

## Investigating the Quality of Caring Behaviors of Nurses and Patient Satisfaction in Shahid Beheshti Hospital of Yasuj

**Soheila Zabolypour (MSc)**

Medical Surgical Adult Health Department, School of Nursing and Midwifery Clinical Care and Skills Research Center, Yasuj University of Medical sciences.

**Kourosh Dastan (BS)**

Nursing BS, Imam Khomeini Hospital Dehdasht, Yasuj University of Medical Sciences.

**Saeed Ghorbani (BS)**

Nursing Clinical Supervisor, Shahid Beheshti Hospital, Yasuj University of Medical Sciences.

**Amir Anbari (GP)**

General Practitioner, Shahid Beheshti Hospital, Yasuj University of Medical.

**Sepideh Mohammadi (MSc)**

Phd Candidate in Nursing, Isfahan University of Medical Sciences.

**Corresponding Author:**

Sepideh Mohammadi

**E.mail:**

sepdmohamadi@nm.mui.ac.ir

**Tell:** 09111279208

**Address:** Isfahan university of medical sciences, Isfahan, Iran.

**Received:** 22 Oct 2015

**Revised:** 11 Mar 2016

**Accepted:** 18 Apr 2016

**Background:** Caring is the core of Nursing and holistic high-quality care is considered as one of the main concerns of nursing managers. Evaluation by main care recipients and assessment of their satisfaction with different levels of care is a way to determine and improve the quality of nursing care. The aim of this study was to determine the relationship between the quality of nurses' caring behaviors with patient satisfaction in four areas of nursing knowledge and skills, patient education, communication and nursing ethics.

**Methods:** This descriptive study was performed on 150 patients hospitalized in the Shahid Beheshti Hospital of Yasuj, in 2013. Subjects were selected by convenience sampling and from the departments of general surgery, neurosurgery, infectious diseases, neurology and burn center. Data were collected and analyzed using quality of caring behaviors and patient satisfaction questionnaires.

**Results:** The quality of caring behaviors was reported as moderate by the patients. Subscale of quality of caring behaviors was reported as good in area of nursing knowledge and skills, and as moderate in areas of patient communication and nursing ethics. The mean score of satisfaction was relatively favorable. Satisfaction regarding the subscale of nursing knowledge and skills was at a favorable level and patient education, communication and nursing ethics were reported as relatively favorable.

**Conclusion:** Considering the moderate quality of nursing care, patient satisfaction level and level of the subscales, nursing managers and officials at faculty of nursing are expected to pay more attention to the aspects of patient education, communication and nursing ethics in addition to nursing knowledge and skills.

**Keywords:** Nursing, Quality of Care, Patient Satisfaction

## Introduction

Caring is the core of nursing, and the main components of caring behaviors in this field include skillful and precise execution of therapeutic techniques, building a proper nurse-patient relationship, correct choice of various options during clinical care and ethical clinical practice (1,2). At the same time, the concept of quality of nursing care refers to meeting patients' needs through a purposeful care along with appropriate relationship, support, mutual respect, responsibility and accountability (3). In fact, in numerous definitions of nursing care behaviors it is clear that the purpose of nursing care is not only focused on patient's physical needs, but on all his/her emotional, mental and social needs (4,5). In this regard, the emphasis is currently on execution of quality and holistic caring (6-8) and valuable services with the greatest impact on the quality of nursing care and patient satisfaction (9, 10). One of the main purposes of nursing is the patient satisfaction with nursing care which depends on providing holistic care while considering all the mentioned components of caring (10,11). Nowadays, patients are the core of healing process, and their satisfaction indicates proper care. It also represents the sense of responsibility of medical staff and their awareness of the importance of responding to patients' biological, mental and social needs (12-15). Since nurses are the largest group offering continuous healthcare services in the healthcare system, their services have a key role in patient satisfaction and achieving the goals of the healthcare system in this regard (16,17). So that if nothing in the hospital was improved other than nursing care, still good results in terms of increased patient satisfaction with the treatment process are achieved (13,14). Thus, nursing managers are constantly seeking ways to improve the quality of nursing care (18, 19). Although nursing care services are of great importance, Negarandeh et al. (2012) reported the quality of nursing care in most areas as moderate or poor, except for physical care that was reported as good. The authors also mentioned, "Nurses pay little attention to aspects such as communication with the

patient and his/her family and patient education, which are among the critical building blocks of nurse's caring behaviors, which ultimately cause an irreparable damage to the nursing profession" (20). Many studies in Iran on the satisfaction of nursing care showed that patients' satisfaction with the nursing care behaviors and communication is not favorable (20-23). Therefore, the need for evaluating the quality of nurses' caring behaviors in different aspects, different cities and hospitals are highlighted, to develop a thorough understanding in this regard with a comprehensive view of the nurses' caring behaviors in Iran (15,20).

