#### ANNEXURE D

### **QUESTIONNAIRE**

#### TOPIC

PERCEPTION OF NURSING CARE RECEIVED BY IN-PATIENTS AT THE AVENUES CLINIC (HARARE IN ZIMBABWE). A DESCRIPTIVE STUDY.

#### INSTRUCTIONS TO RESPONDENTS

Dear Respondent,

The researcher kindly requests you to complete this questionnaire as honestly as you can.

All information shall be used for education and for improving clinical practices.

Section A measures demography while sections B and C measure your level of satisfaction with structure and process standards of nursing respectively. Please indicate level of satisfaction by placing a circle around appropriate rating figure e.g.:

Very Poor Poor Fair Good Very Good

1 Cleanliness of linen 1 2 3 4 5

Section D comprises open-ended questions. Please offer as much information as possible.

## SECTION A - DEMOGRAPHY

1.	Age (please tick):					
	1) 2) 3) 4)	16 - 24 $25 - 44$ $45 - 64$ $65 - 70$				
2.	Sex					
	1) 2)	Male Female	<u> </u>			
3.	Nationality					
	1) 2)	Zimbabwean Non-Zimbabwean	_ _			
4.	Years of formal Education					
	1) 2) 3) 4)	No Formal Schooling Primary Education Secondary Education Tertiary Education (College/University)				
5.	Employment Status					
	1) 2)	Employed Unemployed	<u> </u>			
6.	Type of Funding					
	1) 2)	Medical Aid Scheme Cash/Cheque Payment	_ _			
7.	Spiritual Affiliation					
	1) 2) 3) 4)	Christian Moslem Traditional/Ancestral Worship Other (state)	_ _ _			

## SECTION B

		Very Poor	Poor	Fair	Good	Very Good
	How would you rate the following aspects of nursing?					
1.	General cleanliness of the hospital	1	2	3	4	5
2.	Cleanliness of floor in your room	1	2	3	4	5
3.	Tidiness of screens in your room	1	2	3	4	5
4.	Spacing of facilities in your room e.g. locker, chair/bench	1	2	3	4	5
5.	Accessibility of bell, bedside light	1	2	3	4	5
6.	Cleanliness of linen	1	2	3	4	5
7.	Neatness of bathrooms	1	2	3	4	5
8.	General state of equipment e.g. beds, lockers, chairs.	1	2	3	4	5
9.	Control of noise from staff	1	2	3	4	5
10.	Control of noise from visitors	1	2	3	4	5
11.	Duration of visiting times	1	2	3	4	5

12.	Hours of visiting (time of day)	1	2	3	4	5
13.	Quality of food	1	2	3	4	5
14.	Safety of patients and visitors	1	2	3	4	5
15.	Availability of information for patients to read	1	2	3	4	5
16.	Adequacy of nursing staff	1	2	3	4	5

# SECTION C

		Very Poor	Poor	Fair	Good	Very Good
	How would you rate the following aspects of the process of your nursing care?					
1.	Neat and professional appearance of nurses	1	2	3	4	5
2.	Confidence of the nurses	1	2	3	4	5
3.	Respect nurses show to patients	1	2	3	4	5
4.	Orientation to the ward by the nurses	1	2	3	4	5
5.	Information given by nurses about your illness	1	2	3	4	5
6.	Information given by nurses about your treatment	1	2	3	4	5
7.	Nurses' promptness in responding to requests	1	2	3	4	5
8.	Giving treatment at scheduled times	1	2	3	4	5
9.	Nurses' knowledge of patients' illness	1	2	3	4	5

10.	Nurses' interest in each individual patient	1	2	3	4	5
11.	Nurses offering time to attend to specific individual needs of patients	1	2	3	4	5
12.	Nurses consideration of patients spiritual needs	1	2	3	4	5
13.	Nurses and staff ability to respond to your needs	1	2	3	4	5
14.	Nurses display of kindness/humanness	1	2	3	4	5
15.	Nurses doing things right the first time	1	2	3	4	5
16.	Nurses ability to listen attentively	1	2	3	4	5
17.	Nurses overall competence	1	2	3	4	5

# $\begin{cases}{lll} \textbf{Section D} & \textbf{-} & \textbf{Open Questions} \\ \end{cases}$

1.	Was the nursing care you received to your expectations? Please support your
	answer.
2.	Would you return to the Avenues Clinic if you fell ill again? Please support your
	answer.
3.	Would you recommend the Avenues Clinic nursing services to friends or family?
	Please support your answer.

4.	Briefly describe an incident, if any, that had an influence on your perception of
	nursing care received at the Avenues Clinic.
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5.	Please give any additional comments about the nursing care received at the
	Avenues Clinic.