

Patient Satisfaction with Nursing Care: A Comparative Study on Communication and Psychological Support given by the Nurse in Medical and Orthopedic Ward

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Abstract—The present study aimed to compare patient satisfaction with nursing care in the areas of communication and psychological support given by the nurse during the patient admitted in the medical ward and Orthopedic ward. The study was conducted at a civil hospital in Aizawl, Mizoram, India, from August 2023 to September 2023. A questionnaire regarding patient satisfaction in line with nursing theory by Virginia Henderson's basic nursing care model was administered. Out of 17 areas of nursing care, communication and psychological support given by the nurse on patient satisfaction were compared in the Medicine and Orthopedic wards. A total of 66 patients admitted to the medical and orthopedic ward were interviewed. Out of these, 40 (60.6%) participants were from the medicine ward, and 26 (39.3%) participants were from the orthopedic ward. The comparison of the mean scores of the two groups indicates that patients admitted to the Orthopedic ward are more satisfied than patients admitted to the Medical ward.

Keywords: Nurse, Patient, Satisfaction, Communication, Psychological support

INTRODUCTION

The practice and system of medicine has evolved over centuries. In order to fulfill patient demand, the healthcare delivery system has undergone a significant transformation thanks to new infrastructure, cutting-edge technology, creative tactics, and competition. As a result, the quality of healthcare becomes a promised goal of any healthcare organization (Xesfingi and Vozikis 2016). The positive advantage of competition among health service providers is to provide quality health services (Alsaqri 2016; Reck 2013). The need for increased quality of healthcare services has been identified via health-related information and advances in technology, changes in expectations and opinions about healthcare, an increase in individual involvement in their healthcare, and increased cost and competitiveness in the

health sector (Freitas *et al.* 2014). Healthcare is changing rapidly, and the need to improve quality in its delivery is increasing. Patient satisfaction is a central indicator of health care quality and reflects the ability of the provider to meet the patient's needs (Morris 2013). Health care is considered to be a competitive market in which the patient is a customer and consumer. Although numerous indicators are used in the evaluation of quality health care, patient satisfaction remains a significant indicator (Johansson *et al.* 2002). Research on the quality of nursing care is becoming more and more important in the field of health care. The consumer's appraisal of services is being considered in assessments of quality. Thus, evaluating the quality of nursing care involves the measurement of its benefits to patients

and society at large (Delbanco 2006). Patient satisfaction is defined as the extent of the resemblance between the expected quality of care and the actual received care. Patient satisfaction with nursing care is of great importance to any healthcare agency because nurses comprise most healthcare providers, and they provide care for patients 24 hours a day (Aiken *et al.*, 2013). Patient satisfaction with nursing care is considered to be an important factor or predictor of the quality of the care patients receive (Jackson *et al.* 2001). As an example, good nursing care encompasses the following: adequate skills, correct staff members, appropriate nursing attitudes, effective communication, efficient administration systems, and good community participation (Loan *et al.* 2003). Positive health outcomes have been associated with effective communication as it has been connected to increased patient satisfaction, care compliance, and quality of care. It was determined that effective communication is a multifaceted notion that is defined as a mutual understanding between nurses and patients. This influenced the nursing process, clinical reasoning, and decision-making. Consequently, it promotes high-quality nursing care, positive patient outcomes, and patients' and nurses' satisfaction with care (Kelton and Davis, 2013). For safe, high-quality, patient-centered care to be delivered, strong communication is necessary. Every day, nurses establish therapeutic relationships with patients and their families in order to meet their needs and resolve any concerns about health care. Nurses optimize communication channels with patients and families by establishing trust and active listening to health care concerns. The quality of communication between nurse and patient is recognized as an influential factor in improving patient care (Fakhr-Movahedi *et al.* 2011). Effective patient care is achieved through effective communication. Also, effective communication can improve patients' independence and satisfaction and protect them from adverse health consequences caused by ineffective communication (Luker *et al.*, 2000).

How patient satisfaction with nursing care is largely unknown for patients admitted to the hospitals of Mizoram, India. Therefore, the present study was conducted in a government hospital in Aizawl, Mizoram, India. The Civil Hospital is the first hospital established in Aizawl, Mizoram, and the biggest in bed strength, with a significant number of nurses and physicians. Among the different departments, the Department of Medicine and Orthopedics is known to have the highest percentage of bed occupancy. The study

aimed to understand gender-based patient satisfaction with nursing care in the areas of communication and psychological support.

