

**ORIGINAL PAPER****Surgical Patients' Perceptions of the Care Provided by Student Nurses****Sacide Yıldızeli Topcu, RN, MSc**

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**Correspondence:** Sacide Yıldızeli Topcu, Nursing Department, Trakya University Health Science Faculty, Balkan Campus, Edirne, Turkey. e-mail: sacideyildizeli@gmail.com**Abstract****Objectives:** For understanding the importance of the qualified nursing, the feedbacks, given by the patients, are significant for the student nurses, who have just began to recognize nursing. The aim of this study, to determine surgical patients' perceptions of the care provided by the student nurses.**Methods:** This descriptive study was performed in Trakya University Research and application Center, General surgery wards, between December 14, 2009 and January 28, 2010, with 169 patients. Data were collected via "Personel Information Form" and "Patient Perception of Hospital Experience with Nursing (PPHEN)" and were evaluated via frequency, percentage, t-test, variance and correlations analysis.**Results:** The average age of patients was  $47.58 \pm 11.62$ , 50.9% of patients was female and PPHEN score was  $67.94 \pm 7.90$ . There was no significant correlation between PPHEN score and demographic features. Satisfaction of the nursing care was high among the patients with low educational status. No relation between PPHEN score and chronic illness, surgical experience, preoperative education, mobilization was detected.**Conclusion:** Patients were satisfied with nursing care given by students who take care of them. Lowered expectations related to the low educational status increase the satisfaction with the nursing care. It is recommended to provide the students with more time with the patients and that the student nurses should be more active in the personal care of the surgical patients and encouraged to communicate with them.**Key Words:** Nursing Care, Perception, Satisfaction, Student**Introduction**

Nursing is a discipline that consists of science and art, responsible for planning, organizing and utilizing of nursing services for the purpose of protecting and improving the health and well-being of individuals, families and society and education of the individuals who will perform these services (Ulusoy & Görgülü, 2001). Nursing care contains the nursing standards that are applied so as to achieve the best results in the care while maintaining the health of individuals. The most substantial subject while

creating the standards is to determine the expectations of patients. It calls for giving a quality care in health services to cover these expectations (Dramali, 1998). Quality plays a significant role in patients' satisfaction as well as in nursing care. Nowadays patients are asking for being involved in their own health care and the decision process. Therefore, while the quality of health care service is not only the same as the way healthcare team defines and determines it, but also patients' decisions play a significant role in the quality of health care service (Merkouris et al., 1999).

Patient-nurse dialogues and relations take an important place in patients' satisfaction about the nursing care. Therefore patients satisfaction is also closely related to the level of care to meet patients' needs and expectations and service perceived by the patients (Yılmaz 2001; Dozier et al., 2001; Walker et al., 1998; Chan & Chau 2005; Köşgeroğlu et al., 2005).

Considering the fact those physiological and psychological needs of the patients especially in surgical clinics will increase and that sufficiently fulfilling these needs will shorten the patients' healing process and improve their satisfaction, the importance of a quality nursing care comes up. While evaluating the quality of care, determining the standards of care, measurement of the practices according to these standards, impacts of care on patients and monitoring the patients' satisfaction play an important role (Walker et al., 1998).

It is a necessity for both graduate and student nurses to distinct consciously the needs of the patients and provide them the care that meets these requirements. Especially for the nurses who are just beginning to recognize the profession of nursing, feedbacks received from the patients are more important for understanding the significance of the nursing care quality. Taking notice of patients' perceptions and satisfaction by the student nurses will be the first step to upbringing of the nurses who are aware of the importance of quality nursing care and apply it properly.

From this point of view the aim of this study is to detect surgical patients' perception to the nursing care provided by the student nurses.

## Methodology

### Study Settings, Design and Sample

This descriptive study was performed with 69 patients who had undergone surgery and received nursing care from student nurses between 14 December and 28 January, in Trakya University Research and Application Center General Surgery Clinic. This study includes patients had undergone surgery, who are between the ages of 18-65 and inpatient in General Surgery Ward, have no communication

problem and agreed to participate to the study.

### Data Collection

Personal information form that shows socio-demographic features and surgical intervention, pain and mobilization status of patients, and Patients Perception of Hospital Experience with Nursing (PPHEN) that helps patients to evaluate the nursing care they receive were used while collecting the data.

