

**A STUDY TO ASSESS PATIENT'S SATISFACTION
WITH QUALITY OF NURSING CARE**

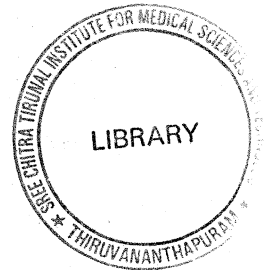
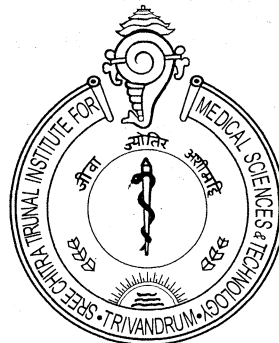
PROJECT REPORT

*Submitted in the partial fulfillment of the requirements
For the
Diploma in Neuro Nursing*

SUBMITTED BY

RAJESWARI T

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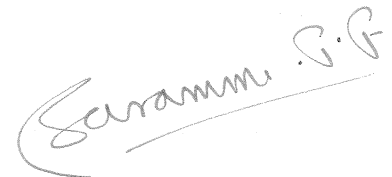
**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL
SCIENCES AND TECHNOLOGY,
TRIVANDRUM, 695011**

November 2011

CERTIFICATE FROM SUPERVISORY GUIDE

This is to certify that **Mrs. RAJESWARI T** has completed the project work on “**A study to assess Patient’s Satisfaction with Quality of Nursing Care**”, under my direct supervision for the partial fulfillment for the Diploma in Neuro Nursing of Sree Chitra Tirunal institute for Medical Sciences and Technology. It is also certified that no part of this report has been included in any other thesis for processing any other degree by the candidate.

Thiruvananthapuram
November 2011



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CERTIFICATE FROM THE CANDIDATE

This is to certify that the project on “A Study to assess Patient’s Satisfaction with Quality of Nursing Care”, is a genuine work done by me, under the guidance of Dr. Saramma PP, PhD, Senior Lecturer in Nursing, SCTIMST, Trivandrum. It is also certified that this work has not been presented to any other university for award of degree, diploma or other recognition.

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This is certify that Mrs.Rajeswari.T bearing code no 6207 have been admitted to the Diploma in Neuro Nursing in January 2011 and she has undertaken the project entitled "**A Study to assess Patient's Satisfaction with Quality of Nursing care**", which is approved for the diploma in Neuro Nursing awarded by Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, and is found satisfactory.

Place:

Examiners

Date:

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Guide

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ABSTRACT

Objectives: - (i) To assess the patient satisfaction with quality of `nursing Care. (ii)To identify relationship between satisfaction of patient with selected variables.

Method:-In this study descriptive survey approach was used. Purposive sampling technique is used and study sample was 50 adult patients who admitted in the NMICU and NM ward of SCTIMST. The total period of sample collection was from September 2011 to October 2011.The data collection tool used for the study was a modified form of Dr. Laschinger's- "Patient satisfaction with quality nursing care questionnaire" [PSNCQQ], translated to vernacular language Malayalam.

Result:-The total number of sample was 50. The mean age of sample was 44.7 yrs. Majority of the samples 70% were reported good, 30% were reported excellent and no one reported poor. In this study there is no significant relation between patient satisfaction with quality of nursing care by different variables.

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Chapter - I

INTRODUCTION

1.1 Introduction

Patient satisfaction has become increasingly popular, as a critical component in the measurement of quality of care. Satisfaction is one of the cares out come for healthcare. Satisfaction with health care is measure with a long history in the social science. Nursing service is one of the most important components of hospital service. Understanding how things are looking through the patient's eye should be central part of quality improvement. The level of patient satisfaction with nursing care is an important indicator of quality of care provided in hospitals [Laschinger et al., 2005].

Patient satisfaction is a term that can be interpreted differently by patients and it meaning can also differ for one patient at different times. Patient's satisfaction some time treated as an outcome measure of healthcare providers. A satisfied patient is more willing to recommend the hospital to provide his or her care to others. [Abramowitz et al., 1987]

Patient places high value on the interpersonal care provided by the nursing staff. Consumers of health care industry demand quality care and one measure of quality is patient's satisfaction. Patient's satisfaction is an indicator of quality of care from patient's perspective.

Patient's satisfaction is defined as patient's subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perceptions of actual nursing care [Erikson1987].

Definition of nursing care is to promote health and to help support, educate and develop patient by liberating his or her own resources. The nursing care provided by nurse is regarded as most important factor in patient assessment of their satisfaction with health care. If patient is satisfied with health care received,

this is positive not only for individual but also for nurse and entire health care organization (Johansson et al; 2002)

1.2 Background of the study

Nursing is a career, which calls for certain special qualities. Florence Nightingale is considered as the founder of modern nursing. She mentioned in her notes on nursing about the characteristics of a nurse. She says "A nurse must be no gossip, no vain talker is strictly sober and honest; but more than this, she must be devoted woman, she must have respect for her calling, she must be a sound, a close and a quick observer, and she must be a woman of delicate and decent feeling".

According to the American Nurses Association, "Nursing practice is a direct service, goal directed and adaptable to the needs of the individual, the family and community during health and illness. The nurse's primary responsibility is to those people who require nursing care.

Instruments measuring patient's satisfaction have often been focused on in patient treatment [Muntlin et al., 2006]. Nursing care has a prominent role in patient satisfaction, patient satisfaction is an important indicator of quality of care and healthcare facilities are interested in maintaining high levels of satisfaction in order to stay competitive in healthcare market [Wagner et al., 2009].The main indication for measuring patient satisfaction with nursing care is to identify area for improvement.

During hospitalization patient's satisfaction represents a balance between patient's perception and expectations of their nursing care. Patient's satisfaction is important patient-centered outcome to measure, is accepted as standard measure of quality of care and it is steadily gaining in popularity.

Today's nurse engages in approximately eight inter related roles: -care giver, advocate, critical thinker, teacher, communicator, manager, researcher & rehabilitator [Harkreader and Hogan2004]. Patient satisfaction with nursing care has consistently been found to be correlated with overall satisfaction care and has

been defined as the patient subjective evaluation of the cognitive and emotional response that result from interaction the patient's expectation of nursing care and their perception of actual nurse behavior and characteristics [Erickson.,1987].

Nursing is a process of recognizing; understanding and meeting health needs of any person or society and is based on constantly changing the body of scientific knowledge. Nurses and physicians perceptions about good quality of care do not always agree with patient's perceptions. Nursing is an accountable profession guided by science, theory, code of ethics and the art of care and comfort to treat human responses to health and ill Patient's satisfaction with nursing care is considered as an important factor in explaining patient's perception of service quality.

The nurse work environment has being found to be both directly and indirectly related to patient's satisfaction [Vahey. 2004]. Patient's satisfaction has been advocated as an outcome measure of quality nursing care. Determinants quality of nursing care include: adequate skill, caring attitudes, effective communication, efficient organizational and management systems, and effective participation.

1. 2 Need and significance of the study

Nursing care is recognized as an area subjected to competition, where the patient is seen both as a client and consumer of health care. To improve quality of nursing care, nurses need to know what factors influence patient satisfaction. Nursing care plays the key role in providing satisfaction in this arena.

Quality of nursing care is vital to patient out comes and safety. Patient satisfaction with nursing care is strongly associated with patients overall satisfaction with hospital experience. To ensure service improvement initiatives at appropriate levels in hospital is a prerequisite to understand factors which influence patient satisfaction with nursing care. The measurement of patient satisfaction with nursing care is important to determine and meet patient's need in terms of care and to evaluate quality of care provided.

Patients in the neuromedical unit needs prolonged hospital stay. Prolonged hospital stay itself can cause health care associated infections, psychological stress and complication like bed sore, hydrostatic pneumonia etc. So nurse should focus giving in holistic care to the patient in order to prevent or limit the complication and for easy recovery. So assessing patient satisfaction can bring new changes in approach or modification in nursing care.

1.4 Statement of the problem

A study to assess patient satisfaction with quality of nursing care in neuromedical department, Sree Chitra Tirunal Institute for Medical sciences and Technology.

1.5 Objectives of the study

1. To assess the patient satisfaction with quality of nursing care.
2. To identify relationship between satisfaction of patient with selected variables.

1.6 Operational definitions

Patient satisfaction - The degree to which the individual perceives health care service provided by nurses in selected department as useful, effective or beneficial as measured by using Patient Satisfaction With Nursing Care Quality Questionnaire [PSNCQQ].

Quality of nursing care - It refers to meeting the health care needs of patients with regards to caring attitude of nurses, effective communication, proper explanations before procedures and treatment, adequate skill and competence, effective participation, organizational and management systems and involvement of patient and significant others in care.

Neuromedical department - It refers to neuromedical ICU and neuromedical ward in Sree Chitra Tirunal Institute for Medical Sciences and Technology.

1.7 Methodology

Study settings : Neuromedical ICU and Neuromedical Ward in SCTIMST.

Study approach : Descriptive Survey approach is used for present the study.

Sample technique : onsecutive/ purposive sampling.

Inclusion criteria : Patients who can read and understand Malayalam, patients who are fully awake and willing to participate.

1.8 Tool

A modified form of Dr. Laschinger's- "Patient satisfaction with quality nursing care questionnaire" [PSNCQQ], translated to vernacular language Malayalam.

1.9 Delimitation

The study is delimited to patients in neuromedical ward and neuromedical ICU in SCTIMST and patients above 18 years of age.

1.10 Organization of report

This chapter deals with introduction, background of the study, need and significance of the study, statement of the problem, objective, operational definitions, methodology and delimitations. Chapter 2 deals with review of literature. Chapter 3 deals with methodology. Chapter 4 deals with analysis and interpretation of data. Chapter 5 includes summary, discussion, conclusion and recommendations. References and appendixes are given towards the end.

Chapter - II

REVIEW OF LITERATURE

2.1 Introduction

Review of literature serves an important function in the research process. It is the critical summary of research on the topic of interest often prepared to put a research problem in context. Literature review helps to lay the foundation for a study and also can inspire new research ideas. It gives character insight into the problem and help in selecting methodology, developing tool and also analyzing data. With these in view an intensive review of literature has been done.

The review of literature relevant to this study is presented in the following sections.

2.2 Studies on patients' satisfaction with nursing care.

2.3 Studies on quality of nursing care.

2.4 Studies on factors influencing patient's satisfaction with nursing care.

2.2 Studies on patient satisfaction with nursing care

Findik et al., (2010) conducted a cross sectional study in a 1100 bed hospital in Turkey The aim of the study was to assess patient satisfaction with nursing care and relationship between patient characteristics. The study was conducted between February and September 2006 within 12 different services in the Hospital, each with a 20-25 bed capacity and 6-7 nurses. Seven internal medicine wards and 5 surgical wards were included in the study. Two-hundred-and-twenty-nine adult patients (98 surgical, 131 medical) recruited to the study. The participants who were eligible for recruitment were patients of at least 18 years of age who had been hospitalized for at least 2 days were due to be discharged. Data were collected using the Newcastle satisfaction with nursing care scale and a patient information form. Overall data indicated a high level of patient satisfaction. Hospitalization affected the Experience of Nursing Care Scale independently, while the type of ward, sex, income, and education independently affected the satisfaction with Nursing Care Scale. Patient who underwent surgical procedures,

male patients, the 40-59 year old age group those who had low levels of education or income, and patients who were hospitalized for longer periods were most satisfied. Patients age, sex, income, ward type were important factors that affected their satisfaction with nursing care.

Wagner [2009] conducted a study on patient satisfaction with nursing care using a nursing model to measure patient satisfaction with nursing and clarify this concept. The aim of the study was a concept analysis of patient satisfaction with nursing care. Rodgers' evolutionary method of concept analysis provided the framework for this analysis. Data were retrieved from the Cumulative Index of Nursing and Allied Health Literature and MEDLINE databases and the ABI/INFORM global business database. The sample included 44 papers published in English, between 1998 and 2007. Cox's Interaction Model of Client Health Behavior was used to analyse the concept of patient satisfaction with nursing care. Antecedents embodied the uniqueness of the patient in terms of demographic data, social influence, previous healthcare experiences, environmental resources, intrinsic motivation, cognitive appraisal and affective response. Consequences of achieving patient satisfaction with nursing care included greater market share of healthcare finances, compliance with healthcare regimens and better health outcomes. Using a nursing model to measure patient satisfaction with nursing care delineates the concept from other measures of patient satisfaction.

