

Patient's Satisfaction with Nursing Care Provided in Selected Areas of Tertiary Care Hospital

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Abstract: *Objectives-* To assess the level of patient's experiences and satisfaction with nursing care, and to correlate patient's satisfaction with nursing care and their experiences. *Methodology -* Descriptive cross sectional evaluatory survey approach was used at tertiary care hospital. 100 patients were selected from medical surgical and Obstetrics and Gynaecology department. *Findings -* Majority 38% of medical patient while 44% from surgical were in the age group of 59 years and above and 89% were from Obstetrics and Gynaecology department. Hospital stayed 5 to 7 days. Majority of patients 61% in Obstetrics/Gynaecology, 73% in Medicine, and 61% in Surgery were moderate experience with nursing care. Majority 65% of patients from Obstetrics/Gynaecology and Medicine, 64% in Surgery were moderately satisfied with nursing care. Patient's experience with nursing care from Obstetrics\Gynaecology, Medicine, and Surgery ward was similar. Patients' satisfaction with nursing care was significantly high satisfaction with nursing care was found in surgical patients as compare to Obstetrics/Gynaecology and medical patients.

Keywords: patient's satisfaction, nursing care, tertiary care hospital

1. Introduction

Patient's satisfaction is therefore of high value and it is useful to understand the need of patient. By understanding the importance of satisfaction and determining its existing level, health care services can be made relevant to the requirement of people and patients. A review of relevant literature supports that assessment of level of patient satisfaction is the tool to determine the level of health care delivery, analyze the existing situation and workout strategy to improve it. This is supported and emphasized by Fitzpatrick Ray (1991) who stated that patient satisfaction provides potentially a direct indicator of system performance and is health care provision.[1] Hence assessing satisfaction is not one time action; Instead, it needs continuous monitoring and evaluation by adopting this procedure, services providers are able to learn about deficiencies in health delivery system and will be able to take timely appropriate alternative steps. Karmet al, 1996 stated that studies related to the patient satisfaction are important, but this topic has always been ignored by the service providers. Therefore, it is important that regular internal audit should be conducted to assess the patient behavior and satisfaction. Linder - Peltz 1992 mentioned that patient satisfaction with health care its getting attention from administrators, practitioners, patients and evaluators of health care. [2]

From a management perspective, patient satisfaction with health care is important for several reasons, satisfied patient are more likely to maintain a consistent relationship with a specific provider. By identifying sources of patients dissatisfaction an organization can address system weaknesses. First improving its risk management, satisfied

patient are more likely to follow specific medical regimens and treatment plans. Patient satisfaction measurement adds important information on system performance thus contributing to the organizations total quality management. [3]

Unsatisfied patient will not come back to the hospital, and it will lead to loss of income from the patient, as well as wastage of government resources. [4] Patient satisfaction surveys are an instrument in monitoring hospitals quality of care in relation to cost and service. [5] Measures of patient satisfaction can assess communication in the consultation such as information transfer, patient involvement in decisions and reassurance. Patient satisfied studies inform planning as part of range of assessment indicators used to compare different activities of organizing or providing health care Hospitals act as a bridge between people and health service providers, hospital, is responsible for providing curative as well as preventive care consequently the hospital has two departments. Inpatient and outpatient department. [6] Studies of the quality of medical care are increasing in importance as a component of health care research. The consumer's opinion of services is being taken into account in assessments of quality. Thus, evaluating the quality of medical care involves the measurement of its benefits to patients and the community at large. [7]

The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. [8]

Nursing care is one of the major health care services. It contributes a lot to the patient healing process. Even though there are competent physicians present in a given health

institution, it would not be adequate without appropriate nursing care. Nurses have 24 hour contact with patients as well as being near to them. Thus, as they are the frontline, the patients expect more from them and nurses should also fulfill patients' needs with competence and a compassionate approach. If the patient is denied appropriate care the healing process is obviously compromised. On this line, assessing the satisfaction of patients with nursing care is crucial in order to identify the area of dissatisfaction and at the same time improve the nursing services.

Till now most of our Indian nurses not aware of the importance of patients' satisfaction and its role. Even many Hospitals are lacking in providing satisfactory services. Investigators being impressed by the need to assess the patients' satisfaction regarding nursing care provided by staff nurses in Hospitals, for giving effective care, Hence this study was undertaken to evaluate the performance of the services in the patient's perspective, and to identify the satisfaction of the patients and suggest measures for improvement of quality care.

2. Problem Statement

"A study to assess patient's satisfaction with nursing care provided in selected areas of tertiary care hospital's at Karad city."

3. Objectives

- To assess the level of patient's experiences with nursing care provided in selected areas of tertiary care hospitals at Karad city.
- To assess the level of patient's satisfaction with nursing care provided in selected areas of tertiary care hospitals at Karad city.
- To correlate patients satisfaction with nursing care and their experiences according to selected demographic variables of patients.

3.1 Assumptions

- Patient's satisfaction with nursing care is a good indicator for the quality of nursing care.
- Patient satisfaction gives information to nurses about care aspects that enhance satisfaction.

3.2 Limitation

1. The study limited to assess patient satisfaction with nursing care.
2. The study includes adult patient only.
3. The study includes Medical, Surgical, obstetrics and Gynecological patient.

