

Patients' Perception Regarding Quality of Nursing Care at Tertiary Level Hospital in Bangladesh

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ABSTRACT

Background: Quality of care is a core concern for health care organization. Quality of nursing care influences the outcomes and patient's perception. Although patients' perception is important indicator to measure the quality nursing care and patient's satisfaction but it cannot be emphasized enough.

Objective: This study objective was to explore the patients' perception regarding quality of nursing care at tertiary level hospital in Bangladesh.

Methods: A descriptive cross-sectional study design was carried out at Dhaka Medical College Hospital, Dhaka, Bangladesh from July 2021 to June 2022. Study participants were conveniently selected comprising of sample size 120. Data were collected by face to face interview with structured questionnaire. Both descriptive and inferential statistics were used for data analysis.

Results: The study finding revealed that the perceived quality of nursing care was 3.47 ± 0.68 indicated poor perception. There was statistically significant different between quality nursing care with gender ($t = 3.02, p = .003$), duration of hospital stays ($r = -.271, p = .003$), ward service type ($t = 2.74, p = .007$), and history of previous hospitalization ($t = -2.21, p = .029$).

Conclusion: The quality nursing care was poor perceived by patients in Dhaka medical college hospital. There is a need to improve quality of nursing care to enhance patients' perception.

KEYWORDS: Quality, Nursing care, Perception, Patients

ARTICLE DETAILS

Published On:
05 September 2023

Available on:
<https://ijmscr.org/>

INTRODUCTION

Quality nursing care is a cornerstone of the nursing profession. It is described as nursing care that is provided to patients in order to meet their needs and achieve the highest level of perfection (Zarish, Sial, & Nizam Deen, 2020). Nurses are spending more time with patients than any other healthcare worker. From the time of admission until discharge, nurses provide care for patients every day. Therefore, as main healthcare providers, nurses make a significant impact on patients' perceptions about their hospital experience (World Health Organization, 2020).

Patients' perceptions and expectations of nursing care quality influence patients' satisfaction (Zhang et al., 2020). Patients are satisfied when their perceptions of received service match their expectations. When the service does not match their expectations, they are dissatisfied (Ahsan et al., 2012). Knowing patient's opinion is the best way for the

care providers to find out what is important and required by the patient (Karaca and Durna 2019). To rate a service on a satisfaction scale and to understand patient satisfaction, patients' perception regarding service has to understand first. Patient's perception of nursing care can be influenced by their pre-service expectations of the service provider. After receiving a service, the patient compares the perceived service with the expected one. If the perceived service matches or exceeds their expectations they opt to come to the hospital again and recommend it to the needy persons (Samina, Gj, Tabish, Samiya, & Riyaz, 2008).

Quality nursing care is a significant factor of not only adverse events and recurrence but also patient satisfaction, hospital commitment, and revisit intention. Furthermore, the consequences of quality nursing care impact on patient satisfaction and health outcomes (Juanamasta, Aunguroch, & Gunawan, 2021). Therefore, Patients' perception of

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nursing has been known as the most important indicator of overall patient satisfaction and an essential target of any healthcare organization. Measuring the perception of patients about nursing care may be successful in improving the quality of nursing services by promoting the development of standards for treatment by tracking both outcomes and patients' perceptions of quality (Keerthana and Deepika, 2021).

Globally, Nursing occupies 90% of all healthcare services and quality nursing care is one of the main components of healthcare quality (Galan, Kunaviktikul, Akkadechanunt, Wichaikhum, & Turale, 2019). But nursing has increasingly focused on the question of quality care (Voyce et al., 2018). According to WHO (2020), sixty percents of deaths in low and middle income countries occur due to poor quality care. Study showed that Patients mostly perceived low quality of physical care, education and preparation for home care. The overall quality of nursing care was however neither satisfying nor dissatisfying (Gishu, Weldetsadik, & Tekleab, 2019).

In Bangladesh, quality of Nursing care is unsatisfactory (Mazumder, Suter, Begum, & Hiura, 2021) and the quality of health care is poor in both public and private sectors and there is little assessment of the quality of provider care, low levels of professional knowledge, and poor application of skills (Nuri et al., 2019). In Bangladesh, although have some study related to quality of nursing care measured from nurse's perception but researcher found very limited study that assesses patients' perception regarding quality of nursing care. However, there was a severe shortage of nursing workforce but now nursing workforce in Bangladesh is potentially increased in last twenty years. In this regard, researcher wanted to measure whether nursing care quality is increased with the increasing nursing workforce. Therefore, this study aim was to explore the patients' perception regarding quality of nursing care at tertiary level hospital in Bangladesh.

MATERIALS AND METHODS

Study Design: A descriptive cross-sectional study design was used to assess the patients' perception regarding quality of nursing care at tertiary level hospital in Bangladesh.

Study Period: The study period was from July 2021 to June 2022.

