IN-PATIENT SATISFACTION WITH NURSING CARE: A CASE STUDY AT KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY HOSPITAL

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Abstract

Patient satisfaction is an indispensable aspect of quality nursing care in any health setup today. Care assessed to be of high quality according to clinical, economic or other provider-defined criteria is not ideal if the patient feels dissatisfied. There is a rationale to make the organization and delivery of health care more responsive to consumer opinion. The study sought to determine inpatient satisfaction with nursing care at the university hospital, Kumasi-Ghana. Questionnaires were administered to 100 in-patients selected by convenience sampling in the male, female and maternity wards. The results revealed that 38% of male participants were very satisfied with nursing care compared to 30% of female participants. Inadvertently, patients with high formal education were no less satisfied with nursing care than their counterparts with low or no formal education. Age was an important predictor of patient satisfaction of nursing care as 37% of patients below forty years were less satisfied compared to 46% of those above forty. Dignity, love, safe delivery and care were the expectations of most clients. There is a greater need to improve interpersonal relationship of nurses with their patients.

Keywords: Nursing care, Patient satisfaction, patient dissatisfaction, in-patient, patient expectation

Introduction

Nursing care is one of the major health care services that contribute significantly to the patient healing process. Even though there may be competent physicians present in a given health institution, it would be inadequate without appropriate nursing care. Nurses have 24 hour contact with patients as well as being near to them. Patient satisfaction is often determined by the nursing care in any health setup.

Today, the Total Quality Management (TQM) is a favoured approach in the improvement of healthcare services. It covers not only professional knowledge, competence and application of appropriate technology, but also the patients' perception about the type and level of the care they receive. Also, it depends on the quality of the communication, behavior and information rendered to a patient during the period that extends from admittance to and discharge from the hospital until the results of diagnosis and treatment are achieved (Wallace, et al., 1999).

The patients/healthy individuals' role have changed over the past four decades from passive recipient of services to active participants. Patients increasingly want to learn more about their health conditions and they want to participate in the planning, organization and decision-making of services related to their health (Merkouris, et al., 1999). The changes that have happened in the patient's role are also linked to
the developing interest in learning more about patient satisfaction.

Patient satisfaction has been studied extensively using quantitative and qualitative methods. The results of all these studies revealed that nursing care was the major determinant of patient satisfaction. Physicians were not identified as major drivers of patient satisfaction with hospital care. Wallace et al, (1999) determined how patients and their relatives evaluate health care through focused group interviews. In their study, they categorized services received into several thematic areas. These included the quality and the quantity of healthcare services, individuality and partnership. The quality and the quantity of care services were studied under two sub-themes: competence (coordinated and continuity, use of medication, and discharge planning) and environment (hygiene, daylight, comfort, etc.) The second theme, individuality, included such elements as respect for personal needs, reliability, privacy and concern. The last theme, partnership, included sharing information, accessibility and participation in decision-making.

In another study (Schmidt, 2003) divided perception of nursing care into four categories. The first two were 'seeing the individual patient', which means that nursing care experience is applied to each patient individually, and 'explaining', which refers to the explanations given by nurses. The 'responding' category represented the actions of nurses as a result of a patient request or response to a symptom, and finally the 'watching over' category defined the nurse's efforts to observe and to supervise his or her patient. In Lebanon, Chaaya, et al., (2003) conducted a study on a patient-centred care model. They stated that four dimensions of nursing care affect patient satisfaction; these were competence, productivity, attitude and communication.

Patient satisfaction is the most important indicator of high-quality health care and is used for the assessment and planning of health care (Schmidt, 2003). There is a positive correlation between patient satisfaction and nursing care. Patient satisfaction increases in an organization where more personalized nursing care is given (Johansson, et al., 2002). Yeakel, et al. (2003), studied how to increase patient satisfaction with multidimensional nursing approaches. They gathered data by employing two scales consisting of patient satisfaction and nursing approaches. The findings of the study showed that multifaceted staff interventions improved patients' satisfaction with nursing care.

The way patients perceive nursing care largely depends on their social status, age, educational level, cultural background and previous hospital experiences. Support and respect from nurses, constant availability of nurses and appropriately given responses are the main indicators of satisfaction (Gilleard and Reed, 1998; Uzun, 2003). In their study on patient satisfaction, Johansson et al. (2002) investigated the socio-demographic background of the patients, their expectations of nursing care, physical environment, communication and information, contribution and participation, interpersonal relationship, technical competence, and structural dimensions of healthcare organization. The findings showed that these eight factors affected patient satisfaction with the nursing care offered in health systems.

