

TADEUSZ PAWEŁ WASILEWSKI

## Analiza wybranych aspektów satysfakcji pacjenta z pobytu w szpitalu w ocenie chorych z półkulowymi uszkodzeniami mózgu

## The analysis of selected aspects of satisfaction with hospitalization of hemispheric brain damage patients

### Streszczenie

Badanie satysfakcji pacjenta z pobytu w szpitalu jest powszechnym sposobem oceny jakości opieki zdrowotnej. Jest to niezwykle cenny i wartościowy sposób weryfikacji jakości usług medycznych. Dzięki tego typu ocenom, personel zespołu terapeutycznego uzyskuje informacje na temat poziomu sprawowanej przez siebie opieki, poznaje oczekiwania i potrzeby pacjenta, pomaga w rozwiązywaniu jego problemów. Badanie satysfakcji pacjenta pozwala także na rozpoznanie, co w zakresie usług medycznych jest źródłem niezadowolenia chorego.

Celem prezentowanej pracy była subiektywna ocena wybranych aspektów satysfakcji z pobytu w szpitalu, dokonywana przez pacjentów z uszkodzeniami prawej i lewej półkuli mózgu, na tle grupy kontrolnej.

Badania przeprowadzono w 2004 roku wśród 173 pacjentów hospitalizowanych w Klinikach Neurochirurgii i Neurochirurgii Dziecięcej oraz Neurologii Samodzielnego Publicznego Szpitala Klinicznego Nr 4 w Lublinie. W celu dokonania oceny satysfakcji pacjenta z pobytu w szpitalu wykorzystano Kwestionariusz Satysfakcji Pacjenta z Pobytu w Szpitalu w aspekcie oceny szeroko pojętego informowania chorych oraz zapewnienia potrzeb religijnych i kontaktu z rodziną.

Przeprowadzone badania wykazały, iż blisko połowa chorych w każdej z badanych grup znała osobę pielęgniarki oddziałowej, a mniejszy procent chorych utożsamiał odpowiednią pielęgniarkę z pielęgowaniem określonej grupy chorych. Badania wykazały, iż około 70% pacjentów w każdej z grup zostało poinformowanych o przysługujących im prawach. Analiza statystyczna uzyskanych wyników badań wskazała na wysokie oceny aspektu dotyczącego zapewnienia potrzeb religijnych i kontaktu z rodziną. Badania wykazały, również, iż ponad 90% pacjentów w badanych grupach eksperymentalnych oraz kontrolnej była zadowolona z opieki w tym zakresie. Ocena satysfakcji pacjenta z oferowanej opieki pielęgniarskiej wskazała na średni poziom zadowolenia chorych w zakresie przeanalizowanych aspektów opieki.

**Słowa kluczowe:** pacjent, satysfakcja z opieki, jakość opieki zdrowotnej, usługi medyczne.

### Summary

The enquiry into satisfaction of the hospitalized patients is a traditional way of the assessment of the quality of health care. This is an exceptionally valuable technique of medical service verification. Thanks to such types of assessment a therapeutic team obtains information on the level of rendered service (care), meeting expectations and patients' needs and problem solving. The assessment of patients' satisfaction also allows us to feel the signs of distress of clients in terms of medical service

The goal of the presented study is a subjective assessment of the selected aspects of satisfaction with hospitalisation. This evaluation was made by the patients with hemispheric brain damage compared to the control group.

The investigation was conducted in 2004 among 173 hospitalised clients at the Neurology and Children's Neurosurgery and Neurology Department of Independent Public University Hospital No.4 of Medical University of Lublin. To carry out the assessment, a Questionnaire of Patient's Satisfaction of Hospital Stay was used. The following aspects were considered in the questionnaire ensuring religious needs, making contacts with family and informing patients.

The findings revealed that nearly half of the clients of each treated group knew a departmental nurse and a lower percentage of the sick identified the nurse who took care of a particular group of patients. The study showed that about 70 percent of patients from each group were informed about their rights. The statistical analysis of acquired results emphasized a high level of aspect with regard to ensuring religious needs and a contact with a family. The study also indicated that 90% of patients from the experimental groups and the control one expressed their satisfaction with care.

