

CLIENT’S SATISFACTION ON NURSES CARE DELIVERY

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ABSTRACT

With today’s advanced, effective, and competent healthcare practices brought by the highly technological environment, concerns in the nursing profession arise. For nurses to attend to the demands of the protocols of each hospitals, some aspects of caring are being overpowered by other workload, like documentation. In maintaining the efficiency of care, some nurses are having difficulty concentrating on the human aspects of caring. For nurses to properly address the caring behaviors, they must be able to listen and respect their clients’ perspectives empathetically. The study aims to determine the quality of the care given to the clients for the researchers to be competent nurses in the future. The study’s purpose is to determine the clients’ satisfaction regarding nurses’ care delivery in terms of values, preferences, expressed needs, and the quality of physical comfort. Descriptive quantitative research design was used to describe the satisfaction level of the clients, the nurses’ care delivery, and the variables correlation. 74 post caesarean mothers were chosen as respondents through purposive sampling. Researcher-made questionnaire was used as an instrument for data collection. The result showed that there were significant differences between clients’ satisfaction and nurses’ self – assessed care delivery. This means that the perceived care delivery that the nurses are rendering is different from what the clients perceived to be receiving. The researchers conclude that clients disagree with the nurses’ perceived effectiveness of care delivery.

Keywords: *clients, satisfaction, nurses, care, delivery*

INTRODUCTION

Caring is when you show kindness and concern to others. It is also similar to looking after someone who is unable to take care of himself, like the sick and the elderly. In the nursing profession, caring is significant. Through caring, the nurses can show their kindness, compassion, and respect. Without it, clients will not be comfortable in expressing what they feel, and that may lead to incorrect diagnosis, more medical errors, and impaired client safety. Nurses perceive caring as the heart of what they do. Nurses are aware of their responsibility for the quality of their care provision to the patients, the institution, ethics, laws and professional standards as well as how their performance contributes to the valuation of care and the patients' satisfaction. In that sense, listening to what the patients have to say about the care and satisfaction they receive can be a chance to construct an outcome indicator, which provides the managers with some courses to decide on transformations and innovations.

With today's advanced, effective, and competent healthcare practices that were brought by highly technological environment, concerns in the nursing profession arise. For nurses to attend to the demands of the high-technology protocols of each hospitals, some aspects of caring are being overpowered by other workload such as documentation and other paper works. In maintaining the efficiency of the hospital protocols using technology, some nurses are having difficulty concentrating on the human aspects of caring. Analyzing the perceptions of people whom the nurses are caring for is substantial. Understanding how the clients and their family members perceive on what is caring all about is helpful for the improvement of nurses' caring behaviors.

Caring behaviors of nurses include giving information, providing encouragement, demonstrating ability, and being present. For nurses to properly address these caring behaviors, they must be able to thoroughly listen to their clients and respect their point of view empathetically. For it is the nurses' task to provide holistic care and to meet clients' physiological and emotional needs. Nurses are accountable in all aspects of caring and providing comfort to the clients, as well as their family members, at the bedside. In general, caring depends on the nurses' capability to recognize clients, who are unique individuals with different values and choices. The clients' satisfaction is the only indicator that indicates if the healthcare services being provided by the hospital and

their staff are effective. For nursing care to be felt by the clients, healthcare providers, especially the nurses must comply with the needs and expectations of their clients. In our modern time, hospitals and institutions use the great effect of technology in order for the healthcare providers to render efficient and quick health care to the clients (Chaves & Santos, 2016).

The researchers had been in the hospital for their related learning experience. The student nurses are aiming to provide quality care that are appropriate to their clients. Moreover, student nurses are giving the best of their knowledge-based skills in giving information to their patients. They are aiming to determine whether those skills are helpful to the patients or not. In that manner, researchers desire to determine the quality of the care given to the clients for them to be competent nurses in the future. The purpose of this study is to determine the clients' satisfaction regarding the nurses' care delivery.

METHODOLOGY

This chapter discusses the research methodology that includes the research design, research locale, respondents of the study, research instrument, data gathering procedure, ethical consideration, and data analysis.

Research Design

The study used the descriptive quantitative research design. According to Ary, Jacobs, Sorensen, & Walker (2010), it is characterized as an attempt to determine and describe the characteristics and/or behavior of sample population, and to identify a number of variables. It aimed at forming current issues or problems through a process of data collection that supports them to describe the situation more completely than what was possible without using this method. In the study, the descriptive design was used to describe the satisfaction level of the clients and the nurses care delivery. Differences between clients' level of satisfaction and nurses' self-assessed care delivery were also determined.

