

**LEVEL OF SATISFACTION ON QUALITY OF NURSING CARE
AMONG CANCER PATIENTS ADMITTED IN ONCOLOGY
WARDS OF RL JALAPPA HOSPITAL
AND RESEARCH CENTRE**

By

MISS. NALLI. JAYA SUJANA

Mini Project submitted to the

Sri Devaraj Urs College of Nursing, Tamaka, Kolar, Karnataka.



In partial fulfillment of the requirement for the degree of

Masters of Science in Nursing

In

MEDICAL SURGICAL NURSING

Under the guidance of

Dr. G. VIJAYALAKSHMI

Principal, SDUCON.

Medical Surgical Nursing Department

Sri Devaraj Urs College of Nursing

Tamaka, Kolar-563101

2023 – 2025

DECLARATION BY THE CANDIDATE

I hereby declare that this research project entitled as “**A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar**” is a bonafide and genuine of **Dr. G. Vijayalakshmi**, Professor and Principal, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

Date:

Signature of the candidate

Place: Kolar

Miss. Nalli. Jaya Sujana

CERTIFICATE BY THE GUIDE

This is to certify that the research project entitled **A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar**” is a bonafide research work done by **Miss. Nalli. Jaya Sujana**, in partial fulfillment of the requirement for the degree of **Master of Science in Medical and Surgical Nursing**.

Date:

Place: Kolar

Signature of the Guide

Dr. G. Vijayalakshmi

Professor and Principal

Sri Devaraj Urs College of Nursing

Tamaka, Kolar.

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT

/PRINCIPAL/ HEAD OF THE INSITITUTION

This is to certify that the research project entitled as “**A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar**”.

Is a bonafide research work done by **Miss. Nalli. Jaya Sujana** under the guidance of **Dr. G. Vijayalakshmi, Professor and Principal**, in partial fulfillment of the requirement for the degree of **Master of Science in Medical and Surgical Nursing**.

Signature of the HOD

Dr. Zeanath Cariena Joseph

Professor & HOD MSN Dept.

Sri Devaraj Urs College of Nursing

CNO at RLJH & RC

Tamaka, Kolar.

Date:

Place: Kolar

Signature of the Principal

Dr. G. Vijayalakshmi

Professor and Principal

Sri Devaraj Urs College of Nursing

Tamaka, Kolar.

Date:

Place: Kolar

COPYRIGHT

DECLARATION BY THE CANDIDATE

I Miss. Nalli. Jaya Sujana of Sri Devaraj Urs College of Nursing hereby declare that the Sri Devaraj Urs College of Nursing, Tamaka, Kolar, Karnataka shall have the perpetual rights to preserve, use and disseminate this project for research purpose.

Date:

Signature of the candidate

Place: Kolar

Miss. Nalli. Jaya Sujana

ACKNOWLEDGEMENT

I raise my heart with profound gratitude to God Almighty for His countless blessings, protection, and guidance throughout my study. It is only by His grace that I was strengthened, enlightened, and directed at every step. Without His divine presence, this work would not have been possible.

It is my great honour and heartfelt privilege to extend my deepest gratitude to my respected guide, **Dr. G. Vijayalakshmi**, Principal of SDUCON. Her valuable guidance, consistent encouragement, patient corrections, and faith in my abilities have been the foundation for the successful completion of this work. Her immense knowledge and profound experience have inspired me to strive towards academic excellence and professional growth. I remain ever indebted to her for her mentorship and support.

I also wish to express my sincere appreciation and thanks to my beloved HOD, **Dr. Zeanath C.J**, Dept. of Medical Surgical Nursing, CNO of RLJH&RC, for her constant support, motivation, and encouragement. Her inspiring words and kind guidance gave me the strength and determination to complete this study.

With deep gratitude, I acknowledge the valuable support and guidance of **Dr. Malathi K.V**, I Year MSc Class Coordinator, and **Dr. Lavanaya Subhashini**, II Year MSc (N) Class Coordinator. I also extend my thanks to all the faculty members of different departments for their timely help and encouragement. I owe special gratitude to **Mr. Ravi Shankar**, Associate Professor & Statistician, Dept. of Community Medicine, SDUAHER, for his expert guidance and valuable suggestions in statistical analysis which enriched my study.

My heartfelt thanks are also due to the librarians of Sri Devaraj Urs College of Nursing for their co-operation and assistance in providing the required study materials.

I am deeply thankful to my classmates and friends, who stood by me as a source of strength and encouragement throughout this journey. Their motivation, companionship, and support helped me overcome many challenges. A special note of thanks goes to my classmates who acted as my pillars, helping me to break through obstacles and move forward. I also acknowledge, with in-depth gratitude, all the participants of my study for their cooperation and willingness, without whom this work would not have been possible.

I owe my greatest debt of gratitude to my beloved family. Words are not enough to express my thankfulness to my father **Mr. Nalli Jayanthi Rao**, my mother **Mrs. Nalli Sujana Ratnam**, my sister **Ms. Nalli Ruth**, and my brother **Mr. Nalli Thomas Paul**, for their unconditional love, prayers, encouragement, and constant support. Their sacrifices, blessings, and faith in me gave me the courage to accomplish this milestone.

Finally, I extend my heartfelt thanks to my companion **Mr. A. Srivikas**, who stood beside me in every situation with love, encouragement, and patience. His constant prayers, motivation, and support during times of ups and downs gave me the confidence to complete this work successfully.

I owe my heartfelt gratitude to all who directly or indirectly contributed to the successful completion of this endeavour. This achievement is shared with everyone who has been a part of my journey.

Thank you

Date:

Signature of the candidate

Place: Kolar

Miss. Nalli. Jaya Sujana

TABLE OF CONTENTS

S.NO	CONTENT	PAGE NO.
1	Introduction	1 - 4
2	Objectives	5 - 9
3	Review of literature	10 - 16
4	Methodology	17 - 21
5	Data Analysis	22 - 34
6	Discussion	35 - 37
7	Conclusion	38
8	Summary	39-42
9	References	43 - 47
10	Annexures	48 - 76

LIST OF TABLES

S.NO	TITLE	PAGE NO.
1	Distribution of cancer patients according to their age	23
2	Distribution of cancer patients according to their gender	24
3	Distribution of cancer patients according to their marital status	25
4	Distribution of cancer patients according to their occupation	26
5	Distribution of cancer patients according to their no. of days of stay	27
6	Distribution of cancer patients according to their previous surgeries/ treatment.	28
7	Distribution of patient's level of satisfaction on quality of nursing care	29
8	Characteristics of level of satisfaction on quality on nursing care	31 - 32
9	Association between the level of satisfaction on quality of nursing care.	33

LIST OF FIGURES

S.NO	FIGURES	PAGE NO.
1	Modified theoretical framework based on carl rogers person centred theory	9
2	Percentage distribution of cancer patients based on age group	23
3	Percentage distribution of cancer patients based on gender	24
4	Percentage of distribution of cancer patients based on marital status.	25
5	Percentage of distribution of cancer patients based on occupation	26
6	Percentage of distribution of cancer patients based on days of staying in oncology unit	27
7	Percentage of distribution of cancer patients based on	28

	undergone any surgeries/ treatment in past.	
8	Percentage of level of satisfaction on quality of nursing care	30

LIST OF ANNEXURES

S.NO	CONTENTS	PAGE NO.
1	Ethical committee clearance	48
2	Letter requesting permission to conduct study	49-51
3	Certificate from statistician	52
4	Kannada editing certificate	53
5	Written Informed Consent Form	54-56
6	Participant information sheet	57-62
7	Data collection tool	63-71
8	Master sheet	72-74
9	Photo gallery	75-76
10	Plagiarism	77

LIST OF ABBREVIATIONS

S.no	ABBREVIATIONS
1	χ^2 : Chi square
2	Df : Degree of freedom
3	f: Frequency
4	F- Fisher exact test
5	NSS : Not Statistically significant
6	% : Percentage
7	SS : Statistically significant
8	YC - Yates correction

ABSTRACT

Background: Cancer remains a leading cause of morbidity and mortality worldwide, with increasing incidence linked to lifestyle changes. Nursing care plays a vital role in enhancing recovery and quality of life among cancer patients. Patient satisfaction serves as a key indicator of healthcare quality; however, cancer patients often report unmet psychological and supportive care needs. Hence, this study was undertaken to assess the level of satisfaction with nursing care among cancer patients admitted to the oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar.

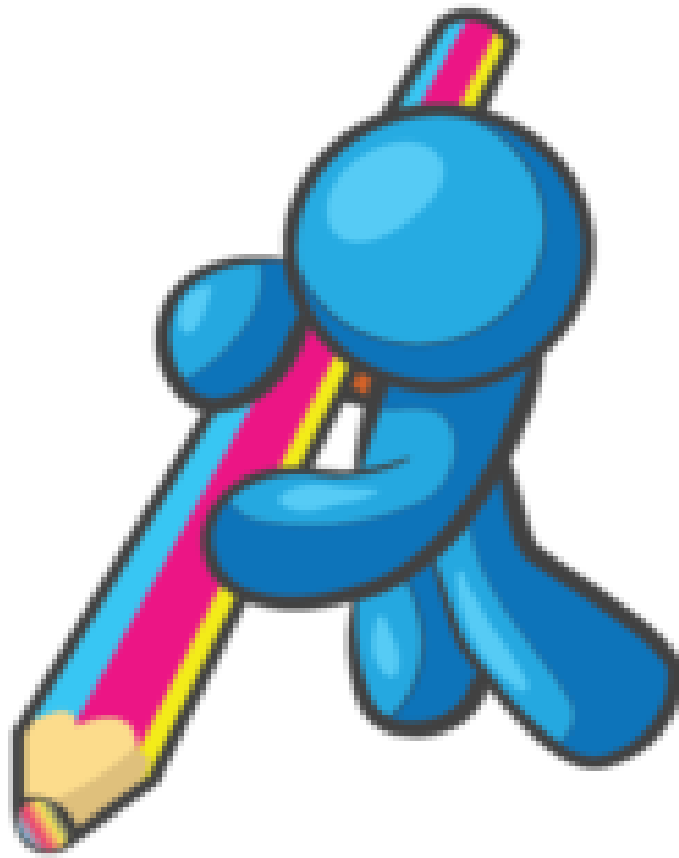
Methods: The study used was a descriptive research design. Through purposive sampling technique, thirty cancer patients were selected based on inclusion criteria. Data were collected using a standardized tool regarding level of satisfaction on nursing care. The collected data was analysed by using descriptive and inferential statistics.

Results: The findings revealed that majority (66.6%) of patients rated the nursing care as very good, 30% as excellent, and 3.4% as good. With regard to association between level of satisfaction on quality nursing care with selected socio-demographic variables revealed that there was a significant association with age ($p=0.0326$) and occupation ($p=0.0003$) except gender, marital status, length of hospital stays, and treatment history.

Conclusion: The study concluded that a high level of satisfaction with nursing care among cancer patients, with most rating it as very good and excellent. The association of satisfaction with age and occupation highlights the need for personalized nursing interventions tailored to patient demographics. Enhancing the quality of nursing care can improve patient satisfaction, recovery, and overall quality of life.

Keywords: Cancer patients, Nursing care, Patient satisfaction, level of patient satisfaction, level of Health, quality of nursing care.

CHAPTER - I



INTRODUCTION

CHAPTER I

INTRODUCTION

Patient's satisfaction has been viewed as a result of patient's experience in using health care, and this is considered as a valid indicator for the effectiveness and quality of care worldwide^{1,2}. In fact, a number of experts in standard-setting organizations and consumer groups have begun to use patient's satisfaction as a key indicator for quality improvement in the health care services².

A quality assurance program is considered inadequate if it does not include patient's satisfaction on the health care they receive. Patient's dissatisfaction with nursing care may cause a major impact on the health services. Some evidences indicated that patients who were dissatisfied with the nursing care they received, were less likely to adhere to the recommended course of treatment or return for the needed follow-up visits^{3,4}. Therefore, dissatisfaction with the nursing care services may further lead to lower utilization of the nursing care services by the patient's⁴. For this reason, many researchers have acknowledged that patient's satisfaction is not simply a measure of quality, but the goal of health care delivery⁵.

The nursing care provided by nurses is regarded as the most important factor in patient's assessments of their satisfaction with the health care. This is due to the fact that nursing care is the major service provided to hospitalized patients and nursing personnel comprises the largest proportion of the health care service to community^{1,2,5}. In this respect, it can be said that the nurse is at the forefront of the hospital. If a nurse is unable to fulfil this role, a high level of patient's satisfaction will not be achieved⁵.

Cancer is a serious health problem disturbing cancer patient's outcome both directly and indirectly. Health care professionals have lately started systematically evaluating patients throughout their disease process and consequent treatment line. Oncology nurses must be talented in chemotherapy management if not it increases the risk of error, which not only harm patient's but also nurses^{3,6}. For this reason, patient's satisfaction with the nursing care is one of the most important factors which affects the recovery or the treatment of cancer patients. If the nurse is unable to fulfil their roles, a high level of patient's satisfaction will not be achieved⁶. On the other hand, low patient satisfaction is associated with lower trust in caregivers and greater chance of a change of health providers, resulting in less continuity of care.

NEED OF THE STUDY

Cancer is a growing health problem in India and abroad, and it is the third most commonly known cause of death. The increasing number of cancers relates to the marked changes in the lifestyle and distribution of risk factors in the population in the last 30 years. On the other hand, cancer patients suffer from psychological stress because they have to face a life-threatening disease which affects their psychological needs, so nurses need to understand psychological needs of cancer patients to provide emotional support in right time. Here nurse's attitude is important because they should know the patient's feelings or depression status. The attitude of the nurses, their facial expressions, and their verbal messages are important elements in communication in caring cancer patients. For this reason, patient's satisfaction with the nursing care is one of the most important factors which affects the recovery or the treatment of cancer patients.

The development and validation of nursing care standards for chemotherapy patients have been the subject of numerous studies, but none have examined the impact of using these standards to improve oncology nurses knowledge, competency, patients safety and satisfaction. These may be pertained to some barriers such as the insufficient in-service training, incomplete facility, multitasking, work pressure, lack of awareness, improper beliefs, and deprived agreement of nurses with safety measures.

A cross-sectional study conducted on satisfaction with nursing care among 91 cancer patients admitted at oncology wards of National referral hospital in Kenya. Revealed

that, majority (53.8%) of cancer patients were not satisfied with psycho-social care, 97.8% of the cancer patients identified emotional support as the priority for psycho-social need and 82.4% recommended for improvement of nursing care⁷.

The R.L. Jalappa Hospital and Research Centre (RLJH&RC) is a teaching hospital attached to Sri Devaraj Urs Medical College in Kolar, Karnataka. Established in 1994, it has grown into one of Karnataka's biggest hospitals, with over 1,100 beds.

The hospital offers a wide range of services, including Broad Specialties like Anesthesiology, General Surgery, and Obstetrics & Gynaecology, as well as Super Specialties like Neuro Surgery, Surgical Oncology, and Medical Oncology.

The Oncology unit at RLJH is well-equipped to provide comprehensive cancer care. The Department of Surgical Oncology offers surgical management of cancer and pre-cancerous conditions, while the Department of Medical Oncology focuses on radiation management. Both departments emphasize multidisciplinary management and affordable care. RLJH offers various schemes to make healthcare more accessible. Some of these schemes include: Ayushman Bharat Scheme: provides free cancer treatment to patients below the poverty line, Insurance & Schemes: the hospital is empanel with various private and government insurance schemes and Master Health Check-ups: a comprehensive health check-up program. Overall, R.L. Jalappa Hospital and Research Centre is a reputable healthcare institution in Kolar, offering quality medical services, including oncology care, at affordable costs.

To this hospital, all around districts like Karnataka, Telangana, Andhra Pradesh patients comes for treatment. It is also NABH accredited. Hence the researcher felt that this is the ideal hospital to assess the level of satisfaction on care provided by nurses for cancer patients.

CHAPTER - II



OBJECTIVES

CHAPTER-II

This chapter deals with the statement of the problems, objectives of the study, operational definitions, assumptions & conceptual framework of the study.

PROBLEM STATEMENT:

A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar.

OBJECTIVES:

1. To assess the level of satisfaction on quality of nursing care among cancer patients using level of satisfaction questionnaire developed by Dr. Laschinger, Mc Gillis Hall, Pedersen & Almost, 2005.
2. To determine the association between level of satisfaction among cancer patients with selected demographics variables.

OPERATIONAL DEFINITION:

- ❖ **SATISFACTION:** In this study, it refers to the way cancer patient's health care needs are met and it is measured by Patient Satisfaction with Nursing Care Quality Questionnaire.
- ❖ **QUALITY OF NURSING CARE:** In this study, it refers to the quality of nursing care provided by nurses such as attention to the patients need, good intellectual property rights, skills in orienting to the investigations and disease related health education and its follow-up.
- ❖ **CANCER PATIENTS:** In this study, it refers to the patients who were admitted and taking treatment at oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar.

