



THE NURSING SATISFACTION OF PATIENTS TREATED AT INTERNAL MEDICINE WARDS

SATYSFAKCJA Z OPIEKI PIELEŃNIARSKIEJ PACJENTÓW LECZONYCH W ODDZIAŁACH INTERNISTYCZNYCH

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ABSTRACT

Introduction. The patients' satisfaction with nursing is a very important indicator of the quality of provided services. A few main aspects are distinguished, which constitute the quality of care from the patient's point, and which impact the satisfaction e.g. interpersonal relations and the process of communication, professionalism of workers, availability of services and their organization, organizational amenities, the continuity of care, and access to additional services, a patient's lifestyle, previous experiences with nursing, expectations, as well as individual and social values.

Aim. The goal of the paper was to assess the nursing satisfaction of patients, treated at internal medicine wards.

Material and Methods. The study involved 138 patients. The Newcastle Satisfaction with Nursing Scale, the Acceptance of Illness Scale, and the Self-Esteem Scale have been used in the research. To determine the dependencies between the variables, the Spearman's correlation coefficient, and the Dunn's test post-hoc analysis have been used.

Results. The average nursing quality score was at 149.98 points, the general score concerning experiencing nursing care was at 76.45 points, and the satisfaction with nursing at 73.52 points. The average Acceptance of Illness Scale score was at 26.77 points, the average Self-Esteem score reached 17.70.

Conclusions. Those respondents who possessed a lower level of illness acceptance and self-esteem, and who have spent less time in hospital did better assess the general quality of nursing care, experiences, and satisfaction concerning the care.

KEYWORDS: client satisfaction, hospital care, hospitalized patient, patient, quality of care.

STRESZCZENIE

Wstęp. Zadowolenie pacjentów z opieki jest bardzo ważnym wskaźnikiem jakości świadczonych usług. Wyróżnia się kilka głównych aspektów, które decydują o jakości opieki z punktu widzenia pacjenta i które wpływają na satysfakcję, np.: relacje interpersonalne i proces komunikacji, profesjonalizm pracowników, dostępność usług i ich organizacja, udogodnienia organizacyjne, ciągłość opieki i dostęp do dodatkowych usług, styl życia pacjenta, wcześniejsze doświadczenia z pielęgniarstwem, oczekiwania, a także wartości indywidualne i społeczne.

Cel. Celem pracy była ocena zadowolenia pacjentów leczonych w oddziałach internistycznych z opieki pielęgniarstwa oraz poznanie zmiennych ją warunkujących.

Materiał i metody. Badaniem objęto 138 pacjentów. W badaniu zastosowano metodę szacowania wykorzystując Skalę Zadowolenia z Pielęgnacji Newcastle, Skalę Akceptacji Choroby i Skalę Samooceny. Uzyskane dane oceniono punktowo i procentowo, testem t-Studenta, Manna-Whitneya, Kruskala-Wallisa, ANOVA, zależność między zmiennymi współczynnikiem korelacji Spearmana (r_s), a analizę post-hoc testem Dunna.

Wyniki. Średni wynik jakości opieki pielęgniarstwa wyniósł 149,98 punktu, ogólna ocena doświadczeń z opieki pielęgniarstwa 76,45 punktu, a zadowolenie z opieki pielęgniarstwa 73,52 punktu. Średni wskaźnik akceptacji choroby wyniósł 26,77 punktu, a średni wskaźnik samooceny 17,70.

Wnioski. Badani krócej przebywający w szpitalu, z niskim poziomem akceptacji choroby i niską samooceną wyżej ocenili ogólną jakość opieki pielęgniarstwa, doświadczenia i zadowolenie z opieki.

SŁOWA KLUCZOWE: zadowolenie klienta, opieka szpitalna, hospitalizowany pacjent, pacjent, jakość opieki.

Introduction

The patients' satisfaction with nursing constitutes an acknowledged indicator of the quality of provided se-

rvices. It is perceived as an important element of assessing and improving health care [1–2]. Patients' satisfaction with nursing services is especially significant,

as nurses constitute the largest group of health care employees, who have a constant contact with patients in order to meet their needs. Thus, they maintain and reinstate the patients' health. The analysis of literature shows that the authors agree as to the importance of nursing care in forming the overall satisfaction of patients with health services [3–4]. The American Nurses Association has accepted the satisfaction of patients with nursing care as one of the seven indicators important for a health care organization [5]. Satisfaction means the degree to which nursing care meets the patients' expectations in terms of the quality of services, availability, continuity, and results [6].

