



Original Research Article

Patient Satisfaction with nursing care in AOD Hospital digboi

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ABSTRACT

A study to assess the level of patient satisfaction regarding nursing care in Inpatient Department Of IOCL(AOD) Hospital, Digboi, Assam to assess the level of patient's satisfaction regarding Nursing care in Inpatient Department of IOCL (AOD) Hospital, Digboi, Assam and to find out the association between the level of patient's satisfaction regarding nursing care and selected demographic variables such as age, gender, type of family, religion, educational qualification, occupation, marital status, family income and type of community.

The author has selected 30 samples by sampling technique and applied descriptive survey design to conduct this study. A 3 point Likert scale with 25 items is used to assess the level of patient satisfaction which was divided into 5 sub heading mainly communication, nursing care, patient expectation, physical environment and technical competence. Data analysis was done by using descriptive and inferential statistics.

The finding of the current study revealed that the majority i.e. 22 (73.33%) of sample under study were moderately satisfied, 4(13.33%) were highly satisfied and 4(13.33%) were not satisfied with the nursing care in Inpatient department of IOCL (AOD) hospital, Digboi. Chi-square result shows no association between the levels of patient satisfaction and the demographic variables.

The study identified that there is a need for the nurses to improve the quality of nursing care as only 13.33% of the subjects are highly satisfied. The findings of the study suggested that it can be used for the formulation of more accurate intervention for patient care.

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1. Introduction

"Nurses are a unique kind. They have this insatiable need to care for others, which is both their greatest strength and fatal flaw"

Dr. John Watson

1.1. Nursing care

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of the individuals, families, communities and population.

'Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disable and dying people. Advocacy, promotion of a safe environment, research participation in shaping health policy and in patient and health systems management and education are also key nursing roles'. (Indian Nursing Council). A professional nurse integrates the science and art of nursing into her practice, provides quality of care to client at a level of excellence, and facilitates many benefits to the client.¹

1.2. Patient satisfaction

Patient satisfaction is a term that can be interpreted differently in different patients and its meaning can also

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differ for one patient at different time. Patient satisfaction sometime treated as an outcome measure of health care provider.

‘Patient’s satisfaction is defined as patients subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perceptions of actual nursing care.(Erikson, 1987)’

Patient places high value on the interpersonal care provided by the nursing staff. Consumers of healthcare industry demand quality care and one measure of quality is patient’s satisfaction. Patient’s satisfaction is an indicator of quality of care from patient’s perspective. Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself.

1.3. Need of the study

For examining the level of satisfaction with specific dimensions of nursing care in an effort to provide quality improvement knowledge that will lead to understand and identify the principal drivers to patient satisfaction. Nursing care is a key determinate of overall patient satisfaction during hospital admission. Patient’s comment suggests that number of concerns must be addressed. The nurses need to know what factors influence patient’s satisfaction, if we must improve the quality of health care.

KhanHussain Mohammad, Hasan Rasheed, Anwar Saeed (2007) examined the level of satisfaction with specific dimension of nursing care at District Headquarter Hospital. 153 eligible patients were identified where the result shows that 45% were satisfied with the care provided and 55% were partially dissatisfied. Among 6 dimension of care 94% like nursing practice of keeping privacy about behaviour 90% were not comfortable talking to nurses. Only 10% felt nurses were excellent 84% had negative experience as they observed nurses were not attentive to their need. Study concludes that nurses need to know about the factors that influence patient satisfaction.²

Patient’s satisfaction increases the prestige and competitiveness of the facility and satisfaction survey results and then provides feedback about what is the difference between the expectations of the patient and the nursing care provided. Quality of nursing care is vital to patient outcomes and safety. Patient satisfaction with nursing care is strongly associated with patient overall satisfaction with hospital experience to ensure service improvement initiatives at appropriate level in hospital is a prerequisite to understand factors which influence patient satisfaction with nursing care. The measurement of patient satisfaction with nursing care is important to determine and meet patient’s need in terms of care and to evaluate quality care provided.

2. Materials and Methods

A Non experimental quantitative approach was used for the present study to gain more information about the characteristic within a particular field of study. Descriptive survey design was used to fulfil the objective of the study. The study was conducted in the Inpatient department of IOCL(AOD) hospital, Digboi, Tinsukia, Assam. This setting was selected because of the feasibility of the study.