4. Literature Survey

4.1 The Patient Satisfaction

Patient's satisfaction is a person's feeling of pleasure or disappointment resulting from a service's perceived performance or outcome in relation to his or her expectations. As this definition makes it clear, satisfaction is a function of perceived performance and expectations [9]. If the performance falls short of expectations, the patient is dissatisfied. If the performance matches the expectations, the patient is satisfied. If the performance exceeds expectations, the patient is highly satisfied or delighted [10]. Patient satisfaction has remained most important and an essential focus point for all health providers. Linder-Pelz patient's satisfaction as the individual's positive evaluations of distinct dimensions of healthcare. Satisfaction is an expression of an attitude, an effective response, which is related to both the belief that the care possesses certain attributes. [11]

The literature review revealed the following three important relationships.

- Satisfaction was a function of expectations, perceived performance, and disconfirmation;
- Intention to repurchase was a function of patient satisfaction and
- Choice was a function of expectations and intentions to repurchase.

The higher the expectations that were met, the higher will be the patient satisfaction[13] In another study by Giese et al, [12], it was determined that when examining satisfaction as a whole, three general components can be identified: patient satisfaction as a response (emotional or cognitive); the response pertains to a particular focus (expectations, product, consumption experience etc); and the response occurs at a particular time (after consumption, after choice, based on accumulated experience etc).

Previous studies on patients' satisfaction indicate that most people want to know as much as possible about their illness and treatment. Even in cases where the concerned information is bad news, such as diagnosis of cancer or information about the danger and risks of investigation or treatment procedures, this is true [14].

4.2 Patient satisfaction as a measure of quality of care

Patients should be allowed to define their own priorities and evaluate their care accordingly, rather than having those criteria selected by professionals. Satisfaction studies can function to give providers some idea of care how they would have to modify their provision of services in order to make their patients more satisfied. The extent to which consumer opinion can influence policy makers and health

care personnel is not only dependent upon collecting the right kind of data, it also requires that policy makers and health personnel accept the value of the consumer's point of view. Consumer Satisfaction studies can be used for three related but distinct purposes: as evaluations of the quality of care, as outcome variables, and as indicators of which aspects of a service need to be changed to improve patient response [15].

Patient evaluation of health services involves two psychological processes: cognitive evaluation (or grading) of the structure, process, and outcomes of services, and an effective response (or emotional reaction) to the structure, process and outcome of services. The emotional response of patients is found to be as important as their cognitive judgment of the medical encounter. Rather than being related to technical competence, satisfaction with care was related to communication, responsiveness & reliability as well as having expectations met [16].

4.3 Nursing Care and patient satisfaction

Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. According to O'Connor et al. : It's the patient's perspective that increasingly is being viewed as a meaningful indicator of health services quality and may, in fact, represent the most important perspective[17]. The majority of early studies on patient satisfaction have explored the impact of physician care (55%) rather than nursing care (6%) or both types of care provision (39%) [18]

Nursing care is one of the major components of Health Care Services. Thus, patients have the right to expect quality of nursing care. Nursing staff, which comprise the vast majority of hospital staff, have the greatest contact with patients. Abramowitz et al., (1987) noted that nurses act as goodwill ambassadors & frontline representatives for hospitals. Nurses, rather than physicians, are seen as responsible for the day-to-day activities on a unit. Nurses provide the main connection with patients, act as patient advocate with other care providers, give physical care to patients, and offer emotional support to both patients and families. In their teaching capacity, they also play a key role in post-hospital adjustment. The importance of the nursing role is evidenced in a number of studies [19]

5. Research Methodology

5.1 Research Approach / Research Design

The researcher adopted the method for the study was cross-sectional evaluatory survey approach. The research design used for the study was descriptive study.

5.2 Independent Variable

In this study, the independent variables are age, sex, occupation and nursing care which are provided by nurses.

5.3 Dependent Variable

In this study dependent variables are education, length of stay in the hospital, monthly income, number of admission and patient's satisfaction.

5.4 Setting of the Study

Study proposed to the tertiary care such as preventive, promotive, rehabilitative and curative services are provided in hospital at Karad city named as The Krishna Hospital and Medical Research Center, Karad. It is a teaching hospital of 950 bedded..

5.5 Population

The population of the present study comprises all conscious with acute ill adult patients admitted, in the Krishna Hospital and medical research center, Karad.

5.6 Sampling Technique

The sampling technique used for the present study was convenience sampling technique.

5.7 Sample Size

100 samples from Medical, Surgical, Obstetrics and Gynecological who fulfilled the inclusion criteria of this study.

5.8 Criteria for Sample Selection

5.8.1 Inclusion Criteria

1. Adult patients of age group 18 & above admitted in selected Medical, Surgical and Obstetrics/ Gynecology ward of Krishna hospital.
2. Patients who are receiving the nursing care in wards.
3. Patients who are able to speak Marathi/Hindi language.

5.8.2 Exclusion Criteria

1. Patients who are unconscious, does not respond to verbal stimuli.
2. Patients who are Blind, Deaf and Dump does not respond or communicate.
3. Patients who are mental ill do not give reliable answers.

6. Data Collection Technique and Tool

6.1 Description of Tool

Section A: Deals with the Socio demographic variables

Section B: It consists 26 items of patient's experience with nursing care; this item was scored by 7 point Likert-type (or summated) scale.

Section C: It consists 19 items of patient's satisfaction with nursing Care; this item was scored by 5 point Likert-type (or summated) scale.

6.2 Content Validity

Total 12 tools were received from experts and they suggested for modification of tool. So according to experts suggestion, addition and deletion was done.