The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Donabedian (1980) suggested that patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. Unless quality improvement becomes a priority, the consequences are grim. In addition to preventing patients from quick recovery, thereby increasing their costs, poor quality also elevates the psychological barriers of using the system (Andaleeb, 2001).

Improving service in the health care require hospitals to measure their own performance in order to improve upon current system of service delivery. Well designed health care delivery system can reduce re-hospitalization, improve quality of life and provide patient satisfaction. As regards patient satisfaction, they are often left out of the process in determining what quality of care is suitable. The health care provider used to make decisions they consider being in the best interest of their patient; often without taking into consideration the views of patient or consulting them. There is the need for a paradigm shift where the needs and preferences of the patients must drive the direction of the care. The objective of this study was to assess the patient satisfaction at the university hospital.
Materials and method

In order to identify and classify the various indicators of satisfaction and dissatisfaction, a descriptive study (cross-sectional survey) was used to assess clients’ satisfaction with in-patient care at the Kwame Nkrumah University of Science and Technology (KNUST) hospital. The study population inclusion criteria includes adult males and females of 18 years and above admitted into the medical, surgical and maternity wards of the hospital for at least 24 hours and are close to their discharge from the hospital. This category of patients was selected to avoid fear of victimization so that the correct information will be given by the patient. The consent of the patients was sought and those who met the inclusion criteria were given the questionnaires. The sample size for the research was one hundred (100) in-patients selected using spatial sampling technique. Structured questionnaires were designed, pre-tested twice and the necessary corrections made before administration. Questionnaires administration was done by reading out and explaining the content to those who could not read and write. Those who could read and understand answered the questions independently. Data collected was subjected to descriptive analysis.

Results and discussion

The study revealed that about 33% of respondents were fully satisfied with their nursing care. However, as regards gender, 38% of the male in-patients were fully satisfied compared to 30% female in-patients. The actual reasons for this is unknown, nonetheless, it could be attributed to the fact that females are more conscious of hygiene and poor practical skills than men. This makes them more observant and critical of aspects of quality when evaluating staff performance. Also females are mostly accompanied by male attendants and most of the time all communication about investigations and treatment occur between the nurses and the attendants which may result in less information to females and hence less satisfaction with care (Linder-Pelz, 1982). A study by Jeffery et al., (2001) also reported that gender seemed to be unimportant in patient satisfaction. This findings is also contrary to the study of Alasad and Ahmed (2003) but consistent with Otosson et al., (1997) which reported higher satisfaction among males than females.

With respect to age and satisfaction, the results showed that 37% and 46% of patient respondents below 40 and above 40 years respectively were fully satisfied with the care service rendered. In a study by Wallin, et al., (2000), they did not find a correlation between age and patient satisfaction. However, other studies (Jackson et al., 2001; Otosson et al., 2001) found age to be a significant predictor of satisfaction. They found that older patients were generally more satisfied than younger patients. In the Ghanaian context age and satisfaction could be due to cultural values as the elderly are respected and accorded special privileges than the young and this might influence the nurses paying more attention to them than younger ones, leading to more satisfaction among the older patients than the younger ones. In a similar study (Stimson and Webb, 1975), 85% of those over 65 were satisfied compared to 52% of those aged 15–39 years. They attributed this to older respondents expecting less information from their nurses on their care as compared to the younger patients who had a lot of issues surrounding their care. In addition, younger patients were less likely to comply with nursing and medical advice and this is uncommon with the older folk who take all instruction wholeheartedly.

Respondents with limited educational status were observed to have had higher satisfaction, 32% of respondents who were illiterate and those with only basic education were fully satisfied compared to 31% who had tertiary education who were dissatisfied (Fig.1). This may be the result of in-patients with higher education being able to access information about the duties of the nurse. They may also have read about the patients’ charter and know about the responsibilities of the nurse. If these responsibilities are not carried out to the letter they become dissatisfied. Those with limited education have no access to this information and tend to be satisfied with the nursing care given since they have nothing to compare with. This is similar to a study by Alasad and Ahmed, (2003) who reported that less educated patients tended to have high satisfaction. This is further supported by a study by Minnick, et al., (1997) which state that those who attained higher educational level were not satisfied with their care. Also according to Calnan (1988), clients with limited education are more passive and less critical about how they were treated by nurses.
The results of client’s expectations of nursing care prior to their hospitalization revealed that majority (73%) were expecting to be treated with love and dignity. Others (18%) indicated that their expectation was that the nurses would be polite to them in all their interactions (Table 1). This could be as result of how nurses are seen in the Ghanaian society. Ghanaians hold the perception that nurses are hostile to patients and their relatives. In the maternity ward 9% of respondents indicated that they expected the nurses to help them deliver safely and have their babies. This showed that the pregnant women were concerned about the high maternal and infant mortality (560 deaths per 100,000 births and 51 deaths per 1000 births respectively) in Ghana (WHO, 2007); hence, having a live baby and being alive herself was enough to satisfy them. In a similar study (Dzomeku, 2011) it was established that (a) multiple factors influence mothers’ satisfaction with their care in labour, birth and the lying-in period; (b) maternal satisfaction during this period is determined mostly by the attitude of care givers; (c) dissatisfaction with care leads to non-usage of the hospital in future or using the hospital only as a last resort.

