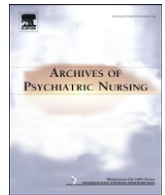




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## Wards in Opinion of Patients - A Comparative Study on the Quality of Nursing Care

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### ABSTRACT

**Aim:** The aim of this study was to evaluate the quality of nursing care in psychiatric wards and compare it between hospitals of different types.

**Results:** Significant differences between hospitals were found in: personnel benevolence ( $p = 0,006219$ ) and response to patient needs ( $p = 0,011446$ ) as well as patients' sense of safety ( $p = 0,020042$ ). In both hospitals, patients were equally dissatisfied with the quality of information concerning treatment side effects ( $p = 0,207804$ ). In both hospitals patients were equally satisfied regarding the level of respect for their dignity and psychological support ( $p = 0,176928$ ).

**Conclusion:** General patient perception of nursing care in psychiatry wards seems to be positive. Some tasks carried out by nurses in psychiatric care still require improvement, especially regarding providing information to patients.

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### BACKGROUND

#### Quality of Health Services

Assessing health care quality can be carried out in two ways – that is to say, from the patient's perspective and through the analysis of specific indicators which describe the functioning of an institution providing medical services (Isaac, Zaslavsky, Cleary, & Landon, 2010). In both cases, the evaluation process should be executed through the use of specified indicators; some of which may be outsourced (for example: expert opinions) or prepared by those inside the medical institution in question (for example: doctors, nurses and other medical and non-medical personnel) (Rademakers, Delnoij, & de Boer, 2011; Wu, Snyder, Clancy, & Steinwachs, 2010). Since these indicators form the basis of quality assessment, they should be readily available, definite and measurable (Copnell et al., 2009; Piątek, 1999). Nevertheless, the management of medical services and, in a broader sense, the whole system, cannot be carried out effectively without considering the opinions of patients (Manary, Boulding, Staelin, & Glickman, 2013; 368). This approach is essential when practicing patient-centered medicine (Clarke et al., 2015).

#### Patient Satisfaction

The assessment of the quality of medical services from a patient perspective results from the patient's personal judgment and feelings regarding the medical services received during the therapeutic or diagnostic process (Rademakers et al., 2011). This is based on subjective criteria, due to the fact that each patient independently establishes the criteria surrounding the evaluation of the medical services. This evaluation often results from a patient's expectations and needs (Bjertnaes, Sjetne, & Iversen, 2012).

Therefore, a patient's satisfaction may be defined as the emotional state following a patient's earlier positive and negative experiences with staff and treatment received (Kravitz, 1998; Prakash, 2010). Determinants of patient's satisfaction are among others: reliability, availability, communication, attentiveness, benevolence and giving a sense of safety (Prakash, 2010).

In studies on patient satisfaction, the main aim is not only to determine what satisfies the patient, but also to discover more complex information, which includes the main constituents of wellbeing, psychophysical conditions, as well as satisfaction with health care or the lack thereof. Therefore, patient satisfaction surveys are not only a basic indicator of opinions, but also a study into the quality of the health services in question. A disadvantage of patient satisfaction studies is that the patients themselves have difficulty making a substantive evaluation. These difficulties result from the fact that a patient's final opinion is often based on events which only constitute a part of the experience of receiving medical care rather than on the actual substantive features of medical services (Larrabee & Bolden, 2001; Maciąg, 2001).

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In our study we decided to focus on different aspects of the quality of medical services – those usually of the greatest importance for patients, like staff benevolence – but also more complex aspects, such as the impact of the treatment received on the physical state of wellbeing.

## AIM OF THE WORK

The main aim of the study was to evaluate the quality of nursing care in psychiatric wards from a patient perspective.

Apart from the main aim, we established some specific aims, which are:

1. To determine levels of patient satisfaction regarding the psychiatric services (with special attention being paid to nursing services) in hospitals of different types (non-public small units and large, regional hospital).
2. To compare obtained results on the quality of nursing care between the hospitals studied.

## METHODS

### Participants

The study included 210 patients (Figs. 1 and 2) treated in two psychiatric hospitals in Poland on general psychiatric wards which dealt with diagnostics and the treatment of psychiatric disorders and diseases. The study included patients hospitalized for at least one week to make sure they had the opportunity to become familiar with the medical personnel and to form an opinion regarding the quality of the nursing care. All the patients included in the study fulfilled the mentioned criteria. The study was carried out in the following hospitals:

- A non-public hospital (further referred to as hospital 1) – 115 patients included.
- A regional public psychiatric hospital (further referred to as hospital 2) – 95 patients included.

