Importance of Information, Education and Communication Aspects of Nursing Care Services towards Patient Satisfaction: Evidence From a Prospective Study in Central India

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Abstract

Patient satisfaction is one of the Key Performance Indicator (KPI) of health care service delivery and clinical effectiveness. The information, education and communication aspects of nursing care are the major attributes of patient satisfaction and complement the quality assurance and determine the success of the health care system from a patient centric point of view. This study was aimed at assessing the patient satisfaction level towards selected aspects of nursing care services in surgical areas of a tertiary care hospital of central India using a tool developed in-house. It also explored the association of the patient satisfaction level with selected demographic variables of patients. A non-experimental cross-sectional prospective study design was adopted. Non-probabilistic pragmatic sampling technique was used to collect data from 200 patients. A standardised Structured Patient Satisfaction Rating Scale was used for data collection. Patient satisfaction was measured in terms of Information, Education and Communication aspects of nursing care services. Descriptive and inferential statistics were used to analyses the data. Overall 89.5 percent patients were satisfied towards the selected aspects of nursing care services. A statistically significant association was found between clinical care setting, duration of hospital stay and occupation with patient satisfaction level. Innovative strategies like good practices for health care communication and soft skills workshop may be incorporated in the induction and in-service training module of nursing professionals which ultimately lead to the enhanced patient satisfaction and improvement in the quality of nursing care services.

Key words: Patient satisfaction, Nursing care services, Surgical wards

India is a developing country that has seen significant progress in health care service delivery in recent years (Mulugeta et al, 2019). Nurses are the backbone of any health care system as they play a vital role in ensuring that patients receive best treatment and care. It consists of helping the patients in maintaining personal hygiene, helping in nutrition, environmental sanitation, physical examination, monitoring vital signs, providing safety and comfort, helping in respiration, rest, sleep and exercise, helping in adaptability, providing health education, health and wellness promotion among other responsibilities (Sharma & Kamra, 2013). They act as an important link between patients and doctors providing evidence-based treatment and wellness education.

Satisfaction results from meeting expectations. The higher the level of performance to meet the expectation of the patients, the more will be satisfaction (Bawling et al, 2013). It is a function of the patient's previous expectation, personal belief and values towards health care delivery in addition to treatment and outcome. There is significant alignment between patients' perspective onsatisfaction with health care providers view (Ofili,2014). Patient satisfaction is a health care recipient's reaction to the context, process, and result of their service experience (BBC, 2023). It is a multi-dimensional metric with nursing care services a major determining factor (Anaba et al, 2020). Information, education and communication are the key elements, which act as concrete criterion in establishing the dynamic relationship between patient satisfactions and nursing care services. Providing adequate and timely information and patient teaching are essential, yet challenging and time-consuming nursing intervention. Gap of communication can result in lack of trust in nurse-patient relationship (Lotfi et al, 2019). This is because nurses are in close proximity with patients and share most of the time with them. The assessment of patient satisfaction can also improve the quality of nursing care provided

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leading to an overall development of health care sector. The present study aimed at assessing the patient satisfaction level towards selected aspects of nursing care services in surgical areas of a tertiary care hospital of central India using a tooldeveloped in house. It also explored the association of the patient satisfaction level with selected demographic variables of patients.

Need for the Study

Nurses are a pivotal part of the health care system who spend more time with patients and provide about 80 percent of primary health care service in the hospital. Nurses provide the main connection with patients, act as patient advocate with other care providers, give physical care to patients, and offer emotional support to both patients and families (Patel & Sharma, 2018). Hence, measuring the level of patient satisfaction with nursing care is important to determine the overall satisfaction of the hospital service provided, and to evaluate patients' needs and expectations which can help nurses to plan appropriate nursing interventions for the patients. Patient satisfaction is a major concern of healthcare system, particularly in developing countries. Satisfied patients are more likely to have a good relationship with nurses.

Measuring patients' satisfaction with nursing care could be effective in improving nursing service quality by facilitating the creation of standards for care while monitoring both results and patients' perceptions of quality. Literature also suggested that patient satisfaction is directly linked to better patient outcomes. Further, achieving the optimal level of patient satisfaction with nursing care results in better patient compliance with health care regimens.

