

RESEARCH PAPER

Patients' Satisfaction: Nursing Care at Selected Tertiary Level Hospitals in Dhaka

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Abstract

Background: Patient satisfaction with nursing care is an important goal of any healthcare organisation. If the nursing care is not of high quality, the hospital will fail in its responsibility of providing patient care. High quality nursing care is not ensured when the patient feels dissatisfied.

Objective: This study examined the level of patient's satisfaction regarding nursing care at four selected tertiary level hospitals in Dhaka city.

Methods: This descriptive, cross-sectional study was conducted during September-October, 2019, through face-to-face interview using structured questionnaires. A total of 384 admitted patients from different wards were recruited conveniently. Patient's satisfaction was measured using Patient Satisfaction with Quality Nursing Care Questionnaire (PSQNCQ-17) and Socio-demographic Questionnaire (SDQ-12).

Results: The mean score of patient satisfaction regarding nursing care was at 2.78 (SD=.68) out of maximum of 4 points which indicated moderate level of satisfaction. Findings also showed that place of study ($p = .006$), duration of stay in hospital ($p = .02$) and category of bed ($p = .04$) were significantly positively correlated with patient satisfaction regarding nursing care. Logistic regression analysis reveals that study places were significant (OR = .576, $p = .02$) among other independent variables in predicting the likelihood of patient satisfaction with nursing care.

Conclusion: Patients showed a moderate level of satisfaction regarding nursing care. However, place of study, duration of stay in hospital and category of bed were identified as factors influencing patients' satisfaction regarding nursing care. These findings suggest that hospital policy along with in-service education and training are needed to enhance nurses' competencies to improve the patient satisfaction regarding nursing care.

Keywords: Patient satisfaction, Patient dissatisfaction, Nursing care, Quality of nursing care

Introduction

Patients' satisfaction has been considered to be the most important measurement for overall satisfaction with hospital care and an important goal of any healthcare organisation.¹ Patient satisfaction is the critical determinant for the assessment and management of high-quality nursing care.² According to Donabedian, patient satisfaction is an expression of patient's judgment on the quality of care in all its aspects, but particularly as concerns the interpersonal process.³ The most influential factors of patients'

satisfaction with hospital care is especially associated with their satisfaction with nursing care; because nurses provide care for patients 24 hours a day.⁴ Previous study reported that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with nursing care providers.⁵⁻⁶ Nursing care is an important aspect of healthcare services.⁷⁻⁹ High quality nursing care is not ensured when the patient feels dissatisfied. Patient satisfaction increases in an organisation where more personalised nursing care is given.¹⁰ Studies have shown that satisfaction with nursing care is the best indicator of patients' satisfaction with healthcare facilities. Patient satisfaction is mainly determined by provider's attitude and caring rather than technical skills.

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However, nursing care is the significant components in the health care and it can reduce re-hospitalisation, improve quality of life and provide patient satisfaction. Yeakel et al found that helping the patients in monitoring personal hygiene, helping in nutrition, environmental sanitation, examination, maintaining body temperature, providing safety and comfort, helping in respiration, rest, sleep and exercise, and providing health education greatly increase the patient's satisfaction. If the nursing care is not of high quality, the hospital will fail in its responsibility of providing care.¹² Quality assessment can be used to analyse the outcomes of interpersonal interactions between the nurses and the patient throughout the care process.¹⁴⁻¹⁶ The level of inpatient satisfaction with nursing care was low. Study conducted by Dzomeku et al showed that hospitalised patients were less informed about their disease condition, treatment, and prognosis by nurses.⁴ Researchers have showed that the satisfied patients had better compliance with the treatment and nursing care plans.¹⁷

Patient's satisfaction is one of the two main components of quality of care which includes respect for the patient and understanding the basic needs of the patients and providing nursing care accordingly. Previous study pointed out that most of the patients made complaints and expressed their dissatisfactions with respect to hospital healthcare deliveries, particularly nursing care services.¹⁸ Prior study showed that the aspects with which patients were least satisfied were the amount and type of information they received regarding their condition and treatment and also the amount nurses knew about patients' care.¹⁹ Various dimensions of patient satisfaction have been identified ranging from admission to discharge services as well as from medical care to interpersonal communication. These include responsiveness, communication, attitude, clinical skill, amenities, and food service.²⁰⁻²¹ Respect, safety and understandable instructions are common factors associated with patient satisfaction towards nursing care.²²

The findings of this study would contribute to develop in-service education and training based on dimensions of nursing care for nurses to improve the patient satisfaction.

