

**Short Communication****A comparative study of the nursing care given at home and at the centre to a rural community in a selected village of Madurai district****M Navaneetha<sup>1\*</sup>** <sup>1</sup>College of Nursing, PIMS, Puducherry, India**Abstract**

Quality care is a very important aspect in client care. Client satisfaction can serve as an outcome indicator of the quality of nursing care received. A direct home care finds people at their natural setting and the care given is different but at health centres the care given is in a different atmosphere. Hence this study was done to compare the nursing care given at various settings in the community. The study used a Mixed Method approach with a Concurrent Embedded design. 30 women were selected by stratified sampling from the village Karuppayurani. The tool comprised of 20 questions with 3 point scale with high, moderate and low as criteria was administered. The Donabedian model was used to describe the satisfaction. The study reveals that there is a significant difference in the care given at home and center, the Wilcoxon Signed Ranks Test value -2.399 is significant at  $p=0.016$ . Thematic Analysis was done which projected the following themes: Time and distance. Both results were expressive of each other. This study made an attempt to identify the client's satisfaction of care with the help of utilization of service and the satisfaction of care regarding community based care facilities in a selected rural area.

**Keywords:** Quality care, compare the nursing care given at various settings in the community, Concurrent Embedded design, Donabedian model**Received:** 15-04-2025; **Accepted:** 27-05-2025; **Available Online:** 17-06-2025

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For reprints contact: [reprint@ipinnovative.com](mailto:reprint@ipinnovative.com)**1. Introduction**

Quality care is a very important aspect in client care. There are various approaches to assess the quality of care given to clients. Satisfaction survey of the care given and the utilization of services by clients are important measures.<sup>1</sup>

According to Doherty 1990<sup>2</sup>

Quality = People + Process + Performance + Product

Quality assurance is maintenance of quality by constant measuring and comparison to set standards. Quality assurance in the health care field pledges to the public, by those within the field, that they will work toward achieving the best degree of excellence in the services they offer to every patient. In the health care field, quality assurance operates within the parameters of outcome, cost benefit, and access to health services.<sup>3</sup> Measuring healthcare quality and satisfaction constitutes an indispensable element for adequate resource management and allows for the focus on its users' preferences, giving them a chance to construct a customized

health service, better fitted to their needs and expectations. Since each individual has his/her perceptions, satisfaction is nothing but a relative concept, influenced by individual expectations and evaluations of health services' attributes.<sup>4</sup> Patient satisfaction is an attitude about service, service providers, or patients health status.<sup>5</sup>

Client satisfaction can serve as an outcome indicator of the quality of nursing care received, yet there is a paucity of literature and research describing client satisfaction within the home health care arena. This descriptive study explores the domain of client satisfaction with home health nursing as assessed by the Client Satisfaction Survey (CSS) developed by Reeder and Chen (1990). The overall mean response for surveyed clients is 1.6966, indicating satisfaction with the nursing services received. Through factor analysis, four factors were identified as dimensions of client satisfaction: (a) Technical Quality of Care, (b) Communication, (c) Personal Relationships between Client and Provider, and (d) Delivery of Services. This study validates that consumer

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clients can willingly participate in the objective evaluation of the nursing care they receive. In addition, the measurement of satisfaction using instruments with established reliability and validity can contribute to the advancement of the definition of client satisfaction of the home care client.<sup>1</sup>

The satisfaction varies in different settings especially in the community set up. A direct home care finds people at their natural setting and the care given is different but at health centres the care given is in a different atmosphere. Hence this study was done to compare the nursing care given at various settings in the community.

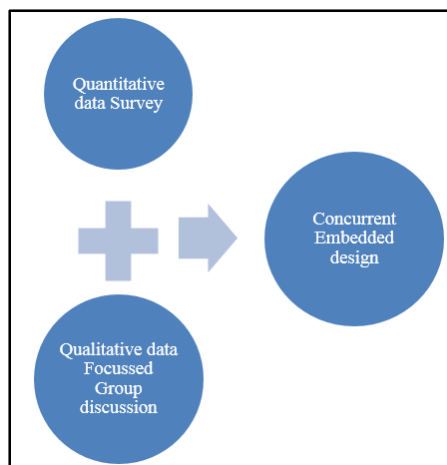
## 2. Objectives

The objectives of the study were:

1. To find out the client satisfaction of the care given directly at home and at the community health centre.
2. To compare the client satisfaction in both areas.

## 3. Materials and Methods

The study used a Mixed Method approach with a Concurrent Embedded design



**Fig. 1:** Concurrent Embedded design

30 women were selected by stratified sampling from the village Karuppayurani.

