Investigating the opinion of inpatients about the quality of nursing care in 5 Azar and Shahid Sayad Shirazi educational centers, Gorgan, Iran

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Abstract

Background: One of the rights of all patients is good quality nursing care, which is the duty of all nurses. The overall success of hospital depends on the opinion and feelings of the patients about the nursing care in the hospital. The present research aimed to determine the quality of nursing care in 5 Azar and Shahid Sayad Shirazi educational centers in Gorgan.

Methods: The present research was a cross-sectional study. 213 inpatients at 5 Azar and Shahid Sayad Shirazi hospitals were selected using a convenience random sampling in 2022. The standard Quality Patient Care Scale (QUALPAC) questionnaire was used to collect data. The data were analyzed using descriptive statistics methods, and IBM SPSS 24 Statistics program. Considering the non-normality of data distribution, the mean difference between two independent variables was compared using Mann-Whitney test, the mean difference between more than two independent variables was compared using Kruskal-Wallis test, and the relationship between quantitative variables was evaluated using Spearman's correlation coefficient. The statistical significance level was set at $P < 0.05$.

Results: The mean age of the patients was 49.72 ± 14.1 years. Out of 213 patients, 50.9% were male. Most of the patients were married (82.2%) had a diploma (43.7%), and were housekeepers (26.8%). The mean of nursing care quality from the inpatient's perspective were classified as relatively favorable (2.51 ± 0.71). Moreover, the maximum and minimum score was related to the dimensions of communication (2.59 ± 0.81), and psychosocial (2.48 ± 0.68), respectively. This study's results showed that there was no significant relationship among the demographic variables with the total score of nursing care quality, and its dimensions (P-Value > 0.05).

Conclusion: Since the nursing care quality from the inpatient's perspective was classified as relatively favorable, holding training courses for the clinical nurses and nursing students, and monitoring of these courses continuously can increase the quality of nursing care to the level expected by the patients.

Highlights

What is current knowledge?

Patient satisfaction, to some extent, can indicate the correct provision of services in hospitals. Some different researches conducted in the country show the quality level of nursing care in a relatively unfavorable situation.

What is new here?

The findings of the present study showed that the quality of nursing care is "somewhat favorable" from the point of view of most patients. The lowest score in terms of the quality of nursing care from the patient's point of view was related to the "psychosocial" dimension.

Introduction

Nursing care is one of the most important care in the medical environments, such as a hospital (1). The general public and even nurses consider nursing care as love, art, worship, and service (2). The important issues due to the nursing care quality include achieving physical needs, providing psychosocial support, the assurance of paying attention to the mental and spiritual needs of patients, the satisfaction of patients with care, meeting the needs of patients, and ensuring the provision of comprehensive care to the patient (3). One of the rights of all patients is good quality nursing care, which is also the duty of all nurses. The grading and accreditation of hospitals in most countries depends on the nursing care quality. When the treatment received meets the patients' expectations, the nursing care is said to be of high quality. The process of providing nursing care involves interpersonal engagement, and the nurse must communicate with the patient (4). Increasing the nursing care quality during hospitalization leads to reducing the hospitalization period, and preventing re-hospitalization (5). The relationship between the nurse and the patient in a completely personal environment beyond time, place, and physical boundaries has an important role to determine the quality of nursing care. Excessive and shift work, personal conflicts, facing death, lack of psychological support, contradiction with doctors, and ambiguity in the level of authority are some factors affecting the nursing care quality (6). The reports related to low quality care, the increase in the patients' attention to the quality of care, the increase in patients' demand for high-quality care, and the concerns of specialists about the consequences of patient care increased the need to improve the quality of health care. Increasing the level of the emergency services, high workload, and the low number of nurses are the factors which

significantly affect the nursing care quality and lead to concerns about the safety of patients and the quality of care in hospitals (7). Providing services with lower quality than the expectations of the patients always leads to a decrease in trust towards service providers. Customer dissatisfaction and negative publicity will ultimately cause loss and destruction of the relevant organization (8). Although nursing care with good quality is the right of patients, several studies conducted in nursing service quality and patient satisfaction reported that despite a lot of effort, the quality of nursing care has not yet reached a favorable level and is still relatively unfavorable (9,10).