6.3 Reliability

The reliability of the questionnaire was determined by inter rater method. Cronbach Alpha was used for reliability. Cronbach Alpha measures how well a set of items (or variables) measures a single unidimensional latent construct. Cronbach Alpha is not a statistical test; it is a coefficient of reliability (or consistency). Formula for standardized Cronbach Alpha is $\text{Alpha} = \frac{(N \cdot r^2)}{[1 + (N-1) \cdot r^2]}$

In Section II, modified questionnaire were 26 to assess patients experience with nursing care. And it was filled from two independent interviewer for five respondent

The test used was Cronbach Alpha .result was obtained 0.81. which can be considered as high reliability.

In section III modified questionnaire were 19 to assess the satisfaction with nursing care. and it was filled from two independent observer for five respondents. The test used was Cronbach Alpha .result was obtained 0.83. which can be considered as high reliability.

6.4 Pilot Study

Pilot study was conducted from 24/9/2012 to 30/9/2012 to assess the feasibility of the study. During the pilot study, there was no specific problem faced by the investigator. Pilot study did not reveal any major feasibility problem and tool required no further changes and gave better insight to the investigator.

7. Procedure for Data Collection

The study was conducted from 8/10/2012 to 17/11/2012. The investigator herself collected the information from the patient.

7.1 The Steps Used for Data Collection

- The investigator introduced her and explained the purpose of the study to the patient who was included in the study.
- Socio-demographic data, patients experience and satisfaction was assessed with pretested and modified questionnaire from the study subject by personal interview of researcher,
- Data was collected, Tabulated and analyzed.

8. Plan for Analysis

The analysis was made on the basis of objectives. And the data analysis was planned to include descriptive and inferential statistics. The plan of data analysis was developed under the excellent direction of experts in the field of nursing and statistics.

The plan of data analysis was as follows.

- a) Tabulation of data in terms of frequencies, percentage, mean, median and standard deviation.
- b) One way ANOVA test used for comparison of Medicine, Surgery, Obstetrics and Gynecological patient.
- c) Paired 't' test used to find co-relation between experience and satisfaction with nursing care.
- d) Chi-square test used to find association between selected demographic variable for testing research hypothesis.

9. Major Findings

Table 1: Distribution of patient according to frequency and percentage of demographic variable, n=300

Sr. No	Variables	Medicine		Surgery		Obstetrics/Gynecology	
		Frequency	%	Frequency	%	Frequency	%
1.	Age						
	18 - 28 years	24	24.0	9	9.0	89	89.0
	29 - 38 years	15	15.0	17	17.0	8	8.0
	39 - 48 years	13	13.0	11	11.0	2	2.0
	49 - 58 years	10	10.0	19	19.0	1	1.0
	59years& above	38	38.0	44	44.0	0	0
2.	Sex						
	Male	56	56.0	61	61.0	0	0
	Female	44	44.0	39	39.0	100	100.0
3.	Education						
	Illiterate	27	27.0	27	27.0	8	8.0
	Primary	13	13.0	25	25.0	4	4.0
	Secondary	38	38.0	33	33.0	64	64.0
	Higher secondary	8	8.0	7	7.0	14	14.0
	Graduate and above	14	14.0	8	8.0	10	10.0

The data presented in table no 1 shows that in the majority 38% of patients in the Medicine department while 44% from Surgical department were in the age group of 59 years and above and 89% were from Obstetrics and Gynecology department, 56% and 61% of them were males in the

medicine department and Surgical department respectively, 38%, 33% and 64% of them were educated up to secondary level at Medicine, Surgical, Obstetrics and Gynecology department respectively.

Table 2: Distribution of patient according to frequency and percentage of demographic variable, n=300

Sr. No	Variables	Medicine		Surgery		Obstetrics/Gynecology	
		Frequency	%	Frequency	%	Frequency	%
1.	Length Of Stay In The Hospital						
	5 - 7 days	83	83.0	42	42.0	82	82.0
	8 - 10days	10	10.0	27	27.0	16	16.0
	11 days and above	7	7.0	31	31.0	2	2.0
2.	Type of family						
	Nuclear	38	38.0	36	36.0	13	13.0
	Joint	62	62.0	64	64.0	87	87.0
3.	Monthly income						
	Rs up to 1000	24	24.0	42	42.0	42	42.0
	Rs 1000 – 5000	46	46.0	36	36.0	30	30.0
	Rs 5000 - 10000	21	21.0	14	14.0	21	21.0
	Rs 10000 & above	9	9.0	8	8.0	7	7.0
4.	Occupation						
	Retired	5	5.0	2	2.0	0	0
	Service	12	12.0	10	10.0	2	2.0
	Self employed	23	23.0	11	11.0	0	0
	Unemployed	60	60.0	77	77.0	98	98.0
5.	Number of admission						
	1.	64	64.0	62	62.0	64	64.0
	2.	28	28.0	29	29.0	34	34.0
	3.	5	5.0	6	6.0	2	2.0
	4.	3	3.0	3	3.0	0	0

The data presented in table no 2 shows that the majority (83%),(42%),(82%) of patients were stayed 5 to 7 days in

the Medical, Surgical Obstetrics and Gynecology department. while majority of patients belong to the joint

family in all department, and a large number 46% of the patients in the medicine department were in the Rs.1000 to 5000 per month income group while 42% of the Surgery and Obstetrics/Gynecology department were from the

income up to Rs.1000 per month. The majority medicine, (60%), surgery (77%) and Obstetrics/Gynecology (98%) of patients were unemployed. while majority of patients were admitted first time in the tertiary care hospital.