**Key words:** patient, satisfaction of caring, quality of health care, medical service.

## INTRODUCTION

A systematic assessment performed by patients about caring rendered by a therapeutic team towards clients makes it possible to improve the whole system, particularly its individual elements. From passive recipients of medical services the patients become the subjects who provide the assessment and opinions about medical care. The satisfaction with care being shaped by various factors appears to be mainly subjective and shows the degree of satisfaction caused by treatment processes and caring. In addition, it turns out that workers of health protection use different criteria while assessing the quality of medical care as compared to patients. The enhancement of the medical care quality is therefore a creative task and places responsibility, self-control and self-improvement on the workers of medical health units [1, 2].

Nowadays both nursing care staff along with patients tend to systematically evaluate nursing services and carry out actions not only towards their treatment but also the improvement of its quality. Nursing care as a subsystem of health care is one of the main health service areas maintained in a direct contact with patients. The level of satisfaction with care will depend on regarding patients commonly as subjects not objects. Each patient then is a central element of the system of health care and is highly aware of their own needs and wishes. Also, patients seem to be more demanding as regards their care [3, 4].

The main objective of the study was an assessment of the selected aspects of satisfaction with hospitalisation. The evaluation was carried out by the patients with hemispheric brain damage as compared to the control group and referred to information of patients in general and an evaluation of meeting religious needs and contacts with a family.

## MATERIAL AND METHOD

The study involved three groups of patients hospitalized in Neurology and Children's Neurosurgery and Neurology Departments of Independent Public University Hospital No.4 of Medical University of Lublin. The investigation was carried out in 2004 and covered 173 patients. The first group involved patients with a right hemisphere brain damage (P=57), the second one concerned patients with a left hemisphere brain damage (L=55) and the third group referred to 61 (D) patients hospitalized due to discopathy.

The age of the treated subjects ranged from 17 to 79. The investigation involved 100 men and 73 women. In the three groups the highest percentage was made up by the married clients.

The assessment of satisfaction with nursing care was based on a diagnostic survey which entailed a questionnaire of patients' satisfaction derived from hospitalization. The scope of information provided for patients and meeting of religious needs and contacts with a family appeared to be useful [5].

The original version of the questionnaire is composed of two responses from a patient, i.e. YES and NO, where "yes" means a positive evaluation of nursing care and "no" provides a negative answer. In this study a patient's comment on providing care and a suggestion of a change was used. The calculation of the results of the investigation based on the above questionnaire was made by taking into consideration the number of patients who took part in the

study as 100% for each group. Furthermore, the arithmetic mean was calculated taking the sum of points for particular sets of questions.

## RESULTS

The participation of the hospitalized patients in more frequently improved therapeutic, nursing and rehabilitation effects, thus health care reforms, constitutes an integral part of transformation that the institutions involved in medical care have been subject to in recent years.

The study regarding the quality of care indicates that there are strong tendencies for conducting an assessment of the care quality by providers and recipients of medical care. This happens because medical services have become more and more commercialized, i.e. treatment, caring and rehabilitation are simply products for sale. Despite the fact that a patient-recipient and their family are not quite competent to assess the aspects of care, however, they see the issue from a non-professional perspective [6].

It seems that in the contemporary medical care patients no longer accept poor hospital conditions, meager meals or comfort which are characteristic for their homes. Patients pay attention more frequently to individual treatment by a therapeutic team i.e. doctors and nurses- the persons who take their patients' wishes and beliefs into consideration and follow their own methods of management [7, 8].

Among many factors affecting the degree of patients' satisfaction with caring, an honest passing of information to patients plays a key role. It appears that a well informed patient being aware of the decisions taken during their treatment goes through the process of therapy more quickly, requires less workload and a shorter stay in hospital [3, 7, 9].

The information of patients may refer to varied aspects of care. One can mention such aspects as following adequate diet, explaining procedures and administering medicines, informing about the patient's rights and a proper behaviour before, during and after diagnostic examinations and operations, passing instructions about behaviour during recovery or even being introduced to nursing staff i.e. a departmental nurse.