Based on above discussion it is concluded that measurement of patient's satisfaction is an important tool to assess the quality of nursing care. It is necessary to increase the quality of nursing care with regards to ensure patient's satisfaction. However, there was a dearth of study conducted that shows the level of patient satisfaction with nursing care in the hospital. Therefore, this study was aimed to examine the level of patients' satisfaction and to identify the associated factors towards nursing care at four selected tertiary care hospitals in Dhaka city.

Materials and Methods

A descriptive cross-sectional study was conducted during September to October 2019. The participants were 384 hospitalised patients recruited from four selected tertiary level hospitals in Dhaka city in Bangladesh. The selected hospitals were Bangabandhu Sheikh Mujib Medical University Hospital (BSMMUH), Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Hospital (SSMCH), and Shaheed Suhrawardy Medical College Hospital (SSMCH). All patients admitted at general medicine and surgery wards were selected conveniently. The patients who were admitted for at least two weeks, who had ability to speak, read, write and understand Bangla language and who were conscious were included into the study. The subjects who were seriously ill or unconscious were excluded from the study. A total of 980 medical-surgical beds were allocated in those hospitals. However, 96 admitted patients were selected as participants for this study. The sample size was calculated by using the following formula:

$$n = \frac{z^2 (p \times q)}{d^2}$$

where, n= desired sample size, z= standard normal deviate set at 1.96, p= estimated to be at 50% level 50%=0.5, q= 1-p, d= degree of accuracy set at 5%=0.05. The calculated sample size was 384.

The patients' satisfaction was measured using a 17 item previously validated Patients Satisfaction with Nursing Care Quality Questionnaire

(PSNCQQ) developed by Laschinger et al. The subjects were asked to rate their opinion with 4-point Likert scale ranging from 4 = highly satisfied, to 1 = dissatisfied. Respondents were received a total of between 17 to 68 points, which was then be converted into a percentage. The higher scores indicated the higher level of satisfaction. The Chronbach's alpha reliability of patients' satisfaction regarding nursing care questionnaire was yielded at 94.4 in previous study. Internal consistency and reliability of this questionnaire was yielded at the Chronbach's alpha value of 96.6 in current study. Patients' characteristics were assessed using an 11 items patients' Socio-Demographic Questionnaire (SDQ).

Prior to data collection, the study was approved by the BSMMU Institutional Review Board in Dhaka with financial support. With the IRB approval, the researcher asked for permission from the concern authorities of the respective hospitals. Researcher communicated with Director, Nursing Superintendents and In Charge Nurses on the selected wards of the targeted hospitals to interview the patients. Then researcher briefly introduced about the purpose of the study to the patients. The interested participants were invited to take part in the face-to-face interview. Participants were needed approximately 30 minutes to complete the questionnaire. All hospitalised patients were invited to participate in the interview. Ninety six patients from each of the hospital were finally agreed to participate. A total of 384 respondents completed the interview. Their participation was completely voluntary and anonymity was guaranteed. Patients could be stopped or withdrawn their participation from the study at any time without showing any reason. All collected data from the subjects were kept confidential.

The data were analysed using SPSS version 21.0. Descriptive statistics were used to summarize patients' satisfaction and characteristics. Chi square test was used to compare the association between socio-demographic characteristics and satisfaction. Logistic regression analysis was performed to determine the factors influencing patient's satisfaction. Significant bivariate correlates of the dependent

variable were entered as potential factors in the regression model. Enter method was used to fit the model. A value of $p = 0.05$ was considered statistically significant.

Results

The mean age of the participants was 37.70 (SD = 12.43) ranging from 16 to 65 years old and most of them (52.3%) were in the age group of less than 37 years. Above half (52.3%) of the patients were male and majority (89.6%) of them were Muslims. More than half (55.5%) of the participants were residing in village whereas above quarter (27.1%) of them were living in an urban area. Considering education, above half of the patients (55.4%) had primary to SSC. However, few participants (14.8%) had no education. Regarding occupation, nearly one third (31.3%) of the participants were housewife, and 16.0% of them had others occupation. The mean monthly family income of the participants was 17200.52 (SD=8587.06) taka. Data were collected from the patients admitted in medicine unit (27.6%), surgery unit (26.3%), neuro-medicine unit (24.7%) and orthopedic unit (21.4%). Majority of the patients (67.7%) were admitted in non-paying bed and most of them (74.0%) had no history of previous admission. The mean duration of stay in hospital was 8.67 (SD=5.94) ranging from 1 to 30 days. Most of the patients' (64.8%) length of stay in hospital was less than 8 days (table I).

