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Evaluating Patient Satisfaction with Nursing Care and Nurses' Perception about their Patient Care

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ABSTRACT

Introduction: Patient satisfaction with nursing care is a crucial indicator of healthcare quality. However, there is a paucity of research on patient satisfaction with nursing care and nurses' perception about their patient care in Indian hospitals.

Methodology: Descriptive research design was adapted for the study. A total of 104 patients and 50 nurses of apollo hospitals Delhi were recruited for the study using convenient sampling technique. Patient satisfaction with nursing care was assessed using a four-point Likert scale of patient satisfaction questionnaire. Nurses' perception about their patient care was assessed using the questionnaire by Nurse Perception Questionnaire.

Results: The analysis reveals that the average score per respondent is approximately 19.68, which falls within the range for a positive perception (13-24). Thus, 100% of respondents are satisfied with the nursing care provided. Chi square results suggested that demographic factors like age, comorbidities, and length of stay influence patient satisfaction, while gender does not. Majority of responses of nurses are positive (Agree or Strongly Agree), with percentages ranging from 88% to 100%. This indicates that the nurses hold an overwhelmingly positive perception of the care they provide to their patients. Chi square results suggest that satisfaction levels are influenced significantly by age and experience, but not by education or gender.

Conclusion: The study highlights the importance of understanding patient satisfaction with nursing care and nurses' perception about their patient care. The findings suggest that hospitals should prioritize patient satisfaction and nursing quality initiatives to improve patient outcomes and nurse job satisfaction.

Discussion: This study indicated that the quality of care, professional-technical communication and information skills and competency, environmental conditions, and not necessarily the patients' sociodemographic background have a major impact on patient satisfaction. Therefore, it is important to increase nurses' awareness and sensitivity to patients' feelings, opinions, autonomy, and right to information.

Key Words: Patient satisfaction, Patient care & Quality of care, Nurses Perception, Nursing care.

1. INTRODUCTION

The landscape of health care is evolving rapidly, with an increasing emphasis on improving the quality of its delivery. At the heart of this pursuit lies patient satisfaction—a crucial indicator of health care quality that reflects how effectively providers meet patients' needs. Patient satisfaction is commonly defined as the alignment between the care patients expect and the care they receive, underscoring its pivotal role in gauging health service outcomes.

Nursing care, as a central component of health care services, plays a decisive role in shaping patient satisfaction. Nurses, who form the largest segment of health care providers, deliver round-the-clock care, making their contribution critical to the patient experience. Research consistently identifies satisfaction with nursing care as a primary determinant of overall satisfaction with hospital care. Consequently, assessing the quality of nursing care has become a focal point in health care research, given its far-reaching implications for both individual well-being and societal health outcomes.

Patient satisfaction serves as a reliable metric for evaluating the effectiveness of nursing care. Satisfied patients are more likely to adhere to treatment plans, engage actively in their care, and maintain loyalty to specific health care providers or systems. This alignment not only enhances clinical outcomes but also strengthens the bond between

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patients and providers, with the nurse-patient relationship emerging as a significant factor influencing satisfaction levels^{1,2}.

The growing emphasis on patient satisfaction has driven a shift away from relying exclusively on traditional clinical outcomes—such as mortality rates, incidences of pressure ulcers, or fall rates—as sole measures of health care quality. Instead, there is a broader focus on understanding the nuanced components of patient satisfaction, particularly in relation to nursing care. Research in this area is increasingly vital, as it informs strategies to meet patients' needs more effectively and facilitates the design and implementation of targeted nursing interventions²⁻⁴.

Evaluating patient satisfaction in clinical settings is not merely a procedural necessity but a fundamental determinant of quality care. By identifying the factors most closely linked to patient satisfaction, health care professionals can refine their practices to deliver superior nursing care. In turn, this contributes to a more responsive, patient-centred health care system, where quality is assessed not only by clinical outcomes but also by the experiences and satisfaction of those receiving care ¹⁻⁵.

