

**FAMILY CARE GIVERS SATISFACTION
TOWARDS NURSING CARE OF
NEUROSURGERY PATIENTS AT HOSPITAL
UNIVERSITI SAINS MALAYSIA (HOSPITAL USM)**

by

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**DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS OF THE DEGREE OF BACHELOR OF
HEALTH SCIENCES (NURSING)**

JUNE 2015

ACKNOWLEDGEMENT

First and foremost, I would like to express my gratitude to The Almighty of God for showering me with all the gratitude and blessings that helped me successfully completed this project.

A lot of thank to my research supervisor, Dr Che Rabiaah Bt Mohamed for her guidance, suggestion, criticism and support provided to me during the time completing this research study. Besides, she always had been accessible and willing to help me in order to make sure the smooth process of completing this study.

Besides, I wish to express my deep sense of appreciation to all the sisters, nurses and family caregivers at the wards 2 Intan, 1Selatan and 3utara for the cooperation that has been given to me during the data collection. Without all their effective cooperation, I would not be able to complete my research study.

My warm and sincere thanks to my lovely parents who showered me with all the loves and support during my study. Once again I would like to thank especially to my mother who always stand with me during the crisis and problem to complete this research study. Without their supports and encouragements this though project would not be able to complete.

Finally my special thanks to all my friends and all my seniors for their sincere helps, encouragement and supported throughout the project. Whenever situation I approached them for help, they will lend their hand for help without any refusing. In addition, I would like to express my sincere gratitude to them for whom always stand by me in whatever problems and situation during completion of this study for their emotional support and motivation.

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LIST OF ABBREVIATION

MS	Moderate Satisfied
NS	Not Satisfied
S	Satisfied
SS	Slightly Satisfied
SPSS	Statistical Package for Social Science
USM	Universiti Sains Malaysia
VS	Very satisfied
WHO	World Health Organization

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FAMILY CAREGIVERS SATISFACTION TOWARDS NURSING CARE OF NEURO PATIENT AT HOSPITAL UNIVERSITI SAINS MALAYSIA (USM)

ABSTRACT

Family caregiver's satisfaction is one of the important elements to measure the quality of care provided by the nurses. This study to determine the family caregivers satisfaction towards nursing care of neuro patients, identify the aspects of nursing care that the most family caregivers satisfied and dissatisfied and to identify the association between selected demographic data (gender, marital status and level of education) and the family caregivers satisfaction towards nursing care of neuro patients at Hospital USM. A non-experimental and cross sectional study was used. Respondents were recruited from non-probability and purposive sampling method. Research study was carried out through the use of questionnaire which consists of two sections which are the family caregivers' socio demographic data and the satisfaction level towards nursing care by Haya Al- Fozan (2013). The study setting involved neuro ward at Hospital USM (2 Intan, 3 Utara and 1 Selatan). There are total of forty five family caregivers participated in this study. Data collected were analysed using SPSS software version 21.0. For descriptive statistics, mean, standard deviation, frequency and percentage were used to describe the data. For inferential statistics, Pearson Chi Square and Fishers exact test were used in this study. The finding of this study shows that most of family caregivers satisfied with the nursing care provided. However there are several aspects that most family caregivers dissatisfied which are knowledge and providing information, clinical skills and caring. Most of respondents satisfied with the decision making, communication skills, family involvement and professional behaviour. There is no significant association between the selected socio demographic data and satisfaction level.

**PENILAIAN KEPUASAN AHLI KELUARGA / PENJAGA PESAKIT
TERHADAP KUALITI JAGAAN PESAKIT NEURO YANG DIBERIKAN
OLEH JURURAWAT DI HOSPITAL USM.**

ABSTRAK

Penilaian kepuasan ahli keluarga/ penjaga merupakan salah satu elemen yang penting untuk mengukur kualiti penjagaan yang disediakan oleh jururawat. Kajian ini dijalankan untuk menilai kepuasan keluarga/ penjaga pesakit neuro terhadap kualiti jagaan yang diberikan oleh jururawat, mengenal pasti aspek-aspek penjagaan kejururawatan yang paling berpuas hati dan tidak berpuas hati dalam kalangan ahli keluarga/ penjaga pesakit dan untuk mengenal pasti perkaitan antara data demografik (jantina, status perkahwinan dan tahap pendidikan) dan kepuasan penjaga atau keluarga ke arah penjagaan kejururawatan pesakit neuro di Hospital USM. Satu kajian bukan eksperimen dan jenis “cross-sectional” telah digunakan. Responden telah dipilih menggunakan kaedah “non probability” dan “purposive sampling”. Kajian penyelidikan telah dijalankan dengan menggunakan soal selidik yang mengandungi dua bahagian iaitu data demografik penjaga atau keluarga dan tahap kepuasan terhadap penjagaan kejururawatan oleh Al- Fozan (2013). Lokasi kajian melibatkan wad neuro di Hospital USM (2 Intan, 3 dan 1 Utara Selatan). Terdapat sebanyak empat puluh lima penjaga atau keluarga telah mengambil bahagian dalam kajian ini. Data yang diperolehi dianalisis dengan menggunakan perisian SPSS versi 21.0. Untuk statistik deskriptif, min, sisihan piawai, frekuensi dan peratusan digunakan untuk menghuraikan data. Untuk statistik inferensi, dua ujian statistik telah digunakan iaitu “Pearson Chi Square” dan “Fishers Exact “ telah digunakan dalam kajian ini. Hasil kajian ini menunjukkan bahawa kebanyakan penjaga keluarga berpuas hati dengan penjagaan yang disediakan oleh jururawat. Walau bagaimanapun terdapat beberapa aspek yang penjaga keluarga tidak berpuas hati iaitu dari aspek ilmu dan pemberian maklumat, kemahiran klinikal dan penyayang. Kebanyakan responden berpuas hati dengan proses membuat keputusan, kemahiran komunikasi, penglibatan keluarga dan tingkah laku profesional jururawat. Tiada hubungan yang signifikan antara data demografi sosio terpilih dengan tahap kepuasan hati penjaga atau ahli keluarga pesakit neuro terhadap penjagaan yang diberikan oleh jururawat di Hospital USM.

