ORTHOPEDIC PATIENTS' SATISFACTION TOWARDS PERIOPERATIVE NURSING CARE IN HOSPITAL UNIVERSITI SAINS MALAYSIA

SITI SARAH SHUEIB

SCHOOL OF HEALTH SCIENCES
UNIVERSITI SAINS MALAYSIA

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ORTHOPEDIC PATIENTS' SATISFACTION TOWARDS PERIOPERATIVE NURSING CARE IN HOSPITAL UNIVERSITI SAINS MALAYSIA

by

SITI SARAH SHUEIB

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CERTIFICATE

This is to certify that the dissertation entitled "Orthopedic Patients' Satisfaction towards Perioperative Nursing Care in Hospital Universiti Sains Malaysia (HUSM)" is the bona fide record of research work done by Siti Sarah Shueib, Matric number: 134156 during the period from September 2019 to June 2020 under my supervision. I have read this dissertation and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation to be submitted in partial fulfillment for the degree of Bachelor of Nursing (Honours).

Main supervisor,

Co- supervisor,

………………………………

………………………………

Miss Norazliah Hj. Samsudin

Dr Nur Syahmina Rasudin

Senior Lecturer,

Lecturer,

School of Health Sciences

School of Health Sciences

Universiti Sains Malaysia,

Universiti Sains Malaysia,

Health Campus,

Health Campus,

16150 Kubang Kerian,

16150 Kubang Kerian,

Kelantan, Malaysia.

Kelantan, Malaysia.

Date: 20th August 2020

Date: 20th August 2020

DECLARATION

I hereby declare that this dissertation is the result of my own investigations, except where otherwise stated and duly acknowledged. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at Universiti Sains Malaysia or other institutions. I grant Universiti Sains Malaysia the right to use the dissertation for teaching, research and promotional purposes.

………………………………

Siti Sarah Shueib (Matric Number:134156)

Bachelor of Nursing

School of Health Sciences,

Health Campus,

Universiti Sains Malaysia,

16150 Kubang Kerian,

Kelantan, Malaysia.

Date: 20th August 2020

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LIST OF ABBREVIATION

USM : Universiti Sains Malaysia

GPNCS: Good Perioperative Nursing Care Scale

SPSS : Statistical Package for Social Science

TAHAP KEPUASAN PESAKIT ORTOPEDIK TERHADAP PERAWATAN PERIOPERATIF YANG DISEDIAKAN DI HOSPITAL USM

ABSTRAK

Kepuasan pesakit adalah salah satu petunjuk utama tentang pengalaman pesakit mengenai perkhidmatan penjagaan kesihatan dan kualiti rawatan yang diberikan. Kajian lepas yang mengkaji tahap kepuasan pesakit ortopedik dari segi jagaan perioperatif adalah sedikit. Oleh itu, kajian ini adalah untuk mengkaji tahap kepuasan pesakit ortopedik terhadap jagaan perioperatif di wad ortopedik Hospital USM. Populasi bagi kajian ni adalah seramai 60 orang pesakit ortopedik yang mendapat rawatan perioperatif di wad ortopedik Hospital USM. Reka bentuk kajian yang digunakan adalah kajian keratan rentas dan kuantitatif. Kaedah pengumpulan data adalah melalui kaedah persampelan yang mudah yang menggunakan borang soal selidik GPNCS. Keputusan kajian menunjukkan bahawa tahap kepuasan pesakit ortopedik adalah pada tahap yang baik (M=4.09, SD=0.56). Skor min tertinggi untuk domain GPNCS adalah penjagaan fizikal (M = 4.35, SD = 0.68) dan skor min domain terendah adalah sokongan (M=3.60, SD=0.61) dan proses kejururawatan (M=3.60, SD=1.11). Item min tertinggi GPNCS mendapat ubat penahan sakit yang mencukupi (M=4.73, SD = 0.78) dan diletakkan di posisi pembedahan yang selesa di atas meja bilik operasi (M= 4.73, SD=0.78). Item terendah GPNCS adalah peluang untuk mendengar muzik jika mahu (M=2.93, SD=1.49).Tiada perbezaan yang signifikan antara data demografik umur (p=0.075), jantina (p=0.143), tahap pendidikan (p=0.179), status perkerjaan (p=0.706) dan jenis anestesia (p=0.123) dengan skor tahap kepuasan pesakit. Secara kesuluruhannya, pesakit yang terdiri daripada golongan bawahan 30 tahun, lelaki, tahap pendidikan kedua, status bekerja dan menjalani pembedahan menggunakan anestesia setempat adalah lebih berpuas hati dengan jagaan kejururawatan perioperatif yang diberikan.