Research Locale

The study was conducted in a general level 1 district hospital in Batangas. According to Department of Health (2015), a general level 1 hospital shall have the following including, but not limited to, a staff of qualified medical, allied medical and administrative personnel headed by a physician duly licensed by PRC, Maternity facilities consisting of wards, rooms, and a delivery room exclusively for maternity patients and newborns.

A level 1 General Hospital shall have as minimum: a staff of qualified, medical, allied medical and administrative personnel headed by a physician duly licensed by the PRC Bed space for its authorized bed capacity, in accordance with DOH Guidelines in the Planning and Design of Hospitals; an operating room with standard equipment and provisions for sterilization of equipment and supplies in accordance with: DOH Reference Plan in the Planning and Design of an Operating Room or Theater; DOH Guidelines on Cleaning, Disinfection, and Sterilization of Reusable Medical Devices in Hospital Facilities in the Philippines; a post-operative Recovery Room; Maternity Facilities consisting of Ward(s), Room(s), a Delivery Room, exclusively for maternity patients and newborns; Isolation facilities with proper procedures for the care and control of infection and communicable diseases as well as for the prevention of cross infection; a separate dental section or clinic; Provision for blood donation; a DOH-licensed secondary clinical laboratory with the services of a consulting pathologist; and a DOH licensed Level 1 imaging facility with the services of a consulting radiologist and a DOH licensed pharmacy.

The researchers chose this general district hospital for its known efficient health care services delivered in the locality which include initial treatment for emergency cases and primary care for prevalent diseases in the area. A primary health care service plays a fundamental role in the local community providing the inclusive scope of medical, surgical, and maternity care to the sick and injured. The hospital offers emergency services, minor operations as well as

newborn screening. The hospital also offers Philhealth privileges. It is accessible to nearby municipalities like Malvar and Sto.Tomas.

Respondents of the Study

The respondents of the study were 74 mothers on their post cesarean section status, chosen through purposive sampling technique. The sample size was calculated using G-Power Software with effect size of 0.60, alpha error probability of 0.10, and power of 0.90. The age of the respondents ranges from twenty-one (21) years old to forty (40) years old.

Research Instruments

The study used a researcher made questionnaire, items of which are taken from the literature. Two sets of questionnaire were developed, for the nurses and for the post-cesarian clients who were under their care. Both questionnaires contained similar items. These are clients' values (7 items), preferences (5 items), expressed needs (8 items), and quality of physical comfort (5 items). The clients' satisfaction on nurses' care delivery items were measured using the four-point Likert's Scale with the following description.

Weight	Interpretation	Description
1	Strongly disagree	Not satisfied
2	Disagree	Satisfied
3	Agree	Moderately satisfied
4	Strongly agree	Highly satisfied

The questionnaire was validated by three experts and was subjected to pilot testing after all recommendations and suggestions

were incorporated. Reliability results revealed a Cronbach Alpha of 0.831 for the nurses' care delivery items and 0.891 for the clients' care satisfaction items.

Data Gathering Procedure

The researchers requested approval from the College Dean to allow the researchers to pursue the said study. Next, a letter was submitted to the Medical Director through the Chief Nurses of the selected hospital for the approval to administer the survey. The researchers allocated one month to gather data from the respondents of the chosen hospital. The researchers personally administered the questionnaire to ensure a hundred percent retrieval. All data were encoded for treatment and analysis.

Ethical Consideration

Informed consent was provided to the willing participants. The researchers ensured the participants the confidentiality of all information and the anonymity of the respondents. The respondents were assured that the information gathered will only be used for the said study. No risk was noted since the participants had only answered the questionnaire provided during the data gathering. Since participation was voluntary, respondents were informed that they might withdraw at any point of the data gathering if, for some reasons, items become too personal for them.

Data Analysis

To provide a sound interpretation and analysis of the gathered data, the researchers used weighted mean to determine the nurses' self-assessed care delivery and the clients' satisfaction on nurses care delivery, and T-test for independent samples to determine the significant differences on nurses' self – assessed care delivery and the clients' satisfaction on nurses' care delivery.

RESULTS AND DISCUSSION

This chapter presents the results and analysis of the data. Data are summarized in tables to provide a clear picture of the numerical findings.