The target population of the study was both male and female patient admitted in Inpatient department of IOCL(AOD) hospital, Digboi, Tinsukia, Assam.

Author used convenience sampling technique to select 30 patients (including both male and female) of Inpatient Department Of IOCL(AOD) hospital Digboi, Tinsukia, Assam. It is a non- probability sampling technique where subjects are selected due to their convenient accessibility and proximity to the researcher.

2.1. Content validity of the tool

To ensure the content validity of the structured interview schedule, objective of the study, interview schedule along with its blue print of likert scale for validation were submitted to five experts. Experts are Principal In charge, Associate professor, Assistant professor and Lecturer of Assam Oil College of Nursing, Digboi. They are requested to evaluate and validate the prepared items for their relevancy, adequacy and appropriateness. Minor modification was made on the basis of recommendations, suggestion of experts with consultation of guides.

2.2. Description of the tool

After reviewing literature, discussion with the experts and with investigator’s personal and professional experience, structured interview schedule was prepared to assess the level of patient’s satisfaction regarding nursing care. The tool consists of two sections- A and B. It is described as follows:

Section A: This section was prepared to collect socio-demographic variables of the respondents which include age, gender, marital status, education, religion, family income, type of family, occupation and community.

Section B: This section contains questions regarding level of patient satisfaction regarding nursing care. A 3 point Likert scale was prepared to assess the level of patient satisfaction which was divided into 5 sub heading mainly communication, nursing care, patient expectation, physical environment and technical competence. Under communication 6 questions, under nursing care 6 questions, under patient expectation 4 questions, under physical environment 6 questions and under technical competence 3 questions were included. Total 25 questions on the above mentioned sub headings were prepared. In each item there were 3 responses. “Entirely agree”, “mostly agree”, and

“disagree” and which were scored as given below:-

- Entirely agree= 2
- Mostly agree=1
- Disagree=0

11 item were included in the questionnaire. The minimum score on satisfaction is 0 and maximum score is 50. Out of which the satisfaction score was statistically categorized as highly satisfied (more than 50), moderately satisfied(42-49), not satisfied(Less than 42) by using the formula as described below:

So, the total range of score will be 0-50. Interpretation of the score will be done as follows:

Level of satisfaction	Range of score
Highly satisfied: (Mean+ SD)	$>(45.37+3.63=49)=>50$
Moderately satisfied: (Mean)	$(45.37)=42-49$
Not satisfied: (Mean-SD)	$<(45.37-3.63=41.74)=<42$

Mean=45.37

SD(Standard Deviation)=3.63

2.3. Ethical consideration

- Ethical approval was obtained from the DGM of IOCL(AOD) Hospital, Digboi, Tinsukia, Assam.
- Informed consent was taken from the participants before collecting data.
- Full confidentiality of the information collected was maintained.
- Anonymity of the respondent was maintained by using a coded number instead of their name.

2.4. Data collection procedure

The researcher first introduced herself to the patient and explained the need and purpose of the study. Informed consent was taken from the patient before data collection. It took around 15 minutes in taking interview of each participant. Data collection procedure had been terminated by giving thanks to the respondent.

3. Results and Discussion

The study finding were categorized, organized, and presented under the following headings:

Section 1: Frequency and percentage distribution of the study variables.

Section 2: Frequency and percentage distribution of the level of patient satisfaction.

Section 3: Association between level of patient satisfaction and demographic variable.

3.1. Major findings of the study

The major findings of the study were as follows:



Diagram 1: Schematic diagram: Methodology

3.2. Findings of demographic variables

1. The maximum number i.e. 13(43.33%) of the sample under study belonged to >50 years of age, 6(20%) belonged to 21-30 years, 4(13.33%) belonged to 31-40 years, 4(13.33%) belonged to 31-40 years, 3(10%) belong to age <20.
2. The majority i.e. 17(56.66%) of the sample under study were female and 13(43.33%) were male.
3. The majority i.e. 21(70%) of the sample under study belonged to married group, 5(16.67%) belonged to unmarried group, 4(13.33%) belonged to widow group and 0 belonged to divorce group.
4. The majority i.e. 12(40%) of the sample under study belonged to middle school group, 8(26.67%) belonged to primary school group, 5(16.67%) belonged to H.S group and 4(13.33%) belonged to graduate and above, 1(3.33%) belonged to H.S.L.C.
5. The Majority i.e. 26(86.67%) of the sample under study belonged to Hindu, 3(10%) belonged to Christian, 1(3.33%) belonged to Islam and 0 belonged to others.
6. The maximum number is 9(30%) of the sample under the study belonged to <10, 000, 9(30%) belonged to 10000-20000, 7(23.33%) belonged to above 40000, 3(10%) belonged to 21, 000-30, 000, 2(6.66%) belonged to 31, 000-40, 000.
7. The majority i.e. 18(60%) of the sample under study from nuclear family, 12(40%) belonged to joint family, 0 belonged to extended family.
8. The maximum number is 17(56.67%) of the sample under study belonged to self employed group, 8(26.67%) belonged to private job group, 3(10%)

