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Satisfaction with nursing care in the emergency department of an urban hospital in the developing world: A pilot study

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ABSTRACT

Introduction: Nurses form the largest group of the workforce in hospitals and as such the quality of nursing care is a critical indicator of patient satisfaction.
Objective: To determine the level of patient satisfaction with nursing care in the emergency department of an urban teaching hospital in Jamaica.
Methods: This descriptive cross-sectional study used a convenience sampling technique to recruit 142 adult patients who accessed nursing care in the emergency and intermediate areas of the emergency department.

Data were collected using a 22- item questionnaire adapted from the Patient Satisfaction with Nursing Care Quality Questionnaire and managed using SPSS® version 19.0 for Windows®.
Results: The response rate was 77.6%; most respondents (62%) were female, and educated at the secondary level (42.3%). The mean satisfaction score was 32.60 (±7.11) out of a possible 42. Most (59.9%) patients reported that they were very satisfied with nursing care in the emergency department. Satisfaction with nursing care was associated with clients' education. Perceived health status and empathy of nursing care offered were associated with patient's satisfaction with care ($p = 0.05$).
Conclusions: Patients were highly satisfied with nursing care in the emergency department studied. Client's education, perceived health status and empathy of care were predictors of satisfaction.

1. Introduction

Patient satisfaction with nursing care is the most important predictor of overall satisfaction with their hospital care (Otani and Kurz, 2004; Sharma and Kamra, 2013). Highly satisfied patients are essential to the sustainability of any health care organization and dissatisfied clients are unlikely to recommend the facility to their network of family, friends and associates (Ellis-Jacobs, 2011; Lee and Yom, 2007; Shirley and Sanders, 2013; Ting and Yu, 2010). Nursing care is a core factor in the measurement of patient satisfaction given the high levels of nurse–patient contact and nurses' role as the liaison between patients, doctors and other members of the health team (Dzomeku et al., 2013; Otani and Kurz, 2004; Otani et al., 2009). The patients' perception of nursing care remains the strongest predictor of behavioral intention and include the likelihood of returning to a particular hospital and to recommending it to others (Aiken et al., 2012; Al-Mailam, 2005; Otani and Kurz, 2004).

The staff of emergency departments and registered nurses in particular, are primarily responsible for the patients' impression of the facility because they work in an area where patients have their first contact with the healthcare facility and which acts as the portal to the rest of the hospital (Dougherty, 2005). As such, satisfaction with emergency services has the potential to enhance healthcare facilities' financial growth in the long term (Shirley and Sanders, 2013; Stuart et al., 2003). Additionally, where patients are satisfied, they will be more compliant with treatment and readmission will be less likely (Lee and Yom, 2007). High levels of patient satisfaction have also been associated with fewer malpractice litigations within healthcare institutions (Lee and Yom, 2007).

The measurement of patient satisfaction is affected by many variables and can be complex (Turris, 2005). For example, the persistent shortage of nursing staff which results in inadequate nurse to patient ratio to meet all the demands, socio-demographic characteristics and the patient's health status are all factors which affect satisfaction (Kutney-Lee et al., 2009; Soleimanpour et al., 2011; Soufi et al., 2010). Further, patients' perceptions of the individualized care they received are important in the evaluation of patient satisfaction (Suhonen et al., 2012).

Crow et al. (2002), in a systematic review, highlighted the disagreements on the value and reliability of patient satisfaction surveys in the literature, including that many were fraught with

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methodological issues. Further, wording of questionnaires can affect responses and higher satisfaction was shown for items with personal referent (Crow et al., 2002). "The lack of conceptual clarity and unresolved measurement challenges" are two issues which affect standardization of the measurement of patient satisfaction (Turris 2005, p. 295).

2. Measuring patient satisfaction

The Service Quality Model has been used to evaluate patient satisfaction with nursing care in the emergency department (Parasuraman et al., 1985). This model examines five gaps in the provision of service, but focuses on the customer gap, which is the difference between service perception and expectations (Parasuraman et al., 1985). Clients' perceptions and expectations are formed based on dimensions of quality which are embedded in the concept of nursing care and for the purpose of this study encompass reliability, responsiveness, assurance and empathy. Reliability is the capacity of the institution to perform the service as dependably and accurately as promised, while responsiveness deals with the readiness to assist clients as quickly as possible. The assurance dimension represents the knowledge and politeness of workers and their ability to garner trust and confidence from clients while empathy deals with the caring and individualized attention that the organization gives to its clients (Gupta and Singh, 2012; Parasuraman et al., 1988).