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Nurses play an important roles and precious resources in health care systems around the world including Malaysia. The quality of nursing care for patients is strongly dependant on the performance of the nursing staff. Proper staffing and stability of the nursing workforce strongly linked to the quality of care of nurses to the patients. The negative impacts of the quality of care of nurses include the decrease of the effectiveness of care and safety. Inadequate staffing is one of the factors that lead the ineffective care to the patients hence increases the nurses' workloads. Based on the World Health Organization (WHO) nurses-to-patient ratio is 1:200 while in Malaysia nurses-to-patient ratio is 1:345 which is the total of the nurses in Malaysia is 84,968 (Ministry of Health, 2012). The statistic is shown in Figure 1.0. Based on this ratio, this proved that nurses are one of the professions that are very important in providing health care.

Patient satisfaction is an important element in managing a patient. When the satisfaction of the patient and family caregiver is increased with their experience as a patient, less complaint is received from them. The satisfaction of patient can be seen when good quality of care has been provided by a nurse (Binsallih, Wannes, Tamim, Harakati & As Sayyari, 2011). The quality of nursing care from the patient's perspective is an important element in determination of quality evaluation as once patients admitted to the hospitals, they have high expectation of health care system. When their expectation is achieved, it will influenced their perception and satisfaction with the quality of nursing care received and the quality of the whole institution and health care systems (Momani & Korashy, 2012).

Health Human Resources, 2012 (as of 31 December)

	PUBLIC	PRIVATE	TOTAL	PROFESSION: POPULATION
Doctors ^{1a2}	27,478^a	11,240	38,718	1: 758
Dentists³	2,664	1,894	4,558	1: 6,436
Pharmacists⁴	5,908	3,744	9,652	1: 3,039
Opticians⁶	-	2,940	2,940	1: 9,979
Optometrists⁵	281	855	1,136	1: 25,825
Asst. Medical Officers ^{1a6}	10,902	944	11,846	1: 2,477
Nurses ^{1a7}	56,089	28,879	84,968	1: 345
Pharmacy Assistant ^{1a4}	4,068	482	4,550	-
Asst. Environmental Health Officers ^{1a8}	4,952	n.a	4,952	-
Medical Lab. Technologists ^{1a6}	6,161	n.a	6,161	-
Occupational Therapists ^{1a8}	836^b	n.a	836^b	-
Physiotherapists¹	1,041	n.a	1,041	-
Radiographers ^{a,1a6}	2,883	1,451	4,334	-
Dental Nurses¹	2,684	-	2,684	-
Community Nurses ^{a,1a7}	22,917	301	23,218	-

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Figure 1.0: Health Human Resources in Malaysia (Sources: Health Facts, 2013)

1.2 Problem Statement

From previous studies, most of the researcher examined that there are two dimensional concepts between the patient's satisfaction with nursing care and the patient's perception with nursing care. There seems to be general agreement on what leads to quality care however there are several issues that must be considered. First is the identification of consumers perceive quality care to help create a measure of good services and second is the understanding of patient's or consumer perspective on the nursing care they receive to measure their satisfaction of the care, third is the nursing care is the most crucial factor in order to identify the patients satisfaction or dissatisfactions with their hospital experiences (Momani & Korashy, 2012).

Consumer satisfaction is generally defined as the consumer's view of services received and the results of the treatment (Ibrahim, 2008). Family caregivers or patients satisfaction with the nursing care provided is important for a several reasons. First, it is important to maintain the relationship between the consumers to the specific provider as most of the satisfied consumer most likely to maintain consistent relationship with the provider. Secondly is by identifying the factors of satisfaction among consumers, an organization can address their weakness and improves their management. In addition, when a consumers or patients are satisfied with the care provided, they will more likely to cooperate and follow the specific regime and treatment plans. Finally, by determine the satisfaction of consumers, it helps in contributing to the organization's quality management and adds important information on systems performances.

Most of previous studies done either in overseas or Malaysia mostly focus on the patients satisfaction towards the nursing care. This type of study only covers the patient and family caregiver who were in stable condition. However the study that focused on family caregivers' satisfaction with the nursing care among neuro patients are limited. Most of patients admitted to neurosurgical ward has an impaired mobility and depend on family caregivers help to do activity daily living. Thus, family caregivers plays important role in taking care of this type of patient instead of the nurses.

