FACTORS AFFECTING QUALITY OF CARE TO HOSPITALIZED PATIENTS ADMITTED IN MEDICAL AND SURGICAL WARDS OF MULAGO NATIONAL REFERAL HOSPITAL

NSHIMYE NGAMIJE EDITH

2011-BNS-TU-028

AN UNDERGRADUATE RESEARCH REPORT SUBMITTED TO

THE SCHOOL OF NURSING IN PARTIAL FULFILMENT

OF THE REQUIREMENTS FOR THE AWARD

OF BACHELOR'S DEGREE IN NURSING

SCIENCE OF INTERNATIONAL

HEALTH SCIENCES

UNIVERSITY

NOVEMBER 2014

DECLARATION

I, Nshimye N. Edith, declare that, this report is my original work and has never been submitted to any other University or Institution for any award.

Sign: ……

NSHIMYE NGAMIJE EDITH

Date: …….

APPROVAL

This research report titled “Factors affecting quality of care to hospitalized patients on Medical and Surgical Wards of Mulago Hospital” was done under my supervision and is ready for submission.

Sign……

MRS. OKECHO N. FLORENCE

Date…….....

SUPERVISOR

DEDICATION

I dedicate this work to my family, especially my husband, children and grand-children who sacrificed a lot of time while I was away to put up this work.

ACKNOWLEDGEMENT

Above all, the Almighty God receives the highest appreciation and acknowledgement for sparing my life and for providing me with sufficient energy, time and wisdom to write up this report. I do recognize all those who contributed, towards the completion of this report.

I also want to thank the management of International Health Sciences University, lecturers and the entire staff more especially to my supervisor Mrs. Okecho N. Florence for her wonderful time spent while giving me guidance on how to write this report.

Lastly, I want to thank my classmates, colleagues and friends for the wonderful time they offered to me while I was writing this Research Report. May God bless them abundantly.

TABLE OF CONTENTS

ACRONYMS

AMA	American Medical Association
DHS	Demographic and Health Survey
MOH	Ministry of Health
QNC	Quality Nursing care
UN	United Nations
WHO	World Health Organization

LIST OF TABLES

LIST OF FIGURES

OPERATIONAL DEFINITION

Quality of Nursing Care: Refers to the outcome of the organizational factors, individual factors and patient related factors

ABSTRACT

INTRODUCTION

The purpose of the study was to explore the factors affecting the quality of care to hospitalized patients of medical and surgical wards of Mulago Hospital. Specific factors like organizational factors, nurse related factors, environmental factors and patient related factors were examined. The sole purpose of conducting the study on these particular wards was to give recommendations to the management, health workers and stakeholders on how to improve the quality of service that is offered to these hospitalized patients.

METHODOLOGY

The study adopted a cross sectional study design. Qualitative and quantitative approaches of data collection were employed. A total of 288 participants and a focus group discussion of 10 patients constituted the sample size. These participants were selected from both medical and surgical wards using simple random sampling. Permissions were thought from the relevant authorities and consent was sought from patients before getting information from them.

RESULTS

The study revealed that availability of health workers, supplies and drugs were least scored with poor and fair with 21.89%, 13.19% and 14.94% respectively as organizational factors affecting quality of care. Confidentiality 44.45% and privacy 54.56% were identified as some of the organizational factors affecting quality of care with poor and fair scores.

Congestion (43.40%), noise around the ward (34.38%) and untidy toilets and shower rooms (56.25%) were also identified as environmental factors affecting quality of care. It was also observed that most patients agreed that they come to the hospital with at least two care takers which brings about congestion on the ward.

CONCLUSION

This study revealed that there is no single factor affecting quality of care. There is interplay between the different factors affecting quality of care to hospitalized patients. These factors need intervention by the different stake holders so that a lasting solution can be made to overturn the global problem of poor quality of health service.

RECOMMENDATION

Mulago as an institution will institute a quality improvement team that can cautiously monitor quality services that are offered to the patients and settle some of the minor issues at the hospital level.

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Quality of care has been referred to as that kind of care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts. Donabedian (1990) stated that quality involves more than just outcomes and proposed three distinct factors: structure, process and outcomes. Structure refers to the facility such as a hospital or clinic, its safety, cleanliness, and availability of equipment. Processes refer to the medical staff's use of the structure. Outcomes refer to the patient getting well or at least getting no sicker than without intervention. The most important dimensions of quality health care for the client are technical competence, interpersonal relations, accessibility and amenities. Technical competence refers to the skills and actual performance of the health providers in regards to examinations, consultations and other technical procedures

Quality of care to a hospitalized patient is essentially determined by the quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is patient orientated and patient focused. Existing problems in health care relate to both medical and non-medical factors. This therefore calls for a comprehensive system that improves both aspects must be implemented. Health care systems in developing countries face an even greater challenge since quality and cost recovery must be balanced with equal opportunities in patient care (Gullapalli, 2002).

It is important to note that although clients are looking for proficient providers, often they cannot assess this dimension accurately. Furthermore, communities do not always fully understand their health service needs. The interaction between the provider and the client comprises the category of interpersonal relations. In this area, communication skills including effective listening have a critical impact on customer satisfaction. Accessibility to the client means that the health care services are unrestricted by barriers such as geography, economy or language. Finally, amenities refer to a client's perception of the physical health care facility, as well as supplies and equipment within the facility (Kiguli, 2010).

The primary core responsibilities of healthcare providers are to provide quality healthcare service to their users and ensure continuous quality improvement at different levels. Providers may be seen as whole organizations, teams, or individual health workers. In each case, they will ideally be committed to the broad aims of health care quality for the whole system, but their main concern is to ensure that the services they provide are of the highest possible standard and meet the needs of individual service users, their families, and communities. Improved quality outcomes are not, however, delivered by health-service providers alone. Communities and service users are the co-producers of health. They have critical roles and responsibilities in identifying their own needs and preferences, and in managing their own health with appropriate support from health-service providers (WHO, 2006).

Globally, quality health care has been of concern even in the developed countries where all the four dimensions (good infrastructure, easy accessibility, well trained medical personnel and good social amenities) seem to be of no concern. Quality of care varies in most settings in most developed countries including the United States, United Kingdom, New Zealand, Australia, and Holland. In all the studies done, medical errors have been faulted as a cause of increasing concern. (Campbell, 2001).

In Africa, the financing system is as deficient as the healthcare-delivery system that it supports. Public spending on health is insufficient, and international donor funding is pulling out due to the current global economic climate. In the absence of public health coverage, the poorest Africans have little or no access to care. More frequently they lack access to the Fundamental prerequisites of health that is clean water, sanitation and adequate nutrition. Despite these major challenges, reforms of the continent's healthcare systems are possible. Indeed, some evidence of reform is already present. A number of countries are trying to establish or widen social insurance programmes to give medical cover to more of their citizens. Ethiopia, for one, has demonstrated the power of strong political will to create a primary-care service virtually from scratch. Yet the sheer diversity of the continent means that overall progress has been patchy at best. (Economist Intelligence Unit, 2012)

In Uganda, some attempts have been made by the Ministry of Health (MOH) to improve the quality of services. These include, among others, building more health facilities, providing more drugs, recruiting more health workers and training health workers through continuing medical

education. This has not done much to improve the quality of care received by patients in all private and government owned centers (Uganda Demographic Survey, 2011).

Mulago national referral hospital faces the challenges of quality care ranging from almost all dimensions. There are few health workers in all the departments, little or no social amenities, insufficient funding and congestion of patients on the wards all of which compromises quality of care offered to patients (Hospital reports, 2013).

1.1 Problem Statement

There is still a public outcry about the quality of health services offered in public hospitals in Uganda and many countries over the world. These institutions serve a population of more than 80% of rural folks who have no ability to pay exorbitant fees in private healthcare facilities (Independent Paper 2010). Hospital quality of care measures indicates how well a hospital provides care for its patients and this care is supposed to be equitable and patient-centered.