belonged to govt. Job group and 0 belonged to agriculture group.

The maximum number is 24(80%) of the sample under study belonged to urban community, 6(20%) belonged to rural community

3.3. Findings related to level of satisfaction

The majority i.e. 22 (73.33%) of sample under study were moderately satisfied, 4(13.33%) were highly satisfied and 4(13.33%) were not satisfied with the nursing care in Inpatient department of IOCL(AOD) hospital, Digboi.

3.4. Findings related to association between the demographic variables and level of satisfaction

As the calculated value is less than tabulated value at the level of 0.05, since in all demographic variables Chi-square values are found to be not significant, so it may be concluded that there is no significant association between demographic variables and the level of patients satisfaction regarding nursing Care in inpatient department of AOD, hospital, Digboi, Assam and selected demographic variables.

Lim Chieh wen, Soong yang-chi, Yang munwai(2012) assessed patient's satisfaction with nursing care in International Medical University Kuala Lumpur, Malaysia by using patient satisfaction with nursing care scale(PSNCS). The finding revealed that the patients rated their satisfaction of nursing care as being at moderate level of satisfaction. This study found a significant difference of patient's satisfaction and ethnicity. Hence, determining the level of patient's satisfaction and the contributing factors can assist nurses in improving nursing care. This study supports the present study.

Table 1: T-1 Frequency and percentage distribution of patient's age N=30

Age group	Frequency	Percentage (%)
<20	3	10
21-30	6	20
31-40	4	13.33
41-50	4	13.33
>50	13	43.34
Total	30	100

Table 1 : The data presented shows that maximum number is 13(43.34%) of the sample under study belonged to more than 50 years, 3(10%) belonged to <20, 6(20%) belonged to 21-30, 4(13.33%) belonged to 31-40, 4(13.33%) belonged to 31-40 years of age group.

Table 3 The data presented shows that maximum number is 21(70%) of the sample under study belong to married group, 5(16.67%) belong to unmarried group, 4(13.33%) belong to widow group and 0 belong to divorce group.

Table 2: Frequency and Percentage Distribution of patient according to gender N=30

Gender	Frequency(f)	Percentage (%)
Male	13	43.33
Female	17	56.67
Total	30	100

Table 3: Frequency and Percentage Distribution of patient marital status. n=30

Marital status	Frequency(f)	Percentage(%)
Married	21	70
Unmarried	5	16.67
Widow	4	13.33
Divorce	0	0
Total	30	100

Table 4: Frequency and percentage distribution of patient's education. N=30

Education	Frequency(f)	Percentage (%)
Primary school	8	26.67
Middle school	12	40
HSLC	1	3.33
H.S	5	16.67
Graduate and Above	4	13.33
Total	30	100

Table 4: The data presented shows that maximum number is 12(40%) of the sample under study belonged to middle school group, 8(26.67%) belonged to primary school group, 1(3.33%) belonged to H.S.L.C 5(16.67%) belonged to H.S group and 4(13.33%) belonged to graduate and above.

Table 5: Frequency and percentage distribution of patient's religion. N=30

Religion	Frequency(f)	Percentage (%)
Hindu	26	86.67
Islam	1	3.33
Christian	3	10
Others	0	0
Total	30	100

Table 5 The data presented shows that maximum number is 26(86.67%) of the sample under study belonged to Hindu, 3(10%) belonged to Christian, 1(3.33%) belonged to Islam.

Table 6 The data presented shows that maximum number is 9(30%), 9(30%) of the sample under study belonged to <10, 000 and 10, 000-20, 000, 3(10%) belonged to 21, 000-30, 000, 2(6.66%) belonged to 31, 000-40, 000, 7(23.33%) belonged to >40, 000.