**Personal Information Form:** It consists of the questions about patients' demographic information like their age, sex, education level, occupation, and marital status and about their medical history such as existence of any chronic illness, surgical experience, treatment process, and information about deciding the surgery, pre-surgical education and mobilization status.

### Patients Perception of Hospital Experience with Nursing (PPHEN):

It is a 5 point Likert-type scale (agree=5, slightly agree=4, undecided=3, disagree=2, strongly disagree=1) that was developed by Ann M. Dozier et al (2001) and its validity and reliability in Turkey was made by Çoban & Kaşıkçı (2007). From this scale one can get minimum 15, maximum 75 points. As the rate increases, the level of satisfaction also gets higher. In the Original PPHENs validity and reliability study made by Dozier et al. Cronbach  $\alpha$  reliability coefficient was determined as 0,94, in the one Turkish one that was made by Çoban & Kaşıkçı as 0,92, and in the one made by us it was determined as 0,86.

### Ethical Considerations

Ethical committee approval of the study was given by Ethical Committee of Trakya University Medical Faculty. Both written and oral permissions were obtained from the hospital management, management of the nursing services, head nurses of the services and the patients to apply the study.

### Procedure

Face-to-face interview method was used for the collection of data. With the patients that are at their first and further postoperative days were discussed in their private rooms. The patients were informed about the research. After, patients

participation approval about were received, the questions in the form addressed to the patients by researcher and the answers were recorded. Data collection process took approximate thirty minutes for each patient.

### Data Analysis

Data was analyzed by SPSS 11.0. In the evaluation of data percentage, frequency, t-test, ANOVA and correlation analysis were used.

### Results

It was found that the average age of the patients was  $47.58 \pm 11.62$ . 50,9 % of the patients (N=27) were women and 88,7 % of them (N=47) were married. It was determined that 56,6 % of the patients (N=30) had primary educational level and 52,8 % of them (N=28) had an occupation. 60,4 % of the patients (N=32) had no chronic illness and 79,2 % of them (N=42) had a surgical experience. It was also stated that patients received treatment for about  $7.96 \pm 12.47$  days and for 60,4 % of them (N=32) the decision for surgical intervention was made by the patients themselves and their families. 58,5 % of the patients (N=31) received a postoperative education. It was detected that during the interview 77,4 % of the patients (N=41) were mobilized and 63,4 % of the first mobilizations (N=26) were made by patients' relatives (Table 1).

When Patients' PPHEN scores according to their personal information are analyzed, it was stated that female patients' score is  $67.55 \pm 7.98$ , male patients' score is  $68.34 \pm 7.94$ ; single patients' score is  $60.83 \pm 13,86$ , married patients' score is  $68.85 \pm 6,50$ ; score of the patients with an secondary education level is  $62.75 \pm 9,73$  and of the ones with an elementary education level is  $69.50 \pm 6,66$ ; score of the patients who has an occupation is  $67,20 \pm 8,09$  and of the ones without an occupation is  $68,60 \pm 7,8$ . No statistical relation was found between the PPHM scores and patients' age, sex, marital status, occupation status and treatment duration (Table 2).

It was found that patients' educational level affects their PPHEN scores and that the satisfaction level of the patients with an elementary educational level was higher. It was

stated that the difference between the PPHEN scores and the educational level is statically significant (Table 2).

When the PPHEN score average according to patients' medical features is analyzed, it was stated that the score average of the patients with a chronic disease was  $66,23 \pm 8,12$  and the patients without chronic diseases was  $69,06 \pm 7,66$ ; score average of the patients with a surgical experience was  $68,28 \pm 7,64$  and the patients without surgical experience was  $66,63 \pm 9,10$ . The average PPHEN score of patients made their own decision or family decision for the surgery was  $67,15 \pm 8,73$  and the patients' PPHEN score who decided by the doctors for the surgery was  $69,14 \pm 6,44$ . No statistical difference was detected between the PHEEN scores and the chronic diseases, surgical experience and the person who made the surgery decision (Table 2). It was found that average PHEEN score of the patients who had preoperative education is  $67,93 \pm 8,12$  and of the patients who didn't have any was  $67,95 \pm 7,76$ ; the average score of the patients who mobilized was  $67,92 \pm 8,16$ , and of those who didn't was  $68,00 \pm 7,28$ . When the patients' PHEEN scores were analyzed according to the person who mobilized them, the average score of the patients who were mobilized by the nurses is  $69,25 \pm 7,89$ , of the patients who were mobilized by other staff is  $66,66 \pm 7,50$  and of those who were mobilized by their relatives is  $67,46 \pm 8,56$ .

