

Patients' Perceptions on Nursing Care Quality in Selected Wards at a MOH Hospital in Najran

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Abstract

Patient satisfaction, which is linked to nursing care, is the cornerstone of good hospital services. As a result, this survey was designed to record inpatients' perceptions of nursing staff and use it as a foundation for future improvement. The current cross-sectional study was carried out in Najran General Hospital, Najran. Data was collected from 135 patients by using the Karen patient perception scale and analysis through statistically. The overall satisfaction level for nursing staff was being good among 56 (41%) and 68 (5%) felt satisfactory level of nursing care and 11 (8%) perceived as low level of nursing care quality. At the p 0.001 level, there was a significant relationship between patients' perceptions of nursing care quality and their age, sex, related illness, and number of hospitalizations. Although overall satisfaction was excellent, six patients expressed dissatisfaction with the atmosphere and one patient expressed dissatisfaction with the hospital's system. The authorities were alerted of the situation in order to take any necessary corrective measures. This was quite beneficial in terms of enhancing patient care.

Keywords: Nursing care, Quality Nursing care, Patient perception, Patient care, Hospital service, Inpatients, Nursing care, Health care providers.

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INTRODUCTION

Nurses are the lifeblood of any health-care facility. The importance of gauging patient satisfaction with nursing care cannot be overstated. Nursing care has a significant impact on patients' satisfaction with the overall quality of treatment. Nursing is often considered a "cost" rather than a "revenue" in a hospital context, making nursing a perpetual target for cost reductions [1].

Patient satisfaction is the relationship between their views of quality and their intention to use or promote the service in the future. Because patient satisfaction is a key measure of nursing and overall quality care. In particular, clinical/medical service facilities, nursing care and patient satisfaction are mandatory determinants of healthcare quality [2]. In line with this, a recent Australian study found a link between patient experience and nursing quality of care perception [3]. As a result, the purpose of the study is to

establish the level of patient perception of excellent nursing care among inpatients admitted to tertiary health care facilities.

Patient satisfaction is a multifaceted notion that comprises care offers, interactions between patients and healthcare providers, healthcare service continuity, and healthcare provider competence and communication qualities. Patient satisfaction is viewed as a result of medical services and is frequently used as a measure of healthcare quality [4, 5].

Health-care quality-improvement programs aim to improve patient safety, clinical effectiveness, and public accountability [6, 7]. Examining the quality of nursing care from the perspective of patients, particularly patient satisfaction, has long been a key component of assessing health-care quality. As a result, despite its complexity and difficulty to measure, hospital management and accreditation need to track patient satisfaction and experience on a regular basis as

part of their quality assurance process [8]. Hence the current study was carried out with the aim of determining the level of patients' perceptions of nursing care quality in a selected ward at a MOH Hospital in Najran.

MATERIALS AND METHODS

Study design

Non experimental Cross-sectional descriptive study was conducted over a period of 8 weeks.

Setting and participants

Patients' evaluations of nursing care quality in chosen wards at a MOH Hospital in Najran were evaluated in this study. The research was carried out at the New Najran General Hospital Medical and Surgical Care Unit. The hospital mostly serves general and surgical patients. More than 500 health-care workers are employed, with nurses accounting for the majority (65%). Clinical care, patient and family education, quality assurance, and administrative duties are all responsibilities of nurses in their respective clinics and wards. Patients who had been in the ward for at least three days at the time of data collection were included in the study, while those who were critically ill, unconscious, or suffering from mental illness were excluded after observation of their medical records and direct evaluation by the research nurses.

Sampling technique

Patients in the study were required to stay in the ward for a least of three days in order to gain appropriate experience with all of the nurses working in the wards, as nurse shifts alternate every other day. To enroll patients for the study, a stratified sampling strategy was used based on the admission rate to the medical and surgical departments in the two months before to the study period. The bed number of each ward served as the sample frame. Patients who were occupying beds of any other number were included in the study after the sample for each department was chosen. The first bed in the sampling was chosen from the first two beds in each ward using a basic random sampling procedure. The next patient admitted in the same bed was recruited for the study after a patient who had been involved in the study was discharged. The data collection was continued until the sample size was calculated.

