
Assessment of Patients' Perception of Health Care Services and their Satisfaction

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ABSTRACTS

Patient satisfaction is therefore the perception of patient needs and expectations being met. The level of satisfaction varies from person to person and from product to product or service. A patient is any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, psychologist, dentist, veterinarian, or other health care provider. The paper provided the concept of nursing, noting that it's a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in many specialties with differing levels of prescription authority. It also gave an explanation of the concept of nursing performance. It was on this basis that the paper concluded that patients are generally satisfied with the quality of nursing services in the renal unit. This was acceptable attendance because it controlled the uremic syndromes and also demonstrated the patients' desire to return for the same treatment, a predictor of level of satisfaction. Causes of dissatisfaction with nursing services, such as an inadequate number of dialysis machines and an inappropriate nurse-patient ratio in the renal unit. Use of the SERVQUAL model depicted nursing services in the rental unit as quality on dimensions of responsibility, reliability, and reassurance. One of the recommendations was that health care providers should ensure that patients need proper care for quick recovery from their physical, mental, emotional, and social health conditions.

KEYWORDS: Patients' Perception, Health Care Services and Satisfaction

Introduction

Patients' satisfaction is basic. Services can be regarded or disregarded by patients depending on the ratings they base them on. A study done in Bangladesh showed that the unavailability of doctors and nurses, their negative attitudes and behaviors, lack of drugs, long travel distances and the waiting times for treatment were major hindrances to the utilization of services in public hospitals (HEU, 2003). Patient outcomes of care are further affected by the rapport and interpersonal quality of practicing professional nurses. The relationship the nurse has with the patient has much more impact, compared to the outcomes regarding normalizing serum biochemical values. This puts emphasis on the point that the nurse has to achieve therapeutic and humanistic outcomes appropriate for each individual patient. According to Nyer (1999), dissatisfied patients tend to file complaints with the establishment or seek redress from it more often and dissuade others from seeking health care services from the system if the systems do not favor them. Studies that help to capture the dissatisfaction before patients turn away from seeking healthcare services are important. A survey carried out at KNH medical wards and Medical

Outpatient Clinics (MOPC) on patient satisfaction encompassing different healthcare staff showed that the patients were generally satisfied with the healthcare services (Nursing Research Committee, 2007). In addition, a survey carried out on patient satisfaction in the KNH pharmacy department in 2009 showed that patients were satisfied with the services but noted the need for improvement. Though these studies had shown satisfaction with the services offered at the hospital, none had been done on the level of satisfaction with nursing services, which are critical in the quality of care a hospital offers, prompting a study in the area (Pharmacy Department, 2009).

Concept of Patient

A patient is any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, psychologist, dentist, veterinarian, or other health care provider. The word "patient" originally meant "one who suffers". This English noun comes from the Latin word *patiens*, the present participle of the deponent verb, *patior*, meaning "I am suffering," and is akin to the Greek verb *πάσχειν* (= *paskhein*, to suffer) and its cognate noun *πάθος* (= *pathos*). This language has been construed as meaning that the role of patients is to passively accept and tolerate the suffering and treatments prescribed by healthcare providers without engaging in shared decision-making about their care (Neuberger, 1999). There are two types of patients, namely:

- **Outpatients**

An outpatient (or outpatient) is a patient who attends an outpatient clinic with no plan to stay beyond the duration of the visit. Even if the patient will not be formally admitted with a note as an outpatient, their attendance is still registered, and the provider will usually give a note explaining the reason for the visit, tests, or procedure/surgery, which should include the names and titles of the participating personnel, the patient's name and date of birth, signature of informed consent, estimated pre-and post-service time for history and exam (before and after), any anesthesia, medications, or future treatment plans needed, and estimated time of discharge absent any further complications. Treatment provided in this fashion is called ambulatory care. Sometimes surgery is performed without the need for a formal hospital admission or an overnight stay, and this is called outpatient surgery or "day surgery," which has many benefits, including lowering healthcare costs, reducing the amount of medication prescribed, and using the physician's or surgeon's time more efficiently. Outpatient surgery is suited best for healthy patients undergoing minor or intermediate procedures (limited urologic, ophthalmologic, or ear, nose, and throat procedures, as well as procedures involving superficial skin and the extremities). More procedures are being performed in a surgeon's office, termed "office-based surgery," rather than in a hospital-based operating room.