Given the desire of nursing managers to increase the effectiveness of nursing care and patient satisfaction, evaluating the nurses' performance, patient satisfaction and identifying the strengths and weaknesses of the nursing care can help the nursing managers to eliminate the weaknesses and enhance the quality of provided nursing care. Therefore, this study aimed to determine the quality of nurses' caring behaviors and satisfaction of patients hospitalized in the Shahid Beheshti Hospital of Yasuj, in 2013.

## Methods

The study was performed on 150 patients hospitalized in the Shahid Beheshti Hospital of Yasuj, in 2013. Inclusion criteria included age of over 18 years, literacy, ability to communicate, at least three days of hospital care, and no communication problems such as blindness, deafness, and alexithymia as well as no history of mental and psychological disorders. After obtaining permission from the hospital authorities, subjects were selected by convenience sampling from different wards such as general surgery, neurosurgery, infectious diseases, neurology, and burn unit. Eligible patients were given a full explanation of the study objectives, methodology and instruction to complete the questionnaires and then informed consent was obtained from the subjects. Prior to completion of the questionnaires, the patients were assured that the questionnaire is only used to assess the quality of nursing care and will not interfere with the course of their treatment, and their responses will be kept confidential.

The questionnaire used in this study was composed of three sections; the first section included subjects' demographic characteristics (age, gender and education level). The second section included the "Quality of caring behavior questionnaire" that was used to evaluate the nurses' caring behaviors from the patient's perspective (20). The questionnaire contained 26 items in four subscales of knowledge and professional skills (eight items), communication with patient (six items), nursing ethics (six items) and patient education (six items). Each questions was ranked based on the Likert scale ranging from never = 1 to often = 4. The subscale of nursing "knowledge and professional skills" was aimed at the nurses' expertise in providing treatment services and patient care. The subscale of "communication with patient" assessed the appropriate ways of nurses' communication with patients and their families. The subscale of "nursing ethics" in this questionnaire represented the respect shown by the nurses to patients and their families, as well as paying attention to their customs and culture during care. The subscale of "patient education" was designed to assess the education methods of care and treatment practices for patients and the quality of education provided by the nurses.

The third section included "Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ)" in the four following areas of knowledge and professional skills (seven items), communication (four items), nursing ethics (five items) and patient education (five items). Each item of the PSNCQQ was ranked based on the Likert scale ranging from very poor = 1 to excellent = 5. The method of scoring in the questionnaires is listed in Table 1.

Negardandeh et al. (2012) previously confirmed the validity and reliability of the above tools. Content validity was used to determine the validity of quality of caring behavior questionnaire. The designed questionnaire was given to 10 faculty members, specialized in this field and then necessary modifications were made after receiving their suggestions. The PSNCQQ is a standard questionnaire designed by Laschainger, and its Persian version was obtained by back translation. Reliability of the quality of caring behavior questionnaire and PSNCQQ was assessed by evaluating the Internal coherence of the two questionnaires and after the statistical analysis, Cronbach's alpha levels of 0.89 and 0.82 were determined, respectively (20). The obtained data were analyzed using SPSS-16.

Table 1: Scoring method of the questionnaires used in the study

Maximum score	Minimum score	Number of Items	Area	Questionnaire
104	26	26	Total score	Quality of caring behaviors
32	8	8	Nursing knowledge and professional skill	
24	6	6	Patient education	
24	6	6	Communication	
24	6	6	Nursing ethics	
105	21	21	Total score	PSNCQQ
35	7	7	Nursing knowledge and professional skill	
20	4	4	Patient education	
25	5	5	Communication	
25	5	5	Nursing ethics	

## Results

The majority of subjects in the study were male (58%), aged between 41 to 50 years (52%) with Diploma and Advanced Diploma level of education (43.3%). Quality of caring behaviors was at a moderate level ( $75.57 \pm$

$13.81$ ) and the highest score was given to the subscale of nursing knowledge and professional skill ( $25.35 \pm 4.54$ ) (Table 1). In the field of patient satisfaction with care provided by the nurses, the average satisfaction score ( $69 \pm 16.48$ ) was at a

relatively favorable level. In this questionnaire, the subscale of nursing

knowledge and professional skill also had the highest score ( $27 \pm 1.96$ ) (Table 1).

