The Level of Inpatients' Satisfaction with Nursing Care Quality in the Zamfara State Tertiary Hospital

Jafaru, Y.[1], Abubakar, D.[2], Mu'azu M.B.[3]

1. Federal University Birnin-Kebbi, Kebbi State, Nigeria
2. Federal Medical Center Gusau, Zamfara State, Nigeria
3. Ahmad Sani Yariman Bakura Specialist Hospital Gusau, Zamfara State, Nigeria

Corresponding Author: Jafaru, Y
Corresponding Email: jafaruyahaya2015@yahoo.com

Abstract

Background: Patient satisfaction denotes judgement of the quality and suitability of healthcare. . Inpatients are the most appropriate subjects for measuring satisfaction as the interaction between nurses and patients is higher in admitted patients. **Aim:** To assess the extent of the satisfaction of inpatients with nursing care, to assess the differences in inpatients satisfaction with nursing care between the wards of admission and to determine the influence of socio-demographic variables on nursing care satisfaction **Method**: The research was descriptive and employed a cross sectional design. The population of the study was the inpatients who had been on admission for at least 48 hours between the periods of 25th to 29th November 2019. Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) was used for data collection. SPSS version 16 was used for data analysis, with descriptive data in frequencies and percentages and inferential statistics using Chi-square statistical tool. **Results**: The result revealed that 17.9% of the respondents had poor satisfaction and 15.4% had excellent satisfaction with nursing care quality. Age and ward of admission have statistical significant association with satisfaction of the quality of nursing care, P < 0.01, respectively. **Conclusion**: The respondents' satisfaction level concentrated around the good and very good satisfaction levels. Their age and ward of admission of the patients were found to be associated with the satisfaction of nursing care quality. Nurses should give more emphasis on considering the physical, sociological and psychological aspects of patients when rendering nursing care.

Keywords: *Inpatients, Nursing care, Quality, Satisfaction, Zamfara State*

Introduction

Patients' satisfaction is increasingly becoming a crucial factor for determining the quality of healthcare services and health institutions consider assessing the perceptions of care quality received as beneficial (Lyu, et al., 2013). The satisfaction of the patients is the extent to which patients' feelings about the care received indicate meeting their needs and expectations (Garba, et al., 2018). It is based on patients judgement of the care they received (Paschal & Uchenna, 2019). Patients' satisfaction indicates the effectiveness of overall healthcare services and most often as part of evaluative planning (Alsaqri, 2016). Christie (2018) opined that, for all nations, patients' satisfaction is an important issue in the evaluation and improving their healthcare system.

Nursing staff provide care, supports and many clinical interventions to patients; thus the

impacts of their activities are clearly captured in the issue of patients' satisfaction (Eegunranti et al., 2015). According to Alasad et al. (2015) and Albagawi (2014), crucial to the quality of health care services is effective nursing care. Also, Wagner and Bear (2009) opined that the care rendered by nurses is paramount importance in determining the general perceptions of patients on adequacy and satisfaction of care. However, Senarath *et al.* (2013) asserted that inpatients are the most appropriate subjects for measuring satisfaction as the interaction between nurses and patients is higher in admitted patients and tend to be for considerable long time.

Services evaluation by consumers is being considered as an aspect of quality assessments (Olowe & Odeyemi, 2019). Thus, Patients' perception of healthcare quality is getting more attention as an aspect of quality assurance (Al-AbriR, 2014). Hekimoglu et al. (2015) posit that the expectations and priorities of patients are highly significant in attending a quality and high standard healthcare. According to Joint Commission International (2010), assessing patients satisfaction is among the most important tools for ensuring healthcare is up to the standard. It is important for the purpose of sharing information with healthcare management and healthcare professionals (Kol et al., 2018); and also useful in promoting health and well-being, because satisfied patients may adhere more to their treatment (Eyasu et al., 2016).

Thus, patients' satisfaction contributes to the overall improvement of patients' condition, (Freitas et al., 2014). This is because patients have a quick recovery from illness when they are valued and respected by nurses (Adib-Hajbaghery & Aghajani, 2015). However, there are growing concerns on improving health care; patients are continuously requiring better condition of service from health institutions (Levandovski et al., 2015). This is coupled with studies indicating the occurrence of undesirable happenings that blackmail the image of healthcare institutions (World Health Organization, WHO, 2013).

