

**PROBLEM FACED BY VISITOR OF HOSPITALIZED
PATIENT IN A PRIVATE HOSPITAL, KATHMANDU**

**BY
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RESEARCH APPROVAL SHEET

Research on "Problem Faced by Visitor of Hospitalized Patient in a Private Hospital, Kathmandu" my bonafide work is being submitted for approval to Tribhuvan University, Institute of Medicine, Nursing Campus Birgunj, Parsa to fulfill the requirement of Bachelor in Nursing Programme(Hospital).

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ABSTRACT

Title: “Problem Faced by the Visitor of Hospitalized Patient in a Private Hospital, Kathmandu”.

Objective: To find out the Problem faced by the visitor of hospitalized patient.

Background: Hospitalization is the very traumatic as well as a stressful condition. They have to adjust their life from a familiar to unfamiliar, independent to dependent environment. Their privacy, identity, individuality and their sense of security also threatened. The most pressing need of family members of patient in hospital until is to receive clear, understandable and honest information about the patient’ condition. Due to this problem patient parties may emotionally outburst and aggressive. It also effects on patients treatment and care indirectly.

Methodology: Descriptive cross-sectional research design was used with non-probability sampling technique. Total sample size was 50. Semi-structured interview schedule was used

Result: Result of the study illustrate that, half of the respondents were age group of 20-29 years. Regarding sex, majority (62%) of the respondents were female. Most of (80%) the respondents were literate. Similarly, half of the respondents were from rural area. More than half (52%) of the respondents were not using their personal vehicle. Data shows that, most of (80%) the respondent's source of food while staying in the hospital was canteen. Among them, who had problem in the canteen service, majority (64.3%) responded to be lack of sanitation. Likewise, half of the respondents responded lack of sanitation as the problem in toilet and bathroom. Regarding the problem in laboratory service, (38%) of the respondent responded delay in reporting. Likewise, majority (66%) of the respondent responded doctors’ offering limited time to patient. Data shows that (84%) of the respondents were satisfied with the behavior of nurse almost (92%) of the respondents were satisfied with the care of nurse.

Conclusion: Majority of visitors were satisfied with the behavior and care of nurses. Two third of the respondents responded for providing limited time by the doctor. Most

of the respondents answered that visitor lacked sleeping/resting place. Half of the visitors faced the problem of poor sanitation in the canteen, toilet and bathroom. Majority of respondents replied that, bed sheet and pillow were not changed in time. Likewise, half of the respondents responded for expensive pharmacy services.

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TABLE OF CONTENTS

Content	Page No.
RESEARCH APPROVAL SHEET	ii
ABSTRACT	iii
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vii
LIST OF TABLES AND FIGURE	ix
CHAPTER I : INTRODUCTION	1
1.1 Background	1
1.2 Statement of Problem	3
1.3 Rational for the Study	3
1.4 Objectives of the Study	4
1.5 Significance of the Study	5
1.6 Conceptual Framework	5
1.7 Research Question	6
1.8 Operational Definitions	6
1.9 Delimitation of the study	6
CHAPTER II : LITERATURE REVIEW	7
2.1 Introduction	7
2.2 Review of Literature	7
2.3 Summary of the Reviewed Literature	10
CHAPTER III : RESEARCH METHODOLOGY	11
3.1 Research Design	11
3.2 Research Setting and population	11
3.3 Sampling	11
3.4 Instrumentation	11
3.5 Data Collection Procedure	12
3.6 Data Analysis Procedure	12

CHAPTER IV : FINDINGS OF THE STUDY	13
CHAPTER V : DISCUSSION, CONCLUSION, LIMITATION, IMPLICATION AND RECOMMENDATION	20
5.1 Discussion	20
5.2 Conclusions	22
5.3 Limitation	22
5.4 Implications	22
5.5 Recommendation for further study	23
5.6 Plan for Dissemination	23
REFERENCES	24
APPENDICES	27
Appendix A: Consent form (English version)	
Appendix B: Instrument (English version)	
Appendix C: Consent form (Nepali version)	
Appendix D: Instrument (Nepali version)	
Appendix E: Administrative letters	

LIST OF TABLES AND FIGURE

Table	Page no.
1. Socio-demographic Characteristics.	13
2. Duration of Admission, Duration of hospital Stay, Use of Personal Vehicle and Satisfaction with the Parking.	15
3. Problems related to physical facilities.	16
4. Problems related to hospital Service.	18
5. Problems related to communication and behavior of the staffs.	

Figure	Page no.
1 Conceptual framework on problem faced by visitor of hospitalized patient in private hospital.	5

CHAPTER I

INTRODUCTION

1.1 Background

Family has a significant role in hospital treatment of patients, since it can provide psychological and emotional support to patients undergoing treatment to hospital participation of family in patients' care in the hospital is of vast importance. The most pressing need of family members of patient in hospital until is to receive clear, understandable and honest information about the patient' condition (Kong-Wong & Kit-Fong Sarah, 2010).

Relatives overall experience of event critical care unit are possible the most daunting unit in the hospital research found that issue arose on the dissemination of the information (Hughes, Bryan & Robbins, 2005).

Families of critical care patient's experience high level of emotional distress Access to information about patient' medical conditions and quality relationship with healthcare staff are high priority needs for these families (Auerback et al., 2005).

Multiple needs of the family members of in the hospital including the need for communication, information, visitation, vigilance, assurance, and realistic hope (Saeed, 2005).

During the hospital staying individual perceptual adjustment level is constantly changing being influenced by variation in the hospital environment and the state of illness. Because of the changing perceptual level, patient showed their anger with their caretakers and hospital staff also. The caretakers perceived double stress due to behavior of hospital staff and by their own patient also (Matiti & Troney, 2004).

Patient information is frequently not communicated effectively to family members by I.C.U physicians. Physician should strive to identify patients and families who require special attention and to determine how their personal style of interrelating with family member may impair communication (Azouly et al., 2000).

Hospitalization is one of the most stressful event that children and adult can experience. Children and adults reaction to hospitalization, such as anxiety, fear, withdrawal, depression, regression and defense, can be more severe than their reaction to the illness (Upreti, 2070).

Contributing factors of stress among family members of ICU patient in Patan Hospital showed that 92% of the respondents faced financial problem. In this study, 53.3% of respondents said that major cause of financial problems was due to expensive treatment. Similarly after financial problem the next contributing factor for psychological problem was lack of information (Joshi, 2011).

Attitude is not a mysterious force over which we have no control. It is a simple, but powerful force, which each of us has control over. Apart from knowledge and training for competence, good attitude is a must for nurses that enable us to work with care and compassion. Caring and compassionate service helps patient to feel more relaxed and be more co-operative which ultimately helps in whole healing process (Rai, 2006).

Hospitalization is the very traumatic as well as a stressful condition. They have to adjust their life from a familiar to unfamiliar, independent to dependent environment. Their privacy, identity, individuality and their sense of security also threatened (Subedi, 2008).