**Table 1:** Frequency and percentage distribution of the satisfaction of care given

S.No	Setting	High Satisfaction		Moderate Satisfaction		Low Satisfaction	
		f	%	f	%	f	%
1	At Centre	16	53.3	6	20	8	26.7
2	At Home	19	63.3	7	23.3	4	13.3

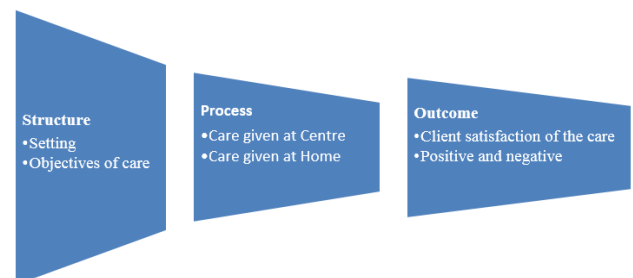
**Table 2:** Comparison of level of Satisfaction of care given at home & centre

S.No	Level of Satisfaction	Wilcoxon Signed Ranks Test (Z Value)	p Value
1	At Centre	-2.399	0.016
2	At Home		

The tool comprised of 20 questions with 3 point scale with high, moderate and low as criteria was administered

### 3.1. Conceptual Framework

The Donabedian model<sup>6</sup> is a conceptual model that provides a framework for examining health services and evaluating quality of health care. According to the model, information about quality of care can be drawn from three categories: “structure,” “process,” and “outcomes.” Structure describes the context in which care is delivered, including hospital buildings, staff, financing, and equipment. In this study it refers to the study setting (home and centre). Process denotes the transactions between patients and providers throughout the delivery of healthcare. The present study found the care given at home and centre and the client satisfaction. Finally, outcomes refer to the effects of healthcare on the health status of patients and populations. In this study the outcome measured the satisfaction with a 3 point scale.



**Fig 2:** Conceptual Framework based on Donabedian's model of structure, process and outcome.

## 4. Results

**Table 1** shows that people's satisfaction with the care given at the center was 53.3%-high satisfaction, 20% -moderate satisfaction and 26.7% low satisfaction and in home it was 63.3%, 23.3% and 13.3% respectively.

**Table 2** reveals that there is a significant difference in the care given at home and center, the Wilcoxon Signed Ranks Test value -2.399 is significant at  $p=0.016$ .

#### 4.1. Qualitative analysis

Thematic Analysis was done which projected the following themes: Time and distance.

#### 4.2. Verbatim

The women expressed “it takes time to come to the centre as it is around 1km distance from our house” Another women said” how can I come so far leaving the house, work will get spoiled and I have to walk and come till there” Few have said” it is time consuming to come to centre it is nice when you come, we don’t have to spend time and come without doing house work” Both results quantitative and qualitative were expressive of each other

### 5. Discussion

A study by Ferreira DC et al;<sup>4</sup> also said that Donabedian framework can be used to examine health services’ quality in order to surpass the current lack of clarity on defining and measuring satisfaction. It discusses that Structure: Environment, provider’s skills, and administrative systems where healthcare occurs, Process: The constituents of the received care (measures doctors and medical staff considered to deliver proper service); and Outcome: The result of the care provided, such as recovery, avoidable readmission, and survival.

The study results are comparable with the study conducted at Wisconsin, New Jersey and Nebraska agencies using Omaha system<sup>7</sup> to measure the outcome of care given; where the clients’ satisfaction improved up to 52 points on three five point scales. But we couldn’t find studies which compared the satisfaction of home care and centre care. There are many studies which have found the client satisfaction of inpatient care or care at PHCs or comparison of two CHCs.

However there was a qualitative study by Wilson A, Wynn A, Parker H<sup>8</sup> which found themes more personal care and better communication offered by Hospital at Home and placed great value on staying at home which is comparable with the present study where clients expressed the willingness to stay at home.

### 6. Conclusion

This study made an attempt to identify the clients satisfaction of care with the help of utilization of service and the satisfaction of care regarding community based care facilities in a selected rural area; even though results cannot be generalized it gives an insight for quality care for community health nurses and administrators. The study found that quantitative and qualitative were expressive of each other were expressive of each other and the themes found are time and distance.

### 7. Source of Funding

None.

### 8. Conflict of Interest

None.

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**Cite this article:** Navaneetha M. A comparative study of the nursing care given at home and at the centre to a rural community in a selected village of Madurai district. *J Paediatr Nurs Sci*. 2025;8(2):80-82