Research article

Develop and evaluate effect of patient satisfaction training module for nurses based on patient satisfaction index regarding nursing services in a teaching hospital, Navi Mumbai

Vinod Kumar Prajapat*, **Bharati Veer**

MGM Institute's University Department of Nursing Kamothe, Navi Mumbai, India.

Abstract

Aim: The aim of study, To assess Patient Satisfaction Index after implementation of patient satisfaction training module, To determine the factors influencing patient satisfaction as perceived by the nurses. **Materials and method:** A research approach adopted for this study was descriptive evaluative approach with two-group pre-test, post-test design. The study was based on Imogene goal attainment theory. Patients on the day of discharge and nurses working in medical-surgical words were selected by nonprobability convenience sampling. A study conducted on 30 nurses and two groups of the patients. Group- A for pre-test and group- B for post-test each with 100 sample sizes. Data regarding patient's satisfaction and factors influencing patient's satisfaction was collected through self-reported five points Likert scale. **Results:** The findings review that patient satisfaction training module was effective in improving patient's satisfaction. There is significant difference was noted in the agreement percentage related to all fractures influencing patient satisfaction as perceived by nurses before and after implementation of patient satisfaction training module. **Conclusion:** Thus, it is concluded that the patient's satisfaction training module is effectively improving the patient's satisfaction index and nursing services. A significant change was observed in patient satisfaction index and factors affecting patient satisfaction as perceived by nurses.

Key words: Develop Evaluate, Effect, Training module, Patient satisfaction, Index, Nurses, Nursing services.

***Corresponding author:** **Mr. Vinod Kumar Prajapat,** M.SC.Nursing MGM Institute's University Department of Nursing Kamothe, Navi Mumbai, India vinodkmr13579@gmail.com

1. Introduction

Satisfaction is the psychological state that results from confirmation or disconfirmation of expectations with reality [1]. Satisfaction of patients and caregivers is an important indicator of quality of care [2]. Satisfaction with care is an important influence determining whether a person seeks medical advice complies with treatment and maintains a continuing relationship with practitioners [3].

Patient satisfaction is the patient's perception of care received compared with the care expected and patients base their expectations on their own encounters with behaviors of nurses [4].
Patient's satisfaction is defined as patient's subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perceptions of actual nursing care [5].

The patient's perception of quality nursing care also includes caring, compassion, competence, confidence, conscience, and commitment in the delivery of care [6]. During hospitalization, patient satisfaction represents a balance between the patient's perception and expectation of their nursing care. Achieving optimum patient satisfaction with quality nursing care has been the primary focus of nurses.
Organization must consistently include the latest guidelines and standards in their rules, procedures, and instructions to meet the demands of globalization and evolution in nursing care [7].

In an investigation of the relationship of patient satisfaction to nursing care, Mahon [8] concluded, "Quality of care as measured by patient satisfaction is most closely tied to patient satisfaction with the quality of nursing care because most health care is nursing care". The concept of quality is always expressed subjectively. It must be accepted that someone is very

satisfied with an individual product or service performed, while at the same time someone else may be very dissatisfied. Judging quality depends on an individual's knowledge and awareness, experiences, expectations and recognizable standards of quality.

According to Walsh and Kowanko [9] the aspects with which patients were least satisfied were the amount and type of information they received regarding their condition and treatment. The top aspects that patients scored highest for their satisfaction with nursing care were the feeling of privacy, nurses capability at their job and nurses helpfulness. It is generally believed that elements of privacy, respect, and advocacy that nurses consider through their practice enhance patients' satisfaction with the care.

Patient satisfaction has become increasingly popular, as a critical component in the measurement of quality of care. Satisfaction is one of the care outcomes for healthcare. Nursing service is one of the most important components of hospital service. Understanding how things are looking through the patient's eye should be a central part of quality improvement. The level of patient satisfaction with nursing care is an important indicator of quality of care provided in hospitals [10].