ORTHOPEDIC PATIENTS' SATISFACTION TOWARDS PERIOPERATIVE NURSING CARE IN HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRACT

Patient 's satisfaction is one of the main indicators of patient experience about health care services and quality of care provided. Previous study found that orthopedic patient satisfaction with perioperative care remains largely undiscovered, with only a few researches available. Thus, the purpose of this study is to determine the level of orthopedic patients' satisfaction towards perioperative nursing care provided in Hospital USM. The number of population in this study was 60 orthopedic patients that were admitted for perioperative care in the orthopedic surgical ward at Hospital USM. The research design was a cross-sectional and quantitative study. The sampling method used is a non-probability method via purposive sampling method by using Good Perioperative Nursing Care Scale questionnaire (GPNCS). The result showed that the level of satisfaction among orthopedic patients is good (M=4.09, SD=0.56). The highest mean score for domain of GPNCS is physical care (M=4.35, SD=0.68) and the lowest mean score domain are support (M=3.60, SD=0.61) and nursing process (M=3.60, SD=1.11). Highest mean item of GPNCS are received sufficient pain medication (M=4.73, SD=0.78) and placed in a comfortable surgical position on the operating room table (M=4.73, SD=0.78). The lowest item of GPNCS is chance to listen to music if wanted to (M=2.93, SD=1.49). There is no significant different between age (p=0.075), gender (p=0.143), level of education (p=0.179), employment status (p=0.706) and type of anesthesia (p=0.123) with perioperative nursing care provided. Overall, patients who are below 30 years, male, secondary education, employed and those who undergoing surgery with regional anesthesia are more satisfied with perioperative nursing care provided.

Keywords: Orthopedic Patients, Patient satisfaction, Perioperative Care, Nursing Care

CHAPTER 1

INTRODUCTION

1.1 Background of study

Patient 's satisfaction is one of the main indicators of patient experience about health care services and quality of care provided (Bekele et al., 2008). Depending on individual belief, the concept of satisfaction is complex and can be interpreted differently (Berkowitz, 2016). Patient satisfaction is a subjective and complex concept, involving physical, emotional, mental, social, and cultural factors (Auquier et al., 2005). It is determined by the quality of the provided care and the patient's expectations of that care (Caljouw, Beuzekom, & Boer, 2008).

Rating scales frequently used in patient satisfaction studies for the global assessment of patient satisfaction (Coulter & Cleary, 2001). In this study, the Good Perioperative Nursing Care Scale (GPNCS) questionnaire will be used to assess patient's satisfaction and experience with perioperative nursing care. From a patient's perspective of healthcare, quality is not only determined by the outcome of treatment, but also by the extent to which patients are supported during their hospital stay (Bonnet, 2006; Heidegger et al., 2008).

The perioperative period is comprised of three phase namely pre-, intra, and postoperative care (Leinonen, Leino-Kilpi, Ståhlberg, & Lertola, 2001). Patient satisfaction with perioperative service is a complex area where satisfaction can be affected by many factors (Gebremedhn & Lemma, 2017). Perioperative nurses are actively involved with many issues across the entire continuum of surgical patient care (Hayes & Gordon, 2015) starting from before patient enter the operation theatre (preoperative), during operation (intraoperative) and after patient undergone the operation (postoperative).

Important determinants of patient satisfaction related to medical care include pain experiences during hospitalization, receive of adequate analgesia, physical comfort, the provision of information, emotional support, and patient expectations (Bowyer et al., 2014 ; Heidegger, Saal, & Nübling, 2013; Barrington et al., 2014 & Shill et al., 2012); however, the strongest predictor of overall satisfaction is the quality of nursing care (Glickman et al., 2010).