Laschinger et al; [2005] conducted a study on a psychometric analysis of patient satisfaction with nursing care quality questionnaire; An actionable approach to measuring satisfaction. Patient satisfaction with nursing care quality is an important indicator of quality of care provided in hospitals. This study tested a newly developed patient-centered measure of patient satisfaction with nursing care quality with in a random sample of 14 hospitals in Ontario, Canada. PSNCQQ consist of 23 questions, the satisfaction level assessed in terms of whether they are Excellent, Very good, Good, Fair or Poor. Result of this study revealed that the newly developed instrument had excellent psychometric properties. Total score on satisfaction with nursing care were strongly related to overall satisfaction with quality of care received during hospitalization. The result of this study yielded actionable, patient-focused results that can be used by managers to address areas requiring improvement.

Yildirim et al (2005) identified the factors associated with Patient satisfaction and dissatisfaction and decided the demographic characteristics. The study was carried out from January 1 to June 31, 2001. The adult Patient who consecutively presented to the emergency department between 8 am to 5 pm and stayed more than 24 hours were included in the study. Patients were asked to complete a questionnaire prior to discharge. The questionnaire was about attitude, Politeness and efficiency of medical and auxiliary staff. 249 patients were included in the study. Research concluded that, 45% of the patients preferred emergency department because of previous perception of higher quality care. The major cause of dissatisfaction was lengthy waiting time (27%).

Fahad [2005] conducted a survey study of a random sample of 420 patient to determine the extent of patient satisfaction with care provided at the 110 bed hospital at all levels and to correlate patients' satisfaction with nursing care, in particular, with their overall satisfaction and to assess the predictive value of patient satisfaction on subsequent return to the hospital. Study period was January 1-March 31, 2004. The extent of overall patient satisfaction with the quality of care provided at the hospital was found to be quite high (Excellent, 74.7%; Very good, 23.7%). Individually, nursing care received the maximum patient satisfaction ratings (Excellent, 91.9%; Very good, 3.9%). A positive correlation ($r = 0.31$, $P = .01$) was noted between patients' perception of nursing care and their overall satisfaction with the health care provided at the hospital. Significant positive correlation ($r = 0.36$, $P = .01$) was also found between overall patient satisfaction and their reported intentions of returning and recommending the hospital to others. Overall patient satisfaction is linked with quality nursing care, which, in turn, depends on the quality of leadership practiced at the institution.

Johansson et al., [2002] conducted a literature study on patient satisfaction with nursing care in the context of health care. The aim of this study was to describe the influence on patient satisfaction with regard to nursing care in the context of health care. In the description of nursing care, researcher used Hendersons nursing care model. The literature search was carried out using MEDLINE and CINAHL database. The following search words used client satisfaction, patient satisfaction, quality of care, quality indicators and quality of

nursing care.30 studies, published between 1987&1999 were found. The results describe eight domains that have an influence on patient satisfaction with nursing care; the socio-demographic background of the patients, patients expectations regarding nursing care, the physical environment, communication and information, participation and involvement, interpersonal relations between nurse and patient, nurses medical technical competence, and the influence of the health care organization on both patients and nurses. An important implication for future research is to elucidate the factors that influence satisfaction with nursing care, as seen from the Patients perspective.

O' Connel et al., [2002] conducted a descriptive study on patient satisfaction with nursing care in two acute care surgical wards, using a revised 28- item La Monica- Oberst patient satisfaction scale and telephone interviews. The questionnaire consists of 28 items that comprised 3 subscales that measured interpersonal support [9] questions, on good impression [5] questions, on dissatisfaction [14] questions with nursing care. A 5- point Likert scale ranging from strongly disagree [1], to neutral, to strongly agree [5] was used. The objective of the study was to evaluate patient satisfaction with nursing care in two matched surgical wards. The study population consists of all patients aged 18 years and over and patients were surveyed and interviewed over a 12-week period. The final sample consists of 105 patients. The findings of quantitative and qualitative data were compared in order to determine similarities and differences. Total satisfaction score ranges from 32-140. Mean satisfaction score [115]. Standard deviation [17.41]. Survey results reveal high levels of patient satisfaction, qualitative data revealed some anomalies. Within this study the patient perception of nurses influenced the way the patient rated quality of nursing care.

2.3Studies on quality of nursing care

Lindgren et al., [2011] conducted a prospective study on the Karen instruments for measuring quality of nursing care in medical and surgical wards at a hospital in Sweden. The objective of this study was to further develop the instruments with regard to construct validity and internal consistency, the Karen-patient and the Karen-personnel based on Donabedian's Structure–Process–

Outcome triad (S–P–O triad) had promising content validity, discriminative power and internal consistency. A total of 95 patients and 120 personnel were included, 95 patients of whom 47 were women. The mean age was 64.4 ± 15.8 years, with a range of 22–86. The mean length of hospitalization was 9.1 ± 13.4 days, with a range of 3–105. Forty of the patients had previously been treated in the same ward. There were 120 participants in the personnel group, of whom 111 were women and 9 were men. The personnel group consisted of 61 registered nurses and 59 nursing aids. The mean age was 43.6 ± 8.3 with a range between 27 and 60 years. The Karen-patient and the Karen-personnel instruments have achieved acceptable levels of construct validity. The internal consistency of the instruments is good. This indicates that the instruments may be suitable to use in clinical practice for measuring the quality of nursing care.

Ijeoma et al., [2011] conducted a descriptive study to determine helpless patients' satisfaction with quality of care received at tertiary hospitals in Enugu in Nigeria. Total populations of 105 helpless patients, those that need assistance with the activities of daily living were studied. Tools for data collection were questionnaire and interview guide. Data were analyzed using descriptive statistics. Results showed that helpless patients were satisfied with physical and psychological care but satisfaction with spiritual care was marginal. Nurses seemed to lack skills for meeting spiritual needs of the patients. Patients' satisfaction with nurses' attitude was marginally positive. The study showed that there was need for improvement in the care nurses provide for helpless patients in the spiritual dimension.

Lucero et al., [2010] Conducted a study on Nursing care quality and adverse events in US hospitals, to examine the association between nurses' reports of unmet nursing care needs and their reports of patients' receipt of the wrong medication or dose, nosocomial infections and patient falls with injury in hospitals. Secondary analysis of cross-sectional data collected in 1999 from 10,184 staff nurses and 168 acute care hospitals in the US. The proportion of necessary nursing care left undone ranged from 26% for preparing patients and families for discharge to as high as 74% for developing or updating nursing care plans. A majority of nurses reported that patients received the wrong medication or dose, acquired nosocomial infections, or had a fall with injury infrequently. The adverse events

occurred frequently varied considerably [i.e. medication errors (15%), patient falls with injury (20%), nosocomial infection (31%)]. After adjusting for patient factors and the care environment, there remained a significant association between unmet nursing care needs and each adverse event.

Lynn et al., [2007] conducted a study on Understanding and measuring patients' assessment of the quality of nursing care. The objective of the study was to develop the Patient's Assessment of Quality Scale--Acute Care Version (PAQS-ACV) to provide a mechanism through which patients can evaluate meaningfully the nursing care they receive. Methods of the study developed from qualitative interviews with patients, the original 90-item PAQS-ACV was tested with 1,470 medical surgical patients in 43 units across seven hospitals. The typical patient was a married, 50-year-old, high school-educated patient hospitalized for the fourth time. Every 10th patient was asked to complete the PAQS-ACV 2 weeks later. After exploratory factor analysis, 45 items remained in five factors, accounting for 54% of the variance. Internal consistency estimates were above 0.83 for four of the five factors, with the fifth factor being 0.68. Test-retest reliability ranged from 0.58 to 0.71. Content validity was established and construct validity has been explored preliminarily by examining the relationship between the PAQS-ACV scores and patients' compliance. The PAQS-ACV is a relatively new measure of quality nursing care; it has met many criteria for an adequate measure of quality care.

Mrayyan et al., [2006] conducted a descriptive cross-sectional comparative design to assess Jordanian nurses' job satisfaction, patients' satisfaction and quality of nursing care. The total populations were: 200 nurses (response rate 60%), 510 patients (response rate 49%), and 26 head nurses (NHs) (response rate 92%). Mueller/McCloskey Satisfaction Scale (MMSS) 1990; Eriksen's (1988) scale of The Satisfaction with Nursing Care; and Quality of Nursing Care Questionnaire-Head Nurse of Safford & Schlotfeldt (1960) were used to measure the phenomena of interest. Nurses were 'neither satisfied nor dissatisfied' in their jobs, nurses who work in wards reported a slightly better job satisfaction than nurses who work in critical care units. Patients reported that they were 'moderately' satisfied, and head nurses reported that nurses 'usually (practically)' provide a high quality of nursing care. There were no significant differences between critical care units and wards with regard to patients' satisfaction and quality of nursing care. Patients' satisfaction

and quality of nursing care have to be enhanced to reach the levels of 'very satisfied' and 'always' consecutively.

Muntlin et al., [2006] conducted a prospective, descriptive survey, to identify patient's perceptions of quality of care at an emergency department and areas for quality improvement. Study design was adopted and the study took place in one emergency department at a Swedish university hospital in 2002. The participants were 99 women and 101 men, with an average age of 51 years. The emergency department version of the questionnaire Quality from the Patient's Perspective was used for data collection. The result of the study was patients estimated quality of care at the emergency department as fairly good, but there were areas in need of improvement. A high percent of inadequate quality was related to the environment in the emergency department. About 20% of patients reported that they did not receive effective pain relief. More than 20% estimated that nurses did not show an interest in their life situation and patients did not receive useful information on self-care and about which physician was responsible for their medical care.

Uys et al., [2004] conducted a study on a Survey of the quality of nursing care in three health districts in South Africa from March to August 2002. The purpose of this study was to describe and compare the quality of nursing service and care in three health districts in the KwaZulu Natal Province. Five different aspects of care was evaluated; hand-over from one nursing shift to another, implementation of universal precautions, patient satisfaction, nursing records, management of chronic illnesses. All these aspects were evaluated using checklists based on record reviews or direct observation, except for patient satisfaction, which was evaluated by questionnaires. The average scores on the different aspects varied from 11% (for nursing records) to 73% (for management of chronic diseases). Specific problems became evident. In one district three out of four hand-over between shifts of nurses scored less than 50%. In all three districts the use of protective gear scored low (43%). While the average score for management of chronic illnesses were high at 73%, the blood pressures of only 23% was within the target range, and the blood sugar of only 38% of patients were controlled. Patient satisfaction averaged 72% across the three districts. The quality of care measurements identified specific training needs, but other management strategies are probably also indicated.

2.4 Studies on factors influencing patient satisfaction with nursing care

Yim et al., [2008] conducted a study on Evaluation of the satisfaction and usefulness of a web-based educational program for breast cancer patients to evaluate the effectiveness of a web-based breast cancer educational program which consists of special features such as flash animations and online counseling as well as 7 different categories of information on breast cancer. A total of 147 women with breast cancer who visited the website for at least 30 minutes and a minimum of 3 visits, participated in the survey. In this educational program, usefulness of information, system efficiency, adequacy of information and convenience of use all received positive evaluation and showed even distribution of 49.14 (+/-6.05) points out of 64 points total. In the usefulness evaluation, the subcategories had following scores from the highest to the lowest; understanding of breast cancer was 3.34 (+/-0.51), life after treatment (3.21+/-0.58), early detection and examination (3.20+/-0.60), chemotherapy and hormonal therapy (3.18+/-0.55), related factors and prevention (3.16+/-0.59), treatments (3.13+/-0.53), and diagnosis (3.02+/-0.56). Factors affecting the satisfaction of the program were age, religion, income, stage of disease at diagnosis, source of health information, duration of Internet usage, and whether the patient performs breast self-examination. Although the program was evaluated as somewhat useful and satisfactory, it should be improved upon by providing in-depth and cutting edge breast health information especially for women from a higher educational and income background.