Review of Literature

A study conducted among 350 patients in general surgery ward of tertiary care hospital of Eastern India revealed that overall, 92.12 percent of patients were having a high level of satisfaction, 4.857 percent were moderately satisfied and 3.023% were not satisfied with nursing care services provided. Also, marital status was significantly associated with patient's satisfaction (Paniyadi & Shetty, 2021). A cross-sectional descriptive study was conducted with 124 samples in medical wards of a tertiary care teaching hospital in South India. Out of 124 participants, the level of satisfaction was excellent for 28.23 percent, very good for 58.06 percent and good for 13.71 percent with regards to overall quality of nursing care in medical wards (Kannan et al, 2020).

A cross sectional study was conducted to assess the patient satisfaction level visiting the PGIMER Chandigarh with the objectives to know the behaviour and clinical care by the clinicians and paramedical staff and in terms of amenities available. The overall satisfaction regarding the doctor patient professional and behavioural communication was more than 80 percent at almost all the levels of health care facilities (Sharma et al, 2015).

Some study results show that most patients were dissatisfied with nursing care. More than 80 percent did not know their nurse. There was a correlation between nurse-patient communication and patient satisfaction with nursing care and the sex variable was found to be significantly correlated with patients' satisfaction level (Lotfi et al, 2019) .

Materials and Methods

A non-experimental cross-sectional surveydesign was adopted to assess the patient satisfaction level towards the information, education and communication aspects of nursing care services of a tertiary care hospital (All India Institute of Medical Sciences Bhopal) in Bhopal Central India. The study was approved by Institutional Human Ethics Committee. The study was undertaken over a period of 6 months (January to June 2023).

Sample and inclusion criteria

The study population comprised of 200 patients admitted in various surgical areas (General Surgery, Cardio Thoracic Vascular Surgery, Otorhinolaryngology (ENT) Head and Neck surgery, Oncosurgery, Orthopaedic surgery, Obstetrics HDU ICU, Gynaecology and Burn & Plastic Surgery ward). Sample size was calculated after pilot study based on the availability of the sample in AIIMS Bhopal and samples were selected by non-probability pragmatic sampling method. The inclusion criteria for selection of sample were patients aged 18 years or more, who were willing to participate in the study after informed consent, admitted in hospital for more than 72 hours and who can read, write and understand Hindi or English language. Patients who were critically ill and on life saving support were excluded from the study.

Structured Patient Satisfaction Rating Scale

A Structured Patient Satisfaction Rating Scale developed by the investigators after thorough literature search was administered to the study participants, which consisted of two sections. Section-A (socio-demographic variables) consisted of nine items: age, gender, marital status, place of residence, education, occupation, monthly family income, duration of hospital stay and clinical

care setting. Section B consisted of Structured Patient Satisfaction Rating Scale which is a five-point rating scale (range: 0, 1, 2, 3 and 4) developed by the investigators to determine the patient satisfaction level towards information, education and communication aspects of nursing care. Total numbers of items were 20 (Information domain-6 items, Education domain – 7 items, Communication domain-7 items). The maximum score possible was 80. The satisfaction level was categorised into four levels: Unsatisfied (1-20), moderately Unsatisfied (21-40), moderately Satisfied (41-60), highly satisfied (61-80).

Validation of Structured Patient Satisfaction Rating Scale

The structured data collection tool was validated by a panel of nine experts in the field of medical surgical nursing and Senior Nursing Officers. The experts were requested to give their valuable opinion regarding adequacy, accuracy, relevancy and appropriateness of the items. The suggestions from the validators were incorporated and the CVI was 0.98. The internal consistency was computed using Cronbach's Alpha method (R=0.92). Thus, the tool was considered as valid and reliable based on expert opinion. Pilot study was conducted prior to the main study and it was found to be feasible and acceptable.

Statistical analysis

Data collected was tabulated in Microsoft Excel and analyzed using SPSS version 20 software. The satisfaction level was ordinal data in the scale. The dependent variables were organised as categorical data. Frequency distributions of variables were done and univariate and multivariate analysis performed. For all cases $p<0.05$ was considered as statistically significant.