In the medical wards of the Mulago hospital complex, a number of observations can be made that do not indicate good standards of care to hospitalized patients. Two to three deaths occur on average per day while 25% of the patients who undergo surgical operations develop complications such as sepsis when admitted to the surgical wards, (Mulago hospital records, 2013). There has been a big public outcry of all the people who attend the hospital about the health services offered in this institution with some incidences being reported to the courts of law. (The New vision July, 2013)

This may result into increased mortality or morbidity of the patients. To the hospital and the government, there is increased expenditure on the additional services on these patients and worse still this has continued to tarnish the image of public hospitals.

There was a need to look into factors that affect the quality of care to hospitalized patients of Mulago Hospital such that recommendations are made to eliminate the consequences resulting from poor quality care.

1.2 Broad Objective

The main purpose of the study was to determine factors affecting the provision of quality care among hospitalized patients of medical and surgical wards of Mulago hospital

1.2.1 Specific Objective

1. To determine the organizational factors affecting the quality of care among hospitalized patients in medical and surgical wards of Mulago Hospital
2. To determine the environmental factors affecting quality of care of hospitalized patients in medical and surgical wards of Mulago Hospital
3. To discover the nurse related factors affecting provision of quality care among hospitalized patients in medical and surgical wards of Mulago hospital
4. To establish patient related factors affecting provision of quality care among hospitalized patients of medical and surgical wards of Mulago hospital

1.3 Research Questions

The study focused on the following research questions.

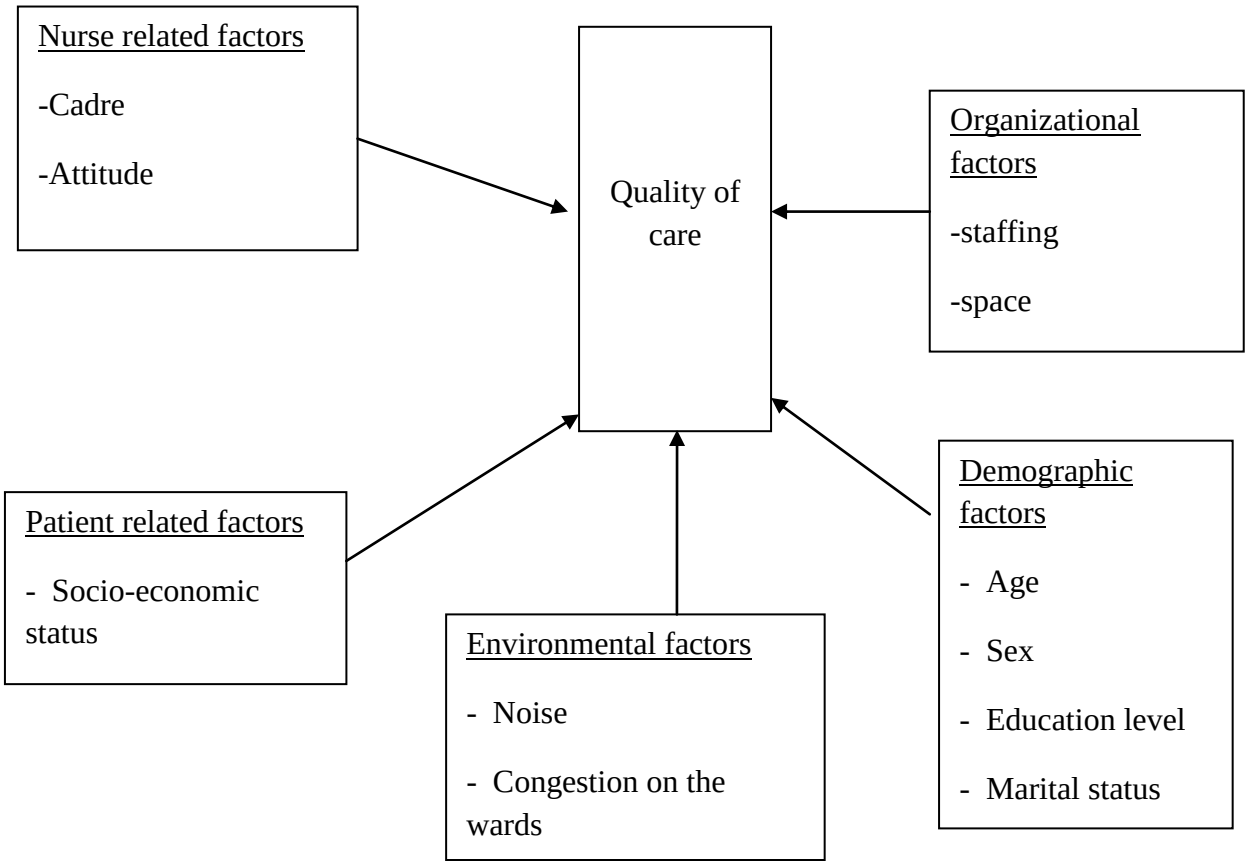
1. What are the organizational factors affecting the quality of care among hospitalized patients in medical and surgical wards of Mulago Hospital
2. What are the environmental factors affecting quality of care of hospitalized patients in medical and surgical wards of Mulago Hospital
3. What are the nurse related factors affecting provision of quality care among hospitalized patients of Mulago hospital
4. Which patient related factors affect provision of quality care to hospitalized patients of medical and surgical wards of Mulago hospital

1.4 Significance of the Study

Quality of health care is observed when care provided is safe, effective and takes into account patients' experience. Measures of quality of health care focus on the structure, process and outcomes. However, little attention has been paid to evaluating the quality and practices of care in public or private hospital settings in Uganda.

A study in Mulago national referral hospital was of significant benefit to the management and the public which it serve in that the findings of this study may be used to generate solutions to the problems that affect the quality of health care received by hospitalized patients.

Figure 1: Conceptual Frame Work



From figure 1 above, the study focused on the independent variables such as nurse related factors like attitude and cadre; patient related factors like socio economic factors; environmental factors like congestion and noise and demographic factors like age, sex, education level and marital status. All of which will affect the dependent variable of quality care to hospitalized patients.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed and highlighted the different findings of other studies about the factors affecting quality of care to hospitalized patients in Mulago national referral hospital. The review was based on four major themes that include; nurse factors, organizational factors, environmental factors and patient related factors.

2.1 Quality of Care

According to World Health Organization (WHO, 2000) quality has been defined as the process of meeting the needs and expectations of patients and health service staff. The American Medical Association (AMA, 1991), also defined quality as the degree to which care services influence the probability of optimal patient outcome. The WHO, (2006), identified effectiveness, efficiency, accessibility; acceptability/patient-centeredness, equitability and safety as dimensions that help to define quality. Health care services should be effective in such a way that is adherent to an evidence base and results in improved health outcomes for individuals and communities based on needs. It should also be efficient in a manner that maximizes resource use and avoids waste. These health care services should be accessible in terms of being timely and be provided in a setting where skills and resources are appropriate to medical need. The WHO (2006), emphasized that the health care services should be accepted or be patient centered in which it takes into account the preferences and aspirations of individual service users. It should also be equitable whereby it does not vary in quality because of personal characteristics such as gender, race, ethnicity, or socioeconomic status. Lastly, it should be safe, that is, it should minimize risks

and harm to service users. These dimensions as described by WHO are what the health consumers expect from any health professionals

2.2 Organizational Factors

Organizational factors that are linked to the day-to-day environment in which health-workers carryout their duties and which may affect the level of performance include aspects of organizational structure such as clearly articulated goals, the human resource management style, information with regard to norms, standards and support to the employee. Issues such as delegation of authority, autonomy in undertaking the task, supervision, systems of feedback and availability of resources also affect staff motivation (Bennet and Franco, 1999).

According to Bennet and Franco (1999), the organization should provide the necessary inputs such as supplies and logistics as well as an efficient supportive system and environment for the worker to influence motivation that will trigger good performance.

