

Patients' Perception of Quality Nursing Care in a Federal Medical Centre

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Abstract - Measuring and reporting patient satisfaction has become very important in this era of the health care management system as an evaluator for quality care services. The derogatory remarks, which range from poor quality of care delivery to service delay, discontinuity of care, indifferent attitude of nursing staff, and poor communication skills, when compared with findings of various studies, are rather contradictory. This study explored patient's idea of quality nursing care (QNC) services in congruence with the overall patients' perception of quality nursing care and patients' characteristics. The study used a descriptive survey approach in which structured questionnaires (IPQCN) on a five (5) point Likert scale was used for data collection. Thematic analysis was used to code and describe patients' ideas of quality nursing care. The results of 100 in-patient perceptions of quality care nursing were analyzed using percentages and the chi-square analysis method to compare variables. The finding revealed that the majority of the patients (62%) had deficient knowledge of quality nursing care, while 38% of the respondents' idea of QNC centered on nurses' attributes and the organization of nursing care. Evaluation of the overall patients' perception of QNC shows a high (44.5%) and very high (41.8%) level of satisfaction, while 8.9% showed dissatisfaction with the QNC. The cross-tabulation of patients' characteristics, age, marital status, duration of hospitalization, previous history of hospitalization, health status, educational level, and the perception of QNC shows a high level of significance. These provided further insight into the significance of individualized and holistic care. While the patients' perception of quality nursing care remains high and positive, as seen from this study and various other studies, it is imperative to match it with proper knowledge and recognizable standard of quality to prevent unrealistic expectations, false-positive perception, unwholesome comments, and negative public image of the profession. Sound orientation should be rendered, and expectations of possible outcomes should be well communicated so as to empower patients to be better evaluators of Quality nursing care.

Keywords - Quality care, patients' satisfaction, Perception, nursing care, orientation.

I. INTRODUCTION

The standard of any health care delivery system is dependent on the quality of care provided and the level of patient satisfaction [1]. Among the league of health professionals, medics, and paramedics, nurses constitute the majority of staff and have the highest rate of interaction time with patients, a key factor in patient's evaluation of care received. It is reported that the most basic factor which influences patients' satisfaction in terms of hospital care is nursing services [2]. Patient satisfaction is an important indicator that provides clues on the quality of nursing services. It provides feedback to determine the quality and evaluation of overall care; this is because the connection point between institutions and patient's services is nursing services [3].

American Nurses Association in 2003 defined quality nursing care as the measures in meeting patients' ideas that are important to their healthcare needs [4]. Studies had shown that patients' satisfaction is an important indicator of quality health care, and nursing care to be an important indicator of total hospital satisfaction [5]. The quality of nursing care has been described in three dimensions which are; the quality of working methodology and technology, which are labeled with efficiency, professionalism, expertise, safety care, and suitability; the quality or characteristic of staff-mutual relations: professionalism that is revealed in the ability of the staff to respect the patients' personality, trust and independence and finally the quality of organization which is labeled with safety, comfort, continuity, efficiency, and level of equipment [6]. These fundamental dimensions take into account the profession, management, and users of health services who should be mutually co-dependent and, in so doing, establish patient satisfaction as a prime indicator of quality [6].

Patients' expectations and Patients' perception has been described as the two factors which determine the level of satisfaction a patient has [3]. The first factor, patients' expectation, includes that which the patients seek and want to see in health institution which varies according to patients age, gender, educational level, sociocultural characteristics, past experience in dealing with health care and health care institutions. The second factor; patients' perception of services they receive and measured on the basis of opinions or assessments of patients about services rendered to them and the service production process. This



also varies according to patients' characteristics and their past experiences with health institutions. Hence, the degree of excellence observed by patients in nursing care delivery is vital in examining patient's perceptions of nursing care quality [7].