Results

In relation to the socio-demographic variables of the patients, the present study revealed that 120 (60%) of the participants were in the age group of 19 – 40 years. and 113 (56.5%) were male participants. There was a nearly similar proportion of patients from rural 149 (51.5%) and urban 97 (48.5%) area of residence. Concerning marital status, 149 (74.5%) were married and 66 (33%) of the patients had education up to higher secondary school. Most of patients 98 (49%) had mentioned their occupation in other category which included homemakers and other non-organised sectors.

Further, 81 (40.5%) patients were hospitalised for 3 - 7 days. It is observed in the study that 82 (41%) participants have an income between Rs. 5001 -10000. Maximum numbers of patients were from General Surgery ward 71 (33.5%).

This study focused to assess the level of patient satisfaction with respect to the Information, Education and Communication in nursing care services. In the item-wise analysis of patients' satisfaction (Table 1) wherein, nursing services scored as 'Very good' and 'Excellent' was merged to identify the patient satisfaction. In Information aspect of nursing care services, majority (71.5%) of patients had satisfaction regarding 'information on the risks and benefits related to surgery for obtaining informed consent'; on the contrary, it was minimal (55.5%) in 'explanations regarding health care policies like several patient care initiatives by Government of India'. Within the Education aspect of nursing care services, majority (71.5%) patients were satisfied about the 'importance of education proper diet, post-operative exercises, ambulation, physiotherapy, spirometry and breathing exercises', while the least (54%) in 'Clarity and completeness of instructions about what to do and what to expect when I leave the hospital'. In Communication aspect of nursing services, the statement 'Coordination of care and team work between nurses and other hospital staff who took care of me' had majority (75%) satisfaction; on the other hand 'Appreciation to my opinions and choices' had the least (60.5%) satisfaction.

Domain-wise and overall patients' satisfaction towards Information, Education and communication aspects of patient care services is depicted in Table 2. Moderately satisfied and highly satisfied category was merged to identify the satisfaction and moderately unsatisfied and unsatisfied category was merged to explore dissatisfaction. The finding related to domain wise patient satisfaction level revealed that 87.5 percent, 85.5 percent and 86.5 percent of the patients were satisfied towards Information, Education and Communication domain of nursing care services respectively. Wherein only 12.5 percent, 14.5 percent and 13.5 percent patients were expressed dissatisfaction towards the same.

In terms of overall patient satisfaction level, it is revealed that 89.5 percent patients are satisfied and 10.5 percent patients are dissatisfied towards overall information, education and communication aspects of nursing care services provided in the hospital.

Univariate and multivariate analysis depicting association of patient satisfaction level and demographic variables (age, gender, marital status, place of residence, education, occupation, monthly family income, length of stay in hospital and area of patient) in shown in Table 3. The clinical care setting was found to be significantly associated with patients' satisfaction level in both

Table1: Item wise patient satisfaction level towards Information, Education and Communication aspects of nursing care services (N=200)