ASSUMPTIONS:

- The quality of nursing care may influence cancer patient's level of satisfaction.

THEORETICAL FRAMEWORK THEORY

A theory is set of concepts, definitions, relationships, assumptions that project a systemic view of phenomenon⁸. The present study aims at Assess the level of satisfaction on quality of nursing care among cancer patients admitted at oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar.

The theoretical framework for the present study is adopted by the investigator is based on person centred theory which was developed by Carl Roger (1940)⁹. This theory takes into the organized, consistent set of perceptions and beliefs about oneself.

The foundation of person-centred theory is an optimistic view of humanity that holds all people natural desire to be whole. According to Cart Rogers, clients could comprehend themselves with the right kind of relationship that is genuine, compassionate, non-judgmental, and emphatic along with the development of trust. Additionally, customers would be able to remedy their own issues¹⁰.

The person-centred nursing framework comprises of four constructs:

- Pre-requisites
- Care environment (Context in which care is delivered)
- Person centred process (Delivering care)
- Expected outcome (Results and effectiveness)

Pre-requisites:

The pre- requisites that, a nurse should possess, such as being professionally competent, having good interpersonal skills, being dedicated to the position, being able to show that their principles and values are clear, and understanding oneself.

The care environment:

The care environment construct focuses on the setting in which care is provided and includes a suitable skill mix, processes that promote shared decision-making, successful staff relationships, supportive organizational systems, the sharing of power, and the possibility for innovation on how person-centred nursing is operationalized and has the greatest potential to hinder or facilitate person-centred processes (McCormack 2004)¹¹.

Person-centred processes:

It concentrates on providing care through a variety of actions that operationalize person-centred nursing, such as working with patient's ideas and values, involvement, sympathetic presence, sharing decision-making and meeting patients physical requirements. This part of the framework, which describes person-centred nursing in the context of care delivery, focuses primarily on the patient.

Outcomes:

The outcomes of effective person-centred nursing include patient satisfaction, participation in care, a sense of well-being, and the creation of a therapeutic environment, which is defined as one in which staff relationships are collaborative, leadership is transformational, and innovative practices are used¹².

Patient satisfaction and its dimensions:

Patient satisfaction improves hospital image, which ultimately results in more people using services and a larger market share (Andaleeb, 1988)¹³.

Customers who are satisfied are more likely to have positive behavioural intentions, which are advantageous for the long-term success of the health care provider.

Components of satisfaction consist of:

Structural-include, access, physical setting, costs, convenience, and treatment by non-clinical staff/ insurers.

Technical-includes knowledge, competence/quality of care, interventions, and outcomes.

Interpersonal aspects of care- include communication, empathy, and education¹⁴.

SUMMARY:

This chapter dealt with the statements of the problems, objectives of the study, operational definitions, assumptions, conceptual framework which provides frame of reference for the study.

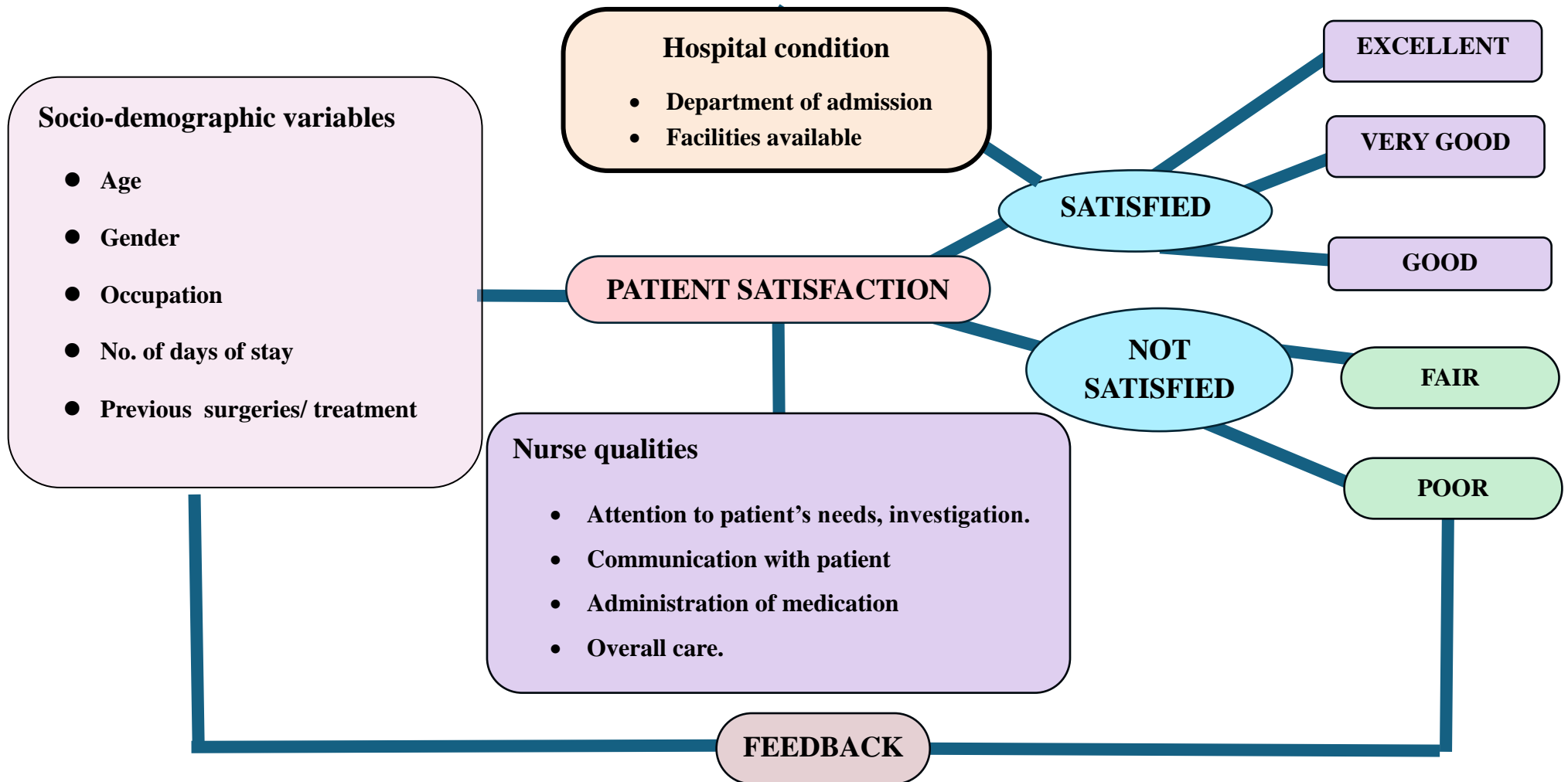
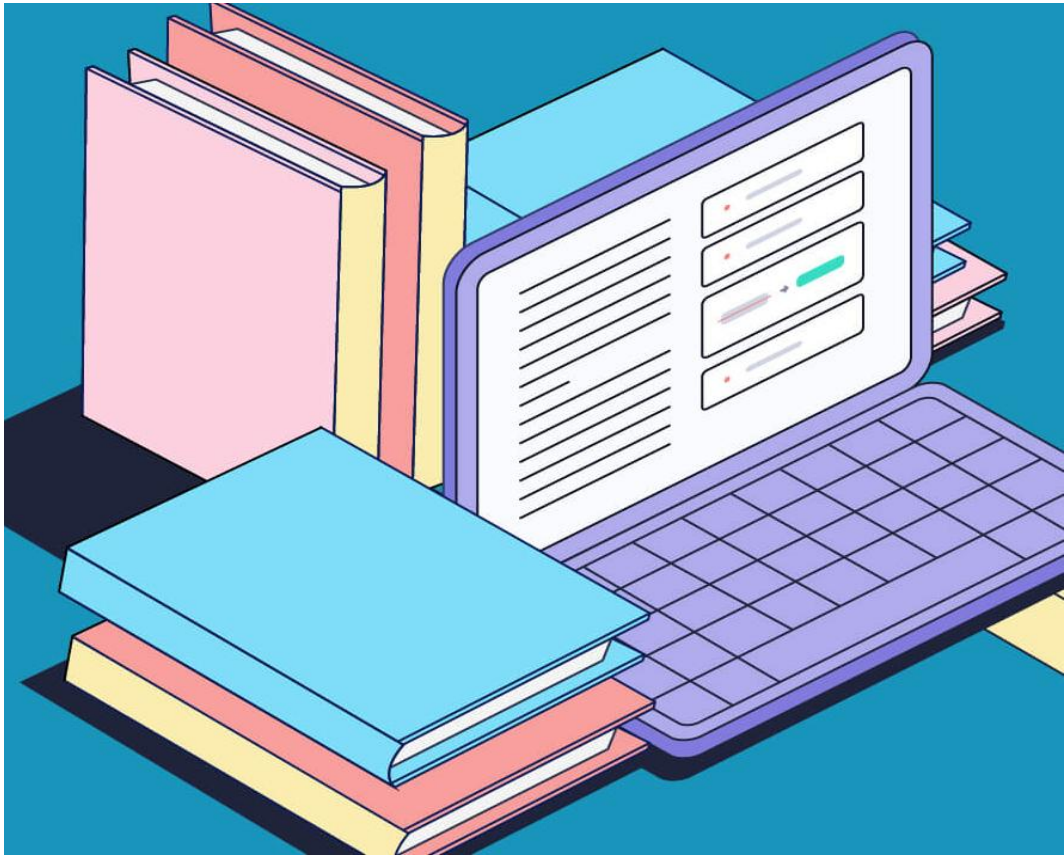


FIG 1 MODIFIED THEORETICAL FRAMEWORK BASED ON CARL ROGERS PERSON CENTRED THEORY

CHAPTER - III



REVIEW OF LITERATURE

CHAPTER III

REVIEW OF LITERATURE

Review of literature makes the researcher familiar with the existing studies and provides information which helps to focus on a particular problem and lays a foundation upon which to base a new knowledge.

This chapter deals with a review of published and unpublished research studies and related materials for the present study.

The review of literature for the present study is categorized under the following heading.

1. Studies related to Patient Satisfaction on Nursing Care.
2. Studies related to Patient Satisfaction among Cancer Patients.
3. Studies related to Factors Influencing Patient Satisfaction.

I. Studies related to Patient Satisfaction on Nursing Care.

A study to assess the satisfaction with nursing care among in- patients in a tertiary health facility was conducted at Lagos, Nigeria. For the study, using simple random sampling technique, 132 in-patients were selected. The study results revealed that the majority of in-patients (81.7%) had a high level of satisfaction with nursing care, indicating overall positive patient perception of nursing services¹⁵.

A study to assess the satisfaction of adult patients with nursing care was conducted at Dessie Referral Hospital, Ethiopia. For the study, using systematic random sampling technique, 375 adult patients were selected. The study results revealed that 64.1% of patients had a moderate level of satisfaction with nursing care, indicating areas for improvement in service delivery¹⁶.

II. Studies related to Patient Satisfaction among Cancer Patients.

A study to assess the satisfaction with nursing care among cancer patients in a tertiary care hospital was conducted at Mumbai, India. For the study, using simple random sampling technique, 400 cancer patients were selected. The study results revealed that 85.3% of patients had a high level of satisfaction with nursing care, as measured by a 19-item Patient Satisfaction Questionnaire¹⁷.

A study to assess the satisfaction with nursing care among 200 cancer patients in a hospital was conducted at Beijing, China. For the study, using stratified random sampling technique, 200 patients were selected. The study results revealed that 80.5% of patients had a high level of satisfaction with nursing care, measured using a 20-item Patient's Perception of Hospital Experience with Nurses questionnaire¹⁸.

A study to assess the satisfaction with nursing care among 180 cancer patients in a hospital was conducted at Paris, France. For the study, using cluster sampling technique, 180 patients were selected. The study results revealed that 81.1% of patients had a high level of satisfaction with nursing care, measured using a 20-item Patient's Perception of Hospital Experience with Nurses questionnaire¹⁹.

A study to assess the satisfaction with nursing care among 250 cancer patients in a hospital was conducted at Rome, Italy. For the study, using systematic random sampling technique, 250 patients were selected. The study results revealed that 83.6% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire²⁰.

A study to assess the satisfaction with nursing care among 150 cancer patients in a hospital was conducted at Madrid, Spain. For the study, using simple random sampling technique, 150 patients were selected. The study results revealed that 82.7% of patients had a high level of satisfaction with nursing care, measured using a 25-item Patient Satisfaction Questionnaire²¹.

A study to assess the satisfaction with nursing care among 120 cancer patients in a hospital was conducted at Copenhagen, Denmark. For the study, using cluster sampling technique, 120 patients were selected. The study results revealed that 80.3% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire²².

A study to assess the satisfaction with nursing care among 150 cancer patients in a hospital was conducted at Zurich, Switzerland. For the study, using cluster sampling technique, 150 patients were selected. The study results revealed that 84.3% of patients had a high level of satisfaction with nursing care, measured using a 25-item Patient Satisfaction Questionnaire²³.

A study to assess the satisfaction with nursing care among 120 cancer patients in a hospital was conducted at Athens, Greece. For the study, using simple random sampling technique, 120 patients were selected. The study results revealed that 80.5% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire²⁴.

A study to assess the satisfaction with nursing care among 200 cancer patients in a hospital was conducted at Nicosia, Cyprus. For the study, using systematic random sampling technique, 200 patients were selected. The study results revealed that 82.2% of patients had a high level of satisfaction with nursing care, measured using a 25-item Patient Satisfaction Questionnaire²⁵.

A study to assess the satisfaction with nursing care among 180 cancer patients in a hospital was conducted at Valletta, Malta. For the study, using cluster sampling technique, 180 patients were selected. The study results revealed that 81.4% of patients had a high level of satisfaction with nursing care, measured using a 20-item Patient's Perception of Hospital Experience with Nurses questionnaire²⁶.

A study to assess the satisfaction with nursing care among 250 cancer patients in a hospital was conducted at Dublin, Ireland. For the study, using systematic random sampling technique, 250 patients were selected. The study results revealed that 83.6% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire²⁷.

A study to assess the satisfaction with nursing care among 120 cancer patients in a hospital was conducted at Helsinki, Finland. For the study, using simple random sampling technique, 120 patients were selected. The study results revealed that 80.8% of patients had a high level of satisfaction with nursing care, measured using a 25-item Patient Satisfaction Questionnaire²⁸.

A study to assess the satisfaction with nursing care among 120 cancer patients in a hospital was conducted at Istanbul, Turkey. For the study, using cluster sampling technique, 120 patients were selected. The study results revealed that 78.3% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire²⁹.

A study to assess the satisfaction with nursing care among 250 cancer patients in a hospital was conducted at New York, USA. For the study, using systematic random sampling technique, 250 patients were selected. The study results revealed that 82.4% of patients had a high level of satisfaction with nursing care, measured using a 25-item Patient Satisfaction Questionnaire³⁰.

A study to assess the satisfaction with nursing care among 180 cancer patients in a hospital was conducted at Riode Janeiro, Brazil. For the study, using simple random sampling technique, 180 patients were selected. The study results revealed that 79.4% of patients had a high level of satisfaction with nursing care, measured using a 20-item Patient's Perception of Hospital Experience with Nurses questionnaire³¹.

A study to assess the satisfaction with nursing care among 220 cancer patients in a hospital was conducted at Tokyo, Japan. For the study, using stratified random sampling technique, 220 patients were selected. The study results revealed that 81.8% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire (NCSQ)³².

A study to assess the satisfaction with nursing care among 280 cancer patients in a hospital was conducted at Toronto, Canada. For the study, using systematic random sampling technique, 280 patients were selected. The study results revealed that 83.2% of patients had a high level of satisfaction with nursing care, measured using a 20-item Patient's Perception of Hospital Experience with Nurses (PPHEN) questionnaire³³.

A study to assess the satisfaction with nursing care among 120 cancer patients in a hospital was conducted at Sydney, Australia. For the study, using simple random sampling technique, 120 patients were selected. The study results revealed that 80.8% of patients had a high level of satisfaction with nursing care, measured using a 22-item Nursing Care Satisfaction Questionnaire³⁴.

A study to assess the satisfaction with nursing care among 150 cancer patients in a hospital was conducted at Seoul, South Korea. For the study, using cluster sampling technique, 150 patients were selected. The study results revealed that 84.7% of patients had a high level of satisfaction with nursing care, measured using a 25-item Patient Satisfaction Questionnaire³⁵.

III. Studies Related to Factors Influencing Patient Satisfaction

A study to assess patient satisfaction and barriers to nursing care quality among cancer patients admitted in oncology units was conducted at Mangalore, India. For the study, using convenience sampling technique, 100 patients were selected. The study results showed that 50% of patients were satisfied with nursing care, with 37% extremely satisfied. There was a significant association between patient satisfaction and employment status, treatment type, and hospital stay duration³⁶.