The families of patient in the hospital have variety of need and stressor related to the hospital experience need that have been identified by families include the need for information, assurance and support (David, 1999).

Meeting the need of their patient's family members is an essential parts of the responsibilities of intensive care unit (I.C.U) physician and nurses, who are committed

to easing the pain and suffering of those who have a critically ill relative or close friend. A major task of I.C.U physician is to provide family members with the appropriate, clear and compassionate information they need to participate in making decisions about patients who are unable to speak for themselves. Evaluation of family needs supply valuable information for improving the comprehension, satisfaction and decision-making capacity of families (Mheta & Singh, 1999).

Hospitalization is the most stressful condition and for the patient as well as visitor. During hospitalization, visitor are facing the different problem like related with the communication, pharmacy services, lab services, parking facilities, visiting time, payment system, sitting arrangement, cleanliness and bathroom facilities. Due to this problem patient parties may emotionally outburst and aggressive. It also indirectly effect on patients treatment and care.

1.2 Statement of Problem

A descriptive study to find out “the satisfaction of clients and their relatives receiving care at BPKIHS.” The finding showed that the satisfactory among respondents were 91% with cleanliness, 87% with security, 78% with nurses’ attitudes, 74% with doctors attitudes, 65% with water supply 96% clients were satisfied with nursing services (Mehata & Singh, 1999).

The families of patient in the hospital have variety of need and stressor related to the hospital experience need that have been identified by families include the need for information, assurance and support.

The study further helps to provide different facility to the patient as well as helps to management committee and improve hospital policy and services.

1.3 Rational for the Study

Dhaka, explored about patient’s visitor problems in TUTH (Tribhuvan University Institute of Medicine) has found that the patient parties have faced different problems. The majority of them. i.e. 95% pointed out the lack hospital canteen is the major problem. They suggested that there should be a hospital canteen should to supply

hygienic food in a reasonable price. Similarly 81.2% of the respondent complained that the service provided by the hospital dispensary is not satisfied as there is often shortage of important and most commonly used drugs stores where the cost of drug is relatively higher. However, nearly 75% of the respondents were satisfied with the treatment facilities available at TUTH (Dhakal, 2007).

In hospital, only the patient were give more emphasis to cure his problem and more focus was done on the cure of the patient's disease but visitors who are stay with the patient every time during hospitalization were not given priority or not focused on problem

So the study wants to know the problems which was faced by visitor of hospitalized patient. Patients admitted in hospitals and their visitors have to cope with very real problems: likes problem related to hospital with behavior of nurse, doctors, attendants, security guard and hospital environment. They usually have to deal with health personnel as well as other staff of hospital to know the health status of the patient. In addition to these, such and their visitors face service related problem. In hospital patients are more emphasis rather than visitor so researcher is interested to find out the problems of visitor.

1.4 Objectives of the Study

1.4.1 General Objective

To find out the problem faced by the visitor of hospitalized patient.

1.4.2 Specific Objectives

To identify the problem related to physical facility.

To identify the problem related to Communication and behavior of the staff.

To identify the problem related to health care service.

To identify the problem related to hospital policy.

1.5 Significance of the Study

The findings of this study will be helpful as baseline study for further research. Might be helpful to the health personnel and administration to establish a new policy.

1.6 Conceptual Framework

This conceptual framework formed by applying The Roy's Adaptation Model. Independent variables are kept in input and dependent variables in throughput. If visitor did not face a problem it would create an effective output but visitor faced more problem, it may directly effect on the patient care so it reflects a need for adopting a new policy.

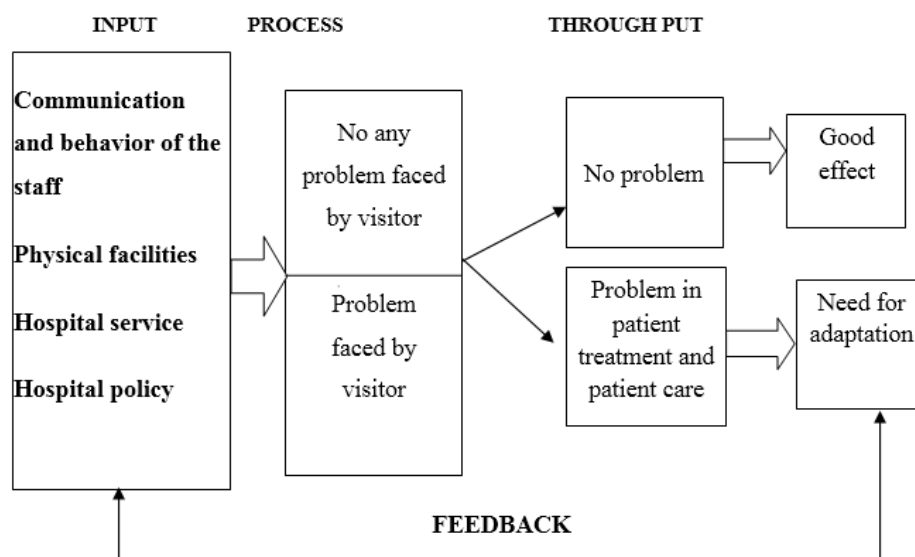


Figure 1: Conceptual framework on problem faced by visitor of hospitalized patient in private hospital.

1.7 Research Question

What are the problems faced by visitor of hospitalized patient in a private hospital?

1.8 Operational Definitions

In this study variables are define in this way;

Visitor: It refers to patient's relative male or female, age above 16 years and who stayed in hospital for regularly to take care of patient.

Problems: Difficulties experienced by the visitors to take day to day care in patient during hospitalization.

Communication: Is refers as, process of transferring and receiving the information from the Doctor, nurse, visitor, guard and others staffs of the hospital.

Hospital services: Those services which provided by the hospital like; Radiology, Lab and pharmacy services.

Physical facility: Facility includes; toilet, bathroom, parking, canteen, locker, sitting arrangement, lighting system, security, waiting room.

Hospital policy: Distinct policy which follow by the hospital especially these are payment system, visiting time and no. of visitor stay with the patient.

1.9 Delimitation of the study

In this research, sample size and time was limited.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

Literature review concerns with review a related literature that could be both in research and non-research areas, journals, articles report, documents, books and some abstracts from internet. It is the cardinal part of any research study. Through literature review, facts data are collected for adding a clear vision on the selected research topic.

2.2 Review of Literature

Overall availability of services was very good regarding the seating arrangement in the outpatient department is 100%, cleanness of department is 100%, A total of 98% of the respondents were satisfied with the outpatient department timing, 88% of the respondents were satisfied with the services of the outpatient nursing staff, 84% of the respondents found it easy to locate the concerned specialist department in outpatient department, and 99% of respondents found the availability of the doctors in the outpatient department to be adequate. Only 14% of the respondents found it difficult to locate the pharmacy. Sixty six percentage of the respondent were not satisfied with parking facility and 68% with the power, water supply and lack of material as they were the reasons for delay in the treatment (Kashinath et al., 2010).