Table 1: Distribution of level of nurses' caring behaviors and satisfaction with nursing care among patients hospitalized in the Shahid Beheshti Hospital of Yasuj

Satisfaction with Nursing Care		Nurses' quality of caring behaviors			Variable Statistical indices Areas		
Mean $\pm$ SD	Number (percentage)	Mean $\pm$ SD	Percentage	Number			
69 $\pm$ 16.48	36(24)	Favorable (78-105)	75.57 $\pm$ 13.81	42	63	Good (79-104)	Total Score
	90(60)	Relatively favorable (50-77)		50.7	76	Moderate (53-78)	
	24(16)	Unfavorable (21-49)		7.3	11	Poor (26-52)	
27 $\pm$ 1.96	66(44)	Favorable (27-35)	25.35 $\pm$ 4.54	50	75	Good (25-32)	Nursing knowledge and professional skill
	64(42/5)	Relatively favorable (17-26)		44	66	Moderate (17-24)	
	20(13/5)	Unfavorable (7-16)		6	9	Poor (8-16)	
16 $\pm$ 4.60	63(42)	Favorable (19-25)	17.6 $\pm$ 6.02	33.3	50	Good (19-24)	Patient education
	66(44)	Relatively favorable (12-18)		58	87	Moderate (13-18)	
	21(14)	Unfavorable (5-11)		8.7	13	Poor (6-12)	
14 $\pm$ 6.69	36(18)	Favorable (16-20)	16.70 $\pm$ 3.37	10.7	16	Good (19-24)	Communication
	87(58)	Relatively favorable (10-15)		62	93	Moderate (13-18)	
	26(24)	Unfavorable (4-9)		27.3	41	Poor (6-12)	
16.95 $\pm$ 4.60	36(24)	Favorable (19-25)	17.31 $\pm$ 4.19	12	18	Good (19-24)	Nursing ethics
	99(66)	Relatively favorable (12-18)		58	87	Moderate (13-18)	
	15(10)	Unfavorable (5-11)		30	45	Poor (6-12)	

## Discussion

The results of this study show that nurses' caring behaviors are generally at a moderate level from the patients' point of view. In study of Safari et al. (2004), the majority of nurses also had moderate performance level

(21). In Zamanzadeh et al. study (2007), although nurses evaluated their level of care as favorable, the quality of care from the patients' perspective was less than favorable (22). According to the results, the subscales of quality of caring behaviors and nursing

knowledge and professional skill (with mean scores at a good level) were scored higher than the other subscales. Similar to these results, patients in the study of Ghamari-Zareh et al. (2009), Hajizanejhad et al. (2007) and Wolf et al. (2003) scored the subscale of nursing technical and professional skill the highest (23, 24, 25). Nursing students in Negarandeh et al. study (2012) and Khademian et al. study (2008) on the caring behaviors, also ranked technical and professional skill the highest among various caring behaviors. This may be due to the great importance of these skills compared with the other caring behaviors from the nurses' perspective (20,26). Moreover, nurses try to focus on the tasks that in case of failure they will face penalty. Nursing knowledge and skill is at this position from the students and nurses' perspective, because nursing officials consider professional skills highly important. Meanwhile, another reason might be a lack of patients' awareness about the technical merit of nurses and their evaluation in this regard (20).

According to the results of this study, patients gave the lowest score to the subscale of "patient education", with only 33.3% of patients reporting it as good and 58% as moderate level. Patients in the study of Negarandeh et al. (2012) and Wolf et al. (2003) also gave the lowest scores to this subscale (20,25). Meanwhile, Park (2005) demonstrated the quality of education as good, due to emphasis of hospital managers and their regular monitoring in this regard (27). Although nurses of Shahid Beheshti Hospital of Yasuj are at moderate level for this subscale, they are still on a higher level compared to the mentioned nursing studies in Iran. However, there is an urgent need for improvement of this level because of the important role of education in the field of nursing. Thus, increased knowledge and self-care ability of patients could lead to decreased complications, shortened hospital stay, preventing readmission and reduced care and treatment costs (28). Patient education also increases satisfaction, improves quality of life, reduces anxiety and increases patient independence (29).