Patient satisfaction is a term that can be interpreted differently by patients and its meaning can also differ for one patient at different times. Patient's satisfaction is sometimes treated as an outcome measure of healthcare providers. A satisfied patient is more willing to recommend the hospital to provide care to others [11].

Need for the study

Patient satisfaction is an important component of healthcare industry in this competitive era. Patient satisfaction leads to drift in both new and old patients, which hinders the sustainability of any hospital in the long run. Patient satisfaction surveys are useful in gaining an understanding of the user needs and their perception of the service received [12]. The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Patient satisfaction should be as indispensable to assessments of quality as to the design and management of healthcare systems. Unless quality improvement becomes a priority, the consequences are grim [13].

Nurses have twenty-four hour contact with patients as well as being near to them. Thus, as they are the frontline, the patients expect more from them and nurses should also fulfill patients' needs with competence and a compassionate approach. If the patient is denied appropriate care the healing process is obviously compromised. Patient can expect and demand satisfaction from nursing care and be allowed take an active part in decision-making regarding their care [13].

Poor patient satisfaction can lead to poor adherence to treatment with consequently poor health outcomes. On this line, assessing the satisfaction of patients with nursing care is crucial in order to identify the area of dissatisfaction and at the same time improve the nursing services [14]

Patient satisfaction with nursing care is strongly associated with patients overall satisfaction with hospital experience. The measurement of patient satisfaction with nursing care is important to determine and meet patient's need in terms of care and to evaluate quality of care provided [15].

The Study conducted by Moloud Farmahini Farahani [16] shows that Patient satisfaction is essential and must be taken into account when decisions are being made about changes and enhancements to services. The study showed that patient satisfaction was at a poor level; therefore policymakers in the organizations would have to consider customer-based feedback and apply various methods to improve it.

The Study conducted by Naveed Ahsan [17] shows how to generate data that can help nurses and hospital administration to identify and solve problems. This study was intended to assess the patient's satisfaction level and factors affecting patient's satisfaction as perceived by nurses with a view to prepare and implement patient satisfaction training module which can improve patient's satisfaction level by improving nurse's communication and competency skills.

2. Methodology

Objectives of the study

1. To assess baseline patient satisfaction index regarding nursing services before implementation of patient satisfaction training module.
2. To assess patient satisfaction index after implementation of patient satisfaction training module.
3. To determine the factors influencing patient satisfaction as perceived by the nurses before and after implementation of patient satisfaction training module.

A research Approach adopted for this study was descriptive evaluative approach with two group pre - test, post-test design. Dependent Variable- Patient satisfaction index and perception of nurses about factors influencing patient's satisfaction / Independent Variable- Patient Satisfaction Training Module. The study was based on Imogene goal attainment theory.

Patients on the day of discharge and nurses working in medical-surgical words were selected by nonprobability convenience sampling. A study conducted on 30 nurses and two groups of the patients. Group- A for pre-test and group- B for post-test each with 100 sample sizes. Data regarding patient's satisfaction and factors influencing patient's satisfaction was collected though self-reported five-point Likert scale.

The findings review that patient satisfaction training module was effective in improving patient's satisfaction.

There agrees significant difference percentage related to all fractures influencing patient satisfaction as perceived by nurses before and after implementation of patient satisfaction training module.

Inclusion criteria for patients who: 1. Were willing to participate. 2. Could read and understand Marathi / Hindi / English. 3. Were for discharge on the day of data collection. 4. Were above 18 years.

Exclusion criteria for patients who: 1. were newly admitted at the time of data collection. 2. Had altered mental status. 3. Were admitted to the critical care unit. / Inclusion criteria for nurses who were: 1. willing to participate 2. Working in medical and surgical wards 3.

Registered Nurses / Exclusion criteria for nurses who were: - 1. Working in critical care units. Assumptions of the study are 1.Training of nurses may improve the nursing services. 2. The patient may or may not be satisfied with nursing services. Ho: - There is no significant difference in patient satisfaction index regarding nursing services among patients before and after implementation of the training module.