RESULTS

Table1: Distribution of Participants' Socio-Demographic Characteristics (N=120)

Variables	Category	Frequency (n)	Percentage (%)
Age	M= 40.0, SD= 13.15, Range: 19-65		
Gender	Male	65	54.2
	Female	55	45.8
Educational qualifications	Unable to read and write	28	23.3
	Primary school	29	24.2

Study Population: The target population in this study was the patients who are admitted in the medical and surgical ward of Dhaka Medical College Hospital (DMCH), Dhaka, Bangladesh.

Sampling Technique and Sample: The study participants were selected using a convenient sampling technique. Calculated sample size was 120.

Data Collection Instruments: The instruments for data collection consisted of two parts. Part-I: Socio-Demographic Questionnaire (SDQ) and Part-II: Patient Perception of the Quality of Nursing Care and Related Hospital Services.

Data was collected by the previously validated questionnaire which was developed by Senarath and Gunawardena, (2011) that was previously used in many researches. The original instruments consisted of 36 items including 8 dimensions. In this study, researcher used 22 items including 5 dimensions according to the authors permission for the best match with current study that measure the patients' perception regarding quality of nursing care including interpersonal care (10 items), efficiency (4 items), comfort (3 items), personalized information (3 items), and competency (2 items). Patients' perception of the quality of nursing care was measured using the 5 points Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree and 5=strongly agree).

Data Collection Methods: A written consent was taken from each of the study participant who met the inclusion criteria. Researcher collected the data by face to face interview with structured questionnaire.

Data Analysis: Collected data was analyzed by a specially designed computerized "Statistical Package for the Social Sciences" (SPSS). Both descriptive and inferential statistics was used for data analysis. The descriptive statistics such as frequencies, percentages, range, mean, and standard deviation were used to describe the socio-demographic characteristics of the participants, assess the level of perception and describe the items of patients' perception regarding quality nursing care questionnaire. The inferential statistics such as t-test, one way ANOVA and Pearson Correlation Coefficient were used to examine the relationship between participants' socio-demographic characteristics and perceived quality of nursing care.

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Occupation	Secondary school	42	35.0
	College and above	21	17.5
Place of residence	Employee	20	16.7
	Farmer	45	37.5
	Housewife	38	31.7
	Others	17	14.2
Monthly income	Rural	69	57.5
	Urban	51	42.5
Admission ward	M= 9525.0, SD= 5742.31, Range: 3000-30000		
Duration of hospital stay	Medicine	50	41.7
	Surgery	70	58.3
Ward service type	M= 12.86, SD= 8.50, Range: 3-30		
History of previous hospitalization	Free	89	74.2
	Payment	31	25.8
History of previous hospitalization	Yes	59	49.2
	No	61	50.8

Table 1 shows the frequency, percentage, range, mean and standard deviation of the socio-demographic characteristics of the participants. The results demonstrated that the participants were in age range of 19-65 years with mean age of $40.0 \pm (SD= 13.15)$ years. More than half of the participants (54.2%) were male, farmer (37.5%) and over one third of the participants (35.0%) were secondary school of education whereas more than half of the participants (57.5%) were living in rural areas. Among them, the

monthly income range was 3000-30000 BDT with average income of $9525.0 \text{ BDT} \pm (SD=5742.31)$. On the other hand, half of the participants (58.3%) were recruited from the surgery ward and their mean duration of stay in the hospital was $12.86 \pm (SD=8.50, \text{ range: } 3-30)$ days. Most of the participants (74.2%) were getting free service and half of them (50.8%) had a history of previous hospitalization (Table 1).

Table 2: Distribution of Perceived Quality of Nursing Care (N=120)

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	M \pm SD
	n (%)	n (%)	n (%)	n (%)	n (%)	
Interpersonal care						3.36 \pm .70
Nurses welcomed me on my admission	11(9.2)	41(34.2)	28(23.3)	40(33.3)	0	2.81 \pm 1.00
Nurses did most of the things by asking me	3(2.5)	20(16.7)	20(16.7)	67(55.8)	10(8.3)	3.51 \pm .95
Nurses showed me respect	1(.8)	5(4.2)	10(8.3)	75(62.5)	29(24.2)	4.05 \pm .74
Nurses are polite	1(.8)	5(4.2)	15(12.5)	68(56.7)	31(25.8)	4.03 \pm .79
Nurses show willingness when asked for help	3(2.5)	16(13.3)	11(9.2)	71(59.2)	19(15.8)	3.73 \pm .97
Nurses gave me opportunity to express my concern	5(4.2)	13(10.8)	18(15.0)	64(53.3)	20(16.7)	3.68 \pm 1.01
Nurses immediately took care of my requests	19(15.8)	43(35.8)	15(12.5)	29(24.2)	14(11.7)	2.80 \pm 1.29