The use of patient's satisfaction tools is routine in healthcare facilities as it is important to determine the quality of nursing care (Ervin, 2006). Therefore the purpose of this study was to determine the degree of family caregiver satisfaction with the nursing care provided to the neuro patient. Neurological disorder patient usually depend on the nurses to manage their life at the ward. Besides nurses, family caregiver is one of the most important persons that are always being with the patient. Besides, the quality of nursing care is very important that can contribute to the better patient's outcome. In order to determine the quality of nursing care provided, Henderson's basic nursing care model is used to measure the quality of nursing care provided.

1.3 Research objectives

1.3.1 General Objectives

To identify the family caregiver satisfaction towards the nursing care of neuro patient at Hospital USM.

1.3.2 Specific Objectives

1. To determine the level of family care giver satisfaction with nursing care of neurosurgery patient at Hospital USM.
2. To determine aspects of nursing care that the family caregivers are satisfied and dissatisfied.
3. To determine the association between selected demographic data of family caregiver (gender, marital status, level of education) and their satisfaction level with the nursing care of neurosurgery patients at Hospital USM.

1.4 Research Questions

- a) What is the level of family caregiver satisfaction towards nursing care of neurosurgery patient at Hospital USM?
- b) What is the aspects of nursing care that contribute to the satisfaction and dissatisfaction of family caregiver?
- c) Is there any association between selected demographic data (gender, marital status, and level of education) and their satisfaction level with the nursing care of neurosurgery patient at Hospital USM.

1.5 Hypothesis

1. H_0 1: There is no significant association between gender of family caregivers and the level of satisfaction of family caregivers with the nursing care of neurosurgery patients.

H_A 2: There is significant association between gender of family caregivers and the level of satisfaction of family caregivers with the nursing care of neurosurgery patients.

2. H_0 2: There is no significant association between the level marital status of family caregivers and the level of satisfaction of family caregivers with the nursing care of neurosurgery patients at Hospital USM.

H_A 2: There is significant association between the marital status of family caregivers and the level of satisfaction of family caregivers with nursing care of neurosurgery patient at Hospital USM.

3. H_0 3: There is no significant association between level of education of family caregivers and the level of satisfaction of family caregivers with the nursing care of neurosurgery patients at Hospital USM.

H_A 3: There is significant association between the level of education of family caregiver and the level of satisfaction of family caregivers with the nursing care of neurosurgery patients at Hospital USM.

1.6 Definition of Operational Terms.

Family caregiver	Family caregiver is a person who cares for relatives and loves ones (Emblem Health, 2010)
Satisfaction	<p>A level of experience of persons in accordance with his/her expectations (Vukovic, Gvozdenovic, Gajic, Jakovljevic & McCormick, 2012)</p> <p>A happy or pleased feeling because of something that you did or something that happened to you or the act that providing what is needed or desired (Merriam-Webster, 2014).</p>
Nursing Care	Generally refers to procedures or medications which are solely or primarily aimed at providing comfort to a patient or alleviating that persons pain, symptoms or distress and includes the offer of oral nutrition and hydration (Segen's Medical Dictionary, 2012).
Neurology	The branch of medical science concerned with the various nervous systems (central, peripheral and autonomic, plus the neuro muscular junction and muscle) and its disorder (Medical Dictionary, 2012)

1.7 Significant of the study

The satisfactions among family caregiver and patient can indicate the quality of the provision of nurse's health care services. By having good health care services, it will benefit both of the nurses and family caregiver especially the patients. The benefits demonstrated include the access to health care for a patient can be facilitated easily, the patient wellness can be enhanced, cost of health management can be reduced, increase the nurse's productivity in their work, and reduce the stress among the nurses, increase job satisfaction of the nurses and lots more.

The documentation on the family caregiver/ patient's satisfaction on nursing care are very important to ensure the quality of the health care given. It's just not only benefits the nurses' performances but it also will determine the overall performance of health care participant. Furthermore, the satisfaction among the family caregiver / patients with the nursing care given is a subjective matter. Each patient / family caregiver has their own level or grading in order to decide whether the health care given is good or not. Level of education among the patients/ family caregiver is one of the main factors that can differentiate the level of patients/ family caregiver satisfaction with the nursing care.

Besides, the future viability of the nurses practitioner discipline is depend upon the identification of the qualities and the aspects of health care delivered and perceived as beneficial thus resulting in the enhancement of patients satisfaction. Measuring the specific elements of family caregiver/ patient's satisfaction with the nursing care can also increase the nurse's visibility, utilization and marketability.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In this chapter, the literature review consists of meaning and scope of satisfaction, benefits of patient's satisfaction, measurement of satisfaction and the studies of family caregiver's satisfaction with nursing care.

2.2 Review of literature

2.2.1 *Meaning and scope of satisfaction*

Satisfaction can be defined as a level of experiences of a person in accordance with his/her expectation and the patients satisfaction can be defined as relation of their expectation of how their general health care needs and condition-specific needs are met in health care institution (Vukovic, Gvozdenovic, Gajic, Jokovljevic, & McCormik, 2012). Patient satisfaction is an important element in patient management and it shows a result of a good quality of work and less burnout of healthcare providers (Binsalih, Waness, Tamim, Harakati, & Al- Sayyari, 2011).