Patient complaint and satisfaction data is used to evaluate patient care and to predict patient 'consumer' behavior (i.e. will they recommend a health care service or return for care in the future) As this review is concerned with implications of patient complaints and patient satisfaction on clinical care, the use of this data to predict consumer behavior is not addressed in the current report. For the purposes of this report, patient complaints have only included complaints about quality of care rather than complaints about symptoms or side effects of drugs, treatment or illness. The current

review did not locate an agreed definition of patient satisfaction. It has been suggested that the definition continues to evolve. Characteristics of the health care providers and services that influence patient satisfaction. The dimensions of patient satisfaction include: art of care (caring attitude); technical quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care. A working definition is the degree to which the patient's desired expectations, goals and or preferences are met by the health care provider and or service (Center for clinical Governance Research in health, 2009).

Quality care is the right of health seekers but it has been neglected till recent times. It is a mutually beneficial process in which consumers and providers, both play major roles. The health workers and their environment must be closer to providing the quality service that fulfills the professional goals of health workers and is in accordance with care needs of the clients. Ideally, decisions about quality should be made after dialogue among policymakers, service providers and clients. Each programme has to decide what standard of quality is appropriate to apply considering situations resources, the need, and the perception of people, it is meant to serve (Chhabra, Shivkumar & Mishra, 2005).

Our nation's hospitals need to adopt the view that "families" as defined by the patient are allies for quality and safety they are not "visitors". The study was carried out in the outpatient department of Father Muller Medical college Hospital, Mangalore. They concluded that the availability of services and clinical care was found to be satisfactory. 81% of the respondents found the communication by the doctor good, 97% of the respondents were satisfied about the explanation of the disease by the doctor 94% of the respondents found clinical care satisfactory (Prasanna, Bashith & Sucharitha, 2005).

More than 80% of the family members perceived 16 need statements as important or very important. The participants ranked order needs for assurance, information and proximity the highest and needs for support and comfort the lowest (Hassan & Hweidi, 2004).

A health care organization's ability to satisfy consumer demand for convenience and information can significantly influence the quality of health care it ultimately delivers. The health care service industry is complex with multiple facets and levels of

organization. Today there is a shift to an organization model in which the customer influences every function and managers must adapt and be instrumental in establishing a cultural change within the system to meet the new quality focus. Stated that among the parents of hospitalized children Major factors were lack of information, disease condition, ward environment, painful procedures, lack of family support, loss of independence, staff's behaviors and dependent children at home (Chaudhary, 2004).

Visiting times are 14:30 - 19:30 daily, including weekends. Children under the age of 16 are welcome to visit patients in our hospitals when accompanied by a responsible adult. Please remember that babies and children under the age of 5 are particularly vulnerable to the infections that can be present in hospitals. A maximum of three visitors per patient is allowed at any one time. We respectfully ask that family and friends stagger their visits across the visiting time so everyone doesn't arrive together (University Hospital Birmingham, 2013).

The Communication Matrix is an assessment tool suitable for pediatric settings across the continuum of hospital care. It was designed for use with children with communication disabilities, and builds on the skills that children already have to help them communicate in a given context. It identifies the reasons for communication and different levels of communication. For ease of use, the Matrix is available online, in both English and Spanish. This allows parents and professionals to observe and take notes about children's communication behaviors and identify mastered concepts. These data can enhance ongoing research on communication disabilities and help develop better rehabilitation and communication supports (Rowland & Fried 2010).

A study was conducted among 40 family representatives of patients hospitalized to assess the optimism, satisfaction with needs met, interpersonal perception of the healthcare team and emotional distress in patients family members during critical care hospitalization at Virginia Commonwealth University Health System. Study findings revealed that compared with Critical Care Family Needs Inventory (CCFNI) total scores obtained at admission, the most prominent cluster of unmet needs reflected lack of information about the patient's condition and why things were being done and a lack of explanations of the medical equipment be used. Another major item of dissatisfaction was the unavailability of a comfortable waiting room area. Compared

with CCFNI total scores obtained at admission, family representatives' CCFNI scores at discharge indicated a trend towards increased satisfaction with the extent to which the representatives' overall needs were being met ($t=1.74$, $p=0.009$) . Unmet needs were lack of information about the patients' condition and why things were being done and absence of explanation about medical equipment being used (Mendonca & Warren, 1998).

2.3 Summary of the Reviewed Literature

A health care organization's ability to satisfy consumer demand for convenience and information can significantly influence the quality of health care it ultimately delivers. The health care service industry is complex with multiple facets and levels of organization.

Quality of care is a major issue facing health care promoter in present health environment. It is the right of the health seekers but has been neglected till recent times. Availability of service, attitude of care provider, information service, and payment system are the major factor influencing the experience of visitors. If there is quality of service, then the patients and the visitors will have positive experiences toward hospital services.

Good attitude is a must for care providers to help the feel compliance toward hospital services. There are multiple complaints from the clients that there is lack of information and communication by the care providers of the hospital, which makes the environment very distrustful. Support system is the most essential aspect for poor who cannot afford the health care services. Whether it may be the availability of service, attitude of care provider, information service or the support system, the client are not fully content with any of these services. Therefore it's the duty of the policymakers and care providers to update and strengthen the services.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

Descriptive cross-sectional research design was used.

3.2 Research Setting and population

The setting of the study was in Medical, Surgical, cabin and gynae ward of Sahid Memorial Hospital, Kalanki-14, Kathmandu.

3.3 Sampling

Non-probability purposive sampling technique was used. Total respondents were fifty. Close relatives and who were minimum 24 hours staying with patient. Both Literate and illiterate visitor with age above 16 years.

3.4 Instrumentation

Semi-structured interview schedule was developed by reviewing the literature and consulting the research advisor and first question develop in English version then converted into Nepali Version. The research instrument was consisting into two parts Part I: Demographic data related questions and part II: Problems faced by visitors on hospital related questions. The validity of the instrument was established by seeking the opinion of the subject experts, consulting with research committee, colleagues and reviewing the related literature. And the reliability of the instrument was maintained by pretesting the instrument. Pretesting was held in 10% of total sample in Narayani Sub-Regional Hospital, Birgung, Parsa. Those respondents were not included in the final study. Feedback was taken and modification was done as per the requirement.

3.5 Data Collection Procedure

The study was carryout after the approval of the research proposal from the research committee of the Nursing Campus Birgunj. A written permission was given from the Nursing Campus Birgunj to the concern hospital for data collection. The recommended letter from Birgunj Nursing Campus was submitted in Sahid Memorial Hospital. Administrative approval was obtained from the Sahid Memorial Hospital. Self-introduction was given then explain the objective of the research to the respondents. Respondent were assured for the purpose of the study. Confidentiality was maintained. Verbal and written informed consent was obtain from all the subject, if the respondent is not willing to participate they can withdraw any time of data collection, semi-structured interview schedule was develop to collect the data.