Contrary to the above, the World Bank (2005) reported that the availability of drugs and other supplies in health facilities in Uganda is a key factor affecting quality of care and that trained staff cannot apply their skills in clinical management unless they have access to these inputs.

The role of the organization is to communicate its goals, provide the process and resources for achieving these goals. Additional goals are to establish a system of feedback and to develop staff knowledge and skills (Bennet and Franco, 1999). However, the World Bank (2005) reported that circumstances must be such that people can translate their knowledge into positive action, but knowledge alone is often insufficient to bring about health promoting behavior and quality of care. It also noted that in some cases, high levels of health-related knowledge have not resulted in good behavior and practices.

Organizational factors are important and support the interventions of individuals. He stressed that organizational factors such as managerial support; colleague and supervisor support as well as organizational culture are associated with high quality of care. (Sharpley 2002)

Zurn, Dolea and Stiwell (2004) support the notion that motivation at work is generally believed to be a key factor in individual performance thus improved quality of care. They acknowledge that evidence supports the connection between job dissatisfaction, lack of motivation and intention to quit. They also stressed that since health care delivery is highly-labour intensive, health service quality as well as efficient and equitable distribution therefore will depend on health workers' willingness and ability to commit themselves to their tasks.

There are three factors that are believed to play a key role in performance of health workers. They are capability of staff to attend to their jobs (knowledge, skills and experience), motivation of staff to put effort to their work, and organizational support (resources and policies) and opportunities including a physical and social environment conducive to work, (Zurn et al, 2004).

Sochalski, J. 2004, in her study to find out the relationship between nursing staff and the quality of nursing care in hospitals, it was found out that a strong relationship between the number of staff present on the ward and the number of tasks accomplished per day. It was realized that if the staffs were few on a particular day, there would be a big back log left to be completed on the next day.

2.3 Environmental Factors

A safety climate is defined as shared perceptions of workers regarding the level of safety of their work Environment. Most important of these dimensions are management commitment and safety performance feedback from managers and coworkers. A strong safety climate is associated with

positive attitudes among workers, which can influence the adoption of safe behaviors and practices and help reduce accidents and injuries. Positive attitudes also influence job satisfaction and performance. Incorporating elements needed for a positive safety climate is the first step in influencing worker and patient safety. Workers need to know that administration is concerned about their safety; supports their efforts; and will use information on safety-related issues, problems, and errors only to improve the system and not for retribution. (Tammy Lundstrom et al, 2002)

Many women experience gender-related socio cultural, physical, and financial barriers that constrain their ability to seek care. Liz et al, 2002 in their review about quality of family planning services received by women, it was found out that issues affecting quality of care extend beyond the clinic setting, influencing clients before they arrive at the clinic.

Patricia W. Stone., Ronda G. Hughes and Maureen Ann Dailey in their independent review, it was realized that Organizational climate is one of the overarching aspects found in the work environment. However, it is not the only aspect related to patient safety and worker satisfaction and turnover. Other environmental aspects include actual workload, such as nurse-to-patient ratios in acute and long-term care and caseloads in outpatient settings; scheduled work hours (e.g., shift length, nights versus days); mandatory overtime; information systems for decision support to prevent errors of commission and omission; and human factor engineering solutions.

Focus groups identified properties that were important for healing and well-being of patients in acute, ambulatory, or long-term care settings. Participants identified the need for an environment that enables a connection to staff, is conducive to well-being, is convenient and accessible, allows confidentiality and privacy, cares for the family, is considerate of impairments, provides

connection to the outside world, and provides safety and security. It is noteworthy that participants identified physical conditions only in terms of comfort (temperature, lighting, and cleanliness) but not in terms of illnesses (Tammy Lundstrom et al, 2002).

There is a strong evidence that noise as one of the environmental factors increases stress in adult patients, for example, heightening blood pressure and heart rate (Baker, 1992; Morrison, Haas, Shaffner, Garrett, & Fackler, 2003; Novaes, Aronovich, Ferraz, & Knobel, 1997; Topf & Thompson, 2001). A recent study by Blomkvist et al. (in press, 2004) examined the effects of poor versus good sound levels and acoustics on coronary intensive-care patients by periodically changing the ceiling tiles from sound-reflecting to sound-absorbing tiles. When the sound-absorbing ceiling tiles were in place, patients slept better, were less stressed (lower sympathetic arousal), and reported that nurses gave them better care. There were also indications in this study that the incidence of re-hospitalization was lower if patients had experienced the sound-absorbing rather than sound-reflecting ceiling during their hospital stay (Hagerman et al., in press, 2004). More studies are needed such as that by Blomkvist et al. (in press, 2004), which use experimental research designs and systematically vary noise conditions. Future research should also investigate the effects of noise on re-hospitalization rates and other outcomes. In sum, the main message from the research review is clear: new hospitals should be much quieter, and effective design strategies for quieting hospitals are available.

2.4 Nurse related Factors

Sean P. Clarke, Nancy E. Donaldson 2007 in their study found out that the quality of care that nurses provide is influenced by individual nurse characteristics such as knowledge and experience, as well as human factors such as fatigue. The quality of care is also influenced by the

systems nurses work in, which involve not only staffing levels, but also the needs of all the patients a nurse or nursing staff is responsible for, the availability and organization of other staff and support services, and the climate and culture created by leaders in that setting. The same nurse may provide care of differing quality to patients with similar needs under variable staffing conditions and in different work environments.

Many studies done on QNC revealed that when measuring QNC it is important to consider the patient's satisfaction with nursing care (Al-Doghaitler, 2000, & Debono & Travaglia, 2009). Patients become more satisfied if their needs are met. As health professionals, nurses are accountable for quality and systematic improvement of nursing practice (Burhans, & Alligood, 2010). Quality of nursing care according to Australian Nurses' Organization included themes of patients' need fulfillment and therapeutic effectiveness mediated through selective focusing (Burhans, & Alligood, 2010). QNC in Thailand was perceived as one that met patients' physical, psychological and extra needs. The nurses who were providing QNC were perceived to have good attitude and professional manners, showed kindness, trust and honesty as well as clinical competence (Zhao & Akkadechanunt, 2004). Nursing care that brought about patients joy, smile and understanding was perceived as quality care. A study in China revealed that patients perceived QNC when nurses showed a nice attitude towards them and caring for them (Zhao & Akkadechanunt, 2004). Teaching diseases and nursing related knowledge to patients and providing care as needed promptly was also perceived as QNC by patients (Zhao & Akkadechanunt, 2004). It was observed that quality of care demands that we pay attention to the needs of patients and clients and use methods that have been tested to be safe, affordable and reduce deaths, illness and disability and health care workers are expected to practice according to set standards (Ghana Health services, 2004).

Quality Nursing Care satisfies the needs and expectations of patients. Patients are likely to care more about the communication, listening, kindness and responsiveness of their nurses (Burhans, & Alligood, 2010). Therefore, assessment of quality of care from patients' perspective has been operationalised as patient satisfaction (Rafii, et.al, 2008).

Health services must provide high-quality care; providers must understand and respect their clients' needs, attitudes, and concerns. These client perceptions are in turn affected by personal, social, and cultural factors. Research highlights the benefits of addressing client perspectives on quality of care, since it leads to improved client satisfaction, continued and sustained use of services, and improved health outcomes. (Liz C. Creel, 2009)

Lack of coworker and supervisor support contributes to perceived stress and resultant burnout. In one study of performance among nurses by Salyer, a higher number of admissions to/discharges from a patient care unit in 24 hours had a negative impact on the self-rated quality of performance, (Salyer 2003). Workload (number of emergency admissions), number of deaths on the ward, and number of menial tasks performed contributed to medical residents' perception of being overwhelmed and increased the number of reported minor medical mistakes. Lack of peer support, role ambiguity, and perceived stress were associated with job dissatisfaction and depression among residents. (Tammy, L. et al, 2002).

