

A quality of nursing care system related to Patient Satisfaction

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Abstract:

Aim: To find out whether patients are pleased with the nursing care they get, do an investigation.

Design: A cross-sectional survey that was descriptive in nature.

Methods: The research comprised 635 people, all of whom had been discharged from a private hospital. Between January 1 and May 31, 2015, the "Patient Satisfaction with Nursing Care Quality Questionnaire" and the "Questionnaire to Record Sociodemographic and Medical Information" were used to gather data.

Result: Patients preferred "Nurses' Concern and Caring" above "Data You Were Given" as the reason for their satisfaction. 63.9 percent of patients regarded the nursing care they received in the hospital as outstanding. Hospitalized patients aged 18 to 35 who were married with at least a bachelor's degree reported higher levels of satisfaction with their nursing treatment than did those who had never been admitted. According to the findings of this study, nurses need to be more passionate while disseminating knowledge.

Key words: Nursing Care, Patient Satisfaction, Patient Expectation and care quality all words that come to mind when thinking about nursing care.

1. Introduction:

In today's world, growing competition affects every industry, including health care. The ability to offer high-quality healthcare services is a key competitive advantage for health care providers (Alsaqri; Reck; işe, 2013). All of these factors lead to need for improved healthcare services, including changes in health-related information and technology, changes in expectations and attitudes about health care, and an increase in consumers' involvement in their health care (Freitas, Silva, Minamisava, Bezerra, & Sousa, 2014).

Patients loved ones may be utilised to evaluate quality and adequacy of healthcare treatments by looking at their thoughts and feelings (Merkouris et al., 2013). In order to assess the quality of treatment, the most important metric is patient satisfaction, which can be measured through surveys administered to patients and their families. Manage overall quality All of these factors are included in the menthe availability of appropriate technology, as well as the patients' views of the sort and quality of treatment they received (zsoy et al., 2007; you. et al., 2013). A patient-centered strategy is critical in today's healthcare business. An essential part of hospital management is the patient centre assessment of satisfaction with quality of nursing care received. The framework. In order to patients able to return to a normal life, they must have their health conditions properly diagnosed and handled. Anxieties are alleviated and/or saved. Consumers will switch healthcare providers if they are not satisfied with the results. A patient's treatment and care (Dorota Ksykiewicz, Sierpiska Gorczyca, Shinde & Kapurkar, 2014; Rogala Pawelczyk, 2011). It has been shown that patients who are suffering from are more likely to accept medical advice if they are satisfied with the care prescribed regimens (Buchanan, Dawkins and Lindo 2015; Dzomeku and Atinga and Dzomeku and Atinga and Dzomeku and Atinga and Dzomeku and Atinga and Dzomeku & Dzomeku & Dzomeku &

Dzomeku & Dzomeku & Dzomeku & Patients are more inclined to promote your services if they are happy with your work. Recommended hospital to your relatives and friends. Patients' feedback is the most important source of information that may be found. This data is being gathered to help you communicate your needs to the service providers. It is necessary to reorganise healthcare services by critiquing the quality of therapeutic services, particularly nursing, in order to account for all of these advancements and modifications.

2. Literature survey

One of the most important aspect of healthcare is provision of nursing care. Patient satisfaction with nursing care is the most important predictor of overall satisfaction with hospital treatment and a crucial goal for every healthcare facility. Nursing care may be made better by creating standards and tracking results as well as patients' opinions about how well it is done. For example, nurses may provide patients emotional support while also ensuring that they get the finest care available, no matter where they receive treatment. In addition to technical skills, nurses must have the right attitude, be able to communicate effectively with patients, be able to provide emotional support, and be able to give hands-on care. Managers of healthcare organisations can better address the needs of their patients if they know what their patients anticipate from their services.

Patients' expectations, suggestions, and feedback are gathered used to improve the quality of care throughout the course of the patient experience & the results of these surveys are used to study the relationship between socio-demographic factors & patient satisfaction at various points in the course of treatment. As a result, patient satisfaction should be monitored on a regular basis in order to assess quality of care, identify factors that impact treatment, and decide which things should be emphasised and which need to be altered in the services. To increase the quality of nursing services, an appropriate evaluation tool should be designed to measure elements that influence patient satisfaction. Research on nurse management should thus be utilised as a measure of nursing's impact on patient care, which might help enhance the field's scientific standing.

3. METHODS

A descriptive, cross-sectional design was adopted in the investigation.

- **Setting and samples**

Six hundred and thirty-five inpatients in private hospital January to May this year were included in the study. All patients who were 18 or older, released from the hospital at least two nights before data collection and able to speak comprehend Turkish in time of data collection eligible to participate research.