Baczewska et al. [7] confirm a hypothesis that the information on a suitable diet passed to patients is satisfactory. A vast majority of patients claim that they are provided with this type of knowledge. Only a slight percentage of the treated estimate that they are not informed about a diet they have to stick to.

By doing an analysis of the responses in the questionnaire as regards the degree of satisfaction derived from a satisfactory explanation of dietary behaviours, it was revealed that the patients from the experimental groups P and L (comparatively) claimed that they were instructed in terms of diet advice (accordingly P – 40 persons, i.e. 70.2%, L – 37 persons, i.e. 67.3%). It is worth highlighting that the control group involved 47 persons – 80.3% and almost 30% of the patients showed their discontent on that subject. A higher level of happiness was shown by men rather than women.

The examples of positive comments of patients as regards satisfaction with adequate clarification of dietary rules were as follows: "Although the above issue did not concern me, I saw nurses explaining other clients what they could and could not eat during their hospitalization", "I was told how I

should maintain my diet whenever I asked about it.” “Also, I was shown how I should eat while being examined.”

Among the few negative opinions and comments concerning the above issue the following statements prevailed: “In spite of the fact that I was informed about a diet, I did not comply with that”, “I never followed a diet in a ward”, “None of the nurses mentioned that patients should adapt to a hospital cuisine.”

The literature confirms that patients from different wards are not familiar with nurses who perform a function as a ward nurse. In majority patients claim that they do not know this person at all. Wyrzykowska [3] states that the knowledge about who is the chief nurse in a ward enormously influences a patient’s assessment of being accepted on a ward. Besides the fact that the nurse takes a great interest in all that is happening in terms of care contribute to an assessment of care provided by patients.

By analysing the answers to the question in the questionnaire of satisfaction with hospitalization which referred to the degree of satisfaction with knowing a departmental nurse, it was revealed that the patients knew the chief nurse in a smaller percentage (accordingly P – 27 persons, i.e. 47.4%, L – 22 persons i.e. 40.0% and D – 25 persons, i.e. 41.0%). Women were mostly satisfied with this fact. They claimed that they could always rely on the chief nurse and her support.

The examples of positive comments of patients regarding knowing the ward nurse were as follows: “I knew which nurse was in charge but nobody told me her name” Yes, I was informed about that while being admitted to hospital “, “Yes, I knew which nurse functioned as a chief one because she used to visit my ward every day”

Among the few negative opinions and comments in terms of the above issue, the following patients’ statements prevailed: “All nurses were treated in the same way and I do not know which one is the matron because no one told me about that”, “I wanted to know but I received no such information”, “I did not need this, actually.”

The literature indicates that patients of various hospital departments do not know nurses responsible for their caring. The patients argue that nurses do not require from patients to be familiar with their caregivers and moreover, the hospitalized do not feel the need to do that [3, 7].

By making an analysis of the answers to the question in the questionnaire of satisfaction with hospitalization concerning the degree of happiness drawn from knowing a nurse responsible for care, it was proved that the patients know the nurses taking responsibility for their caring in a small percentage (accordingly P – 12 persons, i.e. 21.1%, L – 14 persons, i.e. 25.5% and D – 17 persons, i.e. 27.9%). One has to highlight that a greater percentage of older clients knew not only the names of nurses but also which of them provided care for particular groups of patients ( $p < 0.05$ ).

The examples of positive comments of patients as regards knowing a surname of a nurse responsible for providing care were as follows: “I did not know a surname but I knew the names of nurses for sure”, “Patients from a ward know nurses by names and surnames because the clients can read them on the doors of a ward”, “Since I visited other departments I know that none of nurses introduced themselves; in here I know nurses’ names and surnames.”

Among numerous negative opinions and comments concerning the above question the following patients’ statements prevailed: “I could not know one nurse, I would have to get to know many surnames as there were many nurses looking after me”, “I only knew the surname of the leading doctor and nurses took care of me anonymously”, “No one told me the surname of the nurse who looked after me.”

The perspective of patients’ satisfaction with the quality of medical care gives evidence of a preference of patients as referred to the way they are treated and cared. It also relates to the procedures used and medicines administered in hospital [10, 11].