- **Inpatients**

An inpatient (or in-patient), on the other hand, is "admitted" to stay in a hospital overnight or for an indeterminate time, usually several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state, patients can stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called "inpatient care." Admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed discharge, and involves a corresponding discharge note and sometimes an assessment process to consider

ongoing needs. In the English NHS, this may take the form of "Discharge to Assess"—where the assessment takes place after the patient has gone home (Bates & Singh, 2018).

Concept of Nursing

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in many specialties with differing levels of prescription authority (Fort, Deussom, Burlew, Gilroy, & Nelson, 2017). Nurses comprise the largest component of most healthcare environments, but there is evidence of international shortages of qualified nurses. Many nurses provide care within the scope of orders from physicians, and this traditional role has shaped the public image of nurses as care providers. Nurse practitioners are nurses with a graduate degree in advanced practice nursing. They are, however, permitted by most jurisdictions to practice independently in a variety of settings. Since the postwar period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing (Coulehan & Block, 2005). Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family, and other team members, that focuses on treating illness to improve quality of life. In the United Kingdom and the United States, clinical nurse specialists and nurse practitioners diagnose health problems and prescribe the correct medications and other therapies, depending on particular state regulations. Nurses may help coordinate the patient care performed by other members of a multidisciplinary health care team, such as therapists, medical practitioners, and dietitians. Nurses provide care both interdependently (with physicians, for example) and independently as nursing professionals (Dunphy & Winland-Brown, 2011).

Concept of Nursing Performance

Nurses spend more time with patients than any other health care provider, and patient outcomes are affected by nursing care quality. Thus, improvements in patient safety can be achieved by improving nurse performance. We review the literature on nursing performance, including cognitive, physical, and organizational factors that affect such performance, focusing on research studies that reported original data from nurse participants. Our review indicates that the nurse's work system often does not accommodate human limits and capabilities and that nurses work under cognitive, perceptual, and physical overloads. Specifically, nurses engage in multiple tasks under cognitive load and frequent interruptions, and they encounter insufficient lighting, illegible handwriting, and poorly designed labels. They spend a substantial amount of their time walking, working long shifts, and experiencing a high rate of musculoskeletal disorders. Research on cognitive processes in nursing, the effects of interruptions on nursing performance, communication during patient handoffs, and situation awareness in nursing is long overdue. Human factors and ergonomics (HF/E) professionals must play a key role in the redesign of the nurses' work system to determine how overloads can be reduced and how the limits and capabilities of performance can be accommodated. Collaboration between nurses and HF/E specialists is essential to improving nursing performance and patient safety.

Review majorly centered on satisfaction level, perception and quality health care, as well as the impact the quality of nursing care has on satisfaction of patients needs. Several terms were operationalized in line with the objectives of the study. Satisfaction level indicated how comfortable one is with the focused goal that is set (Dennis, 2011). Perception was adopted as the act of apprehending by means of the senses or of the mind, the view of something or event or procedure. Quality health care in this study was expressed in two levels:

1. In view of the patient and
2. In terms of SERVQUAL model of quality care based on five dimensions of the model.

Quality health care is described as care that fits one's needs and preferences, does not cause harm, is right for one's illness, and is given without unnecessary delays. Quality healthcare is also the kind of care that includes only the medical tests and procedures one needs. It's fair and is not affected by such factors as gender, language, colour, age, and income. The SERVQUAL model identifies the gap between perception and expectation of customers on the basis of five attributes, viz., reliability, responsiveness, assurance, empathy, and tangibles, to measure consumer satisfaction in light of service quality. SERVQUAL is a service quality framework. The model was refined in the early nineties to the useful acronym RATER, i.e., R: Reliability, A: Assurance, T: Tangibles, E: Empathy, and R: Responsiveness (Parasuraman, Zeitham, & Berry, 1988).