In the past years to date, nurses have received the highest level of unwholesome comments among health care professionals, least appreciated by both the patients and the society. These derogatory remarks range from poor quality of care delivery to service delay, discontinuity of care, indifferent attitude of nursing staff, and poor communication skills [4],[8]. This has led to poor public confidence in the health care delivery system to provide high-quality care, degrade the image of the profession, discourage the younger generations from joining the profession, and made some hospitals unattractive to consumers of hospital services [8]. However, these negative comments, when compared with findings of various studies which show a high level of positive perception of QNC [3][7][9][10], are rather contradictory. While patients' have their idea and understanding of quality nursing care, it is also imperative to ascertain how this affects their evaluation of the overall quality of nursing care.

This study aims to assess patient's idea of quality nursing care services in congruence with overall patients' perception of quality nursing care so as to identify the missing link between the care receiver and care provider, thereby ensuring patients satisfaction, positive outcome of recovery, and wellbeing and a good public image for the profession.

A. Objectives of the Study

This study aims to explore and ascertain the inpatients' perception of quality care nursing in a Federal Medical Centre. However, the specific objectives include:

1. Ascertain patients ideas/understanding of quality nursing care
2. Ascertain the overall perception of patients on the quality of nursing care Services
3. Ascertain significant patients characteristics that influence patients' perception of quality nursing care.

II. METHODOLOGY

A. Study Design

The study utilized an exploratory, descriptive research approach in order to explore and obtain a vivid picture of patients' perception of quality care nursing they receive and the variables that influence them.

B. Target population and Setting

The study population comprised of inpatients admitted for a minimum of 3days at a Federal Medical Center, aged 18 and above. The setting for the study included the Medical, Surgical, Orthopedic, and Amenity wards.

C. Sample and Sampling Technique

A purposive sampling technique was used to select 100 fully consenting inpatients in the 4 selected units. Inclusion criteria include; conscious patients from 18 years and above.

D. Data Collection Method

Based on a thorough literature review, a four-sectioned semi-structured questionnaire was developed titled In-Patients Perception of Quality Care Nursing Questionnaire (IPQCN). These were utilized to elicit information on the patients' characteristics, knowledge of quality care nursing, their opinion on the quality of nursing care they receive on a five-point Likert scale; Strongly agreed (SA), Agreed (A), Undecided (3) Disagree (D) Strongly Disagree (SD). Based on the 3 dimensions of quality nursing care, (SA) and (A) are categorized as positive perception while (D) and (SD) are categorized as negative perception. The questionnaire was worded using six validated questionnaires used in previous studies with a high-reliability coefficient. Twenty-two items were drawn and tested for both face and content validity by professionals. The reliability coefficient of 0.89 was obtained and considered fit for the study. Three trained research assistants were used to interview patients using the IPQCN, and able patients filled the questionnaire directly. A Direct system was used to ensure 100 percent return of the instrument.

E. Method of Data Analysis

Data obtained from the study are presented in tables. Thematic analysis was used to code and describe patients' ideas of quality nursing care. The Likert scale of inpatient perception of quality care nursing was analyzed using percentages and chi-square analysis method at an alpha level of 0.01 to compare variables with the aid of SPSS version 20.

F. Ethical Consideration

Written permission was obtained from the ethical review board of Federal Medical Centre in which the study was conducted. Each patient provided full consent to participate in the study. All data obtained were treated with the utmost confidentiality.

III. RESULTS AND DATA ANALYSIS

Table 1 Patients personal characteristic

Sex	Male	Female			
frequency	50	50			
percentage	50 %	50 %			
Age	18-27	28-37	38-47	48-57	58 & above
Frequency	12	21	25	20	22
Education	No formal E.	Primary	Secondary	Tertiary	
Frequency	3	15	34	48	
Previous Hospital Exp	Yes	No			
Frequency	62	38			
Duration of hospitalization	3-7days	8-15days	16-30days	1 month & above	
Frequency	36	22	19	24	
Marital Status	Single	Married	Widowed	Separated	Divorced
Frequency	25	62	13	-	-
Health Status	Unsure	Very Poor	Poor	Fair	Good
Frequency	7	22	43	22	5
					Excellent
					1

The table 1 above shows the personal characteristic of the patient's profile who participated in the study. A total of 100 respondents participated, of which 50 were male and 50 female from age 18 and above. Age 18-27 had the least frequency of 12 while age 38-47 was the highest with 25, Ages 28-37, 48-57, and 58 and above had 21, 20 and 22 respectively. 48% of the respondents attained a tertiary level of education, 34% secondary, 15% primary, while 3% had no formal education. Based on their marital status, 62 % are married, 25% single, and 13% widowed.