Chang et al., [2003] conducted a study on the influence of demographic variables and ward type on elderly patients' perceptions of needs and satisfaction during acute hospitalization. The study designed to determine whether demographic characteristics of patients such as age, gender and cultural background were associated with different perceptions of the importance of and satisfaction with various aspects of nursing care. Patients were selected from geriatric and medical wards at five hospitals in the Sydney area. Five hundred and seventy-six patients were ineligible due to dementia, confusion or mental illness. Two hundred and thirty-one subjects out of 393 who were invited to participate consented (59%). Only 3% of potential participants did not consent because they

did not wish to participate. 40% (n = 90) of patients were male, 63% (n = 146) were aged 65–80 years, with the remainder (n = 85) over 80 years. Two-thirds (n = 153) were from medical wards with the remainder from aged care wards (n = 78), while 87% (n = 204) were of English-speaking background (ESB). A mean score was calculated for each of the four categories (physical, psychosocial, doctors' orders, discharge planning). Data were analyzed using repeated measures analysis of variance (ANOVA) to determine group differences on the four categories combined from the CAS. Results demonstrated that patients who were older (aged > 80 years), female and from aged care wards perceived that physical aspects of nursing care were more important than did patients who were younger (aged 65–80 years), male and from medical wards. Older patients and those from aged care wards were more satisfied with physical care.

Foss [2002] conducted a study on Gender-related difference in patient satisfaction with quality of nursing care. To conduct the study researcher was using data from a Norwegian survey of patient-satisfaction. The survey included 1469 male and 1226 female patients. Results showed that young female patients were less content with all aspects of nursing care when compared with young male patients. The RESKVA study is a Norwegian survey of in-patient satisfaction, conducted by The Foundation of Health Services Research (HELTEF) from 1995 to 1998. The patient satisfaction questionnaire consisted of 39 questions (24). Thirty-four of the 39 questions had five response options, where the two extremes were specified (completely content – complete discontent). Six of the questions related to patient's experiences with nursing care. The total data set included 19,395 patients from two different Norwegian hospitals. The remaining data consisted of replies from 2695 respondents. There were 1469 male and 1226 female patients. The overall response rate was 59%. Mean score of satisfaction with the different areas of quality of nursing care (all ages) the following levels of significance; personal commitment = 0.003, caring behavior = 0.001, time to talk = 0.004, time to help = 0.000, nursing skills = 0.006. The patients' experiences with the continuity of care did not show significant gender difference ($p = 0.117$). No significant differences were found between the sexes in mean age in any of the three groups. Mean scores were used when presenting the patients' level of satisfaction; score 1 representing the lowest – and score 5 the highest possible level of satisfaction.

Comparison of male and female patient's means scores were performed using t-test.

2.5 Summary

From the literature reviewed, it is evident that many factors influence patient satisfaction with quality of nursing care like age, gender difference etc.

Chapter - III

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is the systematic way to solve research problem. It include the step that researcher adopt to study this problem with the logic behind. It indicates the general pattern of organizing the procedure of gathering valid and reliable data for an investigation.

This chapter provides a brief description of method adopted by the investigator to conduct the study. This chapter includes research approach, research design, and setting of the study, sample and sampling technique. It further deals with development of tool, procedure for data collection, and for data analysis.

3.2 Research approach

Survey approach is used for the present study. Survey approach is more useful in educational fact finding, in relatively small samples.

3.3 Research design

The descriptive study design was used to fulfill the objective of the study.

3.4 Setting of the study

This study was conducted in neuromedical ICU and NM ward of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram. The rational for selecting this institute for the study was that the researcher was more familiar with this institution. SCTIMST is an institute of national importance where there is a separate wing for neuromedical unit.

3.5 Study population

The target population of the study was both male and female patients admitted in neuromedical unit in SCTIMST.

3.6 Sample size

The sample size consists of 50 patients. 10 patients were selected for pilot study.

3.7 Criteria for sample selection

Inclusion criteria:

- Patients who are willing to participate
- Patients who can read and understand Malayalam
- Patients who are for discharge on the day of data collection.
- Patients who have age above 18 years.

Exclusion criteria

- Patients on ventilator
- Patients who do not respond/ disoriented/ altered mental status

3.8 Sampling technique

Patients who are in neuromedical unit during data collection period and who fulfilled inclusion criteria were collected as samples by convenient sampling technique.

3.9 Data collection tool

Data collection tool refers to instrument which was used by investigator to obtain relevant data. A modified questionnaire was prepared by investigator from Dr. Laschingers. The questionnaire was translated to regional language Malayalam with some modifications. The tool was examined by experts of SCTIMST. The research tool was finalized according to expert's opinion.

3.10 Description of the tool

Laschinger et al [2005] prepared PSNCQQ; the questionnaire was five point rating scale consisting of nursing care during hospital stay.

The rating scales were - excellent, very good, good, fair, and poor

The questionnaire was translated to regional language Malayalam with some modification.

The structured questionnaire consists of two sections.

- ❖ General information or demographic data, it includes Name, age, sex, marital status, education, category, date of admission, number of previous admission, way of admission and diagnosis
- ❖ 20 questions regarding patient satisfaction with nursing care. The options given for rating were: excellent, very good, good, fair and poor.

3.11 Pilot study

A pilot study was conducted from 5/9/2011 to 8/9/2011. The aim of the pilot study was to find out the feasibility and practicability of the tool. The study was conducted among 10 samples; the sampling technique used was convenient sampling informed consent was taken from the samples. The finalized tool was used to assess patient satisfaction with nursing care quality questionnaire. The pilot study finding revealed that the study was feasible and practicable.

3.12 Data collection procedure

There was no problem faced during pilot study, the same method of data collection was used for the final study. The researcher first introduced herself to the patient and explained the need and purpose of the study. Informed consent was taken from the patient before data collection. It took 20 minutes for the patient to answering the questions

3.13 Plan of analysis.

A plan for data analysis was developed by the investigator after the data collection. The data obtained from satisfaction questionnaire would be analyzed by descriptive statistics. Percentages would be used for describing the sample. In this study there are 20 questions. These questions are grouped into 2 major categories; they are information given by nurses and quality of nursing care. In the questionnaire question no.1,2,3,4,5,6,10,18 belongs to information given by nurses

and question no.7,8,9,11,12,13,14,15,16,17,19,20 belongs to quality of nursing care.

3.14 Summary

This chapter presented the research approach used for present the study, research design of the study, setting of the study, study population, sample size, criteria for sample selection, sampling technique, description of tool, pilot study, data collection procedure and plan of analysis.

Chapter - IV

ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

Analysis is categorizing, ordering manipulating and summarizing the data to an intelligible and interpretable form so that the research problem can be studied and tested including relationship between variables.

Interpretation is the process of making the sense of results and the examining the implication of the findings with in a broad context.

The data's in this study analyzed and arranged under following sections

- 4.2. Distribution of samples according to demographic variables.
- 4.3. Distribution of samples according to information given by nurses.
- 4.4. Distribution of samples according to quality of nursing care.
- 4.5. Distribution of sample based on association of overall satisfaction with nursing care and selected variables.

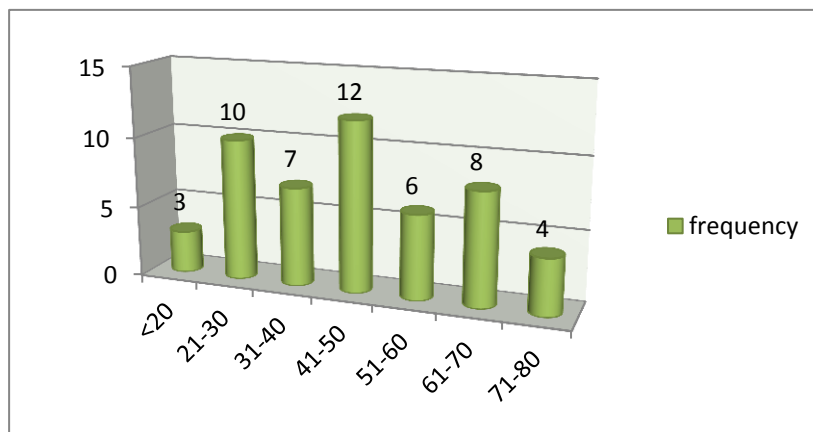
4.2 Distribution of samples according to demographic variable

Table 4.2 a. Distribution of sample by age

Age Group	Frequency	Percentage (%)
<20	3	6
21-30	10	20
31-40	7	14
41-50	12	24
51-60	6	12
61-70	8	16
71-80	4	8
Total	50	100

Table 4.2 a. shows distribution of sample by age. The age of sample ranges from 18-78 with a mean age of 44.7, standard deviation 16.88, majority of samples were from age group 41-50 and only 6% were from age group <20

AGE



4.2a Bar diagram showing distribution of sample according to age.

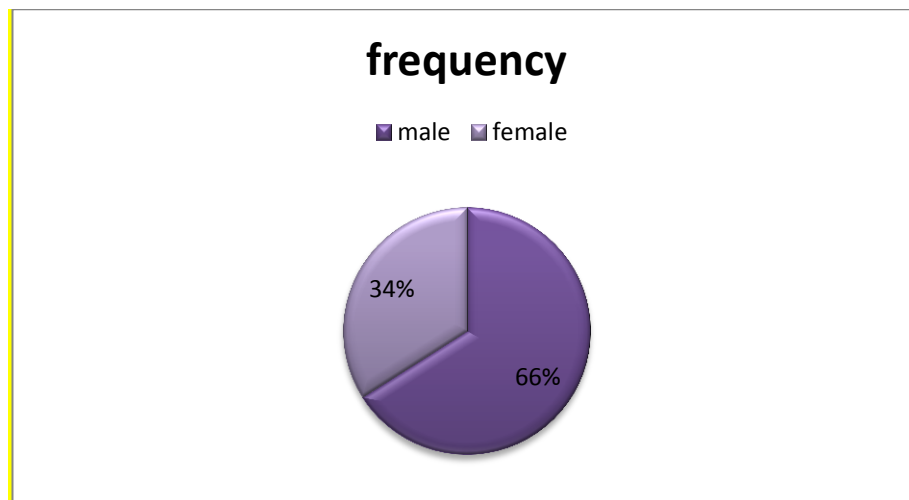
4.2 b Distribution of sample according to sex

Table 4.2 b shows distribution of sample according to sex.

Sex	Frequency	Percentage
Male	33	66
Female	17	34
Total	50	100

Table 4.2 b shows distribution of sample according to sex. There majority of sample were male (66%) and only (34%) in female sample.

SEX



4.2 b Pie diagram of sample according to sex

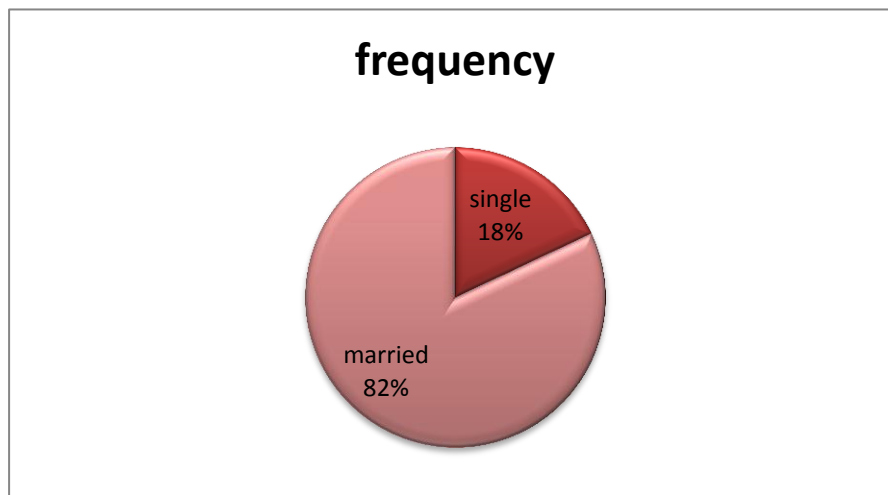
4.2 c Distribution of sample according to marital status

Table 4.2 c Distribution of sample by marital status

Marital status	Frequency	Percentage
Single	9	18
Married	41	82
Total	50	100

Table 4.2c shows that distribution of sample by marital status. Majority of sample were married (82%). 41(82%) were married and 9 (18%) were single.