Sample size

The single proportion population formula $z = z_2 p (1-p)/d^2$ was used to calculate the number of patients surveyed. The computed sample size was 200 patients, based on a 32.9% (18) prevalence of patient dissatisfaction with the quality of nursing care, a 95% confidence interval (CI), and a 5% margin of error. Where N is the sample size (200), Z is the 95% confidence interval (1.96), P is the prevalence of patient discontent in the hospital (20.6%), and D is the margin of error (5%). In total, 135 patients took part in the

trial, with 70 from medical wards and 65 from surgical wards.

Instrument

The Karen group's substance can be summarized in a few words. The main focus on the perception of care quality was, first and foremost, the staff's quality, stressing their traits and skills. Second, quality in the delivery of care, which includes affective care metrics and the quality of the patient-staff connection. Third, patient-related quality outcomes, which include such things as changes in the patient's health status, such as a cure or a change in health; cognitively oriented outcomes, such as improved knowledge about one's condition; wellbeing as a result of care; satisfaction with the care and treatment provided, as well as with the staff [9]. According to Donabedian [10], the items were also split into the Structure-Process-Outcome quality, the S-P-O triad, and constructed as negative and positive statements according to Likert. The grading system was revised to a five-grade Likert scale with six subscales based on 34 items, including Patient Satisfaction (1-13), Influence (14-17), Staff Competence (18-22), Caring/Uncaring (23-27), Integrity (28-30), and Organization (31-34). The following was the scoring and interpretation: 1=completely unsatisfied, 2=partially dissatisfied, 3=neither satisfied nor satisfied, 4=partially satisfied, and 5=completely satisfied. The data was evaluated using multivariate logistic regression to identify which of these parameters are considered more relevant indicators of nursing care quality by our patient populations.

Data Collection

Data collectors approached patients once they were enrolled in the trial. At the bedside, data was obtained by interviewing the patient using a paper-based questionnaire. The questionnaire was translated into the Arabic language from English. Although no previous psychometric properties for the tool were available, the translated questionnaire shows excellent reliability, with a Cronbach's alpha of 0.8. With the goal of reducing biases, data was collected by trained nurses who did not work in the hospital. Both data collectors spoke the two most widely spoken local languages fluently. The data collectors received training on the substance of the questionnaires, interviewing techniques, and study operational definitions.

Ethical Considerations

The Institutional Review Board (IRB) with registration number KACST, KSA: H-11-N-081, in the Directorate of General Health Affairs, Najran, approved the study. Before taking part in the study, all of the participants gave their consent. Before the interview, the patients gave their consent, and confidentiality was ensured. There was no danger or harm to the participant, and they had the option to opt out if they so desired. No personally identifiable information was used.

Statistical Analysis

SPSS for Windows version 21.0 was used to analyze the data. No missing values were discovered after the data was cleansed and reviewed for consistency and completeness. Simple frequencies and percentage distributions were used to do descriptive analysis. To evaluate the quality of nursing care, the information gathered from the patients was utilized to compute the mean score of each subscale and a final mean for quality of nursing care.

RESULTS

Description of the research participants' demographic variables

The patient characteristics depicted that 51(38%) of them were in the age group of 51-60 years; 30(22%) of them were between 41-50 years of age; 26(19%) of them belonged to age group of 31-40 years and 28(21%) of them were in 20-30 years. Among 135 samples, 48% of them were female and 52 % of them were male patients who admitted in the hospital. (Figure 2) With respect to their illness, 40% of them were diagnosed to have diabetes; 15% with hypertension; 18% of them had cardiovascular disorder, 7% of them had neurological disorder and 20% of them had sensory disorders. (Figure 3) The patients who admitted more than 7 times in a year is 10(8%); 19(26%) of them admitted for 4-6 times a year for their illness and 76(56%) had hospitalized for 1-3 times a year.