Table 3: Distribution of frequency and percentage of patients experience with nursing care

Sr. No	Category	Obstetric/Gyn ecology patient n=100		Medicine patients n=100		Surgery patients n=100		TOTAL n=300	
		frequency	%	frequency	%	frequency	%	Frequency	%
1.	Poor Experience with Nursing Care	19	19.0	16	16.0	21	21.0	56	18.7
2.	moderate Experience with Nursing Care	61	61.0	73	73.0	61	61.0	195	65.0
3.	Good Experience with Nursing Care	20	20.0	11	11.0	18	18.0	49	16.3

Table no.3 shows that good experience with nursing care was 20% in Obstetrics/Gynecology, 11% in Medicine and 18% in Surgery. Whereas 61% in Obstetrics/Gynecology, 73% in Medicine, and 61% in Surgery was moderate experience. While 19% in Obstetrics/Gynecology, 16% in Medicine, and 21% in Surgery experience was poor.

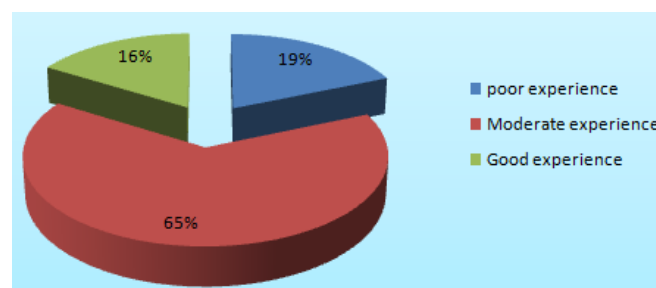


Figure 1: Pie diagram showing percentage distribution of patients experience with nursing care

Table 4: Frequency and percentage distribution according to satisfaction with nursing care

Sr. No	Category	Obstetrics/ Gynecology patient n=100		Medicine patients n=100		Surgery patients n=100		TOTAL n=300	
		frequency	%	frequency	%	Frequency	%	Frequency	%
1.	Poor Satisfaction With Nursing Care	12	12.0	16	16.0	12	12.0	40	13.3
2.	Moderate Satisfaction With Nursing Care	65	65.0	65	65.0	64	64.0	194	64.7
3.	Good Satisfaction With Nursing Care	23	23.0	19	19.0	24	24.0	66	22.0

Table no 4 shows that good satisfaction with nursing care was 23% in Obstetrics/Gynecology, 19% in Medicine and 24% in Surgery. Whereas 65% in Obstetrics/Gynecology and Medicine, 64% in Surgery was moderate satisfaction and 12% in Obstetrics/Gynecology, 16% in Medicine, 12% in Surgery was poor satisfaction.

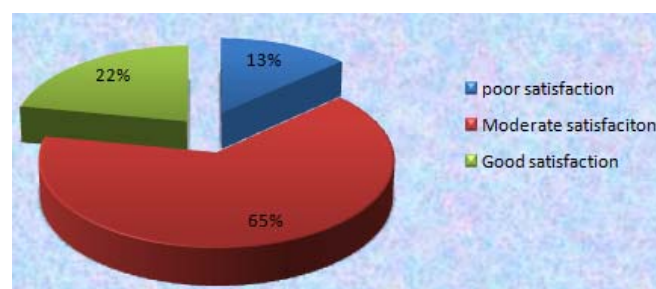


Figure 2: Pie diagram showing percentage distribution of patient's satisfaction with nursing care

Table 5: Distribution of Mean and SD according to patients Experience and satisfaction

n=300

Sr. No	Category	Obstetrics/Gynecology patients n=100		Medicine patients n=100		Surgery patients n=100		One way ANOVA (p value)
		Mean	SD	Mean	SD	Mean	SD	
1.	Experience With NURSING Care	129.5800	10.07164	130.1300	11.05967	133.3900	13.97465	F=2.882 P=0.0576.
2.	Satisfaction With Nursing Care	61.9300	5.82273	57.2500	6.15519	67.2300	7.57835	F=57.882 P<0.0001.

Table no 5 Reveals that experience with nursing care of patient admitted in Obstetrics\Gynecology, Medicine, and Surgery ward was similar. (ANOVA test .F=2.882, P>0.05).

Patients' satisfaction with nursing care was significantly higher than Medicine patients. (p< 0.001). However significantly high satisfaction with nursing care was found in surgery patient as compare to Obstetrics/Gynecology and medicine patient (P< 0.001)

Table 6: Distribution of Mean and standard deviations (SD) according to Patients Experience with Nursing Care (n = 300; Mean out of 7)