No statistically significant relation was found between PHEEN scores and the preoperative education, mobilization and the person who made the mobilization (Table 2).

### Discussion

The average PPHEN score of the patients that participated in the study was  $67.94 \pm 7.90$  and it was stated that the patients were highly satisfied with the nursing care of the student nurses (Table 1). Çoban & Kaşıkçı (2006) found out in the validity and reliability study that the average PPHEN score of surgical inpatients is  $53.08 \pm 12.31$ . The results shows that patients were much more satisfied with the nursing care given by the student nurses who were able to spent more time with them and provided individually patients care. Also, Zhao & Akkadechanut

**Table 1. Patients' Personal Information**

<b>Features</b>			
<b>Age (X±SD)</b>		47.58±11.62	
<b>PPHEN (X±SD)</b>		67.94±7.90	
		<b>N</b>	<b>%</b>
<b>Sex</b>	<b>Female</b>	27	50.9
	<b>Male</b>	26	49.1
<b>Marital Status</b>	<b>Married</b>	47	88.7
	<b>Single</b>	6	11.3
<b>Educational Level</b>	<b>Elementary</b>	30	56.6
	<b>Secondary Education</b>	23	43.4
<b>Occupation</b>	<b>With an Occupation</b>	28	52.8
	<b>Without an Occupation</b>	25	47.2
<b>Chronic Disease</b>	<b>With a Chronic Disease</b>	21	39.6
	<b>Without a Chronic Disease</b>	32	60.4
<b>Surgical Experience</b>	<b>With a Surgical Experience</b>	42	79.2
	<b>Without a Surgical Experience</b>	11	20.8
<b>Treatment Duration (X±SD)</b>	7.96±12.47	(min.= 1, max.= 60)	
<b>Person Who Decides the Surgical Intervention</b>	<b>Patient and His Family</b>	32	60.4
	<b>Doctor</b>	21	39.6
<b>Preoperative Education</b>	<b>Educated</b>	31	58.5
	<b>Not Educated</b>	22	41.5
<b>Mobilization Status</b>	<b>Mobilized</b>	41	77.4
	<b>Not Mobilized</b>	12	22.6
<b>Person Who Mobilizes</b>	<b>Nurse</b>	12	29.3
	<b>Other Medical Staff</b>	3	7.3
	<b>Patients' Relative</b>	26	63.4

\* Correlation Analysis

\*\* T-Test

\*\*\* Analysis of Variance

Table 2. Comparison of the PHEEN Scores According to Patients' Personal Information

Features		N	PHEEN X±SD	Test/Significance Level
Age*		53	67.94±7.90	r = 0.238 p = 0.087
Treatment Duration*				r = 0,040 p = 0.774
Sex**	Female	27	67.55±7.98	t = -0.361 p = 0.720
	Male	26	68.34±7.94	
Marital Status**	Married	47	68.85±6,50	t = 1.397 p = 0.218
	Single	6	60.83±13,86	
Educational Level**	Elementary	30	69.50±6,66	t = 2,583 <b>p = 0,013</b>
	Secondary Education	12	62.75±9,73	
Occupation Status**	With an Occupation	25	67,20±8.09	t = -0,644 p = 0,523
	Without any Occupation	28	68,60±7,81	
Chronic Disease**	With a Chronic Disease	21	66,23±8,12	t = -1,281 p = 0,206
	Without any Chronic Disease	32	69,06±7,66	
Surgical Experience**	With a Surgical Experience	42	68,28±7,64	t = 0,613 p = 0,543
	Without any Surgical Experience	11	66,63±9,10	
Person Who Made the Intervention Decision	Patient and his Family	32	67,15±8,73	t = -0.893 p = 0.376
	Doctor	21	69,14±6,44	
Preoperative Education**	With a Preoperative Education	31	67,93±8,12	t = -0,009 p = 0.993
	Without any Preoperative Education	22	67,95±7,76	
Mobilization**	Mobilized	41	67,92±8,16	t = -0.028 p = 0,978
	Not mobilized	12	68,00±7,28	
Person Who Made the Mobilization***	Nurse	12	69,25±7,89	F = 0.227 p = 0,798
	Other Medical Staff	3	66,66±7,50	
	Patient Relative	26	67,46±8,56	

(2011) found that patients' perception of nursing care quality was high, while Merkouris et al. (2013) found that patients' satisfaction was quite high. Otherwise, in the study performed by Khan et al. (2007), it was found that 55% of the patients were dissatisfied. With this result, it can be suggest that national differences may change perception and satisfaction of the nursing care and when the number of patients per nurse decreases, the satisfaction of the patients will correspondingly increase.