Study by Caljouw et al., (2008) found that patients aged below 50 year had lower satisfaction scores than older patients. As for gender part, satisfaction with perioperative nursing care is higher among men compared to women. In study conducted by Leinonen et al., 2001 patients who had completed primary school were more satisfied than those with higher level of education, and patients with a university degree seemed to be more critical than others. Besides, patients with paid employment were less satisfied compared to household duties and those who retired. Patients undergoing a major surgical procedure were more satisfied with the information supplied than patients undergoing a minor surgical procedure (Caljouw et al., 2008). A major surgical procedure was defined as one of the following: an operation lasting more than 4 hours, expected blood loss of more than 1000 ml, or a major orthopedic, urologic, or intraperitoneal operation (Caljouw et al., 2008).

There was no difference in overall satisfaction scores between patients having regional or general anesthesia (Jlala, Caljouw, Bedforth, & Hardman, 2010). In a study conducted by Jlala et al., 2010 type of anesthesia did not affect patient overall satisfaction scores (example: patients were similarly satisfied with the care, regardless which anesthetic procedure they had). Most of them were satisfied with the time spent waiting to be taken to the theatre. After the operation, patients having surgery under Regional Anesthesia spent less time in the recovery room than patients having General Anesthesia,

and this was reflected in the higher satisfaction scores of Regional Anesthesia patients. This finding is unsurprising, as patients who have had General Anesthesia usually require a longer period of observation and support before discharge back to the orthopedic ward.

1.2 Problem statement

Patient satisfaction is associated with the quality of surgical care (Tsai, Orav, & Jha, 2015). To improve quality of care, the factors that adversely affect satisfaction and experience must be identified (Beattie, Murphy, Atherton, & Lauder, 2015). Despite increasing awareness of the patient perspective in quality of care, patients' experiences are currently not routinely measured in orthopedic patients or in perioperative settings (Hertel-Joergensen, Abrahamsen, & Jensen, 2018). Most operations are performed under local or regional anesthesia, meaning that patients are awake and able to evaluate their care for the whole duration of the process (Hertel-Joergensen et al., 2018).

Although substantial research has been performed to investigate patient satisfaction with healthcare, few studies have investigated nursing care through the whole perioperative process (Sillero Sillero & Zabalegui, 2018). During the perioperative period, patients are in vulnerable situation and are dependent on hospital staffs (Reynold & Carnwell, 2009). Patients may have difficulty expressing their care needs (Humphreys, 2005). Therefore, it is important that patients be given the opportunity to evaluate the care they receive and to express their own needs to further develop the quality of perioperative care.

1.3 Significance of study

From the analysis, this study provided a significant data on the measurement of orthopedic patient satisfaction towards perioperative nursing care in Hospital USM. The data from this study can be used as a guideline for further improvement in nursing care and may help to raise the standard of perioperative care delivery especially in orthopedic ward. Patients' experiences and satisfaction towards perioperative nursing care are currently not routinely measured in orthopedic patients. Besides, this study can be useful in academic purposes whereby nursing students can use it as a guideline that helps in improving knowledge of perioperative nursing care among students.

Given the importance of perioperative nursing care for the patient, patient should be given the opportunity to evaluate the care received (Fridlund, Johansson & Oleni, 2002). Patient satisfaction is closely related to the effectiveness of perioperative nursing practice and is thus one of the most important outcomes (Sillero Sillero & Zabalegui, 2018). In addition, research on quality and patient satisfaction in perioperative setting is scarce (Istomina, Suominen, Razbadauskas, & Leino-Kilpi, 2011).

The differences in perioperative satisfaction level among different age groups, gender, level of education, employment status and types of anesthesia is important in providing information that is useful for nurses in perioperative nursing care delivery especially in orthopedic setting.

1.4 Research question

1. What is the level of satisfaction towards perioperative nursing care among orthopedic patient in Hospital USM?

2. Is there any difference between age, gender, education level, employment status and type of anesthesia with orthopedic patient satisfaction towards perioperative nursing care provided in Hospital USM?

