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**PATIENT SATISFACTION TOWARDS NURSING
CARE PROVIDED BY NURSES AT HUSM**

By

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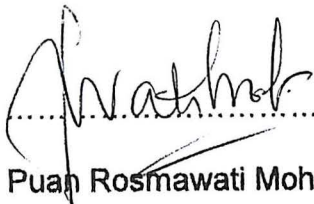
**Dissertation Submitted In Fulfillment Of The
Requirement For The Degree IN HEALTH SCIENCES
(NURSING)**

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CERTIFICATE

This is to certify that the dissertation entitled Patient Satisfaction towards Nursing Care provided by Nurses at Hospital Universiti Sains Malaysia (HUSM) is the bonafide record of research work done by Husna Zainal Adnan, Matric No. 87434 during the period of July 2008 to April 2009 under my supervision. This dissertation submitted in partial fulfillment for the degree of Bachelor of Health Sciences (Nursing). Research work and collection of data belong to Universiti Sains Malaysia

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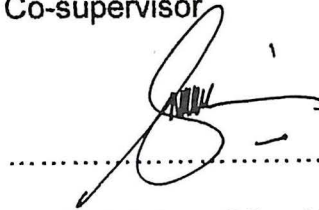


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Kepuasan Pesakit terhadap Jagaan Kejururawatan daripada Jururawat di Hospital Universiti Sains Malaysia (HUSM)

ABSTRAK

Kajian rentas secara kuantitatif ini bertujuan untuk mengenalpasti kepuasan pesakit terhadap jagaan kejururawatan daripada jururawat di wad medikal dan surgikal di Hospital Universiti Sains Malaysia (HUSM). Objektif kajian ini adalah untuk mengenalpasti kaitan antara faktor sosiodemografik seperti jantina, umur, kaum, status perkahwinan, tahap pendidikan, insurans kesihatan dan status pekerjaan dengan tahap kepuasan pesakit terhadap jagaan kejururawatan, mengenalpasti tahap kepuasan pesakit terhadap jagaan kejururawatan di wad medikal dan surgikal dan untuk mengenalpasti kaitan antara bilangan hospitalisasi dengan tahap kepuasan pesakit. 120 orang sampel yang memenuhi kriteria pemilihan telah dipilih untuk terlibat dalam kajian ini. Instrumen terdiri daripada borang soal selidik yang mengandungi borang data demografi dan juga soal selidik yang diadaptasi dari Walsh dan Walsh (1999). Instrumen ini, Satisfaction with Nursing Care Scale (SNCS, 19 soalan) berfokus kepada subskala kejururawatan iaitu Keprihatinan, Jagaan komprehensif dan Kejelasan tugas. Kebolehpercayaan soal selidik ini adalah 0.93. Data kemudian diproses menggunakan *Statistical Package for Social Science* (SPSS) 12.0 dengan nilai alpha adalah 0.05. Independent t test digunakan untuk mengukur tahap kepuasan pesakit dan ujian chi-square digunakan untuk menilai perkaitan faktor sosiodemografik dengan tahap

kepuasan pesakit dan perkaitannya dengan wad medikal dan surgikal. Keputusan adalah seperti berikut; 1) Tiada perkaitan antara ciri-ciri demografik dengan kepuasan pesakit terhadap jagaan jururawat; 2) Tiada perkaitan antara dua kumpulan wad iaitu medikal dan surgikal dengan tahap kepuasan pesakit. Hasil kajian ini mencadangkan bahawa kajian seterusnya mengenai pengalaman pesakit semasa hospitalisasi, perkaitannya dengan tempoh hospitalisasi atau perbandingan antara hospital pengajar dengan bukan hospital pengajar boleh dijadikan sebagai satu penemuan yang menarik.