MARITAL STATUS



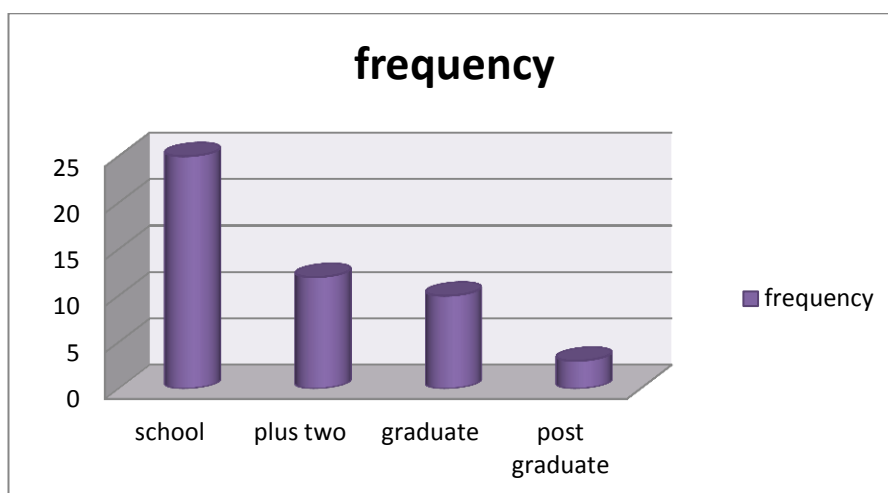
4.2c Pie diagram of sample according to marital status

4.2 d Distribution of sample according to education

4.2 d Distribution of sample according to education

Education	Frequency	Percentage
School	25	50
Pus two	12	24
Graduate	10	20
Post graduate	3	6
Total	50	100

Table 4.2 (d) shows that the majority of sample had school education (50%), only 6% percentage had post graduate education. The same data is shown in the Fig 4.2d



4.2 d Bar diagram of sample according to education

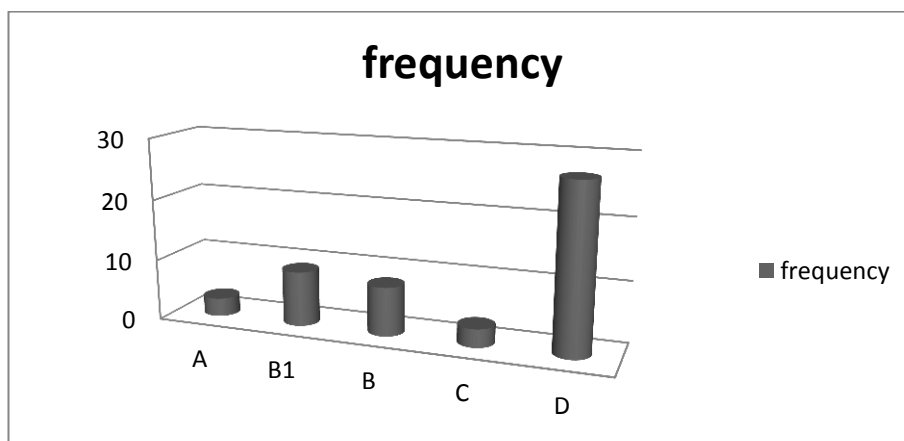
4.2 e Distribution of sample according to income category

Table 4.2 (e) shows distribution of sample according to category

Category	Frequency	Percentage
A	3	6
B1	9	18
B	8	16
C	3	6
D	27	54
Total	50	100

Table 4.2 (e) shows that majority of samples (54%) were D category, only (6%) were A category and (6%) were C category.

CATEGORY



4.2 e Bar diagram of sample according to category

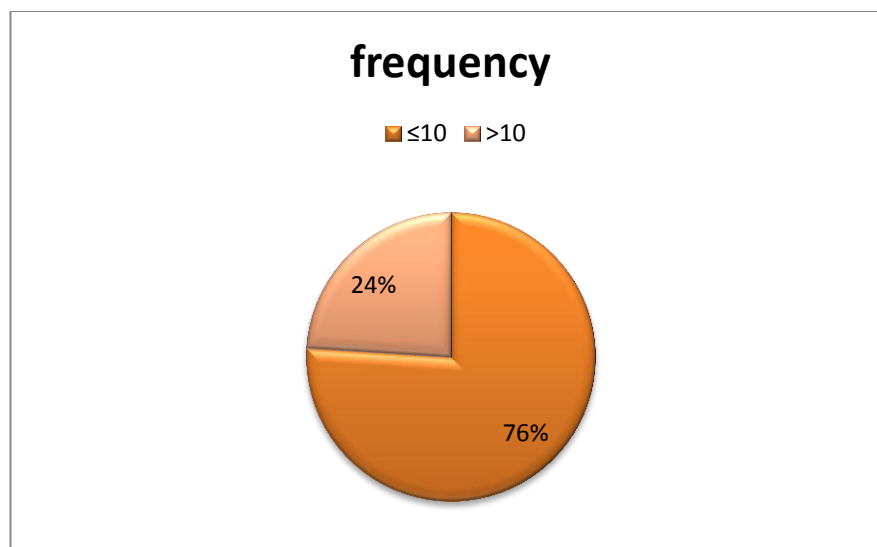
4.2 (f) Distribution of sample according to length of hospital stay

Table 4.2 (f) Distribution of sample according to length of hospital stay

Length of stay in days	Frequency	Percentage
≤10 days	38	76
>10 days	12	24
Total	50	100

Table 4.2 (f) shows that majority of sample 41(82%) stay ≤10 day, only 9(18%) were more than 10 days.

LENGTH OF HOSPITAL STAY



4.2(f) Pie diagram of sample according to length of hospital stay

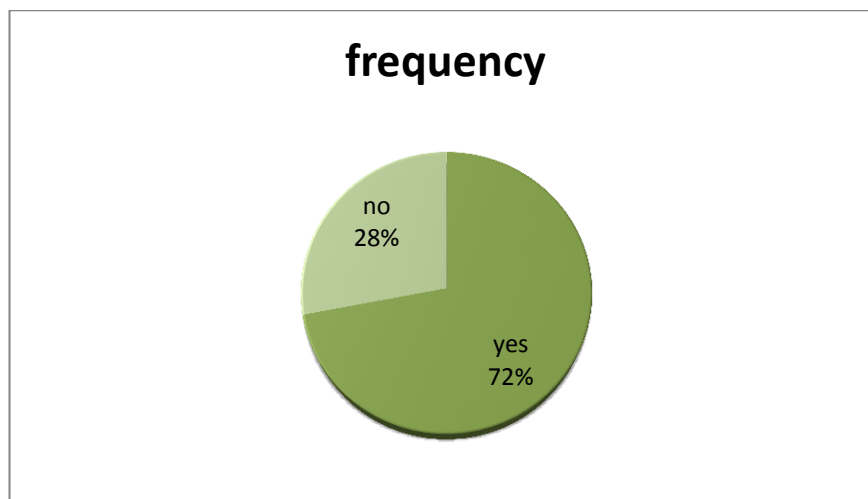
4.2(g) Distribution of sample according to previous admission

Table 4.2(g) Distribution of sample according to previous admission

Previous admission	Frequency	Percentage
Yes	36	72
No	14	28
Total	50	100

4.2(g) Distribution of sample according to previous admission.36 (72%) patients were previously admitted and 14(28%) patients not previously admitted. The same data shown in Fig 4.2(g)

PREVIOUS ADMISSION



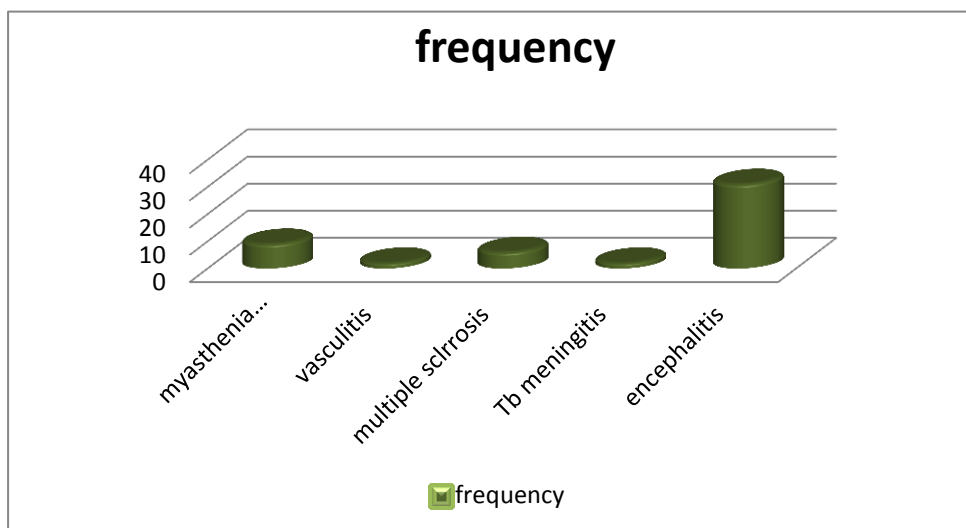
4.2(g) Pie diagram of sample according to previous admission

4.2 h Distribution of sample according to diagnosis

Table 4.2h Distribution of sample according to diagnosis

Diagnosis	Frequency	Percentage
Myasthenia gravis	9	18
Vasculitis	2	4
Multiple sclerosis	6	12
Tb meningitis	2	4
Encephalitis	31	62
Total	50	100

The diagnosis of sample made by 5 types. There were 31(62%) patients with encephalitis. The same data shown in Fig 4.2 h.



4.2(h) Bar diagram of sample according to diagnosis

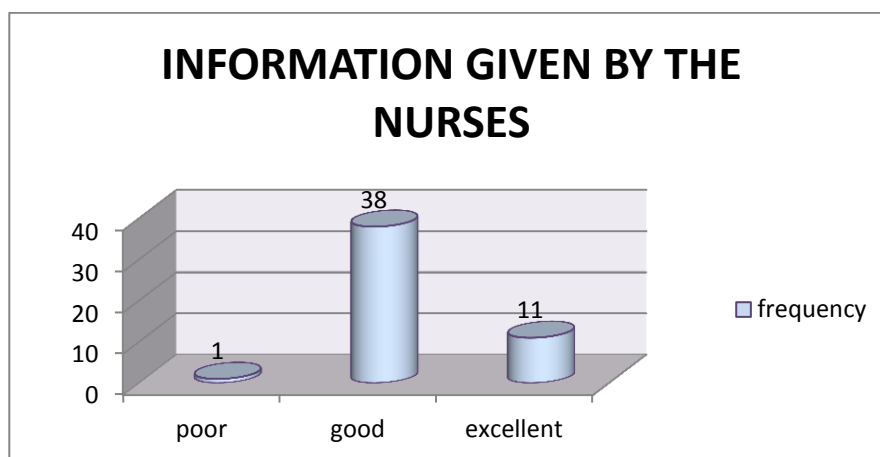
4.3 a Distribution of sample based on patients' satisfaction about criteria information given by nurses.

In the questionnaire, criteria information given by nurses includes question no.1, 2, 3,4,5,10,18 and they are clubbed together.

Table 4.3a shows patient's satisfaction about information given by nurses.

Patient's satisfaction about information given by nurses.	Frequency	Percentage
Poor	1	2
Good	38	76
Excellent	11	22
Total	50	100

Table 4.3a shows that patient's satisfaction about information given by nurses. Only 2% samples rated poor. 38(76%) samples rated good and 11(22%) rated excellent.



4.3a Bar diagram showing distribution of sample based on information given by nurses.

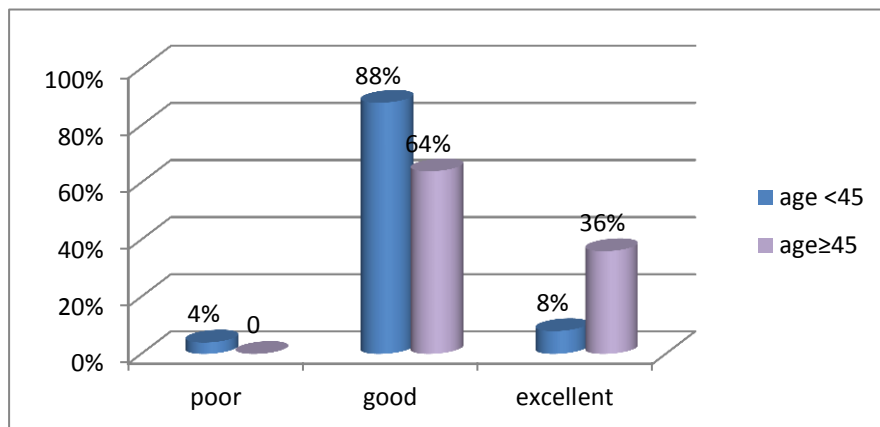
4.3b Distribution of sample based on patients' satisfaction about information given by nurses and age group.