1.5 Research objectives

1.5.1 General objective

To study orthopedic patient satisfaction level towards perioperative nursing care provided in Hospital USM.

1.5.2 Specific objectives

1. To determine the level of satisfaction towards perioperative nursing care among orthopedic patient provided in Hospital USM.

2. To determine the difference between age, gender, education level, employment status and type of anesthesia with orthopedic patient satisfaction towards perioperative nursing care provided in Hospital USM.

1.6 Research hypothesis

1. H_O1 = There is no significant difference between age, gender, education level, employment status and type of anesthesia with orthopedic patient satisfaction towards perioperative nursing care provided in Hospital USM.

   H_A1 = There is significant difference between age, gender, education level, employment status and type of anesthesia with orthopedic patient satisfaction towards perioperative nursing care provided in Hospital USM.

1.7 Conceptual & operational definition

Patient satisfaction Patient satisfaction is one outcome included in the broader framework of well-being measures and patient reported outcomes (Bruder & Auquier, 2018) that will be measured using GPNCS developed by Leinonen et al., (2001).

Perioperative The perioperative period comprised three different time periods: (1) preoperative – the time prior to admission to the presurgical care unit until transfer to the operating room (OR); (2) intraoperative – the time in the OR until transfer to the recovery unit; and (3) postoperative – the time spent in recovery unit until transfer to the inpatient ward (Leinonen et al., 2001).

Orthopedic patient In this study, it refers to the orthopedic patients who received surgical treatment and perioperative nursing care.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In this chapter, the literature reviews the patient satisfaction towards perioperative nursing care are discussed. It is important to review the study from different health care settings by different types of instruments from different country. It is essential to identify the importance of using perioperative patient satisfaction questionnaire to evaluate the expectation of patient toward the services provided by health care institution.

2.2 Review of Literature

2.2.1 Concept or theory on Perioperative care

A study was classified as perioperative when it dealt with quality of nursing, control of life, nursing activities and anxiety/stress in general throughout the entire nursing period (Leinonen, 1999). The perioperative period is a unique process and a global experience from a patients' point of view (Auquier et al., 2005). The perioperative period, considered the time frame of interest, lasting from the first visit with the anesthetist before surgery up to the 48th hour after surgery, is remarkable (Auquier et al., 2005).

The perioperative area is a distinctive environment that includes many challenging conditions: multifaceted clinical care performed by teams; high cost, use of sophisticated technologies and a large variety of supplies, instruments, and implants that are difficult to manage (Gebremedhn & Lemma, 2017). These conditions can create an environment of massive complexity and, unfortunately, are a source of a significant percentage of patient safety related adverse events.

2.2.2 Factors that influence patient satisfaction with nursing care

The factors that account for patient satisfaction are incompletely understood and the results of prior work have been inconsistent (Jackson et al., 2001; Bair et al., 2007). Patient satisfaction has been variably found to correlate with age, unmet expectations, doctor patient communication, health outcome, pain severity, timing of assessment and a patient's mental state (Jackson et al., 2001; Bair et al., 2007).

Satisfaction with the quality and quantity of information considerably impacts patient satisfaction levels (Crow et al., 2002). Patients have a better surgical experience when they perceive that they are well-informed and understand the process (Scott, 2004; Suhonen & Leino-Kilpi, 2007). Lack of sufficient information can cause uncertainty and anxiety for the patient (Dahlberg et al., 2018; Berg et al., 2013), and some patients may also feel unsure regarding whether they have understood the information (Svenson et al., 2016).

A study conducted in Gondar revealed that patient admission status, information about the disease, operation status and operation theatre staff attention to the patient complaints were the determinant factors for patient satisfaction. Patient satisfaction with pain management is strongly (Shill et al., 2012), but not consistently (Phillips et al., 2013) predicted by adequacy of analgesia (Shill et al., 2012). During the postoperative phase, increased patient satisfaction is related to having pain under control (Lemos et al., 2009; Heidegger et al., 2013; Mitchell, 2015), receiving appropriate postoperative information (Lemos et al., 2009; Michell, 2015; Fung & Cohen, 2001) and being treated with respect and dignity (Flierly et al., 2013; Heidegger et al., 2013; Berning et al., 2017). Another study showed that postoperative pain, waiting time for surgery and patient changing room conditions were the most important factors influencing patient satisfaction (Lemos et al., 2009).

