

## Original Research Article

# Patient satisfaction towards the quality of nursing care among the patients of private hospitals of Jodhpur, India

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### ABSTRACT

**Background:** Patient satisfaction is a good indicator for measuring the quality of nursing care delivered by a nurse to a hospitalized patient. This will help the nursing administrator to identify ways of improving nursing and health care services. The study aims to assess the level of patient's satisfaction towards quality of nursing care among the patients.

**Methods:** A descriptive survey study was carried on 100 patients selected using non-probability purposive sampling, who were discharged from the selected private hospitals at Jodhpur, Rajasthan. A Modified form of Dr. Laschinger's "Patient Satisfaction with Nursing Care Quality Questionnaire" (PSNCQQ) was used to measure patient satisfaction. A written permission was obtained to conduct study from the authority and an informed consent was taken from each participant.

**Results:** The study findings indicate that majority (70%) of the sample were highly satisfied with nursing care with mean patient satisfaction score  $61.38 \pm 9.692$  (76.72%). Majority (66%) patients were satisfied with "Information given regarding investigations and treatments" and only (26%) were satisfied with "Coordination of care after discharge." Patients aged 18-30 years, belonged to urban area, up to secondary educated and admitted through OPD were found more satisfied.

**Conclusions:** The study showed that majority of the participants were highly satisfied with quality of nursing care provided in private hospital. The PSNCQQ is a useful instrument for evaluating and improving nursing care. The nurse administrator can contribute to quality service provision by evaluating patient satisfaction to develop and improve nursing care based on patients' expectations.

**Keywords:** Quality of care, Nursing care, Patients satisfaction

### INTRODUCTION

Nursing is a noble and compassionate profession. It began as an art and a vocation, but it is now regarded as a separate scientific career. Nursing care is described as the treatment of a patient's nursing needs. Nursing care is growing more quantitatively and qualitatively complicated with its management services as the scope of medical sciences expands. Nursing service is an important part of every health-care organisation, since it

attempts to meet the nursing needs of patients and the community.

Increasing competition in every field has increased the demand for high quality nursing care in healthcare industry that can be recognized through advances in health-related technology, changes in expectations and ideas about health care, increased participation of individuals in their health care and increased cost.<sup>1</sup> In today's consumer-oriented healthcare market, a patient

centered measure of satisfaction with the quality of nursing care received is a major component of hospital quality management system, which is also considered as a good indicator for measuring the quality of care of hospitalized patients.<sup>1,2</sup> If nursing administrators are able to identify patient expectations, they could accordingly adjust the performance of services that they offer to meet them.<sup>3</sup> This will help to identify the ways of improving the quality of nursing and health care services.

“INDIA, 45% of patient are found unsatisfied with services provided by HCPs” says high power commission. This is due to increasing demands of health care services, shortage of health care providers and lack of time.<sup>3</sup>

In health care delivery system, hospitalization is important component, here patient satisfaction plays important role in treatment. In addition, Patient satisfaction is an important component of health care industry in this competitive era. Patient satisfaction leads to drift in both new and old patients, which hinders the sustainability of any hospital in long run. Patient satisfaction surveys are useful in gaining and understanding of the user needs and their perception of the service received.

To improve the quality nursing care, the nurses need to know what factors influence patient satisfaction. 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 fulfil patients' needs with competence and a compassionate approach. If the patient is denied appropriate care the healing process is obviously compromised. Patient can expect and demand satisfaction from nursing care and be allowed take an active part in decision-making regarding their care. Poor patient satisfaction can lead to poor adherence to treatment with consequently poor health outcomes. So, satisfaction of patient has an impact on outcome of treatment and to maintaining good interpersonal relationship. 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.

## **METHODS**

The study used a cross-sectional quantitative descriptive survey research design. Participants included 100 hospitalized patients who were going to be discharged from a private hospital of Jodhpur between 12<sup>th</sup> July to 10<sup>th</sup> August 2017 selected as sample by using nonprobability purposive/judgmental sampling technique. The sampling criteria were as follows: patients aged 18 years or older, patients who were discharged, hospitalized for at least 2 nights at the time of data collection, able to speak and understand Hindi and English, mentally fit (not

too ill or confused) to complete the questionnaires and agreeing to participate in the study. The patients were excluded those who had not planned discharges (those were decided or wished to be discharged suddenly) or were transferred to another hospital.