The dimensions of quality were incorporated into the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) to measure respondents' satisfaction with nursing care (Spence-Laschinger et al., 2005). PSNCQQ was found to have good psychometric properties and were easily administered due to its short length and specific questions (Ksykiewicz-Dorota et al., 2011; Maqsood et al., 2012; Milutinovic et al., 2012; Spence-Laschinger et al., 2005). In addition, the PSNCQQ has good utility in various countries across different hospital types and settings (Ksykiewicz-Dorota et al., 2011; Maqsood et al., 2012; Milutinovic et al., 2012; Spence-Laschinger et al., 2005). This instrument provided valuable support to nursing administrators as improvements can be made to specific areas of the nursing care delivery system.

3. Background

Like in many other health care settings, the majority of patients in Jamaica have their first contact with the hospital through the emergency department (ED). Patients and family members in the Jamaican ED settings have expressed concern with aspects of care such as long waiting time and the management of the flow of information (French et al., 2013). Only 70% of patients expressed satisfaction with the care they received; however, the study was primarily focused on the process of triage and may not have accounted for the dimensions required for a reliable measure of patient satisfaction (French et al., 2013).

This study sought to determine the levels of patient satisfaction with nursing care in the emergency department of an urban hospital in Jamaica using an adapted version of the Patient Satisfaction with Nursing Care Quality Questionnaire [PSNCQQ] (Spence-Laschinger et al., 2005). This tool which has good psychometric properties to measure the four dimensions of patient satisfaction with nursing care was employed with a view to elicit information which could be used in the training of nurses. This training could be used to improve the patient experiences with nursing care in the emergency department.

4. Methods

A descriptive cross sectional study design of 142 adult patients or their relatives visiting the emergency and intermediate areas of the emergency department of an urban tertiary level teaching hospital in Jamaica was used to examine the patient satisfaction levels with nursing care. This referral hospital provides a wide range of generalist and specialist health care services to the people of Jamaica and the English-speaking Caribbean. The emergency department which manages approximately 48,000 patients/year is divided into three areas including the emergency area for Level 1 & 2 clients, intermediate area -Level 3 and Ambulatory Care for Level 4 & 5. Patient seen in Level 4 & 5 were excluded as they have limited or no contact with nursing staff and are usually seen and discharged by the doctor.

The emergency department register showed that 2,430 patients were seen in the emergency and intermediate area over a six week period (the proposed period of data collection). Using Raosoft sample size calculator (Rasosoft Inc., 2004), allowing a margin of error of 5%, 95% confidence level and a hypothesized 78% patient satisfaction level (Soleimanpour et al., 2011), the calculated sample size was $n = 238$. A non-response rate of 10% was also factored (yielding $n = 262$). A pilot study was undertaken, using 70% ($n = 183$) of the recommended sample size. Study participants who were over 18 years, received nursing care and agreed to participate in the study were sampled conveniently.

Critically ill patients and children were excluded from the study. Critically ill patients (and/or relatives) were too distressed emotionally and physically to be included.

4.1. Data collection

Data were collected using an adapted version of the Patient Satisfaction with Nursing Care Quality Questionnaire [PSNCQQ] (Spence-Laschinger et al., 2005) with permission from the developers of this tool. The adapted PSNCQQ measures four dimensions of nursing care: assurance, empathy, responsiveness and reliability. These were based on the Service Quality Model (Parasuraman et al., 1985). The modified PSNCQQ instrument is a 22-item questionnaire scored on a 5-point Likert scale. Response options ranged from 5 being "excellent" to 1 being "poor". The questionnaire included 14 patient satisfaction questions plus 3 items relating to overall perception of the quality of care and services, nursing care received and perception of their own health. There was also a question on the likelihood of recommending the hospital to family and friends. Specific socio demographic questions which the literature suggested could influence patient satisfaction were also included (Soufi et al., 2010).

4.2. Data collection process

Data were collected continuously on weekdays (24-hours per day) over a 6-week's period during May to June, 2012. The medical and nursing staff who worked in the emergency and intermediate areas were asked to advise the research team about patients who met the inclusion criteria. One hundred and eighty-three patients or relatives in the emergency and intermediate areas at the time that the researcher or data collectors were present and who met the inclusion criteria were asked to participate in the study; in instances where patients were unable to complete interview (e.g. altered mental status), the patient's relative was allowed to complete the interview.

A total of 111 patients and 31 relatives agreed to participate in the study. Those who refused to participate reported that they did not have the time or were just not interested in participating. Questionnaires were interviewer-administered by four data collectors who were trained at the baccalaureate level and had undergone a two hour training session about the study and the data collection process. Data collectors were dressed casually and were not identifiable as nurses based on their attire. This was done to minimize the risk that data collectors were perceived as being a part of the health team,