

EVALUATION OF PATIENT SATISFACTION WITH NURSING CARE

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Introduction

In a system that strives to deliver quality care to its citizens, the need to determine the quality of care provided arises. According to Aiken (1983), nurses' professional legitimacy derives from what their clinical expertise can bring to patient care. Freidson (1970) suggests that as a general rule, a profession must be free from evaluation by non-members of the profession. But comments from the primary recipients of care will assist the nurse to evaluate care given by utilizing a humanistic approach.

Globally, researchers who have conducted similar research have been able to identify areas that need improvement. This study aims to evaluate the nursing service provided in a hospital and utilize the evolving results to make necessary remarks and recommendations to provide quality nursing education. Thereby, the study hopes to contribute to quality nursing service.

Materials and methods

Sample

A cross-sectional study was conducted at the surgical clinic, Teaching Hospital, Peradeniya. Clients were selected using 'convenient sampling' method. The study included 201 clients who

- had undergone recent surgery (within 2 months of the interview)
- had received at least 24 hours care at the Surgical ward, Teaching Hospital, Peradeniya
- were between 18 and 80 years

- were not confused or too ill to participate in the study

Questionnaire

Standard questionnaires like 'Client Satisfaction Tool' and 'Satisfaction with Nursing Care Scale' were used to develop a questionnaire that would elicit the patients' perception of the quality of nursing care. The information obtained comprised demographic data and five aspects of nursing.

Demographic data included client information about age, gender, educational level and duration of hospitalization.

Affective support, provision of information, decisional control over care, nurses' technical competency, overall satisfaction of nursing care were five aspects of nursing that were evaluated. This section comprised 23 items. The 'five point likert scale' was used to record the answers. Responses were grouped and classified as 'positive', 'neutral', and 'negative'.

The questionnaire also included items which allowed the clients to elaborate on their perception of the quality of nursing service and suggestions to improve the same.

The data was analyzed using SPSS 10.0 for windows software package. Descriptive statistics including mean, standard deviation, frequencies and percentages were calculated as demographic variables.

Sample characteristics (Table 1)

There were total of 201 patients, whose demographic data are summarized in the table shown below.

Table 1. Sample characteristics

Age	
Mean	46.47years
Gender	
Male	97 (48.3%)
Female	104 (51.7%)
Basic education	
Up to grade 8	80 (39.8%)
Up to GCE (O/L)	65 (32.3%)
Up to GCE (A/L)	45 (22.4%)
Higher education	11 (5.5%)
Days of hospitalization	
Minimum	1 day
Maximum	55 days
Mean	7.74 days

Table 2. shows the number of patients (in percentage) and the recorded responses to the five aspects of nursing investigated (Quality of Nursing Care)

Investigated aspects of nursing care	Positive	Neutral	Negative
1. Affective support	81.2%	16.26%	2.5%
2. Provision of Information	59.7%	13.96%	26.36%
3. Patients' decisional control over care provided	39.8%	19.9%	27.3%
4. Technical competency	85.05%	8.025%	6.83%
5. Overall satisfaction with nursing care provided	98%	2.0%	0.0%

Discussion

Of the five aspects defining quality nursing care, patients were least satisfied with 'provision of information' and 'decisional control over care'. This finding further emphasizes Suhohen's (2005) finding that providing adequate information is crucial to decisional control over care. Stewart et al. (2000) have noted that satisfied patients are more likely to participate in their care, to cooperate and to recover after a short period of hospitalization.

A drawback in the tool used is that 'satisfaction' measures have been reported to generate highly positive, and thus skewed scores (Walsh and Walsh, 1999). Hence, it remains a challenge for further research in gaining a better understanding of patients' perceptions and attitudes.

No statistical relationship was found between satisfaction with nursing care and demographic data. The recorded responses could be influenced by various factors like patients' expectations, health service delivery, factors such as organization and structure, setting, communication practices, etc. Patients' satisfaction could also be influenced by characteristics of nurses and communication between nurses and patients.

Conclusion

In this study, we have identified areas that are important for developing individualized interventions that improve outcomes such as patient satisfaction with nursing care.

This information can assist in building and modifying acute patient care. Jacobs (2000) stresses that this is of vital importance especially for surgical patients, most of whom receive hospital services on a scheduled basis and during very short hospital stays.

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