The mean and standard deviation of patient perceptions of nursing care quality

The degree of perception of nursing care quality among inpatients is displayed in Table 1 with a mean of 129.7 and an SD of 11.38.

Patient satisfaction with nursing care quality according to patients' perceptions

The patient satisfaction element is described in Table 2 with several dimensions to measure it, and the majority of them have stated that they strongly agree with the type of assistance they receive from nurses to keep them healthy and make their treatment more pleasant.

Patients' perceptions of the influence of the environment on nursing care quality

Patients firmly agreed that they were treated on an individual basis and that they were given the opportunity to make their own decisions about whether or not to continue with the treatment, as shown in Table 3.

The variables' level of perception of staff competence on nursing care quality among patients

Table 4 reveals that the patients were quite pleased with the care delivery and approach while receiving nursing care, as evidenced by their satisfaction with the staff competence.

Level of patient opinion of nursing care quality in terms of caring

The caring element of Nurses is described in Table 5, and the patients thought that the staff was empathic and trustworthy in their treatment.

Patients' perceptions of the impact of integrity on nursing care quality

The staff Nurses displayed the integrity of Nursing care with respect and secrecy, as felt by the majority of the patients, as shown in Table 6.

Patients' perceptions of the quality of nursing care provided by the organization

Table 7 shows how satisfied patients were with the way work was organized by employees at various levels.

The frequency and percentage distribution of patient perceptions of nursing care quality

Figure 3 demonstrates that overall patient satisfaction with nursing care was 68 percent (90 %), good 56 percent (41 %), and few felt low 11 percent (8 %).

The coefficient of correlation between the variables in Karen's patient instrument

Table 8 shows that there was a positive connection between a few variables, with the exception of patient satisfaction and influence on nursing care, which had a P0.01 value.

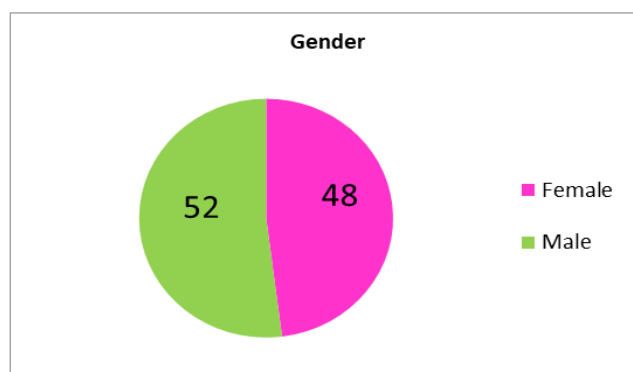


Figure 1: Pie diagram showing the distribution of patient according to Gender (N=135)

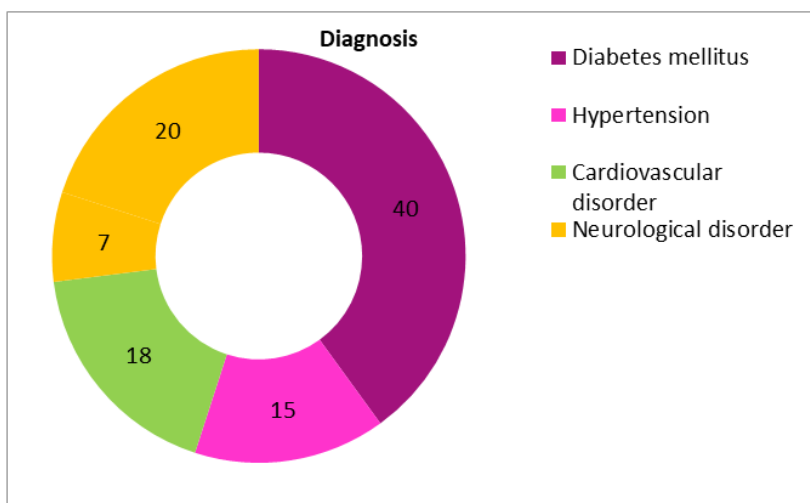


Figure 2: Doughnut showing the percentage distribution of patient according to diagnosis (N=135)

