



A descriptive quantitative study on multi-ethnic patient satisfaction with nursing care measured by the Revised Humane Caring Scale



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ABSTRACT

Aim: To determine patients' satisfaction with nursing care during hospitalization.

Background: Limited studies reporting patients' satisfaction with quality of nursing care in Singapore.

Method: A descriptive study was conducted in a tertiary hospital in Singapore.

Results: Data were collected from 270 adult patients using the Revised Humane Caring Scale. Patients were moderately satisfied with the nursing care. There were significant differences of patients' level of satisfaction between/among socio-demographic subgroups including ethnicity, gender, reasons for admission and disciplines. Chinese patients were least satisfied with nursing care. The patients were most satisfied with 'Respecting patient's feeling' (mean = 82.29, SD = 14.50) and least satisfied with 'Communication and participation' (mean = 62.00, SD = 16.46).

Conclusion: Our results reinforced the need to pay more attention to patient information provision and effective communication, which could improve patient satisfaction. The multi-ethnic patients valued respect as an influential attribute in quality nursing care.

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2. The Singapore National University Health System, Academic Informatics Office approved the study to be conducted at the National University Hospital.

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1. Introduction

The conceptual model of quality of care devised by Donabedian (1988) embraced patient satisfaction as a fundamental element of healthcare quality. Healthcare quality comprises science and art (Donabedian, 1988). The former refers to technical care and the latter is related to the management of interpersonal processes (Donabedian, 1988).

Patient satisfaction is one of the nursing sensitive indicators for the quality of nursing care (Doran, 2011). The elements of patient satisfaction consist of effective care delivery, staff members' and patients' perceptions of competent healthcare, and patients' involvement in decision-making (Doran, 2011). Of all the healthcare professional staff, nurses have the most frequent direct bedside contact with patients (McHugh & Stimpfel, 2012). Thus patient satisfaction is closely associated with nurses' caring for them (Klinkenberg, Boslaugh, Waterman, et al., 2011), provision of technical care (Greenslade & Jimmieson, 2011), and nurses' demonstrated caring behaviors (Papastavrou,

Efstathiou, & Charalambous, 2011). However, patient satisfaction is challenged with the nursing care provided in an environment surrounded with advanced technologies, which affect the interpersonal nurse–patient relationship and nursing caring behavior.

Nurses' professional responsibilities are to provide care with behaviors described as humane, preserving human dignity, and demonstrating integrity and positive nurse–patient relationships (Papastavrou, Efstathiou, Tsangari, et al., 2012; Töyry et al., 1998; Wikberg & Eriksson, 2008). These are demonstrated through interpersonal processes such as behaviors, attitudes and communication, thus developing an intimate reciprocal nurse–patient relationship (Finfgeld-Connett, 2008; Papastavrou et al., 2012). The framework for the professional caring relationship included nurses' commitment to providing continuity of care for patients' needs (Kitson, 2003). Besides the provision of technical care, nurses also need to integrate patients' basic and psychosocial care needs. Nurses who work in an overwhelmingly technological and busy environment, face the risk of working in a depersonalized and mechanical way. This can lead to neglecting the fundamentals of nursing care, especially when nurses are expected to complete their tasks within short timeframes (Kitson, Muntlin Athlin, & Conroy, on behalf of the International Learning C., 2014). A caring environment is imperative to enhance patients' mental and physical well-being (Finfgeld-Connett, 2008; Wikberg & Eriksson, 2008).

Previous studies reported that patients' socio-demographics and clinical characteristics influenced their satisfaction with nursing care (Elliott et al., 2012; Findik, Unsar, & Sut, 2010). For example, male patients were generally more satisfied with nursing care (Elliott et al., 2012; Findik et al., 2010). Patients in higher age groups, having lower education qualifications and hospitalized for a longer period were more satisfied with nursing care (Findik et al., 2010; Klinkenberg et al., 2011). However, medical patients suffering from chronic diseases were less satisfied compared to surgical patients (Findik et al., 2010). Older patients who had better health status and could manage their symptoms well were associated with higher levels of satisfaction (Bacon & Mark, 2009). A review of the literature shows that there are limited studies reporting multi-ethnic patient satisfaction with nursing care in Asian contexts, and none in Singapore, which is also a multicultural society.

