



ISSN(P): 2958-9746, (E): 2958-9738 Volume 4, Issue 1 (Jan-Mar 2024)

Original Article

Exploring the Health Care Services Satisfaction of the Patients Regarding Hospitalizations at Different Hospitals of District Layyah in Punjab Pakistan

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ARTICLE INFO

Keywords:

Patient Satisfaction, Nusing Education, Healthcare Services, Public Health

How to Cite:

Ain, Q. ul, Fatima, Y., Zareen, A., & Manzoor, A. (2024). Exploring the Health Care Services Satisfaction of the Patients Regarding Hospitalizations at Different Hospitals of District Layyah in Punjab Pakistan: Health Care Services Satisfaction at Hospitals in Layyah. NURSEARCHER (Journal of Nursing & Midwifery Sciences), 4(01). https://doi.org/10.54393/ nrs.v4i01.79

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Received Date: 12th February, 2024 Acceptance Date: 29th March, 2024 Published Date: 31st March, 2024

ABSTRACT

Patient satisfaction is an essential measure in providing care and effectiveness of the healthcare system. Quality care and quality facilities are the prior indicators of the health care system, which ultimately raises the level of patient satisfaction during hospitalization. Objective: To assess and explore the factors affecting the level of satisfaction of the adult patient regarding nursing care during hospitalization. Methods: Mixed methodology was used i.e., cross sectional and descriptive exploratory methods. Questionnaire was distributed to the participants through email and face to face interview were conducted after the confirmation of their consent for the interview. Quantitative data were analyzed using the SPSS Software and qualitative results were written using computer assisted software NVIVO-12. Results: Quantitative study results were 5.61% satisfactions regarding nursing care. Qualitative exploration about factors which were influencing the level of satisfaction of the adult patient $were \ lacking \ attention, limited \ knowledge, unhealthy \ environment, overcrowding \ and \ noise \ and$ apathy. Conclusions: Participants' suggestive words were to develop satisfaction levels by overcoming these obstacles. This study underscores the need for interventions to address these factors and enhance patient satisfaction with nursing care in tertiary care hospitals in South Punjab, Pakistan.

INTRODUCTION

Patient satisfaction referred as a perception about the care received as compared to the expected care, which shows a difference between the expectation and the actual care received [1]. Patient satisfaction in a hospital reflects a harmony between the patient's perception and expectation of the nursing care. It reveals whether or not the facilities and care given are satisfying their needs and consistent with their priorities [2]. It also measures how much people believe that their wants and anticipations have been satisfied by the medical professionals. It is the condition of pleasure or enjoyment that patients experience when they use the health services [3]. Thus, the patients assess the health care facilities and

professionals based on their judgment [4]. It is also observed that although patients cannot judge certain nominal aspects, they gave the most accurate information source related to the explanation, clarity, usefulness of the patient's data, limitation in getting the care and the interpersonal attitude of the health care professionals [5]. It is observed that the healthcare provider's attitude, technical competence, accessibility, and efficacy are the aspects of patient satisfaction in the healthcare context [6]. Being an innate human need, caring is a fundamental nursing idea and the focus of nursing work [7]. For the mutual benefit of the nurses and patients, it requires more interactive interpersonal interactions and partnerships.

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Care on the part of hospital nursing staff is one of the most important aspects of health care services [8]. The development of a deep, trustworthy relationship between patients and care providers is a fundamental interpersonal process to improve the quality of patient care [9]. Respect for patients, empathy, a feeling of protection, giving patients time, and offering patients' concerns a proper attention are the key components of nurses' compassionate approaches [10]. In addition to being a primary source of information about patients' treatments, nurses play a vital role in helping patients feel confident and empowered during their sickness [11]. It is also noted that the healthcare professional's work's quality can be evaluated by determining the patient's satisfaction regarding the care they receive [12]. As nurses translate the information shared by the doctors professionally with an interpersonal touch, nursing care becomes one of the most important element of patients' satisfaction [13]. A direct and positive relationship with the trust level of the patient, which also has a direct impact on shaping the perception of the patients regarding the health care professional's skills and the quality of the treatment [14]. In the pursuit of enhancing healthcare services and fostering patient engagement in their treatment processes to facilitate expedited recovery [15]. Patient satisfaction stands as a pivotal yardstick for evaluating healthcare quality [16]. The overall wellness of the patients is the focal point of all nursing caregiving activities [17]. It deals with how nurses should use their practice to dramatically impact patients' health and sickness [18]. Compassionate efforts are required to raise the standard of care, which in turn creates a sense of security, lowers anxiety [19]. Nursing care methods, nurse-patient interactions, nurses' proficiency, teamwork, communication, the ward environment and the nurse patient ratio in each ward are all substantially correlated with the quality of the care [20]. Patients' sex, education level, race, socioeconomic status, health condition and expectations are identified as factors that have no impact on care and caring practices [21]. Patient satisfaction is directly correlated with interpersonal communication abilities and patient conduct [22]. The strongest indicator of the caliber of care, according to a research by Almaghrabi and Saati is the level of patient satisfaction, when they are being treated in hospitals [23]. Patients, who are satisfied with their care are more likely to follow instructions, attend scheduled follow-up appointments, and make the most of the available medical services. To increase patient satisfaction, the health care providers should be able to educate about their diseases, risks, symptoms, intervention, impacts and various opportunities to share their health status and concerns [24]. Additionally, the satisfied patient will most probably follow the appointment