Patient satisfaction is a significant indicator of the quality of care. Examining the quality of nursing care from the patient's perspective is an important element in quality evaluation and when their expectation are met, it will influence their perception and their satisfaction with the quality of care received and the quality of specific institution and the health care system as a whole (Al-Momani & Al-Korashy, 2012). Patient satisfaction constitutes a significant indicator of the health care quality.

Besides the patients satisfaction towards the nursing services is particularly important because majority of the health professionals consists of nursing staff and them consistently at the patient's side in order to satisfy their needs, constituting this way an unquestionably overbearing component in maintaining and restoring the patients' health (Merkouris, Andreadou, Athini, Hatzimbalasi, Rovithis, & Papastavrou, 2013). In addition, patients satisfaction also has always be a fundamental

requirement for clinical and financial success of any organization providing health care and monumental changes in health care delivery systems has focused and give attention on more affordable, more available and more efficient and higher quality of care (Alaloola & Albedaiwi, 2007).

The context of patients' satisfaction with nursing care is operationally defined as the degree of congruence between patients expectation of ideal of care delivered during the interaction with the nurses (Lee & Yom, 2007). In order to full fill the patients satisfaction, there are several characteristic of good nursing care which are meeting the patient's need, treating patients pleasantly, caring, providing prompt care and being competent (Larrabee & Bolden, 2001).

2.2.2 *Benefits of patient satisfaction*

Patient satisfaction is crucial and an inventible quality outcome indicator in health care. It is significant necessary to improve the quality of fast growing, complex and cost challenged health care services (Al-Fozan, 2013). The nursing care is regarded as an influential variables that will affects the patients; rating of level of satisfaction with care generally (Otani, Waterman, Boslaugh, Burroughs, & Dunugan, 2009).

Besides, the patient's satisfaction also is highly considered measure when selecting a hospital and the communication skills were the most important patient satisfaction determining factor (Alaloola & Albedaiwi, 2007). Many researchers consider patients satisfaction as the purpose of health care which inevitably affects other purposes and results such as the important sources of information for the qualitative improvement and therapeutic intervention for self-therapy. However, some of the researchers suggest that measuring the patients satisfaction also can be successfully used in personnel administration and promoting medical services (Merkouris, Andreadou, Athini, Hatzimbalasi, Rovithis, & Papastavrou, 2013).

Furthermore, when the patients is satisfied with the nursing care provided, he or she will take more active role in their own treatment and more likely to continue treatment in certain institution and they are more likely to keep the same health assurance provider and more accepting of the health care system in general. In addition, the patient's satisfaction research can benefits health care professionals because it can indicate how to enhanced patients satisfaction and potentially increased the possibility for other patients to choose their health institution (Vukovic et al., 2012).

2.2.3 *Measurement of satisfaction*

Numerous researchers have examined that there seems to be a general agreement on what leads to the quality of care and there were several issues regarding this matter which are : First is the issue on identifying what the consumer perceives quality care to be helps create a measure of good services, second is understanding patients perspective on the nursing care they received must precede attempts at measuring their satisfaction with that care, third is nursing represent a constant presence in the experienced of hospitalization of patient, their satisfaction is important in patients overall satisfaction and dissatisfaction with their hospital experiences and the last issue is the failure of health care providers including the nurses to take into account factors observed and reported by patients as important to their nursing care is inconsistent with the nation of a patient-centered care and patient empowerment (Al-Momani & Al- Korashy, 2012).

Listening patients complaints is one of the important thing in order to measure of satisfaction among the Saudi hospital patient (Alaloola & Albedawei, 2007). A study done in Riyadh hospitals showed that the lowest level of satisfaction among the patients was the attentive listening to patient's complaints (Ibrahim et al., 2002). Good communication skills from the physician resulted in the patient's ability and willingness to follow the treatment given and may lead to increase their level of success in treating their disease. From this, it can be concluded that, good communication skills is one of the factor in determining the patient's ability/ willingness to follow treatments and to measure the level of satisfaction (Alaloola & Albedawei, 2007).

In addition, national work performance particularly nurses is one of the factor addressing the consumer's satisfaction in Kingdom of Saudi Arabia (Al- Fozan, 2013). Patients perception of the quality of nursing care has revealed that patients mostly dissatisfied with the several aspect which are the information provided regarding the lab investigations and examination, technical competencies and caring behaviour (allowing patients to express their feelings) and involving the decision making related to patients care (Al-Momani & Al-Korashy, 2012). Besides, based on the research done by Al-Doghaier (2000), the level of patient's satisfaction is measured and the highest satisfaction is obtained from the skilfulness of the nurses and the lowest satisfaction is on the communication aspects.

2.2.4 Studies on family caregivers satisfaction with nursing care

Based on the finding on previous study, communication skills is one of the criteria that cause the level of satisfaction of family caregivers with nursing care. From the research that has been done at National Guard Affairs Hospitals at Saudi Arabia, it revealed that most of the respondents were satisfied with the communication when cared for by Saudi nurses and this is because the interaction between family caregivers and the nurses by using same language has lead the patients or family caregivers to express their concerns and discuss the plan of care with nurses more freely as it also allowed for better understanding of patients and family caregivers regarding the health status, diagnosis and treatment plan (Al-Fozan, 2013).