Table 4.3b Distribution of sample based on patients' satisfaction about information given by nurses and age group.

The age of sample ranges from 18-78 with a mean age of 44.7, standard deviation 16.88.

Satisfaction of patient by information given by nurses	Age <45 Frequency (%)	Age ≥45 Frequency (%)	Total Frequency (%)
Poor	1 (4%)	0	1 (2%)
Good	22 (88%)	16 (64%)	38 (76%)
Excellent	2 (8%)	9 (36%)	11 (22%)
Total	25 (50%)	25 (50%)	50 (100%)

Table 4.3b shows that patients with ≥45 years 64% rated good. Among that 36% rated excellent and no one reported poor. Among <45 yrs 88% were rated good, 2(8%) were rated excellent and only 4% were rated poor.



4.3b Bar diagram showing distribution of sample based on patients' satisfaction about information given by nurses and age group

4.3c Distribution of sample based patients' satisfaction about information given by nurses according to sex.

Table 4.3c shows distribution of sample based on patients' satisfaction about information given by nurses and sex

Satisfaction of the patient	Female Frequency (%)	Male Frequency (%)	Total Frequency (%)
Poor	0	1 (3.03%)	1 (2%)
Good	13 (76.47%)	25 (75.76%)	38 (76%)
Excellent	4 (23.53%)	7 (21.21%)	11 (22%)
Total	17 (100%)	33 (100%)	50 (100%)

Table 4.3c shows that majority of sample 38(76%) rated good, 22% rated excellent and only 2% were rated poor. Among females 13(76.47%) rated good, 23.53%rated excellent and no one reported poor. Among males and 25(75.76%) rated good, 21.21% were rated excellent and 3.03% rated poor.

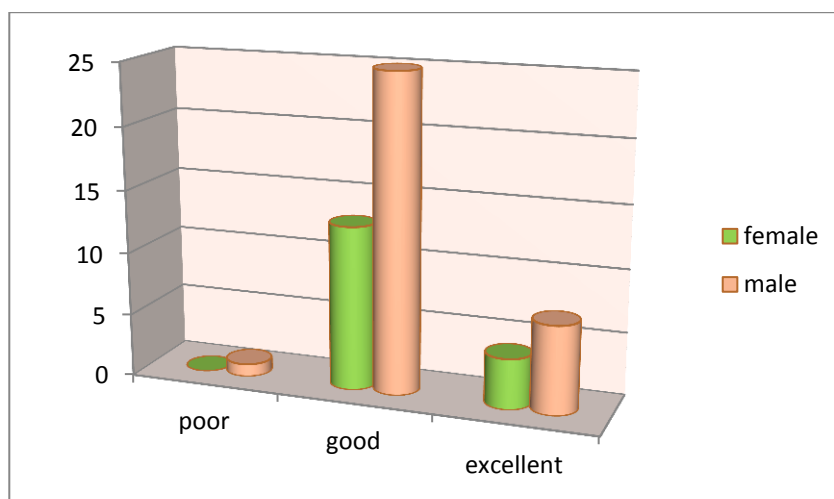


Fig 4.3c Bar diagram shows distribution of sample based on patients' satisfaction about information given by nurses and sex.

4.3d Distribution of sample based on patients' satisfaction about information given by nurses and marital status

Table 4.3d shows distribution of sample based on patients' satisfaction about information given by nurses and marital status.

Satisfaction of patient	Single Frequency (%)	Married Frequency (%)	Total Frequency (%)
Poor	0	1 (2.44 %)	1 (2%)
Good	7 (77.78 %)	31 (75.61%)	38 (76%)
Excellent	2 (22.22%)	9 (21.95%)	11(22%)
Total	9 (100 %)	41 (100 %)	50(100%)

Table 4.3d shows that 22.22% rated excellent, 76% were rated good and 2% rated poor. Among single 77.78% rated good, 22.22% were rated excellent. Among married 21.95% rated excellent, 75.61% were rated good and only 2.44% rated poor. There is no relationship between marital status and information given by nurses.

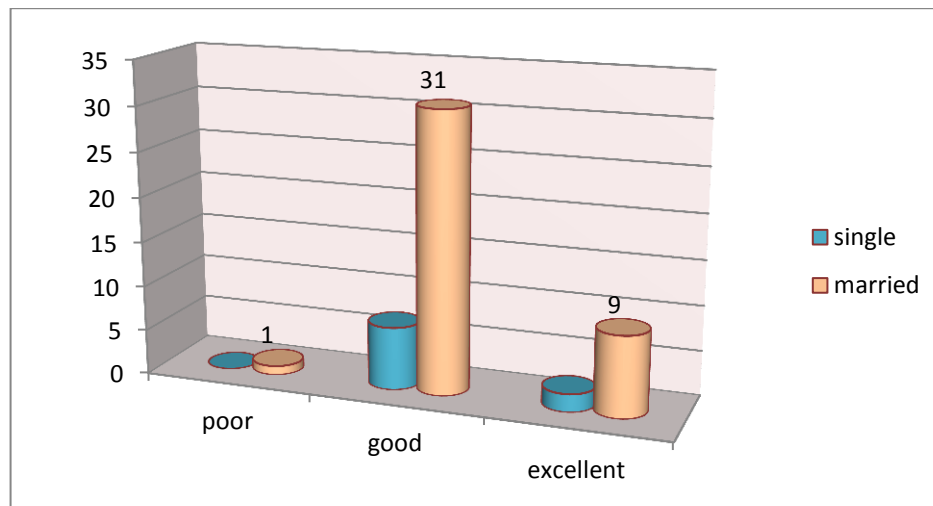


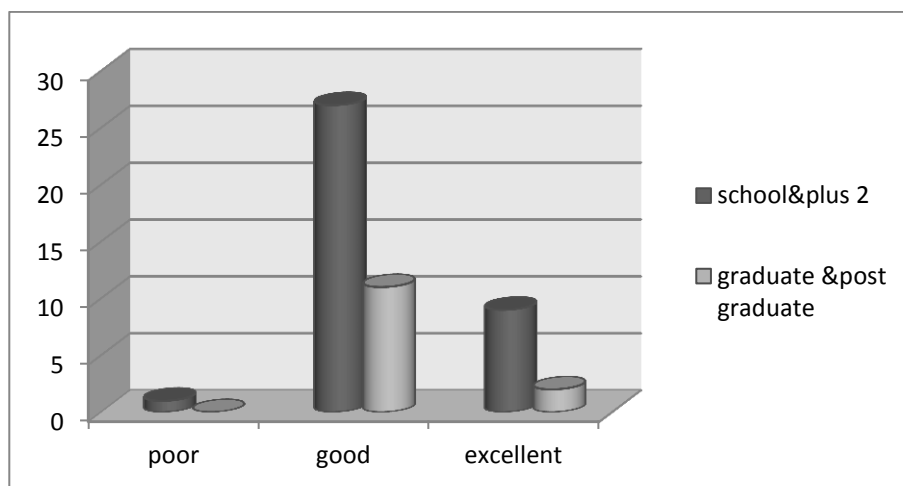
Fig 4.3d Bar diagram shows distribution of sample based on patients' satisfaction about information given by nurses and marital status

4.3e Distribution of sample based on patients' satisfaction about information given by nurses and educational status.

Table 4.3e shows distribution of sample based on patients' satisfaction about information given by nurses and educational status.

Satisfaction of patient	School & plus2 Frequency (%)	Graduate & post graduate Frequency (%)	Total Frequency (%)
Poor	1 (2.70%)	0	1 (2%)
Good	27 (72.97%)	11 (84.62%)	38 (76%)
Excellent	9 (24.32%)	2 (15.38%)	11(22%)
Total	37 (100%)	13 (100%)	50 (100%)

Table4.3e shows that 22% were rated excellent.76% rated good and 2% rated poor. Among school &plus2 24.32% rated excellent, 72.97% rated good and 2.70% were rated poor. Among graduate &post graduate 22% excellent, 76% rated good and 2% poor. It means there is only a slight variation between educational status and information given by nurses.



4.3e Bar diagram showing distribution of sample based on information given by nurses and education

4.3f Distribution of sample based on patients' satisfaction about information given by nurses and Income category.

Table 4.3f Distribution of sample based on patients' satisfaction about information given by nurses and income category

Satisfaction of patient	A Frequency (%)	B1,B & C Frequency (%)	D Frequency (%)	Total Frequency (%)
Poor	0	1(5%)	0	1
Good	2(66.67%)	17(85%)	19(70.37%)	38(76%)
Excellent	1(33.33%)	2(10%)	8(29.63%)	11(22%)
Total	3(100%)	20(100%)	27(100%)	50(100%)

Table 4.3f shows that among A category 33.33% rated excellent, among B1,B &C category 10 rated excellent and among D category 29.63% rated excellent. Among income category only 1% rated poor. There is no marked variation between income category and information given by nurses.

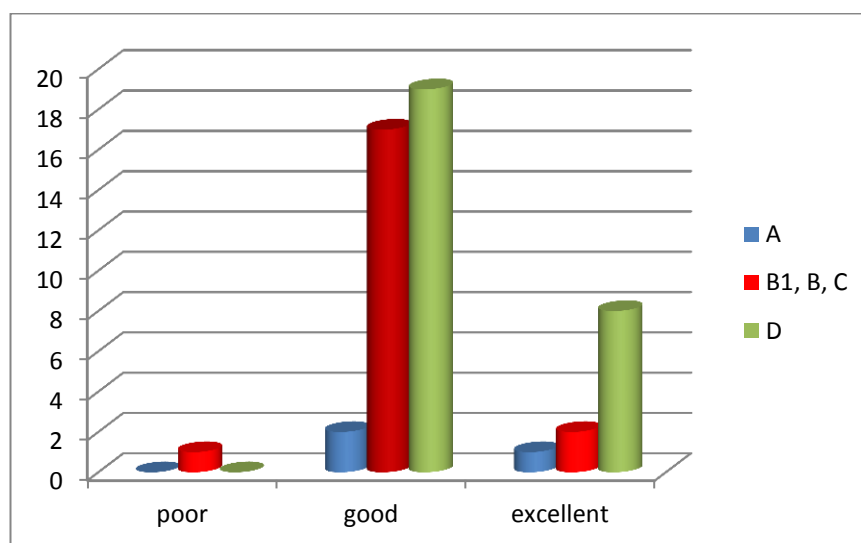


Fig 4.3f Distribution of sample by patients' satisfaction about information given by nurses according to category

Table 4.3g Distribution of sample based on patients' satisfaction about information given by nurses and to length of stay.

Table 4.3g Distribution of sample based on patients' satisfaction about information given by nurses and length of stay.

Satisfaction of patient	≤10 days Frequency(%)	>10 days Frequency(%)	Total Frequency(%)
Poor	1 (2.64%)	0	1(2%)
Good	31(73.68%)	7(83.33%)	38(76%)
Excellent	9(23.68%)	2(16.67%)	11(22%)
Total	41(100%)	9(100%)	50(100%)

Table 4.3g shows that majority of sample ≤10days (73.68%) & among >10days (83.33%) were rated good. Among ≤ days 32.68% rated good and 2.64% rated poor. Among 10 days 16.67% rated excellent and no one rated poor.

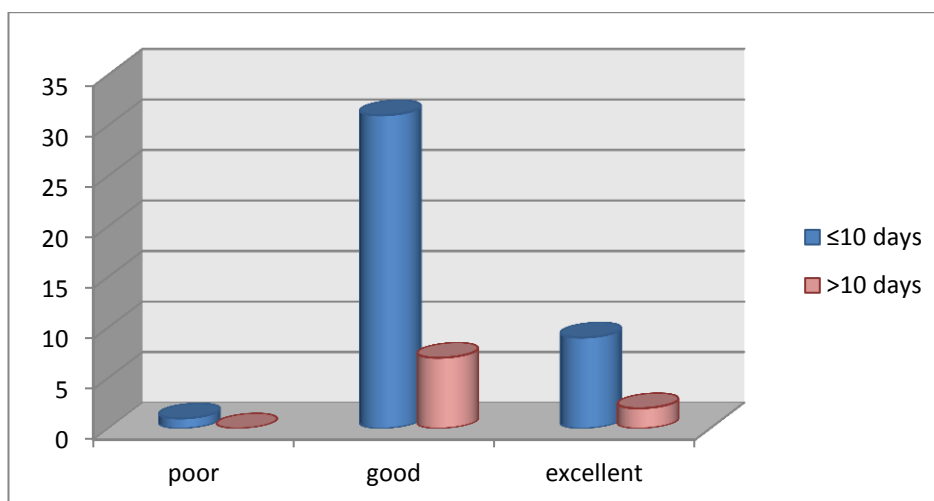


Fig 4.3g Bar diagram shows distribution of sample based on patients' satisfaction about information given by nurses and length of stay

Table 4.3h Distribution of sample based on patients' satisfaction about information given by nurses and previous admission.