Statement	Poor		Fair		Good		Very Good		Excellent	
	f	%	f	%	f	%	f	%	f	%
Information 1. Clarity and completeness of explanations regarding the tests and preoperative care	0	0	13	6.5	73	36.5	70	35	44	22
2. Clarity and completeness about my treatment regimen and what to expect	0	0	11	5.5	48	24	72	36	69	34.5
3. Explanations regarding health care plans like various patient care policy & service scheme by the Government of India	6	3	20	10	63	31.5	35	17.5	76	38
4. Information on the risks and benefits related to surgery for obtaining Informed Consent	3	1.5	13	6.5	41	20.5	98	49	45	22.5
5. Clear and timely information of test results and keeping the family informed about my conditions and needs	2	1	15	7.5	48	24	83	41.5	52	26
6. Information about hospital routine, basic amenities such as washrooms, visiting policy, restrictions such as carrying of big luggage	3	1.5	15	7.5	48	24	46	23	88	44
Education 7. Adequate knowledge regarding possible risks and complications	1	5	14	7	50	25	88	44	47	23.5
8. Taught about impact of personal hygiene on infection control	1	5	13	6.5	54	27	80	40	52	26
9. Adequate education on medication regimen, side effects and route of administration	1	5	15	7.5	67	33.5	66	33	51	25.5
10. Importance of proper diet, post- operative exercises, ambulation, physiotherapy, spirometry and breathing exercises	3	1.5	11	5.5	43	21.5	98	49	45	22.5
11. Education on proper wound care techniques according to the surgery	2	1	15	7.5	52	26	87	43.5	44	22
12. Clarity and completeness of instructions about what to do and what to expect when I leave the hospital	3	1.5	19	9.5	70	35	70	35	38	19
13. Education about required follow up, OPD day of particular unit and home care management.	1	5	20	10	70	35	77	38.5	32	16
Communication 14. Willingness to answer my questions and openness to my queries	3	1.5	14	7	52	26	80	40	51	25.5
15. Appreciation to my opinions and choices	2	1	18	9	59	29.5	66	33	55	27.5
16. Explanations were given in a simple and comprehensible language	2	1	14	7	56	28	67	33.5	61	30.5
17. Established rapport and maintained trustworthiness	0	0	13	6.5	46	23	88	44	53	26.5
18. Coordination of care and team work between nurses and other hospital staff who took care of me	2	1	12	6	36	18	88	44	62	31
19. Provision for privacy and maintenance of confidentiality related to my information	2	1	11	5.5	50	25	90	45	47	23.5
20. Expression of respect, friendliness and kindness	1	5	13	6.5	46	23	85	42.5	55	27.5

Table 2: Domain-wise frequency and percentage distribution of satisfaction level towards nursing care services (N=200)

Sl. No.	Domain		Score	Frequency	Percentage
1	Information (6 items)	Highly satisfied	19-24	82	41.0
		Moderately satisfied	13-18	93	46.5
		Moderately unsatisfied	7-12	23	11.5
		Unsatisfied	0-6	2	1.0
2	Education (7 items)	Highly satisfied	22-28	59	29.5
		Moderately satisfied	15-21	112	56.0
		Moderately unsatisfied	8-14	25	12.5
		Unsatisfied	0-7	4	2.0
3	Communication (7 items)	Highly satisfied	22-28	73	36.5
		Moderately satisfied	15-21	100	50.0
		Moderately unsatisfied	8-14	22	11.0
		Unsatisfied	0-7	5	2.5
4.	Overall patient satisfaction level (20 items)	Highly satisfied	61-80	83	41.5
		Moderately satisfied	41- 60	96	48
		Moderately unsatisfied	21-60	20	10
		Unsatisfied	1-20	1	0.5

Table 3: Association between patient satisfaction and socio-demographic variables (N = 200)

Sl. No.	Sociodemo-graphic variables	Categories	n (%)	Highly satisfied	Moderately satisfied	Moderately unsatisfied	Unsatisfied	p-value (univariate)	Beta	p value (multivariate)
1	Age (years)	19-40	120	47	58	14	1	0.760	0-.051	0.511
		41-60	60	25	30	4	1			
		>60	20	11	8	1	0			
2	Gender	Male	113	46	59	7	1	0.491	0.063	0.386
		Female	87	36	37	12	1			
3	Marital status	Married	149	65	70	13	1	0.864	0.090	0.216
		Unmarried	46	16	24	5	1			
		Widowed	5	2	2	1	0			
4	Place of residence	Urban	103	46	45	12	1	0.872	0.043	0.564
		Rural	97	37	51	7	1			
5	Education	No formal education	27	11	11	2	0	0.782	0.008	0.923
		Primary	32	18	10	4	0			
		Secondary	66	27	34	4	1			
		Higher secondary	32	9	19	3	1			
		Graduation	31	12	15	4	0			
		Post graduation	15	6	7	2	0			
6	Occupation	Private sector	37	12	20	5	0	0.190	0.215	0.007
		Govt. sector	10	4	5	1	0			
		Daily wage vector	34	6	21	6	1			
		Self employed	21	12	7	2	0			
		Others	98	49	42	5	1			
7	Monthly family income	<5000/-	74	35	30	6	1	0.417	0.008	0.922
		5001-10000/-	82	29	47	5	1			
		10001-15000/-	17	6	8	3	0			
		>15000/-	27	12	11	4	0			
8	Duration of hospital stay (days)	3-7 days	81	36	41	4	0	0.517	0.139	0.054
		8-15 days	75	32	32	9	2			
		16-30 days	26	9	13	4	0			
		>30 days	18	6	10	2	0			
9	Clinical care setting							0.002	0.151	0.037