An increase in the interest concerning of patient satisfaction with nursing can be observed in recent years because it has been recognized that quality should not only be evaluated through efficiency but also by the patients themselves [1, 4]. In terms of quality management on the level of a hospital, it has also been assumed that an increase of quality should be based on reliable information concerning the expectations and satisfaction of patients taking advantage of health services. Measuring patient's satisfaction may also be used for promoting health services of a given institution and professional group. Patients satisfied with the medical care constitute the best source of recommendations concerning a given institution for other patients [3–4,7].

The validity of assessing the patients' satisfaction with nursing has been questioned for many years. An example is the approach of H. Vuori [8], who believed that patients did not possess sufficient medical knowledge to evaluate the quality of nursing, and their medical condition and a multitude of undertaken diagnostic and therapeutic interventions limited their capabilities to perform an objective assessment. Furthermore, he pointed to the fact that assessing the quality of care depended on the cultural customs, different in various countries [8]. According to R. Crowet et al. [7], questioning the research related to evaluating patients' satisfaction with nursing care results from the lack of a unified definition, concept, and measuring tool. It is true that the patients may have difficulties with objectively evaluating the quality of provided care. However, satisfaction, as a patient's subjective assessment, constitutes a valuable and important source of information on how the manner of providing care meets the needs and expectations of a patient, and what factors determine the lack of satisfaction. The gathered information constitute a base for implementing changes to adjust the system to the patients' needs and indicate the direction of actions in favor of quality [2]

Determining a patient's level of satisfaction is not easy due to the multitude and diversity of the factors

conditioning it, as well as the subjectivity of this phenomenon. A few main aspects are distinguished, which constitute the quality of care from the patient's point of view, and which impact the satisfaction. These include: interpersonal relations and the process of communication, the professionalism of workers, availability of services and their organization, organizational amenities, the continuity of care, and access to additional services [1]. According Acaroğlu et al. [9] a patient's lifestyle, previous experiences with nursing, expectations, as well as individual and social values, all have an impact on evaluating the satisfaction. Others believe that patient's satisfaction depends on the age, sex, education, marital status, expectations, as well as physical and mental condition [10–13]. Every patient possesses a set of defined expectations, meeting which leads to achieving satisfaction. The higher the expectations the higher the risk of not meeting them and a resulting sense of dissatisfaction [10]. High scores indicate that the method of providing care is adjusted to the patients' needs and meets their expectations. A satisfied patient is more willing to cooperate and follow the recommendations of doctors and nurses, which leads to better clinical results [11, 12]. According to Peterson et al. [14], asking patients for their opinion in terms of the provided care gives them a sense of importance and ability to impact the health care system. Initial attempts to research patients' satisfaction in terms of nursing have been undertaken in the 50s [15]. Initially, the focus was on developing the tools for assessing satisfaction [16], then on defining the term satisfaction itself [17], and identifying the basic components of patients' satisfaction [13, 18–24]. Literature currently includes multiple tools for evaluating patients' satisfaction in terms of nursing, implemented in various cultural contexts and systems of health care, as well as among the ill suffering from specific dysfunctions [16]. One of such tools which have underwent validation, allowing for an international comparison and a long-term observation is the Newcastle Satisfaction with Nursing Scale (NSNS) [13, 19–24]. The scale is used to research the opinions and experiences of patients in terms of nursing care. The Newcastle Satisfaction with Nursing Scale has also been translated and validated in Poland [20, 22]. The validation of this tool, carried out by its creators in Great Britain, has shown that it is a precise, reliable, and sensitive instrument, and its advantage is the possibility to perform a validation of the patients' satisfaction and experiences in hospital [23].

The goal of the paper was to evaluate the nursing satisfaction of patients treated at internal medicine wards and to learn the variables conditioning it.

Methods

The research included 138 patients treated since May 2016 at the Clinic of Internal and Geriatric Medicine, and the Nephrology Clinic of the University Hospital in Kraków, Poland. The criteria for being included in the research were: informed consent, staying in the ward for at least two days, maintained consciousness, and the ability to work with the person carrying out the research. The results of the nursing satisfaction scale, experiences in terms of the nursing, and a general quality of the nursing constituted the dependent variable. The social-demographic variables, as well as the acceptance of illness and self-esteem of the researched, constituted the independent variables.

