

Original Article

Evaluation of Patients' Satisfaction Levels From Nursing Care: A University Hospital Example

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Abstract

Objective: The research was carried out as descriptive cross sectional in order to determine the nursing care satisfaction level of the patients having an inpatient treatment at Eskisehir Osmangazi University, Medical Faculty and Education Research Hospital.

Materials and Method: The research was conducted at ESOGU Medical Faculty Education Research Hospital between September-December 2016. The universe of the research was established by patients having an inpatient treatment at the hospital between the above stated dates. 656 inpatient were included in the sample. The data were collected using the Individual Characteristics form and the Newcastle Nursing Care Satisfaction Scale (NNCSS).

Results: 291 (45.0%) of the patients were female and 355 (55.0%) were male, mean age was 46.53 ± 17.59 years. The scores that the research group got from Newcastle Satisfaction Scale ranged from 21 to 95, with an average of 62.87 ± 15.54 points.

Conclusion: According to our research's findings, the nursing care satisfaction level of the patients was determined above the medium-level.

Key Words: Patient satisfaction; Nursing care; Quality health care

Introduction

Nursing profession is an applied health discipline that has been able to adopt itself to new ways thanks to social, cultural and technological changes from past to present. (Velioglu, 1999; Ay, 2008).

Nursing is a profession that could understand and evaluate people and come up with solutions to their health problems as a result of blending of many concepts. Nurses are preferred healthcare professionals who are most probably to come across the patients, spend most of their times at hospitals and are those that patients trust to recover during their stay at hospital. The nursing care, with which patients are provided, is a very significant indicator of patient satisfaction and there is a direct relation between them

(Bjertnaces et al., 2011; Laschinger et al., 2005; Wagner & Bear, 2009). Patient satisfaction could be defined as the level that expectations of patients are met in terms of quality nursing care, the continuity of the care, physical environment and quality care (Mrayyan, 2006). The relation between a patient and a nurse, the existence of support systems, the technical quality of nurses, the characteristics and expectations of a patient could be counted among the factors that affect the patient satisfaction (Johansson et al., 2002; Wagner & Bear, 2009)

Patient satisfaction has a complex structure. For, it is subjective and can have different meanings for people (Crow et al., 2002). This complex structure includes such demographic features as the age, gender and education of a patient, and such variables as the previous

hospital experience, the period of time to stay in hospital. (Liu and Wang, 2007; Akin & Erdogan, 2007; Rafi et al., 2008; Alhusban & Abualrub, 2009).

Nurses, who make up the majority of those working in health services, could influence the level of patients' satisfaction in a positive way. The patients who are satisfied with nursing care are more willing to follow the orders and the treatment. Therefore, the process of the patients' recovery speeds up (Dorigan & Guirardello, 2010).

Materials and Method

The universe of this descriptive research was constituted by the patients having an inpatient treatment at Eskisehir Osmangazi University, Medical Faculty, Education Research Hospital, admitted to participate in the study. The sample of the research was constituted by 656 patients selected randomly among individuals, whose permission was obtained for participation in the research between the specified dates after being informed about the aim of the study, meeting the research's sample criteria (18 years of age or older, no auditoria loss of sense, no psychiatric story, not having inpatient treatment in intensive care units). Prior to collecting data with data collecting tools, the patients were informed about the aim of the study, and data were collected from the patients who agreed to participate in the research using face to face interview technique.

Research Ethics: The necessary permissions were obtained from the related institution and the Ethics Board for the research. The individuals who participated in the study were informed about both the purpose of the research and about what they should do, and informed consent condition was fulfilled as an ethical principle. Since the responses should be voluntarily given, the patients, who would be involved in the research, were paid attention to be disposed, and they were told to be free to participate in the research.

"Personal Information Form" and "Newcastle Nursing Care Satisfaction Scale" (NNCSS), prepared in compliance with the literature and identify the characteristics of patients, were used in the collection of the research data.

NSNCS, which is used to evaluate the quality of nursing care in hospital, was developed by Thomas and his friends who evaluated whether 150 patients in internal and surgical clinics in a hospital perceived the nursing care good or bad by individual and group meetings in 1995 (Thomas et al., 1996). In our country, the validity of the scale was tested by Uzun by working on 280 patients in 2003 (Uzun, 2003).

The study was approved by the Ethics Committee of the Istanbul Medipol University (Number:28 Date:23.01.2015).

After the necessary coding is done using SPSS (Version 21.0) Statistical Package Programmed; scale score averages, Kruskal Wallis and Mann Whitney *U* test were used in the evaluation of the data ,and significance level was taken as $p < 0.05$.

