

ORIGINAL ARTICLE

Patient Satisfaction Regarding Quality Nursing Care

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Abstract

Background: The significance of patient satisfaction (PS) with nursing care has been widely recognised as a primary determinant of general PS with hospital service and the general quality of health care provision. Nevertheless, the current status of PS with nursing treatment at the state level in Gujarat, India has not been determined.

Aim: The aim was to assess the level of patients' satisfaction with nursing care quality in surgical wards.

Methods: The research investigation was carried out at the U.N. Mehta Institute of Cardiology Research Centre (UNMICRC) from June 2021 to December 2021. A modified form of questionnaire of Dr. Laschinger's "PS with quality nursing care questionnaire" was used as the study tool. Patients operated on with all kinds of heart surgery as well as nine dimensions were included in the study. Patients admitted with wound infections were excluded from this research.

Results: A total of 178 out of 180 patients were evaluated at random and were approached for interviews using a questionnaire. For patients with a language barrier, patient relatives were either interviewed or served as interpreters. Overall the data showed that patient's expectations in some aspects were not sufficiently matched. According to this study, nurses need to focus more on privacy and peace of patients.

Conclusion: Nursing care is the main component of overall patient satisfaction from the time of hospital admission to discharge.

Keywords: Nursing, Patient, Hospital, Satisfaction, Quality

Introduction

Satisfaction is the feeling one experiences after doing, getting, or accomplishing something. Quality care is described in the healthcare industry as a specific approach to caregiving that encompasses both technical and philosophical aspects. The healthcare industry has

become more competitive in recent years. Healthcare providers' ability to provide high-quality care is their most important competitive advantage.¹⁻³ The need for higher-quality healthcare services has been established as a result of health related data and technological advancements. Changes in healthcare expectations

and perspectives, as well as increased individual involvement in their own health care and rising costs and competitiveness in the healthcare industry, have all been seen.⁴

The opinions and satisfaction of patients and their families can be used to gauge the quality and sufficiency of healthcare services.⁵ Patient satisfaction (PS) is regarded as the satisfaction expressed after receiving healthcare services, and it is the most significant measure of the quality of care.⁶ Measuring PS contributes to overall quality management by providing vital performance data.⁷ Complete quality control includes patient opinions regarding the kind and calibre of treatment they have gotten, as well as the professional expertise, knowledge, and application of relevant technologies.⁸ Hospital quality management systems in today's consumer-driven healthcare markets heavily rely on a patient-centered measure of satisfaction with the calibre of nursing care received.⁹

The needs of patients are to be adequately heard, diagnosed, and treated to alleviate symptoms. Nurses have a critical role in patient communication and satisfaction in all of these areas. In any specialty hospital, PS with quality nursing care plays a critical role and is a key determinant of nursing care quality. It regulates all hospital care and boosts patient trust and confidence in the hospital, as well as the other way around. As a result, any healthcare service must provide high-quality care. Nursing services are one of the most innovative components of hospital services with the goals of, care for sick patients, disease prevention, and health promotion.

Nurses are the most important group in the healthcare sector, which has a large population with specific technical knowledge that can be coordinated with doctors and patients. In short, nurses serve as a liaison between doctors and patients. If a hospital is well organised but the nursing care is subpar, it will fail to provide quality care.

Quality nursing care defines the efficacy of hospital treatment as well as the level of empathy delivered and displayed by nursing practitioners in terms of PS. PS surveys offered critical performance data, assisting in comprehensive quality management.¹⁰ Professional knowledge, competency, and the use of appropriate technology are all part of quality management, as is the patients' perception of the sort and degree of care they

received.^{11,8} Opinions are the most reliable sources for informing providers about what is important. As a result, this data can be used for planning and assessment in the healthcare industry.⁵

This study's goal was to assess PS with specific aspects of nursing care that are already linked. With the principal investigator being a surgical ward nurse working in a cardiac specialty hospital, the present study aimed to evaluate the satisfaction levels among operated patients.

Materials and Methods

A cross-sectional study was undertaken at the U.N. Mehta Institute of Cardiology Research Centre (UNMICRC) throughout the period spanning from June 2021 to December 2021. Based on the established rules of our institution, ethical committee clearance was not mandatory for the conduct of a qualitative survey study utilising a questionnaire. The data was obtained from a cohort of patients who were admitted for the purpose of surgery in the surgical ward, after which they were transferred to the post-operative ward for discharge. The study included a cohort of 180 persons who were admitted for surgical procedures and met the criteria of having no previous or present history or present indication of wound infection. The patients >18 years of age, admitted for surgery with no previous or present history of wound infection were included in the study. Patients with any previous/present history of wound Infection, not consenting for the study and with incomplete questionnaire were excluded from the study.

Data collection

The investigator obtained consent to participate and administered a Patient Satisfaction Nursing Care Quality Questionnaire (PSNCQQ) about PS with nursing quality care. Questionnaires available in English were used to collect data. For better understanding, the questionnaire was explained to the patients in their native language.