2. REVIEW OF LIERATURE

A study on Patients' Perception of Nursing Care, conducted at a teaching hospital in India, revealed that patients had positive perceptions of nurses' responsiveness and availability but expressed dissatisfaction with communication and explanation aspects of nursing care. It highlighted the need for regular patient satisfaction surveys and improved nurse communication training (Samina et al., 2008).⁴

An evaluation was carried out in specific departments of chosen government and private hospitals in Srinagar, Kashmir to evaluate the standard of nursing care given by nurses and patient satisfaction levels. The satisfaction level of patients is higher in private hospitals compared to government hospitals.⁵

The survey conducted in Chennai found high overall satisfaction among patients, particularly in nursing care quality. However, communication skills were identified as an area for improvement.⁶

3. METHODOLOGY

3.1 The Objectives of the Study

- 1. To assess patient satisfaction about nursing care provided to them.
- 2. To assess nursing perception about their patient care
- 3. To identify the association between patients' satisfaction with demographic variables
- 4. To identify the association between nurses' perception about patient care with demographic variables
 - Research approach: Quantitative approach
 - Research design: Descriptive design
 - Settings of the study: Indraprastha Apollo Hospital
 - Duration of the study: 1 Month (October 2024)
 - Data collection method: Likert scale questionnaire
 - Target population: Inpatients and nurses of Indraprastha Apollo Hospital, Delhi
 - Sample: Patient who are admitted as inpatients in medical surgical ward and nurses working in the same unit who full fill the inclusion criteria
 - Sample: Sample Size: 104 patients; 50 Nurses Sampling Method: Convenient sampling technique

3.1.1 Inclusion criteria

Patients willing to participate in the study.

- Patients admitted to hospital
- Patient who can respond cognitively to the tool
- Patients whose length of stay is more than one day in the hospital
- Nurses who are available during data collection.

3.1.2 Exclusion criteria

- Patients not willing to participate in the study
- OPD patients

3.2 Ethical clearance

Permission from Group Director Nursing and Nursing Heads were obtained prior to data collection. Verbal consent has been taken from the nurses and patients before collecting data.

3.3 Tool used for data collection

PSQ (Patient Satisfaction Questionnaire) - Structured interview questionnaire with 6 questions as 4-point Likert scale with score of strongly agree -4, agree -3, Disagree -2 and strongly disagree -1 was used to assess the patient satisfaction about nursing care. NPQ (Nurse Perception Questionnaire) Structure opinionnaire withy 7 questions as 4point Likert scale with score of Strongly Agree -4, Agree -3, Disagree -2 And Strongly Disagree -1 was used to assess the nurse's perception about the nursing care provided by them.

4. RESULTS

Descriptive and inferential statistics was used for analysing the data collected form the nurses and patients

Table Number 4.1. Frequency and percentage of the demographic variable of the patients

Demographic Variable	Category	Frequency	Percentage
Age	25-35 years	24	23.08%
	35-45 years	35	33.65%
Age	45-55 years	34	32.69%
	Above 55 years	11	10.58%
Gender	Male	69	66.35%
Gender	Female	35	33.65%
	Diabetes (DM)	20	16.39%
	Hypertension (HT)	28	22.95%
Comorbidities	Kidney Disease	9	7.38%
Comorbidities	Lung Disease	10	8.20%
	Cardiovascular	19	15.57%
	Others	36	29.51%
Length of Stay	1-3 days	32	30.77%
	3-5 days	44	42.31%
	More than 5 days	28	26.92%

Table 4.1. shows that:

- The largest age group is 35-45 years (33.65%), followed closely by the 45-55 years group (32.69%). The 25-35 years group accounts for 23.08%, while individuals over 55 years are the smallest group, making up only 10.58% of the population.
- Male participants represent 66.35% of the population, whereas female participants make up only 33.65%, Comorbidities:

- The most reported comorbidity is classified as Others (29.51%), which suggests a wide range of health conditions not categorized under the specified comorbidities. The second most prevalent comorbidity is Hypertension (HT), affecting 22.95% of the population. Diabetes (DM) is also prevalent, affecting 16.39% of individuals. Cardiovascular diseases account for 15.57%, while lung disease and kidney disease are less common, making up 8.20% and 7.38%, respectively.
- Most individuals stayed for 3-5 days (42.31%);1-3 day stays account for 30.77%. More than 5 days stays are less common but still significant, comprising 26.92% of the total population.