1. *Clients' satisfaction on nurses' care delivery*

In terms of values the clients agree that nurses respect their values as shown by the total weighted mean of 3.28. Nurses show highest value on the presence of their family and friends during their hospitalization. Providing importance to the significant others provides the patient security knowing that the family and friends are there to support him/her. In times of decision-making, the patient feels safe and secured. Being ill and hospitalized is considered a crisis, and patients can be relieved by the presence of the significant others.

With a weighted mean of 3.51, majority of the respondents strongly agreed that their preferences were met by the nurses which means that clients are highly satisfied in this aspect. The nurses provide and explain every information or management with reassured understanding by the clients. This is supported with the succeeding items which explain that nurses allow the clients to clarify information through questioning and, in return, they respect whatever decision the client makes regarding her treatment. Clients' decisions are being respected and considered by the nurse. According to Khuan & Juni (2017), decision to involve patients in bedside handovers depends largely on how nurses view the practicality of patient involvement and the importance of patient-centered care. It also indicates that patient involvement yields better patient outcomes. Furthermore, therapeutic nurse-patient relationships can be nurtured only by spending a substantial amount of time sitting with and listening attentively to the patient whom health care provider needs to attend most of the time.

Item 5 with the lowest mean of 3.43 shows that even if nurses provide a very good explanation of the procedure, clients still need time to prepare themselves physically and more importantly psychologically and emotionally to ensure complete cooperation from the patient or successful patient involvement. Indifference or discomfort during any

procedure may yield to poor result or outcome. Asking the readiness of the clients to start any procedure is a good practice since readiness is a sign that the patients will be subjective and cooperative. Siminoff et al. (2013) explained that patients need to be active participants in their care to emphasize the patient's experience with their illness. Healthcare practitioners need to consider the bio-psychosocial aspects of the illness with the patient's preferences and values. Patient-centered care increases treatment adherence and leads to better outcomes.

With a weighted mean of 3.36, majority of the respondents agreed that their needs were addressed by the health care provider conveying that they are moderately satisfied. Item one with the highest mean shows the trust of the patients towards the nurses. Feeling safe and secured under the hands of the nurses' means that they fully entrust their life to the care provided by the nurse. Stuckey et al. (2015) explained that providing support via listening to the needs of client, developing individualized treatment plans involving the family, encouraging and motivating the clients particularly giving respect for a clients expressed needs and emotional support alleviate fear and anxiety. Aidemark et al. (2014) added that patient-focused solutions need to consider the major aspects of the patients' environment in order to be helpful for them while considering the diversity of the patients' needs support patients' own understanding and learning of self-care.

Item 8 with the lowest mean of 3.16 shows that the clients are moderately satisfied with the way nurse deliver care with gentleness. The concept of gentleness may be interpreted base on the kind of care the nurse has to deliver to the patient. The word provides no definite interpretation and may be

Accordingly, with the weighted mean of 3.36, patients strongly agree that nurses render quality care in terms of anticipated comfort. The respondents strongly agreed that nurses respond in a timely and

effective way to their request of pain medication which has the highest composite mean of 3.54.

2. Nurses Self-assessment of care delivery

Based on the results, with the weighted mean of 3.87, nurses strongly agree that they give high regard to client's values. Nurses in their practice are knowledgeable about the rights of patients that must be respected in every way regardless of race, age, and social status. Respect for one's dignity ensures protection of the patient as a human being including his or her safety against any abuse during any treatment or health management. Grainger (2013) emphasized that high quality care is measured when clients are given safe and effective care with a degree of respect to their privacy and dignity. Poorchangizi et al. (2017) consider nurses as the largest health care group with well-known and important professional values. The use of these values in nursing practice increased the quality of patient care among other reasons.

The lowest composite mean given at 3.80 among the items is on the inclusion of the family members in decision making. Due to numerous patients admitted with a small number of nurses on duty, there are times that they didn't notice that they have done some procedures that requires touching without asking for patients permission, but implied consent shows patients' understanding and cooperation for a particular procedure to be performed. With the same reason of attending numerous patients, nurses often overlooked providing privacy with the patients in the ward for instance that they should cover private parts of the patient upon execution of the medical procedure or assessment. Some issues regarding the patient's condition that requires immediate decision is somewhat crucial during the discussion of its family members. The nurses are there to be the patients advocate but also needs to observe privacy during their decision making. Decision-making is a big responsibility when it comes to patients' well-being. It requires considerable family involvement

although nurses may experience inconvenience in involving the family members for some reasons. Olding et al. (2015) included five components of family involvement which are necessary for family members as they take responsibility over health-related decision making that includes choices about diagnostics, treatment, and therapeutic care. Oftentimes, the rights of the families to receive guidance and care are not given enough importance by professionals. It is important that the family trusts the staff and, in the end, promotes the identity of the family as an ally of care. Hospitalization particularly for a child is a distressing situation. Family members expect health professionals to approach and communicate with them and understand what they are going through (Rodrigues et al., 2013).