The data have been collected with the use of the Newcastle Satisfaction with Nursing Scale (NSNS), Acceptance of Illness Scale, and the Self-esteem Scale.

Instruments

The Newcastle Satisfaction with Nursing Scale (NSNS)

The NSNS has been developed by a team of scientists from the Centre for Health Services Research of the University of Newcastle in England, and serves the role of assessing the level of patients' satisfaction with nursing [23]. The NSNS consists of two separate scales (a scale concerning experiences in terms of nursing, and a scale of satisfaction with nursing) as well as a part including questions for the researched concerning their socio-demographic features and their stay in hospital. The scale concerning experiences in terms of nursing includes 26 statements (15 positive and 11 negative) with the possibility to answer on a 7 degree Likert scale, where 0 means "I absolutely disagree" and 7 means "I absolutely agree". The analysis of the answers allows to determine the general score of the "experience" on a 0-100 score scale, where 100 means the best possible experience and 0 means the worst imaginable experience. The scale of satisfaction with nursing includes 19 aspects of nursing, concerning the level of satisfaction with the possibility to answer on a 7 degree Likert scale, where 0 means "I absolutely disagree" and 7 means "I absolutely agree". Analyzing the answers allows to determine the general satisfaction with care on a 0-100 score scale, where 100 means absolute satisfaction with nursing and 0 means a complete lack of satisfaction with any aspect of that care. The assessment of the experiences related to the nursing care and the satisfaction with it make up the overall nursing quality score. The maximum score on the NSNS scale is 200 points. A high score means satisfaction with the nursing care, and its high quality.

A low score indicates the lack of satisfaction and a low quality of care [13, 19–24].

The reliability of the Newcastle Satisfaction with Nursing Scale has been researched separately for the results achieved in terms of the scales concerning the "experience" and "satisfaction" with nursing care. On the scale of "experiences" the Cronbach's alpha coefficient of reliability reached 0.92, whereas on the "satisfaction" scale – 0.98 [22, 24].

The NSNS is a tool which may be used to compare experiences and satisfaction levels between groups of patients, wards, and hospitals, but also to carry out longitudinal comparisons (before and after a planned or unplanned intervention), controls of standards, and assessing the expected post-nursing changes [23–24].

The Acceptance of Illness Scale (AIS)

The AIS has been created by Felton and coauthors (1984) from the Center of Community Research and Action at the Faculty of Psychology of the New York University, and the adaptation of the Polish version was carried out by Z. Juczyński [24]. The scale is used to measure the degree of accepting an illness, and consists of eight statements which describe the negative consequences of a bad health condition such as: limitations resulting from an illness, lack of independence, dependency on others, and self-esteem. With the use of a 5 degree Likert scale, the patients determine whether the consequences concern them, and to what degree. 1 means "I absolutely agree" and 5 "I absolutely disagree". The scale of points is between 8 and 40. A low score indicates not accepting the illness and low self-esteem, while a high score indicates a high acceptance of the illness and a high self-esteem with no negative emotions. The Cronbach's alpha coefficient of the original version is at 0.85, while for the Polish adaptation it is 0.82 [24].

The Rosenberg's Self-Esteem Scale (SES)

The Self-Esteem Scale has been developed by Morris Rosenberg in 1965 and its Polish adaptation was carried out by Łaguna, Lechowicz-Tabaczek, Dzwonkowska [25]. The scale measures the general level of self-esteem with a self-description, which is regarded as a relatively constant feature and not a temporary condition. The scale consist of 10 statements and answers in the form of a 4 degree Likert scale where 1 means "I definitely agree" and 4 "I definitely disagree". The scope of all possible points is between 10 and 40. A low score indicates a high level of self-esteem, while a high score represents low self-esteem. Depending on the age of the researched groups, the Cronbach's alpha coefficient of reliability varies between 0.81 and

0.83. For the purposes of the following research it has been estimated that a score between 10–24 constitutes a high level, 25–29 points an average level, and 30–40 points a low level of self-esteem.

Ethical considerations

The Bioethical Commission of the Jagiellonian University has permitted carrying out the research (permission number 122.6120.261.2016). Permissions were also granted by the managers of the clinics in which the research was conducted, the Deputy Medical Director of the University Hospital in Kraków, as well as the researched patients.