The response rate to this study was 92.8%. We did not administer the survey to all patients, including those who were discharged or transferred to a different hospital without prior notice or for any reason other than their own will. Research was not conducted on surveys that were not completed in full.

- **Ethical considerations**

Before any data was collected, the study's protocol was reviewed and approved by the IBU Clinical Research Ethical Committee (Ethical Approval Number: 01.11.2014/25168). The research was also approved by the hospital's administration. Laschinger, the creator of the PSNCQQ, signed off on its use and translation into Turkish in his written agreement. Each patient was given their full and informed consent.

- **Measurement**

After a brief stay in the hospital and the impact of socioeconomic, personal, and other variables, the PSNCQQ was developed to measure patient satisfaction. The Patient Judgment of Hospital Quality Questionnaire was developed by a multidisciplinary research team at the Hospital Corporation of America.

On scale, 19 different characteristics of nurse's activities are evaluated. These characteristics include the nurses' attention, friendliness and respect for patients as well as the ability to provide care that is tailored to meet their specific requirements. Psychometric features that may be employed in quality development activities are extremely excellent since it is short and simple. There is a "signpost," which is a brief description of the object, and a "descriptor," which is a more in-depth question for each. How satisfied were you with your care and treatment during your stay in the hospital? How satisfied were you? How satisfied were you?

Administration may use scale to identify areas improvement, give patient centred results, and identify components of the nursing care process that are strong and poor. Patient satisfaction with nursing care was taken into consideration while creating the items. The PSNCQQ may be used to assess patient satisfaction in current hospital quality monitoring systems. The PSNCQQ may also be used as an evidence-based indicator to monitor changes in both mental and institutional processes, in addition to contributing to patient treatment. It is possible that nurse managers might benefit from this information.

Participants reply summarised on a Likert type scale with a maximum of five stars. There are a total of 19–95 potential points. Higher satisfaction with nursing care is indicated by lower overall ratings. Using a five-point system, the grades were ranked from 1 (excellent) to 5 (extremely bad).

- **Data collection**

In addition to the PSNCQQ, which assesses health-related features that may have an impact on patient satisfaction, a questionnaire based on relevant research was used to gather information on patients' socioeconomic status and medical history. Based on these features, a 16-item questionnaire was constructed to measure patient satisfaction. Patients' self-perceptions of their economic situation and lifestyle were used to determine their income levels. There were four levels to choose from: low, medium, high, and extremely high. Six factors were used to assess participants' self-reported health perceptions before they were admitted, and the results were used to determine whether or not they would be admitted to the study.

The information was gathered under the direction of the researcher. Filling out questionnaires before being released from the hospital was a part of the process for patients. Informed permission papers were filled out by patients who agreed to participate in the study after hearing about its goals. Not everyone wanted to participate because they didn't have time or because they weren't interested. Patients who were illiterate were interviewed face-to-face.

The data was provided by the researcher. The surveys were completed by the patients before they were allowed to leave the hospital. Research participants provided informed permission forms after hearing about the study's goals. No one wanted to participate because they were too busy or did not ask. Patients who couldn't read or write had to be questioned in person.

- **Validity and Reliability Analysis**

The PSNCQQ were translated into Turkish and their linguistic and mental equivalents were presented. To ensure that the scale's English and Turkish versions were identical in terms of language, transfer-based was utilised. To ensure accuracy, the basic scale was transcribed by Turkish linguists who were fluent in Turkish as well as English. They were made up of a doctor, two nursing professors, one nurse manager, and a linguistic. The finest expressions were selected from a pool of 19 items that included individual phrases and combinations of words. Native English speakers and experienced linguists were used to translate this material into the English language (e.g. English teachers). Restructured questions based on the nation's characteristics were compared to the original PSNCQQ questions. After that, a panel of experts met to talk about the scale's validity and decide its range. Eight nursing academics (experts in the medical/surgical/administrative elements of nursing) shared their perspectives on the topic's importance and content. Any queries about the scale that weren't explicit enough were investigated from December 1–31, 2014, in a pilot study. Later, the findings of the pilot study were not included in the final report. Following the results of the pilot study, the phrasing in a number of scale items were revised to make them simpler to understand.

4. Result

37% of the participants were between the ages of 18 and 35, with an average age of 47.94 years (SD 19.66 years). Over two-thirds (77.3%) of the participants were women (74.5%) married (74.5%) and college or university graduates (33.2%), with a moderate income level (52.1%) and housewives (31.3 percent). 2.2 percent of the patients were unable to read or write, according to the results. Patient admissions reported that 61.6% of patients had been hospitalised at least once in the two years prior to their admission to our facility (66.6 percent). (4.38 SD 5.75) days were spent in the current hospitalisation (Table 1).

