Assess patient’s satisfaction of nurse’s performance
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Abstract
This research attempts to measure patient’s satisfaction of nurses working in counseling and nursing services centers under supervision of the Shahid Beheshti University of Medical Sciences. To do so, a descriptive and inferential study is conducted, in which 202 patients in such centers were surveyed. Cluster sampling was used to choose the sample. Moreover, a standard questionnaire was used to conduct survey. Thus, expert validity was checked and test retest method’s result was 0.73. Results showed that most of the patients (55.4%) were satisfied regarding nursing skills, and 73.3% were satisfied of emotional-communication aspects of the services. Regarding caring and training, 57.9% and 41.6% of the patients were almost satisfied of, respectively, nursing and training services. Moreover, emotional-communication and caring-training were significantly correlated. Results revealed that both of the mentioned aspects significantly affect patient’s satisfaction. However, home care services moderately satisfied the patients. Thus, it is highly advised that nurses pay attention to these two aspects in order to improve patient’s satisfaction.

Keywords: Satisfaction; Nursing; Performance

Introduction
Patient’s satisfaction with the care they receive is assuming greater importance and satisfaction with nursing is no exception [1]. In fact, to evaluate and improve the quality of care provided, it is of vital importance to investigate the quality of care in the context of health care. Patient satisfaction is a significant indicator of the quality of care [2,3]. The measurement of patient satisfaction has been encouraged by a growing consumer orientation in health care, especially since it yields information about consumers’ views in a form which can be used for comparison and monitoring [4]. In order to do so, it is vital to explore the meaning of patient satisfaction and present the theoretical background and the definitions which developed in nursing [5]. However, extant literature shows that there is limited research on patient call light use as it pertains to effective patient-care management, patient safety, and patient satisfaction [6].

This topic was also investigated in Iran. For instance, Rafii et al. determined the relationship between patient’s reports of nurse caring and patient satisfaction with nursing care [7]. Their findings indicated a statistically significant relationships between patient reports of nurse caring and satisfaction with nursing care (r=0.72, p=0.000; CI 95%; 178.31-189.99 for the CBI and 82.81-86.71 for the PSI). Male patients were more satisfied with nursing care than female patients. Admissions to hospital during the last five years were positively correlated with patient’s perceptions of nurse caring and satisfaction with nursing care. Soleimanpour et al. conducted a relevant research on “Emergency department patient satisfaction survey in Imam Reza Hospital, Tabriz, Iran [8]. In this study, they found that there is a significant correlation between patient’s satisfaction and the quality of services. However, Farsi et al. argue that unfortunately, patient’s satisfaction levels are not as high as they should be. Thus, this research attempts to measure patient’s satisfaction of nurses working in counseling and nursing services centers under supervision of the Shahid Beheshti University of Medical Sciences, as an important case. In order to achieve this goal, a review of the extant literature is done [9]. Then research methodology is elaborated, and findings are discussed next. Finally, the paper concludes with some remarks and directions for future research.