A study to assess the level of satisfaction with the quality of nursing care among older adults was conducted at Ghana. For the study, using a validated questionnaire, 448 patients were selected. The study results showed that patients had negative experiences with nursing care in the dimensions of information, caring behaviour, nurse competency, and technical care³⁷.

A study to assess patient satisfaction with nursing care was conducted in Ethiopia. For the study, using electronic web-based search, 132 in-patients were selected for analysis. The study results showed that the pooled level of patient satisfaction with nursing care was 55.15% (95% CI: 47.35–62.95), indicating that one in two patients were not satisfied with the nursing care provided³⁸.

CHAPTER - IV



METHODOLOGY

CHAPTER – IV

RESEARCH METHODOLOGY

Research methodology organizes all the components of the study in a way that is likely to get a valid answer to sub problems that have been posed.

This chapter deals with the methodology of the present study and it includes research approach, research design, setting, sample and sampling technique, development and description of the instrument, data collection and plan for data analysis. The present study was to assess the level of satisfaction on quality of nursing care among cancer patients admitted for treatment at oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar.

RESEARCH APPROACH

Research approach is the basic procedure for the research enquiry. The research approach helps the researcher to determine what data to collect and how to analyse it. It also suggests possible conclusions to be drawn from the data. The research approach used for this study is quantitative research approach.

RESEARCH DESIGN

A research design is an investigators overall plan for obtaining answers to the research question.

SETTING OF THE STUDY

Setting refers to an area where study was conducted. The present study was conducted at oncology unit of R L Jalappa Hospital and Research Centre, Tamaka, Kolar.

POPULATION:

The population referred as the target population, which represent the entire group. In the present study, population consists of cancer patients admitted for treatment at oncology units.

SAMPLE AND SAMPLE SIZE

Sample refers to a portion of population that is selected to participate in a particular study.

In this study sample consists of cancer patients admitted for treatment at oncology unit of RL Jalappa hospital and Research Centre, Tamaka, Kolar. The sample size is 30 cancer patients who have taken treatment for minimum six days and discharging from the hospital.

SAMPLE SIZE CALCULATION FORMULA (for estimation of mean value)

So we estimated sample size of 30 patients.

$$n = [z^2 * p * (1-p) / e^2] / [1 + (z^2 * p * (1-p) / (e^2 * N))]$$

Where:

z is the 1.96 for a confidence level (α) of 95%

p is the proportion (expressed as a decimal)

N is the population size

e is the margin of error

$$z = 1.96$$

$$p = 0.83$$

$$N = 30$$

$$E = 0.02$$

$$n = \frac{[1.96^2 * 0.83 * (1-0.83) / 0.02^2]}{[1 + (1.96^2 * 0.83 * (1-0.83) / (0.02^2 * 30))]}$$

$$n = \frac{1355.1244}{46.1708} = 29.35$$

$$n = 30$$

The sample size (with finite population correction) is equal to 30.

SAMPLE TECHNIQUE

Sampling technique defines the process of selecting a group of people or other elements to conduct a study. For the present study, Non probability Purposive sampling technique was adopted.

CRITERIA FOR SELECTING THE SAMPLE

INCLUSION CRITERIA:

Cancer patients admitted and taken treatment:

1. For minimum for six days at oncology unit of RLJHRC.
2. Between 25 to 65 years of age group.
3. Able to read and understand Kannada or English language.
4. Willing to participate in the study.

Exclusion criteria:

Cancer Patients who were

1. Critically ill

DATA COLLECTION TOOL:

For the study, researcher used Standardized Tool on Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) developed by Dr. Laschinger, McGillis Hall, Pedersen & Almost, 2005³⁹.

DISCRPTION OF THE TOOL

The PSNCQ questionnaire was five-point rating scale consisting of nursing care during hospital stay. The options given for rating the scale were excellent, very good, good, fair and poor.

The tool consists of two sections as follows:

SECTION-A: Socio-demographic data: It includes age, gender, marital status, occupation, days of staying in oncology unit and undergone any surgeries/ treatment in past.

SECTION-B: Level of patient satisfaction regarding nursing care: it consists of 20 structured questionnaires in form of five-point rating scale on patient's satisfaction with quality of nursing care. The question includes components related to attention to the patient's needs, investigations, administration of medications, communications and overall satisfaction of nursing care. The options given for rating the scale were excellent, very good, good, fair and poor.

TRANSLATION OF THE TOOL

The Standardized Tool on Patient Satisfaction with Nursing Care Quality Questionnaire was translated to Kannada language by Kannada expert, and then re-translated to English by English expert.

METHOD OF DATA COLLECTION

The data was collected from 10-6-2024 to 25-6-2024 in the following steps:

STEP 1: Preparatory phase: Ethical Clearance was obtained from Institutional Ethical Committee of Sri Devaraj Urs College of Nursing, Kolar on 09-05-2024. Permission was obtained from Medical superintendent and Head of the department of oncology unit of RL Jalappa and Research Centre.

STEP 2: Using purposive random sampling technique, a cancer patient who was discharging from the hospital after taking minimum six days of treatment was approached and explained regarding the study and its purposes. Then a written informed consent was obtained from patients who have been fulfilled inclusion criteria. Followed by data was collected from 30 cancer patients by using self-administered PSNCQQ who were taken treatment for minimum six days and discharging from the hospital. Each patient took minimum 20 minutes and maximum to 30 minutes complete questionnaire.

PLAN FOR DATA ANALYSIS:

The obtained data was analysed using descriptive and inferential statistics as follows:

- Socio-demographic variables were analysed using frequency and percentage.
- Levels of satisfaction on quality of nursing care were analysed using frequency, percentage, mean and standard deviation.
- Level of satisfaction with selected socio-demographic variables was analysed chi-square test.

ETHICAL CLEARANCE

Before conducting the study, an ethical clearance was obtained from the institutional ethical committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

SUMMARY

This chapter of methodology has dealt on research approach, research design, setting, population, sample, sample size, and sampling technique, description of the tool and plan for data analysis and ethical clearance related to conducting research.

CHAPTER - V



DATA ANALYSIS INTERPRETATION

CHAPTER -V

DATA ANALYSIS AND INTERPRETATION

Data analysis is defined as the systematic organization and synthesis of research data and the testing of research hypothesis using those data³⁶.

This chapter deals with analysis and interpretation of data collected from 30 patients on level of satisfaction questionnaire developed by Dr. Laschinger, McGillis Hall, Pedersen & Almost, 2005. The collected data was analyzed by using descriptive and inferential statistics based on the below mentioned objectives of the study.

OBJECTIVES:

1. To assess the level of satisfaction on quality of nursing care among cancer patients using level of satisfaction questionnaire developed by Dr. Laschinger, McGillis Hall, Pedersen & Almost, 2005.
2. To determine the association between level of satisfaction among cancer patients with selected demographics variables.

Based on the objectives of the study the data collected were tabulated, organized and presented under the following sections:

SECTION I: Distribution of patients based on their socio-demographic variables.

SECTION II: Distribution of patients based on level of satisfaction on quality of nursing care.

SECTION III: Association between levels of satisfaction with selected socio-demographic variables.

SECTION I

DISTRIBUTION OF CANCER PATIENTS ACCORDING TO THEIR SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

This section deals with the socio-demographic variables of cancer patients admitted in oncology wards. Before assessing the level of satisfaction on quality of nursing care, the cancer patients were assessed for their socio-demographic variables, and it is presented from Table – 1 to table -6

TABLE 1: Distribution of cancer patients according to their age.

n=30

S.no	AGE	f	%
1	Less than 25 years	1	3.3
2	26 -40 years	6	20
3	41 – 60 years	7	23.3
4	Above 60 years	16	53.4
Total		30	100

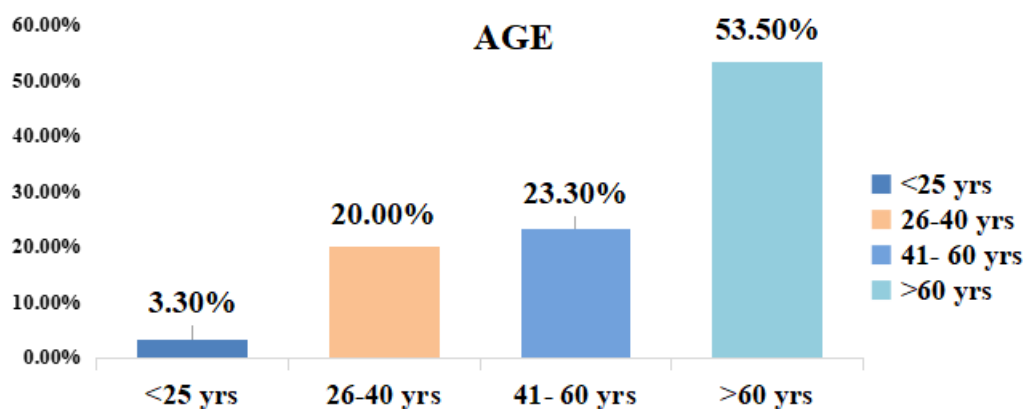


Fig 2: Bar diagram shows the distribution of cancer patients based on their age

The above table and bar diagram shows that, majority (53.5%) of the cancer patients were above 60 years of age group, 23.3% of them were between 41–60 years of age groups, 20% of them were 26–40 years, and only (3.3%) of them were below 25 years of age group.

TABLE 2: Distribution of cancer patients according to their gender.

n=30

S.no	Gender	f	%
1.	Female	12	40
2.	Male	18	60
Total		30	100

GENDER

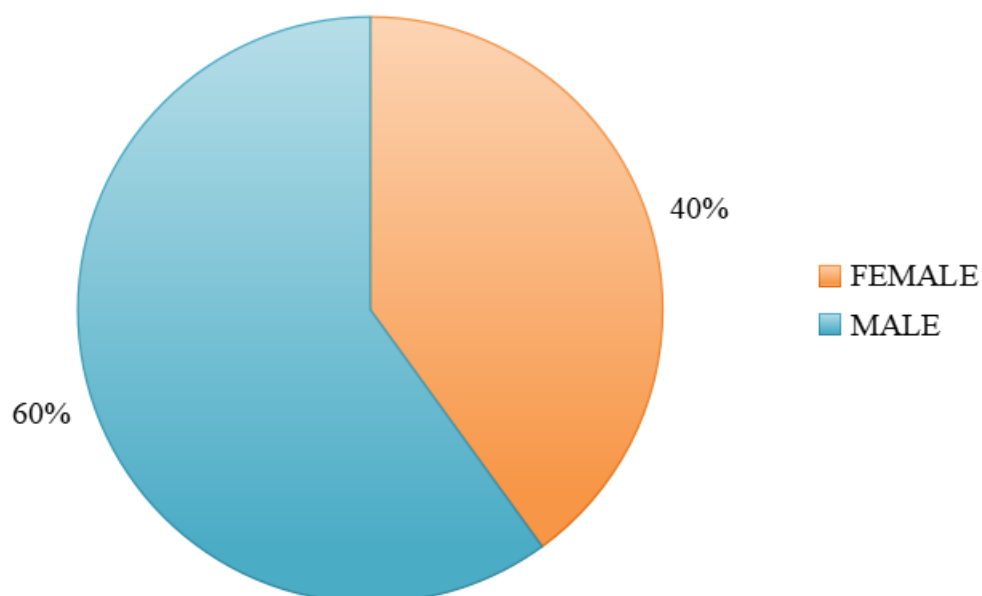


Fig 3: Pie diagram shows the distribution of cancer patients based on their gender

The above table and pie diagram shows that, majority (60%) of the cancer patients were males and 40% of them were females.

TABLE 3: Distribution of cancer patients according to their marital status.

n=30

S.no	Marital status	f	%
1	Married	28	93.2
2	Unmarried	2	6.6
Total		30	100

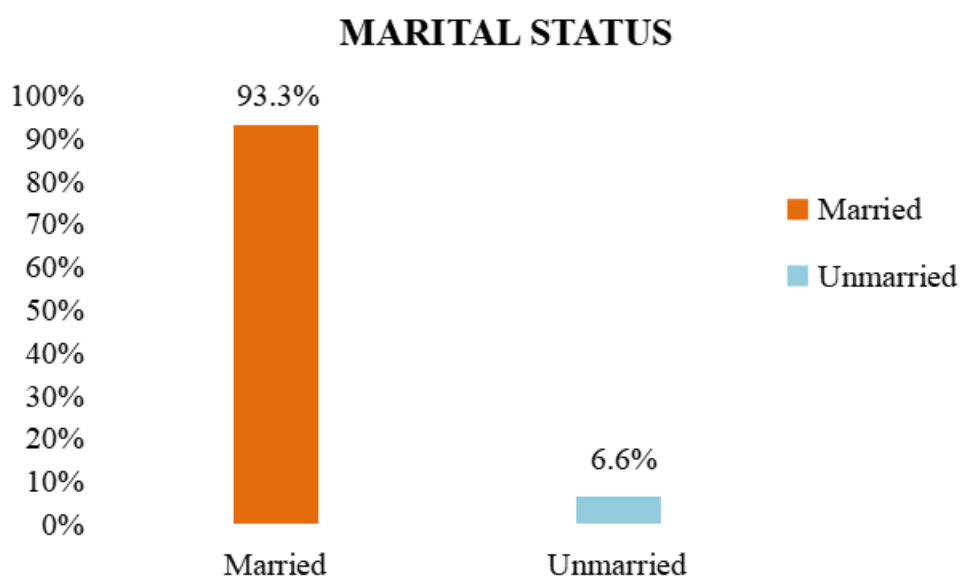


Fig 4: Bar diagram shows the distribution of cancer patients based on their marital status.

The above table and bar diagram shows that, majority (93.3%) of cancer patients were married and 6.6% of them were unmarried.

TABLE 4: Distribution of cancer patients according to their occupation

n=30

S.no	Occupation	f	%
1	Agriculture	21	70
2	Housewife	1	3.3
3	Industrial	0	0
4	Any other specific	8	26.7
Total		30	100

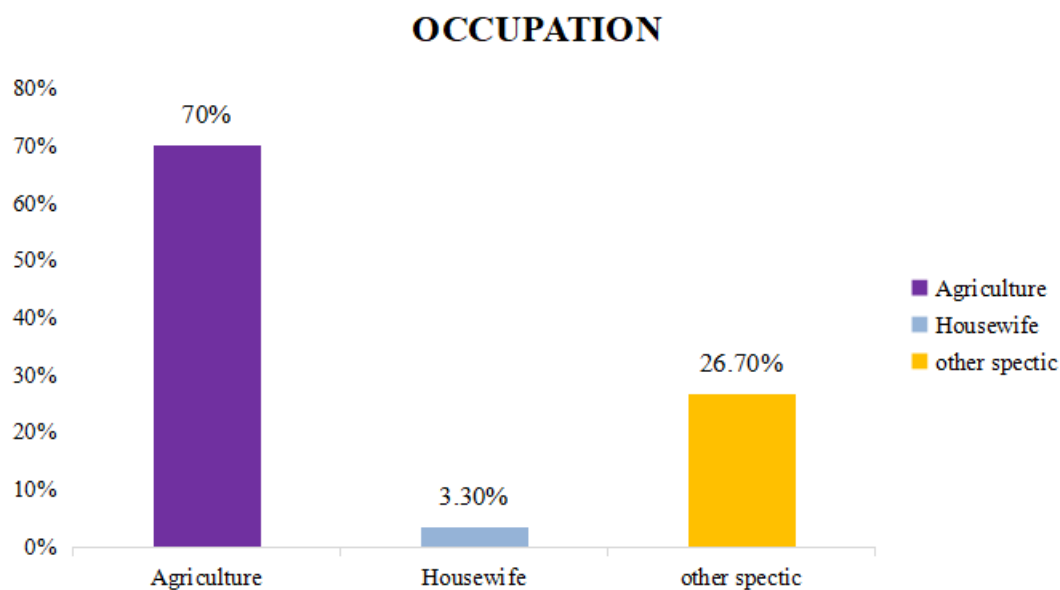


Fig 5: Bar diagram shows the distribution of cancer patients based on their occupation

The above table and bar diagram shows that, majority(70%) of them were agriculture, 26.4% of them were other specific like government job or private jobs, 3.3% of them were housewife and none of them were industrial.