Objective: To assess patient satisfaction about nursing care

Table 4.2. Frequency and percentage of the patient's satisfaction about the nursing care

Statement	Response	Frequency	Percentage
	Strongly Disagree	1	1%
The nurses were attentive to my needs	Disagree	12	12%
	Agree	49	49%
	Strongly Agree	42	42%
	Strongly Disagree	0	0%
I felt comfortable to ask questions to the nurses	Disagree	5	5%
	Agree	58	58%
	Strongly Agree	41	41%
	Strongly Disagree	0	0%
The pursing stoff was respectful and polite	Disagree	4	4%
The nursing staff was respectful and polite	Agree	69	69%
	Strongly Agree	31	31%
	Strongly Disagree	2	2%
The nurses responded quickly when I needed assistance	Disagree	8	8%
The hurses responded quickly when I needed assistance	Agree	58	58%
	Strongly Agree	36	36%
	Strongly Disagree	0	0%
The nurses were emotionally supportive whenever required	Disagree	4	4%
The nurses were emotionally supportive whenever required	Agree	69	69%
	Strongly Agree	31	31%
	Strongly Disagree	1	1%
I am satisfied with the overall care provided by the nurses	Disagree	4	4%
ani sausneu with the overall care provided by the hurses	Agree	60	60%
	Strongly Agree	39	39%

Table 4.2. reveals that

- Among the patients 49% of respondents agreed that nurses were attentive, with another 42% strongly agreeing. Only 1% strongly disagreed, and 12% disagreed, suggesting a minority had less favourable experiences.
- The data shows that 58% agreed and 41% strongly agreed, that they felt comfortable communicating with the nursing staff and 5% disagreed, but no one strongly disagreed.

- This question regarding the nursing staff was respectful and polite received 69% agreement and 31% strong agreement and only 4% disagreement.
- 58% agreed and 36% strongly agreed, that nurses responded quickly when I needed assistance however, 2% strongly disagreed, and 8% disagreed
- This statement of nurses was emotionally supportive whenever required received 69% agreement and 31% strong agreement, with no one strongly disagreeing and only 4% disagreement.
- Among the participants 60% agreed and 39% strongly agreed, 1% strongly disagreed, and 4% disagreed that they are satisfied with the overall care provided by the nurses

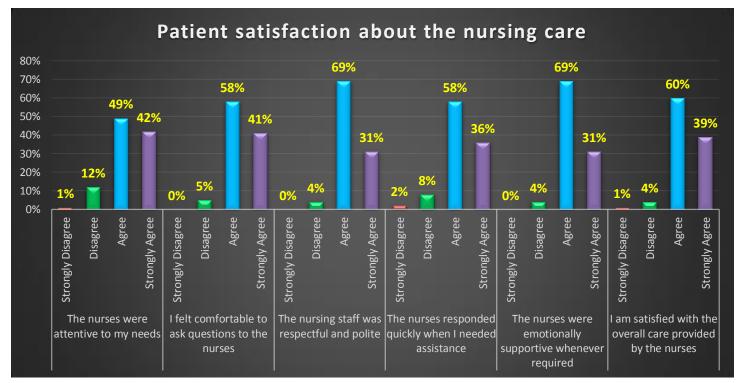


Figure 4.1. Patient satisfaction about the nursing care

To analyse the overall satisfaction of patients regarding nursing care, the criterion used is:

- Responses scoring 0-12 indicate a not satisfied.
- Responses scoring 13-24 indicate a satisfied.

The analysis reveals that the average score per respondent is approximately 19.68, which falls within the range for a positive perception (13-24).

Thus, 100% of respondents are satisfied with the nursing care provided (Refer to Figure 4.1.).

Objective: To identify the association between patients' satisfaction with demographic variables

Table 4.3. Association Between Patient Satisfaction and their demographic variable

Demographic	Chi-square	Degrees of	P-value	Critical Value	Association (P <
Variable	Value	Freedom		(0.05)	0.05)
Age	12.68	3	0.0055	7.815	Yes
Gender	0.34	1	0.5595	3.841	No
Comorbidities	15.48	5	0.0085	11.070	Yes
Length of stay	10.22	2	0.0061	5.991	Yes

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Table 4.3. shows that the calculated chi square value of age (21.68), comorbidities (15.48) and length of stay (10.22) is more the table value of 7.815,11.070,5.991 at 0.05 level of significance which means there is statistically significant association between age, comorbidities and length of stay of the patients with their satisfaction about the care provided to them.