### Specifications

We used an original questionnaire as our research tool. This questionnaire was developed specifically for this study's requirements. It was filled out by patients on the day of their discharge from hospital, but only in cases when the decision concerning discharge was taken by medical personnel not at the request of the patient. Patients were informed about the aim and importance of the study. They took part in the study voluntarily.

We intend to familiarize ourselves with the general quality of nursing in psychiatric care and to compare hospitals of different – small units (hospital 1 – 90 places) and large, regional hospitals (hospital 2 – 335 places). This is due to the fact that for years the correlation between

the number of beds and quality of care has been an ongoing subject of discussion. Information on these issues is readily available to patients, for example in newspapers, but also in academic discussion (New York Times, 1992; White, Reschovsky, & Bond, 2014).

## RESULTS

### Staff-Benevolence and Recognizing Nursing Personnel

Overall, nursing personnel benevolence was evaluated as being positive in both hospitals. In hospital 1, approximately 90% of patients were satisfied (rated as being “good” and “very good”). In hospital 2, the prevalence of satisfied patients was even higher – approximately 96%. The percentage of patients describing nursing personnel benevolence as “bad” was higher in hospital 1 (5% in comparison to 0% in hospital 2) and additionally, the prevalence of the rating of “very good” was higher in hospital 2 (78% in comparison to 59% in hospital 1) (Fig. 3). The differences between hospitals were statistically significant ( $p = 0,003844$ ).

In the cases of both hospitals, it was discovered that there were some issues regarding the staff recognition, including nurses. Patients were not acquainted with the staff during the first day of hospitalization and therefore had problems with the identification of staff members. This concerned approximately 23% of patients in both hospitals.

### Responding to the Needs of Patients

The respondents were asked if nursing personnel was responding quickly and adequately to their needs (for example, staff reactions to a deteriorating state in their wellbeing) and if they could easily consult personnel in such situations.

In hospital 1, the rating of “very good” in this regard made up 49% of respondents, but in hospital 2, the same answer was given by more patients: 72% of respondents were very satisfied about the response of the medical personnel to their needs and provided the rating of “very good” (Fig. 4). Unfortunately, as much as 13% of respondents from hospital 1 described this feature as bad or average. Noted differences were statistically significant ( $p = 0,011446$ ).

### Respecting Patient Dignity and Intimacy

One of the key factors that significantly influence patient satisfaction is whether or not their dignity and privacy are respected during hospitalization (Kozłowska, 2013).

In hospital 1, only approximately 3% of respondents indicated that their rights in this regard were not respected. Over 90% of patients determined the attitude of nursing personnel as “good” or “very good”. Patients from hospital 2 showed similar opinions: 94% of patients evaluated nursing personnel behavior in this regard as being “good”

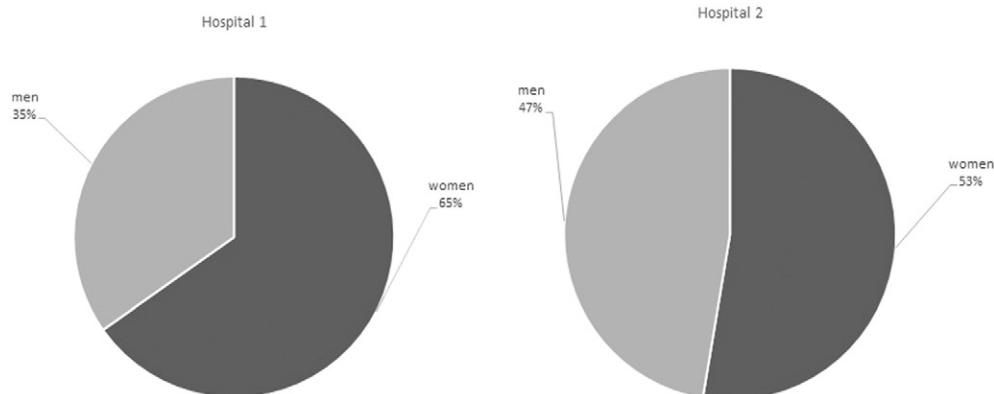


Fig. 1. Patient characteristics in the two hospitals under consideration (gender).

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