3.6 Data Analysis Procedure

Collected data were checked daily for its completeness. All data were kept in order for editing and coding. Data processing was done by using SPSS (Statistical Package for Social Sciences) version 20. The finding were shown in different statistical techniques such as mean, frequency and percentage. Interpretation of data was done on the basis of research objectives. The findings were presented on the academic tables.

CHAPTER IV

FINDINGS OF THE STUDY

This chapter deals with the analysis and interpretation of data regarding problem faced by visitor of hospitalized patient in private hospital of Kathmandu. All the data obtained was analyzed and interpreted on the basis of research objectives and are presented in different tables.

TABLE 1
Socio-demographic Characteristics

Responses	Frequency	Percent
n=50		
Age		
20-29	25	50.0
30-39	13	26.0
40-49	6	12.0
< 20	3	6.0
> 49	3	6.0
Mean age \pm SD = 29.76 \pm 9.292		
Sex		
Female	31	62.0
Male	19	38.0
Educational status		
Literate	40	80.0
Illiterate	10	20.0
Place of residence		
Rural	25	50.0
Urban	25	50.0
Relation with the patient		
Mother, daughter ,daughter in- low, niece, sister	24	48.0
Father, uncle, son, nephew	20	40.0
Husband, wife	6	12.0

Table 1 shows that, 50% of the respondents were of age group 20-29 years and 6% were each of below 20 and above 49 years of age, regarding sex; 62% of the respondents were female and regarding educational status, 80% of the respondents were literate. Regarding the place of residence, 50% of the respondents were from rural and next 50%

were from urban area, regarding the relation with the patient, 48% from each category were mother, daughter, daughter-in-law, niece, sister and 10% were husband and wife

TABLE 2
Duration of Admission, Duration of Hospital Stay, Use of Personal Vehicle and Satisfaction with the Parking

Responses	Frequency	Percent
n=50		
Duration of admission in the hospital		
5-10 days	21	42.0
< 5 days	20	40.0
> 10 days	9	18.0
Duration of stay in the hospital		
< 5 days	32	64.0
5-10 days	18	36.0
> 10 days	6	12.0
Use of personal vehicle during the hospital visit		
No	26	52.0
Yes	24	48.0
Satisfaction with the hospital parking facility (n=24)		
Yes	14	58.3
No	10	41.7

Table 2 demonstrates that, 42% of the respondents were admitted for 5-10 days and 18% were admitted for above 10 days, regarding duration of stay in the hospital, 64% of the respondents stayed for less than 5 days and 12% stayed for above 10 days, regarding the use of personal vehicle during the hospital visit, 52% of the respondents were not using their personal vehicle. Among 48% who had used their personal vehicle, 58.3% were satisfied with the hospital parking facility.

TABLE 3
Problems related to physical facilities:

Responses	Frequency	Percent
n=50		
Source of food while staying in the hospital		
Canteen	41	82.0
House	9	18.0
Problem with the service of hospital canteen (n=41)		
No	27	65.9
Yes	14	34.1
If yes (n=14)		
Lack of sanitation	9	64.3
Expensive food	2	14.3
Lack of tasty food	2	14.3
Not available in service time	1	7.1
Having problem in drinking water facility**		
Lack proper management in the place of drinking water	24	48.0
Limited number of tap	21	42.0
Poor sanitation	20	40.0
Having problem in toilet and bathing**		
Lack of sanitation	25	50.0
Limited number of washroom	20	40.0
Lack of water in the washroom	16	32.0
Slippery washroom	6	12.0
Others	1	2.0
Having problem in keeping goods**		
Lack of locker	25	50.0
Lack of space	24	48.0
Damage locker	6	12.0
Having problem in waiting space		
No	33	66.0
Yes	17	34.0
If yes (n=17)		
Lack of sleeping place	17	100.0
Adequacy of lighting in the ward		
Yes	39	78.0
No	11	22.0
Having problem in bed sheet, pillow and linen**		
Bed sheet and pillow are not changed in time	36	72.0
Dirty linen and pillow	17	34.0
Scarcity of linen and pillow	8	16.0
Tearing of linen	1	2.0

** Multiple responses

Table 3 shows that, 82% responded canteen as the source of food while staying in the hospital and 18% responded as bringing food from house. Among 82% whose source of food during the hospital stay was canteen, 65.9% had no problem in the service of

hospital canteen. 64.3% responded lack of sanitation. Regarding the problem in drinking water facility, 48% of the respondents responded lack of proper management in the place of drinking water, 42% responded in limited number of tap and 40% responded poor sanitation. Likewise, 50% of the respondents replied lack of sanitation in toilet and bathroom and 2% responded others. Regarding the problem in keeping goods, 50% of the respondents responded lack of locker, 12% responded damage locker. Regarding the problem in waiting space, 66% of the respondents had no problem in waiting space in the ward. Among 17 who responded to have problem in waiting space, 94.1% responded lack of sleeping place. Regarding the adequacy of lighting in the ward, 78% of the respondents responded to have adequacy of lighting in the ward. Regarding the problem in bed sheet, pillow and linen, 72% of the respondents responded bed sheet and pillow were not changed in time and 2% responded of torn off linen.

TABLE 4
Problems related to hospital Services:

Responses	Frequency	Percent
n=50		
Having problem in pharmacy service**		
Medicine is costly	25	50.0
Some prescribed drugs aren't available	19	38.0
Have to queue for a long time while purchasing drug	12	24.0
Others	1	2.0
Having problem in laboratory service**		
Delay in reporting	19	38.0
Refer other hospital for some investigation	16	32.0
High cost	9	18.0
Repeated investigation	7	14.0
Having problem with radiology service**		
Delay in reporting	28	56.0
Technicians/equipment are not available in time	18	36.0
Machineries are not in working condition	4	8.0
Others	1	2.0
Having problem with hospital policy**		
Only one visitor staying with a patient	31	62.0
Visitor visiting hour	10	20.0
Visiting time is not enough	10	20.0
Having problem with payment system**		
Improper counseling on payment system	42	84.0
Long waiting for bill payment	18	36.0

** Multiple responses

Table 4 represent that, 50% of the respondents' responded medicine is costly, 2% responded others. Regarding the problem in laboratory service, 38% of the respondents' responded delay in reporting and 14% respondents' responded repeated investigation. Regarding the problem with radiology service, 56% of the respondents responded delay in reporting, and 2% responded others. Regarding the problem with hospital policy, 62% of the respondents responded only one visitor staying with a patient and 20% of each category responded visitor's visiting hour is not enough. Regarding the problem with payment system, 84% of the respondents responded for improper counseling on payment system and 36% responded for long waiting for bill payment.