The main customer of hospital services is the patients. The satisfaction of patient, to some extent can represent the good quality of the service (11). The overall success of hospital depends on the views, and feelings of the patients about nursing cares in the hospital (12). Therefore, the patient's perspective is an important factor which should be considered in improving the quality of nursing care (1). The present study aimed to determine the quality of nursing care based on the opinion of the inpatients at 5 Azar and Shahid Sayad Shirazi educational centers in Gorgan.

Methods

This cross-sectional descriptive-analytical study was performed on 213 inpatients at 5 Azar, and Shahid Sayad Shirazi educational centers in Gorgan. Out of 213 patients, 105 patients were selected from Shahid Sayad Shirazi Hospital, and 108 from 5 Azar Hospital. The inclusion criteria were hospitalization for at least 72 hours, the ability to read and write, suitable mental, and physical conditions during the answering the questions (Absence of mental and psychological disorders), non-hospitalization in ICU and CCU, and willingness to participate in the study.

All data are collected by a questionnaire in two parts, demographic characteristics, and a Quality Patient Care Scale (QUALPAC) questionnaire. Demographic variables included age, gender, education level, marital status, job, insurance coverage, type of insurance, type of disease, duration of illness, the department of hospitalization, the number of times and length of hospitalization.

Quality Patient Care Scale (QUALPAC) questionnaire was first presented by Wandelt in 1972. This questionnaire consisted of 65 questions in three dimensions, namely psycho-social dimension (28 questions), the communication dimension (13 questions), and the physical dimension (24 questions). The responses to the questions were scored using a five-point Likert scale (0 = never, 1 = seldom, 2 = sometimes, 3 = frequently, and 4 = always), which was applied to the three psycho-social, communicative, and physical aspects. The

questionnaire had a minimum and maximum score range of 0 and 260, respectively. A higher score indicates a better quality of care. The total score of nursing care quality was divided by the total number of questions, and the quality of nursing care was divided into three groups: unfavorable (0-1.89), relatively favorable (1.90-2.63), and favorable (2.64-4). The validity of this questionnaire was confirmed by experts, and the reliability of the questionnaire was estimated as 0.98 by Cronbach's alpha.

The present study was approved by the ethics committee of Gorgan University (IR.GOUMS.REC.1401.177). The researcher, after coordinating with the authorities and obtaining written permission, explained the purpose of the study to the participants. The participants were assured of confidentiality and freedom to withdraw from the study at any stage of the research. Participants who met the requirements for inclusion provided their verbal consent before completing the questionnaires. The data were analyzed using descriptive statistics methods and IBM SPSS 24 Statistics program. Because of the nonnormality of the data distribution, Spearman's correlation coefficient was used to evaluate the relationship among quantitative variables, Mann-Whitney was used to compare the mean difference between two independent variables, and Kruskal-Wallis test was used to compare the mean difference between more than two independent variables.

Results

The mean age of the patients was 49.72 years (SD=14.18). The mean duration of disease was 251.56 days (SD= 42.85). The mean number of hospitalizations was 1.82 times (SD=1.71). According to the present results, the minimum and maximum number of the hospitalizations was 1 time and 12 times, respectively. The mean hospitalization period was 9.43 days (SD= 9.20). 49.2% and 50.8% of patients were hospitalized in Shahid Sayad Shirazi and 5 Azar Hospitals, respectively. Out of 213 patients, 51.2% were male. Most of the patients were married (82.2%) which had a diploma (43.7%), and were housekeepers (26.8%). 89.0% of patients had health insurance and 41.3% of them were covered by Salamat insurance. 50% of the inpatients were from the internal medicine department. Table 1 shows the mean score of nursing care quality in general due to the dimensions. The mean and standard deviation of the nursing care quality from the inpatient's perspective was at a relatively favorable level (2.51 ± 0.71). Moreover, the maximum and minimum score was related to the communication dimension (2.59 ± 0.81), and psychosocial dimension (2.48 ± 0.68), respectively. The mean scores in all dimensions were classified as relatively favorable. Kolmogorov–Smirnov test was used to specify the normality of the quantitative variables, and the results showed that the normality hypothesis was not established in all dimensions (P-Value < 0.001). Therefore, non-parametric tests were used to evaluate the relationship among the variables. The results showed that there was no significant relationship among the hospital, gender, education level, marital status, job, department of the hospitalization, health insurance, type of insurance, age, type of disease, duration of illness, number of times and length of hospitalizations with the total score of the nursing care quality and its dimensions (P-Value > 0.05).