Results

The study group consists of 291 women (45 %) and 355 men (55 %). While the ages range from 11 to 93, the average was 46.53 ± 17.59 years. Whereas the points those in study group got from Newcastle Satisfaction with Nursing Care Scale range from 21 to 95, the average was 62.87 ± 15.54 .

In the binary comparison between genders, there is a significant difference favoring men in terms of the average scores the got from the scale (z / KW ; $p = 2.449$; 0.014 , $p \leq 0,05$) The score average male patients got from Newcastle Satisfaction with Nursing Care Scale is 62.0.

There is a significant difference in favor of those with social security in terms of the score averages they got from the scale in the binary comparison regarding to whether the patients have social security or not. (z / KW ; $p = 2.335$; 0.020 , $p \leq 0,05$) the score average those with social security got from Newcastle Satisfaction with Nursing Care Scale is 61.0.

In the multiple comparison with regards to levels of family income, there is a significant difference that favors those who define their family income level good in terms of the score averages they got from the scale. (z / KW ; $p = 2.335$; 0.020 , $p \leq 0,05$) the score average those, who have a good family income, got from Newcastle Satisfaction with Nursing Care Scale is 63.0.

Table 1. The distribution of the point averages that those in study group got from Newcastle Satisfaction with Nursing Scale regarding to some sociodemographic features

Socio demographics	n	Newcastle Satisfaction Scale Score Median (min-max)	Test value z / KW; p	Multiple Comparisons	p
Gender					
Women	291	58.0 (21.0-95.0)	2.449; 0.014	-	-
Men	355	62.0 (21.0-95.0)		-	-
Age group (by year)					
≤29	148	58.5 (22.0-95.0)	8.461; 0.302	-	-
30-39	86	60.0 (21.0-95.0)		-	-
40-49	113	60.0 (27.0-95.0)		-	-
50-59	123	60.0 (21.0-95.0)		-	-
≥60	176	63.0 (21.0-95.0)		-	-
State of education					
Below primary school (1)	108	61.0 (21.0-95.0)	3.215; 0.360	-	-
Primary-Secondary School (2)	260	61.0 (21.0-95.0)		-	-
High School (3)	155	62.0 (21.0-95.0)		-	-
University (4)	123	58.0 (22.0-95.0)		-	-
Marital Status					
Single	165	59.0 (21.0-95.0)	1.565; 0.457	-	-
Married	403	61.0 (21.0-95.0)		-	-
Widow/Widower - Divorced	78	62.0 (21.0-95.0)		-	-
Employment					
Unemployed	425	60.0 (21.0-95.0)	0.731;	-	-
Employed	221	62.0 (21.0-95.0)	0.474	-	-
Social Security Status					
No	56	57.5 (27.0-95.0)	2.335; 0.020	-	-
Yes	590	61.0 (21.0-95.0)		-	-
Family Income Status					
Bad (1)	142	58.0 (21.0-95.0)	6.486, 0.039	1-3	0.587
Average	360	61.0 (29.0-95.0)		1-2	0.033
Good (3)	98	63.0 (22.0-95.0)		2-3	1.000
Chronic Illness Story					
No	400	60.5 (21.0-95.0)	0.198;	-	-
Yes	246	60.0 (21.0-95.0)	0.893	-	-
Total	646	60.0 (21.0-95.0)	-	-	-

Table 2. The distribution of the score averages (median) those in the study group got from Newcastle Satisfaction Scale regarding to the features of staying in hospital.

Features of staying in hospital	n	Newcastle Satisfaction Scale Score Median (min-max)	Test value z / KW; p	Multiple Comparison	p
Story of staying in hospital					
No	222	60.0 (21.0-95.0)	0.018;	-	-
Yes	424	61.0 (21.0-95.0)	0.986	-	-
The times of staying in hospital					
First	230	60.5 (21.0-95.0)	0.449; 0.799	-	-
Second	234	61.0 (21.0-95.0)		-	-
Third and more	182	59.0 (21.0-95.0)		-	-
The period of staying in hospital (day)					
1	73	63.0 (29.0-95.0)	7.894; 0.246	-	-
2	117	63.0 (25.0-95.0)		-	-
3	118	62.0 (21.0-95.0)		-	-
4	66	57.0 (32.0-95.0)		-	-
5	49	55.0 (21.0-95.0)		-	-
6	39	60.0 (21.0-95.0)		-	-
7 and more	184	61.0 (27.0-95.0)		-	-
Number of beds in the room patient stays					
1	118	57.0 (25.0-95.0)	6.108; 0.047	1-2	0.280
2	355	61.0 (21.0-95.0)		1-3	0.040
3 and more	173	63.0 (21.0-95.0)		2-3	0.623
Addiction status					
Fully addicted	92	58.0 (21.0-95.0)	3.940; 0.139	-	-
Semi-addicted	156	60.0 (25.0-95.0)		-	-
Non-addicted	398	61.0 (21.0-95.0)		-	-
Existence of companion					
No	178	59.0 (22.0-95.0)	1.453;	-	-
Yes	468	61.0 (21.0-95.0)	0.146	-	-
Total	646	60.0 (21.0-95.0)	-	-	-