TABLE 5: Distribution of cancer patients according to their no. of days of stay

n=30

S.no	No. of days of stay	f	%
1	0-7 days	1	3.3
2	8- >11 days	29	96.7
Total		30	100

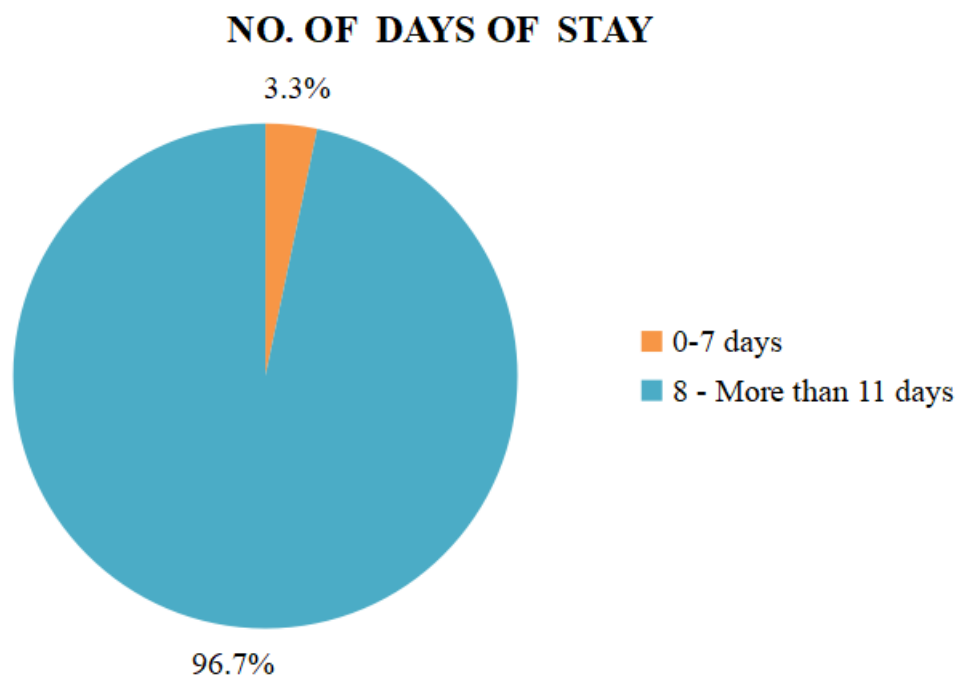


Fig 6: Pie diagram shows the distribution of cancer patients based on their no. of days of stay

The above table and bar diagram shows that, majority (96.7%) of them were stayed 8 - more than 11 days, 3.3% of them were stayed 0-7 days in the oncology unit.

TABLE 6: Distribution of cancer patients according to their previous surgeries/ treatment. n=30

S.no	Previous surgeries/treatment	f	%
1	Yes	10	33.3
2	No	20	66.7
Total		30	100

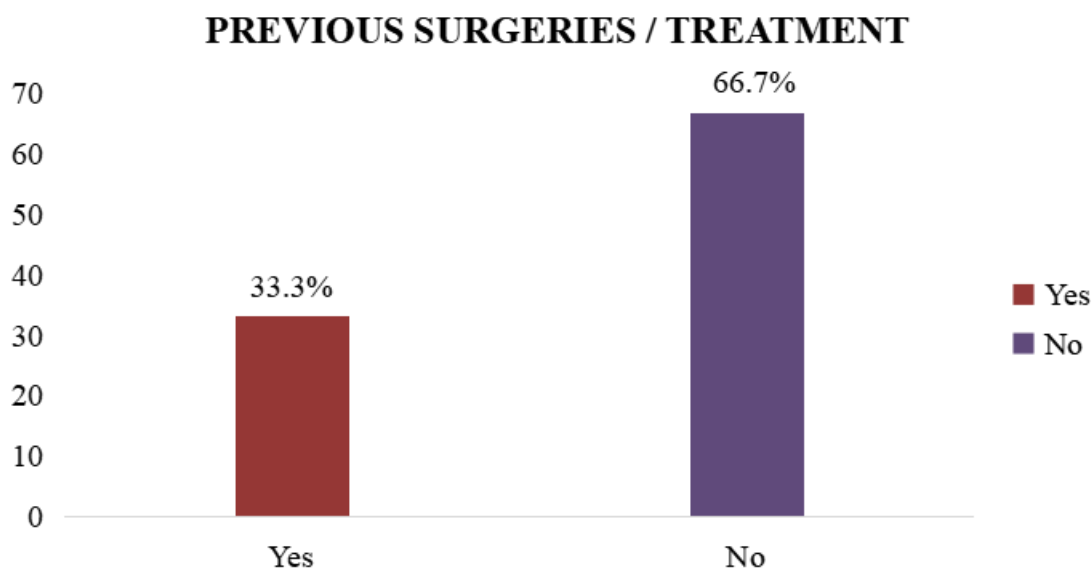


Fig 7 : Bar diagram shows the distribution of cancer patients based on their previous surgeries/ treatment in past.

The above table and bar diagram shows that, majority (66.7%) of them were not undergone surgeries/treatment, 33.3% of them were undergone surgeries/ treatment.

SECTION II

Distribution of cancer patients based on level of satisfaction on quality of nursing care.

This section deals with the distribution of cancer patients based on their level of satisfaction on quality of nursing care. The first objective of the study was “To assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar”. After assessing socio-demographic variables, cancer patients were assessed for their level of satisfaction on quality of nursing care and presented from 7 to 8.

Based on the level of cancer patient’s satisfaction on quality of nursing care, cancer patients were grouped who scored 100 -90 as excellent, 89-70 as very good, 69-50 as good, 49-30 as fair, <29 as poor according to the on “Patient’s Satisfaction on Quality of Nursing Care Quality” in which is presented in table-7.

Table- 2 : Distribution of patient’s level of satisfaction on quality of nursing care

n=30

S.NO	Level Of Satisfaction On Quality Of Nursing Care	f	%
1	Excellent	9	30
2	Very good	20	66.6
3	Good	1	3.4
4	Fair	0	0
5	Poor	0	0

TOTAL	30	100
--------------	-----------	------------



Fig 8: Bar diagram depicts the percentage of level of satisfaction on quality of nursing care

The above table and bar diagram shows that, Majority 66.6% of them were very good nursing care, 30% of them were excellent and 3.4% of them were good and none of them were fair and poor nursing care.

TABLE-3 Characteristics of level of satisfaction on quality on nursing care

Parameters	Excellent	V.good	Good	Fair	Poor
Information given					
Ease of getting information	23(76.7%)	7(23.3%)	--	--	--
Information given by nurses	23(76.6%)	6(20%)	1(3.33%)	--	--
Informing family or friends	21(70%)	9(30%)	--	--	--
Level of satisfaction of patients' needs on quality of nursing care					
Consideration of your needs	20(66.7%)	6(20%)	4(13.3%)	--	--
The daily routine of the nurses	27(90%)	--	3(10%)	--	--
Restful atmosphere provided by nurses	22(73.4%)	7(23.3%)	1(3.33%)		
Coordination of care after discharge	6(20%)	13(43.4%)	9(30%)	2(6.6%)	
Privacy	4(13.3%)	1(3.3%)	6(20%)	19(63.4%)	
Attention of nurses to your condition	28(93.4%)	--	--	2(6.6%)	--
Characteristics of information received regarding investigation					
Information you were given	29(96.7%)	1(3.33%)	--	--	--
Instructions	23(76.7%)	4(13.4%)	1(3.33%)	2(6.66%)	--
Quality of nursing care with concern to medication					
Recognition of your opinions	27(90%)	1(3.33%)	--	2(6.7%)	--

Helpfulness	13(43.4%)	15(50%)	2(6.6%)	--	--
Nursing staff response to your calls	15(50%)	15(50%)	--	--	--
Skill and Competence of nurses	12(40%)	14(46.7%)	4(13.3%)	--	--
Discharge instructions	5(16.7%)	6(20%)	19(63.3%)	--	--
Characteristics of communication by nursing staff provide quality of nursing quality care					
Involving family or friends in your care	27(90%)	1(3.34%)	1(3.33%)	--	1(3.33%)
Concern and caring by nurses	24(80%)	3(10%)	1(3.33%)	2(6.7%)	--
Coordination of care	6(20%)	6(20%)	16(53.3%)	2(6.7%)	--
Characteristics of overall satisfaction on quality of nursing					
Overall quality of care	14(46.7%)	14(46.7%)	2(6.6%)	--	--
Overall quality of nursing care	8(26.7%)	17(56.6%)	5(16.7%)	--	--
In general, health condition	8(26.7%)	16(53.3%)	6(20%)	--	--
	Strongly agree	Somewhat agree	Agree	Somewhat disagree	strongly
Recommendation of hospital to family/friends	8(26.7%)	14(46.7%)	5(16.6%)	3(10%)	--

The above table presents the distribution of cancer patients according to their domain-wise satisfaction on the quality of nursing care. The domains assessed include: information provided, satisfaction of patients' needs, characteristics of information received regarding investigation, quality of nursing care with respect to medication,

communication by nursing staff in providing quality care, and overall satisfaction with the quality of nursing care.

SECTION III

ASSOCIATION BETWEEN LEVELS OF SATISFACTION WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES

Table-9 Association between the level of satisfaction on quality of nursing care.

n=30

Sl.no	Variable	Level of satisfaction		X ²	df	P-value	Inference
		Below median	Above median				
1.	AGE						
	a) <25 years	0	1	f	1	F ₁	NS (P _{cal} -0.65)
	b) 26– 40 years	2	4				
	c) 41 –60 years	5	2				
	d) >60 years	8	10				
2.	GENDER						
	a) Female	10	2	8.89	1	0.002	SS* at p<.05.
	b) Male	5	13				
3.	Marital status						
	a) Married	15	13	2.14	1	0.14	NS at p<.05.
	b) Unmarried	0	2				
4.	Occupation						
	a) Agriculture	11	10	f	1	F ₁	NS (P _{cal} - 0.409)
	b) Housewife	1	0				
	c) Industrial	0	0				
	d) Any other specific	3	5				
5.	No. of days of stay						
	a) 0-7 days	0	1	f	-	F ₁	NS(P _{cal} - 0.08)
	b) 8 - >11 days	15	14				
6.	Previous surgeries/ treatment						
	a) Yes	8	2	8.13	3	0.04	SS* at

	b) No	7	13				p<.05
--	-------	---	----	--	--	--	-----------------

Note: p<0.05, NSS - Not Statistically significant, SS - Statistically significant, YC - Yates correction, F- Fisher exact test, df - degree of freedom,1(3.841).

- With regard to the age, there were 2 age groups, <25-40 years, and 41->59 years. The obtained fisher exact test p-value was 0.65 indicating there was no statistically significant association between satisfactions on quality of nursing care with age at 0.05 level.
- With regard to the gender, there were 2 groups, Female and Male. The obtained χ^2 value was 8.89 and p-value was 0.002 indicating there was statistically significant association between satisfactions on quality of nursing care with gender at 0.05 level.
- With regard to the marital status, there were 2 groups, Married and Unmarried. The obtained χ^2 value was 2.14 and p-value was 0.14 indicating there was no statistically significant association between satisfactions on quality of nursing care with marital status at 0.05 level.
- With regard to the occupation, there were 4 groups, Agriculture, Housewife and Industrial, Any other specific. The obtained fisher exact test p-value was 0.409 indicating there was no statistically significant association between satisfaction on quality of nursing care with occupation at 0.05 level.
- With regard to the no. of days of stay, there were 2 groups; 0-7 days and 8->11 days. The obtained fisher exact test p-value was 0.08 indicating there was no statistically significant association between satisfactions on quality of nursing care with days of staying in oncology unit at 0.05 level.

- With regard to the previous surgeries/ treatment, there were 2 groups; Yes and No. the obtained χ^2 value was 8.13 and p-value was 0.04 indicating there was statistically significant association between satisfaction on quality of nursing care with previous surgeries/ treatment at 0.05 level.

CHAPTER - VI



DISCUSSION

CHAPTER VI

DISCUSSION

Patient satisfaction is an important indicator in evaluating quality of patient care. Nurses have seen their role at the besides, dealing with the needs of the individual patient, and were unlikely to consider whether their nursing care was delivered in the most effective and efficient way with the minimum utilization of scarce resources. Hence the study was intended to assess the level of satisfaction on quality of nursing care among cancer patients admitted in oncology wards of RL Jalappa hospital and Research Centre, Tamaka, Kolar. Data was collected from 30 patients was analysed and presented in chapter - V. The findings obtained were discussed as follows:

I. SOCIO-DEMOGRAPHIC VARIABLES

Age

With regard to age, majority (53.5%) of the cancer patients were above 60 years of age group, 23.3% of were between 41–60 years of age groups, 20% of them were 26–40 years, and only (3.3%) of them were below 25 years of age group. This finding is supported by the study to assess the level of satisfaction of patient with cancer towards nursing care in metro cancer hospital, Jabalpur⁴⁰.

Gender

With regard to gender, majority (60%) of the cancer patients were males and 40% of them were females. Similar findings were seen by the study to evaluate patient's satisfaction with the nursing care quality and associated factors⁴¹.

Marital status

With regard to marital status, majority (93.3%) of cancer patients were married and 6.6% of them were unmarried. Similar findings were seen by the study on Patient satisfaction with the quality of nursing care ⁴².

Occupation

With regard to occupation, majority (70%) of them were agriculture, 26.4% of them were other specific like government job or private jobs, 3.3% of them were housewife and none of them were industrial. Similar findings were seen by the study on Patient satisfaction with the quality of nursing care ⁴².

No. of days of stay

With regard to no. of days of stay, majority (96.7%) of them were stayed 8 - more than 11 days, 3.3% of them were stayed 0-7 days in the oncology unit. Similar findings were seen by the study to evaluate patient's satisfaction with the nursing care quality and associated factors ⁴¹.

Previous surgeries/ treatment in past.

With regard to previous surgeries/ treatment in past, majority (66.7%) of them were undergone surgeries/treatment, 33.3% of them were no previous history surgeries/ treatment& to support these findings there were no studies.

II. LEVEL OF SATISFACTION ON QUALITY OF NURSING CARE

With regard to distribution of patients based on level of satisfaction on quality of nursing care, distribution of patients based on satisfaction on quality of nursing care. Majority 66.6% of patients rated that, they received very good nursing care, 30% of them rated excellent and 3.4% of them rated good and none of them rated fair and poor nursing care. This findings is supported by the study on patient satisfaction and barriers to nursing care quality in oncology units ⁴³.

III. ASSOCIATION BETWEEN THE LEVEL OF SATISFACTION WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES

With regard to association between the level of satisfaction with selected socio-demographic variables showed that is an association between age group $p = 0.659$, gender $p = 0.002$, marital $p = 0.143$, occupation $p = 0.409$, no. of days of stay $p = 0.088$, previous surgeries/ treatment in past $p = 0.043$. This findings was supported by the study to care needs and satisfaction with nursing care quality of cancer patients ⁴⁴.

SUMMARY:

This chapter has dealt with the discussion of major findings of the study such as socio-demographic variables, level of satisfaction on quality of nursing care and association between selected socio-demographic variables.

CHAPTER - VII



CONCLUSION

CHAPTER VII

CONCLUSION

Present study was an attempt to assess the level of satisfaction on quality of nursing care among cancer patients admitted in oncology wards of R L Jalappa hospital and Research Centre, Kolar. Using descriptive Research design, through purposive random sampling technique, 30 patients were included in the study. The level of satisfaction was assessed by using Patient Satisfaction of Nursing Quality Questionnaire scale. The result showed that, Majority 66.6% of them expressed that very good nursing care, 30% of them expressed that excellent and 3.4% of them expressed that good and none of them expressed that fair and poor nursing care. With regard to association between the level of satisfaction with selected socio-demographic variables showed that there is an association between age group $p = 0.659$, gender $p = 0.002$ marital $p = 0.143$, occupation $p = 0.409$, days of staying in oncology unit $p = 0.088$ undergone any surgeries/ treatment in past $p = 0.043$. The study concluded that, patients admitted and treated in oncology units were satisfied with quality of nursing care. However, Nurse needs to improve in the area of administration of medication and in communication to the patients.

CHAPTER - VIII



SUMMARY

CHAPTER VIII

SUMMARY

This chapter discusses on a brief summary of the study, limitations recommendations for the future study.

The present study aimed to assess the level of satisfaction on quality of nursing care among cancer patients admitted in oncology wards of RL Jalappa hospital and Research Centre, Tamaka, Kolar.

OBJECTIVES

1. To assess the level of satisfaction on quality of nursing care among cancer patients using level of satisfaction questionnaire developed by Dr. Laschinger, Mc Gillis Hall, Pedersen & Almost, 2005.
2. To determine the association between level of satisfaction among cancer patients with selected demographics variables.

ASSUMPTION:

- The quality of nursing care may influence cancer patient's level of satisfaction.

MAJOR FINDINGS OF THE STUDY

Description of socio-demographic variables

The study results revealed that, majority 53.5% of the cancer patients were above 60 years of age group, 23.3% of were between 41–60 years of age groups, 20% of them were 26–40 years, and only 3.3%of them were below 25 years of age group. Majority 60% of the cancer patients were males and 40% of them were females. Majority 93.3%of cancer patients were married and 6.6% of them were unmarried. Majority

70% of them were agriculture, 26.4% of them were other specific like government job or private jobs, 3.3% of them were housewife and none of them were industrial. Majority 96.7% of them were stayed 8 - more than 11 days, 3.3% of them were stayed 0-7 days in the oncology unit. Majority 66.7% of them were undergone surgeries/ treatment, 33.3% of them were not undergone surgeries/ treatment.