**Patient Satisfaction towards Nursing Care provided by Nurses at Hospital
Universiti Sains Malaysia (HUSM)**

ABSTRACT

This quantitative cross-sectional study was conducted to identify level of patient satisfaction towards nursing care in medical and surgical wards at Hospital Universiti Sains Malaysia (HUSM). The objective is to determine association between level of sociodemographic characteristic (gender, age, race, marital status, educational level, health insurance, and occupational status), level of patient satisfaction level and its relationship with nursing care at medical and surgical wards. One hundred and twenty (n=120) respondents who met the criteria were asked and agree to participate in this study. The instruments consisted of demographic data form and adapted and modified questionnaire of Walsh (1999). The Satisfaction with Nursing Care Scale Questionnaire (SNCS, 19 questions) measured concerned the nursing care subscale such as Attentiveness, Comprehensive care and Role clarity. The reliability of SNCS was 0.930. Data were analyzed by using Statistical for Social Science (SPSS) 12.0 with alpha level is 0.05. The Independent t test were used to measures level of patient satisfaction towards nursing care and chi-square was used to assess the relationship between sociodemographic characteristic score of patient satisfaction and types of wards. At the 5% significant level, the H_0 is rejected if $p < \alpha$ (0.05). Inferential statistics was used to answer hypotheses and it will be determined by Chi-Square test. Chi-Square was used to identify the relationship between the score level of satisfaction and

the patients' age. Results were as follows: 1). There were no relationship between patient satisfaction with nursing care; 2) There were no relationship between level of patient satisfaction with medical and surgical wards. The finding suggests that, other features of nursing care such as patient experience during hospitalization, the hospitalization length or comparing between teaching and non teaching hospitals would be interesting.

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

The nurses in whole world has been recognizes as professional health care giver provided with licensed and trained professionally. In the clinical area, they are the bridge connection between patient and doctors, patient and relatives in other words a nurse is the patients' first contact. The way they possess nursing knowledge and skills is innate with professional attitude and personality. As the largest workforce in the healthcare sector, they provide round-the-clock assessment, in required settings and take on the doctor's role in the absence or lack of doctors particularly in rural and remote areas where the vulnerable and disadvantaged populations are in need for health care services. Therefore, the World Health Organization has recognizes the significant contribution of Malaysian nurses in the reduction of maternal mortality rate from 300 per 100,000 live births to 30 per 100,000 live births within three decades (Dee, 2006). However, they're still a question whether the patient satisfied with their nursing performances or not.

Patient satisfaction operated as validators in establishing a feedback and evaluation within a programme or setting. The measures of satisfaction involved the process of individual cognitive evaluation, emotional reaction, process and outcome of the services. However, when the concern is whether the programme

as having been helpful in resolving their problems, patient satisfaction becomes a proxy outcome measure (WHO, 2000).

Nowadays, satisfaction measures have been evaluated in most health sectors prior to the quality of the services and feedback. Patient satisfaction in Pakistan had reported 55% (Khan, Hassan, Anwar, Babar & Babar, 2007) satisfaction towards nursing care while in Jordan totally 77.1% satisfied (Alasad & Ahmad, 2003). Patient satisfaction were reported as being differ in surgical and medical wards which may influenced from gender, type of illness whether chronic or acute and also hospitalization length. In Jordan, patient in gynaecology ward reported more satisfied compare to surgical and medical patients (Alasad & Ahmad, 2003). In Canada, scores on the three subscales indicated that patients were satisfied with attentiveness and comprehensive care and had a moderate understanding of role clarity (Thrasher & Purc-Stephenson, 2008).

Aragon and Gesell (2003) states three fundamental factors that drive hospitals across country to improve patient satisfaction service is, first, because patient satisfaction is related to hospital's reputation in the community as patients are in excellent position to evaluate certain aspects of the process of care (Ganova-lolovska, Kalinov, & Geraedts, 2008). Secondly, it has been accepted as an important measure of health care services from patients dimension which especially provided by nurses in attempts to demonstrate benefit of changes in nursing practice (Akin & Erdogan, 2007). The third factor is because of its association with patient compliance (Can, Akin, Aydiner, Ozdilli, & Durna, 2008; Alasad & Ahmad, 2003; Akin & Erdogan, 2007).