Observations indicate that nurses give low respect to patients' dignity and values (Ella et al., 2016); the authors asserted that this issue makes patients seek medical care outside the hospital, which could lead to health complications and even death.

Nursing care optimisation is achieved through appropriate nurse-patient relationship. The therapeutic nurse-patients relationship brings about maximum satisfaction by getting patients more involved in their care (Ozer et al., 2009). The standard of nursing care is measured using two main methods (Akbulut et al., 2017); the first is evaluation and determination of care standard and putting on control measures and the second method is by ensuring the patients' satisfaction (Akgoz, 2009). Studies on patients satisfaction conducted in tertiary hospitals across Nigeria indicate that patients generally had high satisfaction (Ezegwui et al., 2014). According to Christie (2018), so far, there are few studies on inpatients satisfaction conducted in Nigerian tertiary hospitals. To the best of our knowledge, none was conducted in Zamfara state tertiary hospital. Since assessing patients' satisfaction is done for the purpose of planning and evaluating healthcare (Al-AbriR, 2014), ensuring healthcare is up to the standard (Joint Commission International, 2010) and for sharing information with health management and healthcare professionals (Kol et al., 2018), this study investigated the level of inpatients' satisfaction with nursing care quality in Yariman Bakura Specialist Hospital Gusau, Zamfara State.

Research questions
1. To what extent are the inpatients satisfied with nursing care quality?
2. Are there differences in inpatients satisfaction with nursing care quality between the wards of admission?
3. Do patients' socio-demographic variables have an influence on inpatients satisfaction with nursing care quality?

Methods and Materials

Research design

The research was descriptive and employed cross-sectional design to assess the level of inpatients' satisfaction with nursing care quality in Ahmad Sani Yariman Bakura Specialist Hospital Gusau.

Area of the study

Ahmad Sani Yariman Bakura Specialist hospital is located in Gusau, Zamfara State, Nigeria. The hospital is the state own tertiary hospital and provides outpatients, inpatients and diagnostics services. The hospital consists of medical, surgical, maternity, gynaecology and pediatric wards, including specialised units. It serves as a referral hospital for the other hospitals in the state and neighbouring states. The hospital is funded and managed by the Zamfara state government.

The population of the study

The population of the study was the inpatients who have been on admission for at least 48 hours between the periods of 25th to 29th November 2019 in Ahmad Sani Yariman Bakura Specialist Hospital, Gusau, Zamfara State.

Inclusion and exclusion criteria

Patients included in the research were adult, capable of making the right judgement and spent at least 48 hours on admission. Psychiatric patients, unconscious patients, patients in intense pain and psychological distress were not included in the research.

Sample size and sampling technique

Census sampling was applied in considering the entire patients that met the inclusion criteria for the study as subjects of the study. The sample used was those inpatients that met the inclusion criteria in five consecutive working days, from 25th to 29th November 2019. Within this period, the patients that met the inclusion criteria and agreed to participate in the study were 117 and formed the sample size.

The instrument for data collection

A Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) adapted from Laschinger et al. (2005) was used for data collection. It comprised of two sections, A and B. Section A was made up of four questions assessing the socio-demographic variables. This included age, gender, educational status and ward of admission. Section B was made up of eighteen items, five-point Likert scales, assessing the level of satisfaction with nursing care quality. The questionnaire was translated to local language by experienced scholars in translation from the school of languages, Federal College of Education Gusau, Zamfara State. The reliability of the translated questionnaire was 0.721 using Cronbachs' Alpha, and its content and face validities were ascertained by three experience nursing scholars. In a study by Karaca and Durna (2019) on Patient satisfaction with the quality of nursing care of hospitalized patients receiving internal medicine, surgery and obstetrics and gynaecology services at a private hospital; the PSNCQQ was translated into Turkish language and had the reliability of 0.98. But the Laschinger et al. (2005) found the reliability estimate of PSNCQQ using Cronbach Alpha to be 0.97.