With a weighted mean of 3.86, the nurses strongly agreed that they give importance on patients' preferences. Nurses strongly agreed that they give essential information during their patient's admission period which has the highest composite mean of 4.00. A good reference to a satisfactory hospital experience is a full knowledge of the value of being hospitalized. It is a common scenario in the hospital that nurses are engaged in a direct communication with the patient or significant others to provide necessary information related to the illness or hospitalization. Providing detailed knowledge to the patient and the family gives them the opportunity to deal with the crisis and arrive at certain decision beneficial to the care of the client. When nurses present the essential information that the patients must know on the moment of admission, it also implies that nurses fully inform their patients on health related matters they ought to be acquainted with.

Rodrigues et al. (2013) emphasized the importance of communication between the nursing staff and families and showed how it can make a difference in the delivery of care. Nurses' work and the family's experience of disease oftentimes builds gap, and it is essential that families be included in developing strategies that enable facilitation of health provision and improving nursing interventions.

Having the lowest composite mean of 3.60, the nurse expects the patient to take the lead in making the decision for his or her own care. In the absence of the family or significant others, patients must be able to manage making decision especially when immediate action is needed.

Nursing bedside handover in hospital has been identified as an opportunity to involve patients and promote patient-centered care. It is important to consider the preferences of both patients and nurses when implementing bedside handover to identify opportunities for nurses to better involve patients in bedside handover and identify patient and nurse preferences that may challenge the full implementation of bedside handover (Spinks, Chaboyer, & Bucknall, 2015).

While nursing care has been investigated in the context of patients' satisfaction, health care delivery, nursing skill, and patient centered care, elderly patients' nursing care preferences have not been fully explored nor identified from the lens of utility analysis (De Guzman et al., 2014). Patient-centered care, by contrast, invites patients to be active participants in their care. Patient-centered care emphasizes the patient's experience with their illness. As such, clinicians practicing patient-centered care consider the bio psychosocial aspects of the illness, and treatment decisions are made with the patient and with consideration of the patient's preferences and values. Research suggests that patient-centered care increases treatment adherence and leads to better outcomes including bringing the patients into the process to the extent desired by the patient (Siminof et al., 2013).

With a weighted mean of 3.79, majority of the respondents strongly agreed that they are delivering nursing care based on their client's expressed needs. Since nurses are taught to diagnose patients in the context of expressed needs, they use all their senses to understand the patients' needs. Touch as a form of communication is

unique to nursing. It conveys a kind of understanding that only a nurse and a patient can fully understand. Accompanied with words of encouragement, the patient is able to develop trust towards the nurse which helps in facilitating care.

Touch as the nurse's most powerful forms of nonverbal communication creates a more intimate bond with the patient. Affection, emotional support, encouragement, tenderness, and personal attention are only few of the messages conveyed by touch. Comforting as it is, touch increases a sense of safety, increases self-confidence, and decreases anxiety, and lowers patient's distress (Dzaher, 2017).

With a composite mean of 3.70 and interpreted as strongly agree, nurses perceived that they highly attend to the needs of the clients. Although attending to the requests regarding the care came last to the list, it may not be attributed to negligence of nurses because of the high rating given to the item. The study did not include exploration on such reasons.

In other hospital settings, nurses are more busy dealing with ward rounds, medication rounds, and other demands. While nursing assistants have more time to talk to clients, this makes them more engaged to the clients. In that matter, patients and their relatives think that there are no point in approaching their nurses because they never appears to have enough time, so they approach their nursing assistants instead. Paper works create invisible barriers of effective communication between nurses and their clients (Hardy, 2008).

With a weighted mean of 3.82, majority of the nurses strongly agreed that they are able to deliver care based on the need for physical comfort of the client. With a composite mean value of 4.00, nurses perceived that they move and lift patients during positioning with proper support for the patient to avoid or lessen the pain. Pain management is an essential competency that requires a good knowledge-base. Patients experience pain at certain point during their stay in the

hospital. As pain differs in intensity and duration, it is necessary that the nurse is knowledgeable on how to deal with the kind of pain a particular patient experiences.