2.2.3 Instruments and setting for measuring patient satisfaction

Assessment of patient satisfaction is required at all healthcare institutions, and it is important to have consistent, interpretable data to perform an accurate evaluation (Furlan & Schebella, 2015). Satisfaction should be measured as a multidimensional concept and should reflect the exclusive concerns of the patients (Bruder & Auquier, 2018). Most assessment tools rely on the theory of expectations based on the discrepancy between expectations and accomplishment (Calnan, 1982).

Patient satisfaction studies conducted in recent years have used a range of different data collection procedures; moreover, a wide range of tools have been used to measure patient satisfaction to suit the aim of the particular study (Sillero & Zabalegui, 2018). There is however, no universally available tool to assess satisfaction with nursing care (Akin & Erdogan, 2007; Alhusban & Abualrub, 2009; Natalja et al., 2011). The complexity of the satisfaction concept, as well as the multidimensional nature of satisfaction has often impaired the development of reliable evaluation tools (Le May S et al., 2001). Doubtlessly, patients' perceptions are needed to achieve unique insights into what works and what does not work in healthcare, so instruments that capture patients' perspectives on quality of healthcare are needed (Hertel-Joergensen et al., 2018).

2.2.4 Importance of patient satisfaction with perioperative nursing care

Satisfaction is now considered a valuable measure of outcome of healthcare processes (Schug, 2001). It has become a major step in health institution accreditation processes in several countries (Pascoe, 1983). Assessing patients what they think about the care and treatment they have received is an important process towards improvement of the quality of care, to ensure whether the local health services are meeting patients' needs and identify possible barriers for the delivery of the services (Health care Commission-North West London Hospital NHS Trust, Outpatient survey report, 2005). Quality in health care is also defined as the degree to which an activity meets established requirements

Patient satisfaction rates drives improvement in health care delivery (Zgierska, Miller & Rabago, 2012). The concept of patient satisfaction has been suggested to be an indicator of the quality of care from the patient's perspective (Cleary & McNeil, 1988; Farley et al., 2014; Chow et al., 2009). Satisfaction is an important part of outcome quality and a key measure of patient-centered care (Bruder & Auquier, 2018). It is a summation of all the patient experiences in hospital. Study by Jaensson et al suggests that satisfaction can be seen as an indicator of quality of care and that patients' experiences with expectations of their care can influence their overall level of satisfaction. Recently, a greater emphasis is being placed on patient expectations prior to surgery and patient satisfaction after surgery (Swarup, Henn, Gulotta, & Henn, 2019).

2.3 Theoretical framework

Theoretical framework used to guide this study is Interaction Model of Client Health Behavior (Cox, 1982). It is a nursing model designed to explain the multifaceted interactions of individual health promoting or suppressing characteristics. These characteristics, when coupled with provider interactions, affect health outcomes (Cox, 1982).

The Interaction Model of Client Health Behavior consists of three major elements which are: *client singularity*, *client-professional interaction* and *health outcome* (Cox, 1982). *Client singularity* is the assemblage of generally static background variables and more modifiable dynamic variables. Background variables include demographic characteristics, social influences, previous health experiences, and environmental resources (financial, informational, or geographical influences on health behavior). Age, gender and employment status are examples of demographic characteristics in this study.

As proposed in Interaction Model of Client Health Behavior, *client-professional interaction* has four domains which will influence patients' health outcomes. The first domain of client-professional which refers to attending the emotion needs of the patients (Cox, 1982). The second domain is health information which refers to the knowledge that assists patients to further understand about their health conditions (Cox, 1982). The third domain is decision control which refers to patient expectation of participating in decision-making about their healthcare (Cox, 1982). As for last domain is professional-technical competencies which refers to the skills that are used by nurses (i.e., checking on vital signs, initiating an intravenous infusion) to meet patients' health needs (Cox, 1982). Health outcome in this study is referring to patient's satisfaction with perioperative nursing care.