

ORIGINAL ARTICLE

Patients' satisfaction on the nursing care in medical and surgical wards of Jimma Hospital.Tsegaye Asres, BScN¹, Legesse Degefa, BScN¹

Abstract: A cross-sectional descriptive study was conducted in February 1998 to examine and analyze patient satisfaction with nursing care received at Jimma Hospital, Jimma-Ethiopia. The intent of this survey was to identify possible neglected areas of care, to form base-line information and identify areas for possible improvements of patient care. A sample of 60 patients was randomly selected from inpatients of the medical and surgical wards of Jimma Hospital. The patients were chosen from a list of patients who had been hospitalized for 3 days or more, and were at least 16 years of age and had clear orientation about place, time and person. To determine patient perception of the care received a tool was constructed with "Yes" or "No" answers to be used by nurse interviewers. The results revealed some interesting findings. The most positive areas of patient satisfaction of nursing care included: getting an immediate response from a call for help, positioning according to the nature of the disease, meals provision on time, appropriateness of meals in line with religious considerations, information regarding diets, greetings and politeness of nurses, and attention to the medication prescribed. Low satisfaction emerged relative to offering help during meal time, information regarding the disease condition, as well as hospital facilities and ward environment, maintaining privacy, the degree of instruction for self care, result explanation, involving patient in discussion, and patient teaching and instructions for self care. Therefore, individualizing the type of nursing care and appropriate type of nursing personnel assignments has been recommended in order to improve the existing deficits of nursing care and address patient care needs for improved satisfaction.

Introduction

Although patient surveys have some limitations, patients' evaluations of health can often be assessed, through patient satisfaction surveys. Most research on patient satisfaction indicates that the majority of patients will report being satisfied with their care overall, although more specific questioning can yield higher levels of criticism (1,2), particularly in relation to the amount of information provided to the patient (3).

Recent research indicates that patient satisfaction should not be used as a sole criterion for evaluation of nursing care unless there is a clear explanation on interventions. Some interventions may cause physical discomfort and emotional distress, unless the patient is made aware of these possible consequences of intervention or treatment. Otherwise, the patient may be dissatisfied with the care (4).

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Eriksen reported in 1987 regarding patient satisfaction as indicator of nursing care quality. The areas in which the relationships between quality of nursing care and patient satisfaction with that care were positive included social courtesy, orientation to surroundings, and attention to need for oxygen. Negative relationships emerged relative to physical care and teaching patients to deal with illness and health status (4). Risser reported that the items most correlated to patients' satisfaction were courtesy and consideration shown by nurses. Patient reported being satisfied since they had received enough attention from nurses but claimed that providing only attention would not lead to satisfaction unless there is a willingness to use the information gained in the process of expressing concern (5).

Nurses should assume that provision of information to patients depending on the need for information is extremely essential. The type and timing of information desired by hospitalized patients must be assessed and the information provided must be individualized accordingly (6).

Gamotis et al in their report about inpatient and outpatient satisfaction found that both groups were satisfied with their nurses and nursing care. When scores on the subscales were analyzed, outpatients were found to be more satisfied with technical professional skills than were inpatients. Analysis of the education relationship revealed a significant difference in the results. Inpatients gave this a lower rating than outpatients (7).

The current study was conducted with the objectives of examining and analyzing satisfaction of admitted patients in nursing care to identify base line information about strong and weak areas of care and also to recommend possible

improvements in the provision of nursing care.

Methodology

A sample of 60 patients from the medical and surgical wards of Jimma Hospital-Jimma, Ethiopia, was selected using a random sampling technique from a list of admitted patients. Following the initial contact, all patients who were hospitalized for 72 hours or more were solicited as subjects until data were obtained from a total of 60 patients from 4 wards of the medical and surgical departments. The criterion of a minimum hospital stay was utilized to provide adequate time to develop a reasonable impression of nursing care.

To determine patients' perception of their care, an interview schedule calling "Yes" or "No" type responses was constructed. Content validity was ascertained and pre-test was conducted. Patients were asked to rate the overall nursing care given to them. Seven general taxonomies of nursing care were developed and rated by receiving patient response. These were patient physical needs, patient nutrition and fluid needs, orientation to hospital facilities, nursing staff courtesy, patient learning needs, patient skin care, and patient privacy.

Three senior baccalaureate and six diploma nurses were trained as interviewers. All wore casual clothes and identified themselves as being involved in a study of care received by hospitalized patients. Interviewers were not informed of the purpose of the study. They were instructed to assure patients of the anonymity and the confidentiality of information provided, to ensure the patients understood that their participation was voluntary, and to terminate the interview at any time if the patient requested it or the

Patient's health status appeared to warrant such termination.

The data obtained were analyzed using an EPI-Info computer program and the result was presented using descriptive statistics.

Results

A total of 60 patients were interviewed. The sociodemographic characteristics of patients were similar with little variation in both wards. Patients' age ranged from 16 to 48 years. Thirty five (58.3%) were male and 25(41.6%) female. Religious affiliation of patients was 20(33.3%) Muslims; 29(48.3%) Christians and 11(18.3%) others (Table 1).

Table 1. Characteristics of respondents, Jimma Hospital, Feb. 1998.