univariate and multivariate settingat 0.05 level of significance. In multivariate regression analysis, duration of hospital stay was found to be nearly associated and occupation was associated to the patient satisfaction level. Other socio-demographic variables were not found to be significantly associated with satisfaction level at 0.05 level of significance.

Discussion

In the present study, he selected domains of nursing care information, education and communication wee included. The findings revealed that 89.5 percent were satisfied and only 10.5 percent were dissatisfied with the said aspects of nursing care services provided in the chosen setting In some parallel studies the satisfaction level towards nursing care services were reported as 45 percent and 92.12 percent. Effective and compassionate communication acts as a major factor that affects patient satisfaction (Lotfi et al, 2019). In this study conducted in Iran, patients indicated that nurses' communication with them was weak, and patients were dissatisfied from this kind of communication, which is almost akin with the present study (39.5%). But is another study there was 81.5 percent satisfaction in communication domain (Akhtari-Zavari et al, 2011). The study also evidenced that patients complained regarding lack of information and/or explanation given to them while they were in hospital and when they were discharged (Lofti et al, 2019). In the chosen tertiary care hospital, information related to disease condition and treatment regimens was communicated to the patient by doctors as well as nurses. Hence responses of the patients to the questions asked might be a reflection of their satisfaction towards overall medical and nursing care services.

Statistically significant association was noted between the clinical care setting and patient satisfaction in our study in both univariate and multivariate setting. The multivariate regression analysis also revealed that duration of hospital stay (p=0.54) and occupations (p=0.007) were also significantly associated with the patient satisfaction level. Patients who were admitted in the ward for 3-7 days, homemakers and the people engaged in other non-organised sectors were more satisfied. There are studies that showed that marital status and gender were significantly associated with patient satisfaction (Lotfi et al, 2019). However we did not find any significant association between patient satisfaction level with their marital status and gender. The highest degree of dissatisfaction was observed in men and patients who were hospitalised for a longer time.

A fruitful interaction and deliberation between patients and physicians is the vital aspects of patient-centric care. Shared Decision Making (SDM) is a process where patients and the physician work together and invest to reach to an agreeable decision regarding tests, treatment regimen and management package etc. Though SDM is a proven component to enhance patient satisfaction as it incorporates elements like clinician-patient relationship, the provision of patient information, the explicit patient involvement in care, the involvement of family and friends, and patient empowerment etc., and various cultural and practical barriers make the implementation of SDM process difficult. The present study revealed that satisfaction scores varied significantly by the educational and socio-economic status of the patients.

Hence it may be said that when the patients are educated and have sound socio-economic background, they tend to be more involved in the SDM process which in turn will enhance the patient satisfaction level. Compassion is fundamental to the delivery of quality health care. Compassionate care is emerging as a competency that health care providers are expected to deliver. The provision of compassion include: acting with warmth and understanding, providing personalised care, acting toward a patient the way you would want them to act toward you, providing encouragement, communicating effectively, and acknowledging a patient's emotional issues (Sinclair et al, 2020). Compassionate communication is a way of speaking and thinking that acknowledge the shared aspects of our human experience, the sameness rather than the differences. It includes noticing, connecting and responding through patient centered communication (Orsini 2018). They help in establishing meaningful connections with others (Kneafsey et al, 2015). Providing information and educating the patients in an empathetic way can not only make the patient knowledgeable but also promotes healing as it generates a sense of understanding and thoughtfulness (Gerchow et al, 2020).