• **PSNQQ Scores**

An examination in results of the PSNCQQ found that "Concern and Care by Nurses: Courtesy and respect you were given; friendliness and kindness" item had greatest degree satisfaction (1.38 SD 0.66). Satisfaction with the "Data You Were Given: How clear and thorough the nurses' explanations were concerning tests, treatments, and what to anticipate" category was the lowest (1.74) item in the survey. Patients' PSNCQQ scores varied from 1 to 4.05, with an average of 1.61. (SD 0.65). A significant degree satisfaction with nursing care seen from this data set in Table 2.

Table 1 Patient Characteristics ($n^{\frac{1}{4}}$ 31635)

Characteristic	<i>n</i>	Mean (SD) or %
Demographic characteristics		
Age (overall mean age as continuous variable)	31 635	47.44 (16.37)
18- < 40	10 037	31.7
40- < 65	17 323	54.8
≥ 65 years old	4275	13.5
Gender		
Male	13 884	43.9
Female	17 750	56.1
Unknown	1	0
Health plan type		
HMO	9533	30.1
PPO	13 938	44.1
POS	4259	13.5
Missing/unknown	3905	12.4
AED type (if double agents for one patient, the first one is counted)		
Carbamazepine	5457	17.3
Ethosuximide	75	0.2
Felbamate	59	0.2
Gabapentin	1763	5.6
Oxcarbazepine	1968	6.2
Lamotrigine	3397	10.7
Phenobarbital	1302	4.1
Phenytoin	9074	28.7
Primidone	523	1.7
Levetiracetam	3956	12.5
Tiagabine	114	0.4
Topiramate	2954	9.3
Pregabalin		
Zonisamide	849	2.7
Valproic acid	144	0.5
Patients with any inpatient admissions (%)	4870	15.4
Patients with any ER visit (%)	7535	23.8
Patients with TBI	209	0.7
Patients with injury due to fall	32	0.1
Patients with MVA	12	0.0
Patients with fractures	246	0.8
Patients with seizures	932	2.9

• **Compare Patient socio-demographic factors and PSNCQQ scores**

The PSNCQQ scores of patients 56 years older differed significantly from those of patients 18–35 years old and 36–55 years old (p 0.001). Neither the gender nor occupation of patients affected their PSNCQQ scores substantially (p > 0.05).

Table 2 Distribution of PSNCQQ (Patient Satisfaction with Nursing Care Quality) scores (n = 635)

Item No.	Factors contributing to patient satisfaction	Mean (M)	Standard Deviation (SD)
5	Nurses treat me with respect	3.38	0.62
10	Nurses smile whenever they approach me	3.37	0.66
19	I feel safe when receiving nursing care from nurses	3.25	0.66
2	Nurses are caring	3.25	0.64
1	Nurses can answer my questions correctly	3.24	0.50
6	Nurses are skilful in performing nursing procedures	3.24	0.59
12	Nurses ask my permission before performing nursing procedures	3.23	0.65
18	I have been given privacy from nurses	3.22	0.68
3	Nurses deliver care competently	3.18	0.63
20	Nurses explain nursing procedure clearly before performing it	3.15	0.66
13	Nurses are professional when rendering nursing services	3.11	0.68
9	Nurses render nursing services without delay	3.10	0.72
7	Nurses provide me with important information during hospitalisation	3.09	0.73
14	Nurses give encouragement to me	3.06	0.75
17	Nurses use physical touch in supporting me	3.06	0.80
4	Nurses involve me in hospital care	3.02	0.60
11	I receive useful information about my condition from nurses	2.99	0.79
15	I receive useful information during discharge planning from nurses	2.96	0.76
16	I can make my own decision when being cared by nurses	2.95	0.67
8	Nurses involve my family in hospital care	2.73	0.82

Note: *Scores ranged from 1 (strongly disagree) to 4 (strongly agree)

The PSNCQQ score of widowed patients was found to be substantially higher than that of married patients (1.57 SD 0.62). According to the findings, the PSNCQQ scores of patients vary substantially based on their level of education and financial resources (p 0.001).

• **Compare a patient's medical history and the PSNCQQ scores**

A p-value of 0.001 indicates that the PSNCQQ scores of patients in the general surgery unit were substantially higher than those in the surgery and obstetrics and gynaecology units. Patients admitted to the emergency department had a significantly higher score than those admitted via the patient admission department (1.54 SD 0.62 and 1.58 SD 0.66, respectively; p 0.001). (1.90 SD 0.69)

There was a significant difference (p = 0.001) between the mean scores of patients who had been hospitalised twice in the preceding two years and those of patients who had been hospitalised once or more than five times in that time frame. Patients who reported poor, fair, fair, or good health had significantly lower mean scores than those who claimed outstanding health (p 0.001). Patients who reported being in poor health had higher mean scores (1.99 SD 0.69, 1.67 SD 0.64, 1.65 SD 0.66, and 1.60 SD 0.64, respectively).