The mean score of patient satisfaction regarding nursing care was 2.74 (SD =.68) out of maximum of 4 points indicating moderate level. Based on item analysis, most of the patients (84.4%) were satisfied and stated that nurses were courteous and treated patient with dignity and respect. About 79.4% of the patients were satisfied with the waiting time to meet with a nurse. Approximately 85.8% patients reported that nurses were willingness to give answer of the patient's questions. Majority of the participants (83.6%) became satisfied with the nurses' behavior and majority of them (88.8%) were unsatisfied about nurses' use of computer for report and treatment (table II).

Table I: Socio-demographic Characteristics of the patients (n = 384)

Variables	Category	N	%	$\bar{x}\pm SD$
Age in Years	< 37	201	52.3	37.70±12.43
	>37	183	47.7	
Sex	Male	200	52.1	
	Female	184	47.9	
Religion	Muslim	344	89.6	
	Hindu	36	9.4	
	Christian	04	1.0	
Residence	Village	213	55.5	
	Suburban	67	17.4	
	Urban	104	27.1	
Education	Illiterate	57	14.8	
	Primary	122	31.8	
	SSC	90	23.4	
	HSC	70	18.2	
	Bachelor degree	36	9.4	
	Master and above	09	2.3	
Occupation	Service	87	22.7	
	Business	44	11.5	
	Housewife	120	31.3	
	Cultivator	49	12.8	
	Day labor	20	5.2	
	Others	64	16.7	
Monthly family income	< 10000	137	35.7	17200.52±8587.06
	10000 - 30000	224	58.3	
	> 30000	23	6.0	
Place of study	BSMMU	96	25.0	
	DMCH	96	25.0	
	SSMCH	96	25.0	
	SHMCH	96	25.0	
Ward types	Medicine	106	27.6	
	Surgery	101	26.3	
	Orthopedic	82	21.4	
	Neuro-medicine	95	24.7	
Bed category	Paying	124	32.3	
	Non-Paying	260	67.7	
Previous admission	No	284	74.0	
Duration of stay in Hosp.	< 8 days	249	64.8	8.67±5.94
	> 8 days	135	35.2	

Table II: Patient Satisfaction Regarding Nursing Care (n=384)

Items	Dissatisfied		Neutral		Satisfied		Highly Satisfied		$\bar{x}\pm SD$
	n	%	n	%	n	%	n	%	
Nurses are courteous and treated patient with dignity and respect.	33	8.6	27	7.0	218	56.8	106	27.6	3.03±.83
The wait time to meet a nurse.	33	8.6	46	12.0	206	53.6	99	25.8	2.97±.85
Willingness of nurses to give answer of patient's questions.	32	8.3	42	10.9	226	58.9	84	26.9	2.94±.81
Nurses behaviors with the patient	35	9.1	28	7.3	235	61.2	86	22.4	2.97±.81
Maintain privacy of the patient	39	10.2	39	10.2	215	56.0	91	23.7	2.93±.86
Explanations about tests, treatments of the patient.	33	8.6	78	20.3	195	50.8	78	20.3	2.83±.85
Time allowed for helping in care of patient.	43	16.2	84	21.9	173	45.1	84	21.9	2.78±.83
Give importance on patient's thinking and choice.	42	10.9	50	13.0	206	53.6	86	22.4	2.88±.88
Ability of nurses to make comfortable of the patient	48	12.5	81	21.1	172	44.8	83	26.6	2.76±.93
Giving medicine and handling inter Venus procedure.	49	12.8	67	17.4	189	49.2	79	20.6	2.78±.91
Teamwork between nurses and other hospital staffs	46	12.0	38	9.9	216	56.3	84	21.9	2.88±.88
Hospital environment by the nurse	54	14.1	85	22.1	173	45.1	72	18.8	2.68±.93
Advice during discharge or transfer from hospital or another department.	46	12.0	81	21.1	180	46.9	77	20.1	2.75±.91
Overall quality of nursing care.	43	11.2	96	25.0	177	46.1	68	17.7	2.70±.88
nurses uses computer for report and treatment	36	9.4	305	79.4	29	7.6	14	3.6	2.05±.55
Nurses are skilled in communication technology	43	11.2	163	42.4	144	37.5	34	8.9	2.44±.80
Patient recommended this hospital for his family and friend on the base of nursing care	55	14.3	194	50.5	101	26.3	34	8.9	2.30±.82
Total mean									2.74±.68