Table 1. The mean score of nursing care quality in general and in terms of the dimensions in Sayad Shirazi and 5 Azar educational centers, Gorgan

Dimensions	Mean	Standard deviation	Median	Minimum	Maximum
Psycho-social	2.48	0.68	2.66	0.93	3.75
Communication	2.59	0.81	2.77	0.69	4.00
Physical	2.51	0.78	2.71	0.71	3.75
Quality of nursing care	2.51	0.71	2.68	0.94	3.63

Discussion

Patients were informed that not participating in the study or expressing dissatisfaction with the quality of nursing services will not affect their treatment or discharge processes. The conditions of hospital may reduce the accuracy of the This study's results indicated that the nursing care quality, based on the opinion of inpatient was classified as relatively favorable. Gholami et al. conducted a study in educational-therapeutic hospitals at Hamedan University of Medical Sciences. They reported that the nursing care quality from the inpatient's perspective in terms of physical, communication, and psychosocial dimensions was at a relatively favorable level (13). Neishaburi et al. indicated that the nursing care quality from the inpatient's perspective was at a relatively favorable level (1). Based on the results of the study of Gholjeh et al., the quality of nursing care in the psychosocial dimension was moderate (9). Sheikhi and Javadi reported that the satisfaction level of patients with mental health care was moderate, which was consistent with the results of the present study (14). Haghighi-khoshkho showed that the quality of nursing care in the psychosocial and communication dimensions was at an unfavorable level (15). Based on the results of the study of Dabirian et al., most the patients with HIV/AIDS experienced poor quality care in psychosocial and communication dimensions (16). Only 29.8% of patients, according to Fatehi et al report's (4), received nursing care that was of a high caliber, which conflicts with the findings of the current research. The findings may vary depending on the kind of sample used and the portions that were evaluated. Taghadosi and Hosseini conducted a systematic review and found that the main challenges to improve the quality of nursing care in Iran are educational

and management weaknesses, high workload of nurses, the mental and physical stress of nurses, and the old method of division of labor. The positive effect of communication with patients, using the nursing process, evaluation by a cooperator, and using an educational supervisor to train nurses were reported in studies conducted in an intervention manner to improve nursing care (17). The lowest score of nursing care quality from the patient's perspective was related to the "psychosocial" dimension. This result was consistent with the results of the study of Khaki et al., (18), but it was not consistent with the results of Gholami et al., (13) and Ghamari Zare et al. (19). The patient is a "social being" who besides the need for special attention regarding the illness, he/she needs to pay attention to his/her social needs, while nurses often try to solve the physical and primary needs that arise from disease and pay less attention to other dimensions of care (13).

Managers should encourage the nurses to provide patient-based care and obtain patient satisfaction. To increase the satisfaction of patients with nursing care, nurses should have an educational, communicative, and caring role and be aware of their importance in creating satisfaction for patients (19). One limitation of the present cross-sectional study was the lack of decisiveness regarding the effective factors. Therefore, the results of present study can be a basis for future intervention studies. Staff and patients may not answer questions honestly because of concern for potential repercussions since the self-report questionnaires were utilized to obtain the data. In order to combat the potential inclination of the patients to provide inaccurate responses, anonymity and secrecy were stressed. Furthermore, the participants to answer the questions, so the participants were asked to complete the questionnaire calmly when they were not busy. Since the self-report method was used, it is suggested to use the observation method for evaluation in future studies. It is suggested to design educational interventions, and methods to improve the quality of care, and measure the effectiveness of these interventions periodically and continuously to improve the nursing quality.

Conclusion

The nursing care quality from the patient's perspective was at a favorable level. The highest and lowest score was related to the communication, and psychosocial dimension, respectively. Since nursing care quality from the inpatient's perspective was classified as relatively favorable, holding training courses for the clinical nurses and nursing students, continuous monitoring of these courses, paying attention to the psychosocial needs of patients, and improving the relationship between the nurse and the patient can improve the quality of patient care to the level expected by patients.

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Ethical statement

Ethics approval related to the research circumstances was obtained from the ethical committee of Golestan University of Medical Sciences (Approval no: IR.GOUMS.REC.1401.177).

Conflicts of interest

Not applicable.

Author contributions

AH: Conceptualization, Project administration, Writing. NJ: Conceptualization, Investigation, Writing, Visualization. SSMT: Investigation, Software, Writing. ZK: Software, Validation, Data curation, Methodology, Writing. MZ: Investigation, Writing. The author(s) read and approved the final manuscript.

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