The quality of care that nurses provide is influenced by individual nurse characteristics such as knowledge and experience, as well as human factors such as fatigue. The quality of care is also influenced by the systems nurses work in, which involve not only staffing levels, but also the needs of all the patients a nurse or nursing staff is responsible for, the availability and organization of other staff and support services, and the climate and culture created by leaders in

that setting. The same nurse may provide care of differing quality to patients with similar needs under variable staffing conditions and in different work environments. (Sean P 2010)

2.5 Patient related Factors

The fact that the patient is the most important person in a medical care system must be recognized by all those who work in the system. This single factor makes a significant difference to the patient care in any hospital. In developing countries financial constraints often lead to compromised quality of care. This can be corrected by the introduction of management systems that emphasize cost recovery. Experiences show that a system should first be developed to attract patients who can afford to pay for high quality services and such a system should then be extended to non-paying patients. This system has the advantages of high quality care and good cost recovery (Gullapalli, 2002).

Costs, including fees for transportation, services, and supplies, can be another barrier to care. In the 2000 Cambodia Demographic and Health Survey (DHS), women said that lack of money was the main obstruction to obtaining health care (National Institute of Statistics 2000). In a study in China, one woman explained, "Of course when you are sick you should seek a doctor. But if you have no money, how can you talk about going to see a doctor? Money is the important thing".

In a study to find out the factors affecting the use of patient survey data in quality improvement, it was realized that there are basically three barriers that hinder patient quality of care. These are; organizational, professional and data related. Organizational factors include lack of supporting values for patient care and competing priorities, professional factors include clinician and staff not being used to focusing on patient interaction as a quality issue and defensive to change

following feedback while data issues include lack of expertise with survey data and lack of timely and specific results (Davies. E, 2005).

The psychological wellbeing of a patient and health care provider together with the frequency of occupancy by the attending health worker determines the quality of care received by the patient. If a patient is attended to more frequently by the by the health worker, this will be perceived as being quality of care (Grondahl et al, 2011).

Larsson (2010) found association between perceptions of the quality of care with patient satisfaction. He found out that once patients are satisfied with a particular service in the clinic, then this will be termed as quality. Ahmad, Nawaz and Uddin (2011) also reported that Patients' satisfaction is a serious subject for healthcare providers. Mixture in patients' demographics also moulds their perceptions about hospital facilities and services. He investigated the changes brought in the patients' agreement of patients who were admitted in various wards in the public sector hospitals. It was found that female patients were more satisfied than males' patients with reference of treatment and administration.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter presents the methods of investigations that the researcher used. It comprised of area of study, research design, sample size and sampling procedure, sources of data, tools of data collection as well as limitations / problems encountered during the study.

3.2 Study Area

The study was carried out in Medical and Surgical wards new Mulago hospital complex, in the national referral hospital of Uganda. It is about 3 kilometers from the central Kampala District to the North. Located in Kawempe Division, the hospital is a government aided hospital and is the national referral hospital for the country. The Hospital has two surgical wards in new Mulago and one surgical ward in Old Mulago. Medical wards are three and all are located on 4^{th} floor of new Mulago Hospital Complex. This national referral hospital was preferred because there is a massive public outcry about the services received by the patients.

3.3 Study Design

The study involved the use of a cross sectional study design employing both qualitative and quantitative methods to explore the factors affecting the quality of care to hospitalized patients of medical and surgical wards of new Mulago hospital complex. This design is convenient because it involves collecting data at one point in time.

3.4 Study Population

The target population was all those patients admitted on the medical and surgical wards of new Mulago hospital complex at the time of conducting the study.

3.5 Sample Size

Kish and Leslie formula was used to determine the sample size of respondents from whom the information obtained was generalized to the population of ISS Clinic.

$n = q^2 * p (1- p) / d^2$

q= z value at 95% CI which is always 1.96.

p= estimated prevalence (proportion) of people with characteristics of interest under study. The average prevalence of 25% of patients who develop complications on surgical wards was be used

d= margin of error usually 5% = 0.05

n= total sample size

$$n = \frac{1.96 \times 1.96 \times 0.25(1-0.073)}{0.05 \times 0.05}$$

n=288.12 = 288

288 patients were interviewed to obtain data from patients. A focus group discussion of about 10 health workers was interviewed to make a total of 299.

3.6 Sampling Procedure

Simple random sampling was used to select patients on a daily basis. On each working day, patients admitted on the ward were organized and explained the purpose of the study and those who accept to participate in the study were organized into one group. Small papers were organized into numbers from one to ten; these were folded, put in one container and churned thereafter patients would be told to pick one paper at random. Those who picked even numbers were selected to undergo the interview. This was done twice a day in the morning and in the evening. In case a patient failed to participate in the interview, the next patient with the even number was selected.

3.7 Study Variables

3. 7.1 Dependent Variables

Quality of care

3.7.2. Independent Variables

Nurse related factors

Organizational factors

Environmental factors

Patient related factors

3.8 Research Tools/ Methods of Data Collection

3.8.1 Data Collection Tool

These were developed and distributed to the respondents by the researcher and the research assistants who administered the questionnaire to the participants. Questions aimed at eliciting relevant information from the respondents. Besides an interview guide was also developed and given to a group of health workers in a focus group discussion to get the quantitative information from them about factors affecting quality of care to hospitalized patients on medical and surgical wards of Mulago Hospital. An interview-administered questionnaire were developed and given to participants to obtain qualitative data from patients.

3.8.2 Interviews

These involved face-to-face interaction between the researcher and the respondents. This method was preferred because it is time saving and flexible. The use of interview guided questions was employed.

3.9 Data Processing

3.9.0 Quality Control

Pretesting of the questionnaire was done 2 weeks before the starting of the data collection process. Two research assistants were hired and trained in order to orientate them on how to handle the participants and how to correctly record the data. This helped to minimize errors during the data collection process. The measurement of quality of care was done by proxy using organizational, environmental and individual factors.

3.9.1 Coding

Coding was done by classifying or grouping similar responses to the questions into meaningful categories or classes or groups in relation to variables under study. The responses were used to formulate a general response category.

3.9.2 Cleaning

This was being done after collecting data to minimize errors by checking on completeness, accuracy and uniformity. Removing of outliers, invalid data as well as labeling of missing values were corrected and responses put in the right place.

3.9.3 Data Entry and Analysis

Questionnaires were scanned through on a daily basis, counted the number of responses falling into a particular category and record using excel spread sheet. Data was then analyzed descriptively using with univariate, bivariate and multivariate measures using SSP program where the chi square, p- values and percentages were used to find out the most significant variables affecting quality of care. A statistician was hired to analyze the complex data systems of univariate and multivariate methods.

3.10 Research Formalities/Ethical Consideration

Before carrying out the study, the researcher sought for permission from relevant authorities i.e. the Research and ethics committee of Mulago Hospital. Informed consent of the respondents was sought before any interview. These were taken in a separate private room and the interview was conducted. This with the use of introduction letter from the University and consent form ethically allowed me to conduct the study.

3.11 Limitations of the Study

The limitations that were encountered during the study included among others the following;

- The study relied on self-report of the responses and this may create bias on the side of information that they gave. This was solved by explaining to the participants very well the purpose of this study.
- Patients sometimes feared to give information thinking that it may affect the service they are to receive on the ward. This was solved by continuous re-assurance that this was for research purposes and that it does not aim at pin pointing at any body.

Dissemination of Results

Upon completion of this study, results, findings and the recommendations of this study will be distributed to the different stake holders in the struggle to improve the quality of health services in Uganda. These included among others;

- Mulago Hospital Complex
- Ministry of Health
- International Health Sciences University Library and Office of the Dean, Faculty of Nursing.

