International Journal of Nursing Sciences xxx (2016) 1–5

HOSTED BY

ELSEVIER

Contents lists available at ScienceDirect

International Journal of Nursing Sciences

journal homepage: http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132

Perceptions of nurses in Japan toward their patients' expectations of care: A qualitative study

Mayumi Uno [a,*], Tomomi Tsujimoto [b], Tomoko Inoue [b]

[a] Yamato University Health Faculty of Nursing, Osaka, Japan
[b] Osaka University Graduate School of Medicine, Division of Health Sciences, Osaka, Japan

ARTICLE INFO

Article history:
Received 22 June 2016
Received in revised form
17 November 2016
Accepted 9 December 2016
Available online xxx

Keywords:
Emotions
Empathy
Humans
Nurse–patient relations
Patient care
Qualitative study

ABSTRACT

Objectives: This study aimed to investigate ideal nurse involvement based on the expectations of patients. Data on conflicts between nurses and patients were obtained. The patient situation involved standard nursing treatment, rather than acute phase or palliative care.
Methods: Questionnaires were distributed among senior nurses attending a series of trainings in 2012 and 2013. The nurses were requested to return their completed questionnaires within two weeks. We ensured the effectiveness of the interview process to obtain accurate answers.
The sample comprised 240 head nurses and assistant head nurses who were asked to respond anonymously to 57 questions about non-acute (stable) psychiatric or physical nurse–patient scenarios. Qualitative data analysis was conducted using these responses.
Results: We received 41 completed responses (response rate = 17.1%). The expectations of patients and their families were reflected in five categories, namely, inference, empathic understanding, listening attitude, individual treatment, and reliable skills and explanations. Inference was independently categorized as a particularly strong characteristic of Japanese patients' expectations.
Conclusions: Nursing care in situations where conflicts or misunderstandings may arise can be improved by encouraging nurses to be attentive to the moods, feelings, and expectations of patients and their families. The findings from this study can improve the quality of Japanese nursing care with regard to sensing (inferring) and reacting to the expectations of patients.

1. Introduction

Advancements in medical technology have improved patient care. As medical practitioners become increasingly specialized, people have emphasized the value of healthcare, such that the standard of medical care as a high-quality service is currently being scrutinized. However, although medical service quality must not be determined by patient satisfaction alone [1], such quality has been increasingly evaluated by measuring the quality of hospital and nursing services, from the perspective of patients, since the 1980s [2–4].

Hospital services include core-services and sub-services that are similar to those generally provided in hotels. The evaluation of overall service quality often emphasizes sub-services that are neither experienced by clients in hotels, nor are reflected in hospital costs. By contrast, core-services, including technology provisions, are often reflected in these costs [5]. Establishing relationships between medical care providers and patients, which is considered a sub-service, has become increasingly difficult with the increasing number of specialized medical care core-services [6]. Maintaining favorable relationships between patients and medical care providers requires the "cultivation of mutual relationships and mutual understanding," and conflicts inevitably arise in the event that the harmony in such personal relationships cannot be maintained [7].

Robbins defined conflict as "a process that begins when one party perceives that another party has negatively affected, or is about to negatively affect, something that the first party cares about" [8]. Marquis and Huston asserted that conflicts arise from differences in perceptions, values, expectations, and backgrounds [9]. Since 2000, studies on conflicts in clinical practice have

* Corresponding author. Yamato University Health Faculty of Nursing, Katayama 2-5-1, Suita, Osaka 564-0082, Japan.
E-mail addresses: unomayu@gmail.com (M. Uno), tsjmt2m2@sahs.med.osaka-u.ac.jp (T. Tsujimoto), t-inoue@sahs.med.osaka-u.ac.jp (T. Inoue).
Peer review under responsibility of Chinese Nursing Association.

http://dx.doi.org/10.1016/j.ijnss.2016.12.005

proposed various methods for dealing with such clashes in specific circumstances, including hard to please patients [10], patients in acute psychiatry wards [11], and patients in elderly nursing and care homes [12].

Nurses deal with conflicts by adopting strategies that lead to solutions through discussion [13]. Nurse–patient relationships are fundamental to the therapeutic partnership [14], where showing interest in the daily moods of patients is essential [15].

Nursing care is related to patient satisfaction [16]; however, the concept of patient satisfaction continues to evolve [17]. Several studies have defined such concepts, and developed scales for assessing patient satisfaction with nursing care [18,19] by addressing the technical–professional, trust, and educational aspects of nurse–patient relationships. Service marketing studies have also focused on the relationship between the service expectations and perceptions of customers toward the actual services they receive [20–24].