TABLE 5
Problems related to communication and behavior of the staffs:

n=50

Responses	Frequency	Percent
Problem with security guard and other staff of the hospital		
No	46	92.0
Yes	4	8.0
If yes (n=4)		
Angry while asking	3	75.0
Lack of security	1	25.0
Having problem in communication with health personnel**		
Staff is not available	26	52.0
Became angry when asking about the patient	18	36.0
Information is not given clearly	14	28.0
Having problem with doctor service**		
Offer limited time to patient	33	70.2
Delay in disease identification	7	14.9
Became angry while telling the problem of patient	6	12.8
Ask for unnecessary investigation	6	12.8
Satisfied with the behavior of nurse		
Yes	42	84.0
No	8	16.0
Reasons for dissatisfaction** (n=8)		
Limited communication with patient	6	75.0
Ignore the visitor problem	2	25.0
Busy in their own work	2	25.0
Became angry with patient	1	12.5
Satisfied with the care of nurse		
Yes	46	92.0
No	4	8.0
If no (n=4)		
Delay in treating patient	2	50.0
Angry	1	25.0
Give medicine without viewing time	1	25.0

** Multiple responses

Table 5 shows that, 92% of the respondents had no problem with security guard and other staff of the hospital. Likewise, 52% of the respondents answered for staff are not available and 28% responded for information not being given clearly while communicating with the health personnel. Regarding the problem with doctor service, 66% of the respondents responded doctors' offering limited time to patient, 12% from

each category responded of becoming angry while telling the problem of patient and ask for unnecessary investigation. 84% of the respondents were satisfied with the behavior of nurse. Among 16% of those who were not satisfied, 75% responded limited communication with patient, 25% from each category responded ignoring visitor problem and busy in their own work and 12.5% responded becoming angry with patient as the reasons for dissatisfaction. Regarding the satisfaction with the care of nurse, 92% of the respondents were satisfied.

CHAPTER V

DISCUSSION, CONCLUSION, LIMITATION, IMPLICATION AND RECOMMENDATION

This chapter deals with discussion of the findings, conclusion and recommendation for the future studies. This study was designed to identify the problem faced by visitors of hospitalized patients in private hospital. The major finding of this study was discussed in this chapter with comparison of finding of relevant studies and documented literatures.

5.1 Discussion

Study result shows that, 50% of the respondents were age group of 20-29 years. Regarding sex, 62% of the respondents were female. It is found that 80% of the respondents were literate. 50% of the respondents were from rural area. It is also found that 52% of the respondents were not using their personal vehicle. Among those who used their personal vehicle, 58.3% were satisfied with the hospital parking facility.

Regarding the source of food while staying in the hospital, 82% bring from canteen and 18% from house. Among those whose source of food during the hospital stay was canteen, 65.9% had no problem in the service of hospital canteen. And among them who had problem in the canteen service, 64.3% respond lack of sanitation, 4% from each category respond expensive food and lack of tasty food and 7.1% respond not available in service time. This finding was supported by Dhakal, (2007) in which 95% pointed out problem on hospital canteen. They suggested that hospital canteen should be supply hygienic food in a reasonable price.

Regarding the problem in drinking water facility, 48% of the respondents respond lack of proper drinking water, 42% respond limited number of tap and 40% respond poor sanitation.

It is also found that, 50% of the respondents answered that lack of sanitation in toilet and bathroom, 40% respond limited number of washroom, 32% respond lack of water in the washroom. This finding was contradicted with Mehata & Singh (1999) in which 91% of the respondents were satisfied with cleanliness of the toilet and bathroom of the hospital.

Regarding the problem in waiting space, 66% of the respondents had no problem in waiting space in the ward. Among them who had problems in waiting space, 94.1% respond lack of sleeping place. This finding was supported by Mendonca & Warren (1999) which shows that the major item of dissatisfaction was the unavailability of a comfortable waiting room area at night.

Result represent that 50% of the respondents responded medicine being costly, 38% respond some prescribed drugs aren't available, 24% responded have to queue for a long time while purchasing drug. This finding was supported by Dhakal (2007) in which 81.2% of the respondent complained that, cost of drug is relatively higher.

Regarding the problem in laboratory service, 38% of the respondents respond delay in reporting, 32% respond refer other hospital for some investigation, 19% respond high cost and 14% respond repeated investigation.

Regarding the problem with doctor service, majority 66% of the respondents answered , offer limited time to patient by doctor, 14% respond delay in disease identification and 12% from each category respond became angry while telling the problem of patient and ask for unnecessary investigation.

Regarding the satisfaction with the behavior of nurse, 84% of the respondents were satisfied. Among those who were not satisfied, 75% respond limited communication with patient. This finding was supported by. Prasanna , Bashith & Sucharitha (2005).

In which 94% of the respondents found clinical care satisfactory. Regarding the satisfaction with the care of nurse, almost all 92% of the respondents were satisfied. Among those who were not satisfied with the care of nurse, 50% respond delay in treating patient and 25% from each category respond angry and give medicine without viewing time. This finding was supported by Mehata & Singh (1999) in which 96%

clients were satisfied with nursing services.

5.2 Conclusions

The study was carried out among 50 selected visitors of those patients who were admitted in Medical, Surgical, Cabin and Gynae wards of Sahid Memorial Hospital, Kathmandu. Although this was a small study, it is attempted to give a clear picture of problems faced by visitors of hospitalized patient.

Majority of Visitors were satisfied with the behavior and care of nurses. However, one two third of the respondents replied that, providing limited time by the doctor.

Regarding the physical facilities of hospital, most of the respondents respond lack of sleeping place for the visitors. Half of the respondents respond that poor sanitation in the canteen, toilet and bathroom. Moreover, majority of respondents replied that, bed sheet and pillow were not changed in time. Likewise, half of the respondents answered that pharmacy services was relatively expensive.

Furthermore, majority of the respondents answered improper counseling on payment system.

5.3 Limitation

Study was carried out at only in four ward of Sahid Memorial Hospital, Kathmandu. Study was limited to 50 respondents so it will be difficult to generalize the findings. Study time is limit for depth study.

5.4 Implications

The finding of the study will be helpful on policy making for reducing the visitor's problem. This finding might be helpful to assess the effectiveness and assure quality care by hospital. May provide help in future research on similar topic

5.5 Recommendation for further study

Hospital administration can provide proper sitting arrangement for the visitor during hospital stay. Hospital should maintain the cleanliness in the canteen, toilet and bathroom. Hospital should provide proper counseling on payment system. Regular systemic patient and visitors' satisfaction hospital image surveys should be conducted. A comparative study can be done between government and private sector.

5.6 Plan for Dissemination

Research committee, library of Birgunj Nursing Campus and Sahid Memorial Hospital, Kathmandu.

