehensive health care services which includes HIV treatment. It has a bed capacity of 110 and all beds are usable.

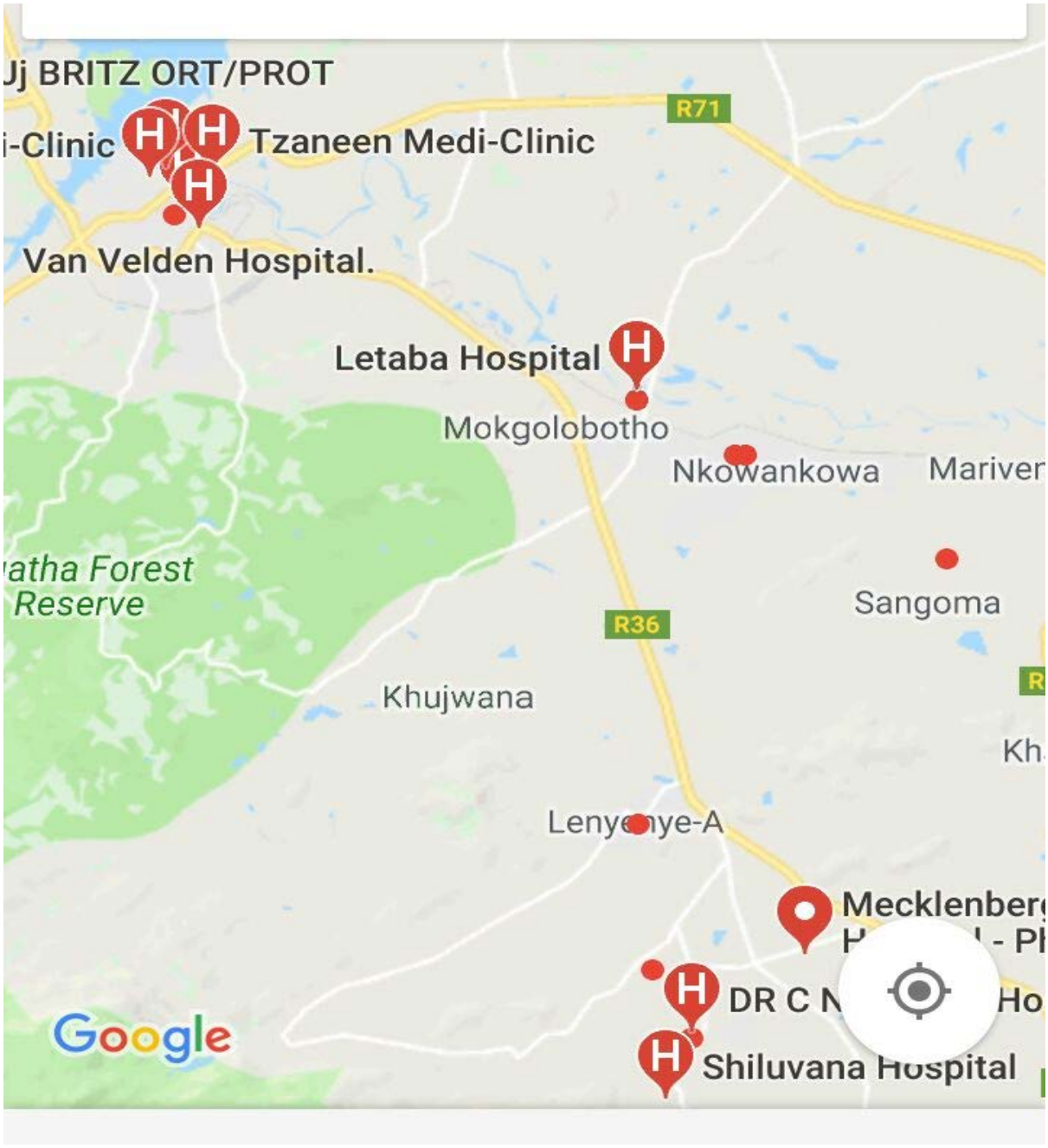


Figure 2: Geographical map showing the Greater Tzaneen Municipality hospitals

3.4 RESEARCH DESIGN

A research design is the overall plan for gathering data in a research study (Brink et al., 2012). According to Babbie and Mouton (2011) a research design involves the decisions concerning a phenomenon to be studied, what research method will be used and for what purpose. The study followed a cross-sectional and descriptive design.

3.4.1 Cross-sectional research design

In a cross-sectional design, data is obtained from a cross-section of a population or sample at one point in time (Brink et al., 2012). A cross-sectional design was used in this study to identify and describe the factors associated with the satisfaction of patients. This design enabled the researcher to also determine the satisfaction level of patients at the selected public hospitals in the Mopani district, Limpopo Province. Data were obtained on only one occasion by distributing a questionnaire to the sample respondents.

3.4.2 Descriptive design

Descriptive rearch studies provide the accurate description of the distinctive of a particular individual, situations or groups and the frequency with which certain phenomena occur in a real-life situation (Burns and Grove, 2009). This study applied a descriptive research design to help the researcher to accurately portray the characteristics of the respondents and determine the satisfaction level of patients and to identify and describe factors associated with patients' satisfaction regarding received nursing care at the selected public hospitals in the Mopani District, Limpopo Province. The researcher collected detailed descriptive information about the respondents and factors associated with patient satisfaction regarding received nursing care.

3.5 POPULATION AND SAMPLING

3.5.1 Population

Population refers to the entire set of individuals or objects that have some common characteristics that are of interest to the researcher (Brink et al., 2012). The target population for the present study includes adult inpatients admitted to the wards within the three selected public hospitals.

The total population of inpatients was calculated based on the estimated total number of inpatients per day in each hospital. (ICU, Paediatric, Nursery, Neonatal ICU, Labour and Psychiatric units excluded).

The population size for the study was 250, calculated based on the estimated number of inpatients per day in each hospital.

Hospital 1: population size of inpatients averages 130 per day (Paediatric, Neonatal ICU, Psychiatric, Labour and ICU excluded).
Hospital 2: population size of inpatients averages 50 per day (Paediatric and Nursery excluded).
Hospital 3: population size of inpatients averages 70 per day (Paediatric and Nursery excluded).

3.5.2 Sampling

Brink et al. (2012) define a sample is a subgroup of the population selected to participate in a study. Sampling is defined by LoBiondo-Wood and Haber (2010) as a process of selecting some individuals to represent the entire population in a research study. Simple random sampling technique was used in selecting the respondents in this study. Simple random sampling is defined as a probability sampling wherein a sample frame is created and a set of random numbers is then generated and the units having those numbers are included in the sample (Babbie & Mouton, 2011).

The researcher used the admission registers to identify patients who had been admitted to the wards for two days or more. A sampling list which consisted of the patients who met the inclusion criteria was compiled. The patients were allocated numbers that were then written on pieces of paper. The following steps were followed:

- A number was written from the sampling list on separate pieces of paper;
- The pieces of paper that were numbered were put into a bowl, then the pieces of paper mixed thoroughly;
- The numbered pieces of paper were randomly selected, the number noted, and then the second one was selected and so on until the desired number in each hospital was reached.

The researcher chose this technique to ensure that all the patients admitted to Hospital 1, Hospital 2 and Hospital 3 in all the selected wards had the same chance of being selected to take part in the study.

3.5.3 Sample size

Slovin's formula (1960) was applied to calculate sample size for this study

n = Sample size =?

e = confidence level = standard confidence level is 95% for a better accuracy, which will give a margin error of 0.05

Computation for the confidence level

e = 100%-95%

= 5%=0.05

- **Hospital 1**

  Sample size

  n = 130 /1+130× (0.05) (0.05)

  = 130/1,325

  = 98, 1

  = 98 respondents

- **Hospital 2**

  Sample size

  n = 50 /1+50× (0.05) (0.05)

  = 50/1,125

  = 44, 44

  = 44 respondents

- **Hospital 3**

  Sample size

  n = 70 /1+70 × (0.05) (0.05)

  = 70/1,175

  = 59, 4

  = 59 respondents

The total sample size for the study was 201 respondents.

Inclusion Criteria

The patients included in the study were those who:

- Were above the ages of 18 years, as they are adults and are able to give valid informed consent to participate;

- Were admitted to the ward for two days or more because they would be able to relate their experiences for the period stayed in the ward;
- Were in a stable condition and fully conscious, as they were able to comprehend events around them.

Exclusion Criteria

The patients not included in the study were those who:

- Were admitted to the ward for less than two days;
- Were below the ages of 18 years because consent is only regarded as valid when given by an adult;
- Were in an unstable condition and critically ill, as they would have not been able to complete the questionnaire;
- Were confused and/or not fully coherent, as they would have not been able to comprehend events around them.

3.6 DATA COLLECTION

Data collection is a process of systematically obtaining data relevant to the research purpose and questions of study from the respondents (Polit & Beck, 2012).

3.6.1 Data collection instrument

A self-administered questionnaire, called Patient Satisfaction with Nursing Care Scale (PSNCS), adapted from Tang et al. (2013) was used to collect data. PSNCS is a questionnaire that was developed, based on the Interaction Model of Client Health Behaviour (IMCHB) in one of the government hospitals in Malaysia (Tang et al., 2013). The PSNCS questionnaire was tested for validity and reliability and Cronbach's alpha coefficient was 0.85 (Tang et al., 2013). A Cronbach alpha coefficient score of at least 0.70 is considered acceptable (Babbie & Mouton, 2011). The questionnaire used for this study was written in English and translated by language experts into Sepedi and Xitsonga. Sepedi and Xitsonga are the indigenous languages spoken by 46% of the Bapedi respondents and 44% of the Vatsonga in the Mopani District (Statistics South Africa, 2011). The questionnaire was divided into two sections:

- Section 1: Demographic information (6 questions) which include age, gender, education level, marital status, home language and occupation

- Section 2: Patient satisfaction with nursing care (22 questions) on a four-point Likert scale format, ranging from strongly disagree to disagree to agree and strongly agree.

The respondents were asked about factors that best describe their satisfaction with different aspects of nursing care, by choosing the number that best described their opinion of each item of the scale.

3.6.2 Data collection process

The respondents were approached in the wards and they were briefed about the nature and main purpose of the research. The respondents who agreed to participate in the study were requested to sign consent forms. Then the researcher distributed the questionnaires to the respondents who were sampled and they completed them independently . Of the 201 questionnaires distributed, only two were found to be incomplete and were not analysed. The completed questionnaires were collected by the researcher after about 45 minutes on the same day. Data were collected over four weeks from 6 May 2019 to 31 May 2019.

3.6.3 Pilot study

A pilot study is a trial run done in preparation for the main study (Polit & Beck, 2012). The data is collected from few respondents of the population that will not be part of the sample group. Generally, 10% of the sample size is considered as representative (Nieswiadomy, 2012). A pilot study was carried out at the Ga-Kgapane hospital which was not one of the hospitals selected for the main study. This hospital is in the Greater Letaba Municipality, located 29 km from Tzaneen. Ga-Kgapane hospital was selected for the pilot study because it is a public hospital and offers the same services as the selected public hospitals. The researcher distributed the questionnaires to 20 respondents and the findings were excluded in the main study. The pilot study did not indicate any problems and no revision of the questionnaire was necessary.

3.6.4 Validity and reliability

3.6.4.1 Reliability

Creswell (2013) define reliability as the consistency and accuracy of data obtained in a study. This implies that a certain technique applied repeatedly to the same object

will yield the same result each time (Creswell, 2013). For this study, a reliability test was carried out and Cronbach's alpha coefficient score for all items was 0.911, which is greater than the suggested value of 0.70. In addition, a pilot study was done with 20 respondents to test whether the questionnaire is reliable or not. The respondents understood all the questions because they were in simple and clear language.

3.6.4.2 Validity

Validity refers to the extent to which an instrument measures what it is intended to measure.(Brink et al., 2012). Validity in this study was ensured by the use of literature review and conducting the pilot study before the main study.

- Content validity

Content validity refers to the degree to which a measure covers the scope and range of meanings included within a concept (Babbie & Mouton, 2011). To ensure content validity in this study, experts nurses, the supervisor and co-supervisor were engaged and they all agreed that the questions were relevant to the study.