Level of satisfaction on quality of nursing care

With regard to level of satisfaction on quality of nursing care, Majority 6.6% of them were expressed that, the very good nursing care, 30% of them were expressed they had excellent and 3.4% of them expressed that they had good and none of them were expressed that they had fair and poor nursing care.

Association between the level of satisfaction and selected socio- demographic variables

With regard to association between the level of satisfaction with selected socio-demographic variables showed that there was an association between age $p= 0.659$, gender $p=0.002$, marital $p=0.143$, occupation $p=0.409$, days of staying in oncology unit $p=0.088$, undergone any surgeries/ treatment in past $p=0.043$. This was supported by the study on “patients satisfaction with quality of nursing care” showed that was statistical significance with p - value gender $p = 0.002$, and undergone any surgeries/ treatment $p = 0.043$.

NURSING IMPLICATION

The current study’s findings have implications for nursing administration, nursing practice, nursing education, and nursing research.

NURSING ADMINISTRATION

- Nursing administrator should be responsible to provide nurses with sufficient substantive continuing education opportunities if they accept them to perform high quality nursing care.
- The present study helps the nursing administration to take adequate steps in formulation policies in providing follow up care after discharge.
- The hospital nurse administrator can plan manpower, money, material, methods and time to conduct successful patients care.
- In service and refresher courses can be conducted to the nursing staff to prepare them to provide better satisfaction of nursing care.

NURSING PRACTICE

- The study finding showed that patient has excellent level of satisfaction on quality of nursing care. As per the study findings the nurses has to improve in providing care on explaining about investigations and administering medication to the patients. Hence nurses to be trained skilfully to handle such situation.

NURSING EDUCATION

- Nursing education is an essential component for development of nursing profession. From the study findings the nurse educator can plan as follow:
- Nursing student should be prepared to impart excellent level of nursing care to the patients.

NURSING RESEARCH

- Nursing research is an integral part of nursing profession. Nurses role is not only limited to administering medications as prescribed by physician. This role can be expanded by conducting research on various roles of nurse. The finding of the study serves as a base for the nursing body of knowledge and the students to conduct further studies in different area quality of nursing care
- The present study helped the nurse researcher to develop insight in to the research area on level of satisfaction on quality of nursing care.
- Even though there is numerous studies related to level of satisfaction on quality of nursing care but there are very few studies which have established their relationship. Hence nurse researcher must involve in conducting more studies in this area.

LIMITATIONS OF THE STUDY

The study was limited to:

- Patients admitted at RL Jalappa Hospital & Research centre, Tamaka, Kolar.
- Patients who were admitted in cancer wards.
- Around 30 patients.

RECOMMENDATIONS

The following suggestions were given for additional study.

1. A similar study can be conducted in critical care units.
2. A comparative study can be conducted between two Government and Private or Mission Hospitals.

CHAPTER - IX



REFERENCES

CHAPTER IX

REFERENCES/ BIBLIOGRAPHY

1. Parashar A, Rawat V, Peter PP. Patient Satisfaction: Key Strategies for Better Health Care Outcomes. *Nursing Journal of India*. 2022 Feb;113(1):35-38.
2. Zineldin M. Patient satisfaction and healthcare quality: an investigation of patient satisfaction in relation to health care quality dimensions. *Int J Health Care Qual Assur*. 2006;19(1):60-92.
3. Corner J, Halliday D, Haviland J, Douglas HR, Bath P, Clark D, et al. An evaluation of the quality of a chemotherapy administration service established by nurses in an oncology day care centre. *Eur J Oncol Nurs*. 2003;7(4):199-208.
4. Faithfull S, Corner J, Meyer L, Huddart R, Dearnaley D. Evaluation of nurse-led follow up for patients undergoing pelvic radiotherapy. *Br J Cancer*. 2001;85(12):1853-64.
5. Molassiotis A, Morris K. The importance of the patient–nurse relationship in cancer care. *Eur J Oncol Nurs*. 1999;3(1):44-52.
6. Morrison T, Chmielewski L, O'Rourke H, Slack K, Dunnington G. Chemotherapy education: an interprofessional approach to standardizing processes and improving nurse and patient satisfaction. *Clin J Oncol Nurs*. 2019 Jun;23(3):309-14.
7. Ntarangwi TK, Mutunga-Mwenda C, Nkoroi B. Satisfaction with Nursing Care among Cancer Patients Admitted in Oncology Wards at a National Referral Hospital in Kenya. *Saudi J Nurs Health Care*. 2019 Nov;2(11):374-80. doi:10.36348/sjnhc.2019.v02i11.005.
8. Oklem R. A theory is a set of concepts, definitions, relationships, and assumptions to explain a phenomenon. *Social Studies High School [Internet]*.

[cited 2025 Sept 27]. Available from: <http://oklahoma4.create.ou.edu/askhoma/a-theory-is-a-set-of-concepts-definitions-relationships-and-k0qy>

9. Rogers CR. *Client-Centered Therapy: Its Current Practice, Implications, and Theory*. Boston: Houghton Mifflin; 1951.
10. Rogers CR. *On Becoming a Person: A Therapist's View of Psychotherapy*. Boston: Houghton Mifflin; 1961.
11. McCormack B, McCance TV. Development of a framework for person-centred nursing. *J Adv Nurs*. 2006 Dec;56(5):472-479.
12. McCance TV, McCormack B. The Person-centred Nursing Framework: a mid-range theory for nursing practice. *Journal of Research in Nursing*. 2025 Mar;[epub ahead of print].
13. Andaleeb SS. Patients' Perceptions of Hospital Service Quality in Bangladesh. *Health Policy Plan*. 1988;3(3):183-91. (Note: original Andaleeb 1988 was about hospital service quality, often cited in works on satisfaction dimensions.) — you may want to check your specific source for exact publication.
14. (Alternative or additional) Goodrich J. Elements of patient satisfaction: An integrative review. *Nurs Open*. 2023;10:no.1447.
15. Okonofua FE, Suleiman BM, Oke OA, Nwadike VU, Abdul IF, Oyeniran AA, et al. In-patients' satisfaction with nursing care: Outcome measurement in a tertiary health facility in Lagos, Nigeria. *Int J Afr Nurs Sci*. 2020;13:100264.
16. Assefa ZM, Mengistu NB, Gelaw KA. Patient satisfaction and associated factors among adult patients on ART service at Dessie Referral Hospital, Amhara Region, Ethiopia. *Int J Afr Nurs Sci*. 2021;14:100276.

17. Patel S, Sharma S, Desai N, et al. Patient satisfaction with nursing care among cancer patients in a tertiary care hospital in Mumbai, India. *Indian J Cancer Nurs.* 2023;12(1):45-50.
18. Zhang L, Li J, Wang X, et al. Satisfaction with nursing care among cancer patients in Beijing, China: A cross-sectional study. *Asian Pac J Cancer Prev.* 2022;23(4):1234-1239.
19. Dupont S, Lefevre M, Martin J, et al. Patient satisfaction with nursing care among cancer patients in Paris, France. *Eur J Oncol Nurs.* 2021;50:101891.
20. Rossi G, Bianchi L, Ferri M, et al. Satisfaction with nursing care among cancer patients in Rome, Italy: A cross-sectional study. *Support Care Cancer.* 2020;28(6):2843-2849.
21. Gomez A, Martinez R, Lopez P, et al. Patient satisfaction with nursing care among cancer patients in Madrid, Spain. *J Cancer Educ.* 2019;34(3):456-461.
22. Olsen M, Pedersen P, Jensen T, et al. Satisfaction with nursing care among cancer patients in Copenhagen, Denmark. *Scand J Caring Sci.* 2018;32(2):345-350.
23. Schmidt H, Weber K, Müller A, et al. Patient satisfaction with nursing care among cancer patients in Zurich, Switzerland. *Oncol Nurs Forum.* 2017;44(5):E232-E238.
24. Papadopoulos A, Georgiou E, Christodoulou C, et al. Satisfaction with nursing care among cancer patients in Athens, Greece. *Cancer Nurs.* 2016;39(4):E45-E51.
25. Kyriakides A, Nicolaides C, Papadopoulou E, et al. Patient satisfaction with nursing care among cancer patients in Nicosia, Cyprus. *Cancer Nurs.* 2015;38(6):E45-E51.

26. Borg M, Vella M, Camilleri L, et al. Satisfaction with nursing care among cancer patients in Valletta, Malta. *Cancer Nurs.* 2014;37(5):E1-E7.
27. O'Connor M, Murphy A, O'Neill C, et al. Patient satisfaction with nursing care among cancer patients in Dublin, Ireland. *Cancer Nurs.* 2013;36(4):E1-E7.
28. Virtanen M, Nieminen P, Laaksonen M, et al. Satisfaction with nursing care among cancer patients in Helsinki, Finland. *Cancer Nurs.* 2012;35(6):E1-E7.
29. Yılmaz G, Demirci N, Çolak İ, et al. Satisfaction with nursing care among cancer patients in Istanbul, Turkey. *Cancer Nurs.* 2011;34(5):E1-E7.
30. Johnson S, Lee M, Smith J, et al. Patient satisfaction with nursing care among cancer patients in New York, USA. *Cancer Nurs.* 2010;33(4):E1-E7.
31. Silva R, Costa D, Oliveira S, et al. Satisfaction with nursing care among cancer patients in Rio de Janeiro, Brazil. *Cancer Nurs.* 2009;32(3):E1-E7.
32. Tanaka Y, Sato T, Nakamura T, et al. Satisfaction with nursing care among cancer patients in Tokyo, Japan. *Cancer Nurs.* 2008;31(2):E1-E7.
33. Nguyen A, Lee K, Kim J, et al. Patient satisfaction with nursing care among cancer patients in Toronto, Canada. *Cancer Nurs.* 2007;30(1):E1-E7.
34. Brown T, Wilson P, Harris J, et al. Satisfaction with nursing care among cancer patients in Sydney, Australia. *Cancer Nurs.* 2006;29(5):E1-E7.
35. Park S, Kim Y, Lee H, et al. Patient satisfaction with nursing care among cancer patients in Seoul, South Korea. *Cancer Nurs.* 2005;28(4):E1-E7.
36. Pai PS, Bhat VS, Shenoy R. Patient satisfaction and barriers to nursing care quality among cancer patients admitted in oncology units at a tertiary care hospital in Mangalore, India. *Indian J Cancer Nurs.* 2021;18(2):45-50.
37. Atinga RA, Abor PA, Amponsah-Tawiah K. Level of satisfaction with the quality of nursing care among older adults in Ghana. *Nurs Open.* 2020;7(3):845-853.

38. Legesse MT, Abebe L, Tadesse A. Patient satisfaction with nursing care in Ethiopia: A systematic review and meta-analysis. *BMC Nurs.* 2019;18:35.
39. PSNCQQ - Patient Satisfaction with Nursing Care Quality Questionnaire - Heather K. Laschinger Research Measurement Tools - Western University [Internet]. [www.uwo.ca](https://www.uwo.ca/fhs/hkl/psncqq.html). Available from: <https://www.uwo.ca/fhs/hkl/psncqq.html>
40. Arjun Kumar Singh M, Khush M, Soni K, Rathore M. "A Study to Assess the Level of Satisfaction of Patient With Cancer Towards Nursing Care In Metro Cancer Hospital, Jabalpur (M. IOSR Journal of Nursing and Health Science [Internet]. 2023 [cited 2025 Sep 27];12:38–43. Available from: <https://www.iosrjournals.org/iosr-jnhs/papers/vol12-issue1/Ser-2/G1201023843.pdf>
41. Alharbi HF, Alzahrani NS, Almarwani AM, Asiri SA, Alhowaymel FM. Patients' satisfaction with nursing care quality and associated factors: A cross-section study. *Nursing Open.* 2022 Dec 30;10(5).
42. Karaca A, Durna Z. Patient satisfaction with the quality of nursing care. *Nursing Open* [Internet]. 2019 Jan 4;6(2):535–45. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/nop2.237>
43. Kannappan SR, Veigas J, Walton M. Patient Satisfaction and Barriers to Nursing Care Quality in Oncology Units. *Journal of Health and Allied Sciences NU.* 2022 Sep 20.
44. Dönmez E, Dönmez E, Dolu İ, Dülger Z, Bayram Z. Available from: <https://www.wcrj.net/wp-content/uploads/sites/5/2022/05/e2312.pdf>

CHAPTER - X



ANNEXURES

CHAPTER X

ETHICAL CLEARANCE COMMITTEE CERTIFICATE



SRI DEVARAJ URS COLLEGE OF NURSING

Tamaka, Kolar-563 103, Karnataka.

(Affiliated to RGUHS, Bangalore and Recognized by KNC, Bangalore & INC, New Delhi)
ISO 9001:2015 Certified & NAAC Accredited

Phone: 9480880802

E-mail: sduconson@yahoo.com, Website: sducon.ac.in

Ref.:No. SDUCON/IEC/PG-149/ 2023-2024

Date: 09-05-2024

From,

The Institutional Ethics Committee
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

To

Ms. Nalli Jaya Sujana
M.Sc Nursing student
Medical Surgical Nursing,
Sri Devaraj Urs College of Nursing,
Tamaka, Kolar-563103

This is to certify that the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously approved M.Sc. (N) Topic: **Level of Satisfaction on quality of Nursing Care among Cancer Patients admitted in Oncology wards of R L Jalappa Hospital, Kolar of Ms. Nalli Jaya Sujana, under the guidance Dr G. Vijayalakshmi, Principal, Department of Medical Surgical Nursing of Sri Devaraj Urs College of Nursing Kolar.**

M. Sulphur
9/5/24

Member Secretary
CHAIR PERSON
ETHICS COMMITTEE

SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Shanti

Chairperson
CHAIR PERSON
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

LETTER REQUESTING PERMISSION TO CONDUCT STUDY

PERMISSION TO CONDUCT STUDY

From,
Ms. Nalli Jaya sujana
1 year M.Sc. (N) Student
Sri Devaraj Urs College of Nursing
Tamaka, Kolar – 563101.

Date: 6/6/2024
Place: Kolar.

To,
The Medical superintendent,
R L Jalappa Hospital and Research Center,
Tamaka, Kolar- 563101.

Respected Madam / Sir,

Through the principal, SDUCON, Kolar.

Sub: Requesting permission to collect data from cancer patients-reg

With the subject to the above, I the under signed student of 1 year M.Sc Nursing under the Department of Medical-Surgical Nursing specialty would like to collect data for the mini research study on **A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar** as a partial fulfillment of my M.Sc Nursing curricular requirement.

Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Herewith I am enclosing my research objectives, tool and ethical clearance for your kind consideration.

Thanking you

Yours faithfully,

Enclosure:

Ms. Nalli. Jaya sujana

- Synopsis
- Tool

N. Sujana

Copy to:

1. Head, Department of Oncology, RLJHC & RC, Kolar.
2. Dr. Zeenath careena J, Chief Nursing Officer, RLJHC & RC, Kolar.

Forwarded to M.S. RLJHC & RC as a request to grant permission to collect data

Medical Superintendent
R L Jalappa Hospital & Research Centre
Kolar-563103.

Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

PERMISSION TO CONDUCT STUDY

From,

Ms. Nalli Jaya sujana
1 year M.Sc. (N) Student
Sri Devaraj Urs College of Nursing
Tamaka, Kolar - 563101.

Date: 6/6/2024

Place: Kolar.

To,

The Medical superintendent,
R L Jalappa Hospital and Research Center,
Tamaka, Kolar- 563101.

Respected Madam / Sir,

Through the principal, SDU/CON, Kolar.

Sub: Requesting permission to collect data from cancer patients-reg

With the subject to the above, I the under signed student of 1 year M.Sc Nursing under the Department of Medical-Surgical Nursing specialty would like to collect data for the mini research study on **A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar** as a partial fulfillment of my M.Sc Nursing curricular requirement.

Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Herewith I am enclosing my research objectives, tool and ethical clearance for your kind consideration.

Thanking you

Yours faithfully,

Enclosure:

Ms. Nalli. Jaya sujana

N. Sujana

- Synopsis
- Tool

Copy to:

✓ Head, Department of Oncology, RLJHC & RC, Kolar.

2. Dr. Zeenath careena J, Chief Nursing Officer, RLJHC & RC, Kolar.

Forwarded to HOD, Oncology unit, RLJHC & RC to a degree to permit our student to collect data

permitted.

Approved 14/06/24
R. L. JALAPPA. D
Professor & Head
Dept. of Surgical Oncology
R.L. JHC - KOLAR - 563101

14/06/24
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

PERMISSION TO CONDUCT STUDY

From,
Ms. Nalli Jaya sujana
1 year M.Sc. (N) Student
Sri Devaraj Urs College of Nursing
Tamaka, Kolar – 563101.

Date: 6/6/2024

Place: Kolar.

To,
The Medical superintendent,
R L Jalappa Hospital and Research Center,
Tamaka, Kolar- 563101.

"Permitted"
Whether the tool is validated

Respected Madam / Sir,
Through the principal,SDUCON, Kolar.

