Surgical Patients’ Satisfaction of Nursing Care at the Orthopedic Wards in Hospital Universiti Sains Malaysia (HUSM)

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ABSTRACT: Nursing care has a great impact on patient’s satisfaction. The goal of this descriptive cross-sectional study is to determine the level of surgical patients’ satisfaction of nursing care in the orthopedic wards. This study also examined the association between surgical patients’ satisfaction level with length of hospitalization. 110 surgical patients who were hospitalized in the three orthopedic wards HUSM were recruited in this study using purposive sampling. Data were collected from January to March 2009 using self-report Nursing Care Scale (SNCS) questionnaires and analyzed using SPSS version 12.0 for frequency, percentage, mean, standard deviation and p-value. Ethical approval was obtained from Research Ethics Committee (Human), USM. The orthopedic patients rated their satisfaction of nursing care as being at moderate level of satisfaction (M = 61.40, SD = 14.58). The majority of the surgical patients were highly satisfied with the nurses’ manner in going about their work (M = 3.65, SD = 0.88), however, they were least satisfied with the amount of time nurses spent with them (M = 3.26, SD = 0.82). The study found that the length of hospitalization were not significantly associated with surgical patients’ satisfaction level (p= 0.836). Our results show that surgical patients at the orthopedic ward evaluated their satisfaction level of nursing care without being influenced by the length of hospitalization. Thus, nurses should identify the defects in nursing care, and institute appropriate changes to improve the quality of nursing care in order to increase patients’ satisfaction.

Keywords: Surgical patients’ satisfaction, orthopedic wards

Introduction

Patients’ satisfaction is considered as an important outcome criterion to health services. In the past few decades, there has been increasing interest in patients’ satisfaction with nursing care (Comley and DeMeyer, 2001). Patients’ satisfaction with nursing services gains even more importance as nursing care is the major supportive service provided to hospitalized patients. According to American Nurses Association (2000), patients’ satisfaction with nursing care is patients’ opinion of care received from nursing staff during the hospital stay. There has been a dramatic increase in the number of surgical operations at Hospital Universiti Sains Malaysia (HUSM) in recent years. From January to June 2008, statistics have shown that there were 1100 orthopedic cases, 660 urology cases, 460 ophthalmology cases, 430 general surgery cases and 340 neurology cases (Operation Theatre of HUSM, 2008). The increment reflects that nursing care delivered by nurses has an impact on surgical patients’ satisfaction in orthopedic wards. As there are various patient satisfaction levels, it is
important to measure patient satisfaction of nursing care because nursing care is a primary determinant of overall satisfaction during a hospital stay (Yellen et al., 2002). Thus, it is important for nurses to let patients express their views of care and incorporate these views in the provided care.

Patient satisfaction with nursing care has become one of the issues in the health care quality and is a long-standing concern for researchers (Dozier et al., 2002). Some of the patients had critical comments towards nurses in the surgical wards. The nurses were said to be job-centered and not patient-centered. Detachment of nursing care was identified as nurses approached patients as objects, appeared hurried and too busy, did not communicate with the patients, did not involve patients in decision-making and handled the patients roughly (Kralik et al., 1997).

A survey conducted by Montin et al. (2002), indicates that some patients were reported to have received insufficient information about their care during hospitalization. Others fail to understand or did not remember anything of their operation. Furthermore, it is quite alarming to see such a large number of patients saying that they knew very little or nothing about the operation or anesthesia (Otte, 1996). Some patients reported the failure of nurses to take into account of their preference while some even complained that the staff occasionally gossiped about them in their presence as if they weren’t there. This showed that the staff did not respect their dignity, preferences and values as a patient that received treatment and nursing care.

Patients complained about problems with information and education, coordination of care, respect for patients’ preferences, emotional support, physical comfort, involvement of family and friends, and continuity and transition were reported in a cross-sectional study conducted by Khan et al. (2006). It is our aim to investigate the surgical patients’ satisfaction of nursing care at orthopedic wards in HUSM. The findings from the survey of patients’ satisfaction of nursing care can then be used to provide a unique feedback on the quality of nursing care in HUSM.

The conceptualization of patient satisfaction of six dimensions of nursing care proposed by Thomas et al. (1996a, b) was used in this study. Surgical patients expected varied aspects of nursing care that affect their satisfaction namely nurses’ attentiveness and availability, reassurance and provision of information, openness of informality, and provision of individual treatment (Thomas et al., 1996a, b).