Table 7: The data presented shows that maximum number is 18(60%) of the sample under study from nuclear family, 12(40%) belongs to joint family. There is no sample from extended family.

Table 6: Frequency and percentage distribution of patient's family income. N=30

Family Income	Frequency(f)	Percentage(%)
< 10, 000	9	30
10, 000-20, 000	9	30
21, 000-30, 000	3	10
31, 000-40, 000	2	6.67
>40, 000	7	23.33
Total	30	100

Table 7: Frequency and percentage distribution of patients type of family.N=30

Type of family	Frequency (f)	Percentage (%)
Nuclear	18	60
Joint	12	40
Extended	0	0
Total	30	100

Table 8: Frequency and percentage distribution of patient according to occupation.N=30

Occupation	Frequency(f)	Percentage(%)
Government job	3	10
Private job	8	26.67
Agriculture	0	0
Self employed	2	6.67
Unemployed	17	56.66
Total	30	100

Table 8 The data presented shows that maximum number is 17(56.67%) of the sample under study belonged to unemployed group, 8(26.67%) belonged to private job group, 3(10%)belonged to government job, 2(6.67%) belonged to self employed group.

Table 9: Frequency and percentage distribution of patient according to type of community.N=30

Community	Frequency(f)	Percentage(%)
Urban	24	80%
Rural	6	20%
Total	30	100%

Table 9: The data presented shows that maximum number is 24(80%) of the sample under study belongs to urban community, 6(20%) belongs to rural community.

3.5. Section 2: Frequency and percentage distribution of the level of patient satisfaction.

Data depicted in table 10 shows that majority 22(73.33%) of the patient are moderately satisfied, 4(13.33%) of the patient are highly satisfied and 4(13.34%) are not satisfied.

Table 10: -Distribution of patients with respect to the level of patient satisfaction. N=30

Level of satisfaction	Frequency (f)	Percentage (%)
Highly satisfied (more than 49)	4	13.34%
Moderately satisfied (42 -49)	22	73.33%
Not satisfied (less than 42)	4	13.33%
Total	30	100%

Maximum score =50

3.6. Section 3: Association between the level of patient satisfaction and demographic variables.

The data given in the table were analyzed to find out the association between level of patients satisfaction and the demographic variables like age, gender, marital status, education, religion, family income, type of family, occupation, community by computing chi square values. The chi square values obtained between level of satisfaction of the subject and their age ($X^2=3.976$, $df=8$, tabulate value=15.51), gender($X^2=2.12$, $df=2$, tabulated value=5.99), marital status($X^2=1.83$, $df=6$, tabulated value=12.56), education ($X^2=8.835$, $df=8$, tabulated value=15.51), religion($X^2=1.800$, $df=6$, tabulated value=12.59), family income($X^2=6.066$, $df=8$, tabulated value=15.51), type of family ($X^2=1.01$, $df=4$, tabulated value=9.49), occupation ($X^2=10.93$, $df=8$, tabulated value=15.51), community ($X^2=1.163$, $df=2$, tabulated value=5.99) were found to be non significant.i.e $p<0.05$. Thus we conclude that research hypothesis is rejected i.e Level of patient satisfaction has no significant association with selected demographic variables.

4. Discussion

The finding of the study has been discussed with reference to the objectives and in relation to the finding of other studies.

4.1. Level of patients satisfaction regarding nursing care

In order to ascertain the level of patient satisfaction regarding nursing care, the following studies have been discussed.

The findings of present study shows that majority 22(73.33%) of the patient are moderately satisfied with nursing care, 4(13.33%) of the patients are highly satisfied and 4(13.33%) of the patients are not satisfied with the nursing care.

T. Rajeswari (2011)³conducted a descriptive study on 50 adult patient admitted in the NMICU and NM ward to assess the patients satisfaction with quality of nursing care at Shree Chitra Tirunal institute for medical science

Table 11: Chi square values to test Association between level of patient satisfaction and selected socio demographic variables.