Written permission was taken from the hospital authorities for conducting a study in hospitals and with the cooperation of hospital, the feasibility of conducting the study was ensured. The data was collected from 01/01/2017 to 20/03/2017 after establishing rapport with the nurses and patients consent was taken from nurses and patients to participate in this study. Immediately after the pre-test, an interactive session was organized to assess Patient's Satisfaction Training Module to nurses Post-test was conducted after 5 days.

3. Results

Section 1. Socio-demographic characteristics of patients

Table No 1: Distribution of patients in group-A and group B based on a socio-demographic variable.

n=200

Demographic variable	Group A Patients (Pre Test)		Group B Patients (Post Test)	
1. Age group (yrs)	f	%	f	%
> 20	6	6.0	3	3.0
20 – 30	26	26.0	26	26.0
30 – 40	14	14.0	19	19.0
40 – 50	19	19.0	10	10.0
50 – 60	16	16.0	15	15.0
60 +	19	19.0	27	27.0
2. Sex				
Female	31	31.0	33	33.0
Male	69	69.0	67	67.0

Demographic variable	Group A Patients (Pre Test)		Group B Patients (Post Test)	
3. Resident	f	%	f	%
Rural	58	58.0	31	31.0
Urban	42	42.0	69	69.0
4. Educational Qualification				
Illiterate	11	11.0	10	10.0
Primary	26	26.0	50	50.0
SSC	30	30.0	25	25.0
HSC	27	27.0	8	8.0
Graduate & above	6	6.0	7	7.0
5. Marital Status				
Married	74	74.0	80	80.0
Unmarried	24	24.0	20	20.0
Widow	2	2.0	0	0
6. Occupation				
Farmer	31	31.0	11	11.0
Merchant	14	14.0	4	4.0
Employee	14	14.0	14	14.0
Daily Labour	13	13.0	40	40.0
Students	15	15.0	13	13.0
Others	13	13.0	18	18.0
7. Socio-economic classes				
Upper	2	2.0	10	10.0
Middle	10	10.0	19	19.0
Lower	88	88.0	71	71.0
8. Types of Family				
Joint	83	83.0	50	50.0
Nuclear	14	14.0	28	28.0
Extended	3	3.0	22	22.0

Table 1 Pretest Group a Describes that 26 % of patients were in age group of 20-30 years and females were 31%, whereas males were 69%. In this study, 58% of samples were from the rural area and 42% from an urban area.

The education qualifications of the patients were primary (26%), SSC (30 %), HSC (27%). Seventy four percentages of the patients were married and 83 % of patients were living in joint family, 14% in nuclear family and 3 % in extended family. Distributions of occupation among patients were farmers 31%, students 15 %, employees 14% and merchants 14%. Majority of the patients were from lower socio-economic class.

Post-test Group B describes that the 26 % percentage of patients were in the 20-30 years age. Females are 33% and males are 67%. In this study, 31% of patients are from rural area and 69% are from the urban area. The educational qualifications of the patients are primary (50%), SSC (25 %), HSC (8%). Eighty percentages of patients are married and 50 % of samples are living in joint family, 28% in the nuclear family and 22 % in the extended family. Distributions of occupation among

samples are farmer 11%, students 13 %, employee 14% and merchant 4%. (Table no 1).
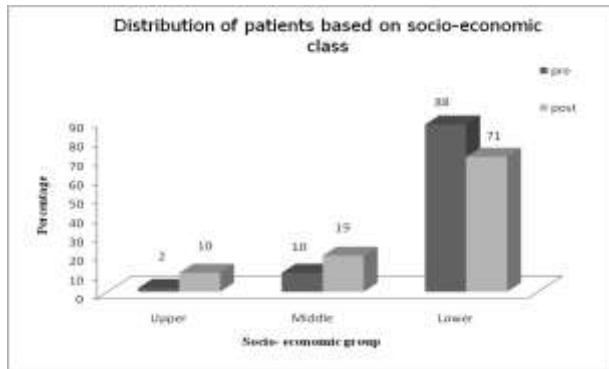