Patients' perception level of nursing care is broadly related to the patients' social status, age and educational level. In addition, nurses' support, respect and kind behaviors towards them, nurses' clear responds to patients' questions and their being always reachable are also important criteria (Çoban & Kaşıkçı 2008). In this study, no statistical relation was found between the PPHM scores and patients' age, sex, marital status, occupation status and treatment duration. Although Çoban & Kaşıkçı (2006) and Merkouris et al., (2013) couldn't find any relation between the PPHEN scores and these factors, Samine et al., (2008) found that patients' perception and satisfaction of nursing care was affected by age and gender. Eroğlu et al. (2001), Uzun (2001) and Argan and Argan (2002) stated in their studies that satisfaction level increases at the advance ages. In their studies Mira et al., (2009), Karaman (2006), Demir & Eşer (2005), Bölükbaş (2002) and Özbaşaran (2001) couldn't find any relations between the patients' ages and their satisfaction level. Akyol (1993) stated that marital status has no effect on satisfaction level. With the other results our study proves that demographic features don't have much effect on the patients' satisfaction.

It was found that in this study, patients' educational level affects their PPHEN scores and the patients with lower educational level have higher satisfaction. Çoban & Kaşıkçı (2005) and Mira et al., (2009) also similarly stated that educational level had affected the satisfaction level. The studies of Görgeç & Doğan (2002) and Özbaşaran (2001) proved the same results. With these results it can be suggest that as the educational level increases patients' awareness of the nursing care they receive and accordingly their expectations also increase and

as the educational level decreases the expectations from the nursing care evenly decreases. Circumstantially while the patient with lower educational level are satisfied with the basic care, the unfulfilled expectations of the patients' with higher educational level cause them to be unsatisfied.

In this study, it was determined that there were no statistical difference between the PHEEN scores and medical features. Also the studies which were carried out by Çoban & Kaşıkçı (2006), Görgeç & Doğan (2002) and Fadiloğlu et al., (1990) showed that previous medical experiences had no effect on the satisfaction levels. Although our study showed that the satisfaction level of the patients without a chronic disease was higher than the scores of the ones with chronic disease, this difference was not proved to be statistically significant. Also Çoban & Kaşıkçı (2006) stated that the patients who had no chronic disease were more satisfied with the nursing care than those who had. Considering the fact that chronic diseases may cause many physical inabilities and pain, thus increase the patients' nursing care requirements, it will result in decrease of satisfaction due to fairly unfulfilled requirements and pain that can not be reduced. On the contrary to the patients who have no chronic diseases and consequently no physical inability will provide their own needs without noticing the deficiency, as a result of that they will be more satisfied.

Although there are no statistically significant relation between PHEEN scores and the features of perioperative period, Samina et al., (2008) stated that patients with surgical diagnoses had a better perception of nursing care. Suhonen at al., (2005) stated that the patients needed specific preoperative information but they were not received sufficient and adequate information. In the studies of Moret et al., (2007), Samina et al., (2008) and Mira et al. (2009), it can be seen that surgical patients were satisfied with giving information. Mira et al. (2009) reported that patients satisfaction were influenced from the information at discharge, quickness of response and ability to understand the patients' needs by the nurse. The results of this study and the others suggests that content and the qualification of the perioperative education have more effect

on patients' satisfaction than just giving a preoperative education.

### Conclusion

The patients were relatively satisfied with the nursing care given by the student nurses who give care to them individually and spent more time for their care. Low educational level and accordingly less expectation from nursing care provided more patients satisfaction from the nursing care given by student nurses.

In accordance with this results, taking into account the importance of ability of communication and empathy of the student nurses to increase patients' satisfaction and quality of nursing care, it is suggested that using course contents and methods which improve the students' communication and empathy skills. Considering that spending more time with the patients by the nursing students will increase the satisfaction level, it is recommended that the students should be provided to work with an appropriate number of patients for the effective care in the clinical practice and take more role in surgical patient's individual care. Besides, doing follow-up studies that show the effect of educational period on clinical practices and researching effects of student nurses' communication skills on patients' satisfaction are recommended.

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