LG
6/6/2024
Head of the Department
Dept of Medical-Surgical Nursing
Sri Devaraj Urs College of Nursing
Tamaka, Kolar - 563101.

Sub: Requesting permission to collect data from cancer patients-reg

With the subject to the above, I the under signed student of 1 year M.Sc Nursing under the Department of Medical-Surgical Nursing specialty would like to collect data for the mini research study on **A Study to Assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar** as a partial fulfillment of my M.Sc Nursing curricular requirement.

Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Herewith I am enclosing my research objectives, tool and ethical clearance for your kind consideration.

Thanking you

Yours faithfully,

Enclosure:

Ms. Nalli. Jaya sujana

- Synopsis
- Tool

N. Sujana

Copy to:

1. Head, Department of Oncology, RLJHC& RC, Kolar.
2. Dr. Zeenath careena J, Chief Nursing Officer, RLJHC& RC, Kolar.


Forwarded to ^{the} CNO, RLJHC&RC as request to grant permission to collect data

LG
6/6/2024
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

CERTIFICATE FROM STATISTICIAN

CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis of the data to Miss. Nalli. Jaya Sujana II Year MSc (N) student of Sri Devaraj Urs College of Nursing, Tamaka, Kolar for her study titled as "A study to assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar".


Signature of the Statistician
Mr. RAVISHANKAR
Asst. Professor, Statistics
Dept. of Community Medicine
SDUMC, Kolar-563102
Dept. of Community Health Medicine,
SDUAHER, Tamaka, Kolar.

Date: 26/8/25
Place: Tamaka, Kolar

KANNADA EDITING CERTIFICATE

I hereby certify that I have translated the tool and the content of dissertation of the data to Miss. Nalli. Jaya Sujana I Year MSc (N) student of Sri Devaraj Urs College of Nursing, Tamaka, Kolar for her study titled as “A study to assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar” from English to Kannada.

Date: 22-05-2025

Place: Tamaka, Kolar.

Signature

WRITTEN INFORMED CONSENT FORM

Study Title: A study to assess the Level of Satisfaction on Quality of Nursing Care among Cancer Patients admitted in Oncology Wards of RL Jalappa Hospital and Research Centre, Tamaka, Kolar.

Code Number:

I confirm that I have read and understood the information given to me about this study and my role in it. I had opportunities to ask questions and questions have been answered to my satisfaction.Or

I confirm that all information about this study and my role in it has been read / explained to me by a member of the investigating team in a language that I understand. I had opportunities to ask questions and questions have been answered to my satisfaction.

b) I understand that my participation in this study is voluntary and that I am free to withdraw from the study at any time, without giving any reason and legal rights being affected.

c) I understand that my identity will not be revealed in any document or publication.

d) I agree not to restrict the use/publication of any data or results that arise from this study provided such use is only for scientific purposes.

e) I am aware that by agreeing to my participation in this investigation, I will have to give time for learning and assessment by the investigating team and that these assessments will not interfere with the benefits that I am entitled to or my daily routine.

f) I give my consent, voluntarily to take part in this study.

Signature of the study participants /Legally Acceptable Representative:

Name of the study participant: _____

Date: __/__/____

Place:

Study participant signature: _____

Name of the investigator: _____

Date: __/__/____

Place:

Study Investigator's Signature: _____

ಲಿಖಿತ ಮಾಹಿತಿಯುಕ್ತ ಸಮ್ಮತಿ ನಮೂನೆ

ಅಧ್ಯಯನ ಶೀರ್ಷಿಕೆ: ಕೋಲಾರದ ಆರ್. ಎಲ್. ಜಲಪ್ಪ ಆಸ್ಪತ್ರೆಯ ಆಂಕೂಲಾಜಿ ವಾರ್ಡ್‌ಗಳಲ್ಲಿ ದಾಖಲಾದ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಲ್ಲಿ ಶುಶ್ರೂಷಾ ಆರೈಕೆಯ ಗುಣಮಟ್ಟದ ಬಗ್ಗೆ ತೃಪ್ತಿಯ ಮಟ್ಟ.

ಕೋಡ್ ಸಂಖ್ಯೆ:

ಈ ಅಧ್ಯಯನದ ಬಗ್ಗೆ ಮತ್ತು ಅದರಲ್ಲಿ ನನ್ನ ಪಾತ್ರದ ಬಗ್ಗೆ ನನಗೆ ನೀಡಲಾದ ಮಾಹಿತಿಯನ್ನು ನಾನು ಓದಿದ್ದೇನೆ ಮತ್ತು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ ಎಂದು ನಾನು ದೃಢೀಕರಿಸುತ್ತೇನೆ. ನನಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳುವ ಅವಕಾಶಗಳು ದೊರೆತಿದ್ದವು ಮತ್ತು ಪ್ರಶ್ನೆಗಳಿಗೆ ನನ್ನ ತೃಪ್ತಿಗೆ ತಕ್ಕಂತೆ ಉತ್ತರಗಳು ದೊರೆತಿದ್ದವು.

ಅಥವಾ ಈ ಅಧ್ಯಯನದ ಬಗ್ಗೆ ಮತ್ತು ಅದರಲ್ಲಿ ನನ್ನ ಪಾತ್ರದ ಬಗ್ಗೆ ಎಲ್ಲಾ ಮಾಹಿತಿಯನ್ನು ತನಿಖಾ ತಂಡದ ಸದಸ್ಯರೊಬ್ಬರು ನನಗೆ ಅರ್ಥವಾಗುವ ಭಾಷೆಯಲ್ಲಿ ಓದಿದ್ದಾರೆ/ವಿವರಿಸಿದ್ದಾರೆ ಎಂದು ನಾನು ದೃಢೀಕರಿಸುತ್ತೇನೆ. ನನಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳುವ ಅವಕಾಶಗಳು ದೊರೆತಿದ್ದವು ಮತ್ತು ಪ್ರಶ್ನೆಗಳಿಗೆ ನನ್ನ ತೃಪ್ತಿಗೆ ತಕ್ಕಂತೆ ಉತ್ತರಗಳು ದೊರೆತಿದ್ದವು.

ಬಿ) ಈ ಅಧ್ಯಯನದಲ್ಲಿ ನನ್ನ ಭಾಗವಹಿಸುವಿಕೆಯು ಸ್ವಯಂಪ್ರೇರಿತವಾಗಿದೆ ಮತ್ತು ಯಾವುದೇ ಕಾರಣವನ್ನು ನೀಡದೆ ಮತ್ತು ಕಾನೂನು ಹಕ್ಕುಗಳ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರದೆ ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯಲು ನಾನು ಸ್ವತಂತ್ರನಾಗಿದ್ದೇನೆ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ಸಿ) ನನ್ನ ಗುರುತನ್ನು ಯಾವುದೇ ದಾಖಲೆ ಅಥವಾ ಪ್ರಕಟಣೆಯಲ್ಲಿ OPಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ಡಿ) ಈ ಅಧ್ಯಯನದಿಂದ ಉಂಟಾಗುವ ಯಾವುದೇ ಡೇಟಾ ಅಥವಾ ಫಲಿತಾಂಶಗಳ ಬಳಕೆ/ಪ್ರಕಟಣೆಯನ್ನು ನಿರ್ಬಂಧಿಸದಿರಲು ನಾನು ಒಪ್ಪುತ್ತೇನೆ, ಅಂತಹ ಬಳಕೆಯು ವೈಜ್ಞಾನಿಕ ಉದ್ದೇಶಗಳಿಗಾಗಿ ಮಾತ್ರ.

ಇ) ಈ ತನಿಖೆಯಲ್ಲಿ ನನ್ನ ಭಾಗವಹಿಸುವಿಕೆಯನ್ನು ಒಪ್ಪಿಕೊಳ್ಳುವ ಮೂಲಕ, ತನಿಖಾ ತಂಡದ ಕಲಿಕೆ ಮತ್ತು ಮೌಲ್ಯಮಾಪನಕ್ಕೆ ನಾನು ಸಮಯವನ್ನು ನೀಡಬೇಕಾಗುತ್ತದೆ ಮತ್ತು ಈ ಮೌಲ್ಯಮಾಪನಗಳು ನನಗೆ ಅರ್ಹವಾದ ಪ್ರಯೋಜನಗಳಿಗೆ ಅಥವಾ ನನ್ನ ದೈನಂದಿನ ದಿನಚರಿಯಲ್ಲಿ ಹಸ್ತಕ್ಷೇಪ ಮಾಡುವುದಿಲ್ಲ ಎಂದು ನನಗೆ ತಿಳಿದಿದೆ.

ಎಫ್) ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನಾನು ಸ್ವಯಂಪ್ರೇರಣೆಯಿಂದ ನನ್ನ
ಒಪ್ಪಿಗೆಯನ್ನು ನೀಡುತ್ತೇನೆ.

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವವರು/ಕಾನೂನುಬದ್ಧವಾಗಿ ಸ್ವೀಕಾರಾರ್ಹ
ಪ್ರತಿನಿಧಿಗಳ ಸಹಿ:

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವವರ ಹೆಸರು: _ _ _ _ _
_ _ _ _ _

ದಿನಾಂಕ: _/_/_/ _ _

ಸ್ಥಳ:

ಅಧ್ಯಯನ ಭಾಗವಹಿಸುವವರ ಸಹಿ: _ _ _ _ _

ತನಿಖಾಧಿಕಾರಿಯ ಹೆಸರು: _ _ _ _ _

ದಿನಾಂಕ: _ _ _/_ _ _ _

ಸ್ಥಳ:

ಅಧ್ಯಯನ ತನಿಖಾಧಿಕಾರಿಯ ಸಹಿ: _ _ _ _ _

PARTICIPANT INFORMATION SHEET

Title: Level of Satisfaction on quality of Nursing Care among Cancer Patients admitted in Oncology wards of R L Jalappa Hospital Research Centre, Tamaka, and Kolar.

Cancer clients are invited to take part in a research study. Before you decide to participate in this study, it is important for you to understand why this research is being carried out and your role in the project. Please take time to read the following information carefully and discuss it with your friends and relatives if you wish before you decide to participate or not in this study. Don't hesitate to ask us if there is anything that is not clear here or for more information. Take as much as time you need to decide to participate in this study.

What is the purpose of the study?

This is purely a research study and your participation may not bring any direct benefit to you.

The present study aims to conduct to evaluate the level of satisfaction on quality of nursing care among cancer patients – *Do No Harm*.

Do participants have to take part in the study?

The investigator invites you to participate in the study and will be given a copy of this information sheet and adequate time to read through this, think, and ask any questions before making a decision. If you decide to enrol in the study, you will be asked to sign/thumb impression on a consent form. You are free to withdraw from the study at any time without giving any reason. A decision not to take part or later withdraw from the study whenever you choose will not affect your right or your profession.

What is your role in this project?

After your sign/thumb impression in the informed consent, the investigator shall ask questions on the basic details of the age, gender, education, occupation, area of residence and will be screened for patient satisfaction with nursing care by using standardized questionnaire.

What is the duration of the Training?

The intervention will be followed by patient satisfaction with nursing care quality questionnaire and the duration will be 30 minutes.

What are the benefits of participating in the study?

Intervention strategy consisting the level of satisfaction with nursing staff by this application shall bring a change in the upcoming nursing staff and will enhance health outcomes among the clients. You are not entitled to any monetary or other benefits for participating in the study.

Are there any risks involved in participating in the study?

The study involves the cancer clients after taking minimum six days of treatment. There are no risks or inconveniences in participating in this study.

Confidentiality of information

The data collected will be coded using unique code numbers which will be known only to the investigating team. Only this code will be indicated in all assessment sheets. Your name will not be disclosed outside or appear on any reports or publications resulting from the study. The data generated from this research will be anonymous, with no indication of the identity of the individuals involved. The results of the Intervention carried out, however, will be revealed and explained to you.

What will happen to the samples (data) you have given?

The data obtained will be analysed for scientific purposes. The results obtained from this study may be published in national and international scientific journals. Results may also be presented at scientific conferences /seminars. We will publish the results in scientific journals so that other interested people may learn from our research. However, we assure you that your identity will not be revealed anywhere, in any form, and to anybody. If you withdraw from the study after the samples have been collected, then your data will not be used for this study. Such data will be in safe custody till the completion of the project and will be deleted from records thereafter.

Who is organizing/ conducting the study?

The research is being conducted under the guidance of Subject experts and Research guide, Dr.G.Vijayalakshmi professor and principal, SDUCON, Tamaka, Kolar.

Who has reviewed this study?

The study has been approved by the Institutional Ethics Committee, Sri Devaraj Urs College of Nursing for ethical aspects/standards.

If you need more information about this study, please contact the following at any time of the study.

Dr.G.Vijayalakshmi
Professor and principal,
SDUCON,
Ms. N. Jaya Sujana
MSc (N) student
Phone no: 9515827522

Thank you for taking time to read this information. If you decide to consider taking part in this study, you will be given a copy of this leaflet for your information.

Signature of the investigator

Acknowledgement: Copy of this document received

Signature/Thumb impression of Participant:

ಭಾಗವಹಿಸುವ ಮಾಹಿತಿ ಶೀಟ್

ಶೀರ್ಷಿಕೆ: ಕೋಲಾರದ ಆರ್. ಎಲ್. ಜಲಪ್ಪ ಆಸ್ಪತ್ರೆಯ ಆಂಕೂಲಾಜಿ ವಾರ್ಡ್‌ಗಳಲ್ಲಿ ದಾಖಲಾದ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಲ್ಲಿ ನರ್ಸಿಂಗ್ ಆರೈಕೆಯ ಗುಣಮಟ್ಟದ ಬಗ್ಗೆ ತೃಪ್ತಿಯ ಮಟ್ಟ.

ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳನ್ನು ಸಂಶೋಧನಾ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಆಹ್ವಾನಿಸಲಾಗುತ್ತದೆ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ನಿರ್ಧರಿಸುವ ಮೊದಲು, ಈ ಸಂಶೋಧನೆಯನ್ನು ಏಕೆ ನಡೆಸಲಾಗುತ್ತಿದೆ ಮತ್ತು ಯೋಜನೆಯಲ್ಲಿ ನಿಮ್ಮ ಪಾತ್ರವನ್ನು ನೀವು ಅರ್ಥಮಾಡಿಕೊಳ್ಳುವುದು ಮುಖ್ಯವಾಗಿದೆ. ದಯವಿಟ್ಟು ಈ ಕೆಳಗಿನ ಮಾಹಿತಿಯನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಓದಲು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳಿ ಮತ್ತು ನೀವು ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನಿರ್ಧರಿಸುವ ಮೊದಲು ನಿಮ್ಮ ಸ್ನೇಹಿತರು ಮತ್ತು ಸಂಬಂಧಿಕರೊಂದಿಗೆ ಚರ್ಚಿಸಿ. ಇಲ್ಲಿ ಏನಾದರೂ ಸ್ಪಷ್ಟವಾಗಿಲ್ಲವೇ ಅಥವಾ ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ನಮ್ಮನ್ನು ಕೇಳಲು ಹಿಂಜರಿಯಬೇಡಿ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ನಿರ್ಧರಿಸಲು ಅಗತ್ಯವಿರುವಷ್ಟು ಸಮಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಿ.

ಅಧ್ಯಯನದ ಉದ್ದೇಶವೇನು?

ಇದು ಸಂಪೂರ್ಣವಾಗಿ ಸಂಶೋಧನಾ ಅಧ್ಯಯನವಾಗಿದೆ ಮತ್ತು ನಿಮ್ಮ ಭಾಗವಹಿಸುವಿಕೆಯು ನಿಮಗೆ ಯಾವುದೇ ನೇರ ಪ್ರಯೋಜನವನ್ನು ತರದಿರಬಹುದು. ಪ್ರಸ್ತುತ ಅಧ್ಯಯನವು ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಲ್ಲಿ ಶುಶ್ರೂಷಾ ಆರೈಕೆಯ ಗುಣಮಟ್ಟದ ಬಗ್ಗೆ ತೃಪ್ತಿಯ ಮಟ್ಟವನ್ನು ಮೌಲ್ಯಮಾಪನ ಮಾಡುವ ಗುರಿಯನ್ನು ಹೊಂದಿದೆ- ಯಾವುದೇ ಹಾನಿ ಮಾಡಬೇಡಿ.

ಭಾಗವಹಿಸುವವರು ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಬೇಕೇ? ತನಿಖಾಧಿಕಾರಿಯು ನಿಮ್ಮನ್ನು ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಆಹ್ವಾನಿಸುತ್ತಾನೆ ಮತ್ತು ಈ ಮಾಹಿತಿ ಹಾಳೆಯ ಪ್ರತಿಯನ್ನು ಮತ್ತು ನಿರ್ಧಾರ ತೆಗೆದುಕೊಳ್ಳುವ ಮೊದಲು ಇದನ್ನು ಓದಲು, ಯೋಚಿಸಲು ಮತ್ತು ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಸಾಕಷ್ಟು ಸಮಯವನ್ನು ನೀಡಲಾಗುತ್ತದೆ. ನೀವು ಅಧ್ಯಯನಕ್ಕೆ ದಾಖಲಾಗಲು ನಿರ್ಧರಿಸಿದರೆ, ಒಪ್ಪಿಗೆ ಅರ್ಜಿಯ ಮೇಲೆ ಸಹಿ/ಹೆಬ್ಬರಳಿನ ಗುರುತು ಹಾಕಲು ನಿಮ್ಮನ್ನು ಕೇಳಲಾಗುತ್ತದೆ.