Figure No 1: Comparison of socio-economic classes of patients in pre and post-test

Figure 1 shows that socio-economic class of patients in this study. Majority of patients in both groups were from lower socio economic class. In pre-test 88 % and post-test 71%. Lower socio economic means family income below 1 lac per annum. Very few patients were from middle and upper socioeconomic class in both pre and post-test.
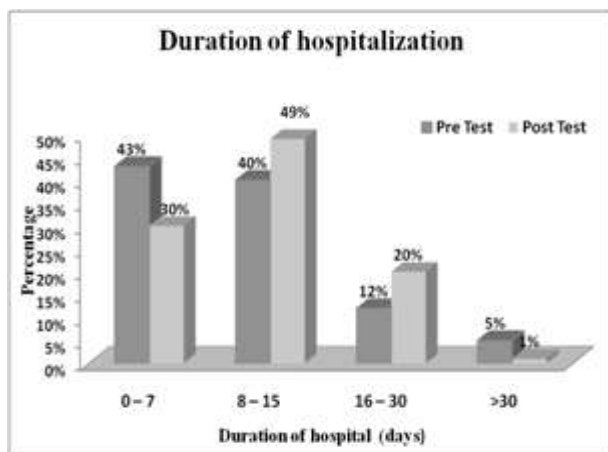

Figure No 2: Comparison post-test of duration of patient's hospitalization

Figure 2 shows that duration of hospital. In pretest 43% of patients were hospitalized for 0-7 days whereas in post test 49 % of patients were admitted for 8-15 days. Very few patients in both groups were admitted for more than 1 month.

Section 2 Socio-demographic variables of nurses

Table No 2: Distribution of nurses based on socio-demographic variable

n=30

Items	Frequency	Percentage
1. Age group (yrs)	f	%
20 – 24	21	70.0
25 – 29	8	26.7
≥30	1	3.3
2. Sex		
Female	28	93.3
Male	2	6.7
3. Educational Qualification		
ANM	6	20.0
GNM	15	50.0
BSc. Nursing	9	30.0
4. Marital Status		
Married	8	26.7
Unmarried	22	73.3
5. Working Experience		
<1 year	15	50.0
1 – 5 years	10	33.3
5 – 10 years	5	16.7

Table 5 shows that 70 % of nurses are in the age group of 20 – 24 and 93 % are females. Fifty % nurses were GNM and 30 % were B. Sc. Nurses. Percentage of married nurses among the sample was 73 %. Fifty percentages of nurses had less than 1 year of clinical experience
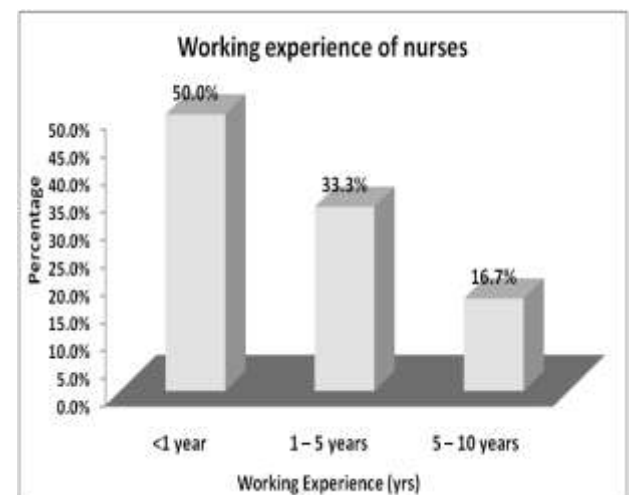

Figure No 3: Distribution of the working experience of nurses

Figure 3: Shows that working experience of nurses in this study , overall 30 nurses are included in this study where as maximum 15 (50%) nurses more than one year of experience and second highest 10(33.3%) nurses 1-5 years of experience and only 5 (16.7%) nurses have 5-10 years of experience.

Patient satisfaction indexes before and after implementation of patient satisfaction training module based on communication, competency of nurses.