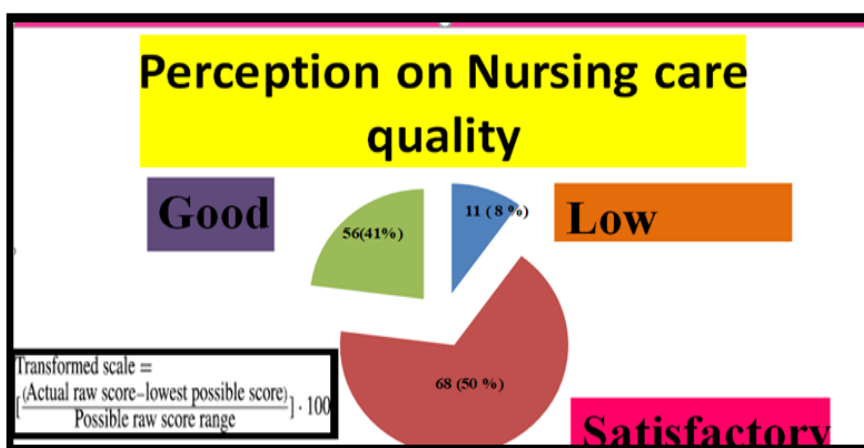


Figure 3: Frequency and percentage distribution of the level of perception on Nursing care quality among patients (N=135)

Table-1: Over all mean and standard deviation of level of perception on Nursing care quality among patients (N=135)

Mean	Standard deviation
129.7	11.38

Table 2: Frequency distribution of the level of perception with respect of patient satisfaction on Nursing care quality among patients by the variables (N=135)

S. NO	PATIENT SATISFACTION	SD	D	N	A	SA
1.	I do not receive the help / care I need	6	3	4	2	1
2.	I did not receive the help / care I needed	-	2	-	5	-
3.	My expectations were not realized	3	-	-	6	2
4.	I am not satisfied with my stay	3	1	2	-	-
5.	I have not received help to live with my illness	-	2	6	3	2
6.	Here they are able to find out what's wrong, to diagnose	-	-	5	-	4
7.	I have become healthier	1	-	6	2	-
8.	I was quickly relieved from my suffering	2	3	-	1	2
9.	I do not receive any information about my treatment	3	-	3	1	-
10.	Now I can go home and work with what I usually do	-	2	1	6	-
11.	Now I can go home and take care of myself	1	3	6	2	1
12.	I am happy with the care / treatment	1	2	3	2	-
13.	I get to learn about my illness	-	-	6	1	-

Table 3: Frequency distribution of the level of perception with respect to Influence on Nursing care quality among patients by the variables (N=135)

S. NO	INFLUENCE	SD	D	N	A	SA
1.	I feel that I have been participating in decisions of my care / treatment	10	4	9	13	9
2.	My care is planned together with the staff	4	7	9	3	9
3.	I have been encouraged and can live with my illness	4	12	4	5	9
4.	One receives an individual and personal treatment	6	3	4	2	9

Table 4: Frequency distribution of the level of perception with respect to staff competence on Nursing care quality among patients by the variables (N=135)

S. NO	STAFF COMPETENCE	SD	D	N	A	SA
1.	One sleeps will here	5	8	9	4	8
2.	The staff makes the patients feel calm	3	6	2	11	5
3.	There is orderliness on this ward	4	8	4	5	1
4.	The staff is nice, kind, happy , good	3	2	6	4	5

Table 5: Frequency distribution of the level of perception with respect to caring on Nursing care quality among patients by the variables (N=135)

S. NO	CARING / UNCARING	SD	D	N	A	SA
1.	The staff shows no consideration	3	11	2	2	5
2.	The staff shows no commitment	8	4	4	5	1
3.	The staff shows no interest	8	4	9	8	5
4.	The staff has ability to vivid realization	3	12	9	7	4
5.	The staff shows no tact or dignity	6	3	2	5	4