The calculated chi square value of gender (0.34) is less the table value of 3.841 at 0.05 level of significance which means there is no statistically significant association between gender of the patients with their satisfaction about the care provided to them. These results suggest demographic factors like age, comorbidities, and length of stay influence patient satisfaction, while gender does not.

Table 4.4 Frequency and percentage of the demographic variable of the nurses (N=50)

Demographic Variable	Category	Frequency	Percentage
Age	Less than 25 years	21	42%
	25-35 years	19	38%
	35-45 years	6	12%
	Above 45 years	4	8%
Gender	Male	2	4%
	Female	48	96%
Education/ Qualification	GNM	36	72%
	BSC. and above	14	28%
Experience	O- 1 Year	15	30%
	1-3 Years	13	26%
	3-5 Years	3	6%
	Above 5 Years	1	38%

Table 4.4. shows that:

- The largest age group is less than 25 years (42%), followed closely by the 25-35 years group (38%). The 35-45 years group accounts for 12%, while individuals over 45 years are the smallest group, making up only 8% of the population.
- Male participants represent 4% of the population, whereas female participants make up only 96%.
- Most nurses have educational qualification of GNM (72%) and BSc. & Above account for 28%.
- More than 5% experience nurses accounts for 38%, followed closely by 0-1year experienced group (20%). 1-3-years experienced group is small, but still significant comprising 26% of the total population. The 3-5 years experienced nurses are the smallest group, accounting only up to 6%.

Objective: To assess nursing perception about their patient care

Table 4.5. Frequency and percentage of the nurses' perception about the care provided (N=50)

Statement	Response	Frequency	Percentage
	Strongly Disagree	0	0%
I am confident in my ability to provide high-quality care to my patients.	Disagree	1	2%
	Agree	14	28%
	Strongly Agree	35	70%
	Strongly Disagree	0	0%
I have the necessary resources and support to provide excellent care.	Disagree	6	12%
	Agree	28	56%
	Strongly Agree	16	32%
	Strongly Disagree	0	0%
I effectively communicate with my patients to understand their concerns.	Disagree	0	0%
Concerns,	Agree	23	47%
	Strongly Agree	26	53%
	Strongly Disagree	0	0%
I make a positive impact on my patients' outcomes and experiences.	Disagree	0	0%
	Agree	22	45%
	Strongly Agree	27	55%
	Strongly Disagree	0	0%
I consistently provide compassionate care to my patients.	Disagree	0	0%
	Agree	21	42%
	Strongly Agree	29	58%
	Strongly Disagree	0	0%
I am satisfied with the care I provide to my patients.	Disagree	0	0%
	Agree	20	40%
	Strongly Agree	30	60%
	Strongly Disagree	0	0%
I can address the emotional and psychological needs of my patients.	Disagree	0	0%
	Agree	30	61%
	Strongly Agree	19	39%

Table 4.5. reveals that,

- Among the nurses 70% of respondents strongly agree that they are confident in their ability to provide high-quality care to the patients, with another 28% agreeing. Only 2% disagreed and not strongly disagreed, suggesting a minority of nurses have confidence issues.
- The data shows that 58% agreed and 32% strongly agreed, that they have the necessary resources and support to provide excellent care; 12% disagreed, but no one strongly disagreed.
- This question regarding the effective communication with patients to understand their concerns received 59% strong agreement and 47% agreement: with 0% disagreement & strongly disagreement.
- 55% strongly agreed and 45% agreed, that they make a positive impact on patients' outcomes and experiences however, 0% strongly disagreed, and disagreed.
- This statement "I consistently provide compassionate care to my patients" received 58% strongly agreement and 42% agreement, with no one strongly disagreeing and disagreeing.
- Among the nurses 60% strongly agreed and 40% agreed that they are satisfied with the overall care they provide.
- About 61% and 39% of the total population of nurse participated agreeing & strongly agreeing that they can address the emotional and psychological needs of the patients, respectively.