Since education plays a fundamental role in improving patients' health, hospital officials are expected to further emphasize patient education. In addition, continuous education and evaluation of nurses in this regard, lead to institutionalization of education process in nursing practice. It is recommended that hospital and nursing faculty managers jointly work to ensure that nurses acquire the required skills and knowledge for patient education, and act as trustworthy individuals capable of planning, executing and evaluating patient education programs (30).

In terms of patients' satisfaction with nursing care, the mean total score of satisfaction was relatively favorable and in agreement with study of Joolaei et al. (2011)( 31).

Based on the scores of the subscale of nursing knowledge and skill, patient satisfaction was reported as relatively favorable (44%). Consistent with the present study, Mogharrab et al. (2010) and Joolaei et al. (2011) showed that the level of satisfaction with nursing services were at a moderate level (31,32). Since the quality of caring behaviors in this study was found as moderate, the relative satisfaction of patients in this regard is predictable. The satisfaction level of patient education was relatively favorable which is consistent with the result of Wolf et al. (2003) and Mogharrab et al. (2010) (25, 32). Satisfaction with other subscales such as communication and nursing ethics were also reported as relatively satisfactory (58% and 66%), which is in agreement with the study of Mogharrab et al. (2010) (32). Contrary to the above studies, Cronqvist et al. (2004) study in Sudan, reported the quality of nursing behaviors and ethics at a good level and emphasized the need for increased academic education for further improvement of this area of nursing (33).

Quality of nursing care at different levels and patient satisfaction are almost in line with other studies in Iran and other countries. The results of most studies indicate that the caring skills in nursing knowledge and skill are good and satisfactory from the patient's perspective, which shows the attention to the practical dimension of nursing care and the importance of nurses' objective attention toward patients. Meanwhile, educational skills,

communication and ethics were not at a satisfactory level. This indicates the non-holistic aspect of nursing care and insufficient attention to patient's psychological and social needs.

### Conclusion

The results of this study have shown the good quality of caring behaviors, patient satisfaction in the area of technical skills and moderate quality of other areas of nursing. Thus, officials in the faculty of nursing and nursing managers in hospitals, particularly

### References

1. Marquis B, L, Huston C. J. Leadership roles and management functions in nursing theory and application. 7th ed. Philadelphia: Lippincott Williams & Wilkins: 2012; 518.
2. Meleis A. I. Theoretical Nursing, 4th, Lippincott W&W; 2007, 460-61.
3. Atashzadeh-Shoorideh F, Pazargadi M, Zagheri-Tafrahi M. The concept of nursing care quality from the perspective of stakeholders: A phenomenological study. *Journal of Qualitative Research in Health Sciences* 2012; 1(3): 214-28. [In Persian]
4. Pazargadi M, Zagheri-Tafreshi M, Abed saeedi J. Quality of nursing care from the nurses perspective: A qualitative research. *Journal of research in medicine* 2007; 31(2): 147-53. [In Persian]
5. Thorsteinsoson LS. The quality of nursing care as perspective by individual with chronic illnesses: the magical touch of nursing. *Journal of clinical nursing* 2002; 11(1): 32-40.
6. Attree M. Toward a conceptual model of quality care. *International Journal of nursing study* 1996; 33(1): 13-28.
7. Sixma HJ, Kerssen J, Campen CV, Leopeters MA. Quality of care from the patients perspective: from theoretical concept to a new measuring instrument. *Health expectations* 1998; 1(2): 82-97.
8. Lotfi M. The effect on the nursing process on quality of critical care in Mashhad Imam Reza hospital (master dissertation). Tabriz Univer: Faculty of Nursing and Midwifery: 1998.
9. Alkandari F, Ogundeyin W. Patients and nurses perception of the quality of nursing care in Kuwait. *J A N* 1998; 27(5): 914-25.
10. Potter PA, Perry A G. *Fundamentals of Nursing*. 7th Edition, Mosby Elsevier; 2009, 38.
11. Stantion MV, Rutherford MK. Hospital nurse staffing quality of care. *Research in action* 14. *AHRQ* 2004; Pub: 04-0029: 1-12.
12. Ghamari-Zareh Z, Anoosheh M, Vanaki Z, HagiZadeh E. The Effect of Peer Review Evaluation on Quality of Nurse's Performance and Patient's Satisfaction. *Iran Journal of nursing* 2010; 22(62): 8-21. [In Persian]
13. Gholjeh M, Ghaljaee F, Mazloom AR. Correlation between nurses' practice ability and patient satisfaction of nursing care. Publication of Shahid Beheshti school

Shahid Beheshti Hospital of Yasuj, are recommended to improve nurses' clinical merit in communication with patients, nursing ethics and especially patient education, in addition to considering the technical skills of nurses and nursing students.