**Materials and Methods**

110 subjects were responded in this study though ideal sample size should be 208 (Naing, 2005). Subjects were recruited using purposive sampling technique. The criteria for inclusion were adult surgical patients aged 18 years or older, who have spent 2 nights or more in the ward, able to read and understand Bahasa Malaysia and English, and agreed to participate in this research and signed the informed consent. The data was collected from 28 January 2009 to 28 February 2009.
Satisfaction with Nursing Care Scale (SNCS) of the Newcastle Satisfaction with Nursing Scales (NSNS) (Thomas et al., 1996a, b) was used to determine the level of surgical patients’ satisfaction with nursing care. Part 1 consisted of the demographic characteristic data, and Part 2 consisted of patients’ satisfaction with nursing care has 19 items. Each item was rated using a five-point Likert-type scale ranging from “1” (not at all satisfied), “2” (barely satisfied), “3” (quite satisfied), “4” (very satisfied), and “5” (completely satisfied) to determine the level of satisfaction. The total score was summed and transformed to yield an overall ‘satisfaction score’ of 0 to 100, where 100 denotes complete satisfaction or highest level of satisfaction with all aspects of nursing care (Thomas et al., 1996a). The scoring levels were categorized into: 1) low satisfaction, ranged from 19.00-32.49, 2) moderate satisfaction, ranged from 32.50-78.08, 3) high satisfaction, ranged from 78.09-95.00 (Akin and Erdogan, 2007). The original instrument was developed in English language was translated into Bahasa Malaysia. The reliability was obtained by Cronbach’s alpha coefficients with the value of 0.90. The data were processed with SPSS for Window version 12.0 with subsequent descriptive statistic analysis.

**Results**

*Surgical Patients’ Characteristics*

The greatest number of subjects were from the ward of 4 Selatan (40%), followed by the ward of 2 Zamrud (31.8%) and the ward of 4 Utara (28.2%). The patients were 18 to 79 years (mean = 43.96 years, SD = 18.39) with majority of them in the range of 18 to 39 years. More than half of the surgical patients (60%) were men and most of them were married (65.5%). Majority of the patients (98.2%) were Malay. The educational background of the patients showed that the highest level of education of the patients was from high school leaves (45.5%).

40% of the patients had a previous admission (mean = 1.67, SD = 2.44). The main reason for admission was elective surgery (99.1%) because of fracture, injuries or dislocation (53.6%), orthopaedic inflammation or infection (30%), or others (16.4%). 55 surgical patients had previous experiences of operations. Most of them (52.7%) underwent foot and ankle surgery and 69 patients stated that they had other diseases. The length of stay varied from 2 to 59 nights with average 5.65 (SD = 7.77). Majority of surgical patients (79.1%) stayed in the ward for 2 to 5 nights.

*Level of Surgical Patients’ Satisfaction of Nursing Care*

The total mean scores of patients’ satisfaction level with nursing care was 61.40 (SD = 14.58). This indicates that the level of surgical patients’ satisfaction was at a moderate level (82.7%).
TABLE 1- Mean, SD, frequency and percentage of patients’ satisfaction level of nursing care (n=110)

<table>
<thead>
<tr>
<th>Patients’ Satisfaction of Nursing Care</th>
<th>Total score</th>
<th>Mean</th>
<th>SD</th>
<th>f</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>19.00-32.49</td>
<td>3</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>32.50-78.08</td>
<td>61.40</td>
<td>14.58</td>
<td>91</td>
<td>82.7</td>
</tr>
<tr>
<td>High</td>
<td>78.09-95.00</td>
<td>16</td>
<td>14.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 2** shows the six dimensions of satisfaction items that affect patients’ nursing care with the highest and the lowest satisfaction level.

**TABLE 2**- Mean, SD of the highest and the lowest satisfaction items of six dimensions of nursing care (n = 110)

<table>
<thead>
<tr>
<th>Patients’ Satisfaction of Nursing Care</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attentiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Nurses’ manner in going about their work.</td>
<td>3.65</td>
<td>0.88</td>
</tr>
<tr>
<td>6 The way the nurses made you feel at home.</td>
<td>3.35</td>
<td>1.00</td>
</tr>
<tr>
<td>15 How nurses listened to your worries and concerns.</td>
<td>3.35</td>
<td>0.90</td>
</tr>
<tr>
<td>Availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 There always being a nurse around if you need one.</td>
<td>3.52</td>
<td>0.84</td>
</tr>
<tr>
<td>1 The amount of time nurses spent with you.</td>
<td>3.26</td>
<td>0.82</td>
</tr>
<tr>
<td>Reassurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 How often nurses checked to see if you were okay.</td>
<td>3.51</td>
<td>0.93</td>
</tr>
<tr>
<td>Provision of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 The amount of information nurses gave to you about your condition and treatment.</td>
<td>3.34</td>
<td>0.86</td>
</tr>
<tr>
<td>Openness of informality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 The amount of freedom you were given on the ward.</td>
<td>3.63</td>
<td>0.89</td>
</tr>
<tr>
<td>11 How nurses helped put your relatives’ or friends’ minds at rest.</td>
<td>3.29</td>
<td>0.82</td>
</tr>
<tr>
<td>Provision of individual treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Nurses’ helpfulness</td>
<td>3.56</td>
<td>0.81</td>
</tr>
</tbody>
</table>
Association between satisfaction levels with length of hospitalization

The study revealed that the length of hospitalization was not significantly associated with surgical patients’ satisfaction level with $p = 0.836$.

