

" Assessment of Patient satisfaction with the quality of nursing care"

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- **Introduction:**

It is crucial for the health care system to provide services based on patients' desires and requirements. Some have even gone so far as to call people "proficient witnesses" to their own health care, demonstrating that they are well-informed about health conditions and their treatment. One of the most important metrics for healthcare quality in the modern day is the level of happiness felt by patients. One useful characteristic to anticipate the accessibility and quality of health care services is the assessment of patient happiness. Because they are on the front lines, patients' experiences in the hospital are directly related to the work of the nurses.

Compared to all other hospital staff, people who work in bedside nursing care are the most conscientious. An effective way to measure the quality of nursing care is by the satisfaction of patients. In order to observe high-quality nursing care, patient outcomes and satisfaction are crucial. Patients report higher levels of satisfaction with their whole hospital experience when they are satisfied with the nursing care they receive. In order to assess the quality of care given and to identify areas for improvement, it is crucial to measure patients' levels of satisfaction with their nursing care. (Asamrew, et al (2020)).

The American Nurses Association (ANA) defines patient satisfaction with nursing care as the degree to which a patient is satisfied with the treatment they have received from nurses. In order to observe high-quality nursing care, patient outcomes and satisfaction are crucial.

When patients are happy with the nursing care they receive, they are more likely to be happy with their hospital experience as a whole. There are a lot of elements that impact patient satisfaction, and that much is true. Satisfaction is significantly impacted by age, social status,

sex, and educational level. In addition to these individual details, additional critical variables include the patient's hospital ward and the length of their hospital stays. (Yang, et al (2020)).

Many studies have been conducted in recent years to determine hospitalized patients' perceptions of the treatment they got while in the hospital. Thus, this study aims to evaluate the nursing team's care quality from the patients' point of view, determine how satisfied the patients are with the nursing care they receive, and establish a connection between the two.

One of the most important factors in a patient's health is their ability to get the high-quality nursing care that they need. In order to provide patients with high-quality care, it is essential to deliver nursing care that meets quality requirements. (Mulugeta, et al (2019)).

Assessing patients' levels of satisfaction is a good way to gauge the quality of nursing care, and providing excellent nursing care can raise patients' levels of satisfaction. If hospitals and other healthcare institutions want to know how well they're doing in terms of patient happiness, they should measure it.

Satisfied patients are more likely to recommend their healthcare provider to others and return to the same facility for future treatment, which in turn increases the likelihood of patient loyalty and trust. Professionalism, technology, and general quality are all components of health care that contribute to patients' levels of satisfaction. (Asamrew, et al (2020)).

- **Evaluation for nurse care quality:**

Nursing evaluation is essential. Evaluations assess a program's efficacy, a new program's usefulness, and program sponsors' accountability needs. Evaluation is crucial to improving nursing care since it proves nursing practice works. "The degree of quality is the extent to which the care provided is expected to achieve the most favorable balance of risks and

benefits," explained Donabedian. Donabedian defines care quality as interpersonal and technological. When treating a patient, "technical care" implies using medical knowledge and technology, while "interpersonal care" entails considering the client's emotional and social well-being. Donabedian suggests facilities like a nice waiting room as the third care quality factor. In retrospect, he considers this interpersonal compassion. Donabedian's structure, technique, and result paradigm helps evaluate nursing care. He considers structure, procedure, and outcome vital to healthcare quality. Care structure is first and foremost "the relatively stable characteristics of the providers of care, of the tools and resources they have at their disposal, and of the physical and organizational settings in which they work". The care system includes individuals, tools, and money. (Karaca, A., & Durna, Z. (2019)).

Second, Donabedian defines care as "a set of activities that goes on within and between practitioners and patients". Process can also be the norm of conduct from medical research or societal ideals (Donabedian). Nursing care quality may depend on how well nurses demonstrate their knowledge and meet patient expectations. Assessing high-quality treatment results is strategy three. A quality outcome is "a change in a patient's current and future health status and improvement of social and psychological function that can be attributed to antecedent health care" (Donabedian). Donabedian says the result technique to quality assessment can provide an integrated and inclusive evaluation of the program's quality because it represents numerous quality variables. Additionally, he briefly describes numerous outcome measure functions. First, outcomes evaluate care process indirectly because process is tougher to monitor. In the monitoring strategy, outcomes connect the process and outcome to see if the monitoring system is measuring the right things. In conclusion, outcome measures separate clients who need more examination from those who do not. The patient and family are crucial to nursing care. Thus, patients' perceptions of nursing care's quality might help evaluate it. Nursing professionals have

long emphasized that patient satisfaction—the degree to which a patient is satisfied with their treatment is a good predictor of nursing care quality and a crucial indicator for assessing its efficacy. (Lotfi, et al (2019)).