Relieving client's suffering is a core ethical and legal obligation for all health care professionals. Studies have shown that procedures commonly performed on clients who are in pain such as repositioning, wound dressings, and insertion of invasive lines are related with intense pain. The presence of inadequate controlled pain before a procedure increases the likelihood of the procedure related pain. Unrelieved pain not only affects the clients' psychological, physiological, and economic factors but also the clients' family as well. Availability of guidelines enhance informed decision making during pain assessment and management. Nurses play an important role in managing patients' pain and related distress. Actions such as assessment, implementation of evidenced-based management strategies, monitoring clients' response, documentation and educating of the clients and their families are essential to a successful pain management and control. Nurses and health care providers should obtain the patient's input during pain assessment and management because patients provide the most accurate rating of their experienced pain, given the subjective nature of pain (Kizza, Muliira, Kohi, & Nabirye, 2016).

At a composite mean value of 3.40, nurses perceive that they somehow lack the ability in controlling the noise in the ward. It may be difficult to control the noise in the ward due to the increased number of patients in the ward together with the patient's relatives. There are other more important tasks the nurses perceive to attend to than to control the ward noise. Nurses prioritize their task by emphasizing patient care management rather than managing the unit.

Relative to Liu, Jao, & Williams (2017) stated that environmental stimulation which includes physical, social, and sensory stimulation present in the environment may potentially trigger individuals'

emotional and physical reaction. Environmental factors include both physical environment such as lighting and noise, and the availability of adaptive devices. An individual's threshold exceeds due to over-stimulating environment contributing to their behavioral symptoms.

The environment is one of the primary element of health, and providing healthy environment increases the quality and years of life. Hazards from the environment affect all areas of life, and nurses must be aware of these hazards to address the health of each individual. The nurses' assessment and control of environmental stimuli and factors are essential to an individual's well - being and recovery. Registered nurses in every setting should provide care that protects the health of those in their care. Nurses also do need to protect themselves from environmental health risks in order to protect those individuals who are under their care (Jackman-Murphy, 2015).

As claimed by American Nurses Association (2010), registered nurses earn knowledge about health concepts regarding the environment and should apply these environmental health strategies. Nurses should promote a practice environment that reduces environmental health risks for their co-nurses or staffs and to those who are under their care. Nurses should properly assess the practice environment for environmental stimuli such as sound, odor, noise, and lighting that affect individual's mental and physical actions. And nurses should communicate environmental health risks and reduce exposure of the health consumers, families, and colleagues.

3. Difference on clients' satisfaction and nurses' self-assessed care delivery

Table 9 shows the difference in the clients' satisfaction and nurses' self – assessed care delivery. The computed t-value resulted to p.value of 0.000 for values, 0.001 for preferences, 0.000 for expressed needs, and 0.000 for quality of physical comfort, which are lower than 0.05 level of significance. The result indicates that the null hypothesis should be rejected and thus, the alternative hypothesis

should be accepted. It implies that there is a significant difference between the client's satisfaction and nurses' self – assessed care delivery.

This implies that the perceived care delivered by the nurses does not complement with satisfaction the clients are feeling. Clients perceive a lower level of satisfaction as compared to the high quality of care rendered as the nurses perceived it is.

As explained by Mendes (2015), regardless of how caring, kind, and compassionate nurses are, their personal background, education, religion and culture will affect their attitude and perspective about work and how patients should be approached. Awareness of personal beliefs and how it affects their work and their perspective on their clients' care and condition are important. Clients' beliefs also have an important role in the plan of their care. Progressively, care is planned and implemented in association with clients, though, this can raise complication in situations where client's beliefs do not match up with the nurses. Being able to find solutions to conflicts between personal values and patients' beliefs is a skill and one that needs reflection, effective plan of action, and integrative team collaboration.

CONCLUSION

Based on the findings, it is concluded that there is a significant difference between the clients' satisfaction and the nurses' self-assessed care delivery. Nurses perceived a higher rating on all components of their care delivery, while the clients expressed lower satisfaction rating. Nurses place highest regard on values as dimension of care and lowest on expressed need. Clients give their highest regard on preference and values as the counter-part.

RECOMMENDATION

In the light of the conclusions presented, it is recommended that further study must be done to better explore how the clients/patients and nurses will be able to address their differences when it comes to decision-making. Emphasis on improving communication is important in relation to the decision-making. Nurses must also be sensitive when it comes to the patient's need of privacy as an aspect to promote patient's right. Since there is a limited literature that explains "gentleness" in nursing, further exploration may be done to enrich this concept.

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