MATERIALS AND METHODS

A descriptive cross-sectional survey approach was adopted for the study. The study was conducted in a Civil Hospital Aizawl, Mizoram, from August-September 2023. In the present study, patients admitted to the Medicine ward and Orthopedic ward were included. For participants who did not complete the survey, data is not included. Data from 66 patients (40 patients from the Medical ward and 26 patients from the Orthopedic ward) was included for analysis. Virginia Henderson's guiding principles—which aim to explain, describe, predict, or prescribe nursing care—were used as the conceptual foundation for a qualitative, exploratory, and descriptive social study (George 2000). Out of 17 areas of nursing care, the areas of communication and psychological support given by the nurse on patient satisfaction were used in order to compare patients admitted to Medicine and Orthopedic wards. A structured interview scheduled for collecting information on patient satisfaction with nursing care was divided into two sections; section one consisted of items related to the demographic data such as gender, age, frequency of hospital admission, and days of hospitalization, and section two consisted of two areas, i.e., communication and psychological support. The area of communication comprises seven items related to patient satisfaction, and the area of psychological support has six items related to patient satisfaction. The structured questionnaire was translated into the Mizo language before being sent to the patient.

RESULTS

Both in the medical (57.5%) and orthopedic wards, the majority of the patients were male, in the medicine ward and 65.3 % in the orthopedic ward. The majority of the patients in both medicine and orthopedic wards were in the age group of 41 years and above, 62.5% in medicine and 65.3% in orthopedic wards. In the medicine ward, 70% were repeated admission, whereas 57.6% were admitted for the first time. In the medicine ward, 50% were hospitalized for more than 15 days, whereas in the orthopedic, 27.5% were hospitalized within 5 – 9 days.

Table 1: Frequency and Percentage of Medical and Orthopedic Wards According to Demographic Characteristics.

	Sample Characteristics	Medicine Ward		Orthopedic Ward	
		Frequency	%	Frequency	%
1	Gender				
	Male	23	57.5	17	65.3
	Female	17	42.5	9	22.5
2	Age in years				
	Below 20	1	2.5		
	21 – 30	6	16	7	26.9
	31-40	8	20	2	7.6
	41 and above	25	62.5	17	65.3
3	Frequency of hospital admission				
	New admission	12	30	15	57.6
	Repeated admission	28	70	11	27.5
4	Days of hospitalize				
	5-9	13	32.5	11	27.5
	10 -15	7	17.5	9	22.5
	More than 15 days	20	50	6	23

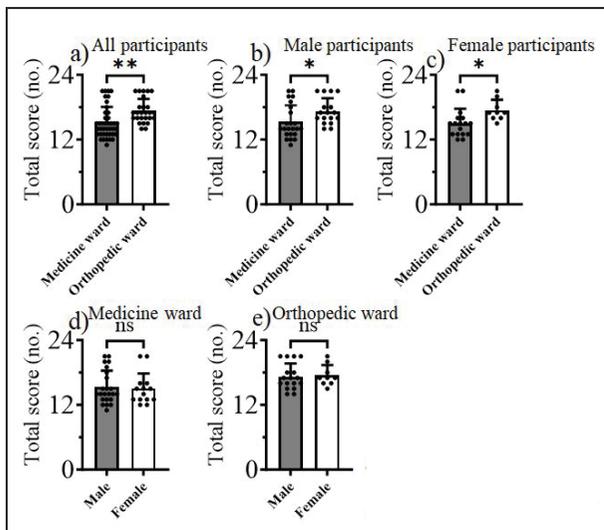


Fig. 1: Figure 1 Represents Communication Score among the Patients. A Significant difference was Observed in Communication Score between Medicine Ward and Orthopedic Ward Patients (a), Male Participants of Medicine Ward and Orthopedic Ward Patients (b), Female Participants of Medicine Ward and Orthopedic Ward (c). However, No Significant Difference was Observed in Communication Score between Male and Female of Medicine Ward (d) and Orthopedic Ward (e). * Signifies Significant Difference ($P < 0.05$) between Two Groups.

There was a significant difference ($P < 0.0005$; Student t-test; Fig. 1) in the communication score of all participants between the medicine ward and orthopedic ward (Fig. 1a). Communication score was significantly higher in patients admitted to orthopedic ward than medicine ward (Fig. 1a). Gender wise differences were also observed in communication score of medicine and orthopedic ward patients (Fig. 1b,c). Among male participants, the communication score was higher in patients in the orthopedic ward ($P < 0.0005$; Student t-test; Fig. 1b). Female participants of the orthopedic ward reported similar responses and communication score was higher in patients of the orthopedic ward than in medicine ward patients ($P < 0.0005$; Student t-test; Fig. 1c). However, no difference in communication score between male and female participants was observed within medicine ward (Among male participants, communication score was higher in patients of orthopedic ward ($P > 0.0005$; Student t-test; Fig. 1d) or orthopedic ward ($P > 0.0005$; Student t-test; Fig. 1e).