Age	Highly satisfied	Moderately satisfied	Poorly satisfied	Total	Calculated value	df	Tabulated value	Remark
<20	1	2	0	3	3.976	8	15.51	NS
21-30	1	4	1	6				
31-40	0	4	0	4				
41-50	0	3	1	4				
>50	2	9	2	13				
Total	4	22	4	30				
Gender								
Male	2	8	3	13	2.12	2	5.99	NS
Female	2	14	1	17				
Total	4	22	4	30				

Marital status	Highly satisfied	Moderately satisfied	Poorly satisfied	Total	Calculated value	df	Tabulated value	Remark
Married	3	15	3	21	1.83	6	12.56	NS
Unmarried	0	4	1	5				
Widow	1	3	0	4				
Divorce	0	0	0	0				
Total	4	22	4	30				
Education								
Primary school	1	6	1	8	8.835	8	15.51	NS
Middle school	2	9	1	12				
H.S.L.C	0	0	1	1				
H.S	0	4	1	5				
Graduate and above	1	3	0	4				
Total	4	22	4	30				

Religion	Highly satisfied	Moderately satisfied	Poorly satisfied	Total	Calculated value	df	Tabulated value	Remark
Hindu	3	19	4	26	1.800	6	12.59	NS
Islam	0	1	0	1				
Christian	1	2	0	3				
Others	0	0	0	0				
Total	4	22	4	30				
Family income								
<10,000	1	6	2	9	6.066	8	15.51	NS
11,000-20,000	2	7	0	9				
21,000-30,000	0	3	0	3				
31,000-40,000	0	1	1	2				
>40,000	1	5	1	7				
Total	4	22	4	30				

Type of family	Highly satisfied	Moderately satisfied	Poorly satisfied	Total	Calculated value	df	Tabulated value	Remark
Nuclear	3	12	3	18				
Joint	1	10	1	12				
Extended	0	0	0	0	1.01	4	9.49	
Total	4	22	4	30				
Occupation								
Government job	0	3	0	3				
Private job	2	4	2	8	10.93	8	15.51	NS
Agriculture	0	0	0	0				
Self employed	1	0	1	2				
Unemployed	1	15	1	17				
Total	4	22	4	30				
Community								
Urban	3	17	4	24	1.163	2	5.99	NS
Rural	1	5	0	6				
Total	4	22	4	30				

S=Significant level <0.05, NS=Not significant

and technology, Trivandrum. Majorities 70% were reported good, 30% were reported excellent and no one reported poor. In this study there is no significant association between patient satisfactions with quality of nursing care by different variables. This study supports the present study.

Lim Chen wen, Soong Yang-chi, Yang munwai (2012)⁴ assessed patients satisfaction in nursing care in International medical University Kuala Lumpur, Malaysia by using patients satisfaction with nursing care scale (PSNCS). The finding revealed that the patients rated their satisfaction of nursing care as being a moderate level of satisfaction. This study found a significant difference of patient's satisfaction and ethnicity. This study support the present study

MelesseBelayneh(2015)⁵ conducted a study to assess the level and factors that determines adult inpatient satisfaction towards nursing care at Felegehiwot Referral hospital Ethiopia. 236 patients were selected by simple random technique and studied where the level of patient satisfaction was very low.

PalseAlvisa, et al (2011)⁶ conducted a study on surgical patient satisfaction as an outcome of nurses caring behaviour by using a descriptive and correlational study at school of Health Science department of nursing Cyprus university of technology, turkey. study shows that patients satisfaction with nursing care was high.

Isabel Riquez Rios, Gracia Mariano Izquierdo (2016)⁷ performed a cross sectional study to assess the patient satisfaction, stress and burn out in nursing personal in emergency department hospital, Spain. Neither perception of stress nor the various elements of burnout experienced by nursing staff were related to patients level of satisfaction. No significant association was observed between experiences of stress and burnout dimension by

nursing professionals and the satisfaction with care received reported by their patients.

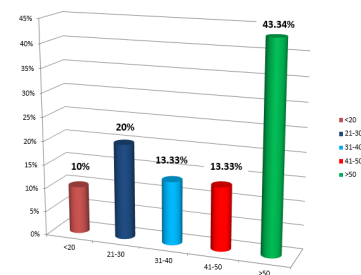


Fig. 1: Bar diagram shows distribution of the patients according to their age.

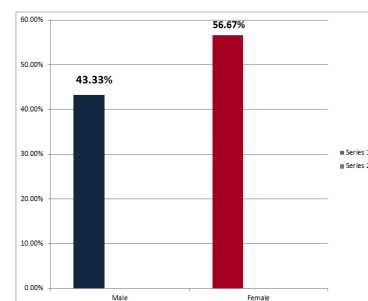


Fig. 2: Bar diagram shows the distribution of patient according to gender.