- Face validity

Polit and Beck (2012) describe face validity as the extent to which a measuring instrument appears to be measuring what is supposed to be measured. The questionnaire used in this study focused on patient satisfaction with nursing care and as such it was considered to meet the requirements of face validity.

- External validity

According to Brink et al. (2012) external validity refers to the extent to which the results of research study can be generalised to settings or samples other than the one studied. External validity in this research study was ensured by using a large sample size so that the results could be generalized to the entire population.

3.7 DATA ANALYSIS

Data collected were coded and with the assistance of the statistician it was also analysed. The software used to analyse the data is Statistical Package for the Social Sciences program (SPSS) version 24. Data analysis is the systemic organization and synthesis of the data collected during a research study (Brink et al., 2012). For this study, the descriptive statistics used to analyse demographic data were frequency and percentages. A cross-tabulation was also used in the study. The independent variables of gender, age, occupation, marital status and level of education were cross-tabulated with the dependent variables of the domains of patient satisfaction with nursing care (affective support, professional technical skills, decisional control and health information). Analysis of Variances (ANOVA) was used to determine the relationship between the independent and dependent variables and their significance.

3.8 BIAS

According to Brink et al. (2012), bias is any influence that produces distortion on the results of a study. The participation of respondents was determined randomly using a fishbowl sampling technique to ensure that there was no systemic bias in either group. The researcher ensured that the same questionnaire was used for all the respondents and that all questions were understood.

3.9 ETHICAL CONSIDERATIONS

The ethical principles that guide the researcher in a study are: respect for persons, beneficence and justice. The ethical principles observed in this study are as follows:

- **Acquiring permission**

The researcher submitted the research proposal to the Turfloop Research Ethics Committee (TREC) of the University of Limpopo for ethical clearance and such clearance was granted. Request for permission to gather data from the respondents was also submitted to the Limpopo Department of Health (DoH) and the management of the selected public hospitals and approval was granted.

- **The right to protection from being exploited**

The respondents were guaranteed that the information they might give, would not be used against them in any way.

- **Informed consent**

The respondents who agreed to participate in the study, were requested to sign a consent form and all signed consent forms were filed safely. Before the respondents could be given consent forms they were briefed about the nature of research, the demands it would make on them and the main purpose of the research study.The respondents were also offered information about their right to decide to withdraw to participate in the research study at any stage, even if they had originally agreed to participate.

- **The right to anonymity, privacy and confidentiality**

The respondents were guaranteed of protection of their identity. The researcher ensured anonymity, privacy and confidentiality of respondents and selected hospitals by using code numbers instead of names on the questionnaires. Data collected and signed informed consent forms were safely kept in a secure place to ensure confidentiality. The questionnaires were restricted to the researcher and her supervisor.

- **The principle of self-determination**

The respondents were informed about their right to decide to withdraw from participating at any point and to be clarified about the aim and objectives of the study.

- **The principle of beneficence**

The researcher made sure that the study did not pose any physical or emotional threat to the respondents. Questionnaires were simplified to avoid unnecessary stress in the respondents. Respondents were also assured that there would be no victimisation as a result of their completing the questionnaires.

- **The principle of justice**

The researcher ensured fairness when selecting respondents by a selection based on simple random sampling. The researcher also ensured that the questionnaire did not contain any information such as names of the respondents and hospital file numbers, that could be traced back to the respondents.

3.10 SIGNIFICANCE OF THE STUDY

Describing the status of patient satisfaction and identifying and describing factors associated with patient satisfaction with received nursing care will help the Department of Health and the nursing management in the selected public hospitals to obtain more information and a better understanding of overall aspects of patient satisfaction. Subsequently, the results of the study could be used to produce strategies to enhance patient satisfaction, efficient methods to meet patients' expectations and needs and to better the quality of nursing care provided to patients. The findings of the study will assist in identifying the strengths and shortcomings of the type of patient care rendered and in enhancing the image of nursing through behaviour modification. The findings of the study may also be used by nursing personnel to plan for nursing care that will promote patient satisfaction.

3.11 CONCLUSION

In this chapter the research methodology and design are discussed. The study site, population that was targeted, sampling and sample size, data collection method, validity and reliability of the questionnaire, data analysis, ethical considerations, bias and the significance of the study are all described.

The next chapter presents and describes the results of the research study.

CHAPTER 4

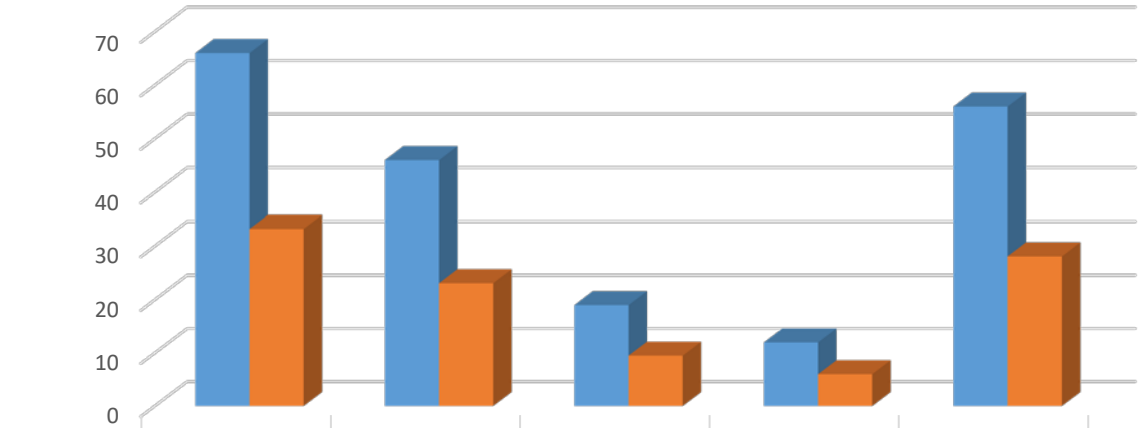
DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

The results of this study are presented in this chapter. A total of 201 questionnaires were distributed and 199 were fully completed and considered for analysis. The data analysis presentation comprises of four parts. The first part is the descriptive analysis of the demographic data, the second part is reliability testing, followed by descriptive analysis of the factors associated with patients' satisfaction regarding nursing care and the relationship between variables. The results are presented in the form of tables and graphs. The responses of strongly agree and agree were recorded as agree, and strongly disagree and disagree were recorded as disagree.

4.2 DESCRIPTIVE ANALYSIS OF DEMOGRAPHIC DATA

Figure 4.1: Departments/wards

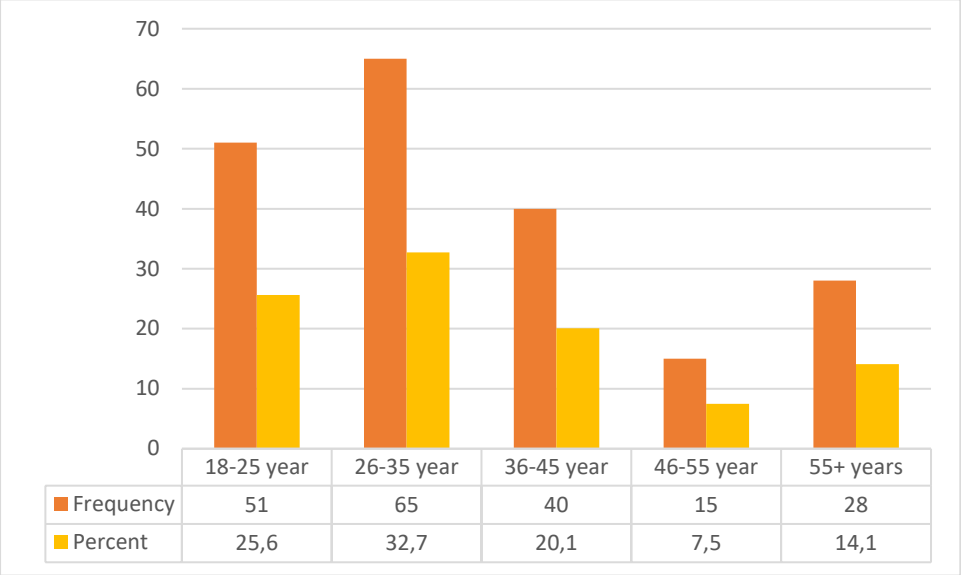


	Medical	Surgical	Gynae	Orthopaedic	Maternity
Frequency	66	46	19	12	56
Percent	33,2	23,1	9,5	6	28,1

Figure 4.1 above indicates the type of wards where data were collected. The findings indicate that the majority of respondents, 33.2% (66), were in the medical wards, followed by 28. 1% (56) in maternity wards (postnatal and antenatal); 23. 1 % (46) in

the surgical wards; 9. 5% (19) in gynecology, while 6% (12) were in the orthopedic wards.

Figure 4. 2: Age of respondents



The findings in figure 4.2 show that of the 199 respondents, 32.7% (65) fell in the age group of 26-35 years; 25.6% (51) were between the ages of 18-25; 20.1% (40) were in the 36-45 age group; 14.1% (28) were 55 years old and older, while 7.5% (15) were between 46-55 years old.

Figure 4.3: Gender of respondents

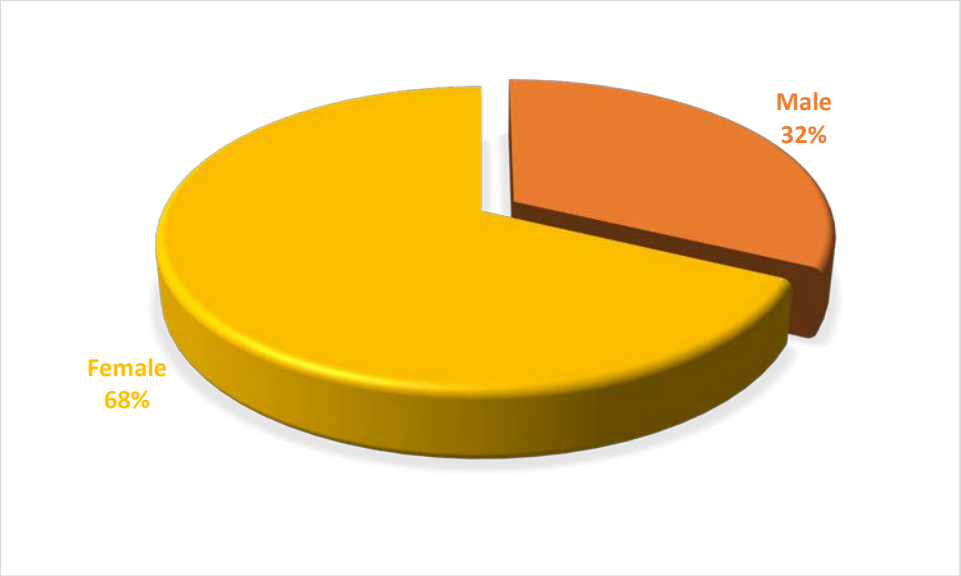
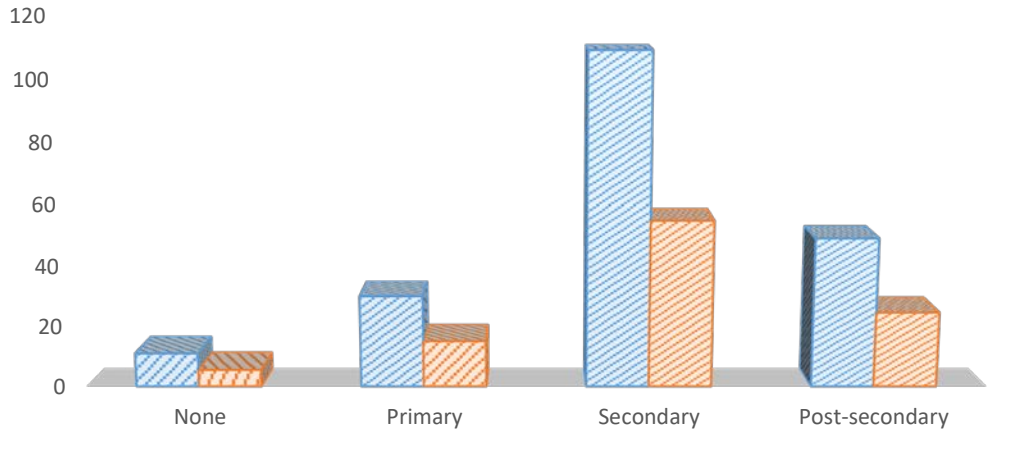


Figure 4.3 above shows that 68% (135) of the respondents were females while 32% (64) were males.