REFERENCES

- Al, Hassan, & Hweid, I.M. (2004). The perceived need of Jordanian families of hospitalized critically ill patients. *International Journal of Nursing*, volume-10, (issue 2), page 64-71 doi: 10.1111/J.1440-172x.2003.00460x.
- Azevedo, K., Sao, L.F., Kátia, S. F., & Miako, K. (2007). Family members' needs at intensive care units: comparative analysis between a public and a Privatehospital, *Rev. Latino-Am. Enfermagem*;15(1) 104-169.
- Azoulay, E., Pochard, F., Chevret, S., Lemaire, F., Mokhtari, M., Le Gall, J., Dhainaut, J., & Schlemmer, B. (2001). Meeting the needs of intensive care unit patient families. *American Journal of Respiratory and Critical Care Medicine*, 163, 135-139.
- Blackstone, S. (2010). Communication Access for Children. The Role of Augmentative and Alternative Communication Technologies and Strategies in Pediatric Rehabilitation. *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, 3, 247-250. Available at: <http://iospress.metapress.com/content/b6m346n13707j378/fulltext.pdf>.
- Center for clinical governance research in health (2009). Complaints and patient satisfaction. UNSW.
- Chaudhary, R. (2004). Factors associated with stress among the parents of hospitalized children in BPKIHS, Dharan, *6(1)*, 20-23.
- Chhabra, S., Shivkumar, P.V., & Mishra, S. (2005). Woman with reproductive disorders and quality of service. *Journal of the Academy of Hospital Administration*. 17(2):1-12.
- David, C. Raynor, P., Mary, C.J., Rudolf, K. C. & Paul, M., (1999). A randomised controlled trial of specialist health visitor intervention for failure to thrive. *Arch Dis Child*. 80:500–506.

- Dhakal, L. (2007). Jastako Tastai. T.U. Teaching Hospital Silver Jubilee Souvenir, 104.
- Evangelou, E., Iordanou, P., Lemonidou, Ch., Patiraki, E., Kyritsi, E., & Bellou, P. (2003). Contribution family in the care of patient in the hospital. *Health Science Journal*, 13, 1-13. <http://www.hsj.gr>.
- Health care commission (2008). Nurse patient interaction. http://www.iop.kcl.ac.uk/iopweb/blob/downloads/locator/1_436_Talking.pdf.
- Hughes, F., Bryan, K., & Robbins, I. (2005). Relatives' experiences of critical care. *Nursing in Critical Care*. 10(1):23-30.
- Joshi, R. (2011). Contributing factors of stress in family members of ICU patients at Patan Hospital, an unpublished Bachelor's research, TU, BN, Kathmandu, Nepal.
- Kong-wong, & Kit-Fong Sarah. (2009). The impact on families with hospitalized children: development of a Hospitalization Impact and Coping Scale on families (HICS). Hong Kong Polytechnic University. <http://hdl.handle.net/10397/4291>
- Maiti, M., & Trorey, G. (2004). Perceptual Adjustment Levels: Patient perception of their dignity in the hospital setting, *International Journal of Nursing studies* 41(5),735-744.DOI: 10.101/j.ijnurstu.2004.02.008.
- Mehata, R., & Singh, S. (1999). Study of the satisfaction of clients and relatives receiving nursing care at BPKIHS, Dharan. Unpublished master's research paper on BPKIHS, Dharan.
- Mendonca, D., & Warren, N.A. (1998). Perceived and unmet needs of critical care family members. *Critical Care Nurse* Q.21:58-67.
- Obama, B., (2008). Changing hospital "visiting" policies and practices: supporting family presence and participating. <http://www.ipfcc.org/visiting.pdf>.

- Prasad, M.V., (1995). Factors influencing patient satisfaction it's impacts on hospital success. *Hospital Administration* (vol.33 pp. 27-35).
- Prasanna, K.S., Bashith, M.A., & Sucharitha, S. (2005). Consumer satisfaction about hospital services: A study from the outpatient department of a private medical college hospital at Mangalore. *Indian J Community Med*, 34, 156-159.
- Rai, L.(2006). Nurses and Their Attitude. Golden Jubilee Issue. 32-33.
- Rogar, U., (2008). Health Environment Research and design. www.jerdjournal.com.
- Rowland, C., & Fried-Oken, M. (2010). Communication Matrix. A clinical and research assessment tool targeting children with severe communication disorders. *Journal of Pediatric Rehabilitation Medicine*, 3, 319–329. Available at: [http://aac-lerc.psu.edu/documents/rowland_et al., ped. rehab.2010.pdf](http://aac-lerc.psu.edu/documents/rowland_et_al.,_ped._rehab.2010.pdf).
- Saeed, A., (2005).Problems faced by Patients in Government Hospitals.
Hajra Ibrahim Journal of Pakistan Medical Association.
- University Hospital Birmingham. (2013). Visiting Time. [www.uhb.nhs.uk/visit times.htm](http://www.uhb.nhs.uk/visit-times.htm).
- Upreti, K. (2070). Child Health Nursing. Pradip Printing & Publishing. Pvt. Ltd. Dillibazar, Kathmandu.

Appendix: A
TRIBHUVAN UNIVERSITY,
INSTITUTE OF MEDICINE
NURSING CAMPUS,
BIRGUNJ, PARSA

Consent form

Study Title : Problem Faced by the Visitor of Hospitalized Patient in Private Hospital, Kthmandu.

Investigator: Januka Paudel

Namaskar! I am Januka Paudel student of Bachelor in Nursing, 2nd year in Nursing Campus Birgunj. I am going to do a research study for the partial fulfillment on” problem faced by the visitor of hospitalized patient in private hospital”.

I would like to ask you to participate as a subject in my research. If you agree to participate, I will ask some questionnaire, it take 10-15 minutes of your time. You will be entirely anonymous and your name won't be linked in any answer. Your participation will be entirely volunteer. You will not be forced to participate in the study. There will not be any direct benefits to you from this study but it will help to findout the problem faced by the visitor of hospitalized patient.

I understand what this research is about. I will participate in your study voluntarily.

Name of the respondents:

Date:

Signature:

APPENDIX-B

**TRIBHUVAN UNIVERSITY,
INSTITUTE OF MEDICINE
NURSING CAMPUS,
BIRGUNJ, PARSA**

Questionnaire on “Problem Faced by the Visitor of Hospitalized Patient”

Researcher is a student of B.N second year from Birgunj Nursing Campus, Birta - 4, Parsa. This study is being conducted as the partial fulfillment of requirement for Bachelor Degree in Nursing. The purpose of this study is to find out problems which is faced by the visitor of hospitalized patient. The interview will take 30 minutes. The researcher will appreciate your help in answering the questions and would like to assure you that your responses will be kept confidential and used only for the purpose of the study and your identity will not be disclosed.

Direction: Questionnaire consists of two parts; Part I related to demographic information and Part II related to problem faced by visitors of hospitalized patient.

Date of data collection:

Code No:

Part I

1. Age (completed years) :

2. Sex:

a) Male

b) Female

3. Educational Status:

a) Literate

b) Illiterate

4. Residential Area:

a) Urban

b) Rural

5. Relation with the patient:

.....

- 3.8 Has any problem you faced in waiting space?
 a) Yes b) No
- 3.9 Is there adequate light in ward?
 a) Yes b) No
- 3.10. What is the problem you faced in linen? (Multiple response)
 a) Bed sheet and pillow cover are not changed in time.
 b) Linen is not clean.
 c) Sometimes there is scarcity of linen.
 d) Tearing of linen.