However, the results from the study of patient satisfaction with nursing care in Pakistan, has showed that the patients had very negative experiences about nurses behaviour and most of their interpersonal communication skills was poor and it revealed that nursing supervisors are not giving due to the importance to nurses to patient communication (Khan, Hassan, Anwar, Babar,& Babar, 2007). In addition, from the analysis of satisfaction score, it's revealed that there is also poor rating on sanitation, interpersonal aspects and efficiency of a care delivered to the patients (Senarath & Gunawardena, 2011).

From the assessment of nursing and patients outcome in Hospital in China, nursing contributed importantly to better quality of care and more positive patients feedbacks (You et al., 2012). Besides this study also, suggested that improving patient to nurse ratio, and moving to more patient centred organization of nursing care, may hold promise for reducing the patients safety hazards of nurse burnout and will improve the patients' satisfaction with care (You et al., 2012).

The New South Wales Cancer Patient Satisfaction Survey 2007 measured the patient ratings, and the overall result finding showed that a high level of satisfaction of family caregivers of inpatient and out patients, hence most of the respondents has rating the services given as excellent, very good and good (Carter, Lewin, Gianacas, Clover & Adams, 2010).

2.3 Theoretical/ Conceptual Framework

Henderson's basic nursing care model is used to describe the nursing care. Virginia Henderson (1897-1996) was the first nurse to clearly define nursing care and pointed out that nursing does not consist of merely following physician's orders (Khan, Hassan, Babar, & Babar, 2007). Henderson's goal was not to develop a nursing theory, but she rather to define the unique focus of nursing practice (Nursing Theory, 2013).

Based on this theory, Henderson's identifies three major assumption in her model of nursing which are the first is "nurses care for a patient until a patient can care for him, or himself", second is "nurses will devote themselves to the patient day and night" and lastly is the "nurses should be educated at the college level in both science and arts".

Based on this model, there are four major concepts that are stressed on which are the individual, the environment, health and nursing. Henderson's has categorized activities in 14 component based on human needs. Figure 2.1 shows the 14 component of the human needs that make up nursing activities. Individuals have

basic needs that are component of health and sometimes they may need assistances to achieve health and independence.

From the 14 components, 6 components of this model have been used in this study to determine the quality of nursing care. The six components that is used to determine the level of satisfaction with nursing care provided are the keeping privacy of the patients, good communication, attention, regular routine check-up, nursing skills and physical care.

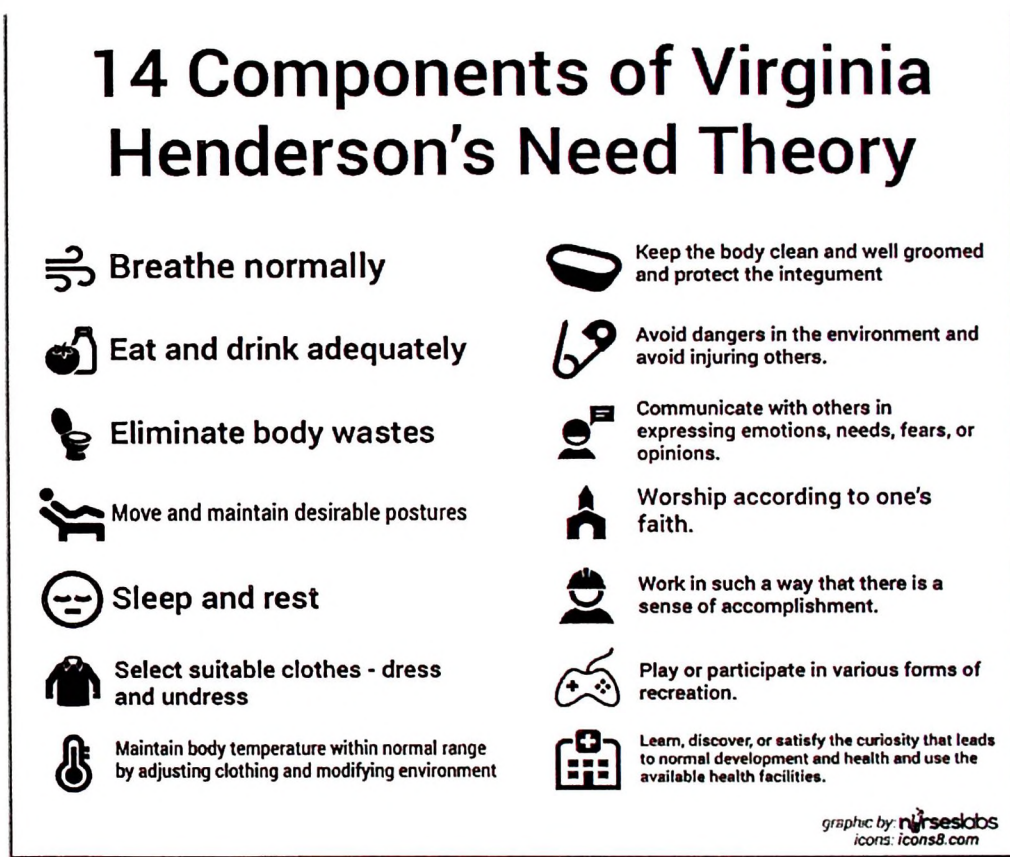


Figure 2.1: 14 components of Virginia Henderson's Need Theory (Nursing Theory, 2013)

CHAPTER 3

METHODOLOGY AND METHODS

3.1 Research design

This was a cross-sectional and quantitative study. The cross-sectional survey collects data to make inferences about a population interest at one point in time and it's commonly describe as a snapshot of the populations about which they gather data (Lavrakas, 2008). The objective of choosing this design was to determine the family caregiver's satisfaction with nursing care of neuro patients provided by the nurses in HUSM. Then the data was collected from December until February 2015.