As mentioned earlier, patient’s satisfaction is a significant domain, since it could affect the failure or success of any health business. Thus, it is important to measure it precisely, and to do our best to improve it. Many issues might be taken into account; For instance, nurses’ problems and difficulties may lead to an increase in patient dissatisfaction [9]. Moreover, increased nurse-to-patient ratios will lead to job dissatisfaction and burnout [10]. Hopefully, there is a sound body of literature in this domain, especially in Iran. However, the findings are different in some ways. For instance, Akhtari-Zavare et al. conducted a cross sectional study to examine the relationship between cancer patient’s satisfaction with nursing care in order to assist nurses in defining more clearly their roles in 10 government teaching hospitals in Tehran, Iran [11]. Findings showed that the majority of respondents were males 201 (52.3%), age group 45-54 years 102 (26.4%); and with family monthly income USD 200-500, 234 (60.9%). The highest number and percentage 375 (97.7%) of respondents were admitted at general room, and 204(54.0%) of them were admitted at teaching hospital B of...
The University of Medical Science. The findings revealed that a vast majority of these respondents (82.8%) were satisfied with the nursing care provided to them, while the others (17.2%) were not. There was a significant relationship between patient’s satisfaction and University’s hospital, types of treatment (P≤0.05). Also, University’s hospitals were the best predictor for determining the level of satisfaction. Joolaei et al. also conducted a similar research [12]. The aim of their study was to assess patients &apos satisfaction from nursing care in hospitals of Iran University of Medical Sciences. Findings revealed that majority of patients (72%) were moderately satisfied. Patient satisfaction had a significant relationship with the type of ward (P≤0.001), and type of hospital (P≤0.001). Of demographic variables, only patients &apos age level of education was significantly associated with patient satisfaction (P≤0.019). Zarea et al. argue that in Iran, the idea of a patient-orientated approach has not been established yet [13]. Although this argument might be challenged by some authors, it could be true to some extent. A descriptive study was carried out by Sadjadjan et al. to examine patient satisfaction among women attending the Iranian Centre for Breast Cancer [14]. A specially designed patient satisfaction questionnaire was distributed to all attendees and they were asked to complete the questionnaire. The questionnaire contained items on satisfaction with care organization, physical environment, personnel communication skills, clinical care, and overall satisfaction. In all, 425 women participated in the study. The mean age of women was 40.4 years (SD=11.6), most were married (81%) and housewives (69%). A vast majority of women were very satisfied or satisfied with physical environment, personnel communication skills, and clinical care received. Eighty-two per cent of respondents were very satisfied or satisfied with the clinic’s overall performance. There was a significant agreement between patient’s overall satisfaction and satisfaction with physical environment, personnel communication skills, and clinical care. There was greatest agreement between patient’s overall satisfaction and satisfaction with examination room (Kappa=0.21, P≤0.0001) and with physicians’ consultation (Kappa=0.20, P≤0.0001). None of the demographic variables showed any significant association with patient’s overall satisfaction. The findings suggest that the physical environment and physicians’ style of consultation contribute most to the patient’s overall satisfaction. Hajifathali et al. conducted a research titled "In-patient satisfaction and its related factors in Taleghani University Hospital, Tehran, Iran" [15]. They found that the majority, 83% of patient was quite satisfied with their care and 1% was dissatisfied. About 91% of patients were most satisfied with physician communication and treatment. Only 27% of patients were satisfied with nutrition status. There was no relationship between age, education and total satisfaction.

In sum, patient’s satisfaction is an integral part of the quality of services rendered by any nursing staff. It could be considered as an indicator of success or failure in rendering such services [16]. Thus, there is a need to continuously assess the status of patient’s satisfaction.

Methods

This study uses both descriptive and inferential statistics to answer the research questions. As mentioned earlier, this research attempts to measure patient’s satisfaction of nurses working in counseling and nursing services centers under supervision of the Shahid Beheshti University of Medical Sciences. In order to do so, a survey is conducted in 2015, in which 202 patients in such centers were studied. In total, 76 centers are actively rendering services under the supervision of the Shahid Beheshti University of Medical Sciences; thus, cluster sampling method was used to choose the sample. Moreover, a standard questionnaire was used to conduct the survey, which included 2 sections: (i) respectively 8 and 10 demographic questions about patients and nurses, and (ii) respectively 15 and 16 emotional-communication and caring-training questions. Thus, expert validity was checked and a test retest technique was used to check the reliability of the research tool (0.73). Finally, 202 completed questionnaires were gathered based on calculating the required number by Cochran’s formula. SPSS/21 was used to analyze the gathered data.

Results

50.5% of the respondents were female, and the rest, i.e. 49.5%, were male. Most of the patients (39.6%) were aged between 61 to 70 years old, and only 2 percent of them were between 20 to 30 years old. Moreover, average age of the patients was 65.09 years. Educational level of the respondents was as follows: 34.2% primary level, 38.1% high school, and 27.7% academic degree. Moreover, 55.9% of the patients were living with their family. 84.2% of them could afford the required amount for receiving services. (Table 1) shows that 22.5% of the patients were there for bedsore treatment and 20.9% intended to inject Insulin. Most of the patients (28.7%) had bedsore due to limitation of motion, and at the second level, diabetic patients stand. (Table 4) shows that most of the patients referred to centers that were more approximate (34.7%), and had more experts (21.3%).