Sr. No	Items	Obstetrics/Gynecology n=100		Medical n=100		Surgical n=100		Total n=300	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
	It was easy to have a laugh with the nurses	5.8000	.76541	5.7700	.78951	5.5600	.78264	5.7100	.78397
	Nurses favored some patients over others	3.0900	1.35658	3.5500	1.26631	3.4300	1.46512	3.3567	1.37444
	Nurses did not tell me enough about my treatment	3.8300	1.60211	4.2600	1.43984	4.4400	1.87121	4.1767	1.66172
	Nurses were too easy going and laid back	3.3600	1.42503	3.5200	1.33696	3.7100	1.64098	3.5300	1.47525
	Nurses took a long time when the they were called	4.5600	1.79966	4.7100	1.33557	4.5300	1.96667	4.6000	1.71751
	Nurses gave me information just when I needed it	5.6500	1.03840	5.0900	1.31882	5.7600	1.04563	5.5000	1.17527
	Nurses did not seem to know what I was going through	3.4400	1.48610	3.8000	1.27128	4.1000	1.77240	3.7800	1.54257
	Nurses turned the lights off too late at night	2.7800	1.18560	3.0600	.91916	3.0600	1.24576	2.9667	1.12981
	Nurses made me do things before I was ready	3.8300	1.70000	4.9100	1.23169	4.3900	1.87969	4.3767	1.68054
	No matter how busy nurses were, they made time for me	5.8200	.83339	5.6900	1.01200	5.9700	.70288	5.8267	.86358
	I saw the nurses as friends	5.9200	.87247	5.8200	.88054	5.9600	.73745	5.9000	.83205
	Nurses spent time comforting patients who were upset	6.1600	.74833	5.9200	1.01185	6.1100	.73711	6.0633	.84560
	Nurses checked regularly to make sure I was ok	6.0900	1.02588	6.0000	1.11010	6.1900	.80019	6.0933	.98719
	Nurses let things get on top of them	3.1100	1.42059	3.3600	1.24333	3.6900	1.63111	3.3867	1.45518
	Nurses took no interest in me as a person	5.7700	1.63827	5.8700	.94980	5.5300	1.83377	5.7233	1.52355
	Nurses explained what was wrong with me	6.0800	1.16063	5.9600	.85185	6.1300	.99143	6.0567	1.00839
	Nurses explained what they were going to do to me before they did it	6.1800	.80879	5.8600	1.08265	6.1400	.71095	6.0600	.89015
	Nurses told the next shift what was happening with my care	6.1700	.89955	6.0400	.77746	6.1100	.64971	6.1067	.78145
	Nurses knew what to do without relying on doctors	5.7000	.92660	5.5600	.96735	5.7500	.91425	5.6700	.93667
	Nurses used to go away and forget what patients had asked for	3.9000	1.66667	3.7700	1.27013	4.1100	1.76323	3.9267	1.58208
	Nurses made sure that patients had privacy when they needed it	5.9600	.94195	5.8300	.89955	5.8000	.95346	5.8633	.93142
	Nurses had time to sit and talk to me	4.6900	1.30806	4.4600	1.38841	5.2400	1.28802	4.7967	1.36438
	Doctors and nurses worked well together as a team	5.6300	1.13400	5.6500	.94682	5.8400	.93980	5.7067	1.01195
	Nurses did not seem to know what each other was doing	3.8900	1.83620	3.8700	1.21983	3.9400	1.75131	3.9000	1.62031
	Nurses knew what to do for the best	6.0400	.60168	5.8500	.83333	5.7500	.91425	5.8800	.80067
	There was a happy atmosphere in the ward, thanks to the nurses	6.1300	.54411	5.9900	.50242	6.0500	.62563	6.0567	.56081

Table 7: Distribution of Mean and standard deviations according to patient satisfaction with nursing care

Sr. No	Items	Obstetrics/Gynecology n=100		Medical n=100		Surgical n=100		Total N=300	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
	The amount of time nurses spent with you	3.1400	.60336	3.0000	.53182	3.5000	.67420	3.2133	.63968
	How capable nurses were at their job	3.2700	.64909	2.9900	.50242	3.4800	.68873	3.2467	.64850
	There always being a nurse around if you needed one	3.0400	.60168	2.7200	.56995	3.6000	.71067	3.1200	.72619
	The amount nurses knew about your care	3.2700	.58353	2.8500	.55732	3.4900	.81023	3.2033	.70970
	How quickly nurses came when you called for them	2.9200	.76118	2.4800	.67390	3.5400	.85776	2.9800	.88064
	The way the nurses made you feel at home	2.9000	.79772	2.5400	.61002	3.4300	.84393	2.9567	.83893
	The amount of information nurses gave to you about your condition and treatment	3.3333	.65465	3.0400	.58465	3.5800	.81872	3.3200	.72527
	How often nurses checked to see if you were ok	3.3800	.67838	3.2100	.55587	3.6900	.74799	3.4267	.69250
	Nurses helpfulness	3.4300	.63968	3.3400	.57243	3.7000	.78496	3.4900	.68664
	The way nurses explained things to you	3.3800	.66332	3.2400	.63755	3.6900	.77453	3.4367	.71720
	How nurses helped put your relatives or friends minds at rest	2.8400	.76171	2.5400	.64228	3.4900	.78490	2.9567	.83092
	Nurses manner in going about their work	3.3400	.69949	2.8300	.68246	3.5500	.75712	3.2400	.77313
	The type of information nurses gave to you about your condition and treatment	3.4300	.67052	3.1500	.62563	3.5600	.89126	3.3800	.75554
	Nurses treatment of you as an individual	2.6200	.99270	2.7500	.67232	2.5400	1.14080	2.6367	.95623
	How nurses listened to your worries and concerns	3.3800	.67838	3.1100	.69479	3.5600	.67150	3.3500	.70414
	The amount of freedom you were given on the ward	3.6000	.60302	3.2300	.56595	3.6700	.65219	3.5000	.63615
	How willing nurses were to respond to your request	3.5000	.57735	3.3100	.52599	3.6800	.69457	3.4967	.62016
	The amount of privacy nurses gave you	3.5600	.59152	3.4600	.61002	3.6900	.72048	3.5700	.64795
	Nurses awareness of your needs	3.6300	.56237	3.4600	.61002	3.7900	.72884	3.6267	.64964

Table 8: The correlation between experience and satisfaction of patients with nursing care

n=300

Ward	Pearson coefficient (r)	P value
Obstetrics/Gynecology	0.278	0.005
Medicine	0.465	<0.01
Surgery	0.618	<0.01

Table no. 8 shows the correlation between experience and satisfaction with nursing care of Obstetrics/Gynecology patient was significant as $p < 0.005$ whereas in Medicine and Surgery patients correlation' was highly significant as $p < 0.01$.