3.2 Population and Setting

Population setting is the location of the population of this study located. Population can be defined as the members of a group, case or class of subjects, variables under study (Oxford Dictionary Press, 2009). This study was conducted to the family caregiver of neuro patients in Hospital USM, Kubang Kerian, Kelantan. The study setting involved wards 2 Intan, 3 Utara and 1 Selatan. These wards have been chosen as a study settings because they accommodate the neurosurgery patients.

3.3 Sampling Plan

3.3.1 Sample

Inclusion criteria

1. Family caregiver who accompanied patients for at least five days in Hospital USM.
2. Family caregiver of neurosurgery patients.
3. Family caregiver who understands, able to speak and write in Bahasa Malaysia.
4. Age 18 years old and above.

Exclusion Criteria

1. Have difficulty in understanding the questionnaire or communicate in Malay.
2. Not willing to participate in this study.

3.3.2 Sampling Method

This study used purposive sampling method. Purposive sampling is a form of probability sampling in which decision concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which include specialist knowledge of the research issue, capacity and willingness to participate in the research (Jupp, 2006). For this sampling method, the family caregiver of a neurosurgery patients who has altered activity daily living (ADL) and totally dependent on nursing care in Hospital USM is selected based on the inclusion and exclusion criteria. By using this sampling method design, the bias can be prevented during the time when the study is conduct.

3.3.3 Sample Size

Sample size can be defined as a selected number of individual cases or research subjects, drawn from larger population for a specific study (Oxford Dictionary Press, 2009). The population size for neuro patient in Hospital USM for four months from January to April 2014 is 51 (Medical Record Hospital USM, 2014). This data was based on the record of admission of head injury patients in Hospital USM. The researcher used Raosoft sample size calculation software to calculate the sample size to ensure the accuracy by avoiding sampling error during representatives and parameters of the sample.

To determine the sample size, an analysis is conducted using Raosoft with a confidence level of 95% and margin of error that can be tolerate amount of 0.05. Hence, the recommended sample sizes for the neuro patients were 46.

Then the drop out for this study, 10% of calculated sample size is recorded. Therefore, the total patients involved in this study was:

$$\begin{aligned} &= 46 + 10\% \text{ drop out} \\ &= 46 + 5 \\ &= 51 \text{ family caregivers.} \end{aligned}$$

3.4 Variables

3.4.1 Variables Measurement

The independent variables were selected based on the demographic data. Gender, marital status and level of education included in demographic data was measured according to self-report.

For the dependent variable the items of Questionnaire of patient satisfaction was rated as (1 = not satisfied, 2= slightly satisfied, 3=moderate satisfied, 4= satisfied and 5= very satisfied) and the total of item was 37. The five-point Lickert scale questionnaire consisted of 37 positively worded statements. The 37 statements were grouped under eight major satisfactions domains namely: knowledge, clinical skills, caring, communication, family involvement, decision making, professional behaviour and global rating of respondents overall satisfaction (Al- Fozan, 2013). The positive satisfactions threshold for each category and sub items in the questionnaire was established when 80% of patients and family caregivers responses were grouped in arrange of 4 or above on the five points on the Lickert scale were, 5 & 4 denoted respectively strongly agree and agree with the statement outlining the domains of nursing care (Al – Fozan, 2013).

3.5 Instrumentation

3.5.1 Instrument

The questionnaire used in this study was gained from the article journal entitled “ Patients & Family Caregivers’ Satisfaction with Care delivered by Saudi Nurses at National Guard Health Affairs Hospitals in Saudi Arabia” written by Haya Al- Fozan. A self-administered satisfaction questionnaire was used in this study. The questionnaire consists of two sections: Sections 1 and section 2 (Appendix 7 & 8)

Section 1: The demographic data which comprise of five questions that include age, gender, marital status, and education level. The age filled by patients and depends on the year of birth. For the gender, the family caregiver chose either male or female. For the marital status, the family caregivers chose either married or unmarried. Then, for the educational level the respondents chose either primary, secondary, college, university and others.

Section 2: Rate each items on five Lickert scale of agreement (1 is not satisfied, 5 is very satisfied) which contain 37 items of “Questionnaire of patient’s satisfaction”. In these 37 items, this questionnaire was grouped into eight dimensions as follows:

1. Knowledge and providing information: items 1, 2, 3, 4, and 5. it refers to the satisfaction of family caregiver related to the information given by the nurses regarding the disease and management of the patients.
2. Clinical skills: items 6, 7, 8, 9, 10 and 11. This part refers to satisfaction of the family caregiver towards the clinical skill performed by the nurses during performing the nursing care to the patients.
3. Caring: items 12, 13, 14, 15, 16, 17, 18, and 19. It refers to the satisfaction of family caregiver regarding the feeling and emotional status during delivering the nursing care.
4. Communication: items 20, 21 and 22. This parts refers to the way of the nurses communicate with the family caregiver during the nursing care given.