Considering the health history of the respondents, as shown in table 1, 62% agreed to have had a previous history of hospitalization, while 38% had not. To ascertain the health status of clients prior to current hospitalization, 22% and 43% were in very poor/poor health respectively, 6% considered themselves to be in good/excellent health, 22% considered their health status fair, while 7% was unsure.

Table 2 below depicts patient's perception and understanding of quality nursing care. Out of the 100 respondents, only 38% were able to provide information on their knowledge of quality nursing care, while 62% could not. In the Sorting and coding of the 38% responses, two categories were identified, which are Nurse's attribute and organization of nursing care. 22% of the responses focused on the

nurses attribute which includes communication skills, empathy, flexibility, attention, interpersonal skills, quick responses, respect, and mannerism (attitude), while 16% of the responses focused on the organization of individualized nursing care from the assessment, planning, implementation, and evaluation.

Table 2 Patients Perception of Quality Nursing Care

Patient's Idea of QNC	Cluster Frequency	Percentage
Nurses Attributes	22	22%
Organization of Care	16	16%
None Response	62	62%
Total	100	100

Table 3 below shows the overall patients' perception of quality care nursing based on their level of agreement or disagreement with the various component of QNC. 41.8% and 44.5%, which constitute 86.3% of responses, showed a high level of positive perception, while 6.5% and 2.4%, which made up 8.9% responses, had a negative perception of the quality of nursing care. 4.8% were undecided.

Table 3 Patients Evaluation of Nursing Care Services

Overall Patients Perception of Nursing Care Services		
Level of Satisfaction	Frequency of Responses	Percentage Responses (%)
Strongly Agree	864	41.8
Agreed	921	44.5
Undecided	100	4.8
Disagree	134	6.5
Strongly Disagree	50	2.4

Table 4 below, showing the P values of the variable at an alpha level of 0.01, reveals that marital status, age, education level, duration/pervious history of hospitalization, health status have a highly significant relationship between these variables and patients evaluation of quality nursing care, where P-value is 0.00001 at an alpha level of 0.01 while gender was less significant .023079 p-value using chi-square analyses.

Table 4 Cross-tabulation of Patients evaluation and Patients Personal Characteristics (P-value)

Patients Characteristics	P-Value (0.01)
Gender	.023079
Marital Status	.002315
Age	0.00001
Educational Level	0.00001
Duration of Hospitalization	0.00001
Previous Hx	0.00001
Hospitalization	
Health Status	0.00001

IV. DISCUSSION OF FINDINGS

The result on the patients' idea or knowledge on quality nursing care, as shown in Table 2, reveals that the majority of the patients (68%) are deficient on the subject. This is a clear indication of poor orientation at the time of admission. In this study, only 38% of the respondents gave their idea of QNC, which centered only on the nurse's attributes and organization of care. This has a serious implication, as it vividly shows that there is a gap in communication of expected quality or standard of care to be rendered. Knowledge deficit leads to unrealistic expectations and poor evaluation of care which creates a false positive or negative sense of satisfaction. This is a panacea to chaotic public opinion, as reiterated in [2]. QNC is multidimensional and focuses on the various aspects of care, which include individual, environmental and interpersonal needs, application of professional skill, organization of patients care, and efficiency in management protocol. The patient ought to be fully oriented on what to expect and the value of services rendered. This will ensure a high level of patients satisfaction, which is in congruence to patients' knowledge

and awareness, expectations, and recognizable standards of quality [11].