5. DISCUSSION

There were several parallels and discrepancies between the findings of this research and the previous literature on the subject. The following is a summary of the debate on this topic.

There are several ways to measure patient happiness, including how well information is conveyed and whether or not patients are involved in choices or given reassurances. Patients' happiness, hospital stay, and recovery are all influenced by effective and ongoing engagement and communication. Patients are more likely to feel appreciated and cared for if health care providers communicate well with them. Satisfying patients requires reducing their stress levels, increasing their involvement helping them cope better, all of which can only be accomplished by taking the time to talk with and listen to them. By showing real interest in the patient as an individual and providing comfort and compassion, health care professionals may help patients feel heard and understood. Patient satisfaction with nurses' professional knowledge about their sickness, health status, investigations, and prognosis was shown to be higher than patient satisfaction with courteous communication, according to a study. In our study, the highest PSNCQQ values were found for the item "Concern and Caring by Nurses," suggesting a high level of satisfaction. The data demonstrate that nurses use a respectful and caring approach to communicating with patients. The nurses, on the other hand, were less enthusiastic when it came to explaining their activities and interacting with patients.

Research shows that elderly patients are often happier than younger ones. In a meta-analysis, Sitzia and Wood (1997) found that older adults were more pleased with their health treatment than younger adults. Another study found that older people were more happy with their treatment, either due to their greater social acceptance or their greater regard for caregivers. Patients aged 56 and older were less happy than those in other age groups, according to our findings. Nurses may have overlooked older patients, which might explain this. Other probable explanations include differences in cultural values, age-related changes in tolerance and maturity levels, or a lack of positive views regarding occurrences. A similar finding was achieved in our research by Sitzia and Wood (1997), who showed that patient gender had no effect on satisfaction scores. Gender did not seem to have any effect on patient satisfaction in other trials. However, although some of these studies found that women were more satisfied with their care than men, others found that males were more satisfied than women were. A research by Dzomeku et al. (2013) found that 38 percent and 30 percent of men and women in the hospital were happy with their nursing treatment, respectively. While cultural differences may play a role, it is also possible that women pay more attention to cleanliness and care than males and are more concerned about their own well-being. College or university graduates were more happy than those who were literate patients in this study, according to the researchers. However, in several research, literate persons and elementary school graduates reported higher levels of satisfaction with nursing care than college or university students. Additionally, Sitzia and Wood (1997) found a link between higher levels of job satisfaction and lower educational attainment. The highest levels of satisfaction were found among patients with the lowest levels of educational attainment, and the converse was seen among those with the highest levels of educational attainment. According to some research, patient satisfaction was not related to a doctor's educational background. When people have more knowledge, they expect more from their healthcare providers, according to the results of this research. Because patients with greater educational levels are more knowledgeable about treatment options, they are more likely to demand better standards of care.

If you're a wealthy patient you're more likely to have high expectations for the quality of your treatment and to be disappointed if it doesn't live up to your standards. Patients with low incomes experienced poor health, received less health care, and had a harder time making appointments with their physicians. According to another research, there were no significant differences in patient satisfaction with nursing care based on income. Patients with higher incomes were more pleased than those with lower incomes, according to our research. We can confidently state that the treatment these patients got was in line with what they had hoped for.

Patients from the general surgery, obstetrics, and internal medicine departments were included in the study. Aside from that, the research was conducted at a single private Turkish hospital. As a consequence, these findings cannot be applied to all hospitals. Additional private and public hospitals, as well as the quality of nursing care offered at each, should be included in future research. To make the study's findings more solid, a test-retest reliability analysis should have been conducted. A follow-up survey of patients should take place two weeks after they are discharged from the hospital. Despite the study's methodological flaws, such as low return rates and the inability to obtain tracking data for all participants, the findings might still be deemed valuable due to the stability criteria for patient satisfaction surveys.

6. Conclusion

To promote patient satisfaction and high-quality nursing care, nurses should educate patients about each application process as well as offer required explanations concerning sickness, diagnosis therapy. Patients should be treated with respect, decency, and gratitude by nurses who emphasise the need of open communication according to the study's findings. In addition to this patients expressed satisfaction with the hospital's overall quality of treatment and nursing care and said they would recommend it to family and friends without reservation.

Nurse Managers may make a difference in the delivery of high-quality care by assessing how satisfied patients are with the nursing care they get and then making adjustments to better meet their needs. As a result, nurses' training requirements and in-service education programmes should be re-evaluated based on the findings of this study. For nurse administrators, the PSNCQQ is seen as a valuable tool for enhancing nursing care. Managers may be able to use the scale to gauge the attitudes of their coworkers, subordinates and exercise some degree of influence over their employees' actions.

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