Patients' Perception and Satisfaction with Quality of Nursing Services

Healthcare systems today are technically proficient. Strong emphasis is placed on patient service with organized efforts to understand, measure, and meet the needs of clients served. Evidence of this phenomenon is found in the numerous publications that focus on patient satisfaction as a key outcome measure in health care. Patient satisfaction is therefore the perception of patient needs and expectations being met. The level of satisfaction varies from person to person and from product to product or service. A number of psychological and physical variables that correlate with satisfaction behaviors, such as return and recommended rate, will influence the level of satisfaction. Donabedian (1988) suggests that "patient satisfaction may be considered to be one of the desired outcomes of care and that information about patient satisfaction should be as indispensable as assessments of quality". Patient satisfaction can be achieved, but can be hindered by several factors. A study done in Italy showed high level of burnout amongst nephrology nurses and physicians, resulting in poor patient satisfaction regarding the quality of services offered. In addition, according to Flynn, Thomas-Hawkins & Clarke (2009), burnout syndrome among nurses affects patient satisfaction as it affects the quality of nursing care. Burnout predictors for nephrology nurses include inadequate staffing, increased workload, and inadequate resources. Further, these burnout predictors are apparent in most health care facilities in Sub-Saharan Africa and could hinder the achievement of patient satisfaction in hospitals. Willis, Watson, Casson, Doherty, Telford & Brown (1998) documented quality issues by patients regarding renal nurses' procedures as, for example, "leaving promptly post dialysis" by some hemodialysis (HD) patients, while other HD patients suggested "commence dialysis session promptly". In South Africa, patients' satisfaction with the quality of care of renal nurses depended upon rapport, the personal quality of the nurse, and the relationship the nurse had with the patient (Department of Nursing Science, 2000). In conclusion, the quality of care provided to end-stage renal disease (ESRD)

patients can be improved through education and a better understanding and appreciation of nursing art (Armistead, 2005).

Perception & Satisfaction with Quality of General Nursing Services including Other Related Health Care Services

The application of a high degree of professionalism and skills in the care of patients enables the achievement of the highest quality of patient care. Armistead (2005) argues that nursing care features have a greater influence on patient satisfaction with healthcare services as compared with other healthcare member interventions. It indicates that the nurse's role includes pre-op teaching, medication administration, record keeping, and physical assessment of patients. Implying the practice of nursing in all these aspects could be described as quality nursing care. The qualities of good nursing have variously been described. For example, oncology patients described attributes of high quality nursing care that contributed to their sense of wellbeing. These attributes included professional knowledge, coordination, partnership, individualization, rapport, and caring (Radwin, 2000). To give high quality care, nurses are expected by patients to be kind, joyful, warm, polite, understanding, and clinically competent. To offer these quality services, nurses therefore need to be clinically competent. According to Baldorsdottir & Jonsdottir (2002), a study established that clinical competence among nurses includes knowing how to give injectables, knowing the pharmacodynamics of drugs, knowing when to refer to the doctor, and knowing how to handle equipment. In addition to these, other attributes have been added. For example, Kralik, Koch, and Wotton (1997) interviewed post-operative patients and identified nursing care attributes that led to patient engagement. These characteristics included the nurse's availability, open dialogue, recognition of the patient as a unique individual, friendly, warm personality, giving a gentle touch, and recognition of the patient as a unique individual. Nurses need to understand the strengths and weaknesses of the services they provide to better serve patients' needs. This is because a patient satisfied with care offered, has a chance of seeking care from the same place it was offered and will likely comply with treatment regimes. According to Vuori (1987), nurses need to understand that care cannot be of high quality unless the patient is satisfied. Patient satisfaction should thus remain a requirement for obtaining health care goals. Professional nurse care found out that patients were concerned about humane treatment as compared with cost and convenience of care. Nursing services and nurse attitudes strongly influenced the patient's satisfaction. It is believed that by measuring patient satisfaction, nurses can identify areas in need of improvement in order to affect quality care. Knowing the causes of dissatisfaction and problems encountered in the provision of nursing services, especially those that may have been prevented, allows healthcare workers to focus on areas in need of improvement.

Conclusion

It was concluded that patients are generally satisfied with the quality of nursing services in the renal unit. This was acceptable attendance because it controlled the uremic syndromes and also demonstrated the patients' desire to return for the same treatment, a predictor of level of satisfaction. Causes of dissatisfaction with nursing services, such as an inadequate number of dialysis machines and an inappropriate nurse-patient ratio in the renal unit. Use of the SERVQUAL model depicted nursing services in the rental unit as quality on dimensions of responsibility, reliability, and reassurance.

Recommendations

1. Health care providers should ensure that patients need proper care for quick recovery from their physical, mental, emotional, and social health conditions.
2. Government and management of each hospital should organize regular training to the medical personnel on effective services to their patients as this will help boost their morale.

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