Wyrzykowska [3] argues that patients generally assess the information about the purpose and way of performing of various procedures in a positive way. By making an analysis of the answers to the question in the questionnaire of patients’ satisfaction with hospitalization concerning the quality of happiness drawn from used procedures and administered medicines, it was revealed that the patients of the three treated groups showed a comparative percentage in explaining the above issue (accordingly P – 44 persons, i.e. 77.2%, L – 41 persons, i.e. 74.5% and D – 45 persons, i.e. 73.8%).

The positive comments of patients concerning the above-mentioned issue were as follows: “I knew all procedures established”, “Nurses informed patients about taking particular medications”, “They always told us about a drip to be fixed up”.

The few negative opinions and comments of the above situation showed that “The nurses working in this ward said nothing unless they were asked about”, “I did not need such knowledge actually but I did not notice that nurses passed on such information“, “Sometimes I wish I had known something more but nurses neglected that.”

Another aspect having impact on pleasure and satisfaction with medical services offered covers respecting and defending of the patients’ rights. It turns out that in terms of nursing and caring actions showing respect to patients’ intimacy and keeping secret of information on health state takes on an additional importance [9].

The analysis of the questionnaire answers to the question about the patients rights showed that the patients of the three treated groups comparatively argued that their rights were explained and uncertainties clarified (accordingly P – 38 persons, 66.7%, L – 37 persons, 67.3% and D – 46 persons, 75.4%).

The positive comments of patients concerning informing about the patients ‘rights were as follows: “This type of information was passed to me when being admitted to hospital”, “There were regulations in a ward which could be read by each patient”, “I was informed about the specific regulations in a ward“.

The few negative comments and opinions regarding the above question mainly referred to the following statements: “No one told me about my rights”, “I was not informed about obligatory rights and duties in a ward“, “I put forward a suggestion to nurses but there was no reaction”.

The psycho-social support plays an important role in patients caring. The literature shows that this function is closely linked to a social support which is perceived as a mental and social help and spreading assistance to the needy. All such actions contribute to improving a mental state of

patients by making it easier for them to enter a new social group, ensure a contact with a family, respect a personal dignity and freedom in meeting their needs [3, 4, 7, 8].

The analysis of the questionnaire answers to the question regarding satisfaction with maintaining certain religious needs revealed that the patients of the three treated groups comparatively argued that their needs were satisfied (accordingly P – 54 persons, 94.7%, L – 52 persons, 94.5% and D – 56 persons, 91.8%).

The positive comments of patients as regards ensuring religious needs were as follows: “The above issue was respected because a priest visited the department regularly, if anyone wanted to go the chapel, it was possible”, “My observations showed that the conditions were guaranteed”.

The few negative comments about the above situation referred to the following opinions: “We found it difficult to see a priest sometimes”, “I think a priest used to visit wards rather rarely”.

The analysis of the questionnaire question concerning freedom in visiting patients revealed that the patients of the three groups comparatively claimed that the family members could easily pay a visit on the wards (accordingly P – 56 persons, 98.2%, L – 54 persons, 98.2% and D – 60 persons, 98.4%).

The positive comments on giving freedom in visiting patients in hospital were as follows: “There were no obstacles- the family could pay a visit in a ward”, “My wife and kids visited me whenever they wanted to, my family could come round without problems”.

The few negative opinions and comments regarding the above question prevailed: “When I wanted to talk with my family there was a long distance between us”.

To sum up, the above analysed material indicates that services and nursing actions as one of the biggest medical health areas have a significant impact on the quality of health care. Professional caring is currently considered to be an independent activity of a nurse. It is based on theoretical and general assumptions and rules of behaviour towards a patient as a result of nursing standards and procedures.

## DISCUSSION

According to Baczevska et al. [7] an assessment of caring consists in a comparison of an actual state with an accepted model, an analysis of a reached result and its relation to a presumed result. The assessment of nursing care is therefore a source of information on whether a supposed result of action was reached and what type of relation exists between an obtained upshot and the expected result. The researchers argue that the acquired assessment of the quality of nursing service makes a foundation for improving the state of nursing practice. Moreover, it acts as an instrument to find out strong and weak sides of caring, and also programming along with an in-service nursing training.