- **Assessment of patient satisfaction has become progressively more interesting:**

#### **Purposes of Assessing Patient Satisfaction in Nursing and Other Disciplines:**

Measuring how satisfied a patient is with their nursing treatment has attracted more and more attention from researchers in recent years. The following justifications have been advanced to justify the practice of measuring patients' levels of satisfaction with their nurses' care. First, measuring patient satisfaction allows nurses to keep tabs on the standard of care they deliver and the impact of their interventions.

One measure of a successful treatment is the degree to which the patient is satisfied with the results. Additionally, asking patients for their ideas is seen as a therapeutic nursing action because patient engagement is a fundamental aspect of nursing care. Furthermore, hospitals are now concentrating on increasing patient happiness due to market pressures. Finally, the best indicator of how satisfied a patient will be with their hospital stay is their experience with the nurses. (Luo, J. et al (2018)).

In fields like medicine, there are alternative justifications and goals for gauging patient happiness. The reasoning behind these goals is based on the idea that satisfied patients are more likely to follow their treatment plans, be active participants in their care, and be repeat customers. Donabedian notes that the satisfaction of patients is a factor that medical providers

take into account when evaluating programs and conducting quality assessments, as well as when focusing on patient compliance and provider competitiveness. (Javed, et al (2019)).

### **An Approach to Understanding Nursing Care Quality and Patient Satisfaction:**

Nursing research, like other fields, has employed several patient satisfaction definitions. Risser defines "patient satisfaction with nursing care" as "the degree of congruency between a patient's expectations of ideal nursing care and his perception of the real nursing care he receives." Later scholars accepted this definition. Another definition of patient satisfaction is how well a nurse meets a patient's needs. Marram, Flynn, Abaravich, and Carey define patient satisfaction as satisfaction with nursing care and how well it meets one's requirements. Petersen used "patients' perceptions of how their care was provided, excluding the outcome of their health status or the appropriateness of their therapy." This broader understanding does not negate the importance of healthcare technology.

Because of this, researchers have developed features of nursing care satisfaction that are at odds with one another. Risser envisioned three aspects for her instrument to gauge patient contentment with nursing care: technical-professional behaviors, including technical activities and the body of knowledge necessary to carry out nursing care tasks competently; a trusting relationship, encompassing nursing traits that encourage positive and comfortable communication and interaction between patients and nurses; and an educational relationship, encompassing nurses' abilities This dimension theory has been utilized by numerous scholars. Patient satisfaction elements that have been identified by other research using Risser's conceptual framework include dissatisfaction, interpersonal support, and positive perception. (Wulandari, et al (2023)).

The nursing taxonomy of patient satisfaction by Greeneich, Long, and Miller, who analyzed patient satisfaction instruments, includes three factors: (1) patient expectations; (2) nursing milieu; and (3) nurse personality, care qualities, and skill. Assessing nursing care includes the art of care, ease of access and financial considerations, the physical environment, availability, continuity, efficacy, and results.

Scarding says patient satisfaction with nursing treatment has five dimensions. The first is physical, like buildings, equipment, staff, and communications. Second is reliability—the capacity to deliver the promised service reliably and precisely. Third is responsiveness, or readiness to aid consumers quickly. The fourth is assurance, which includes employers' expertise, civility, and capacity to inspire trust. The sixth is empathy, which involves giving clients personalized care. Finally, some researches have failed to identify patient happiness determinants. (Alharbi, et al (2023)).

Evidently, patient satisfaction is not well-defined. Few patient satisfaction constructs have been replicated or supported by other studies. Nobody has tried to determine how patient satisfaction is attained. The constructs have not addressed whether patient satisfaction is stable or what it is. We have not yet tested any directed hypotheses on patient satisfaction. (Gomes, et al (2019)).

- **Patient Satisfaction and Its Influences:**

The time of the examination, the structure of the responses, and non response are three of the aspects that Rubin posits might affect patients' perceptions of their happiness. Numerous other aspects have been identified in the literature as having a bearing on patient satisfaction. These include demographic demographics, expectations, overall health status, and the care that was provided. (Luo, J. et al (2018)).

**The examination timing:** Studies have shown that patients' responses to satisfaction surveys varied depending on when they were administered, whether it was before, during, or after their hospital stay. Patient satisfaction was higher among those polled either during their stay or several months following release compared to those discharged within a few weeks prior to the survey.

**Format of Response:** No studies have compared the efficacy of various response styles in obtaining satisfaction ratings from patients, Still, thinking that there might be some benefits to "excellent-poor" scale instead of "agree-disagree" one. The researchers discovered, for instance, that "excellent-poor" scales with a neutral item stem were more connected to patients' behavioral intentions toward health care, had less skewness, and elicited larger variance than direct "very satisfied-not at all satisfied" measures. (Mulugeta, et al (2019)).