Table No 3: Comparison of patient's satisfaction index based on communication and competency of nurses

n=100

Item	Pre		Post	
	Mean	SD	Mean	SD
Communication	2.44	0.41	4.07	0.44
Competency	2.49	0.41	4.21	0.38

The above table shows that mean score of communication is increased from 2.44 to 4.07 and the mean score of competency increased from 2.49 to 4.21.

Comparisons of overall mean patient satisfaction index before and after implementation of patient satisfaction training module

Table No 4: Difference of overall mean patient satisfaction index in pre and post implementation of patient satisfaction training module

n=100

	Mean patients satisfaction index	SD
Pre	2.46	0.40
Post	4.13	0.32

The above table shows that there is a significant increase in overall post test mean score (4.13) from overall pre test mean score (2.46).

Figure No 4: Difference of overall mean patient satisfaction index in pre and post.

Figure 4 shows that the pre-test means patient's satisfaction index is 2.26 and in post-test are 4.13.

Mean patients satisfaction index
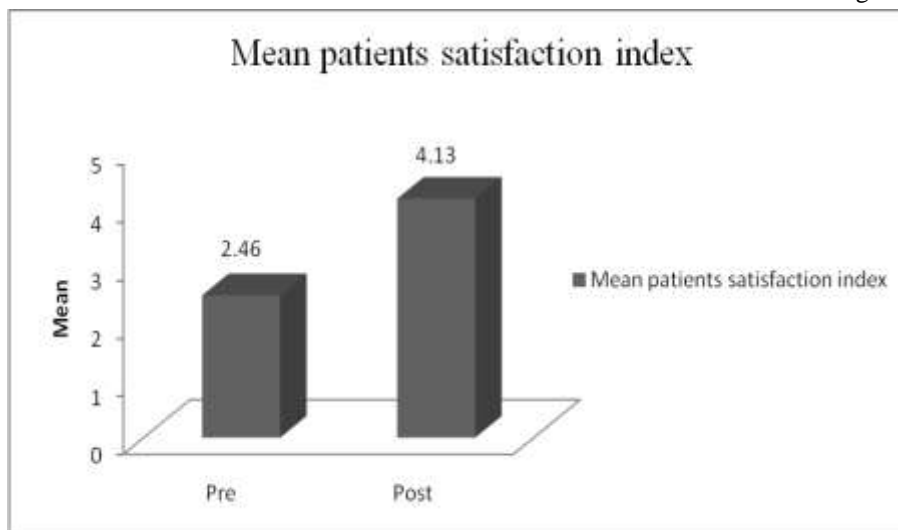
4. Discussion

In the present study, it was found that training module on patient satisfaction for nurses working in medical-surgical ward was effective in improving patient satisfaction. It also improved nurses agreement on communication and competency as major influencing factors for patient satisfaction. Lumby and Gonzalez-Valentin et al conducted studies on patient satisfaction with nursing care through a validated questionnaire, the Service Quality Scale (SERVQUAL), followed by interviews with a percentage of the study population. Importantly, the satisfaction is the psychological state that results from confirmation or disconfirmation of expectations with reality is recently proved [1]. Further, the satisfaction of patients and caregivers is an important indicator of quality of care [2]. In addition, the satisfaction with care is an important influence determining whether a person seeks medical advice complies with treatment and maintains a continuing relationship with practitioners [3]. Further studies explain about the patient satisfaction is the patient's perception of care received compared with the care expected and patients base their expectations on their own encounters with behaviors of nurses [4]. The result of the studies revealed age, sex and education levels of the patients were major influences on individual perceptions of nursing care. Studies have shown that training nurses on aspects like communication, and specific soft skills improves satisfaction of patients towards nursing care.

Conclusions

The findings of the study showed that patient's satisfaction training module is effectively improving the patient's satisfaction index and nursing services. A significant change was observed in patient satisfaction index and factors affecting patient satisfaction as perceived by nurses. Preparing modules help in dissemination of information and to maintain uniform standards in entire hospital. It also helps in induction of new nurses on various aspects of nursing care, patient satisfaction as one of the important indicator of quality nursing care.