5. Decision making: items 23, 24 and 25. It refers to the satisfaction of family caregivers towards the nurse's attitude in taking any decision in any situations.
6. Family involvement: items 26, 27 and 28. This part refers to the satisfaction of family caregivers towards the nurses' performance in terms of family involvement during the nursing care.
7. Professional behaviour: Items 30, 31, 32, 33, 34, and 35. This item refers to the behaviour of the nurses in treating the patients.
8. Global rating: Items 36 and 37. This refers to the general satisfaction of family caregiver and opinion toward the whole performance of the nurses during the delivery of nursing care.

3.5.2 *Translation of Instrument*

The instrument used in this study was translated to Malay language from English language to ease all the respondents to understand the questionnaires during the form filled. By using the forward and backward translation, the instrument was translated to new version. Firstly, the instrument was translated to Malay version by Pusat Pengajian Bahasa Dan Literasi Universiti Sains Malaysia (USM). Then the translated questionnaire was checked by the supervisor for any correction. Then the Malay translated version had been translated again into English version. Lastly the instruments then were distributed to three content experts. After all the expertise agreed, the instrument in new version was used in this study. Besides, the instruments also can be used if there were two expertise agreed with the content out of three expertise. However, the instrument will be rejected if all the expertise does not agree with the translated and new version of instruments. Hence the instrument will be formulating again until the agreement of the expertise achieved.

3.5.3 *Validity and Reliability of the Data Collection Instrument*

Validity is the level at which the study actually measures what is meant to measure and reliability is the consistency of the findings when the study is repeated at different times or by different researchers, using the same methods and procedures (Oxford University Press, 2009). In order to ensure the respondents are treated ethically, the validity and reliability are important in data collection instruments. The questionnaire was validated by three expertises. Based on this study, a pilot study was needed to determine the reliability in this study. Pilot study was used to test and ensure the reliability. The pilot study is important because it will indicate whether the questionnaire used can be answered and understands easily or not. The pilot study required at least 10 respondents of family caregivers of patients with medical problems and it was conducted at the same settings which are at 2 Intan, 3 Utara and 1 Selatan. The aim of pilot study was to test the Cronbach's alpha in each of the items that use in instruments. From the previous study, the Cronbach alpha is 0.902 (Al-Fozan, 2013). In this study, the Cronbach alpha was 0.959.

3.6 Ethical Consideration

Ethical approval was sought from the Research Ethical Committee (Human), Universiti Sains Malaysia. Permission for data collection was obtained from the director of Hospital USM and the manager of each ward that contain neurosurgery patients. Besides, the permission of using questionnaire was obtained from the original author of the questionnaire. In addition, written consent was obtained from the respondents who are willing to answer the questionnaire and have agreed to participate in this study. A brief explanation regarding the purpose of the study was given to the respondents during the survey. Besides, the respondents also had been brief about their right to involve in this study and their right to discontinue from this study. The respondents also have been informed that all the information obtained from the study will be kept confidential, anonymous and will be used for academic purposes only.

3.7 Data Collection Plan

After approval from the Research Ethical Committee (Human), USM, and the permission for data collection from Hospital USM Director was received, the family caregiver (respondents) was approached. Written consent was obtained from the respondents who fulfil the inclusion criteria and are willing to take part in this study. After received the consent, the respondents were briefed about the questionnaire and the respondents were given 30 minutes to full fill the questionnaire. The data collections were carried out from December 2014 until February 2015.