Duration of stay in hospital was significantly correlated with patient satisfaction meaning that the patients who had stayed in hospital for less than 8 days ($p = .02$) were dissatisfied towards nursing care than those of patients who had stayed for more than 8 days. Findings also reveal that category of bed were significantly correlated with patient satisfaction toward nursing care ($p = .04$) meaning that non-paying

patients were mostly dissatisfied toward nursing care than those of paying patients. Considering place of study, patients admitted in BSMMU had greater satisfaction towards nursing care ($p = .006$) than those of patients admitted in other hospitals. However, age, gender, religion, education, income, residence, and admission unit were non-significant toward patient satisfaction regarding nursing care (table III).

Table III: Relationship between Socio-demographic Characteristics and Satisfaction with Nursing care (n = 384)

Variable	Category	Satisfaction with nursing care			χ^2	p
		Dissatisfied n (%)	Satisfied n (%)	Total n (%)		
Age in years	<37	122 (31.77)	79 (20.57)	201 (52.34)	.978	.18
	>37	120 (31.25)	63 (16.40)	183 (47.66)		
Gender	Male	132 (34.37)	68 (17.7)	200 (52.1)	1.59	.12
	Female	110 (28.64)	74 (19.27)	184 (47.9)		
Religion	Muslim	215 (55.98)	129 (33.59)	344 (89.6)	.384	.33
	Non-Muslim	27 (7.03)	13 (3.38)	40 (10.41)		
Occupation	Service	54 (14.10)	33 (8.60)	87 (22.7)	3.93	.26
	Business	29 (7.60)	15 (3.90)	44 (11.5)		
	Housewife	68 (17.70)	52 (13.54)	120 (31.3)		
	Cultivator	91 (23.70)	42 (10.93)	133 (34.6)		
Income in taka	<17200	148 (38.54)	93 (24.21)	241 (62.8)	.720	.23
	>17200	94 (24.47)	49 (12.76)	143 (37.2)		
Place of Study	BSMMU	51 (13.28)	45 (11.71)	96 (25.0)	10.593	.006
	DMCH	62 (16.14)	34 (3.64)	96 (25.0)		
	SSMCH	57 (14.84)	39 (10.15)	96 (25.0)		
	SHMCH	72 (18.75)	24 (6.25)	96 (25.0)		
Education	No education	36 (9.37)	21 (5.46)	57 (14.8)	.139	.93
	Few education	132 (34.37)	80 (20.83)	212 (55.20)		
	Higher education	74 (19.27)	41 (10.67)	115 (29.94)		
Residence	Rural	133 (34.63)	80 (20.83)	213 (55.5)	.069	.43
	Urban	109 (28.38)	62 (16.14)	171 (44.5)		
Duration of stay	< 8 days	166 (43.20)	83 (21.60)	249 (64.80)	4.04	.02
	> 8 days	76 (19.80)	59 (15.40)	135 (35.20)		
Admission unit	Medicine	65 (16.92)	41 (10.67)	106 (27.6)	1.206	.75
	Surgery	61 (15.88)	40 (10.41)	101 (26.3)		
	Orthopedic	52 (13.54)	30 (7.81)	82 (21.4)		
	Neuromedicine	64 (16.66)	31 (8.06)	95 (24.7)		
Category of bed	Paying	86 (22.39)	38 (8.89)	124 (32.3)	3.153	.04
	Non-paying	156 (40.62)	104 (27.08)	260 (67.7)		
Previous Admission	Yes	68 (17.70)	32 (8.33)	100 (26.0)	1.438	.14
	No	174 (45.31)	110 (28.64)	284 (74.0)		
Occupation	Service	54 (14.10)	33 (8.60)	87 (22.7)	.069	.43
	Business	29 (7.60)	15 (3.90)	44 (11.5)		
	Housewife	68 (17.70)	52 (13.54)	120 (31.3)		
	Cultivator	91 (23.70)	42 (10.93)	133 (34.6)		

Logistic regression was used to establish the probability of satisfaction level of nursing care. Then predictive variables including the place of study, duration of stay in hospital, and category of bed were used in the analysis. The overall predictive model was statistically significant ($p < .05$). Only study place is significant among the independent variables in

predicting the likelihood of patient satisfaction with nursing care. The odds of having the patients admitted in BSMMU was 57.0% higher satisfaction with nursing care (OR = .576) than those of other study place. The overall model and one predictor were statistically significant. The overall effect size was also modest, with Nagelkerke R^2 equal to .038 (table IV).