ಯಾವುದೇ ಕಾರಣವನ್ನು ನೀಡದೆ ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯಲು ನಿಮಗೆ ಸ್ವಾತಂತ್ರ್ಯವಿದೆ. ನೀವು ಆಯ್ಕೆ ಮಾಡಿದಾಗಲೆಲ್ಲಾ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸದಿರಲು ಅಥವಾ ನಂತರ ಹಿಂತೆಗೆದುಕೊಳ್ಳುವ ನಿರ್ಧಾರವು ನಿಮ್ಮ ಹಕ್ಕು ಅಥವಾ ನಿಮ್ಮ ವೃತ್ತಿಯ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದಿಲ್ಲ. ಈ ಯೋಜನೆಯಲ್ಲಿ ನಿಮ್ಮ ಪಾತ್ರವೇನು? ಮಾಹಿತಿಯುಕ್ತ ಒಪ್ಪಿಗೆಯಲ್ಲಿ ನಿಮ್ಮ ಸಹಿ/ಹೆಬ್ಬರಳಿನ ಗುರುತಿನ ನಂತರ, ತನಿಖಾಧಿಕಾರಿಯು ವಯಸ್ಸು, ಲಿಂಗ, ಶಿಕ್ಷಣ, ಉದ್ಯೋಗ, ವಾಸಸ್ಥಳದ ಮೂಲ ವಿವರಗಳ ಬಗ್ಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಬೇಕು ಮತ್ತು ಪ್ರಮಾಣೀಕೃತ ಪ್ರಶ್ನಾವಳಿಯನ್ನು ಬಳಸಿಕೊಂಡು ಶುಶ್ರೂಷಾ ಆರೈಕೆಯಲ್ಲಿ ರೋಗಿಯ ತೃಪ್ತಿಗಾಗಿ ಪರಿಶೀಲಿಸಲಾಗುತ್ತದೆ.

ತರಬೇತಿಯ ಅವಧಿ ಎಷ್ಟು?

ಮಧ್ಯಸ್ಥಿಕೆಯ ನಂತರ ಶುಶ್ರೂಷಾ ಆರೈಕೆಯ ಗುಣಮಟ್ಟದ ಪ್ರಶ್ನಾವಳಿಯೊಂದಿಗೆ ರೋಗಿಯ ತೃಪ್ತಿ ಇರುತ್ತದೆ ಮತ್ತು ಅವಧಿಯು 30 ನಿಮಿಷಗಳಾಗಿರುತ್ತದೆ.

ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳುವುದರಿಂದಾಗುವ ಪ್ರಯೋಜನಗಳೇನು?

ಈ ಅಪ್ಲಿಕೇಶನ್ನಿಂದ ಶುಶ್ರೂಷಾ ಸಿಬ್ಬಂದಿಯ ತೃಪ್ತಿಯ ಮಟ್ಟವನ್ನು ಒಳಗೊಂಡಿರುವ ಮಧ್ಯಸ್ಥಿಕೆ ಕಾರ್ಯತಂತ್ರವು ಮುಂಬರುವ ಶುಶ್ರೂಷಾ ಸಿಬ್ಬಂದಿಯಲ್ಲಿ ಬದಲಾವಣೆಯನ್ನು ತರುತ್ತದೆ ಮತ್ತು ಗ್ರಾಹಕರಲ್ಲಿ ಆರೋಗ್ಯ ಫಲಿತಾಂಶಗಳನ್ನು ಹೆಚ್ಚಿಸುತ್ತದೆ. ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ಯಾವುದೇ ಹಣಕಾಸಿನ ಅಥವಾ ಇತರ ಪ್ರಯೋಜನಗಳಿಗೆ ಅರ್ಹರಾಗಿರುವುದಿಲ್ಲ.

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವುದರಿಂದ ಯಾವುದೇ ಅಪಾಯಗಳಿವೆಯೇ?

ಕನಿಷ್ಠ ಆರು ದಿನಗಳ ಚಿಕಿತ್ಸೆಯನ್ನು ತೆಗೆದುಕೊಂಡ ನಂತರ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳನ್ನು ಈ ಅಧ್ಯಯನವು ಒಳಗೊಂಡಿರುತ್ತದೆ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವುದರಿಂದ ಯಾವುದೇ ಅಪಾಯಗಳು ಅಥವಾ ಅನಾನುಕೂಲತೆಗಳಿಲ್ಲ.

ಮಾಹಿತಿಯ ಗೌಪ್ಯತೆಸಂಗ್ರಹಿಸಿದ ದತ್ತಾಂಶವನ್ನು ತನಿಖಾ ತಂಡಕ್ಕೆ ಮಾತ್ರ ತಿಳಿದಿರುವ ವಿಶಿಷ್ಟ ಕೋಡ್ ಸಂಖ್ಯೆಗಳನ್ನು ಬಳಸಿ ಕೋಡ್ ಮಾಡಲಾಗುತ್ತದೆ. ಈ ಕೋಡ್ ಅನ್ನು ಮಾತ್ರ ಎಲ್ಲಾ ಮೌಲ್ಯಮಾಪನ ಹಾಳೆಗಳಲ್ಲಿ ಸೂಚಿಸಲಾಗುತ್ತದೆ.

ನಿಮ್ಮ ಹೆಸರನ್ನು ಹೊರಗೆ ಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಅಥವಾ ಅಧ್ಯಯನದ ಪರಿಣಾಮವಾಗಿ ಯಾವುದೇ ವರದಿಗಳು ಅಥವಾ ಪ್ರಕಟಣೆಗಳಲ್ಲಿ ಕಾಣಿಸುವುದಿಲ್ಲ.

ಈ ಸಂಶೋಧನೆಯಿಂದ ಉತ್ಪತ್ತಿಯಾಗುವ ದತ್ತಾಂಶವು ಅನಾಮಧೇಯವಾಗಿರುತ್ತದೆ, ಇದರಲ್ಲಿ ಭಾಗಿಯಾಗಿರುವ ವ್ಯಕ್ತಿಗಳ ಗುರುತಿನ ಯಾವುದೇ ಸೂಚನೆಯಿಲ್ಲ.

ಆದಾಗ್ಯೂ, ನಡೆಸಿದ ಹಸ್ತಕ್ಷೇಪದ ಫಲಿತಾಂಶಗಳನ್ನು ನಿಮಗೆ ಬಹಿರಂಗಪಡಿಸಲಾಗುತ್ತದೆ ಮತ್ತು ವಿವರಿಸಲಾಗುತ್ತದೆ.

ನೀವು ನೀಡಿದ ಮಾದರಿಗಳಿಗೆ (ದತ್ತಾಂಶ) ಏನಾಗುತ್ತದೆ?ಪಡೆದ ದತ್ತಾಂಶವನ್ನು ವೈಜ್ಞಾನಿಕ ಉದ್ದೇಶಗಳಿಗಾಗಿ ವಿಶ್ಲೇಷಿಸಲಾಗುತ್ತದೆ. ಈ ಅಧ್ಯಯನದಿಂದ ಪಡೆದ ಫಲಿತಾಂಶಗಳನ್ನು ರಾಷ್ಟ್ರೀಯ ಮತ್ತು ಅಂತಾರಾಷ್ಟ್ರೀಯ ವೈಜ್ಞಾನಿಕ ನಿಯತಕಾಲಿಕಗಳಲ್ಲಿ ಪ್ರಕಟಿಸಬಹುದು. ಫಲಿತಾಂಶಗಳನ್ನು ವೈಜ್ಞಾನಿಕ ಸಮಾವೇಶಗಳು/ವಿಚಾರಗೋಷ್ಠಿಗಳಲ್ಲಿಯೂ ಪ್ರಸ್ತುತಪಡಿಸಬಹುದು. ಇತರ ಆಸಕ್ತ ಜನರು ನಮ್ಮ ಸಂಶೋಧನೆಯಿಂದ ಕಲಿಯುವಂತೆ ನಾವು ಫಲಿತಾಂಶಗಳನ್ನು ವೈಜ್ಞಾನಿಕ ನಿಯತಕಾಲಿಕಗಳಲ್ಲಿ ಪ್ರಕಟಿಸುತ್ತೇವೆ. ಆದಾಗ್ಯೂ, ನಿಮ್ಮ ಗುರುತನ್ನು ಎಲ್ಲಿಯೂ, ಯಾವುದೇ ರೂಪದಲ್ಲಿ ಮತ್ತು ಯಾರಿಗೂ ಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಎಂದು ನಾವು ನಿಮಗೆ ಭರವಸೆ ನೀಡುತ್ತೇವೆ. ಮಾದರಿಗಳನ್ನು ಸಂಗ್ರಹಿಸಿದ ನಂತರ ನೀವು ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿದರೆ, ನಿಮ್ಮ ದತ್ತಾಂಶವನ್ನು ಈ ಅಧ್ಯಯನಕ್ಕೆ ಬಳಸಲಾಗುವುದಿಲ್ಲ. ಅಂತಹ ದತ್ತಾಂಶವು ಯೋಜನೆ ಪೂರ್ಣಗೊಳ್ಳುವವರೆಗೆ ಸುರಕ್ಷಿತ ವಶದಲ್ಲಿರುತ್ತದೆ ಮತ್ತು ನಂತರ ದಾಖಲೆಗಳಿಂದ ಅಳಿಸಲಾಗುತ್ತದೆ.

ಅಧ್ಯಯನವನ್ನು ಯಾರು ಆಯೋಜಿಸುತ್ತಿದ್ದಾರೆ/ನಡೆಸುತ್ತಿದ್ದಾರೆ?

ವಿಷಯ ತಜ್ಞರು ಮತ್ತು ಸಂಶೋಧನಾ ಮಾರ್ಗದರ್ಶಿ, ಪ್ರೊಫೆಸರ್ ಮತ್ತು ಪ್ರಾಂಶುಪಾಲರಾದ ಡಾ. ಜಿ. ವಿಜಯಲಕ್ಷ್ಮಿ ಅವರ ಮಾರ್ಗದರ್ಶನದಲ್ಲಿ ಈ ಸಂಶೋಧನೆಯನ್ನು ನಡೆಸಲಾಗುತ್ತಿದೆ.

ಈ ಅಧ್ಯಯನವನ್ನು ಯಾರು ಪರಿಶೀಲಿಸಿದ್ದಾರೆ?

ನೈತಿಕ ಅಂಶಗಳು/ಮಾನದಂಡಗಳಿಗಾಗಿ ಶ್ರೀ ದೇವರಾಜ್ ಅರಸ್ ನರ್ಸಿಂಗ್ ಕಾಲೇಜಿನ ಸಾಂಸ್ಥಿಕ ನೈತಿಕ ಸಮಿತಿಯು ಈ ಅಧ್ಯಯನವನ್ನು ಅನುಮೋದಿಸಿದೆ.

ಈ ಅಧ್ಯಯನದ ಬಗ್ಗೆ ನಿಮಗೆ ಹೆಚ್ಚಿನ ಮಾಹಿತಿ ಬೇಕಾದರೆ, ದಯವಿಟ್ಟು ಅಧ್ಯಯನದ ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಈ ಕೆಳಗಿನವರನ್ನು ಸಂಪರ್ಕಿಸಿ.

ಡಾ. ಜಿ. ವಿಜಯಲಕ್ಷ್ಮಿ, ಪ್ರಾಧ್ಯಾಪಕಿ ಮತ್ತು ಪ್ರಾಂಶುಪಾಲರು, ಎಸ್ ಡಿ ಯು ಸಿ ಒ ಎನ್,

ಶ್ರೀಮತಿ ಎನ್. ಜಯ ಸುಜನಾ ಎಂಎಸ್ಸಿ (ಎನ್) ವಿದ್ಯಾರ್ಥಿ ದೂರವಾಣಿ ಸಂಖ್ಯೆ: 9525827522

ಈ ಮಾಹಿತಿಯನ್ನು ಓದಲು ಸಮಯ ತೆಗೆದುಕೊಂಡಿದ್ದಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ಈ

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ನಿರ್ಧರಿಸಿದರೆ, ನಿಮ್ಮ ಮಾಹಿತಿಗಾಗಿ ಈ ಕರಪತ್ರದ ಪ್ರತಿಯನ್ನು ನಿಮಗೆ ನೀಡಲಾಗುವುದು.

ತನಿಖಾಧಿಕಾರಿಯ ಸಹಿ

ಮೆಚ್ಚುಗೆ: ಈ ದಾಖಲೆಯ ಪ್ರತಿಯನ್ನು ಸ್ವೀಕರಿಸಲಾಗಿದೆ

ಭಾಗವಹಿಸುವವರ ಸಹಿ/ಹೆಚ್ಚಿರಲಿರುವ ಮುದ್ರೆ:

DATA COLLECTION TOOL

INSTRUCTIONS TO THE PARTICIPANTS

Please answer to all the questions. Given responses to the option which you prefer, don't any questions answered. Your answers will be kept confidential. The information collected will be only for study purpose:

SECTION A: Socio-demographic variable

1. Age
 - a) Less than 25 years
 - b) 26 years - 40 years
 - c) 41 years - 60 years
 - d) Above 60 years
2. Gender
 - a) Female
 - b) Male
3. Marital status
 - a) Married
 - b) Unmarried
4. Occupation
 - a) Agriculture
 - b) Housewife
 - c) Industrial
 - d) Any other specific _____
5. Days of staying in oncology unit
 - a) 0 days - 7 days

b) 8 days - More than 11 days

6. Have you ever undergone any surgeries / treatment in past. Yes or no ?

If yes, _____

**STANDARDIZED TOOL PATIENT SATISFACTION WITH NURSING CARE
QUALITY QUESTIONNAIRE**

SECTION B: To assess the level of satisfaction on quality of nursing care among cancer patients admitted in oncology wards.

	Excellent	Very good	Good	Fair	poor
INFORMATION YOU WERE GIVEN: How clear and complete the nurses explanations were about tests, treatments, and what to expect					
INSTRUCTIONS: how well nurses explained how to prepared for tests and operations.					
EASE OF GETTING INFORMATION: willingness of nurses to answer your questions.					
INFORMATION GIVEN BY NURSES: how well nurses communicated with patients, families, and doctors.					
INFORMING FAMILY OR FRIENDS: How well the nurses kept them informed about your condition and needs					
INVOLVING FAMILY OR FRIENDS IN YOUR CARE: How much they were allowed to help in your care					
CONCERN AND CARING BY NURSES: Courtesy and respect you were given; friendliness and kindness.					