The high level of positive perception (86.3%) on the quality of nursing care, as shown in Table 3 could be attributed to the level of professionalism exhibited by the nurses in the discharge of their duties. However, the 8.9% of respondents that expressed a degree of dissatisfaction could also be attributed to the poor attitude of some nurses in handling care, the mode of operation and the attitude in which patients care is conducted. This finding is in line with the study in [4][5][7][9][10], in which QNC perception was positive, but contrary to the findings in this study, the patients had high expectations [12]. This discrepancy underscores the need, as well as emphasizes the nurses' role in determining patients' care expectations through proper orientation on the standard of care to be provided. This will help in health care evaluation in accordance with quality/standard care practice.

The cross-tabulation of patients' characteristics and perception of QN patient's further insight into the significance of individualized and holistic care. The results, as shown in Table 4, reveals that, the patient's age, marital status, duration of hospitalization, educational level, previous history of hospitalization, and health status of the patient are of great significance in the care of patients, which invariably influence their overall perception of QNC. In contrast gender was less significant in determining patient's perception of care. This implies that the developmental stages, sociodemographic variable, and patients history has a significant role in the care of patients. This requires special attention as it forms the basis of nursing care. Nursing is a caring profession, it is individualized, systematic and holistic in nature, and such should be the nurses' approach to client-centered care.

V. CONCLUSION

Patient satisfaction has become a prime indicator for high-quality care; however, evaluating and measuring quality is often a factor of individuals' knowledge and awareness, expectations, and recognizable standards of quality [12]. While the patients' perception of quality nursing care remains high and positive, as seen from this study and various other studies, it is imperative to match it with proper knowledge and a recognizable standard of quality care. This is to prevent unrealistic expectations, false-positive perceptions, unwholesome comments, and a negative public image of the profession. Patients' orientation should be taken seriously at the point of contact. The expectation of care as well as a possible outcome should be well communicated to the client so as to empower and equip them to be better evaluators of Quality Nursing Care.

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Appendix 1

Table 4 Cross-tabulation of Patients evaluation and Patients Personal Characteristics

A

Results Based on Gender			
	Male	Female	Row Totals
SA	420 (438.90) [0.81]	444 (425.10) [0.84]	864
A	435 (440.93) [0.08]	433 (427.07) [0.08]	868
UD	43 (38.10) [0.63]	32 (36.90) [0.65]	75
D	95 (78.23) [3.60]	59 (75.77) [3.71]	154
SD	25 (21.84) [0.46]	18 (21.16) [0.47]	43
Column Totals	1018	986	2004 (Grand Total)

The chi-square statistic is 11.3316. The *p*-value is .023079. The result is significant at *p* < .01.

B

Results Based on Marital Status

	Single	Married	Widowed	Row Totals
SA	233 (247.26) [0.82]	566 (548.59) [0.55]	105 (108.15) [0.09]	904
A	252 (241.79) [0.43]	522 (536.46) [0.39]	110 (105.76) [0.17]	884
UD	34 (27.90) [1.33]	48 (61.90) [3.12]	20 (12.20) [4.98]	102
D	40 (36.10) [0.42]	80 (80.10) [0.00]	12 (15.79) [0.91]	132
SD	8 (13.95) [2.54]	42 (30.95) [3.95]	1 (6.10) [4.27]	51
Column Totals	567	1258	248	2073 (Grand Total)

The chi-square statistic is 23.9742. The *p*-value is .002315. The result is significant at *p* < .01.

C**Results Based on educational Level**

	No Formal Edu	Primary Edu	Secondary Edu	Tertiary Edu	Row Totals
SA	7 (18.31) [6.98]	169 (125.11) [15.40]	361 (295.98) [14.28]	320 (417.60) [22.81]	857
A	26 (18.86) [2.70]	103 (128.90) [5.20]	303 (304.96) [0.01]	451 (430.27) [1.00]	883
UD	2 (1.64) [0.08]	2 (11.24) [7.60]	2 (26.59) [22.74]	71 (37.52) [29.87]	77
D	6 (2.22) [6.43]	8 (15.18) [3.40]	8 (35.92) [21.70]	82 (50.68) [19.36]	104
SD	1 (0.96) [0.00]	5 (6.57) [0.37]	5 (15.54) [7.15]	34 (21.93) [6.65]	45
Column Totals	42	287	679	958	1966 (Grand Total)

The chi-square statistic is 193.7396. The *p*-value is < 0.00001. The result is significant at *p* < .01.