Besides, there are three challenges faced by healthcare provider in delivering health service, which is, improving quality, increasing access, and reducing costs (Andaleeb, 2001). The quality of health care services has relatively influence patient behaviors on satisfaction, referrals, choice and usage compared to access and cost, while the cost, quality, and accessibility of care are improved when continuity of nursing care is ensured. The length and number of hospitalization were also included in cost of treatment which is linearly correlated with high medical expenditure and chronic of illnesses. Patient with chronic illness will surely have longer hospitalization and frequent admission, compare to acute patient. This would effect level of satisfaction which stated by Al-Mandhari, Hassan and Haran (2004) that sicker patient are less satisfied with health care. Patient mean of hospitalization is 5 days by O'Connell, Young and Twigg (1999) and 4 to 7 days by Walsh and Walsh (1999).

Dain (2005) supposed that besides having great experience and nursing skills practiced towards patients, nurses should create friendly job environment, with good moral values which works as medicated affection for ill suffered patient. Realizing human as individuals and understanding patient situation was the major reason of enhancing nursing services and to fulfill it as their responsibilities for community. Results from one survey to determine patients' satisfaction with nursing care noted that the patients were expecting good qualities of nurses such as friendly personality, kindness, dedication to duty, knowledge of the patient, a fast response to the patients' needs and adequate time to provide care (Rafii, Hajinezhad & Haghani, 2006). Patients were

concerned more about humane treatment as compared to cost, convenience and time of care.

Findings on evaluation of patients' satisfaction with nursing care shows benefits on patients' health behavior, nursing team performances and hospital management. Most findings on patient satisfaction agree that patients as health consumers show increases in their compliance with medication therapy and with their medical follow-up after discharge (Akin & Erdogan, 2007; Thi, Briancon, Empereur & Guillemin, 2002 and Can et. al, 2008). Besides, nursing teams would be able to identify the defect in nursing care and institute into appropriate improvement.

However, the shortage issue of registered nurses, in combination with increased workload has the potential to threaten quality of care. Although, increasing the nurse to patient ratios has been recommended to improve patient safety, the cost effectiveness of increasing registered nurse staffing is controversial (Kane, Shamliyan, Mueller, Duval, Wilt, 2007). Dain (2005) said that at least 130,000 nurses need to be trained by year 2020 in order to meet the nurse-to-resident ratio of 1:200 as required by the World Health Organization, while Malaysia's current ratio is 1:645, compared to, Singapore's ratio is 1:203, and Japan's is 1:134 (Nursing Schools and Colleges in Malaysia, 2008).

Therefore, to address this study, a nursing theory King's Goal Attainment theory, developed by Imogene King on 1981 (Kozier et al., 2004) are chosen. Further concept explained in literature review.

1.2 Problem Statement

Research about satisfaction related with nursing care usually tagged with medical care, overall hospital services, and were discussed superficially and general. Although enormous studies on patient satisfaction towards nursing care had been evaluated there still lack of evaluation in Malaysia. Researcher believes that most Malaysian hospitals have their own method in assessing consumer satisfaction towards their health services, but the data on their nursing care are scarce and unavailable, besides lack of article, journal or thesis was found in relation with nursing context in Malaysia. Nursing field in Malaysia now is going through evolvement process, thus focus on the quality of nursing care still limited, compare to medical association in Malaysia.

There are mass value that have been chosen in order to assess patient satisfaction such as demographics value, hospital setting, staff characteristics, degree of illness and etc. However, the concern on types of wards with nursing care was sometimes ignored or missed by researcher. This subjective evaluation is needed for multidimensional measurement which creates the complexity and diverse variables in assessing and rating the level of satisfaction. The study concern on medical and surgical ward shows inconsistent findings.