Figure 4.4: Highest level of education of respondents



	None	Primary	Secondary	Post-secondary
Frequency	11	30	109	49
Percent	5,5	15,1	54,8	24,6

Figure 4.4 above shows that majority of the respondents, 54.8% (109), had obtained a secondary level of education, 24.6% (49) had a post-secondary/tertiary education, and primary, 15.1% (30), and 5.5% (11) had not received any formal education.

Figure 4.5: Home language of respondents

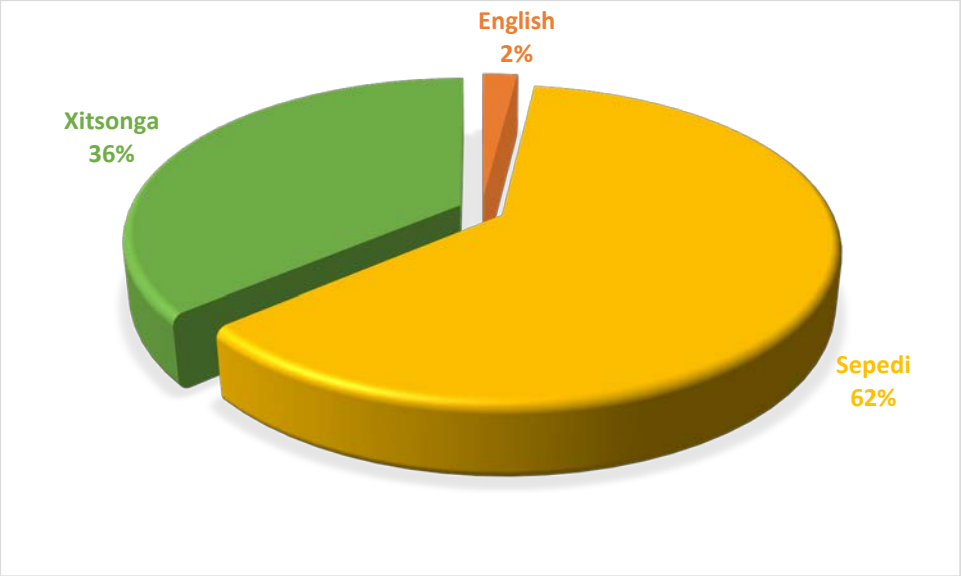
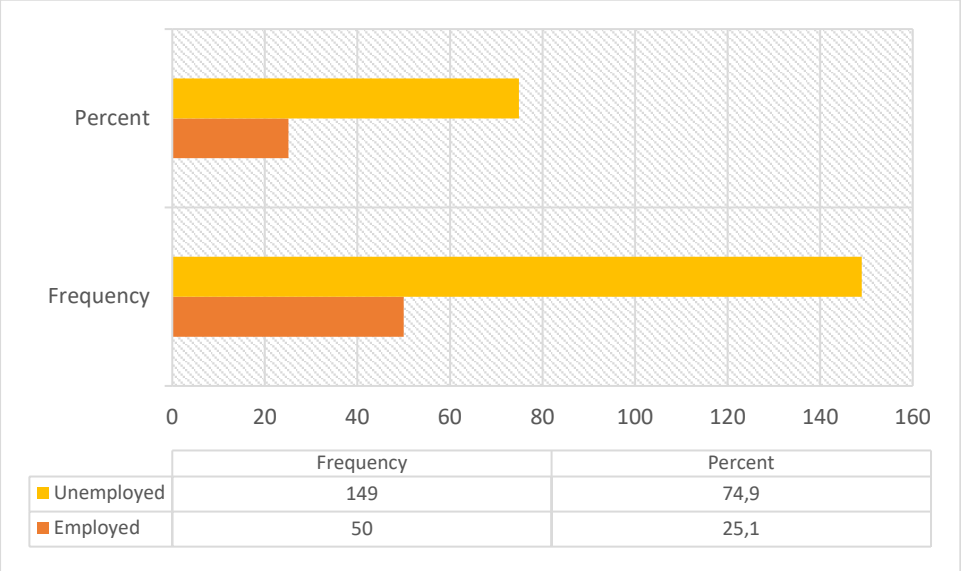


Figure 4.5 above shows that most of the respondents speak Sepedi as a home language 62% (123), followed by Xitsonga 36% (72), while only 2% (4) speak English at home.

Figure 4.6: Occupation/Employment status of respondents



	Frequency	Percent
Unemployed	149	74,9
Employed	50	25,1

Figure 4.6 indicates that most of the respondents, 74.9% (149), were unemployed while 25.1% (50) were employed. The unemployed respondents include pensioners.

Figure 4.7: Marital status of respondents

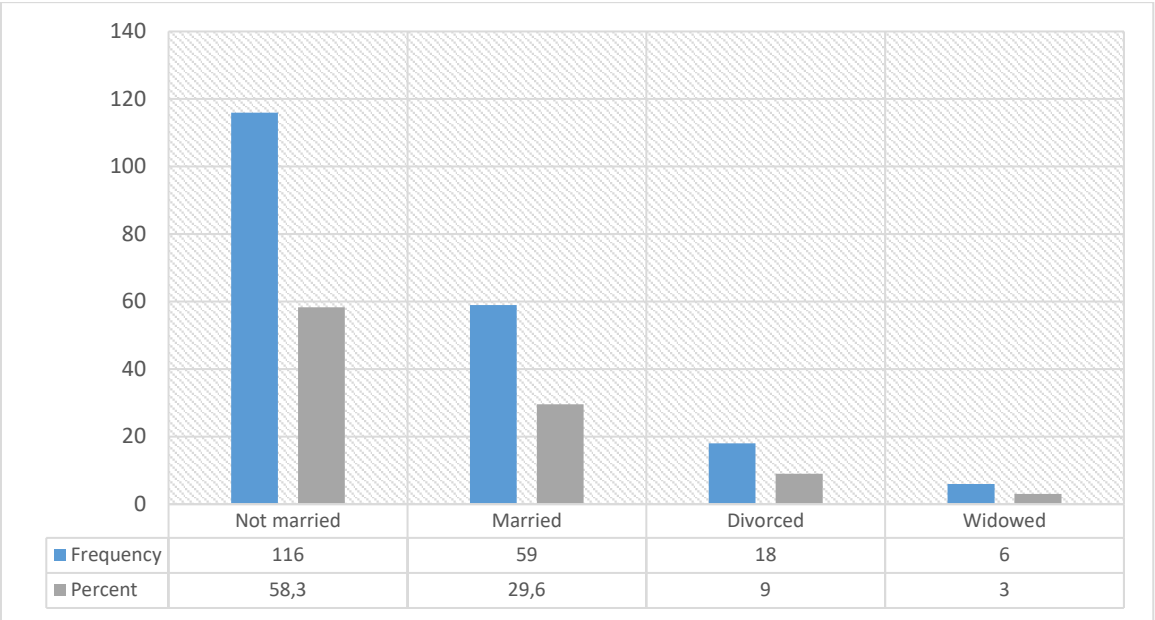


Figure 4.7 above shows that 58.3% (116) of the respondents were not married, while 29.6% (59) were married, 9% (18) were divorced and 3% (6) were widowed.

4.3. RELIABILITY TESTING

A reliability coefficient of 0.70 or higher is regarded as “acceptable”. The tables below reflect the Cronbach’s alpha score for all the items that constituted the various sections of the questionnaire. The reliability score (0.911) of the questionnaire in this study is greater than the suggested value of (0.70). Table 4.1 indicates a high level of acceptable, consistent scoring for the various categories of the ordinal variables of this research study. All of the categories have high acceptable values. This was mainly due to the structure of the questions that included these sections, in terms of their direction.

Table 4. 2: Cronbach's Alpha Scores

Cronbach's Alpha	Cronbach's Alpha based on Standardised Items	Number of Items
.911	.955	22

Table 4.2: Reliability by items

Statements	Cronbach's Alpha
Nurses respect my rights as a patient	0.905
Nurses smile whenever they examine me	0.903
Nurses are caring	0.905
I feel safe when receiving care from nurses	0.903
Nurses speak to me in a language I understand	0.905
Nurses give me encouragement and support	0.903
I receive useful information about my condition from nurses	0.906
Nurses provide me with information regarding my medication and treatment procedures	0.905
Nurses can answer me correctly when I ask questions regarding my care	0.904
Nurses explain nursing procedures clearly before performing them	0.904
I can make my own decisions when being cared by nurses	0.907
Nurses involve my family in hospital care	0.906
Nurses involve me in hospital care	0.905
I have been given privacy by nurses	0.958
Nurses respond to my requests/needs without delay	0.904
Nurses deliver care competently	0.905
Nurses are skillful in performing procedures	0.905
Nurses are professional when rendering nursing services	0.905
Nurses help me with pain medication without delay	0.905
I am satisfied with the nursing care I have received	0.903
I would recommend the nursing care in this hospital to my family and friends	0.903
Nurses provide care that meets my expectations	0.903
Overall	0.911

4.4 DESCRIPTIVE ANALYSIS OF THE FACTORS ASSOCIATED WITH PATIENT SATISFACTION REGARDING NURSING CARE

Table 4.3: Affective support

Item.no	Statements	Disagree	Agree	Total
Q7	Nurses respect my rights as a patient	11%	89%	100%
Q8	Nurses smile whenever they examine me	35%	65%	100%
Q9	Nurses are caring	15%	85%	100%
Q10	I feel safe when receiving care from nurses	17%	83%	100%
Q11	Nurses speak to me in a language I understand	23%	77%	100%
Q12	Nurses give me encouragement and support	26%	74%	100%

Table 4.3 above indicates that of the 199 respondents, 11% disagreed and 89% agreed that nurses respected their rights as patients, 35% disagreed and 65% agreed that nurses smiled whenever they examined them, 15% disagreed and 85% agreed that nurses were caring, 17% disagreed and 83% agreed that they felt safe when receiving care from nurses, 23% disagreed and 77% agreed that nurses spoke to them in a language they understood, while 26% disagreed and 74% agreed that nurses gave them encouragement and support.

Table 4.4: Health information

Item.no	Statements	Disagree	Agree	Total
Q13	I receive useful information about my condition from nurses.	44%	56%	100%
Q14	Nurses provide me with information regarding my medication and treatment procedures	40%	60%	100%
Q15	Nurses can answer me correctly when I ask questions regarding my care	24%	76%	100%
Q16	Nurses explain nursing procedures clearly before performing them	43%	57%	100%

Table 4.4 indicates that of the 199 respondents, 56% agreed and 44% disagreed that they received useful information about their condition from nurses, 40% disagreed and 60% agreed that nurses provided information regarding medication and treatment procedures, 24% disagreed and 76% agreed that nurses could answer correctly when asked questions regarding care, while 43% disagreed and 57% agreed that nurses explained nursing procedures clearly before performing them.

Table 4.5: Decisional control / Involvement in decision making

Item.no	Statements	Disagree	Agree	Total
Q17	I can make my own decisions when being cared by nurses	23%	77%	100%
Q18	Nurses involve my family in hospital care	51%	49%	100%
Q19	Nurses involve me in hospital care	20%	80%	100%

Table 4.5 indicates that of the 199 respondents, 77% agreed and 23% disagreed that they could make their own decisions when being cared for by nurses, 51% disagreed and 49% agreed that nurses involved their families in hospital care, while 20% disagreed and 80% agreed that nurses involved them in their hospital care.

Table 4.6: Professional technical competencies/skills

Item.no	Statements	Disagree	Agree	Total
Q20	I have been given privacy by nurses	12%	88%	100%
Q21	Nurses respond to my requests/needs without delay	42%	58%	100%
Q22	Nurses deliver care competently	13%	87%	100%
Q23	Nurses are skillful in performing procedures	14%	86%	100%
Q24	Nurses are professional when rendering nursing services	15%	85%	100%
Q25	Nurses help me with pain medication without delay	36%	64%	100%

Table 4.6 indicates that of the 199 respondents 88% agreed and 12% disagreed that they had been given privacy by nurses, 42% disagreed and 58% agreed that nurses responded to their requests/needs without delay, 13% disagreed and 87% agreed that nurses delivered care competently, 14% disagreed and 86% agreed that nurses were skillful in performing procedures, 15% disagreed and 85% agreed that nurses were professional when rendering nursing services, while 36% disagreed and 64% agreed that nurses helped them with pain medication without delay.