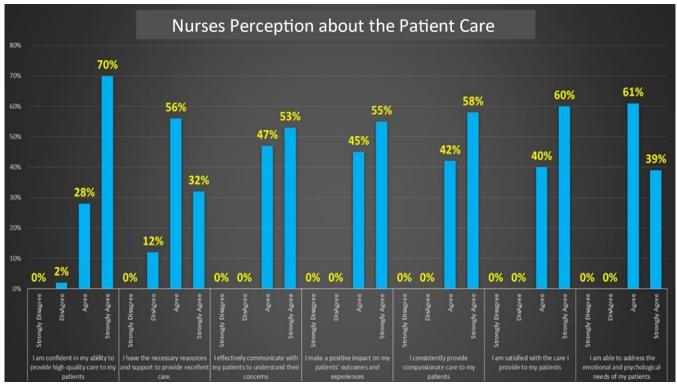


Figure 4.2. Nurses' perception about the patient care

Across all categories, most responses are positive (Agree or Strongly Agree), with percentages ranging from 88% to 100%. This indicates that the nurses hold an overwhelmingly positive perception of the care they provide to their patients. They exhibit confidence, satisfaction, and a commitment to compassionate and impactful patient care (Refer to Figure 4.2.).

Objective: To identify the association between nurses' perception about patient care with demographic variables

Table 4.6. Association between the nurses' perception about the care provided with their demographic variable

Demographic Variable	Chi-square Value	Degrees of Freedom	P-value	Critical Value (0.05)	Association (P < 0.05)
Age	21.93	3	0.000067	7.815	Yes
Education	3.48	1	0.062252	3.841	No
Gender	0.00	1	1.000000	3.841	No
Experience	16.57	3	0.000868	7.815	Yes

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Table No 4.6. shows that the calculated chi square value of age (21.93) and experience (16.57) is more the table value of 7.815 at 0.05 level of significance which means there is statistically significant association between age and experience of the nurses with their satisfaction about the care provided by them.

The calculated chi square value of education (3.84) and gender (0.00) is less the table value of 3.841 at 0.05 level of significance which means there is no statistically significant association between education and gender of the nurses with their satisfaction about the care provided by them. These results suggest that satisfaction levels are influenced significantly by age and experience, but not by education or gender.

5. DISCUSSION

The analysis uncovers a fascinating contrast between patient satisfaction with nursing care and the nurses' own assessments of their care within Indraprastha Apollo Hospital, Delhi. The study reveals that patients expressed a generally favourable experience, with an average satisfaction score of 4.2 out of 5. This is in harmony with other studies demonstrating high levels of satisfaction among patients in Indian healthcare institutions (Kumar et al., 2017; Singh et al., 2019).

However, a notable discrepancy emerged between the patients' satisfaction and the nurses' perception of their own performance. Nurses rated their care as of superior quality compared to the moderate satisfaction levels reported by patients. This gap aligns with previous research highlighting such disparities (Aiken et al., 2012; Kutney-Lee et al., 2015).

Several factors may explain this disparity: nurses may have more optimistic expectations regarding their work, be more attuned to the complexities of a constrained hospital setting or be self-critical of their abilities. These findings underline the need for hospitals to prioritize patient satisfaction and adopt strategies aimed at refining nursing practices. Encouraging self-reflection among nurses and implementing evidence-based policies could improve both care quality and patient contentment.

In conclusion, these insights reinforce the critical need for continuous improvement in nursing practice and patient-centred care to bridge the gap between patient expectations and perceived care quality⁶⁻⁹.

6. CONCLUSION

The study accentuates the pivotal role of patient satisfaction as a key metric for evaluating nursing care quality and influencing patient retention. As a vital component of care assessment, patient satisfaction should inform the planning and evaluation processes. The research found that essential factors such as the quality of care, communication, professional competence, and environmental conditions were significant determinants of satisfaction, rather than socio-demographic variables. Therefore, nurses must be more attuned to patients' emotional needs, respect their autonomy, and value their right to information. Routine evaluation of patient satisfaction is essential for refining care practices and gauging the effectiveness of nursing interventions.

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