## **Research instruments**

Patient satisfaction with nursing care quality questionnaire was designed with the help of Dr. Laschinger's standardized tool, Patient Satisfaction towards Nursing Care Quality Questionnaire (PSNCQQ) (Laschinger et al) to measure the patient satisfaction towards quality of nursing care among discharged patients of hospital.

The questionnaire consists of two sections. First section consists of nine items of socio-demographic factors of participants includes age, gender, marital status, educational status, community, occupation, monthly family income, no of times previous hospitalization, and way of hospitalization. Second section consists of 20 items pertaining to features of a wide range of nursing activities including nurses' attention, kindness, respect, courtesy, skills, competence and fulfilment of patient needs.

Participants' responses are provided using a 5-point Likert-type scale. Total possible scores range from 0-80. higher total scores indicate greater satisfaction with nursing care. The scoring of the scale was: 4 = excellent, 3 = very good, 2 = good, 1 = fair, 0 = poor.

## **Validity and reliability of tool**

The Questionnaire was appraised by the 6 experts a range from hospital administrator, nursing superintendent, Associate and Assistant professor of Medical Surgical Nursing departments. In order to establish the reliability of the questionnaire the Cronbach's alpha coefficient method was used. Cronbach  $\alpha$  was 0.894, that was found reliable.

## **Data collection**

A formal written permission was obtained from the administrative authorities of hospital prior to data collection. The patients who agreed to participate in the study were provided with an explanation about the purpose of the study and they signed informed consent forms. Those who refused to participate reported that they did not have the time or were just not interested in participating. Data were collected by face-to-face interviews from patients who were not able to fill the questionnaire. The data were collected by the researcher. The patients completed the questionnaires prior to their discharge from the hospital. The average time taken by each participant to fill the questionnaire was 10-15 minutes.

### Statistical analysis

Data were analysed using IBM SPSS software version 21. The descriptive and inferential statistics was used. The descriptive statistics included frequencies, percentages, means and standard deviations. The inferential statistics include the use of parametric tests, independent samples t-test were performed to analyses independent variables with two categories, one-way ANOVAs were performed to analyses independent variables with more than two categories. A significance level of  $p \leq 0.05$  was accepted as statistically significant.

## RESULTS

### Socio-demographic profile

The mean sample age was  $41.72 \pm 15.75$  years and 52% were aged between 25-45 years. The most of participants were men (58%), married (96%), graduates or higher educated (33.2%), belongs from urban community (54%), at monthly family income level 15000-30000 ₹ (36%) and housewives (34%). 40% of patients were hospitalized first time and majority (90%) of patients were admitted through the out-patient department service (Table 1).

### Patient's satisfaction towards quality of nursing care

The study findings indicated that majority (70%) of the sample were highly satisfied with nursing care with mean patient satisfaction score  $61.38 \pm 9.692$  (76.72%). The findings further revealed that the item for which satisfaction levels were highest 66% patient with mean  $3.58 \pm 0.64$  was the "Information given regarding investigations and treatments" item. The item for which satisfaction levels were lowest 26% patient with mean  $2.84 \pm 0.84$  was the "Coordination of care after discharge" item. (Table 2). In addition, 28% of patients stated that they would strongly and 52% somewhat recommend the hospital to their family and friends (Table 3).

### Association of patient's satisfaction scores with their socio-demographic characteristics

The mean satisfaction score of patients at the age of below 25 years was statistically higher ( $66.60 \pm 3.69$ ) in relation to other age groups of the patients and the difference was significant ( $p < 0.05$ ). No statistically significant differences were found in the mean

satisfaction score of patients by gender or marital status ( $p > 0.05$ ).

**Table 1: Socio-demographic characteristics (n=100).**

Variables	N	%
<b>Age (Years) (Mean 41.72 SD 15.75)</b>		
Below 25	10	10
25-45	52	52
45-65	28	28
Above 65	10	10
<b>Gender</b>		
Male	58	58
Female	42	42
<b>Marital status</b>		
Married	96	96
Unmarried	4	4
<b>Education</b>		
Primary	10	10
Secondary	34	34
Sr. secondary	14	14
Graduate & higher	42	42
<b>Occupation</b>		
Business	24	24
Service public/private	18	18
Farmer	10	10
Labour	14	14
Housewife	34	34
<b>Community</b>		
Urban	54	54
Rural	46	46
<b>Family income (Monthly) in ₹</b>		
Below 15000	28	28
15000-30000	36	36
30000-45000	16	16
Above 45000	20	20
<b>Previous hospitalization</b>		
Never	40	40
One time	30	30
Two time	22	22
Three and more times	8	8
<b>Way of hospitalization</b>		
OPD	90	90
Emergency	10	10

**Table 2: Distribution of patient satisfaction with nursing care quality scores (N = 100).**

Items	Distribution (%)	Mean±SD
Information given regarding investigations and treatments	66.00	3.58±0.64
Instructions regarding investigations and procedures	56.00	3.44±0.73
Ease of getting information from the nurses	54.00	3.22±0.95

Continued.