Table 4.7: Overall satisfaction with nursing care.

Item. No	Statements	Disagree	Agree	Total
Q26	I am satisfied with nursing care I have received	23%	77%	100%
Q27	I would recommend the nursing care in this hospital to my family and friends	27%	73%	100%
Q28	Nurses provide care that meets my expectations	28%	72%	100%

Table 4.7 above indicates that of the 199 respondents, 23% disagreed and 77% agreed that they were satisfied with the received nursing care, 27% disagreed and 73% agreed that they would make recommendations of the received nursing care to their friends and families, while 28% disagreed and 72% agreed that nurses provided care that met their expectations.

Table 4.8: Factors associated with patient satisfaction regarding nursing care

Items	Mean	Std. Deviation	N
I have been given privacy by nurses	3.27	2.975	199
Nurse deliver care competently	3.04	0.646	199
Nurses respect my rights as a patient	3.03	0.717	199
Nurses are caring	3.01	0.707	199
Nurses are skillful in performing procedures	2.98	0.678	199
Nurses are professional when rendering nursing care	2.96	0.774	199
I feel safe when receiving care from nurses	2.96	0.713	199
Nurses speak to me in a language I understand	2.94	0.818	199
Nurses involve me in hospital care	2.92	0.72	199
Nurses give me encouragement and support	2.9	0.789	199
Nurses can answer me correctly when I ask questions regarding my care	2.88	0.756	199
I can make my own decisions when being cared by nurses	2.86	0.763	199
Nurses help me with pain medication without delay	2.79	0.854	199
Nurses smile whenever they examine me	2.74	0.836	199
Nurses provide me with information regarding my medication and treatment procedures	2.73	0.855	199
Nurses respond to my requests/needs without delay	2.69	0.848	199
Nurses explain nursing procedures clearly before performing them	2.66	0.819	199
I receive useful information about my condition from nurses	2.65	0.85	199
Nurses involve my family in hospital care	2.57	0.867	199

The reults in table 4.8 above indicates the mean responses of respondents on the factors associated with their satisfaction, arranged from the highest mean rating to the lowest. The four highest mean ratings were: ‘I have been given privacy by nurses’ (M=3.27; SD=2.97), followed by ‘Nurses deliver care competently’ (M=3.04; SD=0.64), ‘Nurses respect my rights as a patient’ (M=3.03; SD=0.71) and ‘Nurses are caring’ (M=3.01; SD=0.70). The four lowest mean ratings were: ‘Nurses involve my family in hospital care’ (M=2.57; SD=0.86), followed by ‘I receive useful information about my condition from nurses’ (M=2.65; SD=0.85), ‘Nurses explain nursing procedures clearly before performing them’ (M=2.66; SD=0.81) and ‘Nurses respond to my requests without delay’ (M=2.69; SD=0.84).

Table 4.9: Domains associated with patient satisfaction regarding nursing care

Factors	N	Mean	Std. Deviation
Affective supports	199	10.73	1.683
Professional technical competencies	199	10.70	1.576
Health information	199	6.48	1.442
Decisional control	199	5.07	0.916

Table 4.9 above shows the domains that contributed to the satisfaction of the respondents sorted from the highest mean rating. The domain that contributed most to the satisfaction of the respondents was affective supports (M=10.73; SD=1.68), followed by professional technical competencies (M=10.70; SD=1.57) and the domain that contributed least was decisional control (M=5.07; SD=0.91).

4.5 THE RELATIONSHIP BETWEEN VARIABLES

Table 4.10: The relationship between the wards in which the respondents were admitted to and domains of patient satisfaction with nursing care

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	29.884	4	7.471	2.730	.030
	Within Groups	531.000	194	2.737		
	Total	560.884	198			
Health information	Between Groups	3.556	4	.889	.423	.792
	Within Groups	408.132	194	2.104		
	Total	411.688	198			
Decisional control	Between Groups	1.703	4	.426	.369	.830
	Within Groups	223.795	194	1.154		
	Total	225.497	198			
Professional technical competencies	Between Groups	10.473	4	2.618	1.282	.278
	Within Groups	396.079	194	2.042		
	Total	406.553	198			

Table 4.10 shows that there was a relationship between the wards which the respondents were admitted to and the patients' satisfaction with the nursing care in the domain affective support (sig=.03; p<.05). There was no relationship identified in the domains of health information (sig=.792; p>.05), decisional control (sig=.830; p>.05) and professional technical competencies (sig=.278; p>.05).

Table 4.10.1: The respondents' mean responses on the affective support domain

	Attributes	N	Mean	Std. Deviation
Affective support	Medical	66	10.92	1.552
	Surgical	46	10.91	1.488
	Gynaecological	19	11.42	1.216
	Orthopedic	12	10.33	2.498
	Maternity	56	10.21	1.806
	Total	199	10.73	1.683

Table 4.10.1 shows the mean responses of respondents on the affective support domain. The highest mean was for respondents in the Gynaecology wards (11.2). The lowest mean was for respondents in the Maternity wards (10.21).

Table 4.11: The relationship between age of the respondents and their satisfaction with nursing care

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	24.348	4	6.087	2.201	.070
	Within Groups	536.536	194	2.766		
	Total	560.884	198			
Health information	Between Groups	9.940	4	2.485	1.200	.312
	Within Groups	401.748	194	2.071		
	Total	411.688	198			
Decisional control	Between Groups	7.779	4	1.945	1.733	.144
	Within Groups	217.718	194	1.122		
	Total	225.497	198			
Professional technical competencies	Between Groups	14.493	4	3.623	1.793	.132
	Within Groups	392.060	194	2.021		
	Total	406.553	198			

The relationship between the age of the respondents and their satisfaction with nursing care in affective support (sig=.070; p>.05), health information (sig=.312; p>.05), decisional control (sig=.144; p>.05) and professional technical competencies (sig=.132; p>.05) was insignificant.

Table 4.12: The relationship between gender of the respondents and their satisfaction with nursing care.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	1.114	1	1.114	.392	.532
	Within Groups	559.770	197	2.841		
	Total	560.884	198			
Health information	Between Groups	1.428	1	1.428	.686	.409
	Within Groups	410.260	197	2.083		
	Total	411.688	198			
Decisional control	Between Groups	.409	1	.409	.358	.550
	Within Groups	225.088	197	1.143		
	Total	225.497	198			
Professional technical competencies	Between Groups	.076	1	.076	.037	.848
	Within Groups	406.477	197	2.063		
	Total	406.553	198			

The relationship between the gender of the respondents and their satisfaction with nursing care in affective support (sig=.532; p>.05), health support (sig=.409; p>.05), decisional control (sig=.550; p>.05) and professional technical competencies (sig=.848; p>.05) was insignificant.

Table 4.13: The relationship between the level of education of the respondents and satisfaction with nursing care

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	13.706	3	4.569	1.628	.184
	Within Groups	547.179	195	2.806		
	Total	560.884	198			
Health information	Between Groups	3.862	3	1.287	.615	.606
	Within Groups	407.827	195	2.091		
	Total	411.688	198			
Decisional control	Between Groups	2.864	3	.955	.836	.476
	Within Groups	222.634	195	1.142		
	Total	225.497	198			
Professional technical competencies	Between Groups	7.301	3	2.434	1.189	.315
	Within Groups	399.252	195	2.047		
	Total	406.553	198			

Based on the table above, there was no association between the respondents' educational level and their satisfaction in affective support (sig=.184; p>.05), health information (sig=.606; p >.0.5), decisional control (sig=.476; p>0.5), and professional technical competencies (sig=.315; p>.05).

Table 4.14: The relationship between home language of the respondents and their satisfaction with nursing care

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	4.817	2	2.409	.849	.429
	Within Groups	556.067	196	2.837		
	Total	560.884	198			
Health information	Between Groups	1.974	2	.987	.472	.624
	Within Groups	409.715	196	2.090		
	Total	411.688	198			
Decisional control	Between Groups	1.688	2	.844	.739	.479
	Within Groups	223.809	196	1.142		
	Total	225.497	198			
Professional technical competencies	Between Groups	1.402	2	.701	.339	.713
	Within Groups	405.151	196	2.067		
	Total	406.553	198			

The relationship between the home language of the respondents and their satisfaction in affective support (sig=.429; p>.05) health information (sig=.624; p>.05), decisional control (sig=.479; p>.05) and professional technical competencies (sig=.713; p>.05) was insignificant.

Table 4.15: The relationship between employment status of the respondents and their satisfaction with nursing

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	.012	1	.012	.004	.947
	Within Groups	560.872	197	2.847		
	Total	560.884	198			
Health information	Between Groups	1.761	1	1.761	.847	.359
	Within Groups	409.927	197	2.081		
	Total	411.688	198			
Decisional control	Between Groups	.165	1	.165	.144	.704
	Within Groups	225.332	197	1.144		
	Total	225.497	198			
Professional technical competencies	Between Groups	1.583	1	1.583	.770	.381
	Within Groups	404.970	197	2.056		
	Total	406.553	198			

The relationship between the employment status of the respondents and their satisfaction in affective support (sig=.947; p>.05), health information (sig=.359; p>.05), decisional control (sig=.704; p>.05) and professional technical skills (sig=.381; p>.05) was insignificant.

Table 4. 16: The relationship between marital status of the respondents and their satisfaction with nursing care

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Affective support	Between Groups	16.549	3	5.516	1.976	.119
	Within Groups	544.336	195	2.791		
	Total	560.884	198			
Health information	Between Groups	7.383	3	2.461	1.187	.316
	Within Groups	404.305	195	2.073		
	Total	411.688	198			
Decisional control	Between Groups	11.227	3	3.742	3.406	.019
	Within Groups	214.270	195	1.099		
	Total	225.497	198			
Professional technical competencies	Between Groups	11.693	3	3.898	1.925	.127
	Within Groups	394.860	195	2.025		
	Total	406.553	198			

The relationship between marital status of the respondents and their satisfaction with nursing care in the affective support (sig=.119; p>.05), health information (sig=.316; p>.05) and professional technical competencies (sig=127; p>.05) was insignificant. However, there was a relationship in the decisional control domain (sig=.019; p<.05).

Table 4.16.1: The respondents' mean responses on decisional control domain

Factors	Attributes	N	Mean	Std. Deviation
Decisional control	Not married	116	6.89	1.053
	Married	59	7.19	0.937
	Divorced	18	6.39	1.378
	Widowed	6	7.5	0.837
	Total	199	6.95	1.067

Table 4.16.1 above shows that the highest mean rating on decisional control domain was for the married respondents (7.19). The lowest mean rating was for the divorced respondents (6.39).

4.6 CONCLUSION

In this chapter, the findings of the study are presented in the format of graphs and tables. The first part is the descriptive analysis of the demographic data, the second part was reliability testing, followed by descriptive analysis of the factors associated with patient satisfaction regarding nursing care and the relationship between variables. ANOVA was used to assess the relationship between patient satisfaction and sociodemographic data.

The major findings of the study are discussed in the next chapter.

CHAPTER 5

DISCUSSION OF THE RESULTS

5.1 INTRODUCTION

The objectives of this study were to determine the factors associated with patient satisfaction and the level of patients' satisfaction at the selected public hospitals in the Mopani district, Limpopo Province. This chapter discusses the major findings presented in chapter 4. The findings are discussed according to the sections in the questionnaires and the objectives of the study. In addition, the relationship between variables is discussed.

As stated in chapter 2, the Interaction Model of Client Health Behavior (IMCHB) is the theoretical framework that guides this study. One of the the categories of IMCHB, the Client-Professional Interaction was selected to guide this study as it has been specfied in the IMCHB as a main influence on health care outcomes. In the current study, the health care outcome refers to patients' satisfaction with nursing care.