CHAPTER FOUR

4.0 Introduction

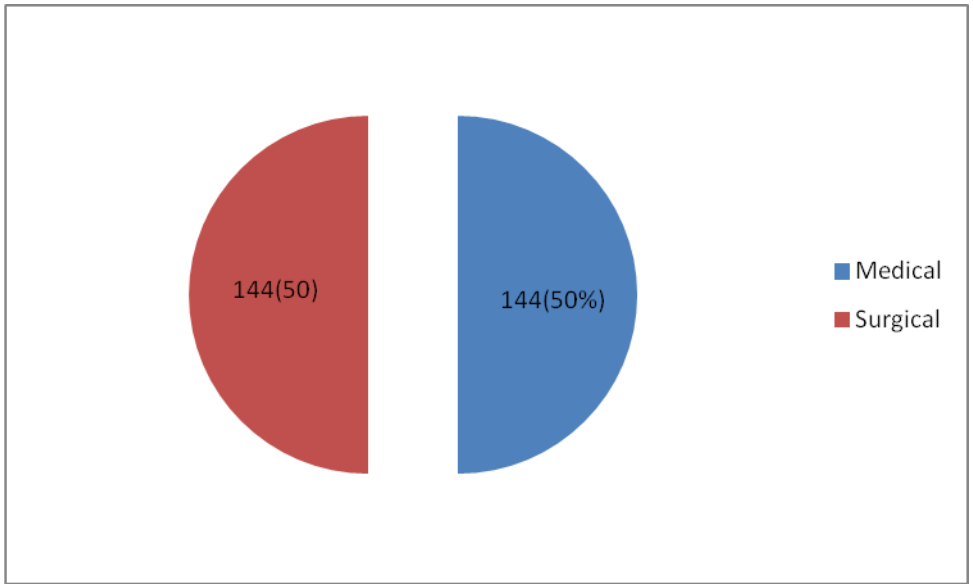
This chapter represents the findings of the study. Data has been presented descriptively in tables, graphs and pie charts. It has also been presented by using percentages and chi square values to signify he most affecting factors.

4.2 Demographic Characteristics

A sample of 288 participants was obtained during data collection from both medical and surgical wards as represented in the figure.

Figure 2: The Distribution of Participants Per Ward

N= 288



From figure 1 above it can be seen that from each ward, an equal number of participants was selected and interviewed in the study.144 (50.00%) were selected and interviewed from either medical or surgical ward.

Table 1: The Demographic Characteristics of Participants

Distribution of Respondents by their Demographic Characteristics			
Characteristic	**Category**	**Frequency (N=288)**	**Percentage (%)**
Age	18-25	40	13.39
	26-35	70	24.31
	36-45	93	32.29
	46 and above	85	29.52
Sex	Male	137	47.57
	Female	151	52.43
Tribe	Ganda	110	38.19
	Nyankole	42	14.58
	Soga	54	18.75
	Other	82	28.47
Level of Education	None	48	16.72
	Primary	98	34.15
	Secondary	84	29.27
	Tertiary	57	29.86
Occupation	None	77	26.74
	civil servant	21	7.29
	Self employed	126	43.75
	Casual	64	22.22

From table 1 above, majority of the participants 93(32.29%) were from the age group of 26-35 years. This was followed closely by 85(29.52%) the age group of 46years and above, then 26-35years 70(24.31%) and least by age group of 18-25 yeas, 40(13.39%). Majority 151(52.43%), were females and 137(47.57% were males.

There was majority number of the participants were from Ganda tribe 110(38.19%). This was followed by other tribes 82(28.47%) like the Batoro, Gisu, Bakiga and others. Closely these were followed by the Basoga tribe 54(18.75%) and least by Banyankole 42(14.58%).

Primary level of education scored highly 98(34.15%), followed by secondary level of education 84(29.27%), then tertiary level 57(29.87%) and lastly by none level of education 48(16.72%).

The occupation of the majority participants was of self-employment 126(43.75%), followed by those with no employment 77(26.74%), then casual employment 64(22.22%) and lastly by civil servants 21(7.29%).

4.3 Organizational Factors

Table 2: The Organizational Factors affecting Quality of Care

N=288

	Scores and their percentages					
Category	**Poor**	**Fair**	**Good**	**Very good**	**Excellent**	**Total**
Supplies are always available for work	03(1.04)	35(12.15)	32(11.11)	117(40.63)	101(35.07)	288(100)
All prescribed drugs are given to me	1(0.35)	40(13.89)	66(22.92)	69(23.96)	112(38.89)	288(100)
Feed back to complaints received	2(0.70)	24(8.36)	45(15.68)	100(34.84)	116(40.42)	288(100)
Proper shift hand over of staff	4(1.39)	12(4.17)	34(11.81)	100(34.72)	138(47.92)	288(100)
Availability of enough health workers	29(10.07)	34(11.81)	20(6.64)	88(30.56)	117(40.63)	288(100)

Availability of supplies was highly rated as being very good 117(40.63%), excellent 101(35.07%). This was followed by fair 35(12.15%), good by 32 (11.11%) and lastly by poor with 03 (1.04%).

Besides a majority number 112(38.89%) rated the rate of supply of prescribed drugs as being excellent, followed by 69(23.96%) as being very good, 66(22.92%) as being good, 40(13.89%) as being fair and lastly 1(0.35%) as being poor.

There was also a big number of participants 116 (40.42%) who reported that feed back to complaints from the administration was excellent in terms of being received on time. This was followed by very good 100(34.84%), good 45(15.65%), then fair 24(8.36%) and lastly by poor 2(0.70%).

There was a majority number of participants 138(47.92%) who reported that proper shift hand over of staff on the wards as being this was followed by 100 (34.72%), then good 34(11.81%), fair (12(4.17%) and lastly by poor (4(1.39%).

Availability of enough health workers on the ward was rated highly by the majority 117 (40.63%) as excellent, followed by 88(30.56%), fair 34(11.81%), poor 29(10.07%) and lastly by good 20(6.64%).

From these results it was realized that organizational factor of availability of enough health workers on the wards got a big number (21.83%) of patients rating it as being poor and fair. On average, 37(12.85%) patients rated organizational factors as being poor and fair. Whereas 251(87.15%) rated this factor as being good, very good and excellent.

4.4 Nurse Related Factors

Table 3: The Nurse Related Factors affecting Quality of Care

N=288

	Scores and their percentages					
Category	**Poor**	**Fair**	**Good**	**Very good**	**Excellent**	**Total**
Nurses are welcoming to me	10(3.47)	38(13.19)	68(23.61)	77(26.74)	95(32.99)	288(100)
Nurses are caring and polite	10(3.47)	44(14.99)	56(19.51)	86(29.97)	92(32.06)	288(100)
My problems are listened to	23(7.99)	39(13.54)	53(18.40)	69(23.960	104(36.11)	288(100)
There is always enough staff on the ward	39(13.54)	27(9.35)	25(8.65)	78(27.08)	119(41.32)	288(100)
I receive all the prescribed doses on time	8(2.78)	27(9.38)	46(15.97)	86(29.86)	121(42.01)	288(100)
Privacy is ensured while being attended to	77(26.78)	80(27.78)	40(13.89)	45(15.63)	46(15.97)	288(100)
Confidentiality is maintained all the time	59(20.49)	69(23.96)	34(11.81)	57(19.79)	69(23.96)	288(100)
Progress of my condition is communicated to me	5(1.74)	8(2.78)	17(5.90)	109(37.85)	149(51.74)	288(100)

From Table 3 it can be seen that majority number of participants 95(32.99%) rated nurses on the wards as being excellent. This was followed by very good 77(26.74%), good 68(23.61%), fair 38(13.19%) and lastly by poor 10(3.47%).

There was a majority number of patients 92(32.06%) who rated nurses as excellent as far as being caring and polite is concerned. This was followed by 86(29.97%), good 56(19.51%), fair 44(14.99%) and lastly by poor 10(3.47%).

Furthermore, there was a big number of participants 104(3636.11%) who rated nurses as excellent as far as attending and listening to patients problems is concerned. This was followed by very good 69(23.96%), good 53(18.40%), fair 39(13.54%) and lastly poor by 23(7.99%).

Majority participants 104(36.11%) reported that nurses listen to their problems followed by very good 69(23.96%), good 56(18.40%), fair 39(13.54%) and lastly by poor 23(7.99%).