For data analysis, demographic factors including age, sex, religion, education, occupation, income, marital status, length of hospital stay, and frequency of hospital stay were gathered. Quality monitoring scores were obtained using a Likert scale.

Statistical analysis

Data analysis was done by IBM SPSS 22.0 version. Categorical data were represented as numbers with percentages, whereas quantitative data were represented as numbers with a mean±S.D. *P* value <0.05 was considered significant.

Results

Socio-demographic characteristics and medical history

The mean age of the sample was 47.94 (SD 18.49) years, and 46.07% were aged between 36 - 55 years. Majority of the participants were males (64.6%), were married (91%) and were from Gujarat (84.3%) (Table 1).

Table 1: Demographic Details

Variable	Subvariable	Number	Percentage
Age (Years)	18-35	27	15.17
	36-55	82	46.07
	56 and more	69	38.76
Gender	Male	115	64.61
	Female	63	35.39
Marital Status	Married	162	91.01
	Widowed	1	0.01
	Cohabiting	1	0.01
	Single	14	7.87
Locality	Gujarat	150	84.27
	Maharashtra	2	1.12
	Utter Pradesh	3	1.69
	Madhya Pradesh	20	11.24
	Rajasthan	3	1.69

Out of 178 patients, 26.9% were enrolled in emergency situations, 33.1% were enrolled as normal, and the remaining patients were enrolled through the OPD process. Around 75% of patients enrolled on the same day after a test or procedure.

PSNCQQ scores

The PSNCQQ score analysis was obtained after administering the questionnaire with 21 different types of questions to patients and their responses were recorded in a form. Our data indicated excellent service by our nursing team at our institute. More than a four-star rating was required for excellent service. Patients provided a response of excellent service for 15 out of 21 questions indicating a rating more than four out of five. The following are the questions the patients were asked: 1) The information you were given 2) Ease of getting information; 3) Informing family or friends; 4) Involving family or friends in your care 5) Concern and caring by nurses 6) Attention of nurses to your condition 7) Recognition of your opinions 8) Consideration of your needs 9) Helpfulness 10) Nursing staff response to your calls 11) Discharge instruction 12) Coordination of care after discharge 13) Overall quality of nursing care and services you received during your hospital stay 14) In general, would you say your health is 15) Based on the nursing care I received, I would recommend this hospital to my family and friends (Table 2).

Table 2: Output of questionnaire

Variable	Sub variable	Mean	SD	Min	Max
Including this most recent hospital stay. How many times were you (the patient) hospitalized in the past 2 years		1.3	0.63	0	4
Overall, how would you rate your (the patient's) health before this most recent hospital stay?		3.97	0.88	2	5
Admitted through	Emergency admission	0.27	0.45	0	1
	Normal	0.34	0.48	0	1
	OPD visit and admission	0.39	0.49	0	1
Admitted	After day procedure or Test	0.5	0.51	0	1
	Admitted on same day After procedure or test	0.5	0.51	0	1

Variable	Sub variable	Mean	SD	Min	Max
Information you were given		4.11	0.71	2	5
Ease of getting information		4.04	0.87	2	5
Informing family or friends		4.17	0.84	2	5
Admitted		4	0.85	2	5
Concern and caring by nurses		4.16	0.82	2	5
Attention of nurses to your condition		4.08	0.76	2	5
Recognition of your opinions		4.03	0.76	1	5
Consideration of your needs		4.03	0.85	1	5
Helpfulness		4.05	0.89	1	5
Nursing staff response to your calls		4.16	0.74	2	5
Restful atmosphere provided by nurses		3.95	0.71	2	5
Privacy		3.94	0.83	2	5
Discharge instructions		4.01	0.8	1	5
Coordination of care after discharge		4.06	0.84	2	5
		4.08	0.85	2	5
Overall quality of nursing care and services you received during your hospital stay		4.06	0.94	2	5
In general, would you say your health is		4.03	0.96	2	5
Based on the nursing care I received, I would recommend this hospital to my family and friends		4.28	0.91	2	5

Table 3: Analysis of variance for demographic characteristics

Variable	Sub variable	Number	Mean	SD	f/T	P-value
Age (years)	17-35	27	4.25	0.5	2.365	0.097
	36-55	82	4	0.53		
	≥56	69	4.08	0.5		
Marital Status	Single	14	4.38	0.52	3.271	0.023
	Married	162	4.03	0.51		
	Cohabiting	1	5			
	Widow	1	4.39			
Locality	Gujarat	150	4.06	0.53	0.964	0.429
	Madhya Pradesh	20	4.05	0.49		
	Utter Pradesh	3	4.56	0.39		
	Maharashtra	2	4.29	0.08		
	Rajasthan	3	3.8	0.47		
Gender	Female	63	4.14	0.51	1.43	0.155
	male	115	4.03	0.52		

The findings revealed that 48% of patients strongly agreed to refer for heart-related queries, 35% patients reported to have had excellent health performance after surgery, 74% patients provided an overall 'very good' rating for nursing care, and 77% patients reported that the nursing team provided excellent service during the discharge procedure and then afterwards.