The interactions amongst patients and nurses are perceived as the main determinants of patient satisfaction. According to the IMCHB, patient satisfaction depends on the interaction amongst four domains of the Client-Professional interaction category: provision of affective support and health information, the decisional control which is the power to participate in decision making that the patient has and professional-technical competencies or skills (Cox, 1982). This implies that the manner in which nurses interact with patients or react to patients' illness (affective support), providing health information regarding treatment or conditions, involving patients in decision-making with regard to the care they are receiving (decisional control) and the capability of nurses at their job (professional-technical competencies) all affects patient satisfaction.

Affective support within the IMCHB refers to nurses' attention to the clients' emotional needs at the level of emotional arousal; health information refers to information regarding diagnosis, health care problems and to details about what can and cannot be done to deal with the health care problems; decisional control refers to the patient's expectation of having the authority to participate in making decisions to obtain desirable outcomes and professional-technical competencies refers to nurses' abilities

to perform their tasks (e.g. assessing patients, monitoring vital signs, administering medication) to meet the patient's health care needs (Cox, 1982).

5.2 DEMOGRAPHIC CHARACTERISTICS

5.2.1 Gender

Regarding the gender breakdown of the respondents, 68% (135) were females and the remaining 32% (64) were males. It can therefore be assumed that the majority of respondents who were hospitalised to the sampled hospitals during the period of data gathering were females. These findings are in line with other studies which suggest that females frequent hospitals and usually exhibit better health-seeking behaviour than males (Kartika, Hariyati & Nelwati, 2018; Nunu & Munyewende, 2017; Gangai, 2015; Jiru et al., 2017). Tateke et al. (2012) carried out a study aimed at identifying the determinants of patient satisfaction with outpatient health services at public and private hospitals in Addis Ababa, Ethiopia. In both classifications of hospitals, majority of the respondents were females (53% at private and 61% at public). However, contrary to the present study, a study conducted by Merkouris et al. (2013) in Cyprus public hospitals found that more than half of the respondents were males (61.7%).

5.2.2 Age

Most respondents in this study were between the ages of 26 and 35. This is inconsistent with the findings of a study carried out by Gangai (2015) which reports that the predominant age group was between 30-35 years. Sibotshiwe (1999) cites Walsh & Walsh (1999) as having found that respondents in the age group between 25 and 44 are very open in their evaluation and perception of care and that they tend to be more critical.

5.2.3 Marital status

Most respondents [58.3% (116)] were not married and only 29.6% (59) were married. This finding is in contrast with the findings in Gurdogan, Findik and Arslan (2015) where the majority of the respondents were married (84.5%). In Ozlu and Uzun (2015), it was found that the care and support that married respondents received from their partners was associated with patient satisfaction.

5.2.4 Highest level of education/ Educational status

Knowledgeable patients have a greater understanding of what constitutes ideal care and as such are less agreeable to accepting poor quality care (Gangai, 2015). Fifty-four percent (109) of the respondents in this study had obtained a secondary educational level and 24.6% (49) had obtained tertiary education. Based on these results, it can be assumed that the findings in this study are of the views of people who are well-informed and have the capacity to think critically. However, these results were found to be lower than the results in Arega (2015) in which 66% of the respondents in Addis Ababa were found to have attained tertiary education. In addition, Ojewole et al. (2017) assessed the socio-demographic factors associated with satisfaction with nursing care at a tertiary health facility in Nigeria and reported that 53.5% of the respondents had tertiary education.

5.2.5 Employment status

In this study, 74.9% (149) of the respondents were unemployed and only 25.1% (50) were employed. Similarly, in a study by Ogunsanwo (2012), the unemployment rate was found to be high (59.5%) in the Gert Sibande district of Mpumalanga Province, where only 38.8% were employed. The high unemployment rate in this study could be explained by the number of respondents who had not attained tertiary education.

5.3 FACTORS ASSOCIATED WITH PATIENTS' SATISFACTION REGARDING NURSING CARE

The relationship between patients and health sevice providers is the basis of the business in a healthcare organization (Gangai, 2015). The respondents in this study indicated factors which were associated with their satisfaction on each of the four components of the Client-Professional interaction category.

5.3.1 Overall satisfaction with nursing care

The findings in table 4.7 show that 77% of the respondents were satisfied with the nursing care they received at the selected public hospitals in the Mopani district, Limpopo province. This finding suggests that most of the respondents had a positive experience with the received nursing care. However, this finding was found to be

higher than the results in Jiru et al. (2017) where the level of satisfaction with nursing care was found to be 55.9% in Oromia, South Ethiopia. Further, in another study, Dzomeku et al. (2013) report that the level of satisfaction with received nursing care at the Kwame Nkrumah University Hospital in Ghana was found to be low (33%).

However, the results of the overall patient satisfaction with nursing care in the present study are lower compared to the results of a study done by Alasad et al. (2015), where it was reported that over 90% of the responding patients at a tertiary hospitals in Saudi Arabia reprted satisfaction with the care rendered by the nurses.

The findings of this study further reveal that 72% of the respondents showed that the nursing care they received was in accord with what they had expected. However, this finding shows a slight variation between the number of respondents who indicated that the care rendered by the nurses met their expectations and the overall satisfaction with nursing care (table 4.7). Based on this result, it may be concluded that some respondents reported satisfaction with the received nursing care even though their expectations were not met. This is supported by findings of Berhane (2016) that what determined patient satisfaction was the actual experience of care rather than the expectations fulfilled.

Patients receiving services at each health facility are responsible for communicating the image of the health facility to other people. Therefore, it is very important to ensure that people attending the health facility are satisfied with the services they receive (Arega, 2015). A significant number of the respondents (73%) in the present study reported that they would make recommendations of the hospital to their friends and family. However, this is lower than the 77% of the overall satisfaction with received nursing care (table 4.7) and this suggests that some of the respondents who reported to be satisfied would not make recommendations of the hospital to their friends and family. Otani, Herrmann and Kurz (2011) report that when there are other available service providers for the patients, satisfied patients may not always recommend the service they experienced to others. Based on this, it can be deduced that the respondents who reported to be satisfied with nursing care but indicated that they would not recommend it to others have other choices of service providers.

5.3.2 Satisfaction with affective support

Affective support offered by nurses in this study was assesed in terms of the views of patients on the aspects of respect of rights, smiling when examining patients, caring behaviour, feeling safe, giving encouragement and communicating in a language that the patient understands. The findings reveal that respect of patients' rights scored highest, the majority of the respondents (89%) agreed that nurses respected their rights as patients. This could be explained by the fact that nurses understand that they have a responsibility to make sure that patients' rights are respected since most people are now aware of their rights as patients. The findings of this study are in accord with findings of Shawa (2012), where it is revealed that patients' perception of care in Kenyatta National Hospital was influenced by the way nurses behaved towards them; patients expected nurses to be kind, friendly, cheerful and responsive. Furthermore, the author reports that if the nurses had not respected patients' rights such as the right to privacy and information, respondents would have concluded that they had a negative nursing experience. A similar study conducted in Ha'il city, Saudi Arabia, by Alsaqri (2016) reveals that patient satisfaction was influenced by caring behaviour of the nurses as well as the setting in which care was provided. Further, a strong relationship between affective support and patient satisfaction was found in a study by Kartika et al. (2018) who conclude that higher levels of affective support from nurse to patient leads to higher levels of satisfaction. Moreover, Alsaqri (2016) suggests that nurses should be very thoughtful of patients, use therapeutic communication and motivate patients so that patients feel safe when receiving care from them.

The results in table 4.9 show that of all the domains, affective support had the highest of mean score (10.73). Health information scored 6.48 and decisional control (5.07). Therefore, it can be concluded the main factor that contributed towards satisfaction of the respondents in the present study is the affective support domain. This finding is similar to studies done by Tang et al., 2013 & Kartika et al., 2018, where aspects of affective support such as caring, smile and respect were found to be the most important factors associated with patient satisfaction with received nursing care. On the contrary, the findings in a study done in the Mediterranean Region of Turkey by Kol et al. (2018) reveal that patients reported highest satisfaction with the technical competencies' domain. Rafii, Hajinezhad and Haghani (2008) point out that nurses spend most of their energy and time writing patients' reports and carrying out the

orders of the doctors. This causes fatigue which means less time for nurses to create a caring relationship with patients.

5.3.3 Satisfaction with health information

Nurses have a responsibility to provide the patients with information regarding their conditions, treatment and the nursing care plan. The findings in table 4.8 indicate the replies of the respondents to the factors associated with satisfaction regarding nursing care arranged from the factor that has the highest mean score to the factor with the lowest. Health information aspects such as, ”nurses provide me with information regarding my medication and treatment procedures; nurses explain nursing procedures clearly before performing them; nurses can answer me correctly when I ask questions about my care and I receive useful information about my condition from nurses” have scored the lowest. Based on these results, it may be concluded that, in this study, the nurses neglected the importance of providing adequate health information to the patients. These results are similar to other studies (Berhane, 2016; Negash et al., 2014; Molla et al., 2014; Dzomeku et al., 2013; Villaruz-Sulit et al., 2009) which report that patients were not satisfied with the type of health information provided by the nurses. This might be because the nurses believe that providing health information about treatment and condition is the responsibility of the doctors or that their communication skills are poor or that nurses were simply reluctant to provide information. Sibotshiwe (2009) maintains that adequate information regarding condition and treatment may reduce anxiety and stress in a hospital environment where patients are already stressed. In addition, Dzomeku et al. (2013) point out the importance of providing accurate health information to patients and their families as a means of alleviating fears and anxieties of which withheld health information is a causative factor.

However, studies carried out by Ojewole et al. (2017); Kasa & Gedamu (2019) found that patients perceived information provided by nurses to be of high quality and the health information domain was one of the domains that contributed most to patient satisfaction. This is inconsistent with the results of a study conducted by Schoenfelder et al. (2011) where information about condition, treatment procedures and medication were found to not have a major influence on the satisfaction of patients. The authors

attributed this to the patients' lack of medical knowledge resulting in them being unable to examine if the information received was correct.

5.3.4 Satisfaction with decisional control/ Involvement in decision making

As to the decisional control domain, most of the respondents (77%) agreed that they could make their own decisions when being cared for by nurses and 80% agreed that the they were involved in hospital care. This implies that the nurses acknowledged the importance of involving patients in decision-making when rendering nursing care thus engaging patients in decision-making. In contrast with these findings, a study carried out by Tang et al. (2013) reports that nurses did not recognise the patients' opinions during their admission to hospital. Furthermore, Tang et al. (2013) claim that nurses need to be more sensitive and to allow patients to make autonomous decisions. A study conducted by Berhane (2016) reveals that patients have an interest in participating in their health care and the decision-making process with regard to their treatment. In their view, decisions ought to be taken based on mutual understanding, consequently empowering patients to have a degree of influence on their situation and care.

However, an almost equal percentage of the respondents (51%) in the present study reported that the nurses did not involve their family in hospital care decisions. Based on this finding, it may be concluded that the nurses considered involving patients' families in hospital procedures as unimportant.

5.3.5 Satisfaction with professional technical competencies/skills

The majority of respondents indicated substantial satisfaction with all aspects regarding the technical competencies of their attending nurses. Professional technical competencies were measured by the following statements: "I have been given privacy; nurses respond to requests; nurses deliver care competently; nurses are skillful in performing procedures; nurses are professional when rendering care and nurses help with pain medication without delay." Of all aspects on all the domains in this study, "I have been given privacy by nurses" had the highest mean score of 3.27. Similar finding regarding privacy were recorded in studies by Abdel-Maqsood et al. (2012) and Kol et al. (2018) where patients reported to be satisfied with the technical competencies of

the nurses and ‘maintaining privacy’ was one of the technical skills with which patients were most satisfied. In addition, Mosadeghrad (2012) explored the attributes associated with quality healthcare in the context of Iran and the results reveal that respect for privacy was one of the important attributes of quality healthcare and that the respondents wanted technically knowledgeable, skillful and experienced healthcare providers. The respondents indicated that they felt more comfortable when providers respected and maintained privacy during counselling and examinations. Furthermore, Mosadeghrad (2012) points out that it may be difficult for patients to participate in their treatment plans when there is a lack of privacy.

Moreover, a study carried out in Ethiopia by Negash, Negussie & Demissie (2014) reveals that aspects of the professional-technical competencies, such as privacy offered to patients and the nurses’ capabilities at their job, were the factors which contributed most to their satisfaction. In Villaruz (2009), it emerges that a nurse who works in a way that is technically correct was an important factor that contributed to patient satisfaction. However, Merkouris et al. (2013) cite Obserst (1984) as having pointed out that average patients do not have the necessary knowledge and experience to evaluate the technical aspect nursing interventions.