According to the Singapore Ministry of Health, patient satisfaction survey results in 2014 (79.1%) revealed overall higher satisfaction with public healthcare institutions compared to 2013 (77%) (Singapore Ministry of Health, nd). The survey measured patients' perceptions on service quality attributes with all healthcare professionals, including knowledge, skills, care and concerns shown, and explanation given on procedures (Singapore Ministry of Health, nd). According to the survey respondents in a previous study (Singapore Ministry of Health, nd), the quality of nurses is one of the most important factors influencing the quality of care, in addition to the quality of doctors and waiting time. The study also reported that the nurses had good service attitude, were knowledgeable and displayed professional behavior to the patients (Singapore Ministry of Health, nd). No studies have been conducted in Singapore to assess the level of patient satisfaction with only nursing services.

1.1. Purpose of the study

The aim of this study was to determine hospitalized patients' satisfaction with nursing care in general inpatient wards using the Revised Humane Caring Scale (RHCS) and identify clinical practice areas that require improvement. The research questions were:

- (1) What are patients' levels of satisfaction with nursing care quality when they are hospitalized in general inpatient wards?
- (2) What differences emerge in patients' satisfaction as measured by the RHCS between/among socio-demographic subgroups?

2. Research methods

2.1. Design

This was a prospective descriptive quantitative study. This study was an extension of a previous study, which reported the psychometric properties of the RHCS when used in a Singapore tertiary hospital (Goh, Ang, Chan, He, & Vehviläinen-Julkunen, 2015).

2.2. Sample

This analysis was conducted in 22 inpatient general wards in an acute tertiary hospital in Singapore from March to October 2013. These patients met the inclusion criteria, specifically being adult patients above the age of 21 years, mentally competent, understood English and were admitted to the 22 general wards for a minimum of 48 h. The study sample size was calculated using an online Raosoft sample size interactive calculator (Raosoft Inc., 2004). Postulating that there is a 50% response distribution, with a fixed population of 1000 beds, 278 participants will provide a 5% margin of error with a 95% confidence level (Raosoft Inc., 2004).

2.3. Instrumentation: The Revised Humane Caring Scale

The Humane Caring Scale (HCS) was first developed in the late 1990s and later revised to measure the quality of care evaluated by patients (Kvist, Mäntynen, Turunen, et al., 2013; Kvist, Vehviläinen-Julkunen, & Jokela, 2007; Tervo-Heikkinen, Kvist, Partanen, Vehviläinen-Julkunen, & Aalto, 2008; Töyry et al., 1998). In this study, patient satisfaction was measured using the Revised Humane Caring Scale (RHCS). The RHCS consists of 46 items which were categorized into 5 subscales. The subscales are: (1) maintenance of social relations and privacy (9 items); (2) 'Communication and participation' (13 items); (3) respecting patient's feeling (7 items); (4) maintaining and promoting physical health (8 items); and (5) ensuring the necessary conditions for humane caring on the ward (9 items) (Goh et al., 2015). The response of each item was rated on a 5-point Likert scale, which consisted of 5 = totally agree, 4 = partly agree, 3 = cannot say, 2 = partly agree and 1 = totally disagree (Goh et al., 2015).

2.3.1. Content validity index and reliability of the RHCS

The Revised Humane Caring Scale (RHCS) has been continuously modified since the 1990s by Kuopio University Hospital (Kvist et al., 2007; Kvist et al., 2013; Tervo-Heikkinen et al., 2008; Töyry et al., 1998). The Cronbach α for the subscales were greater than 0.7 (Kvist et al., 2007). The RHCS reliability has Cronbach's α value of 0.782–0.948 from a pilot study conducted in 2007 and 0.775–0.946 in another study in 2013 (Kvist et al., 2013).

The content validity and reliability of the scale used in this study have been tested and reported in the local setting (Goh et al., 2015). The content validity index evaluated by nurses and patients was 0.961 and 0.964, respectively (Goh et al., 2015). The nurse–patient interrater agreement kappa was 0.940 (Goh et al., 2015). The Cronbach's α value of RHCS was 0.884 with the α values of five subscales ranging from 0.579 to 0.760 (Goh et al., 2015). The results showed that the RHCS was valid and reliable for measuring the adult patients' satisfaction during their hospitalization in general wards (Goh et al., 2015).

2.4. Procedure

Different levels of nursing administrators were informed of the study by emails. The main researcher, who was not involved in providing nursing care to patients, approached ward nurses to identify the patients. The researcher individually approached the patients to inform them of the purpose of the study and of their right to choose whether they wanted to participate in this study. Written consent was obtained

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