Items	Distribution (%)	Mean±SD
Politeness and respect towards you and your family	48.00	3.22±0.86
Daily routine planning and management of nurses	40.00	3.02±0.97
Skills and competence of nurses	40.00	2.96±1.04
Attention of nurses towards your care	38.00	3.16±0.81
Informing family and friends	38.00	3.10±0.90
Recognition of your opinion	38.00	3.02±0.95
Helpfulness	38.00	3.02±0.93
Nursing staff response towards your calls	36.00	2.96±0.90
Quality of care you received	34.00	2.98±0.86
Discharge instructions	32.00	2.92±0.87
Involving family or friends in the care	28.00	3.00±0.80
Information given by nurses about current condition and needs	26.00	3.04±0.72
Atmosphere provided by nurses	26.00	2.98±0.77
Privacy	26.00	2.94±0.81
Coordination of care	26.00	2.94±0.86
Coordination of care after discharge	26.00	2.84±0.84

**Table 3: Percentage distribution of patient that they recommend the hospital to their family and friends (n=100).**

Item	Percentage (%)
Strongly recommended	28
Somewhat recommended	52
Recommend	16
Not recommend	4
Strongly not recommend	0

The mean satisfaction score of patients varied significantly by education level, occupation, community belongings and income ( $p < 0.001$ ). The patients educated up to secondary level ( $67.94 \pm 6.48$ ), working as labour

( $69.86 \pm 4.94$ ), belonged from rural area ( $66.70 \pm 7.08$ ) and patients with below 15,000 ₹ monthly family incomes ( $69.43 \pm 5.23$ ) scores were higher than others in his group.

The widowed patients' mean satisfaction score of patients was found to be statistically higher ( $1.81 \pm 0.75$ ) than that of the married patients' ( $1.57 \pm 0.62$ ), and the difference was significant ( $p < 0.05$ ).

No statistically significant differences were found in the mean satisfaction score of patients by previous hospitalization ( $p > 0.05$ ). The mean satisfaction score of patients was statistically higher in those were admitted through the OPD service ( $62.53 \pm 9.43$ ) in relation admitted through the emergency and the difference was significant ( $p < 0.001$ ) (Table 4).

**Table 4: Association of patient satisfaction scores of nursing care quality with their socio-demographic characteristics (n=100).**

Variables	N	Mean±SD	Statistical evaluations	
			t/F	p
<b>Age (Years)</b>				
Below 25	10	66.60±3.69	F=2.693*	0.050
25-45	52	60.69±10.98		
45-65	28	62.93±8.45		
Above 65	10	55.40±6.52		
<b>Gender</b>				
Male	58	60.55±11.12	t=1.004	0.318
Female	42	62.52±7.26		
<b>Marital status</b>				
Married	96	61.21±9.83	t=0.867	0.388
Unmarried	4	65.50±4.04		
<b>Education</b>				
Primary	10	66.80±2.04	F=19.280***	0.000

Continued.

Statistical evaluations				
Secondary	34	67.94±6.48		
Sr. secondary	14	60.86±10.50		
Graduate and higher	42	54.95±8.48		
<b>Occupation</b>				
Business	24	53.17±10.42	F=13.532***	0.000
Service public/private	18	57.67±6.96		
Farmer	10	66.00±8.30		
Labour	14	69.86±4.94		
Housewife	34	64.29±7.10		
<b>Community</b>				
Urban	54	56.85±9.35	t=5.850***	0.000
Rural	46	66.70±7.08		
<b>Family income (Monthly) in ₹</b>				
Below 15000	28	69.43±5.23	F=13.340***	0.000
15000-30000	36	57.44±10.14		
30000-45000	16	56.63±8.02		
Above 45000	20	61.00±8.14		
<b>Previous hospitalization</b>				
Never	40	63.30±10.10	F=1.310	0.276
One time	30	60.13±9.36		
Two time	22	61.27±9.94		
Three & more times	8	56.75±6.94		
<b>Way of hospitalization</b>				
OPD	90	62.53±9.43	t=3.805***	0.000
Emergency	10	51.00±4.67		