Besides, study on patient satisfaction in nursing field mostly touch on nursing care facing various methodological issues pertaining to the measures of perceptual process of satisfaction, such as lack of generalization, inordinate reliance on nested samples especially representing a hospital or an organization,

methodological error and also insufficient theory to support the studies (Aragon & Gesell, 2003).

1.3 Objectives

1.3.1 General Objectives

To identify level of patient satisfaction towards nursing care at HUSM.

1.3.2 Specific Objectives

- 1) To determine level of patient satisfaction and relationship between sociodemographic characteristic (gender, age, race, marital status, educational level, health insurance, occupational status)
- 2) To compare level of patient satisfaction towards nursing care at medical and surgical wards at HUSM

1.4 Hypotheses

H₀₁ : There are no relationship between patient satisfaction level and sociodemographic characteristics

H₀₂ : There are no relationship between patient satisfaction level from medical and surgical wards

1.5 Research Question

- (1) What are sociodemographic factors that affecting patient satisfaction with nursing care?

(2) What is level of satisfaction towards nursing care at medical and surgical wards in HUSM?

1.6 Operational Definition

There are seven main dimensions fundamental in the measurement of patients' satisfaction. These dimensions are; role, perception, communication, interaction, transaction, stress and time based from King's Goal Attainment theory (Kozier et al., 2004).

Medical ward refers to clinical location which accommodates sick people with common or similar diseases, managed with integrated organizations of doctors, nurses and attendances. Surgical ward is clinical settings which provide perioperative nursing care.

1.7 Significance of the Study

The significance of this study is to determine perception of patient satisfaction towards nursing care from major teaching hospitals, HUSM. By this study, patient satisfactions were assessed quantitatively using specific instrument to assess satisfaction with nursing care. The information gain from this study benefit HUSM nursing department about quality of nursing care they have learned and practice, as well as improving HUSM nursing staffing system in the future. The findings of the study discover patient satisfaction towards nursing care from HUSM nurses. On the other hand, it gives benefit to HUSM as the

teaching hospitals about patient satisfaction when they seek for treatment there.

Therefore, the significant of the study can be summarize as below: -

1. Providing data on patient satisfaction towards nurses.
2. Assessing nurses performances at clinical area based on patients perspectives
3. Information gain from the study will be basis and reference for improvement in HUSM nursing care and educating the future nurse.
4. Conserve information regarding patient perspectives of HUSM.
5. Brings literature evidence about health consumer perspectives with Health Goals

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Weitzman (1995) suggests that health care quality can be defined in relationship to the technical aspects of care, interpersonal relationship between practitioner and patient, and the amenities of care (Andaleeb, 2001). Instead, subjective criteria have to be used, understood, and translated into objective performance parameters. For developing countries, using any such criteria to assess service quality introduces additional challenges given the lack of research and the variety of contextual factors that must be better understood (Andaleeb, 2001).

Relevant background factors such as age and gender, poor perceived health status has been found to predict less positive judgments of various aspects of health care quality (Al-Mandhari et al., 2004). Higher income level and educational level were also associates with higher satisfaction with nursing care (Thrasher & Purc-Stephenson, 2008). Some factors related with illnesses degree were also report changes in level of satisfaction.

2.2 Patient Satisfaction towards Nursing Care

This study is using Satisfaction with Nursing Scale (SNCS) questionnaire. The 19 items have includes complete satisfaction with all aspects of nursing

care. A positive relationship was found between satisfaction with nursing care and overall satisfaction with hospital (Akin & Erdogan, 2007). The Figure 2.2 shows level of patient satisfaction with nursing care conducted at Turkey in medical and surgical patients.

Thomas (2004) reported that patients are most satisfied when they are kept informed, when time is set aside for them, when respect is shown to them in the language and in keeping confidentiality when giving explanations to them (Can et al., 2008). As human, respect shown by the nurses was least expectation they ask as individual, covering human relationship as they're the one who need help regarding the health condition. In a study in Turkey, patient in medical ward report had lower satisfaction with the amount of information they received from nurses, but higher satisfaction with the nurses' helpfulness (Alasad & Ahmad, 2003).