Method of data collection

The instrument was a self-administered questionnaire, however, interviewer-administered method was used for respondents that could not read. Three research assistants were trained on the research processes from contact with ward managers and other health workers in the ward to the content of the questionnaire and methods of questioning the respondents. The data were collected within a period of five consecutive working days, from 25th to 29th November 2019. The patients that met the inclusion criteria were identified through their case folders after getting permission from the ward in-charges and staff on duty. Each patient was contacted individually and explained all what the research entails. The self-administered method was used for literate patients, while the interviewer-administered method was used for patients that could not

read. The questionnaire was retrieved back the day it was administered.

Methods of data analysis

Data collected were analysed using SPSS version 16, with descriptive statistics in frequencies and percentages and inferential statistics using the Chi-square statistical tool. However, the analysis was extended to Fishers' Exact Test (Monte Carlo) as over 20% of the calls were found to have expected count less than 5, at 0.01 level of significance. The measuring scale was determined by considering the average score of <3.50 as poor satisfaction, 3.50-3.99 as good satisfaction, 4.00-4.49 as very good satisfaction, 4.50-5.00 as excellent satisfaction.

Ethical consideration

Ethical approval for the research was obtained from Zamfara State Health Research Ethical Committee (assigned number:

ZSHREC02042019), and permission to conduct the research was obtained from the hospital management. Explanation of the nature and purpose of the research was given to the ward managers and their permission was solicited. Informed consent was taken from the respondents individually before involving in the research. The patient participated voluntarily, and the information provided was only used in answering the research questions and was treated with anonymity and utmost confidentiality.

Results

Table 1 reveals the majority of the respondents (38.5%) were within 18-33 age bracket, and the majority (51.3%) were male. Most of the respondents (48.7%) had no formal education, and 35.9% attained tertiary education. Male medical and amenity wards were having the highest number of participants, 20.5% respectively.

Table 1
Socio-Demographic Variables of The Respondents

Variables	Frequency	Percentage
Age		
18-33	45	38.5
34-49	36	30.8
50-65	18	15.4
> 65	18	15.4
Total	**117**	**100**
Gender		
Male	60	51.3
Female	57	48.7
Total	**117**	**100**
Educational status		
Tertiary education	42	35.9
Secondary education	6	5.1
Primary education	12	10.3
Non-formal educatio	57	48.7
Total	**117**	**100**

Ward of admission

Male medical	24	20.5
Male surgical	15	12.8
Female medical	12	10.3
Female surgical	18	15.4
Amenity ward	24	20.5
Gynae ward	9	7.7
Post-natal ward	9	7.7
Accident and Emergency ward	6	5.1
Total	**117**	**100**

Table 2 indicates that most of the respondents had either good satisfaction or very good satisfaction with nursing care quality, 38.5% and 28.2% respectively. However, only 17.8% of the respondents had poor satisfaction.

Table 2: *Percentage Distribution of Overall Respondents' Level of Satisfaction with Nursing Care Quality*

Satisfaction	Frequency	Satisfaction Level Percent
Poor	21	17.9
Good	45	38.5
Very good	33	28.2
Excellent	18	15.4
Total	**117**	**100**

Table 3 shows that the majority (41.7%) of the respondents within 34-49 years age bracket were having poor satisfaction with the quality of nursing care. However, respondents aged >65 years were having 0% poor satisfaction. Also, 33.3% of the respondents within 18-33 years age bracket were having excellent satisfaction, while those from 34-49 and 50-65 years age brackets were having 0% excellent satisfaction respectively. There is a statistically significant association between age and satisfaction with the quality of nursing care, P < 0.01.

Table 3

Percentage Distribution of Respondents' Satisfaction with Nursing Care Quality by Age

	Age (Years)					
	18-33 N=45	34-49 N=36	50-65 N=18	50-65 N=18	Total 117	P
Satisfaction	F(P)	F(P)	F(P)	F(P)	F(P)	
Poor	3(6.7)	15(41.7)	3(16.7)	0(0)	21(17.9)	0.00[*]
Good	15(33.3)	9(25)	12(66.7)	9(50)	45(38.5)	
Very good	12(26.7)	12(33.3)	3(16.7)	6(33.3)	33(28.2)	
Excellen	15(33.3)	0(0)	0(0)	3(16.7)	18(15.4)	
Total	**45(100)**	**36(100)**	**18(100)**	**18(100)**	**117(100)**	