5.4 THE RELATIONSHIP BETWEEN VARIABLES

The Interaction Model of Client Health Behavior (IMCHB) suggests that there is a relationship amongst the background variables of the patients and their satisfaction (Cox, 1982).

5.4.1 The relationship between age of the respondents and patients’ satisfaction

The results in this study reveal that the age of the respondents was not associated with their satisfaction in all domains of client-professional interaction (the affective support provided by the nurses, health information received, decisional control and professional technical competencies). Similarly, in other studies the effect of patients’ age on patient satisfaction with received nursing care was insignificant (Tang et al., 2013; Alsaqri, 2016; Abdel Maqsood, 2012 & Legesse et al., 2016). A study conducted by Eyasu et al. (2016) in Ethiopia reports that respondents who fell in the age group

of 18-30 were five times more likely to report satisfaction with care they have received from nurses than respondents above 60.. This finding is in keeping with the finding in Molla, Berhe, Shumye & Adam (2014), where it is reported that older people, above the age of 50, were less likely to report satisfaction with nursing care they have received than younger people. Molla et al. (2014) point out that as the age of patients increase, the need for nursing care increases because of physiological changes. On the contrary, studies conducted by Rajkumari and Nula (2017), Dzomeku et al. (2013) and Schoenfelder et al. (2011) reported that older patients showed a significantly higher satisfaction level than younger patients.

5.4.2 The relationship between gender of the respondents and patients' satisfaction

The effect of gender on patient satisfaction was found to be not significant in this study. Contrary to this finding, Alasad et al. (2015) and Eyasu et al. (2016) reported that the gender of the respondents had an impact on their satisfaction. These studies report that male patients were significantly less satisfied with nursing care than female patients. However, in a study conducted in Saudi Arabia by Mohamed, Sam & Alanzi (2015), female patients were found to be less satisfied than male patients.

5.4.3 The relationship between educational status of the respondents and patients' satisfaction.

In this study, the effect of the level of education of the respondents on patient satisfaction was found to be insignificant. Similarly, Alasad et al. (2015), Legesse et al. (2016) and Merkouris et al. (2013) reported that there was no association between the respondents' educational level and patient satisfaction. On the contrary, a similar study conducted in North East India by Rajkumari & Nula (2017) reports that patients with low educational levels showed greater satisfaction than the highly educated patients. Similar findings are observed in Dzomeku et al. (2013). These authors suggest that respondents with limited educational backgrounds have no information about the duties of nurses and are more likely to be content with nursing care offered since they dont have a point of reference. This is in keeping with the findings in Mohamed et al. (2015) where it is reported that highly educated patients were less satisfied than patients with low educational levels.

Ozlu and Uzun (2015) suggest that high levels of education leads to higher nursing care expectations. Mosadeghrad (2012) points out that patients with higher educational level may expect detailed health information with regards to treatment, potential risks and side effects and as a result, satisfaction with information transmission may vary.

5.4.4 The relationship between marital status of the respondents and patient satisfaction

In all the domains of the client-professional interaction, marital status of the respondents was only found to have a significant effect on patient satisfaction with received nursing care in the decisional control domain. The results reveal that widowed respondents were very much more satisfied with the fact that nurses involved them in decision-making with regard to their hospital care than the married, divorced and unmarried respondents. These findings contradict other studies which report that wedded patients were found to be more content with received nursing care than the widowed, unmarried and divorced (Alsaqri, 2016; Kasa & Gedamu, 2019 and Dikmen & Yilmaz, 2016). Dikmen and Yilmaz (2016) suggest that patients with companions have lower expectations because some of their needs are met by their supportive people. On the other hand, a study carried out in West Bengal by Bhattacharya, Chatterjee, De, Majumder, Chowdhury & Basu (2018) reports that the respondents who were not married were much more satisfied than the widowed and married.

5.4.5 The relationship between the wards to which the respondents were admitted to and patients' satisfaction

In all the domains of the client-professional interaction category, the relationship between the wards that the respondents were admitted to and patient satisfaction was found only in the affective support domain. The respondents admitted in gynaecology wards were found have a higher mean score (M=11.42) than the mean score of the respondents in the medical wards (10.92), surgical wards (10.91), orthopaedic wards (10.33) and maternity wards (10.21). Based on these results it may be inferred that the respondents in gynaecology wards were more satisfied with the affective support provided by the nurses than the respondents in other wards. A possible explanation for this finding could be that the nurses' caring behavior and the nurse-patient

interaction in the gynaecology wards was very much better than in the other wards. Contrary to this result, Soliman et al. (2015) found that the differences between the mean scores for the caring behavior of nurses in the surgical and medical wards were insignificant. In a study conducted by Karaca & Durna (2019), respondents who were hospitalised in obstetrics and gynaecology and surgical wards were more satisfied than those hospitalised in the medical wards.

5.5 CONCLUSION

The respondents' overall satisfaction with nursing care is discussed in this chapter. Further, the respondents' satisfaction with affective support, health information, technical competencies of the nurses and decisional control was discussed. The association between patient satisfaction and the demographic data of the respondents is presented and discussed.

The following chapter presents a summary of the findings in this study, the study limitations and the recommendations.

CHAPTER 6

SUMMARY OF THE FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

In this chapter a restatement of the research problem, objectives of the study, a summary of the results, the study limitations and recommendations are presented.

6.2 RESTATEMENT OF THE RESEARCH PROBLEM

After the establishment of the Batho-Pele principles in 1997, one would expect patients to be satisfied with the healthcare services they receive in public hospitals. However, it appears that patients are not always satisfied with these services. The Complaint Management Report in specific public hospitals in the Mopani district revealed that even though most patients have generally complimented the hospital on the care they received, some patients still had complaints and the complaints for 2017 averaged 30% (Complaint Management Report, 2017). Complaints raised by patients indicated that members of nursing staff were always unhappy, angry, arrogant and disrespectful towards the patients. Moreover, other complaints indicate that the care provided by the nursing staff did not satisfy patients (Complaint Management Report, 2017). The Treatment Action Campaign (TAC) report (2017) indicates that the total number of complaints about staff attitude in the Mopani and Vhembe district hospitals and clinics for October 2017 was 339. This is of concern because, the National Charter of Patients' Rights (Department of Health, 1999) and Batho Pele principles stipulate that healthcare providers in South Africa are expected to prioritise patients and render quality care. The attitudes of nurses towards patients have a great influence on how patients perceive nursing care they have received (Shawa, 2012).

The Office of Health Standards Compliance (OHSC) indicate that in order to claim an acceptable level of care, health facilities should score at least 80%. However, the results reported in the OHSC report (2016/2017) reveal that in Limpopo, out of 59 clinics inspected, only 3% of the clinics were performing at 50% or above and none was found to be performing above 60%. In a study by Mureri (2014), it is revealed that in Vhembe district, Limopo province patients reported low (49,3%) level of satisfaction

with nursing care received in public hospitals. The National Guidelines on conducting the surveys of how patients experienced the care in public health establishments (2017) states that a score of 80% or more indicates satisfaction with healthcare service while a score of less than 80% indicates dissatisfaction. Based on this background the researcher identified the need to evaluate the level of satisfaction with nursing care received by the patients and to determine and describe factors associated with patient satisfaction in the Mopani district, Limpopo Province.

A health care organisation's main aim is to ensure that healthcare services provided to all patients is of high quality. Patient satisfaction with nursing care is regarded as a key component when evaluating the type of care rendered and health outcomes. Nurses are of great importance in the care of patients and their relationship with patients is perceived as the core determining element of patient satisfaction. Therefore, conducting a study to provide evidence-based information regarding patient satisfaction with the received nursing care and aspects related to the satisfaction of patients is imperative for the nursing staff and management, as the results will reflect patients' views on the nature of nursing care.

6.3 RESTATEMENT OF THE OBJECTIVES

The objectives of this study were:

- To identify and describe the factors associated with patient satisfaction regarding nursing care at the selected public hospitals in the Mopani District, Limpopo Province;
- To determine the level of patient satisfaction with nursing care at the selected public hospitals in the Mopani District, Limpopo Province.

6.4 SUMMARY OF THE RESEARCH FINDINGS

Most of the respondents (85%) agreed that nurses are caring and the general conclusion is that these respondents are satisfied with the care provided by nurses at the selected public hospitals in the Mopani District, Limpopo Province. Overall, the results show that patient satisfaction with nursing care was 77%. There were, however, a few respondents (23%) who indicated not to be satisfied with the received nursing care. A possible reason for the dissatisfaction might be related to the health

information domain which appeared to have scored lower than other domains used in this study or it might be that the respondents were not satisfied with the interaction between them and the nurses or that the nursing care provided to the respondents did not meet their expectations. An additional factor may be that the study was conducted in different type of wards where patients were nursed by different nurses.

Regarding the factors associated with patient satisfaction with nursing care, this study reveals that the predominant factor that contributes towards satisfaction of the respondents was affective support. This is followed by professional technical competencies or skills. Most satisfaction was observed on the following aspects: nurses respect my rights as a patient; I have been given privacy by nurses; nurses deliver care competently and nurses are skillful in performing procedures. These results mean that the nurses in the public hospitals where the study was carried out are adhering to the patients' rights charter.

The health information domain appeared to be an area that requires improvement, particularly as far as the following aspects are concerned: I receive useful information about my condition from nurses; nurses provide me with information regarding my medication and treatment and nurses explain nursing procedures clearly before performing them. In addition, 'nurses involve my family in hospital care', which is an aspect of the decisional control domain, appeared to be an area that needs to be improved.

With regard to the relationship between variables, the results reveal that in all four domains of the client-professional interaction category in the IMCHB (affective support, professional-technical competencies, health information and decisional control), the following were not associated with patient satisfaction: gender, age and the employment status or the educational level of the respondents. However, in the decisional control domain, marital status of the respondents was found to be associated with patient satisfaction and in the affective support domain, the type of wards that the respondents were admitted to was also found to be associated with patient satisfaction.

6.5 CONCLUSION

Patient satisfaction plays a significant role in the assessment of quality of care provided. The main aim of healthcare is to provide quality care to all and to meet the needs of the patients. Presently, patients' knowledge level about their rights and the Bathopele principles have increased and thus they demand that health care providers meet their needs. The implications of this are that nurses should take into consideration the way they relate to patients when rendering nursing care so that they achieve higher satisfaction levels. Nurses should improve on the health information domain and their caring behaviour reported by the respondents should be sustained and even improved.

6.6 RECOMMENDATIONS

Nursing management

- Nurses should be encouraged to consider the factors associated with the satisfaction of patient when planning nursing care. Patients' views about their emotional needs and their expectations during hospitalisation should be taken into consideration in the planning and evaluation of care.

- Since the literature reviewed indicates that the satisfaction of patient with the received nursing care is one of the indicators of quality care, nurses should be made aware of this fact by establishing regular in-service training sessions about patient satisfaction and factors affecting it, to update nurses' skills and knowledge on various aspects of patient care.

- Nursing management should ensure that all categories of the nursing staff are in-serviced regularly in their wards about the importance of providing health information as this area scored poorly in terms of patient satisfaction. The professional nurse in charge of the ward should be delegated to conduct the in-service training at least once a month. It is very important that the nurses are made aware that it is their responsibility to give health information regarding patients' conditions and treatment processes. The nurse managers should

develop a monitoring tool to monitor whether the in-service training is conducted.

- The nursing management should develop a Standard Operating Procedure (SOP) to be followed when providing health information to the patients. The SOP should address the exact information that should be provided to patients.

- Nursing management should motivate the nurses to adhere to good client-provider interactions. Inpatients should be asked to give their opinion regarding their satisfaction with received nursing care and a programme should be established to reward nurses who show good caring behaviour, according to the patients' feedback.

Nursing education

- The literature reviewed for this study highlights that client-provider interaction is critical for patient satisfaction. Therefore, nursing education programmes should prepare nurses to better understand the importance of showing caring behaviours to patients.

- Communication skills are among the skills nurses require. The health information domain in this study scored poorly and it is unfortunate that many nurses believe that giving of information regarding treatment and the condition is the doctors' responsibility. Nursing education programmes should develop the communication skills of student nurses and prepare them for the type and amount of information that should be given to patients.