**A lack of reaction:** There is a lack of data on whether or not respondents and non-respondents rate patient satisfaction differently. It has been contended, however, that those who did not fill out the survey may be less satisfied with their care overall. However, other studies indicated that patients who were happy with their treatment were less inclined to fill out surveys.

**variable demographics:** Patients' assessments of satisfaction seem to be influenced by demographic factors such age, gender, level of education, and ethnicity. However, there is conflicting evidence about the relationship between these parameters and patient satisfaction. As an example, Ware et al. found that many sociodemographic factors were related to how satisfied people were with various aspects of their care. Alternatively, the researchers argued that these demographic characteristics were described as inconsistent and chaotic. Some studies found that older patients were more satisfied than younger ones, but other studies found the opposite to be true. In addition, some studies indicated no correlation between gender and



satisfaction with care, while others indicated that women were more likely to be satisfied than males. (Mulugeta, et al (2019)).

**Expectations:** are often thought to have a connection to happiness. Research on the topic of patient expectations and satisfaction has shown that patients who are well-informed about the services they can receive and have reasonable expectations tend to be more satisfied overall, while patients whose expectations are too high are less likely to be satisfied.

**USAGE OF MEDICAL CARE:** One common assumption is that patients' health status influences their satisfaction ratings. Multiple studies have found a positive correlation between happiness and health. According to research by Cleary et al., one's sense of health significantly predicted their level of happiness. Alternatively, a number of research failed to find any correlation between health status and contentment.

**Received care:** Patient satisfaction is being used to evaluate nursing and health services. Despite limited research linking patient happiness to physician competence and technical skills, Ware, Wright, and Snyder discovered that patients could not assess doctors' technical skills. Ward and Gordon found that patients' satisfaction with pain management was unrelated to pain severity, meaning that they were satisfied with their clinicians' pain management while experiencing moderate to extreme pain. (Mulugeta, et al (2019)).

Many believe patient happiness is linked to interpersonal and communication abilities. Thus, patient satisfaction is most often linked to interpersonal and communication abilities. Numerous studies corroborate this claim. Interpersonal qualities like empathy and straightforward communication have been shown to improve patient satisfaction. Communicating well is crucial to fulfillment. Bader surveyed nursing care practices that predict

patient satisfaction. Patients nominated nursing practices that affected their satisfaction. Some of them were emotional, such being attentive, friendly, and clear. A few of them behavior were professional or technical, like skilled. Patient satisfaction was evaluated between standard nursing with rooming-in and couplet postpartum care by Cottrell and Grubbs. Both groups' patient satisfaction scores were considerably positively skewed. Nursing care satisfied all groups equally. (Gomes, et al (2019)).

- **Challenges in Assessing Outcomes Through Patient Satisfaction:**

Examining patient satisfaction as a measure of treatment quality is gaining popularity among researchers, but skeptics have pointed to a number of issues that could hinder this strategy and explain why no one is willing to use it. There are a lot of problems with patient satisfaction in quality assurance.

It is difficult for patients to assess their own care due to a lack of scientific and technical comprehension. Because of their illness or disability, patients may not be able to make impartial judgments. It can be challenging for patients to keep up with the fast-paced nature of diagnostic testing, treatment processes, and nursing interventions. (Karaca, A., & Durna, Z. (2019)).

Healthcare providers and patients may have differing objectives, which can have negative consequences for patients. Accurately measuring patient satisfaction is challenging due to people' hazy understanding of what constitutes acceptable quality. From very sick to getting better, the concept changes depending on patient factors such age, sex, level of education, and socioeconomic situation. Because of this factor, it is questionable whether patient satisfaction surveys are really valid. (Lotfi, et al (2019)).

- **Conclusion:**

How effective is patient satisfaction as a measure of nurse care quality? "For monitoring and evaluation to be effective, the indicators must be well-defined, comprehensive, objective and specific, clinically valid, relevant and efficient," goes the Joint Commission on Accreditation of Healthcare Organizations' criterion for selecting quality indicators. In addition, health care quality can only be evaluated by measuring certain quality indicators.

Evidence from recent studies shows that patient pleasure is not only subjective and lacking in specificity, but also clinically incorrect and possibly unrelated to care quality. It is challenging to utilize patient satisfaction as a quality-of-care indicator due to uncertainty caused by the lack of a uniform definition of the term and other methodological obstacles. Individual patients, not medical technology, are the ultimate arbiters of quality interpersonal treatment, according to Donabedian.

Patients establish the tone for the interpersonal relationships in nursing care. Because it is essential for providing quality care, patient happiness is a quality feature. Patient satisfaction is a measure of the quality of interpersonal treatment, not the quality of technology care. As a last point, achieving nursing goals needs happy patients.

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