Table 5: Distribution of nurses for item wise agreement of factors influencing patient satisfaction as perceived by nurses

N=30

Item No.	Factors	Strongly agree		Neutral		Strongly disagree	
		f	%	f	%	f	%
1.1	Communication skill of nurses	23	76.67	7	23.33	0	0
1.2	Clinical competence of nurses	24	80.00	5	16.67	1	3.33
1.3	Quality of nursing care delivered	21	70.00	9	30.00	0	0
1.4	Motivation of nurses	25	83.33	5	16.67	0	0
1.5	turnover of staff	27	90.00	3	10.00	0	0
1.6	Collaborative work environment with other team members	19	63.33	11	36.67	00	00
1.7	Team work among nurses	24	80.00	6	20.00	0	0
1.8	Managerial support to nurses	16	53.33	14	46.67	0	0
1.9	Patient centered culture of organization	16	53.33	13	43.33	1	3.33
1.10	Work load of nurses	15	50.00	12	40.00	3	10.00

References

[1] Jackson,j., chamberlin, j. And kroenke,k. 2001, "predictors of patients' satisfaction", social science and medicine, 52, 609-20.

[2] Lynn, j., 2007, measuring quality of care at the end of life: a statement of principles, journal of the american geriatrics society, 45, 526-527.

[3] Larson, d.e. And rootman, i. 2016, physician role performance and patient satisfaction, social science medicine, 8(1 0), 29-32.

[4] Aiello A, Garman A, Morris SB. Patient satisfaction with nursing care: A multilevel analysis. Quality Management in Healthcare. 2003 Jul 1; 12(3):187-90.

[5] Erickson l r. „patient satisfaction: -an indicator of nursing care quality." j Nurse Management 2012; 18: 31-35.

[6] Gunther M, Alligood MR. a discipline-specific determination of high quality nursing care. Journal of Advanced Nursing. 2002 May 1; 38(4):353-9.

[7] Han CH, Connolly PM, Canham D. Measuring patient satisfaction as an outcome of nursing care at a teaching hospital of southern Taiwan. Journal of nursing care quality. 2003 Apr 1; 18(2):143-50.

[8] Mahon, p.y. 2006, an analysis of the concept 'patient satisfaction' as it relates to contemporary nursing care, journal of advanced nursing, 24(6), 1241-1248.

[9] Walsh, k. And kowanko, i. 2007, nurses & patients perceptions of dignity, international journal of nursing practice, 8, 143-51.

[10] Laschinger HS, Hall LM, Pedersen C, Almost J. A psychometric analysis of the patient satisfaction with nursing care quality questionnaire: an actionable approach to measuring patient satisfaction. Journal of nursing care quality. 2005 Jul 1; 20(3):220-30.

[11] Abramowitz s, berry e, cott a a. „analyzing patient satisfaction; a multi analytic approach." quality review bulletin 2004; 13: 122-130.

[12] Joy L. A study to assess the patient satisfaction with nursing care in neuro medical units, SCTIMST.

[13] Rajeswari T. A study to assess patients satisfaction with quality of nursing care.

[14] Andaleeb, s. 2005, service quality perceptions and patient satisfaction: a study ofhospitals in a developing country, soc sci med, (52), 1359-70.

[15] Varghese J. A study to assess the patient satisfaction with quality nursing care in neuro medical unit, SCTIMST.

[16] Mishra PH, Gupta S. Study of patient satisfaction in a surgical unit of a tertiary care teaching hospital. Journal of clinical orthopaedics and trauma. 2012 Jun 30; 3(1):43-7.

[17] Bezuidenhout S, Ogunsanwo DA, Helberg EA. Patient satisfaction at accredited antiretroviral treatment sites in the Gert Sibande District. African journal of primary health care & family medicine. 2014 Jan; 6(1):1-6.