and show more hope and concern towards the treatment. Moreover, they will also be encouraged to come to the same service provider or refer others [25]. Recognizing patients as consumers in the healthcare sector is gaining prominence, highlighting the need to gauge their contentment with the medical care provided. Consequently, patient satisfaction emerges as a key indicator of a nation's healthcare system, essentially mirroring its developmental progress. As healthcare systems evolve, placing greater emphasis on patientcentered care, the measurement of patient satisfaction becomes increasingly integral. This metric not only gauges the effectiveness of healthcare delivery but also underscores the level of patient engagement and empowerment within the system. Ultimately, prioritizing patient satisfaction fosters a more responsive and accountable healthcare environment, contributing to overall improvements in healthcare quality and outcomes.

METHODS

The study employed a mixed-methods approach, combining quantitative and qualitative research methods. Study was conducted for one year from the December 2020 to December 2021. The study used a descriptive and exploratory design to collect data from patients who have been hospitalized at district health care hospitals in Punjab, Pakistan. Study settings were four THQs hospital of district Layyah, i.e. were THQ karor lal esan hospital, THQ thal hospital Layyah, THQ chowk azam hospital, THQ chobara hospital. Study participants were selected from the different hospital of the district Layyah in Punjab, Pakistan. For quantative data collection simple random sampling technique was used while qualitative data were collected through purposive sampling technique. Sample size was 196 by using anticipatory proportion factor of 50%. While qualitative data collected through face to face interaction with the participants. Sample size for qualitative data were decided after data saturation that was achieved in the study on the 4th to 5th participant. Participants patient were included in the study with the stay of equal to 48 hours or more than 48 hours at hospital, both male and female from 20 years to 65 years' age. Patient with mental retardation, sever pain and chronic diseases were excluded from the study. Data were collected from the participant with the help of research helper (different charge nurses of the hospitals) from each hospital. Data were collected by the research questionnaire from each participant after their consent. Questionnaire was distributed to the assigned nurses of the hospital. Qualitative data were collected from the participant through face to face interaction. Semi structured interview were conducted through an interview guide. Newcastle Satisfaction with Nursing Scale (NSNS) was used for the collection of data. There are two section of this tool; one is experience section and the other section is the satisfaction. Researcher used the satisfaction section of this tool [26]. Qualitative data collection tool was an interview guide on the factors of satisfaction. Five questions were made after thoroughly reading the literature. Numerical data underwent analysis employing statistical techniques incorporating descriptive analytics to pinpoint elements correlated with patient contentment, also facilitated with SPSS version 23.0 software. By using the software, the research has performed frequency analysis of the demographic data, the response from the questions and correlation analysis of the scale items. The analysis has been corporate into tabular form for the ease of interpretation of the result. Descriptive analysis was done for quantitative data that was frequency and percentage while qualitative results were written through thematic analysis of the data. Thematic analysis was employed to scrutinized qualitative data, uncovering predominant theme and patterns pertinent to patient experiences and contentment aided by computer-assisted NVIVO software.

RESULTS

As shown in table 1, there were 49.49% female and 50.51% from the total of 196 participants. 43.62% female were married and 68.09% were un-married while 56.38% male were married and 31.91% were unmarried. Total 76.02% were married and 23.97% were unmarried participant.

Table 1: Frequency Distribution of the Gender and Marital Status

Marital Status	Male	Female	Total		
Unmarried	32	15	47 (23.97)		
Married	65	84	149 (76.02)		
Total/ Percentage	97(49.48)	99 (50.51)	196 (100)		

The frequency distribution of the participants from different hospital showed that 132 (67.34%) patients were matric pass and most of them were from the THQ Karor, Hospital. Literacy rate was high among all participants because only .05% was illiterate (table 2).