Department of Health

- Since the care provided by the nurses has been identified as the most significant factor in the assessment of patient satisfaction, the Patient Experience of Care (PEC) questionnaire, that is used nationally to assess patient satisfaction, should include questions or sections relating to the affective support (support provided by nurses concerning the patients' emotional needs), decisional control, health information and professional-technical competencies.

Furthermore, it is recommended that patient experience of care surveys be conducted quarterly instead of annually.

Nursing research

- Since patient satisfaction may be affected by various factors, future research studies incorporating other healthcare services (services provided by the doctors, pharmacy sections, radiology sections, food services etc.) in the same public hospitals should be carried out.

- The current study used questionnaires, it is however suggested that a qualitative research study on patient satisfaction be carried out so that patients have an opportunity to verbally describe their views and experiences of the care they received.

6.7 LIMITATIONS OF THE STUDY

- The study was limited to the public hospitals in the Greater Tzaneen Municipality, and the findings cannot be generalised to other public hospitals in the Mopani district.

- The study included only inpatients and the results cannot be generalised to departments such as emergency units/ casualty and outpatients.

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ANNEXURE 1: CONSENT FORMS

UNIVERSITY OF LIMPOPO: DEPARTMENT OF NURSING SCIENCE

Statement concerning participation in a Clinical Research Project*.

Name of Study: Factors associated with patient satisfaction regarding nursing care at selected hospitals in the Mopani District, Limpopo Province.

I have read the information and heard the aims and objectives of the proposed study and was provided with the opportunity to ask questions and was given adequate time to consider the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurised to participate in any way.

I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this, provided that my name and hospital number are not revealed.

I understand that participation in this study /project is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition, neither will it influence the care that I receive from my regular doctor.

I know that this study / project has been approved by the Turfloop Research Ethics Committee (TREC) and Limpopo Province Department of Health CEOs of the hospital. I am fully aware that the results of this study / project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

The study/project envisaged may hold some risk for me that cannot be foreseen at this stage. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.

Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.

If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

I hereby give consent to participate in this study / project.

Signature of researched person.....

Signature of researcher……

Signed at……..this……day of……..20

CONSENT FORM (TSONGA)

UNIVERSITY OF LIMPOPO: DEPARTMENT OF NURSING SCIENCE

Xiletelo mayelana na ku nghenelela eka ndzavisiso

Vito ra ndzavisiso: Ku eneriseka ka vavabyi hi matirhelo ya vaongori e swibedhlele leswi hlawulekeke swa Mopani District, Limpopo Province.

Ndzi nyikiwile xikongomelo na maendlelo ya ndzavisiso, ndzi thlela ndzi nyikiwa nkarhi wo vutisa swivutiso na ku nyikiwa nkarhi lowu eneleke ku ehleketisisa hi mhaka leyi. Xikongomelo na maendlelo ya ndzavisiso swi basisiwile eka mina. Andzi sindzisiwanga ku nghenelela hi ndlela yihi kumbe yihi. Ndza swi twisisa leswaku ku nghenela eka ndzavisiso lowu i ku tsakela ka mina naswona ndzi nga tihumesa eka swona nkarhi wun'wana na wun'wana handle ko hlamusela ku hikwalaho ka yini.
Ndza swi tiva leswaku ndzavisiso lowu wu pfumeleriwile hi komiti ya swa vulavisisi leyi vuriwaka Turfloop Research Ethics Committee (TREC) na ndzawulo ya rihanyo xifundzha-nkulu xa Limpopo na va rangeri va xipedhlele. Ndza swi tiva hi ku hetiseka leswaku mbuyelo wa ndzavisiso wu ta tirhisiwa eka swikongomelo swa tisayense nakona swi nga hangalasiwa. Ndza pfumela eka leswi, ntsena loko ndzi tiyisisiwa leswaku ndzi nga ka ndzi nga humelerisiwi kumbe ku tivisiwa eka van'wana.
Ndzi nyika mpfumelelo wo nghenelela eka ndzavisiso lowu.

…….. ……

Vito ra Mungheneleri. Nsayino wa mungheneleri/ muhlayisi

……. …….. ……...

Mbhoni. Ndhawu. Siku

Xiletelo hi mulavisisi

Ndzi nyikile vuxokoxoko hi ku vulavula na hi leswi tsariweke mayelana na ndzavisiso lowu.

Ndza pfumela Ku hlamula swivutiso hi vuswikoti bya mina eka nkarhi lowu taka mayelana na ndzavisiso.

Ndzi ta landzelerisa eka maendlelo lawa ya pfumeleriweke.

…….. …… ……

Vito ra mulavisisi. Nsayino. Siku

CONSENT FORM (SEPEDI)

UNIVERSITY OF LIMPOPO: DEPARTMENT OF NURSING SCIENCE

Setatamente mabapi le go tšea karolo ka go Protšeke ya Dinyakišišo.

Leina la Protšeke / Dinyakišišo:

Dilo tsa go ama go kgotsofala ga balwetsi ka ditirelo tsa baoki mo go dipetlele tseo di kgethilwego tikologong ya Mopani, Poroventhseng/Tikologong ya Limpopo.

Ke badile e bileke kwele ka ga tshedimošo mabapi le maikemišetšo le morero wa dinyakišišo tšeo di šišintšwego. ke filwe monyetla wa go botšiša dipotšišo le nako yeo e lekanego ya go naganishisha mabapi le dinyikishisho tseo di swanetsego go dirwa. Ke tloga ke kwešiša maikemišetšo le morero wa dinyakišišo tše gabotse. Ga se ka gapeletšwa go kgatha tema ka tsela efe goba efe.

Ke a kwešiša gore go kgatha tema Protšekeng/Dinyakišišong tše tša go amana le dipetlele go ka ba le kgatisho ya poledishano yaka le monyakishishi goba go phatlalatswa ga dipoelo tsa dinyakishisho. Ke dumelelana le seo fela ge leina laka le nomoro ya ka ya sepetlele di ka se phatlalatswe. Ke kwesisa gabotse gore go kgatha tema mo dinyakishishong ke ka boithaopo le gore ke a dumelelwa go ka tlogela go kgatha tema nakong efe goba efe ntle le gore ke fe mabaka. Go kgatha tema go ka se be le khuetšo efe goba efe go kalafo yaka ya ka mehla ya maemo a ka gape e ka se huetše le ge e ka ba tlhokomelo yeo ke e humanago go ngaka yaka ya ka mehla.

Ke a tseba gore Teko/Protšeke/Dinyakišišo tše di dumeletšwe ke lefapa la dinyakishisho leo le bitswago Turfloop Research Ethics Committee (TREC), Yunibesithi ya Limpopo le lefapa la maphelo ka poroventsheng ya Limpopo .Ke tseba gabotse gore dipoelo tša Teko/Dinyakišišo/ Protšeke tše * di tla dirišetšwa merero ya tsa bo ramahlale gomme di ka phatlalatšwa. Ke dumelelana le se, ge fela geke tiisetwa gore ke dula ke shirelеditswe ka di nako ka moka .

Ke fa tumelelo ya go kgatha tema Tekong/Dinyakišišong/ Protšekeng *.

.....

Leina la molwetsi/ moithaopi

.....

Mosaeno wa molwetši goba mohlokomedi.

.....**.** **.....** **.....**

Lefelo. Letšatšikgwedi.

Leina la monyakishishi……Mosaeno……..Letsatsikgwedi……

ANNEXURE 2: DATA COLLECTION QUESTIONNAIRES

STUDY TITLE: FACTORS ASSOCIATED WITH PATIENT SATISFACTION REGARDING NURSING CARE AT THE SELECTED PUBLIC HOSPITALS IN THE MOPANI DISTRICT, LIMPOPO PROVINCE.

Instruction: Tick / Mark the corresponding answer with an X in the boxes provided

WARD: Participant's code ID:

SECTION 1: Demographic characteristics.

1. Age

18-25	1
26-35	2
36-45	3
46-55	4
55+	5

2. Gender

Male	1
Female	2

3. Highest level of education

Never been to school	1
Primary	2
Secondary	3
Post –secondary/tertiary	4

4. Home language

English	1
Sepedi	2
Xitsonga	3
Afrikaans	4

5. Occupation

Employed	1
Unemployed	2

6. Marital status

Not Married	1
Married	2
Divorced	3
Widowed	4

TICK ONE BOX AGAINST EACH STATEMENT ACCORDING TO THE SCALE BELOW.

Scale: 1= Strongly Disagree, 2= Disagree, 3= Agree, 4= Strongly Agree.

SECTION 2: Patient satisfaction with nursing care: Indicate the level of satisfaction with nursing care you are currently receiving.

Affective support	**Strongly disagree**	**Disagree**	**Agree**	**Strongly Agree**
7. Nurses respect my rights as a patient	1	2	3	4
8. Nurses smile whenever they examine me	1	2	3	4
9. Nurses are caring	1	2	3	4
10. I feel safe when receiving care from nurses	1	2	3	4
11. Nurses speak to me in a language I understand	1	2	3	4
12. Nurses give me encouragement and support	1	2	3	4

Health information

13. I receive useful information about my condition from nurses.	1	2	3	4
14. Nurses provide me with information regarding my medication and treatment procedures	1	2	3	4
15. Nurses can answer me correctly when I ask questions regarding my care	1	2	3	4
16. Nurses explain nursing procedure clearly before performing it	1	2	3	4

Decisional control/ Involvement in decision making

17. I can make my own decision when being cared for by nurses	1	2	3	4
18. Nurses involve my family in hospital care	1	2	3	4
19. Nurses involve me in hospital care	1	2	3	4

Professional-technical competencies/skills

20. I have been given privacy by nurses	1	2	3	4
21. Nurses respond to my requests/needs without delay	1	2	3	4
22. Nurses deliver care competently	1	2	3	4
23. Nurses are skilful in performing procedures	1	2	3	4
24. Nurses are professional when rendering nursing services	1	2	3	4
25. Nurses help me with pain medication without delay	1	2	3	4

Overall Satisfaction with nursing care.

26. I am satisfied with the nursing care I have received	1	2	3	4
27. I would recommend the nursing care in this hospital to my family and friends	1	2	3	4
28. Nurses provide care that meets my expectations	1	2	3	4

THANK YOU FOR YOUR PARTICIPATION.

DATA COLLECTION QUESTIONNAIRE (SEPEDI)

DIPOTŠIŠO MABAPI LE DI NYAKIŠIŠO

LEINA LA DINYAKIŠIŠO: DILO TSA GO AMA GO KGOTSOFALA GA BALWETŠI KA HLOKOMELO YA BAOKI MO GO DIPETLELE TŠE DIKGETHILWEGO TIKOLOGONG YA MOPANI, LIMPOPO PROVINCE.

KGETHA KARABO YE TEE KA GO DIRA SEFAPANO LEPOKISANENG LEO LE SWANETŠEGO.

WARD: CODE:

KAROLO 1: DIPOTŠIŠO MABAPI LE WENA

1. MENGWAGA

18-25	1
26-35	2
36-45	3
46-55	4
55+	5

2. BONG

Monna	1
Mosadi	2

3. DITHUTO

Ga se ke tsene sekolo	1
Mphato wa fase	2
Mphato wa magareng	3
Yunivesithi go ba kholitshi	4

4. POLELO

Sepedi	2
Xitsonga	3

5. MOŠOMO

Ke a Šoma	1
Ga ke Šomi	2

6. LENYALO

Ga se ke nyalwe	1
Ke nyetšwe	2
Ke tlogelane le molekane	3
Molekane waka o hlokofetše	4

KAROLO 2: GO KGOTSOFALA GA GAGO KA HLOKOMELO YA BAOKI.

TŠHOMIŠANO YA GAGO LE BAOKI	Ga ke dumele le ga tee	Ga ke dumele	Ke a dumela	Ke dumela kudu
7. Baoki ba hlompha ditokelo tšaka bjalo ka molwetši	1	2	3	4
8. Baoki ba bontšha go thaba le difahlego tše di edilego ge ba nthlahloba.	1	2	3	4
9. Baoki bana le hlokomelo	1	2	3	4
10. Baoki ba mpolediša ka polelo yeo ke e kwešišago	1	2	3	4
11. Baoki ba nkgothatša ka dinako ka moka	1	2	3	4
12. Ke kwa ke šireletšegile ka hlokomelo ya baoki	1	2	3	4

TSHEDIMOŠO YA SEEMO SA TŠA MAPHELO AKA.