*: Those who are single are not included.

In the multiple comparison regarding to the number of beds in the room the patient stays, there is a significant difference favoring the patients in the rooms with 3 or more beds between patients staying in the rooms with 1 and 3 beds in terms of the score averages they got from the scale (p: 0.040, $p < 0,05$) while the satisfaction score average of those staying in the rooms with 1 bed is 57.0, the level of satisfaction

of patients in the rooms with 3 or more beds is 63.0.

Discussion

It is observed that there has been quite an increase in the level of patients' satisfaction in terms of health care. Patient satisfaction is used to evaluate the quality of the caring provided by nurses. It has been concluded in the research conducted to determine the satisfaction level of

the patients in surgical clinics in Turkey with nursing care that the majority of the patients (78.5 %) have the medium-level satisfaction (62.87 ± 15.54). That the level found in our study is high shows patients are satisfied with the caring that is provided by nurses. In another study conducted with surgical patients in a university hospital in Malaysia, (61.40 ± 14.58) the patient satisfaction were to be found medium-level (Shirley et al., 2012; Molla et al., 2014) show that the majority of patients (90.1 %) are satisfied with the nursing care they are given (Molla et al., 2014). In another study conducted with the patients in neurology department in Poland, the average value of satisfaction was measured to be $78,97 \pm 26,35$ and the level of satisfaction was defined as good (Ozga et al., 2014).

When the genders of patients are compared to their satisfaction with nursing care, the satisfaction level of male patients is observed to be higher than female patients. The average score male patients got from Newcastle Satisfaction Scale is 62.0 (Table 1) ($p=0.014$). Our study bears a resemblance to the studies of Gutysz-Wojnicka et al. (2013), Dyk et al. (2014) On the other hand, the satisfaction level of women was found to be higher in the studies conducted by Alasad & Ahmad, (2003), Alhusban & Abu Alrub (2009) and Dorigan & Guirardello (2010).

A significant difference between the social security of patients and their level of satisfaction was found in our study (Table 1). It could be clearly seen that patients that have social securities have a higher level of satisfaction ($p=0.020$). The result of this study and that of the study by Akin & Erdogan (2007) could be identified as similar. A significant relation between income level of patients and their level of satisfaction was statistically found (Table 1). It was concluded that the patients who have a medium-level of income have higher level of satisfaction than the patients that have low-level of income ($p=0.033$).

It is stated in our study that the number of beds in the rooms patients stay influence the level of satisfaction (Table 2). The level of satisfaction of patients who stay in private rooms was found to be higher than that of the patients who stay in rooms with 3 or more beds ($p=0.040$). In other studies conducted in Turkey related to this topic, it seems that number of beds in the rooms

patients stay do not affect the level of satisfaction (Koc et al., 2012; Tugut & Gölbası, 2013; Kuzu & Ulus, 2014).

Result and Suggestions

According to the result of our study, the level of patients' satisfaction with nursing care is more than average. While the scores they got from Newcastle Satisfaction Scale range from 21 to 95, the average score is 62.87 ± 15.54 . Male patients have a higher level of satisfaction than female patients. Even if no difference could be found between age groups and patients' satisfaction, it is clearly seen that patients who are 60 years old or more have a high level of satisfaction.

It could be said that the data of patient satisfaction could be used as a criterion while evaluating the nursing care services and nurses could be made aware of the ways that need to be improved in terms of caring.

Among these goals of meeting the needs of patient caring, the patient satisfaction needs to be improved even more by using the individual-centered approach. It is suggested that the patient satisfaction be regularly evaluated and the required regulations be made in nursing practices according to the expectations of patients. In service training that will develop the knowledge and skills of nurses, which is particular to clinics in which they work, should be organized. Solution oriented discussion environments should be created for the expectations of nurses and the problems they face related to this issue.

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