<p>ATTENTION OF NURSES TO YOUR CONDITION: How often nurses checked on you and how well they kept track of how you were doing.</p>					
<p>RECOGNITION OF YOUR OPINIONS: How much nurses ask you what you think is important and give you choices.</p>					
<p>CONSIDERATION OF YOUR NEEDS: Willingness of the nurses to be flexible in meeting your needs.</p>					
<p>THE DAILY ROUTINE OF THE NURSES: How well they adjusted their schedules to your needs.</p>					
<p>HELPFULNESS: Ability of the nurses to make you comfortable and reassure you.</p>					
<p>NURSING STAFF RESPONSE TO YOUR CALLS: How quick they were to help.</p>					
<p>SKILL AND COMPETENCE OF NURSES: How well things were done, like giving medicine and handling IVs.</p>					
<p>COORDINATION OF CARE: The teamwork between nurses and other hospital staff who took care of you.</p>					
<p>RESTFUL ATMOSPHERE PROVIDED BY NURSES: Amount of peace and quiet.</p>					
<p>PRIVACY: Provisions for your privacy by nurses.</p>					
<p>DISCHARGE INSTRUCTIONS: how clearly and completely the nurses told you what to do and what to expect when you left the hospital.</p>					

<p>COORDINATION OF CARE AFTER DISCHARGE: Nurses' efforts to provide for your needs after you left the hospital.</p>					
--	--	--	--	--	--

OVERALL PERCEPTIONS

<p>Overall quality of care and services you received during your hospital stay.</p>					
<p>Overall quality of nursing care you received during your hospital stay.</p>					
<p>In general, would you say your health is</p>					
<p>Based on the nursing care I received, I would recommend this hospital to my family and friends.</p>					

ದತ್ತಾಂಶ ಸಂಗ್ರಹ ಸಾಧನ

ಪದಾಧಿಕಾರಿಗಳಿಗೆ ಸೂಚನೆಗಳು:

ದಯವಿಟ್ಟು ಎಲ್ಲಾ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ. ನೀವು ಆದ್ಯತೆ ನೀಡುವ ಆಯ್ಕೆಗೆ ಪ್ರತಿಕ್ರಿಯೆಗಳನ್ನು ನೀಡಿದರೆ, ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಬೇಡಿ. ನಿಮ್ಮ ಉತ್ತರಗಳನ್ನು ಗೌಪ್ಯವಾಗಿಡಲಾಗುವುದು. ಸಂಗ್ರಹಿಸಿದ ಮಾಹಿತಿಯು ಅಧ್ಯಯನದ ಉದ್ದೇಶಕ್ಕಾಗಿ ಮಾತ್ರ

ಇರುತ್ತದೆ:

ವಿಭಾಗ ಎ: ಸಾಮಾಜಿಕ ವಿಕೇಂದ್ರೀಯ ವೈವಿಧ್ಯತೆ

1. ವಯಸ್ಸು

ಎ) 25 ವರ್ಷಗಳಿಗಿಂತ ಕಡಿಮೆ

ಬಿ) 26 ವರ್ಷಗಳು-40 ವರ್ಷಗಳು

ಸಿ) 41 ವರ್ಷಗಳು-60 ವರ್ಷಗಳು

ಡಿ) 60 ವರ್ಷಗಳಿಗಿಂತ ಹೆಚ್ಚು

2. ಲಿಂಗ

ಎ) ಹೆಣ್ಣು

ಬಿ) ಗಂಡು

3. ವೈವಾಹಿಕ ಸ್ಥಿತಿ

ಎ) ವಿವಾಹಿತ

ಬಿ) ಅವಿವಾಹಿತ

4. ಉದ್ಯೋಗ

ಎ) ಕೃಷಿ

ಬಿ) ಗೃಹಿಣಿ

ಸಿ) ಕೈಗಾರಿಕಾ

ಡಿ) ಯಾವುದೇ ಇತರ ನಿರ್ದಿಷ್ಟ _ _ _ _ _

5. ಆಂಕೂಲಾಜಿ ಘಟಕದಲ್ಲಿ ಉಳಿಯುವ ದಿನಗಳು

ಎ) 0 ದಿನಗಳು--7 ದಿನಗಳು

ಬಿ) 8 ದಿನಗಳು-11 ದಿನಗಳಿಗಿಂತ ಹೆಚ್ಚು

6. ನೀವುಹಿಂದೆಯಾವುದಾದರೂಶಸ್ತ್ರಚಿಕಿತ್ಸೆ/ಚಿಕಿತ್ಸೆಗೆಒಳಗಾಗಿದ್ದೀರಾ

ಹೌದು ಅಥವಾ ಇಲ್ಲವೇ?

ಹಾಗಿದ್ದಲ್ಲಿ, _ _ _ _ _

ವಿಭಾಗ ಬಿ: ಅಂಗರಚನಾಶಾಸ್ತ್ರದಲ್ಲಿ ಅನುಮೋದಿಸಲಾದ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಲ್ಲಿ ನರ್ಸಿಂಗ್ ಕೇರ್ ಅಮೋಂಗ್ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳ ಗುಣಮಟ್ಟದ ಮೇಲೆ ಸಂತ್ರಸ್ತಿಯ ಮಟ್ಟವನ್ನು ನಿರ್ಣಯಿಸುವುದು.

ಶುಶ್ರೂಷಾ ಆರೈಕೆಯ ಗುಣಮಟ್ಟದ ಪ್ರಶ್ನಾವಳಿಯೊಂದಿಗೆ ರೋಗಿಯ ತೃಪ್ತಿ

	ಅತ್ಯುತ್ತಮ	ತುಂಬಾ ಚೆನ್ನಾಗಿದೆ	ಚೆನ್ನಾಗಿದೆ	ನ್ಯಾಯಯುತ	ಬಡವರು
ನಿಮಗೆನೀಡಲಾದಮಾಹಿತಿ: ಪರೀಕ್ಷೆಗಳು, ಚಿಕಿತ್ಸೆಗಳುಮತ್ತುಏನನ್ನುನಿರೀಕ್ಷಿಸಬೇಕುಎಂಬುದರಬಗ್ಗೆದಾದಿಯರವಿವರಣೆಗಳುಎಷ್ಟುಸ್ಪಷ್ಟಮತ್ತುಪೂರ್ಣವಾಗಿದ್ದವು.					
ಸೂಚನೆಗಳು: ಪರೀಕ್ಷೆಗಳುಮತ್ತುಕಾರ್ಯಾಚರಣೆಗಳಿಗೆಹೇಗೆಸಿದ್ಧರಾಗಬೇಕುಎಂಬುದನ್ನುದಾದಿಯರುಎಷ್ಟುಚೆನ್ನಾಗಿವಿವರಿಸಿದರು.					
ಮಾಹಿತಿಪಡೆಯುವುದುಸುಲಭ: ನಿಮ್ಮಪ್ರಶ್ನೆಗಳಿಗೆಉತ್ತರಿಸಲುದಾದಿಯರಇಚ್ಛೆ.					
ದಾದಿಯರುನೀಡಿದಮಾಹಿತಿ: ದಾದಿಯರುರೋಗಿಗಳು, ಕುಟುಂಬಗಳುಮತ್ತುವೈದ್ಯರೊಂದಿಗೆ ಎಷ್ಟುಚೆನ್ನಾಗಿಸಂವಹನನಡೆಸಿದರು					

<p>ಕುಟುಂಬಅಥವಾಸ್ನೇಹಿತರಿಗೆತಿಳಿಸುವುದು:</p> <p>ನಿಮ್ಮಸ್ಥಿತಿಮತ್ತುಅಗತ್ಯಗಳಬಗ್ಗೆದಾದಿಯರುಅವರಿಗೆಎಷ್ಟುಚೆನ್ನಾಗಿಮಾಹಿತಿನೀಡಿದರು</p>					
<p>ನಿಮ್ಮ ಆರೈಕೆಯಲ್ಲಿಕುಟುಂಬಅಥವಾಸ್ನೇಹಿತರನ್ನುತೊಡಗಿಸಿಕೊಳ್ಳುವುದು:</p> <p>ನಿಮ್ಮ ಆರೈಕೆಯಲ್ಲಿಸಹಾಯಮಾಡಲುಅವರಿಗೆಎಷ್ಟುಅನುಮತಿಸಲಾಗಿದೆ</p>					
<p>ದಾದಿಯರಿಂದಕಾಳಜಿಮತ್ತುಕಾಳಜಿ:</p> <p>ನಿಮಗನೀಡಲಾದಸೌಜನ್ಯಮತ್ತುಗೌರವ; ಸ್ನೇಹಪರತೆಮತ್ತುದಯೆ.</p>					
<p>ನಿಮ್ಮಸ್ಥಿತಿಯಬಗ್ಗೆದಾದಿಯರಗಮನ:</p> <p>ದಾದಿಯರುನಿಮ್ಮನ್ನುಎಷ್ಟುಬಾರಿಪರೀಕ್ಷಿಸುತ್ತಾರೆಮತ್ತುನೀವುಹೇಗೆಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದೀರಿಎಂಬುದರಮೇಲೆಅವರುಎಷ್ಟುನಿಗಾಇಟ್ಟಿದ್ದಾರೆ</p>					
<p>ನಿಮ್ಮಅಭಿಪ್ರಾಯಗಳನ್ನುಗುರುತಿಸುವುದು:</p> <p>ನೀವುಮುಖ್ಯವೆಂದುಭಾವಿಸುವದನ್ನುದಾದಿಯರುಎಷ್ಟುಕೇಳುತ್ತಾರೆಮತ್ತುನಿಮಗೆಆಯ್ಕೆಗಳನ್ನುನೀಡುತ್ತಾರೆ.</p>					
<p>ನಿಮ್ಮಅಗತ್ಯಗಳಪರಿಗಣನೆ:</p> <p>ನಿಮ್ಮಅಗತ್ಯಗಳನ್ನುಪೂರೈಸುವಲ್ಲಿ</p>					

ದಾದಿಯರುಹೊಂದಿಕೊಳ್ಳುವಇಚ್ಛೆ.					
ದಾದಿಯರದೈನಂದಿನದಿನಚರಿ: ಅವರುನಿಮ್ಮಅಗತ್ಯಗಳಿಗೆಅನುಗುಣವಾಗಿ ತಮ್ಮವೇಳಾಪಟ್ಟಿಯನ್ನುಎಷ್ಟು ಚೆನ್ನಾಗಿಹೊಂದಿಸಿದರು.					
ಸಹಾಯಕತೆ: ನಿಮಗೆಆರಾಮದಾಯಕವಾಗಿಸಲು ಮತ್ತುನಿಮಗೆಭರವಸೆನೀಡುವದಾದಿ ಯರಸಾಮರ್ಥ್ಯ.					
ನಿಮ್ಮಕರೆಗಳಿಗೆನರ್ಸಿಂಗ್ಬಂದಿ ಪ್ರತಿಕ್ರಿಯೆ: ಅವರುಎಷ್ಟುತ್ವರಿತವಾಗಿಸಹಾಯ ಮಾಡಿದರು.					
ದಾದಿಯರಕೌಶಲ್ಯಮತ್ತುಸಾಮ ರ್ಥ್ಯ: ಔಷಧಿನೀಡುವುದುಮತ್ತುಬವಿಗಳ ನ್ನುನಿರ್ವಹಿಸುವುದುಮುಂತಾದಕೆಲ ಸಗಳನ್ನುಎಷ್ಟುಚೆನ್ನಾಗಿಮಾಡಲಾಗಿ ದೆ.					
ಆರೈಕೆಯಸಮನ್ವಯ: ನಿಮ್ಮನ್ನುನೋಡಿಕೊಳ್ಳುವದಾದಿಯ ರುಮತ್ತುಇತರಆಸ್ಪತ್ರೆಸಿಬ್ಬಂದಿಯ ನಡುವಿನತಂಡದಕೆಲಸ.					
ದಾದಿಯರುಒದಗಿಸಿದವಿಶ್ರಾಂತಿ ವಾತಾವರಣ: ಶಾಂತಿಮತ್ತುಶಾಂತತೆಯಪ್ರಮಾಣ.					
ಗೌಪ್ಯತೆ: ದಾದಿಯರುನಿಮ್ಮಗೌಪ್ಯತೆಗಾಗಿ ಬಂಧನೆಗಳು.					
ಡಿಸ್ಕಾಜೂರ್ಚನೆಗಳು: ನೀವುಆಸ್ಪತ್ರೆಯಿಂದಹೊರಬಂದಾಗ					

ಏನುಮಾಡಬೇಕು ಮತ್ತು ಏನನ್ನು ನಿರೀಕ್ಷಿಸಬೇಕು ಎಂದು ದಾದಿಯರು ನಿಮಗೆ ಎಷ್ಟು ಸ್ಪಷ್ಟವಾಗಿ ಮತ್ತು ಸಂಪೂರ್ಣವಾಗಿ ಹೇಳಿದರು.					
ಡಿಸ್ಚಾರ್ಜ್ ಆದ ನಂತರ ಆರೈಕೆಯ ಸಮನ್ವಯ: ನೀವು ಆಸ್ಪತ್ರೆಯಿಂದ ಹೊರಬಂದ ನಂತರ ನಿಮ್ಮ ಅಗತ್ಯಗಳನ್ನು ಪೂರೈಸಲು ದಾದಿಯರ ಪ್ರಯತ್ನಗಳು.					

ಒಟ್ಟಾರೆ ಗ್ರಹಿಕೆಗಳು

ನಿಮ್ಮ ಆಸ್ಪತ್ರೆ ವಾಸ್ತವ್ಯದ ಸಮಯದಲ್ಲಿ ನೀವು ಪಡೆದ ಆರೈಕೆ ಮತ್ತು ಸೇವೆಗಳ ಒಟ್ಟಾರೆ ಗುಣಮಟ್ಟ.					
ನಿಮ್ಮ ಆಸ್ಪತ್ರೆ ವಾಸ್ತವ್ಯದ ಸಮಯದಲ್ಲಿ ನೀವು ಪಡೆದ ನರ್ಸಿಂಗ್ ಆರೈಕೆಯ ಒಟ್ಟಾರೆ ಗುಣಮಟ್ಟ.					
ಸಾಮಾನ್ಯವಾಗಿ, ನಿಮ್ಮ ಆರೋಗ್ಯ ಹೇಗಿದೆ ಎಂದು ನೀವು ಹೇಳುತ್ತೀರಾ					

ನಾನುಪಡೆದನರ್ಸಿಂಗ್‌ರ ರೈಕೆಯ ಆಧಾರದ ಮೇಲೆ, ನಾನು ಈ ಆಸ್ಪತ್ರೆಯನ್ನು ನ್ನೆಕುಟುಂಬ ಮತ್ತು ಸ್ನೇಹಿ ತರಿಗೆ ಶಿಫಾರಸು ಮಾಡು ತ್ತೇನೆ.					
---	--	--	--	--	--

MASTER SHEET

Section- A

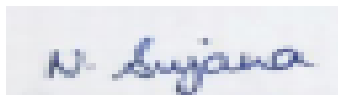
S.no	Age	Gender	Marital status	Occupation	No. Of days of staying in oncology	Any surgery/ treat
1	4	2	1	1	4	2
2	2	1	1	1	4	2
3	3	1	1	1	4	1
4	4	1	1	1	4	1
5	4	1	1	1	4	1
6	3	1	1	4	4	1
7	4	1	1	1	4	2
8	4	1	1	1	4	1
9	4	1	1	1	4	2
10	3	1	1	4	4	2
11	3	2	1	1	4	2
12	2	2	1	4	4	2
13	4	2	1	1	4	2
14	4	2	1	4	4	1
15	4	2	1	4	4	2
16	2	1	1	2	4	2
17	4	2	1	1	4	2
18	1	2	2	4	4	2
19	2	2	2	1	1	2
20	3	2	1	1	4	2
21	4	2	1	1	4	2
22	2	2	1	1	4	2
23	2	2	1	1	4	1
24	4	2	1	1	4	1
25	4	2	1	1	4	1

26	3	2	1	1	4	2
27	3	1	1	4	4	2
28	4	2	1	1	4	2
29	4	2	1	1	4	2
30	4	2	1	4	4	1

Section-B

S.n	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q1	Q1	Q1	Q1	Q1	Q1	Q1	Q1	Q1	Q1	Q2	Q2	Q2	Q2
o	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3
1	5	2	4	5	4	4	5	5	5	4	5	5	5	3	3	4	4	4	2	3	4	3	3
2	5	5	5	5	4	5	5	5	5	4	5	5	5	5	5	4	2	4	4	4	4	5	3
3	5	2	5	5	5	5	5	5	5	3	5	5	4	4	4	4	2	3	3	4	4	4	3
4	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	5	4	4	4
5	5	5	5	3	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	5	4	4	4
6	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	5	4	4	4
7	4	4	4	4	5	1	5	5	5	5	5	5	5	4	3	5	2	3	4	5	4	4	4
8	5	5	5	5	5	5	5	5	5	5	5	4	4	5	4	5	2	4	4	5	3	3	3
9	5	5	5	5	5	5	5	5	5	4	5	5	4	5	3	5	2	4	3	4	3	3	2
10	5	5	5	5	0	5	5	5	5	3	5	5	5	3	3	5	2	3	3	4	3	3	2
11	5	5	5	5	5	3	2	1	2	3	3	3	5	5	5	5	5	5	5	5	5	5	5
12	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3	5	5	5	5	5	5
13	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
14	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4

15	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	5	4	4	5
16	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	4	4	4	4
17	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	3	3	5	5	5	5	5
18	5	5	5	5	5	5	5	5	5	5	5	5	4	4	5	5	4	5	5	5	5	5	5	5
19	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	3	3	4	4	4	4	4
20	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	5	4	4	4
21	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	3	3	4	5	4	4	4
22	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	3	5	2	3	4	5	4	4	4
23	5	4	4	4	4	4	5	2	1	2	3	3	3	4	3	2	3	2	3	2	3	3	3	2
24	5	5	5	5	4	5	5	5	4	4	5	4	4	5	4	4	5	2	3	3	4	4	3	3
25	5	5	5	5	4	5	5	5	5	5	5	5	5	5	4	4	5	3	4	3	4	4	4	4
26	5	4	4	4	4	4	5	3	5	5	5	5	5	5	5	3	5	2	3	4	5	5	4	4
27	5	5	5	5	5	5	5	5	5	4	3	4	4	5	3	2	4	2	3	3	4	3	5	5
28	5	3	4	4	4	4	5	4	5	5	4	5	4	5	5	3	5	3	4	3	4	4	4	5
29	5	5	4	4	4	4	5	4	5	5	5	5	5	5	5	3	5	2	3	3	4	4	4	4
30	5	4	4	4	4	5	5	4	5	5	5	5	5	5	5	3	5	2	3	3	4	5	4	4



Signature of the researcher



Signature of the guide

PHOTO GALLERY





PLAGARISM