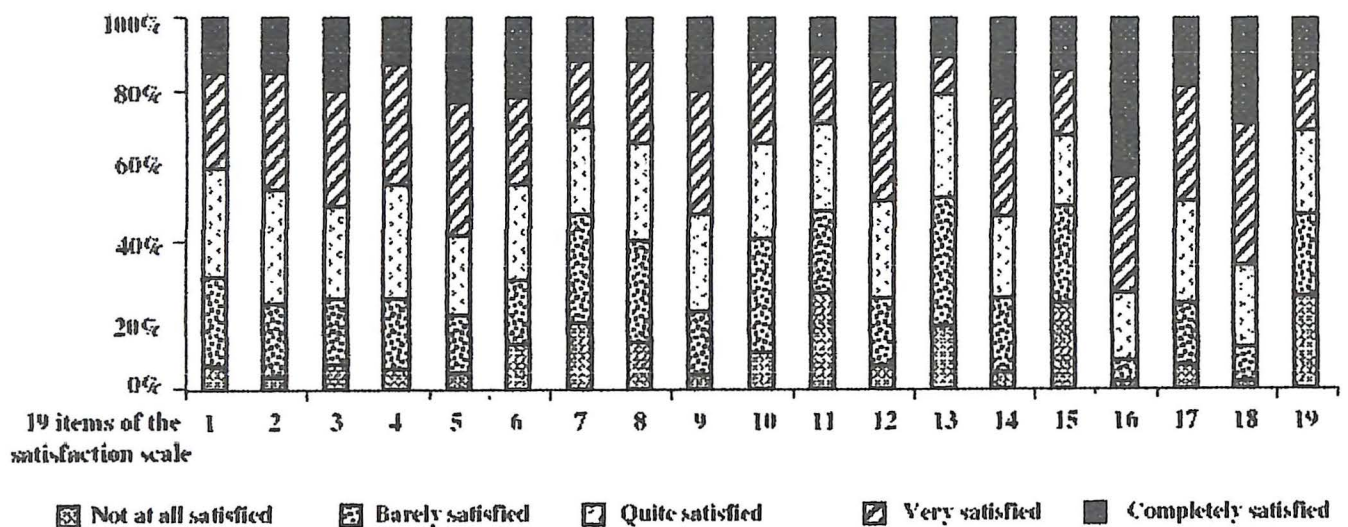


Figure 2.2: The level of patient satisfaction with nursing care based on Satisfaction with Nursing Care Scale (Akin & Erdogan, 2007)

Research of patient satisfaction were also been studied with their health behavior; compliance with medication therapy and attendance rate for medical follow up after discharge (Can et. al, 2008) which may related to health education conveyed during hospitalization period. Patients who are not satisfied with a service may show worse health outcomes than others because they missed more appointments, leave against advice or fail to follow through on treatment plans, also less than favorable attitudes towards a treatment service. It is worth keeping in mind that satisfaction with the treatment processes, treatment compliance, and positive treatment outcomes are interrelated (WHO, 2000).

2.2.1 Factors Influenced Patient Satisfaction with Nursing Care

The factors affecting satisfaction might be grouped as individual factors which include expectations, health status, socio-demographic, or health service delivery factors such as organization and structure, setting, relationships (Crow et al., 2002). The other factors include characteristics of nurses, communication between nurses and patients.

Patient characteristics and higher satisfactions with nursing care were found in patient in older age, having better functional health status, being in private rooms. In Bulgaria male inpatients and individuals living in big families tend to be more satisfied with hospital care (Ganova-Iolovska et al., 2008) rather than findings in Turkey, where male patient reported to be more dissatisfied (Alasad & Ahmad, 2003). Poor income level reflects lower satisfaction in a study