Table 1: Characteristics of the Nurses.

| Characteristics | N | % |
|-----------------|---|---|
| **Working in other centers** |  |  |
| Yes | 188 | 93.1 |
| No | 14 | 6.9 |
| Total | 202 | 100 |
| **Prior experience in units** |  |  |
| CCU | 51 | 25.2 |
| Internal | 47 | 23.3 |
| Emergency | 35 | 17.3 |
| Surgery | 29 | 14.4 |
| ICU | 20 | 9.9 |
| Gynaecology | 11 | 5.4 |
| Neonatal | 7 | 3.5 |
| Other (Neurology, Psychology) | 2 | 1 |
| Total | 202 | 100 |
| **Shifts** |  |  |
| Morning | 49 | 24.3 |
| Evening | 24 | 11.9 |
| Night | 79 | 39.1 |
| Morning/Evening | 45 | 22.3 |
| Evening/Night | 1 | 0.5 |
| Morning/Evening/Night | 4 | 2 |
| Total | 202 | 100 |
| **Years of experience** |  |  |
| Less than 10 years | 94 | 46.5 |
| 11 to 20 years | 96 | 47.5 |
| More than 20 years | 12 | 6 |
| Total | 202 | 100 |
Based on the responses, 53.5% of the nurses were female, and the rest, i.e. 46.5% were male. Moreover, most of them (47.5%) were between 35 to 45 years old, and only 8.9% of them were above 45 years old. Also, average age of them was 35.47 years. 70.3 of nurses had bachelors, and 29.7% had master degrees. 64.9% of them were graduated from a national university, and 35.1% were graduated from the Islamic Azad University.

Table 2: Satisfaction from emotional-communication aspect of services.

| Received services                                      | Yes | To some extent | No | High | Medium | Low |
|--------------------------------------------------------|-----|----------------|----|------|--------|-----|
| N %                                                    |     |                |    |      |        |     |
| Self-introduction                                      | 195 | 96.5           | 7  | 3.5  | -      | -   |
| Greeting                                               | 199 | 98.5           | 3  | 1.5  | -      | -   |
| Respect                                                | 192 | 95             | 10 | 5    | -      | -   |
| Paying attention and not to interrupt                  | 163 | 80.7           | 39 | 19.3 | -      | -   |
| Eye contact                                            | 144 | 71.3           | 57 | 28.2 | 1 0.5  | -   |
| Asking about patients’ background and physical status  | 138 | 68.3           | 62 | 30.7 | 2 1    | -   |
| Paying nonverbal attention to patients’ status         | 116 | 57.4           | 85 | 42.1 | 1 0.5  | -   |
| Paying attention to patients’ physical status          | 138 | 68.3           | 64 | 31.7 | -      | -   |
| Relieving anxiety                                      | 134 | 66.3           | 67 | 33.2 | 1 0.5  | -   |
| Further explanation, if required                       | 130 | 64.4           | 72 | 35.6 | -      | -   |
| Answering questions based on understanding             | 137 | 67.8           | 65 | 32.2 | -      | -   |
| Providing a contact number for emergencies             | 189 | 93.6           | 13 | 6.4  | -      | -   |
| Determining next appointments                          | 190 | 94.1           | 12 | 5.9  | -      | -   |
| Respecting privacy                                     | 182 | 90.1           | 20 | 9.9  | -      | -   |
| Efficient use of time                                  | 156 | 77.2           | 46 | 22.8 | -      | -   |
| Total                                                  | 202 |                |    |      |        |     |
| Mean                                                   | 18.12 |               |    |      |        |     |
| S.D.                                                   | 3.21  |               |    |      |        |     |

Table 3: Satisfaction from caring-training skills in services.

| Skills                                      | Yes | To some extent | No | Total | High | Medium | Low |
|---------------------------------------------|-----|----------------|----|-------|------|--------|-----|
| N %                                        |     |                |    |       |      |        |     |
| Observation                                 | 188 | 93.1           | 14 | 6.9   | -    | 202 100|     |
| Listening                                   | 176 | 87.1           | 25 | 12.4  | 1 0.5| 202 100|     |
| Asking                                      | 169 | 83.7           | 32 | 15.8  | 1 0.5| 202 100|     |
| Checkup                                     | 152 | 75.2           | 44 | 21.8  | 6 3  | 202 100|     |
| Total                                      | 202 |                |    |       |      |        |     |
| Mean                                       | 18.12 |               |    |       |      |        |     |
| S.D.                                       | 3.21  |               |    |       |      |        |     |

Table 4: Satisfaction from training aspect of caring-training.