Table 4.3h Distribution of sample based on patients' satisfaction about information given by nurses and previous admission.

Satisfaction of patient	Yes Frequency(%)	No Frequency(%)	Total Frequency(%)
Poor	1(2.78%)	0	1(2%)
Good	26(72.22%)	12(85.71%)	38(76%)
Excellent	9(14.29%)	2(14.29%)	11(22%)
Total	36(100%)	14(100%)	50(100%)

Table 4.3h shows that majority of samples 76% were rated good. Among previously admitted 14.29% & among previously not admitted 14.29% were rated excellent. It may be noted that there is no difference between information given by nurses and previous admission.

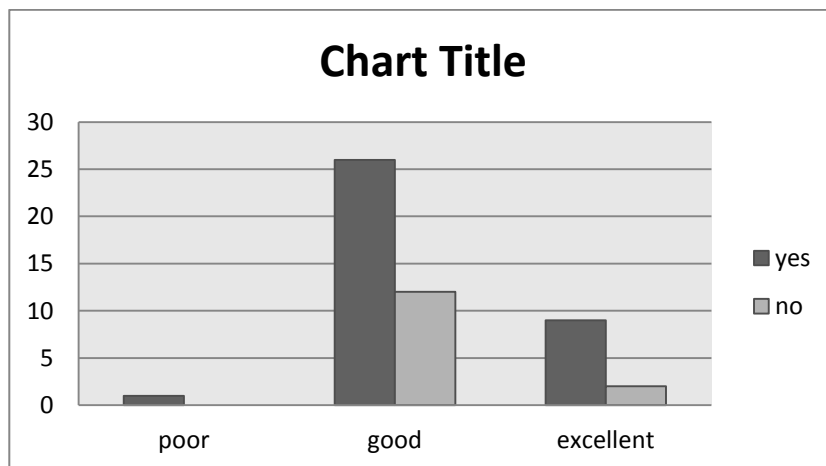


Fig 4.3h Distribution of sample based on patients' satisfaction about information given by nurses and previous admission.

4.4a Distribution of sample based on criteria quality of nursing care

In the questionnaire , criteria quality of nursing care includes question no.7,8,9,11,12,13,14,15,16,17,19,20 and they are clubbed together

Table4.4a Distribution of sample based on quality of nursing care

Quality of nursing care	Frequency	Percentage
Good	34	68
Excellent	16	32
Total	50	100

Table 4.4a shows that 34(68%) samples were rated good.16 (32%) were reported excellent and no one rated poor.

QUALITY OF NURSINGCARE

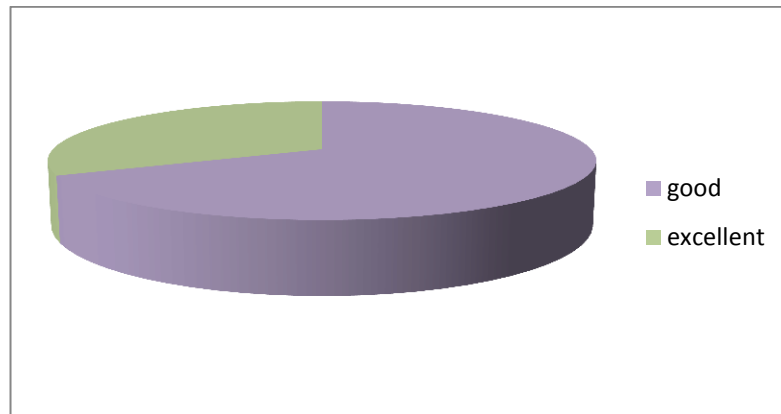


Fig4.4a shows distribution of sample according to quality of nursing care

4.4b Distribution of sample based on quality of nursing care and age.

Table 4.4b Distribution of sample based on quality of nursing care and age.

Quality of nursing care	<45 Frequency (%)	≥45 Frequency (%)	Total Frequency (%)
Good	17 (68%)	17(68%)	34(68%)
Excellent	8 (32%)	8(32%)	16 (32%)
Total	25 (100%)	25 (100%)	50 (100%)

Table 4.4b shows that there is no relationship between age group and quality of nursing care.

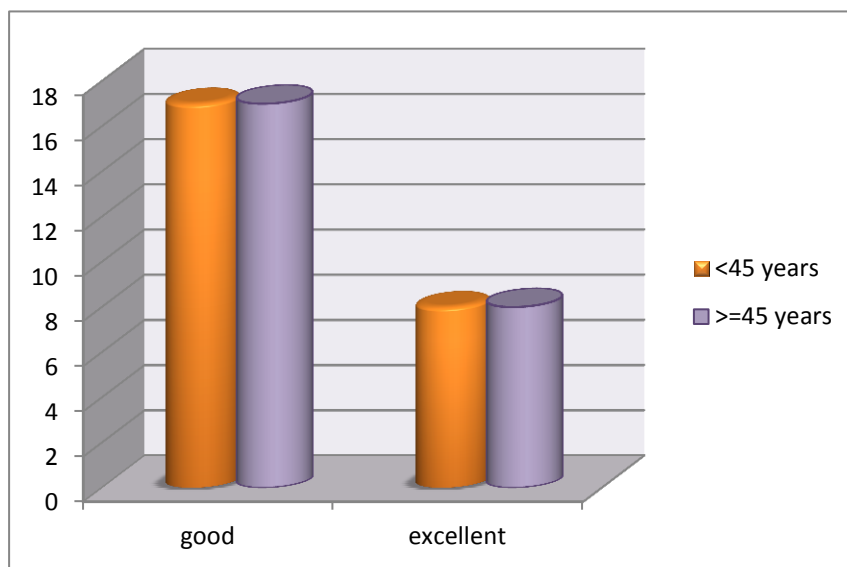


Fig 4.4b Distribution of sample based on quality of nursing care and age.

4.4c Distribution of sample based on quality of nursing care and sex.

Table 4.4c Distribution of sample based on quality of nursing care and sex.

Quality of nursing care	Female Frequency (%)	Male Frequency (%)	Total
Good	11(64.71%)	23 (69.70%)	34 (68%)
Excellent	6 (35.29%)	10(30.30%)	16(32%)
Total	17(100%)	33(100%)	50 (100%)

Table 4.4c shows that among females and males majority rated good. 35.29% females and 30.30% males rated excellent. There is no marked relation between quality of nursing care and sex.

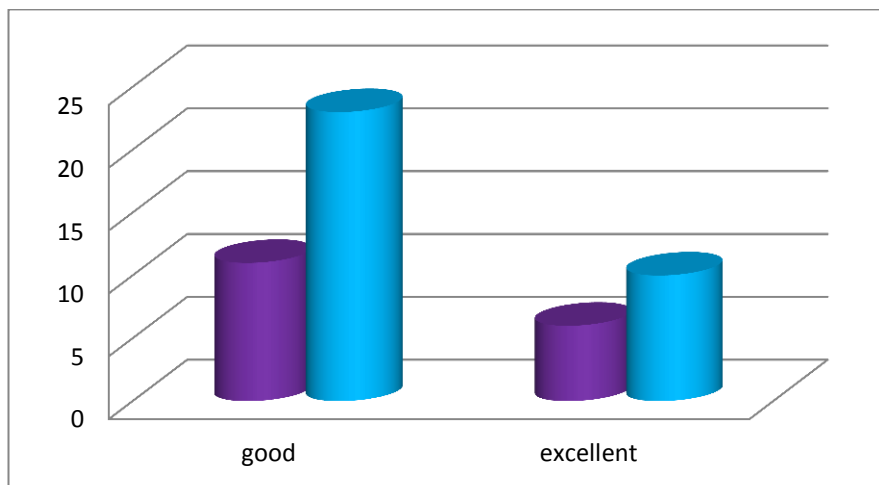


Fig 4.4c Distribution of sample based on quality of nursing care and sex.

4.4d Distribution of sample based on quality of nursing care and marital status.

Table 4.4d Distribution of sample based on quality of nursing care and marital status.

Quality of nursing care	Single Frequency(%)	Married Frequency (%)	Total Frequency (%)
Good	6 (66.67%)	28 (68.29%)	34(68%)
Excellent	3 (33.33%)	13 (31.71%)	16(32%)
Total	9(100%)	41 (100%)	50(100%)

Table 4.4d shows that there is no marked variation between marital status and quality of nursing care. Among that 34(68%) were rated good and 16(32%) were excellent.

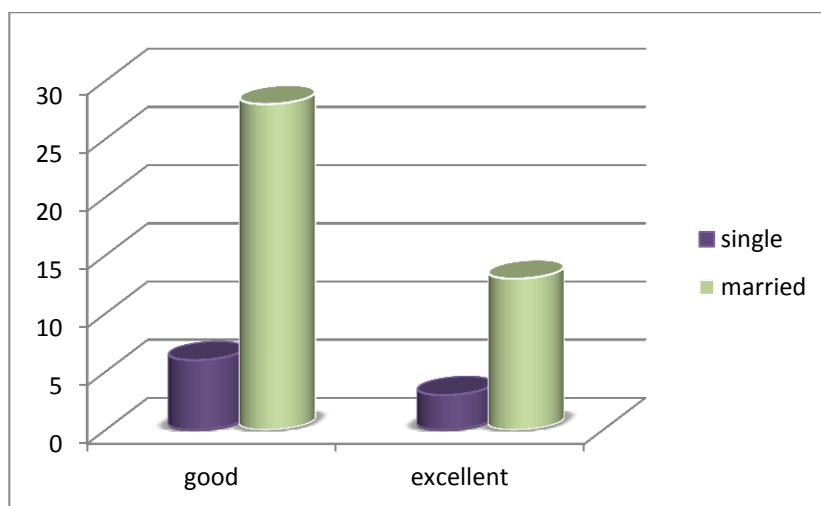


Fig4.4d Distribution of sample based on quality of nursing care and marital status.

4.4e Distribution of sample based on quality of nursing care and education.

Table 4.4e Distribution of sample based on quality of nursing care and education

Quality of nursing care	School& plus 2 Frequency (%)	Graduate &post graduate	Total
Good	28(75.68%)	6 (46.15%)	34(68%)
Excellent	9 (24.32%)	7 (53.85%)	16 (32%)
Total	37(100%)	13 (100%)	50 (100%)

Table 4.4e shows that majority of the sample from school and plus2 were rated good 28(75.68%) and majority of the sample from graduate and post graduate rated excellent 7(53.85%).

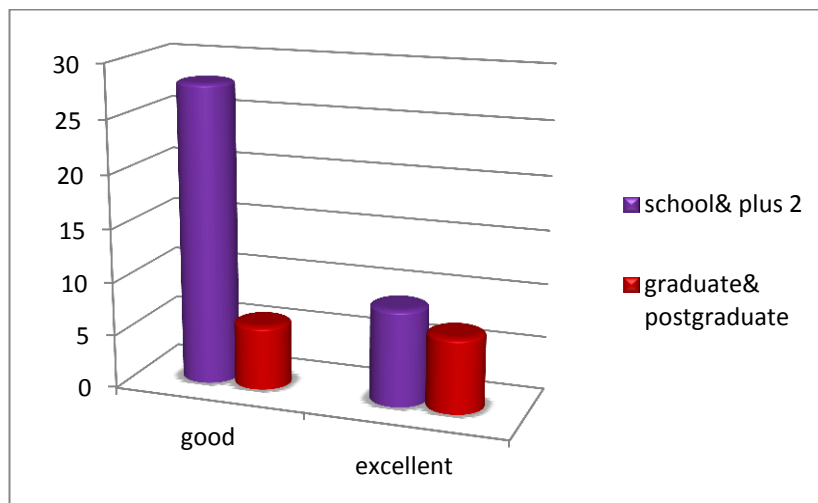


Fig 4.4e Distribution of sample based on quality of nursing care and education

4.4f Distribution of sample based on quality of nursing care and income category

Table 4.4f Distribution of sample based on quality of nursing care and category

Quality of nursing care	A Frequency (%)	B1, B & C Frequency (%)	D Frequency (%)	Total Frequency (%)
Good	1 (33.33%)	14(70%)	19(70.37%)	34(68%)
Excellent	2(66.67%)	6(30%)	8(29.63%)	16(32%)
Total	3(100%)	20(100%)	27(100%)	50(100%)

Table4.4f shows that majority of sample from B1,B & C 70%, from D category 19(70.37%) rated good and majority of sample from A category 2(66.67%) were rated excellent.