There was no difference in the psychological score of patients between the medicine ward and orthopedic ward patients ($P > 0.0005$; Student t-test; Fig. 2). Further, we do not see gender-based differences in psychological scores between the wards ($P > 0.0005$; Student t-test; Fig. 2a,b) or within the wards ($P > 0.0005$; Student t-test; Fig. 2d,e).

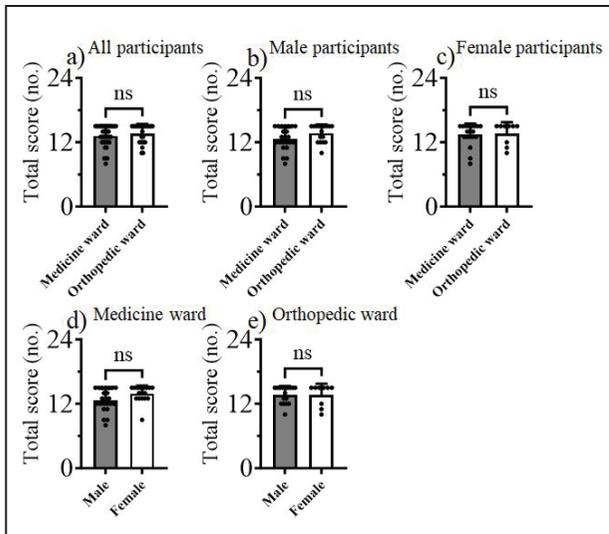


Fig. 2: Figure 2 Represents Psychological Support Score among the Patients. No Significant Difference was Observed in Psychological Support Score between Medicine Ward and Orthopedic Ward Patients (a), Male Participants of Medicine Ward and Orthopedic Ward Patients (b), Female Participants of Medicine Ward and Orthopedic Ward (c). However, No Significant Difference was Observed in Psychological Support Score between Male and Female of Medicine Ward (d) and Orthopedic Ward (e).

DISCUSSION

Although there has been a lot of improvement and development in Nursing education and Nursing administration, very little is known about the quality of nursing care and the level of patient satisfaction in the hospitals of Mizoram. This has been the first time that studies have been conducted on assessing patient satisfaction in nursing care. The study can be utilized by nursing administrators and staff nurses to recognize the strengths and weaknesses of nursing care quality and adopt necessary measures to enhance the quality of nursing care in order to increase patient satisfaction.

Our results show that there is a significant difference in the communication in nursing care between the medicine ward and the orthopedic ward. The finding on the comparison of the level of patient satisfaction on communication was that patients admitted to the Orthopedic ward were more satisfied than patients who were admitted to the Medicine ward. These differences can be due to the characteristics of providing care, the unit, patient, or family support. The cause of the differences and the contribution of each cause in the reduction of a patient's satisfaction should be considered

in future studies. The higher satisfaction levels among the patients of the orthopedic ward were irrespective of gender (Fig. 1). However, we did not see the difference between male and female satisfaction levels within the ward.

Our pilot study suggests that there is no significant difference between patient from medical and orthopedic ward on the level of patient satisfaction on psychological support given by the nurse in either ward. Even though there is no difference on psychological support given by the nurse, it is important that nurses should continue and improve further in supporting the patient and their family during the hospitalization.

The study highlights the need for a study to assess the quality of nursing care and the level of satisfaction in more areas. Nurses are the frontline people that the patients most likely meet, spend time with, and rely upon for recovery during their hospitalization. Nursing care plays a crucial role in terms of the overall satisfaction of patients during the hospitalization experience. Insufficient communication results in patients feeling dissatisfied. Patients require nurses to accurately and understandably convey information to them about their health issues, illness state, course of treatment, prescription drugs, and pain management. The nurse-patient relationship has a significant influence on patient satisfaction and sets the tone for the treatment experience.

CONCLUSION

The result of this study showed that the nursing care provided between the two wards and communication care was higher in the orthopedic ward. However, no such differences were observed in psychological care. Although satisfaction with nursing care is a relatively desirable level, it is still far from complete satisfaction. Increasing the technical and professional capabilities of nurses promotes awareness in terms of nurse-patient communication and increases patients' trust in the medical staff, improving satisfaction with health care. Our study has limitations. Our pilot study included patients only from two wards, i.e., Medicine and Orthopedic wards. Future studies need to incorporate patients from all wards to understand the nursing care provided by the hospitals. Further, study timing and sample size should be increased to understand the long-term satisfaction levels. The scenario is similar in government and private hospitals and also needs to be addressed in future studies to improve health care for patients.

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