Table 6: Frequency distribution of the level of perception with respect to Integrity on Nursing care quality among patients by the variables (N=135)

S. NO	INTEGRITY	SD	D	N	A	SA
1.	There is positive atmosphere	9	2	24	20	6
2.	The staff is calm, assured	5	2	11	6	13
3.	The staff treats me with respect	1	4	5	17	10

Table 7: Frequency distribution of the level of perception with respect to Organization on Nursing care quality among patients by the variables (N=135)

S. NO	ORGANIZATION	SD	D	N	A	SA
1.	So many staff categories	3	8	7	4	10
2.	There are so many different staff members taking care of me	10	9	9	4	13
3.	I have not got to know the staff	6	3	4	2	9
4.	I have a nurse of my own who is responsible for my care	4	4	4	5	12

Table 8: The Spearman rank correlation coefficient between the components in Karen's patient instrument (N=135)

Factor	I	II	III
I Patient satisfaction	-	-	-
II Influence	-	-	-
III Staff competence	0.97	0.25	-
IV Caring/ uncaring	0.89	0.22	-
V Integrity	0.17	0.03	0.16
VI Organization	0.45	0.50	0.22

DISCUSSION

Patient satisfaction is a crucial component of providing high-quality service. Söylemez, Koplay (2009) state that determining patient satisfaction is critical to enhancing service quality and offering services that meet patients' expectations [11]. A few of studies has looked into the link between nurses' impressions of their work environment and the quality

of care they provide patients, finding that better work environments are linked to higher ratings of care quality and patient satisfaction. The majority of patients in the current study were satisfied with the overall quality of nursing care provided to them during their hospitalization, as indicated by previous studies conducted by many authors in various settings. Nursing care satisfaction was higher among the younger age groups than among the older age groups. These findings

are consistent with those of other investigations [12]. However, several studies have found that as patients get older, their levels of satisfaction rise [13]. This could mean that senior participants compared the service to previous experiences and concluded that it had improved. As a result, their level of pleasure increased. Elderly people were also more mature and may be more tolerant of care gaps than younger participants [14].

The contrary was discovered in this study, with younger participants being more satisfied with the level of care provided by the nurses than older participants. This result could be explained by the nurses' higher level of education and clear and effective communication abilities, which might appeal to the younger participants. Furthermore, there could have been discrepancies in the sample's perceptions and expectations. Additionally, there were no significant differences in patient satisfaction based on gender, marital status, or the type of ward where the patient was admitted (surgical or medical). Higher levels of education, younger age, higher income levels, and being employed, on the other hand, were associated with higher levels of patient satisfaction. There were no statistically significant findings between the participants' marital status and their satisfaction with nursing services in this study. This is corroborated by numerous research that show that marital status has no impact on nursing service satisfaction [15]. However, higher levels of education, younger age, higher income levels, and being employed demonstrated higher patient satisfaction levels. In this study, no statistically significant results were found between the participants' marital status and satisfaction level of nursing services. This is supported by other studies that showed that marital status does not affect satisfaction levels with nursing services [15]. This study has some limitations that should be acknowledged. For starters, our sample size was limited, and the majority of the participants were men. Because the study was conducted in a single setting, the results cannot be generalized.

CONCLUSION

In our study, patients thought that nursing care, education, and preparation for quality services were all good, but that nurse-physician relationships and nursing administration were better. The overall quality of nursing care, on the other hand, was neither satisfactory nor dissatisfactory. This necessitates action on the part of health-care stakeholders to increase nursing care quality and patient satisfaction. Nurses should organize their care to identify and meet these needs. Patients' comments should be taken into account by policymakers in hospitals, and the findings should be used to improve nursing care. To maximize their improvement in the treatment process, Nurses should continue to provide the highest quality nursing care with integrity and empathy.

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DECLARATION OF CONFLICTING INTERESTS

With regard to the authorship and/or publication of this review, the author(s) reported no potential conflicts of interest.

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