In this study, we used a qualitative and inductive approach to analyze the contents of conflicts that occur in daily nursing practice, particularly the interpersonal elements between patients and experienced nurse managers. To improve patient and nurse satisfaction, we identified the elements of ideal nursing treatment based on how nurses viewed the expectations of their patients. To provide data for developing the concept of ideal nurse treatment in accordance with the expectations of patients, we performed an inductive analysis of conflict-arousing situations.

2. Materials and methods

2.1. Study design

We performed content analysis using a qualitative and inductive approach in reference to Polit and Beck [25].

2.2. Study subjects

Nurses attending Nursing Management Training (NMT) provided by the Nursing Professional Association in Osaka, Japan were selected as participants. All participants held the position of either head nurse or deputy to the head nurse, and were affiliated with or were working for various hospitals or health care institutions in Osaka. We focused on this group of nurses because they were well established within the nursing field and were capable of expressing their knowledge and experiences. The NMT session lasted for 10 months, during which the participants worked in hospitals for five days and attended lectures for one day each week.

The workplaces of these nurses varied greatly, from outpatient departments to hospital wards and operation rooms. Similar to nurses working in other prefectures throughout Japan, those nurses who were working in the medical care facilities in Osaka were affiliated with the Nursing Professional Association of the prefecture.

2.3. Study procedure, data collection, and ethical considerations

This study was performed in August 2012, November 2012, and January 2013 at the end of the course. The person responsible for conducting the NMT workshop explained the purpose of the study to the participants. After receiving their consent, we provided the participants with oral and written explanation of the study during their rest period. At this time, we guaranteed participants that their identities would not be disclosed, and that their data would not be used outside of the research, would be carefully handled, and would be destroyed upon completion of the study. Afterward, the nurses were informed that their participation was voluntary, that they would not be disadvantaged in any way if they did not consent to participate, and that this study was not related to the NMT workshop. We distributed self-administered anonymous questionnaires, and the completed questionnaires were returned to a secure collection box after two weeks. The participants provided their informed consent by returning complete responses. This study was conducted with the approval of the ethics committee of our university.

2.4. Survey content

The questionnaire included 57 questions about non-acute (stable) psychiatric or physical nurse–patient scenarios. The questionnaire was structured based on the Robbins conflict process, was translated from English to Japanese, and included items related to potential disagreement or incompatibility-causing conflicts, cognition and personalization-causing conflicts, and behavior-causing conflicts in nursing scenarios, the actions and outcomes related to nurse–patient relationships, and the demographic characteristics of the participants.

To ensure the validity of the questionnaire, a pretest was performed among five university students with at least seven years of nursing experience. The pretest results confirmed the validity of the questionnaire items. The participants were able to answer the pretest questions without experiencing undue burden.

2.5. Data analysis

We used 41 of the 57 Robbins conflict process questions. The other 16 questions were excluded because they dealt with conflicts involving medical professionals other than nurses. These 41 items assessed the situations that clearly described the elements that were thought to have caused the conflict, the situations in which conflicts emerged, the responses to these conflicts, and the status of nurse–patient relationships after dealing with conflicts. These situations were written down and read by two university staff members specializing in nursing management studies. We then extracted information related to ideal nurse treatment, in accordance with the expectations of patients, using a qualitative and inductive approach. First, the data for each description were summarized so as not to change the content. Second, the ideal treatment methods applied by nurses that resulted in favorable relationships with their patients were grouped together. For those cases in which the treatment methods were considered inadequate, we reversed the data for these methods for them to be categorized as desired and ideal. Third, the trends in the ideal treatments applied by nurses were categorized.

3. Results

3.1. Descriptive data

The questionnaires were distributed among 240 nurses, and 41 completed responses were received. At the time of the conflicts, the nurses had a mean age of 40.5 ± 2.38 years and nursing experience of 19.5 ± 3.38 years.

3.2. Data synthesis and category creation

We grouped those ideal treatments that improved nurse–patient relationships into five categories, namely, inference, empathic understanding, listening, individual treatment, and reliable skills and explanations. Inference refers to the state of well-being that is attuned to the unspoken feelings of patients and their family members, and how nurses respond to their patients

Please cite this article in press as: Uno M, et al., Perceptions of nurses in Japan toward their patients' expectations of care: A qualitative study, International Journal of Nursing Sciences (2016), http://dx.doi.org/10.1016/j.ijnss.2016.12.005