No significant relationship was observed between the mean PSNCQQ questionnaire score and different age groups ($P=0.097$) (Table 3).

The average PSNCQQ score of widowed patients was significantly greater than that of married patients, cohabiting individuals, and unmarried individuals ($P < 0.05$).

The mean PSNCQQ score did not show any significant observational difference based on locality, state, or gender.

Discussion

PS is a substantial subject regarding the care received during the patient's hospital visit and stay. The most important aspect of hospital care is nursing care. In the recent era, PS is a frame of reference to evaluate the nursing care received by patients all around the world. The aim was to study PS to understand the link between nursing care and PS. The present study used Dr. Laschinger's PSNCQQ to grade PS into excellent, good, and poor. In this study, the questionnaire included particular issues that mostly affect the satisfaction of patients, including comfort and the familiar feeling of talking to a nurse (Foss; 2002).¹²

The PS survey included 21 questions. Around 18 of the 39 questions had five possible responses, each of which included the two extremes such as, 'Strongly agree' and 'Strongly disagree'. Six of the inquiries focused on the patients' earlier experiences with nursing care. The response rate was 100% overall.

The psychometric analysis of the Gujarati version of the PSNCQ questionnaire examined PS with the standard of nursing care. A total of 178 patients comprised the sample population in this cross-sectional study. The PSNCQQ was translated into Gujarati using the industry-standard, the forward and backward translation processes. To assess the scale's reliability, Cronbach's alpha was calculated, and an item analysis was done. A study with Patient Satisfaction Nursing Care Quality Questionnaire (PSNCQQ) Serbian version revealed a one-factor structure, an excellent Cronbach's reliability

coefficient of 0.91, and consistent results across hospital categories. Age, educational attainment, and length of prior hospitalisation were significant determinants of patients' satisfaction with nursing treatment.

According to the survey, 92.18% of patients reported that nurses provided them with accurate information, and 92.18% opined the quality of their nursing care to be satisfactory. About 82% of patients rated the nursing care they received as outstanding, while 92.18% rated it to be generally good. Furthermore, there was a statistical difference between PS and the standard of nursing care, with the exception of age group, where there was no significant relationship between the patient's happiness and various variables (P value 0.031).

Similarities and contradictions to our study

In this study, the PS levels were influenced by demographic and other characteristics. Our findings showed that there was no discernible difference in the PCNSQ score surveys according to age groups. Similar findings were obtained in a Saudi Arabian investigation.¹³ The outcome, however, contradicts an Indian study that reported statistically significant variations in patient satisfaction according to age.⁷ Elderly patients expressed lower levels of satisfaction with the quality of nursing care, according to another Turkish study.¹⁴ In general, PS increased with age, i.e., satisfaction levels rise with increasing age.

No significant difference was seen in terms of gender regarding the patients' experiences with continuity of nursing care ($P = 0.155$). In our investigation, we observed that patient gender had no impact on satisfaction levels, which align with the findings of another study.¹⁵ This conclusion is consistent with studies that indicate a higher proportion of men participants than women. No correlations were observed between gender and PS levels in the previous research.¹

Nevertheless, certain research indicated that women exhibited higher levels of satisfaction with care compared to men, while others demonstrated higher satisfaction levels in men compared to women.¹⁶ Furthermore, according to a study conducted by Dzomeku *et al.*,¹⁷ 38% of men and 30% of women who were hospitalized expressed complete satisfaction with the nursing care they received. The variations can stem from cultural attributes as well as the fact that women, in comparison to men, exhibit greater concern for hygiene, care, and experience heightened levels of anxiety.

Compared to single or married patients, the study indicated that patients who were divorced or widowed expressed greater satisfaction with their nursing care. This finding contradicts research from Ethiopia and Turkey that indicated married patients had higher levels of satisfaction. The investigation by Alhowaymel *et al.*¹³ found no differences in PS based on their marital status.

Important findings regarding patients' satisfaction with nursing care and associated factors have been unveiled in this study. PS surveys are used by health organizations to receive input from the patients about the level of treatment they received while they were in the hospital. PS is used to determine whether there are any restrictions or gaps in the services that could be filled and to give health organizations a sense of calibre of the services they offer.

Study limitations

Only patients from the cardiovascular thoracic surgery wards were included in the study.

Conclusion

Nurses must educate patients about all applications and procedures, as well as the patient's overall health, including sickness, present status, diagnosis, prognosis, and therapy, in order to attain PS and deliver high-quality nursing care. In the days of hospitalisation, privacy and peace of mind are essential, and nurses are accountable for both because they are with the patients round the clock. The findings of the study should be used to build and improve nursing care planning, knowledge and abilities by developing and implementing training instruments for nurses and in-service training programmes.

The provided PSNCQQ can be considered a useful tool for nursing administrators to improve quality cardiac nursing care. The study allows the manager who manages the department to improve the nursing staff's approach and develop more empathy towards patients.

Sources of funding

Nil

Conflicts of interest

Nil

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