### Acknowledgements

The authors would like to thank all people who cooperated in performing this research (approval code: 90-01-99-12919), particularly the patients and officials of the Shahid Beheshti Hospital of Yasuj.

- of nursing and midwifery 2008; 18(63): 12-19. [In Persian]
14. Larson I. Restoring the relationship: The key to nurse patient satisfaction. *Trustee* 2004; 57: 9.
15. Bury M. Doctors, patient and interactions in health care in health and illness in a changing society. London 1997; Rutledge.
16. Zohal M A, Sheikhi M R, Javadi A. The effect of service improvement protocol on patient satisfaction in Bu-Ali emergency unit. *The Journal of Qazvin Uni of Med Sci*, 2005; 34:51-55. [In Persian]
17. Shakerinia I. Relationship between doctor and patient and that's effect on patient Satisfaction with the treatment process. *Iranian Journal of Medical Ethics and History* 2009; 2(3): 10-15. [In Persian]
18. Navalar RB. Integrated quality improvement program in patient care. *Nursing & health science* 1999; 1(4): 249-50.
19. Uys LR, Naidoo JR. A survey of the quality of nursing care in several health districts in South Africa. *BMC Nursing* 2004; 3(1): 1-7.
20. Negarandeh R, Mohammadi S, Zabolypour S, AraziGhojeh T. Relationship between quality of senior nursing students' caring behaviors and patients' satisfaction. *Journal of nursing and midwifery Tehran University of Medical Sciences (Hayat)* 2012; 18(3): 10-21. [In Persian]
21. Safari M, Salsali M, Ghofranipour F. The effect of nurses education with method group discussion on the quality of nursing care in patient with myocardial infarction. *JAUMS* 2004; 2(4): 437-41. [In Persian]
22. Zamanzadeh V, Moqaddasian S, Valizadeh L, Haghghi-hkoshkhoo N. Compare the views of nurses and patients on Quality of nursing care provided in educational hospitals. *Journal of nursing and midwifery Tabriz* 2007; 2: 4-12. [In Persian]
23. Ghamari-Zareh Z, Anooshe M, Vanaki Z, HagiZadeh E. Quality of nurses performance and patient satisfaction in cardiac care units. *TabibeShargh* 2009; 10(1): 10-15. [In Persian]
24. Hajinezhad MS, Rafii F, Jafarjalal E, Haghani H. Relationship between caring behavior from patient perspective & their satisfaction. *Iran journal of nursing* 2007; 20(49): 73-83. [In Persian]
25. Wolf Z R, Miller P A, Devine M. Relationship between nurse caring & patient satisfaction in patient

undergoing invasive cardiac procedures. *Med Surge Nurs* 2003; 12(6): 391-97.

26. Khademian Z, Vizehfar F. Nursing students' perceptions of the importance of caring behaviors. *J Adv Nurs* 2008; 61(4): 456-62.

27. Park M. Nurses' Perception of Performance and Responsibility of Patient Education. *Journal of Korean Academy of Nursing* (2005). 35. 8; 1514-21.

28. Chan J NH, Chau J. Patient satisfaction with triage nursing care in Hong Kong. *J Adv Nurse* 2005; 50(5): 498-507.

29. Bestable SB. *Nurse as educator: principles of teaching and learning for nursing practice*. Boston: Jones and Barlett 2003.

30. Hekari D, Mohammadzadeh R. Evaluation of patient's education and nursing student and nurses and factors affecting it in hospital in Tabriz 1386-87. *Medical Sciences Journal of Islamic Azad University* 2011; 20(1): 58-63.

31. Joolae S, Hajibabae F, Jafarjalal E, Bahrani N. Assessment of patient satisfaction from nursing care in hospitals of Iran University of Medical Sciences. *Journal of faculty of nursing and midwifery Tehran University of Medical Sciences* 2011; 17(1): 35-45.

32. Mogharrab M, Ghanadkafi M, Salsali M. Patient satisfaction of nursing care in medical-surgical wards of Birjand university of hospital. *Modern care, Scientific quarterly of Birjand nursing and midwifery* 2010; 7(182): 19-24.

33. Cronqvist A, Theorell T, Burns T, Lützén K. *Caring About - Caring For: moral obligations and work responsibilities in intensive care nursing*. *Nurs Ethics* January 2004. 11.(5). P:1 63-76.