Limitations, Prospects Recommendations

The present study was conducted in a single institution of Central India and participants were selected through non-probability pragmatic technique limiting generalisation of study. Therefore, multi-centric study with larger sample could be helpful in exploring a broader view of attributes and determinants of patient satisfaction level towards nursing care. There may be reporting bias in the present study as this study is conducted with investigator administered questionnaire. A

study design with self reported questionnaire and prior patient coaching might be helpful to exclude reporting bias. The present study assessed the patient satisfaction level towards information, education and communication aspects of nursing care only. Given the multi-factorial nature of patient satisfaction towards nursing care service, further research is needed to identify additional factors especially from the patient's and other stakeholder's perspective and look at context-specific strategies to increase the quality of nursing care.

Nursing Implications & Conclusion

Nursing care should be focused on delivering services that is not only high-quality but also delivers a positive patient experience. Nurse administrators contribute to the quality service provision by evaluating the patient satisfaction. Data obtained from this evaluation is considered in determining training requirements for nurses and in-service training programmes are organised to develop nurses' knowledge and skills in care planning. Studies are already on going but conducting more study can help us to understand the factors that can influence patient satisfaction

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Conclusion

The demand for high quality nursing care services is increasing day by day. Higher the level of education, the more the competitive and efficient worker one becomes and thereby caters to patient-centred compassionate care. Compassion and empathy shape moral judgment and action which contributes to inspiring trust in your patient relationships. Nurses may need on-site refresher trainings, workshops, seminars, strengthening morning rounds and establishing nursing quality audit services to improve the patient outcomes (Kol et al, 2017). It should be kept in mind that providing exceptional patient service is not a choice, it is mandatory. Nursing personnel should be trained to handle challenging situations and good practices in health care communications. Reinforcement should be given through in-service education for capacity building of the nursing professional in effective health care communication techniques, soft skills, strategies for preventing compassion fatigue etc.

The present study concluded that most of the patients were moderately satisfied with the information, education and communication aspects of nursing care services and many changes can be incorporated so that the standard of services can be improved. Patient satisfaction is a crucial indicator of the quality and quantity. Time to time exploration of patient satisfaction level with nursing care has implication to assist nurses to improve the quality of nursing care.

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देखभाल के साथ रोगियों की संतुष्टि भी आवश्यक

मरीजों की देखभाल का अर्थ है कि पेशेवर, सिद्ध तौरतरीकों से रोगी की टहल की जाए। रोगी के उपचार की प्रक्रिया में उसकी समुचित देखभाल काफी नहीं है। स्वस्थ होने में दवाओं और उपचार के साथ मानवीय और भावनात्मक पक्ष भी अहम होते हैं, जिन पर विचार करना भी उतना ही आवश्यक है। मरीजों से संवाद करने का एक मानवतावादी तरीका है जिसे अपनाया जाना चाहिए। दूसरा, रोगी की मनोदशा को समझना और उसी अनुरूप पेश आना रोगी के उपचार में सहायक रहता है।

गुणवत्ता, सुरक्षा और मानवीय देखभाल के साथ प्रदान की गई नर्सिंग देखभाल गंभीर रोगियों के उपचार में मदद करती है। सही देखभाल करने से हमें अपने रिश्तों को मजबूत करने और दूसरों के साथ सार्थक भावनात्मक संबंध विकसित करने में मदद मिलती है ।

अस्पताल में भरती रहते चिकित्सकों, नर्सों, अन्य कर्मियों का व्यवहार कैसे रहा, इस पर रोगी के विचार आगामी योजनाओं में महत्वपूर्ण जानने की दृष्टि से अस्पताल से छूटने के समय उससे फीडबैक लेने का प्रचलन है। रोगी संतुष्टि सर्वेक्षण प्रश्नावली से प्राप्त उत्तरों से भविष्य में देखभाल सेवाओं को बेहतर करने में मदद मिलती है।

Call for News Items from Nursing Institutions

Schools and Colleges of Nursing are welcome to submit for publication in monthly TNAI Bulletin, the news items and write ups about observances of Graduation Ceremony, Annual Day, Seminars, Conferences, important workshops, etc. The charges are Rs 1000/- + GST per item including one photograph. The payment should be through a demand draft in favour of The Trained Nurses' Association of India (TNAI), New Delhi. Neatly spaced out hand-written matter, preferably typed in double space on one side of paper with photograph may be sent, along with requisite charges, to the Editor, TNAI Bulletin.