Table 2: Frequency Distribution of Educational Status of the Participants from Different Hospitals of Layyah

Qualification	Grad	luate	Intermediate			Matriculation			Middle		No Education		
Hospitals settings	THQ Chobara	THQ Chowk Azam	THQ Chobara	THQ Chowk Azam	THQ Karor	THQ Layyah	THQ Chobara	THQ Chowk Azam	THQ Karor	THQ Layyah	THQ Chobara	THQ Karor	THQ Karor
Female	7	6	-	2	1	1	9	10	33	20	4	3	1
Male	4	10	2	3	4	3	10	15	9	26	9	4	-

Descriptive analysis showed that only 5.61% people pleased about health care services at different hospitals of the district Layyah in Punjab, Pakistan. A significant portion of patients were unsatisfied (34.69%), while others were neither satisfied nor unsatisfied (25.51%) or satisfied to some extent (34.18%) (table 3).

Table 3: Patient Satisfaction about Health Care Services

Responses	Frequency (%)
Satisfied	11 (5.61)
Unsatisfied	68 (34.69)
Neither satisfied Nor Unsatisfied	50 (25.51)
Some extent	67 (34.18)
Total	196 (100)

Thematic Analysis

As for thematic analysis, three themes were developed from the sub-themes. Sub-themes were generated from the codes which were the presentation of the participant's responses.

Individual Factors:

Patients expect nurses to be knowledgeable about their condition and treatment, and to communicate effectively. However, some patients reported dissatisfaction with nurses' lack of information sharing and communication skills. Nurses should provide information, guidelines, and empathetic care to improve patient satisfaction. It was identified that adult patients were not satisfied with the knowledge and information sharing from the nurses, as one of the respondents said that;

"I have asked one nurse about my disease she said to ask the doctor, it's not my work".

Another participant added that;

"They are sometimes informed about the treatment which is going on and sometimes they do not discuss it."

DOI: https://doi.org/10.54393/nrs.v4i01.79

Environmental Factors:

Patients expect a clean and quiet ward environment. However, issues such as uncleanliness, noise, and lack of privacy were reported, negatively affecting patient satisfaction. At the time of admission, I have to wait a lot in line. One added:

"At the time of admission, the ward was full I have to wait some discharged patients for the availability of space". Another added further that;

"I was in pain and the nurses help me to a lot a bed and then start medication."

"The overall experience or the satisfaction level was said to be average, as, on enquiring".

Organizational Factors:

When you enter, the living place is the first thing you see. It should be comfortable, calm and availability of space. Man feels pleasure in a good place and his/her discomfort minimize. As its human nature to feel gratification in a worthy place, the same is with the patient. As a patient in pain and discomfort when comes to the ward, a virtuous living place relives their pain. One participant said;

"There is no availability of bed some patients stay in the mosque."

Other gives the same notion;

"Sometimes there are two patients on one bed".

DISCUSSION

Effective and professional communication is one of the key elements in the integrated implementation of nursing care. The care provided by nurses is very important because they are constantly in the hospital and in charge of the care and treatment provided for the patients throughout the day and night. Therefore, patient's satisfaction from nursing services is one of the most important criteria for evaluating the quality of nursing care in patients. A study by Lotfi et al., there were the 80% dissatisfied with the care of the nurses [27]. It aligns with our study findings which indicated only a 5% satisfaction rate with healthcare services during hospitalization. A study conducted at patient satisfaction in the healthcare context identified that major variables were provider attitude, technical competence, accessibility, and efficacy. Addressing patient needs not only enhances individual satisfaction but also contributes to the improvement of the healthcare system patient [28]. In this study, the aim was to address barriers and external factors hindering the enhancement of both the quantity and quality of nursing staff by implementing various educational services and professional development initiatives. The study findings align with existing literature on patient satisfaction in healthcare settings [29]. Consistent with prior research [30], nurse-patient interactions and the ward environment emerge as crucial determinants of patient satisfaction. The study also

echoes the significance of effective communication [31] and underscores the need for physical amenities conducive to patient comfort [32]. Notably, organizational factors such as bed availability significantly impact patient experiences [33]. These findings emphasize the multidimensional nature of patient satisfaction, reflecting the interplay of individual, environmental, and organizational factors [34]. Efforts to enhance patient satisfaction should prioritize improvements in nursing care methods, communication, and ward infrastructure, aligning with the evolving paradigm of patient-centered care.

CONCLUSIONS

Based on the study's findings, it is evident that patient satisfaction with healthcare services in Layyah, Punjab, Pakistan is notably low, with only 5.61% expressing satisfaction. The analysis reveals key issues such as inadequate communication and information sharing by nurses, environmental factors like overcrowding and lack of cleanliness, and organizational challenges such as insufficient bed availability

Authors Contribution

Conceptualization: QUA, YF, AZ Methodology: QUA, YF, AZ, AM Formal analysis: QUA, YF, AZ, AM Writing, review and editing: QUA, AZ, AM

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

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