Data analysis

The gathered data have been assessed in a grading and percentile manner, as well as statistically analyzed with the use of the Microsoft Excel 2010 software.

The analysis has been carried out in accordance with the procedure defined by the authors of the Polish adaptations of the scales. Elements of descriptive statistics have been used to describe the researched group and the characteristics of variables, Spearman's correlation coefficient (r_s) and Dunn's test post-hoc were used to assess the dependencies between variables, and the T-Student, Mann-Whitney, Kruskal-Wallis, and ANOVA tests for researching the distribution of variables. The statistical significance has been assumed at $\alpha=0.05$, positive correlation $|r_s|>0$, no correlation $|r_s|=0$, negative correlation $|r_s|<0$. T-Student and ANOVA tests have been used for a normal distribution of variables, Mann-Whitney and Kruskal-Wallis tests in the situation of no normal distribution of variables.

Results

The research included 60.1% of women. The average age of the researched was 70 years. Half of the people were between 71 and 90 years old. Residents of cities constituted more than a half (52%) of the researched people. The education of the researched was diversified. There were more (67%) people with a primary or vocational education.

Analyzing the Newcastle Satisfaction with Nursing Scale

The initial part of the Newcastle Satisfaction with Nursing Scale included an assessment of the experiences concerning nursing care. The researched have assessed the experience at 76.45 points on a scale of 0-100. **Table 1** includes an analysis of experiences concerning nursing care, taking into consideration socio-demographic variables of the researched. The sex and place of residence of the researched did not have an impact on

evaluating the experiences concerning nursing care. People with higher education assessed the experiences concerning nursing higher than people with vocational, secondary, or primary education. People older than 70, assessed their experiences with nursing care better than younger people. Statistical analysis has shown that the assessment concerning experiences with nursing care does not strongly depend on: sex, age, or place of residence of the researched ($p>0.05$).

Table 1. General assessment of experiences concerning nursing care, taking into consideration social-demographic variables of the researched

Total nursing experience score	Average satisfaction score (points)	Average satisfaction score (%)	SD	Me	Min.	Max.	T-Student, Mann-Whitney, ANOVA p
0-100	76.45	76.45	8.49	77.56	54.49	97.44	
Variables	M	SD	Me	Min.	Max.		
Women	76.72	8.58	77.56	58.33	97.44		0.65
Men	76.04	8.40	78.84	54.48	94.87		
Country-side	76.76	8.99	78.84	54.48	91.02		0.571
City	76.16	8.05	75.96	58.33	97.43		
Higher education	77.38	8.97	79.80	62.17	87.82		
Secondary education	76.53	8.53	75.00	58.97	91.02		0.968
Vocational education	76.48	9.19	76.92	54.88	94.87		
Primary education	76.05	7.69	78.84	58.33	97.43		
30–50 years	76.85	9.73	75.32	63.46	87.82		
51–70 years	75.30	9.49	74.35	54.48	91.02		0.64
71–90 years	77.11	7.73	78.84	58.33	97.43		
> 90 years	78.31	5.59	78.52	71.79	87.17		

Source: author's own research

The second part of the Newcastle Satisfaction with Nursing Scale concerned satisfaction in terms of nursing. The researched group assessed the satisfaction on a scale of 0–100 at 73.52 points. The statistical analysis of satisfaction with nursing, taking into consideration socio-demographic variables, is included in **table 2**. Men, younger people, those possessing vocational education, and residents of rural areas assessed the nursing care as better. The statistical analysis has shown that the assessment of nursing does not depend on such variables as sex, place of residence, and education of the researched ($p>0.05$). Whereas, it does de-

pend on age ($p < 0.05$), as it was significantly higher in the group of people not older than 50, than in the group of people 70–90 years old.

Table 2. General assessment of satisfaction with nursing, taking into consideration socio-demographic variables

Total nursing satisfaction score	Average satisfaction score (points)	Average satisfaction score (%)	SD	Me	Min.	Max.	T-Student, ANOVA, Dunn p
0–100	73.52	73.52	9.61	73.03	52.63	94.74	
Variables	M	SD	Me	Min.	Max.		
Women	74.77	9.43	73.68	52.63	94.74		0.059
Men	71.62	9.65	69.73	52.63	93.42		
Place of residence – countryside	77.66	10.03	73.68	52.63	94.73		0.184
Place of residence – city	72.47	9.16	71.05	52.63	94.73		
Higher education	75.93	11.47	75.00	53.94	94.73		0.708
Secondary education	74.19	10.86	71.05	52.63	92.10		
Vocational education	72.78	9.74	72.36	52.63	94.73		
Elementary education	73.10	7.91	71.05	56.57	93.42		
30–50 years	81.84	10.37	82.89	64.47	94.73		0.013
51–70 years	74.37	10.16	73.68	52.63	94.73		
71–90 years	71.98	8.65	71.05	52.63	93.42		
> 90 years	65.73	7.06	69.73	60.52	77.63		