10. Discussion

The present study focused on a study to assess patient's experience and satisfaction with nursing care provided in selected areas of tertiary care hospitals. The findings of the study were discussed as follows:

In present study there was good satisfaction with nursing care was 23% in Obstetrics/Gynecology, 19% in Medicine and 24% in Surgery. Whereas 65% in Obstetrics/Gynecology and Medicine, 64% in Surgery was moderate satisfaction and 12% in Obstetrics/Gynecology, 16% in Medicine, 12% in Surgery was poor satisfaction. Supportive study shows by Akoijam BS, Bishwalata R³⁸. On 360 patients to determine the level of satisfaction with hospital care in Imphal among inpatients. Overall satisfaction level was determined by using a summated Likert score. Most of the patients (260, 74.1%) were satisfied with the overall care received. Another study supported by a Sasi. V study in 2000 to assess the patient satisfaction on nursing care services among in-patients of selected Mahatma Gandhi Medical College and Hospital, Puduchery. Descriptive design using survey approach was used. According to results, regarding overall patient satisfaction, about 58% of them were well satisfied with the nursing care.

In the present study the correlation between experience and satisfaction with nursing care of Obstetrics/Gynecology patient was significant as $p < 0.005$ whereas in Medicine and Surgery patients' correlation were level highly significant as $p < 0.01$. The similar study recommended by Alasad and Ahemed study was in comparison between wards, the gynecological ward had a significantly higher percentage of patients' satisfaction with nursing care than the surgical wards. In another study, patients in a general hospital reported a high level of satisfaction: 72.8%.

In present study was found that there was significant association between experience with nursing care and selected demographic variables in surgery group rather than medicine and Obstetrics/Gynecology. And there was no significant association between satisfaction with nursing

care and selected demographic variables in Obstetrics/Gynecology, Medicine and Surgery. The findings of this study supported by Wallin et al found age to be significant predictor of satisfaction. Different studies indicated that older patients are generally more satisfied. Another study supported by Findik UY, Unsar S, Sut N. on to assess patient satisfaction with nursing care and the relationship between patient satisfaction and patient characteristics. This cross-sectional study was conducted at an 1100-bed tertiary care teaching hospital in Turkey. Data were collected using the Newcastle Satisfaction with Nursing Care Scales and a patient information form. Overall, data indicated a high level of patient satisfaction. Patients 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 long periods were most satisfied.

It is commonly believed that satisfaction with health care may be dependent upon variable such as social class, marital status, gender and in particular age. However socio-demographic characteristics were concluded by some studies to be at best a minor predictor of satisfaction [20].

Socio-demographic variables are related to all kinds of health care experiences that patients have, and the way that they interpret them. For instance, better educated patients may participate in diagnosis and treatment decisions more than less educated patients but remain less satisfied with their degree of participation because physicians are not meeting their higher expectations. Consequently, it is often difficult to interpret findings of relationships between socio-demographic and satisfaction. Cultural similarity was found between the prospective patients and health care professionals as an important determinant of the extent to which help will be obtained from the doctors whenever needed⁷¹. It has also been determined that enabling factors like insurance coverage, family income, sex, education and occupation influence the use of health services [21].

Most researcher find that the socio-demographics contribute little to predicting satisfaction, if one controls the aspects of care, such as access to a regular source of care, or the attitudes such as desire for participation, which the socio-demographics are correlated with [22]. Low income people have low health, get lower health care, have less continuous relation with doctors and have difficulties getting appointments. They are also treated differently from privately insured patients to some degree. Consequently; they tend to be less satisfied [23]. Various studies indicate that psychological distress affects both the frequency of symptoms initiated visits and the total number of visits. They are also correlated with sex. Females make more visits as compared to males. Sixty two studies were reviewed to examine the relationship between socio-economic factors and reported satisfaction with healthcare. Some of their conclusions are summarized below:

Gender: Men were more satisfied than women [24]. However, in many other Studies women were more satisfied than men. Studies about **age** confirmed the old wisdom and concluded that older respondents were more satisfied, probably they were more social and accepting than younger or they had more respect and care for providers. It was also assessed that they had lower expectations [25]. In another study by William et al. (1991), it was concluded that older respondents generally record higher satisfaction; possible explanations included lower expectations of health care and reluctance to articulate their dissatisfaction [26].

The most consistent determinant of patient satisfaction from health care is patient age, with a body of evidence from different countries to suggest that older people tend to be more satisfied with health care than do younger people [27]⁷⁸. The literature appear to support this, it was found that older respondents expected less information from their doctor and younger patients were less satisfied with issues surrounding the consultation and less likely to comply with prescriptions or medical advice. Older people have also been found to be far more satisfied with most aspects of their hospital care than younger or middle aged people.

Education was not found having any significant effect. However, higher level of education was less satisfied with health care [28]. Tran ThiNga (2002) concluded that there was no association between marital status and satisfaction [29].