| Training                              | Yes | To some extent | No | Total | High | Medium | Low |
|---------------------------------------|-----|----------------|----|-------|------|--------|-----|
| N %                                   |     |                |    |       |      |        |     |
| Moving the patients                   | 105 | 52             | 84 | 41.6  | 13  6.4| 202 100|     |
| Draining lung secretions              | 105 | 52             | 84 | 41.6  | 13  6.4| 202 100|     |
| Skin care and prevention of bedsores  | 122 | 60.4           | 67 | 33.2  | 13  6.4| 202 100|     |
| Drugs                                 | 98  | 48.5           | 91 | 45    | 13  6.4| 202 100|     |
| Diet                                  | 98  | 48.5           | 96 | 47.5  | 8   4| 202 100|     |
| Personal health                       | 129 | 63.9           | 56 | 27.7  | 7   3.5| 202 100|     |
| Caring                                | 130 | 64.4           | 69 | 34.2  | 3   1.5| 202 100|     |
| Follow-up                             | 167 | 82.7           | 34 | 16.8  | 1   0.5| 202 100|     |
| Total                                 | 202 |                |    |       |      |        |     |
| Mean                                  | 18.12 |               |    |       |      |        |     |
| S.D.                                  | 3.21  |               |    |       |      |        |     |
Table 5: Satisfaction level of patients based on the level of education of nurses.

|                        | Satisfaction from emotional-communication | Satisfaction from caring-training |
|------------------------|-------------------------------------------|----------------------------------|
|                        | Mean            | S. D.   | N    | Mean      | S. D.   | N    |
| Bachelor's degree      | 40.07          | 4.98    | 142  | 39.69     | 5.2     | 142  |
| Master degree          | 42.06          | 2.16    | 60   | 42.28     | 2.91    | 60   |
| Result                 |                |         |      | p-value=0.001 |         |      |
| N                      |                |         |      | 202       |         |      |
| Test                   |                |         |      | Mann-Whitney |         |      |

(Table 2) shows that, 98.5% of the patients acknowledged the receipt of emotional-communication services, and the highest rate of satisfaction was due to greetings, i.e. 92.6%. The lowest rate of receiving emotional-communication services was 57.4%; and 50% of the patients were not satisfied of paying nonverbal attention to patient’s status.

(Table 3) shows that among caring-training aspect of services, the highest rate of received services was 93.1% which was due to observation skills, and the highest satisfaction rate was because of checkup skills, i.e. 74.2%.

Based on (Table 4), in training aspect of the caring and training services, the highest level of service received was 82.7, and the highest satisfaction level, i.e. 81.7%, was due to follow-up activities.

In (Table 5) shows that satisfaction from emotional-communication and caring-training aspects of services is significantly different between patients who receive services from undergraduate and post graduate nurses. Thus, those people who receive services form postgraduate nurses are more satisfied than the others.

Discussion

Indeed, assessing patient’s satisfaction with the care they receive is assuming greater importance and satisfaction with nursing is no exception [1]. It should be taken into account that patient’s satisfaction is a fundamental index for measuring the quality of nursing services [17]. Thus, this research’s main question was to measure patient’s satisfaction of nurse’s performance in counseling and nursing services centers under supervision of the Shahid Beheshti University of Medical Sciences. Moreover, findings showed that there was not any significant relationship between patient’s age and emotional-communication aspect; however, there was a significant relationship between caring-training aspects and patient’s age. This finding is in contrary to Gerasimou-Angelidi et al [18]. however it might be because of the differences in the contexts of studies. In addition, it is concluded that those people who live with their families seem to be more satisfied than those living alone. Stolman et al. and Hogarty et al. made same conclusions about this finding [19,20]. Also, findings suggest that those people who could afford the expenses seem to be more satisfied than those who could not afford. This topic is raised earlier in the literature -e.g. see Cintron et al. and is also approved in this study [21]. Finally, it is shown that those patients who receive services form postgraduate nurses are more satisfied than the others. Albeit, some scholars do not agree with such conclusion, Winter-Collins & McDaniel argue that although newly graduate nurses are more likely to be more passionate to render better services, experienced and educated nurses are more successful in this domain. This is exactly the conclusion that we reached [22].

Conclusion

Future researchers are advised to go more into details and concentrate on the reasons why these propositions are proposed, especially in a developing country, i.e. Iran. Moreover, it could be interesting and useful to investigate how the presented relations could become stronger. Finally, maybe there could be some presumptions which could be changed and accordingly there might be some interesting findings which could help to improve nursing activities.

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