The amount and type of information given to a patient about their condition and treatment are very important in health care. Nurses at the university hospital were scored very low (14%) for the type and amount of information given about their condition and treatment. They were also ranked low (20%) for the way they explained issues to patients. Also nurses were ranked low (22%) for how they listened to patients’ worries and concerns. Furthermore, nurses were rated low (24%) for how they related to relatives and friends of patients. In addition, they were rated low (27% and 28%) respectively for checking on the well-being and how much they know about the care of the patient. The amount and type of information nurses gave to patients about their
condition and treatment were major causes of dissatisfaction. Information is very important for every patient and family to allay their fears about the unknown and if this information is withheld it causes anxiety among patients and their relatives. Quite a good number of respondents were highly educated and expect more information from nurses and since this was not forth coming it caused a lot of dissatisfaction. The workload excuse often used by nurses in Ghana may have attributed to these low scores as nurses could not have enough time to converse with patients. One study concluded that the greatest single defect in hospital care was ‘the barrier to easy exchange of information’ (Locker and Dunt, 1978).

The study found that patient expectation of care is influenced by his/her satisfaction with the perceived actual nursing care. Among the expectations some of the patients enumerated were that the nurses would explain all procedures to them, nurses would be patient with them, and nurses would listen to their concerns and act appropriately (Table 1). These items were among the lowest rated satisfaction items and this is consistent with Chaayal, et al. (2003), who concluded from their study that attitude and communication affect patient satisfaction with nursing care. Among the items patients rank highest in their satisfaction were the attitude of nurses toward patients and family; the amount of privacy. Most patients wanted to be treated with dignity and this expectation was met by the nurses and it was the second highest rank among the highest satisfaction items (Table 1). When patients were asked whether their expectations before their admission into the hospital were met 67% had their expectation partially met, 30% fully met and 1% not met.

Table 1: Criteria for satisfaction of in-patients respondents

<table>
<thead>
<tr>
<th>Criteria for satisfaction</th>
<th>Not Fully satisfied (%)</th>
<th>Fully satisfied (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount of time nurses spent with you</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>How capable nurses were at their job</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>The attitude of nurses towards you and your family</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>How quickly nurses came when you called for them</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>The way the nurses made you feel at home</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>The amount of information nurses gave you about your condition and treatment</td>
<td>81</td>
<td>19</td>
</tr>
<tr>
<td>How often nurses checked to see if you were okay</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>The way nurses explained things to you</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>How nurses helped put your relatives and friends minds at rest</td>
<td>76</td>
<td>24</td>
</tr>
<tr>
<td>Nurses manner in going about their work</td>
<td>76</td>
<td>24</td>
</tr>
<tr>
<td>The type of information nurses gave you about your condition and treatment</td>
<td>86</td>
<td>14</td>
</tr>
<tr>
<td>Nurses treatment of you as an individual</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>How nurses listened to your worries and concerns</td>
<td>78</td>
<td>22</td>
</tr>
<tr>
<td>The amount of freedom you were given on the ward</td>
<td>72</td>
<td>28</td>
</tr>
<tr>
<td>How willing nurses responds to your requests</td>
<td>68</td>
<td>32</td>
</tr>
<tr>
<td>The amount of privacy nurses gave you</td>
<td>59</td>
<td>41</td>
</tr>
<tr>
<td>Nurses awareness of your needs</td>
<td>66</td>
<td>34</td>
</tr>
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**Conclusion**

This study found that there was a communication gap between nurses and their patients that led to patient dissatisfaction. This is a common problem for all the hospital wards under study which requires urgent
attention to enhance patients’ satisfaction at the same time to ensure quality of nursing care. The public health implication related to patient dissatisfaction of care may lead to patients patronising private health care providers and incur high cost as compared to government health care services. Thus, examining the items with low patients’ satisfaction will enable nurses to identify the defects in nursing care and institute appropriate change. Patient assessment survey should be carried out routinely by health institution in all aspect of nursing care to improve the quality of service.

References