Discussion

The findings revealed that the majority of the surgical patients (82.7%) rated their satisfaction with nursing care which they received in the orthopedic wards at a moderate level satisfaction ($M= 61.40$, $SD = 14.58$). The score were consistent with the findings by Land and Suhonen (2009) who suggested that patients wanted to please and tried to give positive answers because they did not want to blame anyone or they were afraid that negative feedback or poor evaluation may have an effect on future nursing care for them.

Surgical patients were highly satisfied with nurses’ attentiveness and openness of informality. Most of the patients rated “highly satisfied” with “nurses manner in going about their work ($M = 3.65$)” . They were satisfied and appreciated nurses who had a calm, gentle and kind approach in their care and concern about them. In Merkouris, Papathanassoglou and Lemonidou (2004) study, patients rated highly satisfied with nurses who demonstrated a caring attitude by showing kindness, concern, compassion, sensitivity and sympathy. However, patients were “less satisfied” with “the way nurses made them feel at home ($M = 3.35$)” and it is supported by Attree’s findings (2001) which observed that patients rated negatively satisfied with nurses’ behaviours which discouraged social contact such as being distant, unfriendly and unapproachable. Patients rated high satisfaction with nurses’ availability as “they being around-the-clock if they need one”. Patients in Attree’s study (2001) made positive responses about nurses who came when called, came back when they asked and always available.

Patients were “least satisfied” with “the amount of time nurses spent with them ($M = 3.26$)”. They complained that nurses who were always in a hurry and busy which gave them the impression that they lacked time to talk, listen or be with them. They perceived nurses as being ‘too busy’ to spend time with them. Jackson-Frankl’s study (1990) identified time to spend listening, talking and teaching patients as determinants for patients to rate their satisfaction towards good quality of nursing care. Patients were “highly satisfied” with “nurses who came to check if they were okay ($M = 3.51$)”. Patients praised and were pleased with nurses who kept their promises and remembered to follow up their request. Patients in Attree’s study (2001) were satisfied with nurses that anticipated patients’ needs for care, gave help freely, and were willing to do anything.

In contrast, patients were “less satisfied” with “the amount of information they received regarding their condition and treatment ($M = 3.34$)”. They reported that nurses failed to meet their need for information due to their weak pedagogical skills and increased workload. Ehnfors and Soderstrom (1995) found that patients who received adequate information not only showed greater satisfaction but also took part actively and involved in their own care to a greater extent. Surgical patients gave high scores to “the amount of freedom they were given on the ward ($M = 3.63$)”. They were free to do their own activities or spend their time with family. Walsh and Walsh (1999) identified that nursing staff created a happy atmosphere and free environment despite the pressure they were under at the time.
Patients in the study were dissatisfied with “the way nurses helped to put their relatives’ or friends’ minds at rest (M = 3.29)”. Nurses were overworked and too busy to take care of patients carefully. There was inadequate time for the nurses to provide emotional support to their relatives. This finding is supported by a previous study (Williams, 1994) which also found that many patients are concerned with interpersonal aspects of care and communication of health care information. The majority of patients were “highly satisfied” with “nurses’ willingness to help (M = 3.56)”. Patients were satisfied of nurses who were helpful and nurses who offered help when they needed one. It is consistent with the findings of previous studies (McColl et al., 1996, Alasad and Ahmad, 2003) which showed that patients scored highest for their satisfaction with nurses’ helpfulness.

**Conclusion**

In conclusion, the findings of this study show that surgical patients rated “moderate” level of their overall satisfaction with nursing care in orthopedic wards (M = 61.40, SD = 14.58). The surgical patients were “highly satisfied” with “nurses’ manner in going about their work”. The “least satisfied” item was “the amount of time nurses spent with them” and therefore nurses should provide better quality of nursing care and show them with evidence to either maintain currently favoured practices or change unfavoured practices. Nurses should identify the defects in nursing care, and institute appropriate changes to improve the quality of nursing care in order to maintain and enhance good nursing care. Besides, nurses need to take advantage of the time they spend with patients by providing more information to them, being aware of patients’ needs and responding to their needs, and providing respect and support to patients’ family and friends. In addition nurses need to use this information to formulate a curricular guideline in educational programmes which will directly increase patient satisfaction on effective care. It is recommended that more studies should be done in this field in other provinces and countries to compare with the results of this study. It is desirable to carry out further explorative qualitative studies and both the Experience and the Satisfaction Scales of the NSNS can be subjected to further research.

**Acknowledgement**

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