Besides, there was majority number 119(41.32%) of participants who rated the availability of enough staff on the as being excellent. This was followed by very good 78(27.08%), poor 39(13.54%), then fair 27(9.35%) and lastly good 25(8.65%).

On the same note only 121(4.01%) excellent in as far as receiving the prescribed doses on time. This was followed by very good 86(29.86%), good 46(15.97%), fair 27(9.38%) and lastly by poor 8(2.78%).

Majority participants 80(27.78%) rated privacy while being attended to as fair, followed by poor 77(26.78%), then excellent 46(15.97%), very good 45(15.63%) and lastly by good 40(13.89%).

An equal number of participants rated equally confidentiality while being attended to as being fair and excellent both with 69(23.96%) followed by poor 59(20.49%), very good 57(19.79%) and lastly by good 34(11.81%).

Majority participants 149(51.74%) reported that the progress of their condition was communicated to them. This was followed by very good 109(37.85%), good 17(5.90%), fair 8(2.78%) and lastly by 5(1.74%).

4.5 Environmental Factors

Table 4: Environmental Factors affecting Quality of Care to Hospitalized Patients

Characteristics	Scores and their Percentages		
	Yes	**No**	**Total**
The ward is always congested	125(43.40)	163(56.60)	288(100)
There is always noise around the ward	99(34.38)	189(65.62)	288(100)
The ward is clean most of the time	225(88.54)	33(11.46)	288(100)
Toilets and shower rooms are always clean	126(43.75)	162(56.25)	288(100)

From table four above, majority number of patients 163(56.60%) reported that the ward is not always congested. While a few number 125 (43.40%) reported that the wards are always congested.

There was also a majority number of patients 189(65.65%) who reported that the there is no noise around the wards whereas a few patients 99(34.38%) agreed that there is always noise around the wards.

Most patients on the wards 225(88.54%) said that the ward is always clean while a few patients 33(11.46) said that the wards are not always clean.

Besides there was a majority number of patients 162(56.25%) who reported the toilets and shower rooms as always being dirt not clean. being words. While a few patients 126 (43.75%) agreed that the toilets are always clean.

4.6 Patient Related Factors

Table 5: Patient Related Factors affecting Quality of Care to Hospitalized Patients

Characteristics	Scores and their Percentages					
	Disagree	**Satisfactory**	**To some extent**	**Agree**	**Very much agree**	**Total**
I attend well to the health workers instructions	0(00)	0(00)	4(1.39)	51(17.71)	233(80.90)	288(100)
I gave necessary requirements to health workers	1(0.35)	8(2.78)	33(11.46)	84(29.17)	162(56.24)	288(100)
If drugs are not available I buy all drugs	7(2.43)	18(6.25)	52(18.06)	68(23.61)	143(49.65)	288(100)
I do other investigations necessary	6(2.08)	26(9.03)	62(21.53)	76(26.39)	118(40.97)	288(100)
I came to hospital with at least 2 care takers	45(15.63)	72(25.00)	66(22.92)	38(13.19)	67(23.26)	288(100)

From table 5 above it can be seen that the majority number of participants 233(80.90%) very much agreed that they attend to the health workers instructions. This was followed by agree 51(17.71%) then agree to some extent 4(1.39%) and lastly by satisfactory and disagree all with 00(0.00%).

The majority number of participants 162(56.24%) very much agreed that they get the necessary requirements to health workers. This was followed by agree 84(29.17%), agree to some extent 33(11.46%), satisfactory 8(2.78%) and lastly by disagree 1(0.35%).

There was a majority number of participants 143 (49.65%) who very much agreed that they buy all the prescribed drugs if unavailable. This was followed by agree 68(23.61%), agree to some extent 52(18.06%), satisfactory 18(6.25%) and lastly by disagree 7(2.43%).

There was a majority number of participants 118(40.97%) who very much agreed that they do all the necessary investigations for doctors to work on them. This was followed by this was followed by agree 76(26.39%), agree to some extent 62(21.53%), satisfactory 26(9.03%) and lastly by 6(2.08%).

In addition, there were a majority number of participants 72(25.00%) who satisfactorily agreed that they came to the hospital with at least two care takers. This was followed by very much agree 67(23.26%), closely by agree to some extent 66(22.29%), disagree 45(15.63%) and lastly by 38(13.19%).

4.7 Results from the Focus Group Discussion

From the focus group discussion with a group of ten patients, majority number in the group, agreed that "there *were few health workers on the ward to attend to their problems*". This is in line with the results from the organizational factors where by a representative number of patients cited a few health workers on the ward. Also to note was that half of participants agreed that "*the hospital is just a complex and sometimes it's hard to find which place or ward you have been referred to.*

Congestion of the ward was also mentioned by the all the participants in the discussion group. This is also similar to what was discovered in the environmental factors affecting quality of care to hospitalized patients. Another finding was "*the wards are usually dirty due to the cleaners who do not mind about effective cleaning of bath room and toilets".*

When asked about the issues related to nurses affecting the service they received, almost all the participants agreed that "*indeed there are few nurses on the ward to attend to them".* These also stressed that "*nurse's work hard but it is just that they are few".* A number of participants also mentioned that *at times nurses are rude to them when they approach them for help*. In fact one patient quoted a nurse telling them that "I am sick and I am only here to help you"

In the group discussion, they were asked also whether they were able to buy all the medicine that were not available and most participants *narrated that they were not able to buy medicine prescribed to them since they did not have any financial support*. In fact, one patient mentioned that *"I went out to fundraise so that he can be able to mobilize the money and buy drugs".*

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter discusses the findings of the results of this study. Results have been discussed according to the objectives but with emphasis on the significant variables.

5.2 Demographic Characteristics

The study was undertaken to assess factors affecting quality of care in Mulago Hospital. Emphasis was placed on outcomes/quality of care provided to in-patients on both Medical and Surgical wards.

There was almost an equal distribution of respondents in all the categorized age groups on both medical and surgical wards. For purposes of uniformity, this equal number of respondents was selected from each ward. Females were more than the males in the study. It is generally agreed that men in Uganda have poor health seeking behavior and this could have contributed to this although this was not highlighted in the literature.

Majority were of Ganda tribe due to the fact that the hospital is located in the central region which is the origin of the Ganda tribe. Majority of the participants were of low level of education due to the fact that this is a public institution that provides free health care service to the people. As seen from the low level of education above, majority were in self-employment which includes business that does not necessarily need someone to have any academic achievement.

5.3 Organizational Factors

The most organizational factors that were mostly under scored as affecting quality of care to hospitalized patients was that there were not enough health workers on the word, availability of drugs and availability of supplies on the ward. These although they did not score highly but were fairly and poorly scored with percentages of between 10-20 percent. Health workers need to be enough on the ward if they are to offer good and quality service to patients, they also need enough and timely supply of materials and equipment in order to give a good service. This in turn compromises the delivery of good and quality service to the patients as demands will out weight the needs of the patients.

Health workers will always get fatigued and in the end the service provision will be compromised. This is in agreement to the World Bank report (2005) the availability of resources like supplies in healthy facilities as the only single factor the compromises quality of care. Zenit and et al 2004 however stressed that for good quality health service delivery, there should be enough and dynamic health worker force. Sochalski, J. (2004) also found out a positive relationship with nursing staff and the number of completed tasks.

5.4 Nurse related Factors

The study also revealed that privacy and confidentiality were some of the factors the nurses do not observe well while attending to them. This could be due to the fact that there are few nurses on the word as observed in the findings of the organizational factors. They may not have enough time to observe these delicate issues and this compromises the standard and quality of care delivered to these patients. Sean.P, et al (2007) echo that human fatigue for nurses that may

come as a result of poor staffing levels will definitely impinge on the quality of service provided to the hospitalized patients.