Table 4.4f Distribution of sample based on quality of nursing care and category.

4.4g Distribution of sample based on quality of nursing care and length of stay

Table 4.4g Distribution of sample based on quality of nursing care and length of stay

Quality of nursing care	≤10 days Frequency(%)	>10 days Frequency(%)	Total Frequency(%)
Good	29(76.39%)	5(41.67%)	34(68%)
Excellent	9(23.68%)	7(58.33%)	16(32%)
Total	38(100%)	12(100%)	50(100%)

Table 4.4g shows that among ≤10 days 29(76.39%) were rated good, 23.68% rated excellent and among >10 days 58.33% rated excellent 7(58.33%), 41.67% rated good.

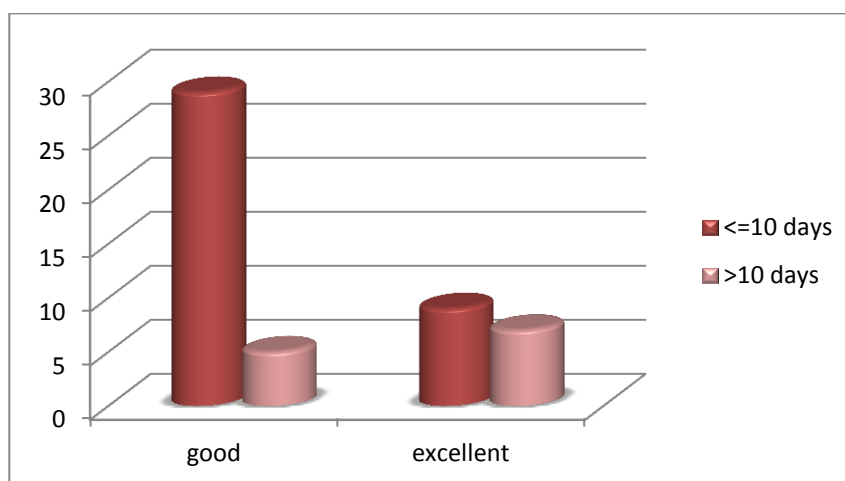


Fig 4.4g Distribution of sample based on quality of nursing care and length of stay.

4.4h Distribution of sample based on quality of nursing care and previous admission

Table 4.4h Distribution of sample based on quality of nursing care and previous admission

Quality of nursing care	Yes Frequency (%)	No Frequency(%)	Total Frequency(%)
Good	10(71.43%)	24(66.67%)	34(68%)
Excellent	4(28.57%)	12(33.33%)	16(32%)
total	14(100%)	36(100%)	50(100%)

Table 4.4h shows that 10(71.43%) previously admitted samples and 24(66.67%) previously not admitted samples were rated good. 4 (28.57%) previously admitted and 12(33.33%) previously not admitted were rated excellent. There is only a slight variation between quality of nursing care and previous admission.

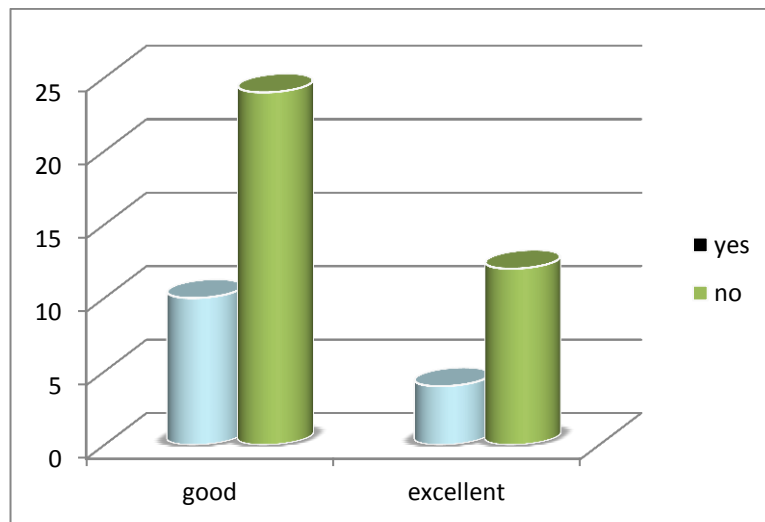


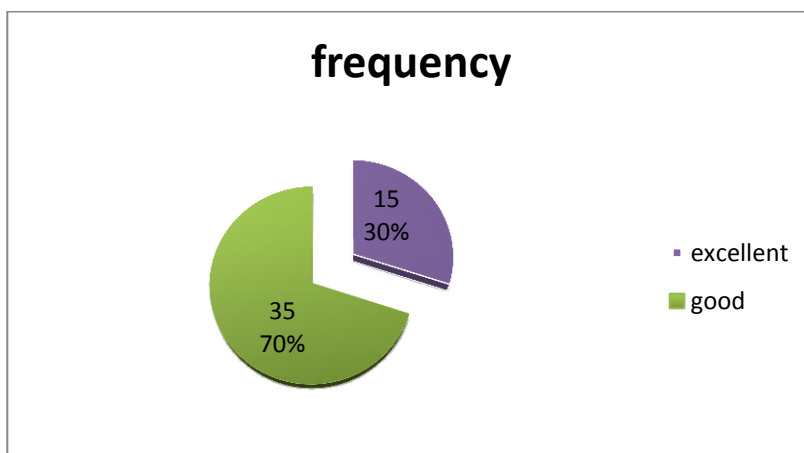
Fig 4.4h Distribution of sample based on quality of nursing care and previous admission.

4.5a Distribution of sample according to overall patient satisfaction with quality of nursing care.

Table 4.5a Distribution of sample according to overall patient satisfaction with quality of nursing care.

Overall patient satisfaction with quality of nursing care	Frequency	Percentage (%)
Excellent	15	30
Good	35	70
Total	50	100

Table 4.5a shows that distribution of sample according to overall patient satisfaction with nursing quality of care. 15 (30% were rated excellent, 35(70%) were rated good and no one rated poor.



4.5a Pie diagram shows distribution of sample by overall patient satisfaction with nursing care.

4.5b Association of overall patient satisfaction with quality of nursing care and selected variables.

Table 4.5 b shows that association of overall Patient satisfaction with quality of nursing care and variables.

Different Variables	Patient Satisfaction		Total	P-value
	Excellent (%)	Good (%)		
Age				0.031
<45	4(16%)	21(84%)	25(100%)	
≥45	11(44%)	14(56%)	25(100%)	
Sex				0.148
Male	12(36.36%)	21(63.64%)	33(100%)	
Female	3 (17.65%)	14(82.35%)	17(100%)	
Marital status				0.25
Single	4(44.44%)	5(55.6%)	9(100%)	
Married	11(26.8%)	30(73.2%)	41(100%)	
Education				0.602
School & plus2	11(29.7%)	26(70.3%)	37(100%)	
Graduate & postgraduate	4(30.7%)	9(69.3%)	13(100%)	
Income category				0.88
A	1(33.3%)	2(66.7%)	3(100%)	
B1, B & C	5(25%)	15(75%)	20(100%)	
D	9(33.3%)	18(66.7%)	27(100%)	
Length of stay				0.493
≤10 days	13(30%)	28(70%)	41(100%)	

>10 days	2(23.2%)	7(77.8%)	9(100%)	
Previous admission				
Yes	10(27.8%)	26(72.2%)	36(100%)	0.40
No	5(35.7%)	9(64.3%)	14(100%)	

Table 4.5 b shows overall patient satisfaction with quality of nursing care.

Table 4.5 b shows that age<45 excellent (16%), good (84%) and age ≥45 excellent (44%), good (56%) (P-value 0.031) it shows statistically significant relation between age group and patient satisfaction with quality of nursing care. Male 36.6% were excellent, 63.64% were good and female 17.65% were excellent, 82.35% were good (p-value 0.05) shows statistically no significant relation between sex and patient satisfaction. Married 26.8% were excellent, 73.2% were good and single 44.4% were excellent, 55.6% were good (p-value 0.25) shows statistically no significant relation between marital status and patient satisfaction. In School & plus 2 29.7% were excellent, 70.3% were good and graduate and post graduate 30.7% were excellent, 69.35% were good (p-value 0.602) shows statistically no significant relation between education and patient satisfaction. Income category A category 33.3% were excellent, 66.7% were good, category B1 B C 25% were excellent 75% were good, D 33.3% were excellent, 66.7% were good (p-value 0.88) there is no significant relation between income category and patient satisfaction. According to length of hospital stay ≤10 days 30% were excellent, 70% were good and >10 days 23.2% were excellent, 77.8% were good (p-value 0.493) there is no significant relation with length of stay and patient satisfaction. According to previous admission 27.8% were excellent, 72.22% were good and previously not admitted 35.7% were reported excellent, 64.3% were good (p-value 0.4) there is no significant relation between patient satisfaction and previous admission.

Chapter - V

SUMMARY, CONCLUSION, LIMITATION, DISCUSSION AND RECOMMENDATION

5.1 Introduction

This chapter gives a brief account of the present study including conclusion drawn from the findings and possible application of the results. Recommendations of the further research and suggestion for improving the present study are also presented.

5.2 Summary

This study was undertaken to assess patient satisfaction with quality of nursing care

The experience in neuromedical unit in Sree Chitra Tirunal Institute for Medical Science and Technology motivated the investigator to undertake this study of Patient Satisfaction with nursing care. The review of related literature helped the investigator to get a clear concept about research topic. For this study a modified form of Dr. Laschinger's- "Patient satisfaction with quality nursing care questionnaire" [PSNCQQ], was used. PSNCQQ translated to vernacular language Malayalam. Data collection was done from the month of August 2011 to October 2011, analyzed and interpreted using descriptive and inferential statistics.

5.3 Objectives of the study

The specific objective of this study:-

1. To assess the patient satisfaction with quality of nursing care.
2. To identify relationship between satisfaction of patient with selected variables

5.4 Limitation

- * Patients who can read and understand Malayalam
- * The Sample size limited to 50

*Patients who have age above 18 years.

*The study was limited to neuromedical unit.

5.5 Major findings of the study

Total number of sample was 50. The mean age of patients was 44.7 yrs, standard deviation 16.88. Patient satisfaction with quality nursing care <45 ranges from excellent 4(16%) and good 21(84%), ≥45 ranges from excellent 11(44%) and 14(56%).By doing unpaired t- test (p-value 0.031) there is statistical difference in patient satisfaction with nursing care with regard to age and no statistical difference in patient satisfaction with sex, marital status, education, income category, length of stay and previous admission.

5.6 Recommendations

The following recommendations were made for future research.

1. Similar study would be repeated in other intensive care units and wards of this institute.
2. Similar study can be repeated by increasing the size of the sample.

5.7 Discussion

There are many studies related to Patient's Satisfaction with Nursing Care. Patient satisfaction is the popular way of evaluation nursing practice in most countries. The aim of the study was to assess the patient satisfaction with quality of nursing care and to identify relationship between satisfactions of patient with selected variables. The present study emphasized to assess patient satisfaction with quality of nursing care using Dr. Laschingers PSNCQQ by using excellent, good, and poor. In this study questionnaire include specific issue that affect satisfaction patient including comfortable feeling to talk to nurse. Foss[2002] conducted a study on Gender-related differences in experience with nursing care. The patient satisfaction questionnaire consisted of 39 questions (24). Thirty-four of the 39 questions had five response options, where the two extremes were specified (completely content – complete discontent). Six of the questions related to patient's experiences with nursing care. The overall response rate was 59%. Mean score of satisfaction with the different areas of quality of nursing care (all ages) the

following levels of significance; personal commitment = 0.003, caring behavior = 0.001, time to talk = 0.004, time to help = 0.000, nursing skills = 0.006. The patients' experiences with the continuity of care did not show significant gender difference ($p = 0.117$). No significant differences were found between the sexes in mean age in any of the three groups. Milutinović D et al., (2012) The patient satisfaction with nursing care quality: the psychometric study of the Serbian version of PSNCQ questionnaire This cross-sectional study included a sample population of 240 patients. The PSNCQ was translated into Serbian according to standard procedures for forward and backward translation Cronbach's α coefficient and item analysis was conducted to evaluate reliability of the scale. Results of the study was the Serbian version Patient Satisfaction Nursing Care Quality Questionnaire (PSNCQQ) showed a one-factor structure, Cronbach's α reliability coefficient was excellent 0.94 and was similar across hospital categories. The correlation coefficient between 19 items and the total scale was high, and ranged from 0.56 to 0.76. Patients' age, educational level and previous hospitalization period were important factors that affected their satisfaction with nursing care.