Characteristic	No.	%
Age		
16-26	23	38.3
27-37	7	11.7
38-48	18	30
>48	12	20
Sex		
Male	35	58.3
Female	25	41.7
Religion		
Muslim	20	33.3
Christian	29	48.3
Others	11	18.3
Mobility		
Fully Mobile	35	58.3
Moved with assistance	18	30
Immobile	7	11
Total	60	100

Regarding the characteristics of patient mobility 35(58.3%) were fully

18(30%) moved with assistance and 7(11.66%) were totally immobile (Table 1).

In regard to assessment of the specific nursing care they received while in the hospital, 43 (71.6%) responded the bed was not clean, 36(60%) replied that a bath at admission was not provided, and 48(80%) rated bed pans and urinals were available but they were not clean. However, the patients gave a favorable assessment of getting an immediate response from a call for help and maintaining their position according to the nature of their illnesses (Table 2).

Table 2. Inpatients by physical care they received in Jimma Hospital medical and surgical wards, Feb. 1998.

Physical care variables	No.	%
Bed cleanliness		
Yes	17	28.3
No	43	71.6
Availability of Bed side facilities		
Yes	30	50
No	30	50
Response for call for help		
Yes	42	70
No	18	30
Positioning according to the nature of illness		
Yes	41	68.3
No	19	31.6
Bath before admission		
Yes	12	20
No	48	80
Bed pan and urinal provision on request for immobile patients		
Yes	12	20
No	48	80
Cleanliness of bed pan and urinals		
Yes	4	6.7
No	56	93.3

Out of the total sample, 50(83.3%) said that they received information about diet, 47(78.3%) rated that meals were served on time, and all responded that meals were served in line with religious considerations. However, 43(71.6%) said that they did not get help from the staff during meal time (Table 3).

Table 3. Inpatients' satisfaction in relation to meals, Jimma Hospital, Feb. 1998.

Care Variables	No.	%
Help during meals by staff		
Yes	17	28.3
No	43	71.6
Information received about meals		
Yes	50	83.3
No	10	16.6
Provision on time		
Yes	47	78.3
No	13	21.6
Food service in line with religious choices		
Yes	60	100
No	0	0

All the interviewed patients stated that they did not receive orientation about the hospital wards, the direction of toilet and bath rooms, or information regarding visiting hours and safety measures. Twenty nine (48.3%) replied that they had a chance to contact a nurse at admission. Only half of the respondents 30 (50%) rated themselves as satisfied on the care rendered for their personal belongings (Table 4).

In the areas of informing the patients about their medical diagnosis and medical treatment all respondents stated that the nursing staff did not do this. Besides, only half were given explanation

about procedures before they were performed. However, patients were satisfied in areas of greetings and politeness of the nurses (Table 5).

Table 4. Inpatients' response about admission information by the nursing staff, Jimma Hospital, Feb. 1998.

Care Variables	No.	%
Contact with a nurse at admission		
Yes	29	48.3
No	31	51.6
Orientation to the hospital and wards (direction of toilet, bath room, etc)		
Yes	0	0
No	60	100
Attention given to personnel belongings		
Yes	30	50
No	30	50
Information about visiting hours		
Yes	0	0
No	60	100
Information about safety measures		
Yes	0	0
No	60	100

Fifty four (90%) of patients cards were complete in the following areas; vital signs, medication, patient teaching needs, record about patient capacity to self care, and records on weight. Forty one (68.3%) had records of subsequent vital signs. Forty eight (80%) of the reviewed patient cards revealed charting of medications given (Table 6).

Table 5. Inpatients reaction to information and education by the nursing staff, Jimma Hospital, Feb. 1998.

Care Variables	No.	%
Information about disease condition		
Yes	0	0
No	60	100
Explanation of procedure before performed		
Yes	30	50
No	30	50
Maintenance of privacy		
Yes	0	0
No	60	100
Explanation of results		
Yes	18	30
No	42	70
Involvement of patient in discussion		
Yes	36	60
No	24	40
Instruction on self care		
Yes	5	8.3
No	55	91.6
Self introduction of nurses to patients		
Yes	0	0
No	60	100
Greetings		
Yes	50	83.3
No	10	16.6
Politeness		
Yes	42	70
No	18	30

Table 6. Completeness of inpatient records on selected variables, Jimma Hospital, Feb. 1998.

Variables	No.	%
Presence of patient identification record		
Yes	54	90
No	6	10
Record of vital signs		
Yes	41	68.3
No	19	31.6
Record of medication*		
Yes	48	80
No	12	20
Record about patient teaching needs		
Yes	0	0
No	60	100
Record on patient capacity to self-care		
Yes	0	0
No	60	100
Record on weight		
Yes	5	8.3
No	55	91.6

* name, dosage, route and time

Discussion

On the basis of the findings of this study all respondents replied that they didn't receive any orientation about the hospital wards, the direction of toilets, bath rooms information regarding visiting hours and safety measures. This is quite in contrast with Eriksen report, which indicates a high satisfaction rate in social courtesy and orientation to physical surroundings (4). Eriksen's findings are congruent with the

4. Erikseen LR. 1987. Patient satisfaction: An indicator of nursing care quality? *Nurse Manage* 18(7): 31-35.
5. Risser, N.: 1975. Development of an instrument to measure patient satisfaction with nurse and nursing care in primary nursing care setting. 13: 669-682.
6. Tilley, JD, et al. 1987. The nurse's role in patient education: in congruent perception among nurses and patients. *J. Adv. Nurs.* 12(3): 291-301.
7. Gamotis PB. et al. 1988. Inpatient Vs. outpatient satisfaction. *AORN J.* 47(6): 1421-1425.