Monthly family income according to the secret marketing concept is an indicator of having or not having the ability to pay for goods or services. Income of an individual is one indicator of his life security and economic status. Higher income has been associated with greater satisfaction with doctor's interpersonal communication skill and people with lower income report more problems in hospital [30]. On the other side, study by Sumtrapapoot has concluded that low income group was more satisfied than higher income groups. Tran ThiLuu (2002) in her study found that family size had no association with Satisfaction [31].

Experience of patient to health services is an important variable because it made the expectations of patient which in turn are dependent on perceptive image. A common definition of perceived image is to become aware of something through one senses-touch, taste, smell, hearing or sight. It is understood to be the common general knowledge or knowledge acquired by self experience or other's experience of utilization of services. Experience to health care services assessed with reference to physical facilities, doctor's service, nurse service, pharmacy service, registration staff services. Patient satisfaction is measured as an attitude the attitude of those who have experienced medical care both in the quantity and quality of care actually received. Patient satisfaction is probably best evaluated in the context of specific, recent, and identifiable episodes of

medical care seeking, relevant to consider in eliciting subjective perceptions of experience to medical care service.

Several components have been proposed, some appropriate only for specific health care contexts, others aiming at broad applicability. An early identification of key components, proposed the following: adequacy of facilities; effectiveness of the organizational structure; professional qualifications and competency of personnel; and the effect of care on the patients. After reviewing US patient satisfaction research, the following components emerged: cost, convenience, the provider's personal qualities and the nature of the interpersonal relationship; and the provider's competence and the perceived quality of care received.

Measuring the patient satisfaction with health services is a part of process of monitoring the success of community participation and quality improvement strategies. However, measuring patient satisfaction is not straightforward. "Satisfaction is a complex concept that is influenced by factors including socio-demographic characteristics, physical and psychological status, attitude and expectations about medical care structure, process and outcome of care [32].

Satisfaction with nursing care was found to increase when patients become older in their age, have better functional health status, are in private rooms, and are hospitalized in surgical wards [33]. On the other hand, no correlations were found between patients' satisfaction and age, gender, or education. Respect for patient's needs and wishes are central to any humane health care system. Providers wishing to meet those needs more effectively have shown growing interest in the use of patient evaluation and reports as a complement to other methods of quality assessment and assurance [34].

11. Summary

The primary aim of the study was a study to assess patient's experience and satisfaction with nursing care provided at selected areas of tertiary care hospitals.

The objectives of the study were:

- To assess the level of patient's experiences with nursing care provided in selected areas of tertiary care hospital's at Karad city.
- To assess the level of patient's satisfaction with nursing care provided in selected areas of tertiary care hospital's at Karad city.
- To correlate patient's satisfaction with nursing care and their experiences according to selected demographic variables of patients.

The study assumed that Patient's satisfaction with nursing care is a good indicator for the quality of nursing care. And

Patient satisfaction gives information to nurses about care aspects that enhance satisfaction.

The study was conducted using descriptive study design with an across sectional evaluatory survey approach. The independent variables are age, sex, occupation and nursing care which are provided by nurses and dependent variables are education, length of stay in the hospital, monthly income, number of admission and patient's satisfaction.

12. Future Scope

The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research.

12.1 Nursing Practice

The findings of the study regarding a study to assess patients satisfaction with nursing care indicates that there is need to evaluate quality nursing care for better improvement. To make the health care workers, especially nurses aware of it by regular in-service education programme can be conducted to refresh, up-to-date knowledge and skill on different aspects of patients care.

Health promotion is one of the role of nurse has to play hence its accountability. Evidenced based nursing practices can go a long way in improving the quality of nursing care delivered to the patients admitted in various units of hospital.

12.2 Nursing Education

The nursing curriculum of Medical-Surgical nursing should include learning experiences. A plan teaching programme should be organized for staff nurses about quality care wheel and nursing audit for appraisal of health care in workshops can be organized frequently to up to date the knowledge, skill and practices for nurses.

12.3 Nursing Administration

Nurse administrator plays vital role in nursing practice and education. To bring about any changes in nursing, administrator should take the responsibility and take up the challenges, which will improve, standard of care. The Experience and satisfaction with nursing modified questionnaire prepared by the investigator may be utilized by the ward supervisor or the nursing superintendent to assess the patients' satisfaction with nursing care.

The Administrator should motivate the staff nurses, to learn new methods about providing quality care. The administrator should aware of recent research findings, professional conferences and in service education opportunities.

12.4 Nursing Research

Nursing research is an essential part of nursing as it uplifts the profession and develops new nursing norms and a body of knowledge. It should be done on preparation of innovative methods of nursing care practices. Many more innovative studies have been conducted on patients experience and satisfaction with nursing care. The research design, findings and the tool can be used as avenues for further research. By conducting research studies on the different modalities will help to develop nursing knowledge and upliftment of nursing profession.