D**Results Based on Age Group**

	18-27years	28-37years	38-47years	48-57 years	58 years &above	Row Totals
SA	87 (104.81) [3.03]	249 (221.65) [3.38]	194 (207.47) [0.87]	186 (167.09) [2.14]	162 (176.97) [1.27]	878
A	108 (106.36) [0.03]	231 (224.93) [0.16]	198 (210.54) [0.75]	181 (169.57) [0.77]	173 (179.59) [0.24]	891
UD	21 (10.03) [12.01]	10 (21.21) [5.92]	15 (19.85) [1.18]	2 (15.99) [12.24]	36 (16.93) [21.48]	84
D	23 (16.71) [2.37]	19 (35.34) [7.56]	50 (33.08) [8.65]	14 (26.64) [6.00]	34 (28.22) [1.18]	140
SD	5 (6.09) [0.19]	7 (12.87) [2.68]	26 (12.05) [16.14]	6 (9.71) [1.42]	7 (10.28) [1.05]	51
Column Totals	244	516	483	389	412	2044 (Grand Total)

The chi-square statistic is 112.696. The *p*-value is < 0.00001. The result is significant at *p* < .01.

E**Results Based on Days of Hospitalization**

	3-7days	8-15days	16-30days	1 month & above	Row Totals
SA	264 (341.44) [17.56]	199 (171.83) [4.30]	177 (157.62) [2.38]	252 (221.11) [4.31]	892
A	388 (321.92) [13.57]	117 (162.00) [12.50]	146 (148.61) [0.05]	190 (208.47) [1.64]	841
UD	39 (36.36) [0.19]	26 (18.30) [3.24]	8 (16.79) [4.60]	22 (23.55) [0.10]	95
D	61 (50.91) [2.00]	34 (25.62) [2.74]	18 (23.50) [1.29]	20 (32.97) [5.10]	133
SD	17 (18.37) [0.10]	11 (9.25) [0.33]	6 (8.48) [0.73]	14 (11.90) [0.37]	48
Column Totals	769	387	355	498	2009 (Grand Total)

The chi-square statistic is 77.102. The *p*-value is < 0.00001. The result is significant at *p* < .01.

F**Results Based on Previous Hospitalization History**

	Previous Hospitalization	No Hx Previous Hospitalization	Row Totals
SA	543 (587.63) [3.39]	321 (276.37) [7.21]	864
A	695 (684.21) [0.17]	311 (321.79) [0.36]	1006
UD	79 (68.01) [1.77]	21 (31.99) [3.77]	100
D	107 (91.14) [2.76]	27 (42.86) [5.87]	134
SD	41 (34.01) [1.44]	9 (15.99) [3.06]	50
Column Totals	1465	689	2154 (Grand Total)

The chi-square statistic is 29.8061. The *p*-value is < 0.00001. The result is significant at *p* < .01.

G

<i>Results Based on Health Status</i>					
	Unsure	Poor	Fair	Good	<i>Row Totals</i>
SA	32 (29.49) [0.21]	522 (440.91) [14.91]	82 (141.93) [25.31]	32 (55.67) [10.06]	668
A	41 (38.41) [0.17]	563 (574.24) [0.22]	189 (184.85) [0.09]	77 (72.50) [0.28]	870
UD	1 (4.24) [2.47]	29 (63.36) [18.64]	44 (20.40) [27.31]	22 (8.00) [24.50]	96
D	5 (5.70) [0.08]	54 (85.15) [11.39]	52 (27.41) [22.06]	18 (10.75) [4.89]	129
SD	1 (2.16) [0.63]	28 (32.34) [0.58]	18 (10.41) [5.53]	2 (4.08) [1.06]	49
<i>Column Totals</i>	80	1196	385	151	<i>1812 (Grand Total)</i>

The chi-square statistic is 170.4185. The *p*-value is < 0.00001. The result is significant at *p* < .01.