Table IV: Logistic regression analysis for predicting Patient satisfaction with nursing care

Predictor	B	SE	Wald	p	OR	95% CI, odds Ratio	
						Lower	Upper
Category of Bed	.349	.235	2.203	.13	1.41	.844	2.248
Duration of stay	.384	.223	2.980	.08	1.46	.949	2.271
Study places	-.552	.240	5.318	.02	.576	.360	.920
Constant	-.583	.106	23.524	.000			

Model (likelihood ration) chi-square = 10.890, df = 3, $p < .001$

Nagelkerke $R^2 = .038$

Percent correctly classified = 63%

Discussion

The purpose of this study was to assess the level of patients' satisfaction regarding nursing care. The mean patient's satisfaction was 2.74 which indicate moderate level of satisfaction among the patients which is inconsistent with the Malaysian study.²⁸ The difference might be related to the different types of hospital that the study places of Malaysia were in teaching and research-based hospital that most of the nurses were professionally expertise and had adequate knowledge on technology for providing better nursing care. Study conducted in Ethiopia found highest patients' mean ($M=3.03$, $SD=.83$) satisfaction toward nursing care than current study. The findings of Ethiopian study might be different from this study due to nurses become courteous and treated patient with dignity and respect or differences in organisational policy, nursing care delivery system, supervision and monitoring, in-service education and higher educational profile of nurses. Majority of the patients (83.0%) were satisfied with nurses' behaviours. This finding was consistent with the study of Rafii et al and inconsistent with the findings of Wolf, Miller and Devine.^{30,31} The possible explanation might be due to inadequate nurse patient ratio or too much work load in the hospitals. Nurses' communication with the patients is the most important behavior in providing nursing care to the patients. The mean explanation about tests, treatments of the patient towards satisfaction was 2.83, is lower than those of Black lion hospital ($M=3.86$) and Saints hospital ($M=3.26$) in Malaysia.²⁸

The mean patients' satisfaction regarding hospital environment by the nurse and advice during discharge or transfer from hospital or another department is higher than study conducted by Karaca and Duma in 2019.¹⁸ This finding indicated that patients in present

study were more satisfied than Karaca and Durna's study. The inconsistent results may be due to differences in hospital regulations, structure, educational background and cultural context between two countries. Majority of the patients in this study were unsatisfied about nurses' use of computer for report and treatment. This finding is similar with the previous study conducted by Mohanan in 2010.⁹ Present study found that patients in BSMMU hospitals were more satisfied with nursing care as compared to other government hospitals. Similar findings reported by Indian study of Sreenivas and Prasad in 2003, where it was found that patients were more satisfied in corporate managed hospitals than other hospitals.³² Therefore, it is recommended to plan and implement the training programs needed for nurses to improve their knowledge and skills of communication and use of emotional support measures for the patients.³⁵

Place of study and category of bed were significantly correlated with patient satisfaction regarding nursing care. It means that the patients admitted in BSMMU and non-paying bed showed higher satisfaction towards nursing care than those of patients admitted in other study places and paying bed. In term of duration of stay in hospital, the patients who were admitted in less than 8 days were mostly dissatisfied toward nursing care. These findings are inconsistent with the previous study conducted by Belayneh due to differences in hospital policy, educational background, and hospital facilities.²⁸

We used a convenience sample gathered in the day time, thus patients who were both admitted and discharged at night could not include in the study. Hospital policy including communication technology, treatment and diagnostic procedure, patient's discharge, transfer and wait time need to be enhanced

for increasing patient satisfaction. In-service education and training regarding nursing care based on dimension and process may be developed for nurses to increase the level of patient satisfaction. Furthermore, intervention study is recommended to develop hospital policy for patient satisfaction toward nursing care.

Conclusion

Patients showed a moderate level of satisfaction regarding nursing care. However, study places, category of bed and duration of stay in hospital were identified as major factors influencing patients' satisfaction toward nursing care. These findings suggested that hospital policy along with in-service education and training is needed to enhance nurses' competencies in order to improve the patient satisfaction regarding nursing care. Patients' views have become an important element in the evaluation of health care. The nurses need to know what factors influence patient satisfaction, if we have to improve the quality of health care.

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