Source: author's own research

The average score of the general nursing quality reached 149.98 points out of the 200 possible. **Table 3** includes the analysis of the general nursing score, taking into consideration socio-demographic variables. Women, younger people, residents of rural areas, and people possessing higher education have assessed the overall quality of nursing better. The statistical analysis did not show any dependencies between the general quality of nursing and the sex, age, or place of residence of the researched ($p > 0.05$).

Table 3. General assessment of the quality of nursing, taking into consideration socio-demographic variables

Total Newcastle Satisfaction with Nursing Scale score	Average satisfaction score (points)	Average satisfaction score (%)	SD	Me	Min.	Max.	T-Student, Mann-Whitney, Kruskal-Wallis p
0–200	149.98	74.5	14.17	148.11	118.96	190.86	
Variable feature	M	SD	Me	Min.	Max.		
Women	151.50	14.96	152.63	124.69	190.86		0.121
Men	147.67	12.66	147.50	118.96	183.13		
Countryside	151.42	14.87	151.04	118.96	183.13		0.158
City	148.64	13.46	147.41	125.33	190.85		
Higher education	153.32	12.46	155.02	125.33	169.43		0.502
Secondary education	150.72	15.78	148.11	124.69	183.13		
Vocational education	149.27	14.81	147.25	118.96	183.19		
Primary Education	149.16	12.94	147.90	130.60	190.85		
30–50 years	158.70	12.86	160.34	132.42	177.96		0.156
51–70 years	149.68	16.47	148.11	118.96	183.19		
71–90 years	149.10	12.43	147.90	129.14	190.85		
> 90 years	148.04	10.52	147.33	133.60	164.81		

M – average, SD – standard deviation, p – level of statistical significance, Me – median

Source: author's own research

Analysis of the Acceptance of Illness scale

The average rate of illness acceptance within the researched group reached 26.77 points ($SD = 7.77$, $Me = 28.00$) on a scale of 8 to 40 therefore, it may be stated that it is on an average level.

The Spearman's correlation coefficient concerning the general assessment of the nursing quality and acceptance of illness was at -0.173 , which indicates a weak negative correlation and means that the general quality of nursing has been assessed worse by patients with a higher illness acceptance level.

Analysis of the Self-Esteem Scale SES

The average rate of self-esteem measured with the M. Rosenberg's Self-Esteem Scale SES reached 17.70 points ($SD = 6.07$, $Me = 17.50$) on a scale between 0 and 40. Therefore, it may be stated that the level was high.

The Spearman's correlation coefficient for the general rate of nursing and self-esteem of the researched was at 0.607 , which indicates a strong positive correlation. Patients reaching more points on the self-esteem

scale (a high score indicates a low level of self-esteem) assessed the general quality of nursing more favorably. Therefore, it may be stated that the researched with low self-esteem, assessed the general quality of nursing very positively.

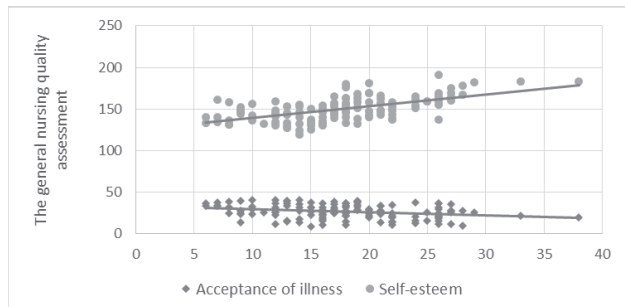


Figure 1. The correlation between the general nursing quality assessment and illness acceptance and self-esteem

Source: author's own research

The Spearman's correlation coefficients concerning the assessment of the general nursing quality, experiences of and satisfaction with that nursing, as well as the length of the stay at the medicine ward were respectively: -0.288 ($p=0.001$); -0.184 ($p=0.031$); -0.242 ($p=0.004$), which indicates a weak but important negative correlation. The general rate of the quality of nursing, experiences and satisfaction concerning that nursing did not depend in any significant manner on the age of the patients ($\rho = -0.064$, $p=0.458$; $\rho = 0.042$, $p=0.642$; $\rho = -0.099$, $p=0.249$)

Summing up, the general nursing quality was assessed worse by those respondents who stayed in hospital for longer than by those who accepted their illness, as well as those who had a high self-esteem.