[*]Fishers exact test (Monte Carlo), 99% Confidence Interval

Table 4 indicates that male respondents had lower poor satisfaction (15%) compared to female respondents (21.1%). Majority of the female respondents (47.4%) were having good

satisfaction, while majority of the male respondents (40%) were having very good satisfaction. There is no statistical significant association between gender and satisfaction with quality of nursing care, P > 0.01

Table 4: *Percentage Distribution of Respondents' Satisfaction with Nursing Care Quality by Gender*

	Gender			
	Male	Female	Total	P
	N=60	**N=57**	**117**	
Satisfaction	**F(P)**	**F(P)**	**F(P)**	
Poor	9(15)	12(21.1)	21(17.9)	
Good	18(30)	27(47.4)	45(38.5)	0.03*
Very good	24(40)	9(15.8)	33(28.2)	
Excellent	9(15)	9(15.8)	18(15.4)	
Total	**60(100)**	**57(100)**	**117(100)**	

*Fishers exact test (Monte Carlo), 99% Confidence Interval

Table 5 reveals majority of the respondents (42.9%) with tertiary education had good satisfaction, while 50% of the respondents with secondary education had good and very good satisfaction respectively. But 21.1% of the respondents with non-formal education were having poor satisfaction. There is no statistical significant association between level of education and satisfaction with quality of nursing care, P > 0.01

Table 5: *Percentage Distribution of Respondents' Satisfaction With Nursing Care Quality by Level of Education*

	Level of education					
	Tertiary	Secondary	Primary	Non-formal	Total	P
	N=42	**N=6**	**N=12**	**N=57**	**117**	
Satisfaction	**F(P)**	**F(P)**	**F(P)**	**F(P)**	**F(P)**	
Poor	6(14.3)	0(0)	3(25)	12(21.1)	21(17.9)	
Good	18(42.9)	3(50)	3(25)	21(36.8)	45(38.5)	0.82*
Very good	12(28.6)	3(50)	3(25)	15(26.3)	33(28.2)	
Excellent	6(14.3)	0(0)	3(25)	9(15.8)	18(15.4)	
Total	**42(100)**	**6(100)**	**12(100)**	**57(100)**	**117(100)**	

*Fishers exact test (Monte Carlo), 99% Confidence Interval

Table 6 shows 62.5% of the respondents from the male medical ward had very good satisfaction with the quality of nursing care with 0% poor satisfaction. Likewise, 62.5% of the respondents from the amenity ward had good satisfaction. Respondents from gynae ward had 66.7% poor satisfaction, but 66.7% of the respondents from the post-natal ward had excellent satisfaction. There is a statistically significant association between the ward of admission and satisfaction with the quality of nursing care, P < 0.01

Table 6: *Percentage Distribution of Respondents' Satisfaction with Nursing Care Quality by Ward of Admission*

	Ward of admission									P
	Male Medical N=24	Male Surgical N=15	Female Medical N=12	Female Surgical N=18	Amenity Ward N=24	Gynae Ward N=9	Post-natal Ward N=9	A& E[+] Ward N=6	Total 117	
Satisfaction	F(P)	F(P)	F(P)	F(P)	F(P)	F(P)	F(P)	F(P)	F(P)	F(P)
Poor	0(0)	3(20)	3(25)	3(16.7)	6(25)	6(66.7)	0(0)	0(0)	21(17.9)	
Good	6(25)	3(20)	6(50)	9(50)	15(62.5)	0(0)	3(33.3)	3(50)	45(38.5)	0.00*
Very good	15(62.5)	6(40)	3(25)	3(16.7)	0(0)	3(33.3)	0(0)	3(50)	33(28.2)	
Excellent	3(12.5)	3(20)	0(0)	3(16.7)	3(12.5)	0(0)	6(66.7)	0(0)	18(15.4)	
Total	24(100)	15(100)	12(100)	18(100)	24(100)	9(100)	9(100)	6(100)	117(100)	

*Fishers exact test (Monte Carlo), 99% Confidence Interval. [+]Accident and Emergency