5.5 Environmental Factors

A big number of participants also reported congestion on the word, noise in and around the ward with an untidy shower rooms and toilets as some of the environmental factors affect the quality of care they were receiving. These coupled with the few health workers reported enormously affects the quality of service offered to the patients. This is in agreement with Patricia, W. et al (2007) singled out organizational climate like work environment including nose as affecting the outcome of any effort to give good service. Beker, C. et al (2003) in their study, also stressed that noise with the hospital environment increases stress in adult patients which can result into high blood pressure and raised heart rate.

5.6 Patient related Factors

Aspects of patient related factors were as well singled out as affecting quality of care to hospitalized patients. A big number of patients reported as not being able to buy the unavailable prescribed drugs and the required extra tests for the health workers to work on them. Still, a number of patients also reported to have come with at least two care takers to the hospital. This in the end compromises quality of service delivery.

It can be seen that there was interplay between organizational, nursed related environmental and patient related factors affecting the quality of care to hospitalized patients.

CHAPTER SIX:

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter discusses the conclusions made from this study. It also highlights the major recommendations of the researcher to the various stake holders based on the findings of the study.

6.2 Conclusions

The study focused on the factors affecting quality of care to hospitalized patients in medical and surgical wards of Mulago National Referral Hospital, Kampala, Uganda.

There was striking evidence pointing to nurse related factors like maintenance of privacy and confidentiality as affecting the quality of care received these hospitalized patients. The presence of less number of staffs on the wards was also identified as one of the organizational factors affecting quality of care. Of interesting to note also was that social amenities on the like cleanliness of the toilets and shower rooms were also amazingly mentioned as affecting quality of care.

On the other hand factors related to the patient that were mentioned as affecting quality of care were that patients are not usually not able to do other necessary investigations that the hospital can't do for them. Even the drugs were not available in the Hospital majority number of patients were not able to buy them hence compromising the quality of care they ought to receive.

The results of this study suggest that factors affecting quality of care to hospitalized patients cut across all the dimensions and some of them correlate in one way or another. There is therefore need for the administrative and policy makers to worker hand in hand to improve on these issues at the national referral Hospital of the country.

6.3 Recommendations

To the Ministry of Health Headquarters

1. There should be an effort to look into the understaffing of health workers in this hospital where by even patients know and can easily tell that health workers are few.
2. Efforts should be taken to see that equipment and drugs are made accessible to the hospital to help patients in this public institution.
3. Institute health systems strengthening in quality improvement so that such issues can be identified and improved even with the little resources.

To Mulago National Referral Hospital:

1. They should hire quality cleaning service companies who can clean the wards, toilets and shower rooms very well.
2. Institute a quality improvement team that can cautiously monitor quality of services offered to the patients and settle some of the minor issues at the hospital level

For further research:

1. A comprehensive research to measure the quality of care offered to hospitalized patients admitted on the wards should be conducted to actually see how much is offered to these patients

2. There should be a comparative study to look at quality of care in Mulago Hospital to other related national referral Hospitals with more less the same staffing levels.

APPENDIX I: References

AHMAD M.M. & ALASAAD J.A. (2004). *Predictors of Patients Experiences of Nursing Care in Medical-Surgical Wards*: *International Journal of Nursing Practice,* Vol. 10, Issue 5, pp.235-41.

AL-DOGHAITHER A.H. (2000), *Patients' Satisfaction with Nursing Services at King Khalid University Hospital,* Riyadh, Saudi Arabia. *SSFCM Journal,* Vol. 7 Issue 3.

ALEXANDER M.A., FAWCETT J.N., & RUNCIMAN P.J. (2006). *Nursing Practice Hospital and Home; The Adult*. 3rd Edition. Churchill Livingstone Elsevier, Edinburg.

BASAVANTHAPPA B.T. (2007). *Nursing Research.* 2nd Edition; Jaypee Brothers Medical Publishers, New Delhi.

BECKER, C., et al. (2003). *Effectiveness of a multifaceted intervention on falls in nursing home residents. Journal of the American Geriatrics Society, 51*(3), 306-313.

Care in Hospitals. Medical Care, Volume 42, Number 2 suppl, February 2004

CHASSIN, M. R., et al . 2010. New England journal of medicine. *Accountability Measures Using Measurement to Promote Quality Improvement*. *AORN Journal*, 363(7):683-688

DAVIES.E. (2005). *Hearing the patient's voice. Factors affecting the use of patients survey data in quality improvement*. London School of Medicine

GRONDAHL ET AL., 2011. *Quality of care from patients' perspective: impact of the combination of person-related and external objective care conditions*. *Journal of Clinical Nursing,* 20 (17–18) (2011), pp. 2540–2551

LARSSON, G. 2010. *Quality of Care and Patient Satisfaction: A New Theoretical and Methodological Approach*. *International Journal of Health Care Quality Assurance*, 23(2):228-247.

PATRICIA W. STONE., RONDA G. HUGHES,.MAUREEN ANN. *Creating a Safe and High-Quality Health Care Environment.* An Evidence-Based Handbook for Nurse, pages 28-29

SEAGO JA, SPETZ J, CHAPMAN S, ET AL (2006). *Can the use of Licensed Practicing Nurses alleviate the nursing shortage*? Vol.106 (7):40-9 Institute for Healthcare Improvement.

Transforming care at the bedside. 2006. Available at: http://www.ihi.org/IHI/Programs/TransformingCareAt The Bedside/. Accessed May 11, 2006.

SALYER,J., BARBARA,A,M., THOMAS, T, H., (2003). *Impact of organizational and patient outcomes*. Professional nursing practice. Jon. V.33 No.4 April 2003.

SEAN P. CLARKE, NANCY E. DONALDSON (2007). *Patient Safety and Quality*: *An Evidence-Based Handbook for Nurses*.

SEAN P. ET AL (2010) *Nurse Staffing and Patient Care Quality and Safety*

SOCHALSKI, J. (2004). *The Relationship between Nurse Staffing and the Quality of Nursing*

The Economist Intelligence Unit 2012,. *The future of healthcare in Africa*. Pages 5-7.

APPENDIX II: Questionnaire for Patients

CONSENT FORM

Dear participant, please accept to participate in this study that is about the factors affecting quality of care to hospitalized patients admitted in medical and surgical wards of Mulago Hospital.

Permission has been granted to me by the relevant authorities to carry out this study. Your participation is voluntary and the information you give will be kept confidential. You are free to answer any question of your choice you feel is the best for the question. Your name is not required here and the information you provide will help to improve the services offered in this hospital.

Thank you very much for accepting to participate.

---------- ----------

Name and Signature of investigator Name and signature of participant

1. **DEMOGRAPHIC DATA**

Age

a) 18-15 years
b) 26-35 years
c) 36-45 years
d) 46years and above

Sex

a) Male

b) Female

Tribe

a) Ganda
b) Nyankole
c) Soga
d) Others…… specify

Level of education

a) None
b) Primary
c) Secondary
d) Tertiary

Occupation

a) None
b) Civil servant
c) Self employed
d) Casual

2. ORGANIZATIONAL FACTORS

In his section, mark or tick where applicable for your best response in ascending order for the best performance as follows; 1= poor, 2= fair, 3= good, 4= very good, 5= excellent

	1	2	3	4	5
1. Supplies are always available for work					
2. All prescribed drugs are given to me					
3. Feed back to complaints about services are attended to adequately on time					
4. There is proper shift hand over of staff on the wards					
5. Enough health workers are always available to attend to me on time					

3. NURSE RELATED FACTORS

Mark or tick where applicable for your best response in ascending order for the best performance as follows; 1= poor, 2= fair, 3= good, 4= very good, 5= excellent

1. Nurses are welcoming to me					
2. Nurses are caring and polite					
3. My problems are listened to and attended to as well					
4. There is always enough staff to attend to us on the ward					
5. I receive all the prescribed doses on time					
6. Privacy is ensured while being attended to					
7. Confidentiality is maintained all the time					
8. Progress of my condition is always communicate to me while on the ward					

4. ENVIRONMENTAL FACTORS

In this section answer **1**for YES or **2** for NO if you agree or disagree with the question below.