The above results referring to the patients with hemispheric brain damage as compared to the control group point to the highest satisfaction of patients in terms of dietary advice explanation, administration of medicines and performing procedures, patients' rights, meeting the religious needs and ensuring freedom in visiting patients.

The patients showed their discontent with lack of knowledge about nursing staff. It seems evident that the patients' happiness with care is formed by various factors among which a subjective conviction about the improvement of health plays a key role.

## CONCLUSIONS

On the basis of the analysis of the results the below conclusions were made:

- the patients of the three treated groups in a comparative percentage were satisfied with an explanation of dietary advice.
- the patients of the three treated groups pointed to ignorance of a departmental nurse and other nurses being responsible for caring
- in majority the clients in the treated groups were satisfied with explanation of the used procedures and administration of medicines, informing about their rights, maintaining conditions to meet religious needs and finally providing freedom in visiting their family members.

## REFERENCES

1. Małecka B, Marcinkowski JT. Satysfakcja pacjenta czynnikiem kształtującym współczesny rynek usług medycznych. *Probl Hig Epidemiol.* 2007;88(1):17-9.
2. Marcinowicz L, Grębowski R. Ocena opieki lekarza rodzinnego w świetle badań jakościowych: poszukiwanie komponentów zadowolenia i niezadowolenia pacjentów. *Family Medicine & Primary Care Review.* 2008;10(2):173-9.
3. Wyrzykowska M. Ocena opieki pielęgniarskiej w opinii pacjentów. *Pielęgniarstwo Chirurgiczne i Angiologiczne.* 2007;1:3-10.
4. Wasilewski TP. Subiektywna ocena wybranych aspektów satysfakcji z pobytu w szpitalu pacjentów oddziałów zabiegowych. *Pielęgniarstwo Chirurgiczne i Angiologiczne.* 2008;3:81-6.
5. Lenartowicz H. Zarządzanie jakością w pielęgniarstwie. Warszawa: Centrum Edukacji Medycznej; 1998.
6. Prot K, Pałycka M, Janczewska M, Induska A, Raduj J. Badanie satysfakcji pacjenta w warunkach opieki środowiskowej. *Post Psych Neurol.* 2005;14(4):299-304.
7. Baczevska B, Kropornicka B, Turowski K. Opinie pacjentów hospitalizowanych z powodu nowotworów mózgu na temat informacji udzielanych przez pielęgniarki. *Ann UMCS Sectio D Medicina.* 2003; 58 Suppl 13:S26-30.
8. Baczevska B, Kropornicka B, Turowski K. Pomoc pielęgniarek w zakresie rozwiązywania niektórych problemów opiekuńczych wynikających z potrzeb bio-psycho-społecznych. *Ann UMCS Sectio D Medicina.* 2003; 58 Suppl 13:S36-40.
9. Wierzbicka A, Pieniążek M. Satysfakcja pacjentów hospitalizowanych w oddziałach chorób wewnętrznych z opieki pielęgniarskiej *Ann UMCS Sectio D Medicina.* 2006; 61 Suppl 17:S190-4.
10. Pałycka M, Janczewska M, Raduj J, Induska A, Prot K. Znaczenie zmiennych społecznych dla różnicowania ocen jakości usług medycznych przez pacjentów. *Post Psych Neurol.* 2007;16(4):309-14.
11. Miller M, Supranowicz P, Gębska-Kuczerowska A, Car J. Ocena poziomu satysfakcji pacjentów jako element jakości pracy podstawowej opieki zdrowotnej. *Pol Merk Lek.* 2007;23:137, 367.

### Informacje o Autorze

Dr n. med. TADEUSZ PAWEŁ WASILEWSKI – asystent, Zakład Chirurgii i Pielęgniarstwa Chirurgicznego, Uniwersytet Medyczny w Lublinie.

### Adres do korespondencji

Dr n. med. Tadeusz Paweł Wasilewski  
Zakład Chirurgii i Pielęgniarstwa Chirurgicznego UM w Lublinie  
ul. Chodźki 6, 20-093 Lublin