This study showed 76% patients reported information given by nurses was good and 68 % patients reported quality of nursing care was good. 70% patients reported overall nursing care was good and 30% were reported excellent. And there is no significant relation between satisfactions of patient with selected variables except age group, there is statistical difference in patient satisfaction and quality of nursing care (p -value 0.031). To validate finding more samples are needed.

5.8 Conclusion

A descriptive study was undertaken to assess the Patient Satisfaction with Quality of Nursing care in neuromedical department in SCTIMST, Trivandrum. The study was conducted in sample of 50 patients. Based on the finding of the study the following conclusion was drawn. Study shows that 70% patients' rated overall patient satisfaction with quality nursing care was good and 30% were rated excellent and no one rated poor. There was statistically significant relation between age and satisfaction of patient (p -0.031) and no relation between other variables.

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INFORMED CONSENT

I hereby agree to participate the research study "*A study to assess Patient Satisfaction with Quality of Nursing Care*" conducted by Mrs. Rajeswari T 1st year Diploma in Neuro Nursing of SCTIMST, Trivandrum. I understand that there will not be any change in the nature of care that I receive and data given by me will be kept confidential and will be used only for research purpose.

Signature of patient,

Name:

Place:

Date:

PATIENT SATISFACTION WITH NURSING CARE QUALITY QUESTIONNAIRE

(Laschinger, McGillis Hall, Pedersen & Almost, 2005)

Please rate some things about the nursing care during your hospital stay in terms of whether they were Excellent, Very Good, Good, Fair or Poor. Please check only one rating for each statement.

	Excellent	Very Good	Good	Fair	Poor
INFORMATION YOU WERE GIVEN: How clear and complete the nurses' explanations were about tests, treatments, and what to expect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTIONS: How well nurses explained how to prepare for tests and operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF GETTING INFORMATION: Willingness of nurses to answer your questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION GIVEN BY NURSES: How well nurses communicated with patients, families, and doctors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMING FAMILY OR FRIENDS: How well the nurses kept them informed about your condition and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVOLVING FAMILY OR FRIENDS IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR CARE: How much they were allowed to help in your care.

CONCERN AND CARING BY NURSES:

Courtesy and respect you were given; friendliness and kindness.

ATTENTION OF NURSES TO YOUR

CONDITION: How often nurses checked on you and how well they kept track of how you were doing.

RECOGNITION OF YOUR OPINIONS:

How much nurses ask you what you think is important and give you choices.

CONSIDERATION OF YOUR NEEDS:

Willingness of the nurses to be flexible in meeting your needs.

THE DAILY ROUTINE OF THE

NURSES: How well they adjusted their schedules to your needs.

Very

Excellent Good Good Fair Poor

HELPFULNESS: Ability of the nurses to make you comfortable and reassure you.

NURSING STAFF RESPONSE TO YOUR

CALLS: How quick they were to help.

SKILL AND COMPETENCE OF

NURSES: How well things were done, like

giving medicine and handling IVs.

RESTFUL ATMOSPHERE PROVIDED

BY NURSES: Amount of peace and quiet.

PRIVACY: Provisions for your privacy by nurses.

DISCHARGE INSTRUCTIONS: how clearly and completely the nurses told you what to do and what to expect when you left the hospital.

COORDINATION OF CARE AFTER

DISCHARGE: Nurses' efforts to provide for your needs after you left the hospital.

OVERALL PERCEPTIONS

	Very Excellent	Good	Good	Fair	Poor
Overall quality of care and services you received during your hospital stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of nursing care you received during your hospital stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, would you say your health is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on the nursing care I received, I would recommend this hospital to my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL

Gender: Male Female Age in years: _____ years

Marital Status: Single Married/Cohabiting Separated/Divorced Widowed

Including this most recent hospital stay, how many times were you (the patient) hospitalized in the past 2 years? Only once Twice 3 Times 4 Times Over 4 Times

Overall, how would you rate your (the patient's) health before this most recent hospital stay?

Excellent Good Fair Poor Very Poor Unsure

Were you: Admitted through the Emergency Department Transferred from another facility
 Admitted through patient registration/to the unit directly Other
 Admitted after day procedure or test

For most of your hospital stay, were you in a room:

By yourself With 1 other person With more than 1 other person

Please check here if someone other than the patient completed this survey.

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY.

സമ്മതപത്രം

നഴ്സുമാരുടെ പരിചരണത്തിന്റെ മേന്മയിൽ രോഗികൾക്കുള്ള സംതൃപ്തി എന്ന വിഷയത്തെക്കുറിച്ച് പഠിക്കുന്നതിന് തിരുവനന്തപുരം ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആന്റ് ടെക്നോളജിയിൽ ഡിപ്ലോമ ഇൻ ന്യൂറോ നഴ്സിംഗ് വിദ്യാർത്ഥിനിയായ രാജേഷ്വരി.റ്റി നടത്തുന്ന പഠനത്തിൽ സഹകരിക്കാൻ ഞാൻ സമ്മതിക്കുന്നു. എപ്പോൾ വേണമെങ്കിലും ഈ പഠനത്തിൽ നിന്ന് എനിക്ക് പിന്തിരിയാമെന്നും, എന്റെ സഹകരണമോ, നിസ്സഹകരണമോ എനിയ്ക്ക് ലഭിക്കുന്ന ശുശ്രൂഷയെ ബാധിക്കുകയില്ലെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. എല്ലാ വിവരങ്ങളും തികച്ചും രഹസ്യമായി സൂക്ഷിക്കുമെന്നും അവ പഠനത്തിനു മാത്രമേ ഉപയോഗിക്കുകയുള്ളൂ എന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ആയതിനാൽ സ്വമനസ്സാലേ ഞാൻ ഈ പഠനത്തിന്റെ ഭാഗമാകാമെന്ന് സമ്മതിക്കുന്നു.

വിവരം നൽകുന്ന വ്യക്തിയുടെ
പേര്:
ഒപ്പ്:

സ്ഥലം:
തീയതി:

വ്യക്തി വിവരം

പേര്:

വയസ്സ്:

ആൺ/പെൺ

വിദ്യാഭ്യാസം:

വിവാഹിത(ൻ)/അവിവാഹിത(ൻ):

വരുമാന കാറ്റഗറി:-A B₁ B C D

ഇപ്പോൾ ആശുപത്രിയിൽ അഡ്മിറ്റ് ചെയ്തിട്ട് എത്ര നാളായി? (DOA)

ഇതിനുമുമ്പ് ഈ ആശുപത്രിയിൽ അഡ്മിറ്റ് ചെയ്തിട്ടുണ്ടോ?

ആശുപത്രി പ്രവേശനം സാധ്യമായത്

- അത്യാഹിത വിഭാഗം വഴി
- മറ്റേതെങ്കിലും ആശുപത്രിയിൽ നിന്നും

എന്താണ് അസുഖം ?

നഴ്സുമാരുടെ പരിചരണത്തിന്റെ മേന്മയിൽ രോഗികൾക്കുള്ള

സംതൃപ്തിയെ സംബന്ധിച്ചുള്ള ചോദ്യാവലി

ആശുപത്രി വാസത്തിനിടയിൽ നഴ്സുമാരിൽ നിന്ന് ലഭിച്ച പരിചരണത്തെക്കുറിച്ച് താങ്കളുടെ അഭിപ്രായം, താഴെകൊടുത്തിട്ടുള്ള ഓരോ പ്രസ്താവനയ്ക്കും നേരെയുള്ള ഏതെങ്കിലും ചതുരത്തിൽ ശരി (✓) അടയാളപ്പെടുത്തുക.

	വളരെ നല്ലത്	നല്ലത്	തൃപ്തികരം	സാമാന്യം തൃപ്തികരം	തൃപ്തികരമല്ല
1. അഡ്മിഷൻ സമയത്ത് വാർഡിലെ ദൈനംദിന രീതികളെക്കുറിച്ചുള്ള നഴ്സിന്റെ വിശദീകരണം	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. പരിശോധന/ചികിത്സ/ശസ്ത്രക്രിയ എന്നിവയ്ക്ക് മുമ്പ് തയ്യാറെടുക്കുന്നതിനെ കുറിച്ച് നഴ്സ് നൽകിയ വിശദീകരണം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. താങ്കളുടെ സംശയങ്ങൾക്ക് മറുപടി നൽകുവാനുള്ള നഴ്സിന്റെ താല്പര്യം	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. രോഗികളോടും അവരുടെ കുടുംബാംഗങ്ങളോടുമുള്ള നഴ്സിന്റെ ആശയവിനിമയം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. താങ്കളുടെ രോഗാവസ്ഥയും ആവശ്യങ്ങളും കുടുംബാംഗങ്ങളെ അറിയിച്ചിരുന്ന രീതി	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. താങ്കളെ പരിചരിയ്ക്കുന്നതിന് കുടുംബാംഗങ്ങൾക്കും സുഹൃത്തുക്കൾക്കും അവസരമൊരുക്കിയ രീതി.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. നഴ്സിന്റെ പരിചരണത്തോടും പരിഗണനയോടുമുള്ള താങ്കളുടെ സംതൃപ്തി.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. താങ്കളുടെ പ്രശ്നങ്ങളും അസ്വസ്ഥതകളും ശ്രദ്ധിച്ചു കേൾക്കുന്നതിൽ നഴ്സിന്റെ താല്പര്യം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. താങ്കളുടെ അഭിപ്രായങ്ങൾ നഴ്സ് അംഗീകരിച്ചത്.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. താങ്കളുടെ ആവശ്യങ്ങൾ സാധിച്ചു തരുന്നതിൽ നഴ്സിന്റെ താല്പര്യം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. താങ്കളുടെ ആവശ്യങ്ങൾ സാധിച്ചു തരുന്നതിൽ സ്വന്തം ജോലികൾ ക്രമീകരിക്കുവാനുള്ള നഴ്സിന്റെ കഴിവ്	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. താങ്കളെ സമാധാനിപ്പിയ്ക്കുവാനും ആശ്വസിപ്പിക്കുവാനുമുള്ള നഴ്സിന്റെ കഴിവ്.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. താങ്കൾ വിളിച്ചാൽ ഉടൻ സഹായിക്കുവാനുള്ള നഴ്സിന്റെ താല്പര്യം	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. നഴ്സിന്റെ കഴിവിനെക്കുറിച്ചും കാര്യക്ഷമതയെക്കുറിച്ചും (മരുന്നു നൽകുന്ന രീതിയും,കുത്തി വയ്ക്കുന്ന രീതിയും) താങ്കളുടെ അഭിപ്രായം	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. താങ്കളെ പരിചരിയ്ക്കുന്ന നഴ്സുമാരും മറ്റ് ആശുപത്രി ജീവനക്കാരും തമ്മിലുള്ള സഹകരണം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. താങ്കൾക്ക് വാർഡിൽ ലഭിച്ച സമാധാനവും ശാന്തിയുമുള്ള അന്തരീക്ഷം	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. താങ്കളുടെ സ്വകാര്യത കാത്തു സൂക്ഷിക്കുന്നതിൽ നഴ്സിനുള്ള താല്പര്യം	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. വീട്ടിൽ പോയശേഷം താങ്കളെ പരിചരിക്കേണ്ട രീതികളെക്കുറിച്ച് താങ്കൾക്കും കുടുംബാംഗങ്ങൾക്കും നഴ്സ് നൽകിയ വിശദീകരണം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ആശുപത്രിവാസത്തിനിടയിൽ താങ്കൾക്ക് ലഭിച്ച സേവനത്തെക്കുറിച്ചുള്ള പൊതുവായ അഭിപ്രായം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. താങ്കൾക്ക് ലഭിച്ച പരിചരണം അനുസരിച്ച് മറ്റുള്ളവരോട് ഈ ആശുപത്രിയെക്കുറിച്ച് പറയുന്ന അഭിപ്രായം.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>