Discussion

Generally, the result of this study showed that the level of satisfaction with the quality of nursing care among inpatients in Ahmad Sani Yariman Bakura Specialist hospital concentrated around good satisfaction and very good satisfaction. This is evident as 38.5% and 28.2% of the respondents were having good and very good satisfaction respectively. The respondents with poor satisfaction were only 17.9%, and 15.4% were having excellent satisfaction. This is contrary to the study conducted by Olowe and Odeyemi (2019) to assess Patient Satisfaction with nursing care in selected wards in Lagos University Teaching Hospital, Idi-Araba, Lagos state Nigeria; where it was found that majority of the respondents (77.5%) showed excellent satisfaction with the quality of nursing care received during their stay on the ward. However, differences may occur owing to differences in measuring the scale between the two studies.

Though the age bracket 18-33 were having the highest excellent satisfaction, the results revealed that elderly patients had higher satisfaction than younger patients. The satisfaction of the elderly patients (50-65 and >65) concentrated around good and very good satisfactions, also patient at >65 was having 0% poor satisfactions. This is in accordance with the assertion by Findik et al. (2010) that elderly people show a high level of satisfaction than the younger people. The result indicated a significant association

between the respondents' age and level of satisfaction with nursing care quality, which is also in agreement with findings of a study on predictors of patients' experiences and satisfaction with nursing care in medical-surgical wards in São Paulo, Brazil, that the age variable is one of the predictors of patient satisfaction (Dorigan et al., 2015).

The results of this study reveal no statistical association between gender and satisfaction with nursing care quality. But the female respondents' poor satisfaction level was higher than that of male respondents' satisfaction. This finding is contrary to the finding of a research conducted by Eyasu et al. (2016) in an Ethiopian Referral Hospital, where it was found that female patients were about 2 times more likely to be satisfied with the nursing care as compared to male patients. In this study, it is shown that most of the respondents with non-formal education had either good or very good satisfaction. This conflicts with findings of a research by Karaca and Durna (2019) with hospitalized patients receiving internal medicine, surgery and obstetrics and gynaecology services at a private hospital turkey, where it was found that college or university graduates were more satisfied relative to those who were literate patients.

The results of this study indicated a statistically significant association between the ward of admission and level of satisfaction with nursing care quality. There exists a very

high difference between the wards. For instance, as more than half of the respondents in the male medical ward were having very good satisfaction with nursing care quality, with no response in poor satisfaction, and over half of the respondents from amenity ward had good satisfaction; the contrary was observed in the respondents from gynae ward in which over half of the respondents had poor satisfaction. The high satisfaction level in the post-natal ward was also worth mentioning in which over half of the respondents were having excellent satisfaction. Moreover, amenity and gynae wards alone contributed 57.1% of the total poor satisfaction. In contrast, the post-natal ward alone contributed 33.3% of the total excellent satisfaction. This shows the possibility of different factors contributing to patients' satisfaction in theses wards; thus, leading to differences in satisfaction levels. Some of the factors that could influence the differences in satisfaction levels from different wards include the patients' characteristics, the nurses' characteristics and available facilities in each ward that enhance patients comfort and improved care.

Conclusion

Patients' satisfaction is one of the crucial factors used in determining the effectiveness of the healthcare system, and satisfaction with nursing care quality is highly influential in determining patients' satisfaction with healthcare services. This study found a moderate level of inpatients' satisfaction with nursing care quality in Ahmad Sani Yariman Bakura Specialist Hospital Gusau. The respondents' satisfaction level concentrated around the good and very good satisfaction levels. Age and ward of admission of the patients were found to be associated with the satisfaction with nursing care quality. Thus, the healthcare managers in the state need to put more efforts in strengthening nursing care, to be as effective as required and meet the patients' expectations. To achieve this, nurses should give more emphasis on considering the physical, sociological and psychological aspect of the patients when rendering nursing

care. There is, however, need for more researches in this aspect, using the more rigorous method and studying different factors such as nurses and patients' characteristics that are predictors of the patients' satisfaction with nursing care quality.

Limitations: The limitations of this study include the short period by which the research was conducted and the limited number of the subjects of the study. Also, the research did not deeply consider different factors that could affect the patients' satisfaction with nursing care quality.

Conflict of Interest: There is no conflict of interest among the authors

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