4. Questionnaire related to Hospital Services

- 4.1 What are the problems you encountered in the service of pharmacy? (Multiple response)
 a) Some prescribed drugs aren't available.
 b) Have to queue for a long time while purchasing drug.
 c) Medicine is costly.
 d) If other specify.....
- 4.2 What is the problem in the laboratory services? (Multiple response)
 a) Delay in reporting.
 b) Repeated investigation.
 c) Refer other hospital for some investigation.
 d) High cost.
 e) Others.....
- 4.3 What are the problems you face while using radiology services?(Multiple response)
 a) Technicians/ equipment aren't available
 b) Delay in reporting
 c) Machineries are not working condition.
 d) Others

5. Questionnaire related to Hospital's policy

- 5.1 What is the main problem you faced in hospital policies?
 a) Visitor visiting hour.
 b) Only one visitor staying with patient.
 c) Visiting time is not enough.
 d) Others.....

5.2 What is the problem you faced in payment system of this hospital? (Multiple Response)

- a) Long waiting for bill payment.
- b) Improper counseling on payment system.

6. Questionnaire related to Communication and Behavior of the Staff

6.1. What is the problem you faced while communicating with the nursing staffs?

- a) Became angry when tell the problem to patient.
- b) Information is not given clearly.
- c) Staff is not available.

6.2. What is the problem you faced regarding doctor's treatment? (Multiple response)

- a) Delay in disease identification.
- b) Offer limited time to patient.
- c) Became angry while telling the problem of patient.
- d) Ask for unnecessary investigation.
- e) Others.

6.3 Are you satisfied with the behavior of Nurses?

- a) Yes
- b) No

6.4 If no, what are the reasons for dissatisfaction? (Multiple response)

- a) Limited communication with patient.
- b) Ignore the visitor problem.
- c) Became angry with patient.
- d) Are busy in their own work.
- e) Others.....

6.5 Are you satisfied with the care of Nurse?

- a) Yes
- b) No

6.6 If no, what are the reasons for dissatisfaction?

Specify,.....

APPENDIX-C

त्रिभुवन विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन संस्थान
नर्सिङ्ग क्याम्पस वीरगंज
२०७१
मन्जीनामा पत्र

विषय : अस्पतालमा भर्ना भएका विरामीका कुरुवाहरुले भोगेका समस्याहरु ।

उद्देश्य : अस्पतालमा भर्ना भएका विरामीका कुरुवाहरुले भोगेका समस्या पत्ता लगाउनु ।

नमस्कार, म जानुका पौडेल ब्याचलर इन नर्सिङ्गमा दोस्रो वर्षमा अध्ययनरत छात्रा हुँ । मैले अस्पतालमा भर्ना भएका विरामीका कुरुवाहरुले भोगेका समस्याहरुमा अनुसन्धान गरिरहेको छु । यस अध्ययनले तपाइलाई कुनै पनि हानि तथा क्षति पुऱ्याउने छैन । यस अध्ययनले तपाइलाई प्रत्यक्ष फाइदा नपुऱ्यता पनि बेफाइदा पनि गर्दैन । यस अध्ययनमा लिइसके पछि तपाइले यस बारेमा जानकारी पाउनु हुनेछ । यो अध्ययन तथा यसको प्रक्रिया नर्सिङ्ग वीरगंज क्याम्पसको रिसर्च कमिटी द्वारा पारित गरि ल्याइएको छ । यस अध्ययनको प्रक्रिया उद्देश्य अनुरूप हस्पिटल छानि त्यहाँ भएको विरामी कुरुवाहरुलाई अध्ययनमा सहभागी गराउने छु । यसको प्रश्नावलीहरु निम्न रहेको छ जस्तै : जनसंख्यायिक विवरण, अस्पतालमा भर्ना भएका विरामीका कुरुवाहरुले भोगेका समस्याहरुको प्रश्नहरु । यसले तपाइको आधा घन्टा जति समय लिनेछु । यसमा तपाइको स्वैच्छिक सहभागी हुनेछ र तपाइले चाहेको बेला छोडन सक्नु हुनेछ । यस अध्ययनले तपाइको पहिचानलाई खुलाउने छैन । यो केवल एक अनुसन्धानात्मक खोज मात्र हो ।

मलाई यस अध्ययनको विषयमा अवगत गराइएको छ । मैले यस सहमति पत्र पढेको र बुझेको छु । मेरा सबै प्रश्नहरु उत्तरित छन् र म आफ्नो स्वेच्छाले यस खोजकार्यक्रममा भाग लिने कुरामा मञ्जुर भएको जानकारी गराउँदछु ।

नाम :

सहि:

मिती :

APPENDIX-D

त्रिभुवन विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन संस्थान
नर्सिङ्ग क्याम्पस वीरगंज
२०७१

शिर्षक : अस्पतालमा भर्ना भएका विरामीका कुरुवाहरुले भोगेका समस्याहरु ।

अनुसन्धानकर्ता वीरगंज नर्सिङ्ग क्याम्पसको वि.एन. दोस्रो वर्षमा अध्ययनरत छात्रा हो । यो अध्ययन वि.एन. दोस्रो वर्षको पाठ्यक्रमको आंशिक पाठ्यभार परिपुर्तिका लागि गर्न लागिएको हो । यो अध्ययनको उद्देश्य अस्पतालमा भर्ना भएका विरामीहरुका कुरुवाहरुले भोगेका समस्याहरुको बारेमा पत्ता लगाउनु हो । तपाईंहरुले यी प्रश्नावलीको जवाफ दिनु भई सोध कार्य सम्पन्न गर्न सहयोग गर्नु हुन्छ, भन्ने अपेक्षा राख्दछु साथै तपाईंको जवाफको लागि आभारी हुनेछु । यो प्रश्नवलीबाट संकलित सुचनाहरुलाई गोप्य राखिनुको साथै उद्देश्यको लागि मात्र प्रयोग गरिनेछ ।

प्रश्नावलीमा दुई खण्डहरु रहेका छन् । पहिलो खण्डमा जनसाङ्ख्यिक विवरणको बारेमा प्रश्नहरु उल्लेख गरिएको छ भने दोस्रो खण्डमा अस्पतालमा भर्ना भएका विरामी कुरुवाहरुको समस्याहरु पत्ता लगाउनु हो ।

निर्देशन : यदि साक्षर हुनु हुन्छ भने आफै ठिक (√) चिन्ह लगाउनु हुनेछ र निरक्षर हुनु हुन्छ भने तपाईंले दिनु भएको जवाफहरु अनुसन्धानकर्ता आफैले लेख्नु हुनेछ ।

अर्न्तवार्ता लिने मिति :

कोड नं.:

खण्ड-क

- तपाईंको उमेर
..... वर्ष
- लिङ्ग
क) महिला ख) पुरुष
- तपाईंको शैक्षिक स्तर ?
क) शिक्षित ख) अशिक्षित
- तपाईंको बासस्थान ?
क) गाउँ ख) शहर
- तपाईंको विरामीसँगको सम्बन्ध ?

.....

खण्ड-ख

१. तपाईंको विरामी अस्पताल भर्ना हुनुभएको कति दिन भयो ?