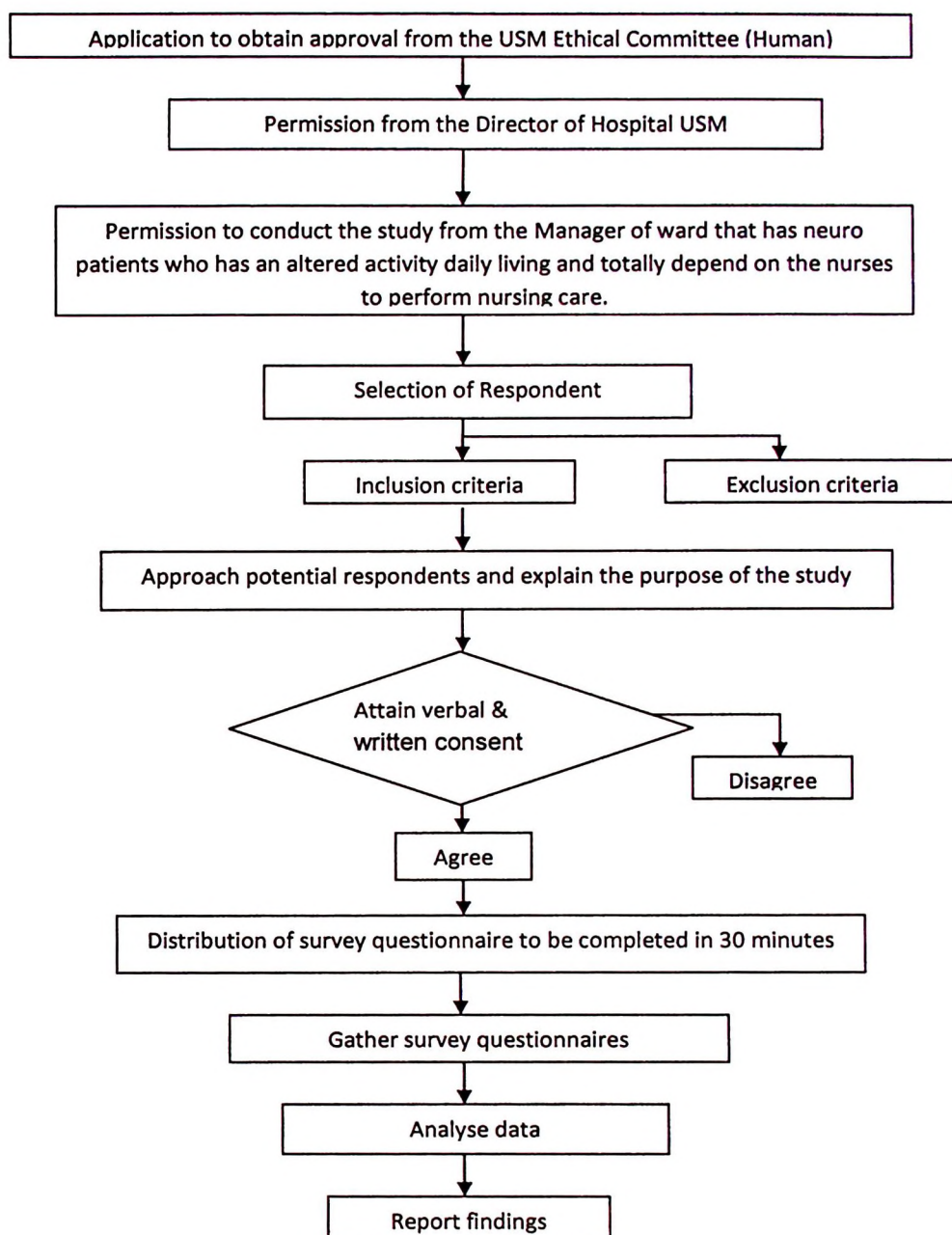


Figure 3.1: Flow Chart of Data Collection

3.8 Data Analysis

Data collected was processed using a Statistical Package for Social Science (SPSS) software, version 20.0. It was used to analyse all the data collected including descriptive and the statistical test as follows:

Objectives 1: To determine the level of family care giver satisfaction with nursing care of neurosurgery patient at Hospital USM.

For the differential statistics used:

- Frequency, Percentage and Mean.

Objectives 2: To determine the aspect of nursing care that the most family caregivers satisfied and dissatisfied.

For the differential statistics used:

- Frequency, Percentage and Mean

Objectives 3: To determine the association between selected demographic data of family caregiver (gender, marital status and level of education) and their satisfaction level towards the nursing care of neurosurgery patients at Hospital USM.

For the inferential statistics used:

- Pearson Chi Square test and Fisher exact test were used to investigate association between gender, marital status and the level of education and the satisfaction level of family caregivers towards the nursing care of neurosurgery patient at Hospital USM.

At the 5% level of significance, a null hypothesis will be rejected if $p < 0.05$.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the findings of this study which meet the objectives of the study as stated in Chapter 1. The findings include the level of family caregiver's satisfaction towards nursing care of neurosurgery patient at Hospital USM, the aspects that the most family care givers satisfied and dissatisfied and the association between selected demographic data of family care givers (gender, marital status and education level) and their satisfaction level with the nursing care of neurosurgery patient at Hospital USM.

4.2 Socio demographic Characteristic of Respondents

Descriptive statistic was used to describe and present the findings on the socio demographic characteristic of the respondent. A total of 45 family caregivers of neurosurgery patients at Hospital USM were participated in this study (n=45).

Table 4.1 shows the results of respondent's socio demographic characteristics. The mean age of all the participants is 36.69. There are more female compared to male, with the frequency of females being participated is 36 (80%) and males is 9 (20%).

Majority of the respondent participated in this research study were married with the frequency of 28 (62.2%). Only 17 of the respondents are not married with the percentage of 37.8%. All the respondents in this research study have received certain level of education and it was divided into highest level of education and lowest education level. The highest level of education denoted to the respondent who received an education until secondary school to university and college while the lowest education level denoted the respondent who received an education until the primary school and others. In this research study there were 18 (40%) respondents have a university level of education, the other 18 (40%) respondents had received an

education until primary school, while the other 7 (15.6%) respondents had received education until secondary school and the rest of the respondents 2 (4.4%) who never attend any formal school.

TABLE 4.1
Socio demographic characteristics of participants (n=45)

Sociodemographic Characteristics	Mean (SD)	Frequency	Percentage (%)
Age	36.69 (14.87)		
Gender			
Male		9	20.0
Female		36	80.0
Marital Status			
Married		28	62.2
Not Married		17	37.8
Educational Level			
University/ Collage		18	40
Primary School		18	40
Secondary School		7	15.6
Others		2	4.4

4.3 The level of family caregiver’s satisfaction towards nursing care of neuro patient

Table 4.2 shows the family caregivers satisfaction level towards the nursing care of neuro patient at Hospital USM. The overall result shows that majority of the respondents are satisfied with the overall nursing care provided by the nurses at Hospital USM. This can be seen from the table below that shows 28 (62.2%) of respondents are satisfied with the nursing care provided while 17 (37.8%) of the respondents were not satisfied with the nursing care.