Discussion

The satisfaction of patients constitutes an important indicator of the quality of health care in terms of hospitals. The measurements of patients' satisfaction with nursing constitute one of the two main elements of health care quality, including respecting patients, understanding patients' needs, and providing proper care [1–3].

The research has shown that the patients were satisfied with nursing (average 74.5%), including the experience in terms of it (average 76.5%), and its general quality (average 73.5%). Similar results have been achieved in other research [3, 6, 10, 26–27].

The assessment of nursing quality depended on the age of the researched. Patients below the age of 50 expressed significantly higher satisfaction than the group between 70 and 90 years old. Different results have been achieved in research by other authors [3, 10–11,

26–28] in which the level of satisfaction was higher in a group of people older than 65. This difference may be the result of both selecting the group as well as the location of the conducted research. The presented research took place at internal medicine wards of a university hospital, as opposed to the mentioned research which included patients from various, non-university hospital wards. According to Theodosopoulou et al. [29], the higher satisfaction of elderly people may be assigned to their difficulties in expressing expectations and assessing the quality of nursing.

No important statistical dependency between the level of satisfaction with nursing and the sex of the respondents has been determined. Similar results have been achieved in other research, which confirmed that the sex had no impact on assessing the nursing satisfaction [13, 28–29]. Different results have been achieved by Uzun [30] and Alasad et al. [12], who have shown that women were more satisfied with nursing than men. Whereas, research by Milutinovic et al. [10] has shown that men were more satisfied with nursing.

The presented research did not confirm the impact of education on the level of nursing satisfaction. Previous research indicates that as the education gets higher, the level of satisfaction with nursing decreases [1, 12–13]. This means that a higher level of education results in an increase of what is expected from the services provided by nurses.

However, an important correlation has been indicated between the patients' satisfaction with nursing and the duration of the stay in hospital. Patients staying in hospital have shown a lower level of satisfaction with nursing. Similar results have been achieved in other research [29, 31], in which patients staying in hospital for more than seven days presented a lower level of satisfaction with nursing. The relation between satisfaction and the hospitalization duration has been also confirmed by research carried out in hospital in Kenya, where the satisfaction of patients hospitalized for more than two weeks was lower than of those staying in hospital for 2–5 days [28]. It may be caused by the fact that a nurse devotes more attention to newly accepted patients, and not those staying in hospital for a longer period of time. However, different results have been achieved in a research by Findik et al. [32], where it was shown that patients hospitalized for a longer period of time (more than 22 days) were more satisfied than the patients staying at the hospital for a shorter period. However, this concerned a specific group of oncologic patients. This is confirmed by the results of research by Akhtari-Zavare [28] and Theodosopoulou et al. [29], stating that diagnosing an illness may constitute a factor important in terms of the patients' satisfaction with nursing.

Research has shown a dependency between nursing satisfaction and variables such as self-esteem and acceptance of illness. Patients accepting their illness and those with higher self-esteem were more satisfied with nursing. A similar dependency has been shown in other research [10, 33]. Patients with a better health condition and a higher self-esteem were more satisfied with nursing.

Limitations

The presented results have a character of initial research and include limitations concerning the number of researched people and the location of conducted research (internal medicine ward, university hospital). The research will be continued in order to verify the achieved results, and following searches of factors conditioning patients' satisfaction with nursing. However, the research discusses a very important problem, which may have an impact on developing recommendations in favor of improving the provided nursing.

Conclusions

Nursing satisfaction, experience, and the general assessment of the quality of nursing by the researched were at a high level. Important factors, conditioning the assessments of patients treated at internal medicine wards of a university hospital, included self-esteem in terms of the health condition, level of accepting the illness, and the duration of hospitalization.

Relevant to clinical practice

The Health organizations need to acknowledge the high quality of nursing care in the internal ward and appreciate the individualization of care. Improving the information transfer in the nurse-patient relationship is needed. Nurses also need support in clinical professional competence developing and coping with stress.

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