.....

२. तपाईं कति दिन देखि अस्पताल बस्नु भएको छ ?

.....

३. **भौतिक सुविधाहरु सँग सम्बन्धित प्रश्नावली**

३.१ तपाईं हस्पिटल आउनका लागि कुनै साधन प्रयोग गर्नु भएको छ ?

क) छ

ख) छैन

३.२ यदि छ भने तपाईं यस हस्पिटलको पार्किङ सुविधामा सन्तुष्ट हुनु हुन्छ ?

क) छ

ख) छैन

३.३ सेक्युरिटी गार्ड र अन्य सहयोगी स्टाफबाट कुनै समस्या वेहोर्नु परेको छ ?

क) छ

ख) छैन

यदि छ भने.....

३.४. अस्पतालमा बस्दा तपाईं र तपाईंको विरामीलाई खाना कहाँबाट ल्याउनुहुन्छ ?

क) घरबाट

ख) चमेना गृहबाट

३.५ तपाईंलाई यस अस्पतालको चमेनागृहले प्रदान गर्ने सेवा प्रति के समस्या छ ?(बहु उत्तरको सम्भावना)

क) छ

ख) छैन

यदि छ भने.....

३.६ तपाईंलाई अस्पतालको खानेपानीमा के के समस्या छ? (बहु उत्तरको सम्भावना)

क) खानेपानीको ठाउँमा व्यवस्थित नहुनु

ख) सरसफाइको कमी

ग) खानेपानीको धारोको कमी

घ) अन्यभए उल्लेख गर्नुहोस्.....

३.७ तपाईंलाई शौचालय र नुहाउनको लागि के के समस्या भोग्नुभएको छ ?(बहु उत्तरको सम्भावना)

क) शौचालय तथा नुहाउन धारो प्रयाप्त नहुनु

ख) सरसफाइको कमी

ग) शौचालय र नुहाउने ठाउँमा प्रयाप्त पानी नहुनु

घ) चिप्लो शौचालय र नुहाउने ठाउँ

ड) अन्य भए उल्लेख गर्नुहोस्.....

३.८ तपाईं र तपाईंको विरामीको सामान राख्नको लागि के के समस्या परेको छ ?(बहु उत्तरको सम्भावना)

क) सामान राख्ने ठाउँको कमी

ख) लकरको कमी

ग) विग्रेको लकर

घ) अन्यभए ती समस्या के के हुन्

३.९ तपाईंलाई यस अस्पतालमा बस्नको लागि के समस्या परेको छ ?

क) छ

ख) छैन

यदि छ भने उल्लेख गर्नुहोस्.....

३.१० तपाईंको वार्डमा पर्याप्त बत्ती छ की छैन ?

क) छ

ख) छैन

३.११ तपाईंको विरामीलाई आवश्यक पर्ने जस्तै तन्ना, सिरानी, सिरक मा के के समस्या परेका छन् ?(बहु उत्तरको सम्भावना)

क) समयमा तन्ना र सिरानी फेरबदल नहुनु

ख) फोहर तन्ना सिरक र सिरानी

ग) तन्ना र सिरानीको अभाव हुनु

ग) तन्ना, सिरानी च्यातिएको

४. स्वास्थ्य सुविधाहरु सम्बन्धि प्रश्नावली

४.१ औषधी पसलले प्रदान गरेको सेवाप्रति तपाईंलाई के के समस्या छन् ? (बहु उत्तरको सम्भावना)

क) डाक्टरले दिएको औषधी नपाउने

ख) औषधी कीन्दा धेरै लामो लाइनमा बस्नुपर्ने

ग) औषधीको मूल्य महंगो

घ) यदि अरु केही भएमा उल्लेख गर्नुहोस्

४.२ तपाईंलाई विरामीको रगत, पिसाब, दिसा जाँच गर्ने क्रममा के समस्या छ ?(बहु उत्तरको सम्भावना)

क) समयमा रिपोर्ट उपलब्ध नगराउने

ख) दोहोरायर जाँच गराउने

ग) केही जाँच गर्नको लागि अरु अस्पताल जानुपर्ने

घ) महंगो

ड) अन्य भए उल्लेख गर्नुहोस्.....

४.३ तपाईंलाई रेडियोलोजि सेवा सँग के समस्या छन् ?(बहु उत्तरको सम्भावना)

क) समयमा स्वास्थ्य कर्मी नभेट्नु वा सामान नहुनु

ख) रिपोर्टस ढिलाइ हुनु

ग) जाँच गर्ने मेसिन विग्रनु

घ) अन्य....

५. अस्पतालको नीति नियमसँग सम्बन्धित प्रश्नावली

५.१ तपाईंलाई यस अस्पतालको नितिनियममा के समस्या छन् ?(बहु उत्तरको सम्भावना)

क) कुरुवा भेट्ने समय

ख) एक विरामीसँग एक कुरुवा मात्रै बस्नु

ग) विरामी भेट्ने समय अप्रयाप्त

घ) अन्य.....

५.२ तपाईंलाई शुल्क तिर्ने प्रणालीमा के समस्या छ ? (बहु उत्तरको सम्भावना)

क) शुल्क तिर्ने प्रणालीको परामर्शमा कमी

ख) विल काट्दा लामो लाइनमा बस्नुपर्ने

६. संचार तथा वानी व्यवहोरा सम्बन्धित प्रश्नावली

६.१ स्वास्थ्य कर्मिसँग कुराकानी गर्दा के-के समस्या भोग्नु भएको छ ?(बहु उत्तरको सम्भावना)

क) विरामीको बारेमा सोधेको खण्डमा रिसाउनु

ख) स्पष्ट रूपमा जानकारी नदिने

ग) समयमा स्वास्थ्यकर्मि नभेटिन

६.२ डाक्टरले गरिने उपचारप्रति तपाईं सन्तुष्ट हुनुहुन्छ ?(बहु उत्तरको सम्भावना)

क) रोग दिलो पत्ता लाग्नु

ख) विरामीलाई थोरै समय दिनु

ग) विरामीको समस्या बताउँदा रिसाउनु

घ) अनावश्यक जाँच गर्न लगाउने

ड) अन्य....

६.३ परिचारीकाको व्यवहारबाट तपाईं सन्तुष्ट हुनुहुन्छ ?

क) छु

ख) छैन

६.४ यदि छैन भने के कारणले असन्तुष्ट हुनुहुन्छ ? (बहु उत्तरको सम्भावना)

क) विरामीसँग थोरै कुराकानी

ख) कुरुवाको समस्यालाई वेवास्ता

ग) विरामीसँग रीसाउनाले

घ) आफ्नै काममा व्यस्त

ड) अन्य....

६.५ तपाईं परिचारीकाको सेवा बाट सन्तुष्ट हुनुहुन्छ ?

क) छु

ख) छैन

६.६ यदि छैन भने, असन्तुष्ट हुनुको कारणहरु के-के हुन ?

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धन्यवाद !