	1	2
1. The ward is always congested		
2. There is always noise around the ward		
3. The ward is clean most of the time		
4. Toilets and shower rooms are always clean		

5. PATIENT RELATED FACTORS

In this section, answer tick 1-5 for the responses, disagree=1, satisfactory=2, to some extent=3, agree= 4, very much agree= 5.

	1	2	3	4	5
1. I attend well to the health workers instructions					
2. I get all the necessary requirements for the health workers to work on me					
3. If drugs are not available I buy all the prescribed drugs					
4. I do all the other investigations necessary for the doctors to work on me					
5. I came to the hospital with at least 2 care takers					

APPENDIX III: Interview Guide Questionnaire for Focus Group Discussion

1. Briefly give your comment about the organization of this hospital?

……

……

……

2. What can you say about the ward environment of this Hospital?

……

……

……

……

3. How did the health works attend to you from the time of admission up to now?

……

……

……

4. Have you been able to provide all the necessities to the health work requested from you to be worked on?

……

……

……

……

APPENDIX IV: Expenditure

No	ITEM	QUANTITY	COST/ITEM IN UG SHS	TOTAL COST IN UG SHS
1	**STATIONERY**			
1.1	Foolscap papers	2 reams	15000	30000
1.2	Printing papers	2 reams	15000	30000
1.3	A4 note books	4	1500	6000
	SUBTOTAL			**66 000**
2	**TYPING, PRINTING & PHOTOCOPYING SERVICES**			
2.1	Proposal typing	4 drafts	10 000	40 000
2.2	Proposal printing	4 drafts	20 000	80 000
2,3	Proposal photocopying	100 pages	200	20 000
2.4	Proposal binding	5 copies	3000	15 000
2.5	Typing dissertation and printing	200 pages	500	100 000
2.6	Photocopying	5 copies	10 000	50 000
2.7	Binding	5 copies	8000	40 000
2.8	Internet and library services	40 days	3000	120 000
	SUBTOTAL			**545 000**
3	**PERSONNEL**			
3.3	Research Assistants Training	3x1 day	10 000	30 000
3.4	Allowances for pretesting for research assistants	3x1day	10000	30 000
3.6	Allowances for Biostatistician	1	100 000	100 000
	SUBTOTAL			**70 000**
	GRAND TOTAL			**681 000**

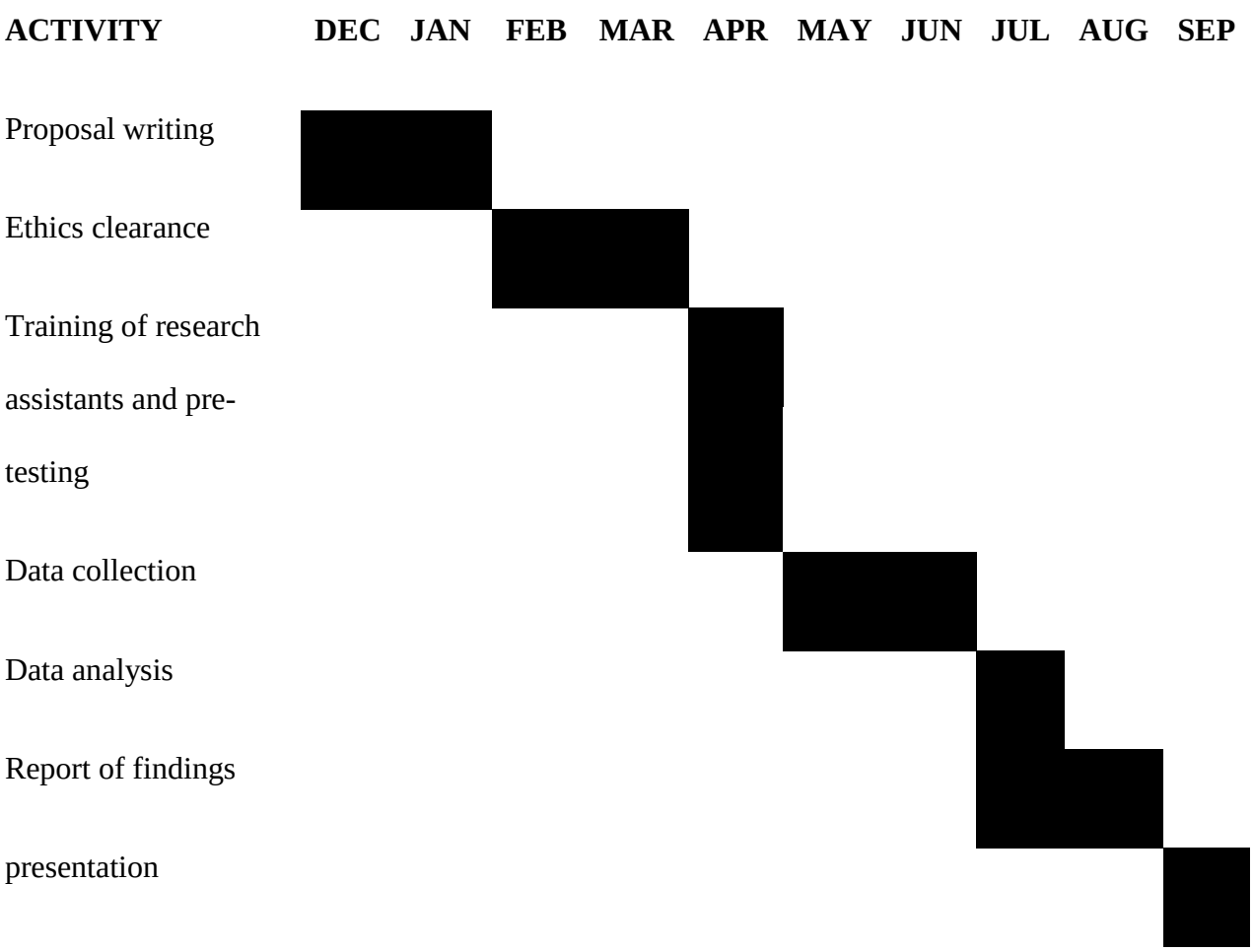
Narration of the Budget

About four reams of paper will be used throughout the whole process since many copies will be required during the supervision of the work. Printing and photocopying will also consume more money since these will be done from secretarial shops.

Binding of drafts and final hard copies will need some more funding since some of this work is quite expensive.

Research assistants and the biostatician will all be hired since I can't do all this work alone thus increasing on the costs.

APPENDIX V: Time Frame Ghant Chart



APPENDIX VI: Map of Kampala showing location of Mulago Hospital

Mulago Hospital and Complex

IHSU INTERNATIONAL HEALTH SCIENCES UNIVERSITY

PART OF INTERNATIONAL MEDICAL GROUP

Office of the Dean, School of Nursing

Kampala, On the 20th day of August, 2014

TO WHOM IT MAY CONCERN

Re: Assistance for Research

Greetings from International Health Sciences University.

This is to introduce to you **Nshimye Ngamije Edith** Reg. No. **2011-BNS-TU-028,** who is a student of this University. As part of the requirements for the award of a Bachelor of Nursing Sciences of this University, the student is required to carry out field research for the submission of a Research Project.

Edith would like to carry out research on issues related to: **Factors affecting quality of care to hospitalized patients on Medical and Surgical Wards of Mulago Hospital**

I therefore request you to render her such assistance as may be necessary for her research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to her.

Sincerely Yours,

International Health Sciences University
20 AUG 2014
SCHOOL OF NURSING
P. O. Box 7782, Kampala (U)

MRS. WAFULA ELIZABETH
DEAN

MINISTRY OF HEALTH
MULAGO HOSPITAL
P O BOX 7051 KAMPALA

Allowed to carry out data collection from the wards.
25/08/14.

International Health Sciences University
P.O. Box 7782 Kampala | Uganda | East Africa
Tel: (+256) 0312 307 400 | E-mail: vc@ihsu.ac.ug | web: www.ihsu.ac.ug