Notes. F: one-way ANOVA; t: t test. \* $p < 0.05$  \*\* $p < 0.01$  \*\*\* $p < 0.001$

## DISCUSSION

### Demographical variables of sample

Majority of participants were belonged to 25-45 year (52%) of age and the Mean age (in year) was (41.72±15.75). In another research study carried out by Eyasu et al, majority of participants were belonged to 18-30 year of age (37.4%).<sup>1</sup> Tang et al in their study mentioned that the majority of participants had age below 60 year (67%) and 33% had age of 60 year and above.<sup>2</sup>

In current study about 58% of total sample were male, while 22.7% out of total inclusive sample were male and 77.3% were female in the study of Karaca A, Durna 2017.<sup>3</sup>

In present study almost all (96%) were married, but according to author Karaca A, Durna Z, 74.5% were married, 10.2% were single, 3.5% were divorced and 11.8% were widowed in their study.<sup>3</sup> About 62.9% were married, 26.3% were single, 5.0% were divorced and 5.8% were widowed in the study of Eyasu et al.<sup>1</sup>

In present study, 34% of total sample had education of secondary level. About 46.4% of total population can read and write, 37.1% had primary education and unlike to present study 12.4% of total participants had secondary

education as mentioned in the research work by Soliman et al.<sup>4</sup>

In current study 34% of total participants were house wife. Similar to this study results Karaca A, Durna Z mentioned that 31.3% of total inclusive participants were housewife.<sup>3</sup>

In present study about 36% had their monthly family income in between 15000-30000 Rs. Unlike to present study finding suggested by Jain et al maximum about 27.6% male participants had his income below 777 Rs. per month while 87.1 % female participants had same.<sup>5</sup>

### Level of patient satisfaction towards quality of nursing care

The study findings showed that majority (70%) of the samples were highly satisfied with the quality nursing care followed by, 30% were moderately satisfied and no one sample was unsatisfied with the nursing care provided by hospital.

According to a study conducted by Eyasu et al found that 52.8% were satisfied with nursing care.<sup>1</sup> A study carried out by Makeram et al mentioned that about 2.8% (not satisfied), 16.2% (moderate satisfied), 22.6% (moderate to high satisfied), 58.4% (high satisfied) by the provided

nursing care.<sup>6</sup> According to Sharma, Kamara, patient was more satisfied (80.83%) from nursing care provided in private hospital, while it was (64.88%) in public hospital.<sup>7</sup> Soliman et al they mentioned that only female patients were satisfied with provided nursing care.<sup>4</sup>

#### **Association of patient satisfaction with nursing care quality scores with their socio-demographic characteristics**

In present study age, education, occupation, community, family income and way of hospitalization were found significantly associated with patient satisfaction towards nursing care quality score ( $p < 0.05$ ).

Study conducted by Eyasu et al found that sex, age, residence, educational status, marital status, admission ward, class of admission, service payment, occupation were significantly associated with patient satisfaction towards nursing care.<sup>1</sup>

Author Soliman et al mentioned that there was no significant difference between patient satisfaction and demographic (age, level of education).<sup>4</sup>

Patient satisfaction was associated with the educational level, perceived health status and nursing care with empathy as mentioned by Buchanan et al.<sup>8</sup>

Significant association was found between patient demographic (gender, monthly income, purpose of visit to clinic) and patient satisfaction as mentioned in the research of Ganasegeran et al.<sup>9</sup>

Similar to present study Jain et al, association between patient satisfaction and demographic (age, caste, occupation and others like average duration of problem, distance of patient's usual residence from a tertiary care hospital (in Km)).<sup>5</sup>

#### **CONCLUSION**

The study concludes that over all-inclusive participants were satisfied with the provided nursing care. We found that the satisfaction level by nurse's care was high in adult, female, patient from urban community, patient having high economy status, patient having less educational qualification and worker like labor class and farmers are more satisfied than others and patient who were admitted after OPD consultation. There were significant association was found between patient satisfaction and patient demographic i.e., age, education, occupation, community, family income, way of hospitalization.

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