References

- [1] Fitzpatrick R. surveys of patient satisfaction: Important general consideration. *British medical general* 1991; 302: 8870 -J
- [2] Abdul karim A, Aday LA, Walker GN. Patient satisfaction in Government health facilities in the state of qatar. *J community health* 1996 SCT; 21 (5): 349-58.
- [3] Anjum J. patient satisfaction towards outpatient department services in Pakistan institute of medical sciences, Islamabad. (M.P.H.M thesis in primary health care management). Nakhonpathom : faculty of graduate studies, Mahidol University; 2005.
- [4] Sita RD. consumer satisfaction toward health care services, Provided by health care in Muang district, Loei province, Thailand (M.P.H.M thesis in primary health care management) Nakhonpathom: faculty of graduate studies, Mahidol University; 1997.
- [5] Uperti SR. consumer satisfaction towards health care in suphanburi province, Thailand (M.P.H.M thesis in primary health care management) Bangkok; faculty of graduate studies, Mahidol University, 1994.
- [6] Ray, PP, client satisfaction in outpatient medical care service in sampran community hospital, Thailand (M.P.H.M thesis in primary health care management) Nakhonpathom; faculty of graduate studies Mahidol University, 2002.
- [7] David Locker and David Dunt, (1978), Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. *Soc. Sci. Med* vol.12 pp283 to 292
- [8] Andaleeb, S. (2001), "Service quality perceptions and patient satisfaction: a study of hospitals in a developing country", *SocSci Med*, Vol. 52, pp. 1359-70.
- [9] Linder-Pelz SU. Toward a theory of patient satisfaction. *Social science & Medicine*. 1982; v 16(5): 577-82.
- [10] Oliver, R.L. A conceptual model of service quality and service satisfaction: Compatible goals, different concepts. In: Swartz TA, Bowen DE, Brown SN, and Stephen Advances in services marketing and management: Research and practice, Vol. 2, Greenwich, CT: JAI Press; 1993. p.65-85

- [11]Risser, Panchansky R, Thomas JW. The concept of access definition and relationship to consumer satisfaction. *Med care* 1981; 19(2): 127-40.
- [12]Oliver, Richard L. A conceptual Model of service quality and service satisfaction: Compatible Goals, different concepts. In: Swartz TA, Bowen DE, Brown SN, and Stephen Advances in services marketing and management: Research and practice, Vol. 2, Greenwich, CT: JAI Press; 1993. p.65-85
- [13] Maxell, RJ. Quality assessment in health. *British medical Journal*. 1984;288:14042
- [14]Mc Quity S, Finn A, Willey JB. Systematically varying consumer satisfaction and its implications for product choice [online]. *Academy of marketing science Review* 2000; (10): [1-18]. Available from:
- [15]Linder-pelz, S. (1982) Social psychological determinants of patient satisfaction: A test of five hypothesis, *Soc. Sci. & Med.* 16, 583-589
- [16]Larson D.E and Rootman I. (1976), Physician role performance and patient satisfaction.*Soc.Sci.Med* 8 10,29-32
- [17]O'Connor, S., Shewchuk, R. and Carney, L.(1994), "The great gap" , *Journal of Health Care Marketing*, Vol. 14 No. 2, pp. 32-9
- [18]McColl, E., Thomas, L. and Bond, S. (1996), "A study to determine patient' satisfaction with nursing care", *Nursing Standards*, Vol. 10, pp. 34 – 8.
- [19]Michael P. Leiter, Phyllis Harvie& Cindy Frizzell , The correspondence of patient satisfaction & Nurse Burnout, *Soc. Sci. & Med.*, Vol.47, No. 10 , pp 1611-1617, 1998.
- [20]Doborah L. Consumerism reflexivity and the medical encounter. *SocSci Med*. 1997; 45(3): 373-81.
- [21]Sriratanabul U, Pimpakovit V. Service of outpatient department at hualongkorn *Med J* 1973; 18(1): 55-62.
- [22]Pasaribu SI. Consumer Satisfaction towards health care services of Health center in Bangkok Thailand [M.P.H.M. Thesis in primary Health care Management]. NakhonPathom: Faculty of Graduate Studies, Mahidol University; 1996.
- [23]Setter JF, Thomas V. Perenger. Validating a satisfaction questionnaire using multiple approaches. *SocSci Med* 1997; 45(6): 879-85.
- [24]Doborah L. Consumerism reflexivity and the medical counter. *SocSci Med* 1997; 45(3): 373-81.
- [25]Devokata SR. Consumer Satisfaction towards health services provided by health center in Muang district, Loei province, Thailand [M.P.H.M
- [26]Thesis in Primary Health Care Management] NakhonPathom: Faculty of graduate studies, MahidolUniversity; 1997.
- [27]Wiadnyana, IGP. Et.al.; Total quality Management experience at primary health care level, paper at Asean workshop seminar in Indonesia, Jan 23,1995.
- [28]Al-Bashir M,Armstrong D. Preference of healthy and ill patients for style of general practitioner care: implications for work load and financial incentives under the new contract. *Br J Gen Pract* 1991; 41:6-8.
- [29]Abramowitz S., Cote A., Berry E. Analysing patient satisfaction: a mutianalytic approach. *Quality review Bulletin*. 1987; 13:122-30.
- [30]Channawangse K, Chamreng B, Niyoyaht S. Common understanding rural development management principles, propostions and challenges. 3rd ed. [S.l.: s.n.,n.d.]
- [31]Tran TN. Utilization of health services at Commune Helathcenter (CHC) in Donganh District, Hanoi, Vietnam [M.P.H. Thesis in Health Promotion]. Bankok: Faculty of graduate studies, Mahidol University;2002
- [32]Barry CA, et al. Giving voice to life world, more humans and more effective medical care. *SocSci Med* 2001; 51(4): 487-505.
- [33]Comley, A. and DeMeyer, D (2001), "Assessing patient satisfaction with pain management through a continuous quality improvement effort", *Journal of pain and symptom management*, Vol.21, pp.27-40
- [34]Shikiar,R., Halpern,M.,McGann,M.Palmer,C. and Seidlin,M.(1999), "The relation of patient satisfaction with treatment of otitis externa to clinical outcomes: development of an instrument", *Clinical Therapeutics*, Vol.21, pp. 1091-104

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