13. Baoki ba mpha tshedimošo yeo e lekanego ka bolwetši baka	1	2	3	4
14. Baoki ba mpha tshedimošo mabapi le dihlare tšeo ba mphago	1	2	3	4
15. Baoki ba mpha dikarabo tša maleba ge ke na le dipotšišo mabapi le hlokomolo yaka.	1	2	3	4
16. Baoki ba nhlalošetša se sengwe le swengwe pele ba se dira mo go nna	1	2	3	4

GO TŠEA SEPHETHO MABAPI LE HLOKOMELO YAKA.

17. Ke dumelelwa go tšea sephetho mabapi le hlokomelo yaka	1	2	3	4
18. Baoki ba dumela ba lapa laka go tšea karolo ka diphetho tša mabapi le bolwetši bjaka	1	2	3	4
19. Baoki ba šomišana le nna mabapi le hlokomelo yaka.	1	2	3	4

MOŠOMO WA BAOKI

20. Baoki ba šireletsa seriti saka ge ba mpha hlokomelo.	1	2	3	4
21. Baoki ba nthuša ka pela ge ke ba kgopela thušo	1	2	3	4
22. Baoki ba šoma ka bokgoni bo bogolo.	1	2	3	4
23. Baoki bana le maitemogelo a hlokomelo ya tša maphelo	1	2	3	4
24. Baoki ba bontšha maitshwaro a go sepedišana le maemo a Booki	1	2	3	4
25. Baoki ba phakiša go nthuša ka dithlari ge ke na le dihlabi.	1	2	3	4

KGOTSOFALO YA GAGO KA KAKARETŠO GO YELANA LE HLOKOMELO YA BAOKI.

26. Baoki ba nhlokomela go ya le ka mo ke be ke lebeletše ka gona.	1	2	3	4
27. Ke a kgotsofala ka hlokomelo yeo ke e fiwago ke baoki	1	2	3	4
28. Nka hlohleletša ba leloko laka le bagwera go tla go hlokomelwa ke baoki ba mo	1	2	3	4

KE LEBOGA KGOTLELELO LE TŠHOMIŠANO YA LENA GO ARABA DIPOTŠIŠO TŠE.

DATA COLLECTION QUESTIONNAIRE (TSONGA)

SWIVUTISO MAYELANA NI NDZAVISISO.

VITO RA NDAVISISO: KU ENERISEKA KA VAVABYI HI KU HLAYISIWA HI VAONGORI.

HLAWULA NHLAMULO YIN'WE HI KU ENDLA XIHAMBANO E KA XIBOKISANA LEXI FANELEKA.

WARD: CODE:

XIYENGE XA 1: SWIVUTISO MAYELANA NA WENA

1. Malembe

18-25	1
26-35	2
36-45	3
46-55	4
55+	5

2. Rimbewu

Xinuna	1
Xisati	2

3. Hi xikolo mi fike ntanga mani

A ndzi nghenanga	1
Masungulo	2
Xikolo xa le henhla	3
Kholichi / Yunivhesithi	4

4. Ririmi

Sepedi	2
Xitsonga	3

5. Ntirho

Na tirha	1
A ndzi tirhi	2

6. Ta vukati

A ndzi tekiwanga	1
Ndzi tekiwile	2
Hi hambanile	3
Ndzi feriwile	4

XIYENGE XA 2: KU ENERISEKA KA WENA MAYELANA NI MATIRHELO YA VAONGORI.

Key: 1= A ndzi pfumelelani na swona na ka n'we, 2= A ndzi pfumelelani na swona, 3= Ndza pfumela, 4= Ndzi pfumela swinene

NTIRHISANO WA WENA NI VAONGORI

7. Vaongori va hlonipha malunghelo ya mina tani hi muvabyi	1	2	3	4
8. Vaongori va n'wayitela loko va ndzi ongola	1	2	3	4
9. Vaongori va hlayisa	1	2	3	4
10. Ndzi titwa ndzi hlayisekile loko vaongori va ndzi pfuna.	1	2	3	4
11. Vaongori va vulavula na mina hi ririmi leri ndzi ri twisisaka	1	2	3	4
12. Vaongori va ndzi hlohlotela va tlhela va ndzi seketela	1	2	3	4

VUTIVI HI TA MAVABYI YA MINA

13. Vaongori va ndzi nyika vutivi hi mayelana na mirhi leyi va ndzi nyikaka ni mintirho leyi va ndzi endlelaka.	1	2	3	4
14. Vaongori va ndzi hlamula hi vutivi loko ni vutisa mayelana na mavabyi ya mina.	1	2	3	4
15. Vaongori va ndzi hlamusela xin'wana na xin'wana leswi va lavaka ku swi endla eka mina.	1	2	3	4
16. Vaongori va ndzi nyika vutivi hi ntalo mayelana na vuvabyi bya mina	1	2	3	4

VU TIHLAMULERI BYA MINA MAYELANA NI MAHLAYISELO YA MINA.

17. Ndza pfumeleriwa ku va ni vutihlamuleri mayelana na mahlayiselo ya mina.	1	2	3	4
18. Vaongori va pfumelela vadyangu wa mina ku teka vutihlamuleri mayelana na mavabyi ya mina	1	2	3	4
19. Vaongori va ndzi katsa eka mahlayiselo ya mina	1	2	3	4
20. Vaongori va tiyisisa ni ku hlohlotela xihundla eka timhaka ta vuvabyi bya mina.	1	2	3	4

MATIRHELO YA VAONGORI

21. Vaongori va ndzi hatlisela loko ndzi lava ku pfuniwa	1	2	3	4
22. Vaongori va ndzi ongola hi vuswikoti hinkwabyo	1	2	3	4
23. Vaongori vana ntokoto wa matirhelo ya ku kota ku endla hinkwaswo eka mina hi mfanelo	1	2	3	4
24. Vaongori va kombisa matikhomelo ya ku fambelana na ntirho wa vona.	1	2	3	4
25. Vaongori va ndzi pfuna hi xihatla loko ndzi lava murhi wo susa switlhavi	1	2	3	4

KU ENERISEKA HI KU ANGARHELA MAYELANA NI KU HLAYISIWA KA MINA HI VAONGORI.

26. Vaongori va ndzi hlayisa kuya hi leswi a ndzi swi languterise xi swona	1	2	3	4
27. Ndza enerisiwa hi nhlayiseko lowu vaongori va ndzi nyikaka wona	1	2	3	4
28. Ndzi nga hlohlotela vadyangu ni vanghana ku hlawula ku tirhisa xibhedlhele lexi.	1	2	3	4

HI KHENSA KU TIYISELA NI NTIRHISANO WA N'WINA KU HLAMULA SWIVUTISO LESWI.

ANNEXURE 3: APPROVAL LETTERS

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: 06 February 2019

PROJECT NUMBER: TREC/05/2019: PG

PROJECT:

Title:	Factors associated with patients' satisfaction regarding Nursing Care at the selected public hospitals in the Mopani District, Limpopo Province.
Researcher:	M Mathoto
Supervisor:	Prof Malema
Co-Supervisor/s:	Mrs Muthelo
School:	Health Care Science
Degree:	Masters in Nursing

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref: LP_201902_023
Enquiries: Stander SS
Tel: 015 293 6650
Email: research.limpopo@gmail.com

Mathoto M.B
University of Limpopo
Private Bag x1106
Sovenga
0727

Greetings,

RE: FACTORS ASSOCIATED WITH PATIENTS SATISFACTION REGARDING NURSING CARE AT THE SELECTED PUBLIC HOSPITAL IN THE MOPANI DISTRICT, LIMPOPO PROVINCE

Permission to conduct the above mentioned study is hereby granted.

1. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 1 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

02/04/2019
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House. 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DR CN PHATUDI HOSPITAL
PRIVATE BAG X 4056
TZANEEN
0850

DEPARTMENT OF HEALTH
LIMPOPO PROVINCE
DR. C. N. PHATUDI HOSPITAL
2019 -05- 07
CHIEF EXECUTIVE OFFICER
MOPANI DISTRICT
PRIVATE BAG X4056, TZANEEN 0850

REF: S4/5/2/1
ENQ: Ms Mateta MR
TEL: 015 355 8083
FAX: 015 355 3434
DATE: 13/05/2019

TO: Mrs Mathoto M.B
University of Limpopo
SOVENGA
0700

RE: FACTORS ASSOCIATED WITH PATIENT'S SATISFACTION REGARDING NURSING AT THE SELECTED PUBLIC HOSPITALS IN THE MOPANI DISTRICT LIMPOPO PROVINCE

1. The above matter bears reference.
2. Kindly be informed that the CEO has granted you permission to conduct the above mentioned study in the hospital.
3. Further note that during your research/study no services should be disrupted.
4. Your co-operation will be highly appreciated.

Thank you

ACTING CHIEF EXECUTIVE OFFICER
Sape W.M

07/05/2019
DATE

CONFIDENTIAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

MOPANI DISTRICT

Letaba Regional Hospital
Office of the CEO

REF NO : S4/5/2/1
ENQ : Mrs Mnisi
: 015 303 8210
DATE : 29 April 2019

TO: **Mrs Mathoto M.B**
University of Limpopo
Sovenga
CC: **Prof Malema**
Supervisor: University of Limpopo

DEPARTMENT OF HEALTH
LETABA HOSPITAL
RECORDS MANAGEMENT
2019 -04- 30
PRIVATE BAG X 1430 LETABA 0870
LIMPOPO PROVINCE MOPANI DISTRICT

RE: FACTORS ASSOCIATED WITH PATIENTS' SATISFACTION REGARDING NURSING AT THE SELECTED PUBLIC HOSPITALS IN THE MOPANI DISTRICT, LIMPOPO PROVINCE

1. The above matter bears reference.
2. Kindly be informed that the CEO has granted you permission to conduct the above mentioned study in the hospital.
3. Further note that during your research/study no services should be disrupted.
4. Your co-operation will be highly appreciated.

Thank you

Sibuyi M.V
CEO: LETABA HOSPITAL

29/04/2019
DATE

Confidential

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
VAN VELDEN HOSPITAL

Ref: 8/4
Date: 06.05.2019
From: Head of Institution
To: Mathoto M.B

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY.

1. Your correspondence date 16/04/2019 is hereby acknowledged.
2. Permission to conduct a study "Factors associated with patient's satisfaction regarding nursing care" at Van Velden hospital is hereby granted based on Departmental permission with Ref: LP_201902_023.
3. Bulletin no. 3 in Departmental permission must be strictly adhered to.
4. Wishing you well in your research study.

Yours Sincerely,

DR SELATLHA J.M
Head of Institution

2019.05.06
DATE

Corner 3rd Ave & Claude Wheatley, Medipark, Private Bag X4041, Tzaneen 0850
Tel: 015 307 8800, Fax: (015) 307 3512, Website: http://www.limpopo.gov.za

Sue Matthis
B A (Hons)

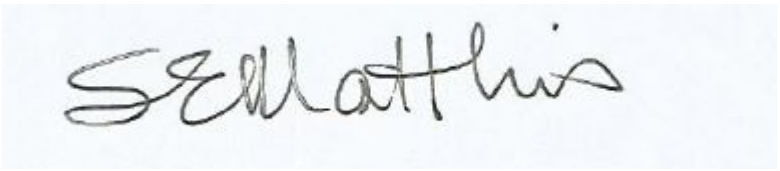
1 Oden Place
Douglasdale
2191

Cell: 0837817646
e-mail:suematthis@gmail.com

TO WHOM IT MAY CONCERN

This serves as confirmation that I have language edited and proofread the dissertation: FACTORS ASSOCIATED WITH PATIENT SATISFACTION WITH NURSING CARE IN SELECTED PUBLIC HOSPITALS IN THE MOPANI DISTRICT, LIMPOPO PROVINCE by Manyoga Blantina Mathoto, submitted in fulfilment of the requirements for the degree of MASTER OF NURSING, in the FACULTY OF HEALTH SCIENCES

(School of Health Care Sciences)



S E Matthis
3 March 2020