5. Source of Funding

None.

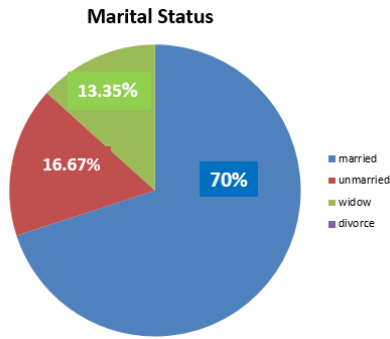


Fig. 3: Pie diagram shows the distribution of patient according to marital status

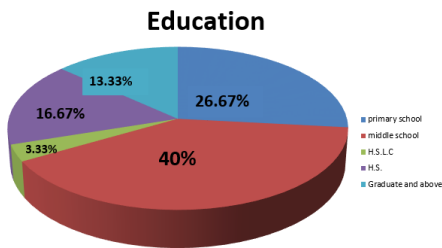


Fig. 4: Pie diagram shows the distribution of patient according to education.

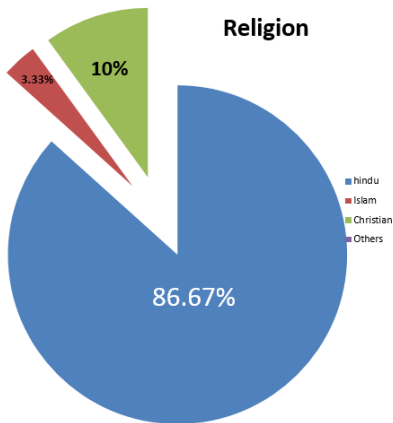


Fig. 5: Pie diagram shows the distribution of patient according to religion

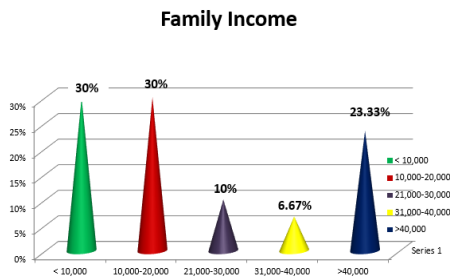


Fig. 6: Bar diagram shows the distribution of patient according to family income (per month)

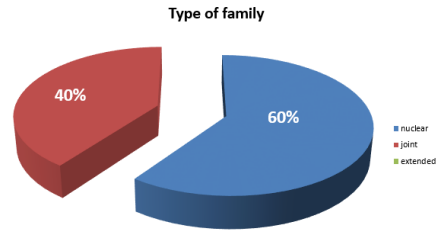


Fig. 7: Pie diagram shows the distribution of patient according to type of family

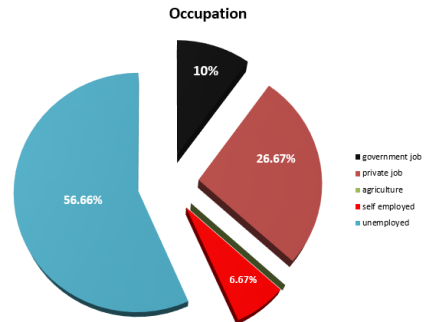


Fig. 8: Pie diagram shows the distribution of patient according to occupation.

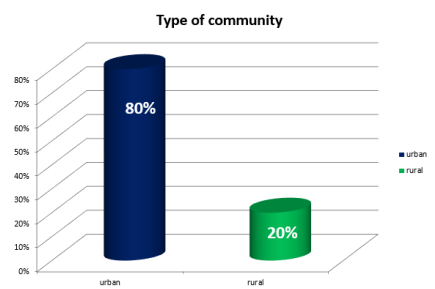


Fig. 9: Bar diagram shows the distribution of patient according to type of community.

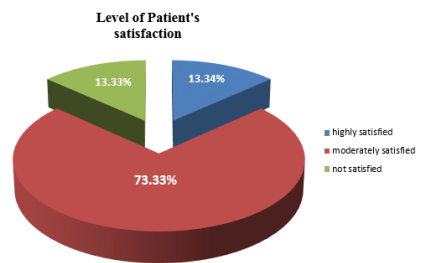


Fig. 10: Pie diagram shows the distribution of the patient according to the level of patient satisfaction.

6. Conflict of Interest

None.

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