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Nurses involve me and my family in my care	30(25.0)	41(34.2)	16(13.3)	30(25.0)	3(2.5)	2.46±1.18
Nurses friendly communicate with the patient	6(5.0)	22(18.3)	8(6.7)	67(55.8)	17(14.2)	4.00±1.09
Nurses spent adequate time with me	15(12.5)	31(25.8)	22(18.3)	39(32.5)	13(10.8)	3.03±1.23
Efficiency						3.73±.71
Nurses gave me treatment/medication without any delay	0	12(10.0)	19(15.8)	63(52.5)	26(21.7)	3.86 ±.87
Nurses maintained records efficiently	4(3.3)	26(21.7)	25(20.8)	53(44.2)	12(10.0)	3.36±1.03
Enough nurses are available for my care	4(3.3)	18(15.0)	13(10.8)	64(53.3)	21(17.5)	3.67±1.04
Nurses maintain good coordination with other staff		2(1.7)	14(11.7)	82(68.3)	22(18.3)	4.03±.60
Comfort						2.89±.95
Nurses ensure privacy during examination	6(5.0)	22(18.3)	31(25.8)	50(41.7)	11(9.2)	3.32±1.03
My ward is peaceful	20(16.7)	33(27.5)	28(23.3)	38(31.7)	1(.8)	2.72±1.10
Bed is clean	22(18.3)	40(33.3)	24(20.0)	29(24.2)	5(4.2)	2.63±1.16
Personalized information						3.61±.83
Nurses provide enough information on hospital facilities available	2(1.7)	13(10.8)	12(10.0)	64(53.3)	29(24.2)	3.88±.95
Nurses provide enough information regarding illness	11(9.2)	33(27.5)	27(22.5)	38(31.7)	11(9.2)	3.04±1.15
Nurses provide enough information on investigations	1(.8)	10(8.3)	14(11.7)	69(57.5)	26(21.7)	3.91±.86
Competency						4.07±.85
Nurses are competent	1(.8)	7(5.8)	11(9.2)	63(52.5)	38(31.7)	4.08±.84
Nurses are knowledgeable enough to answer my questions	5(4.2)	4(3.3)	10(8.3)	61(50.8)	40(33.3)	4.06±.96
Likert scale mean score of perception						3.47±.68
Overall mean score of perception						76.19±14.86

Table 2 shows the distribution of the items of patients' perception by frequency, percentage, mean and SD regarding quality of nursing care. There were 22 items to assess the patient's perception of quality nursing care distributed into 5 dimensions. The overall mean score of quality nursing care was 3.47 (SD=.68) and among the five dimensions "Competency" (M= 4.07, SD= .85) obtaining the highest mean score followed by "Efficiency" (M= 3.73, SD= .71) and "Personalized information" (M=3.61, SD= .83).

On the other hand, "Interpersonal care" (M= 3.36, SD= .70) and "Comfort" (M= 2.89, SD= .95) showed the lowest mean score. Regarding the first dimension "Interpersonal care" the item nurses showed me respect (M= 4.05, SD= .74) obtained the highest score, followed by nurses are polite (M= 4.03, SD= .79) and nurses friendly communicate with the patient (M= 4.00, SD= 1.09). Conversely, nurses involve patient and their family in the care obtained the lowest mean score

(M= 2.476, SD= 1.18) followed by nurses immediately took care the request (M= 2.80, SD= 1.29) and nurses welcome me on my admission (M= 2.81, SD= 1.00).

On the second dimension "Efficiency", the items nurses maintain good coordination with other staff (M= 4.03, SD= .60) and nurses gave treatment or medication without any delay (M= 3.86, SD= .87) acquired relatively higher scores than the other items. Regarding the third dimension "Comfort" all items showed lower mean score. Among them bed cleanliness and ward peacefulness was the lowest (M= 2.63, SD= 1.16) and (M= 2.72, SD= 1.10) respectively. Regarding the "Personalized information" the items nurses provide enough information on investigation and available hospital facilities showed the higher mean score (M= 3.91, SD= .86) and (M= 3.88, SD= .95). On the last dimension, "Competency" both items have the higher mean score than all items (M= 4.08, SD= .84) and (M= 4.06, SD= .96).

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Table 3: Level of Perceived Quality of Nursing Care (N=120)

S/N	Level of perception	Frequency (n)	Percentage (%)
1	Good perception	42	35
2	Poor perception	78	65

Table 3 shows the levels of Perception distributed as good and poor based on the median score of total items of perceptions of quality nursing care questionnaire. The result

showed that most of the patients 65% had poor perception to the quality nursing care.

Table 4: Relationship between Participants' Characteristics and Perceived Quality of Nursing Care (N=120)

Variable	Category	M±SD	t/F/r	p-value
Age		3.47±.65	-.079	.390
Gender				
	Male	3.63±.57	3.02	.003
	Female	3.28±.68		
Educational qualifications				
	Unable to read and write	3.29±.76	1.37	.254
	Primary school	3.50±.64		
	Secondary school	3.60±.65		
	College and above	3.41±.45		
Occupation				
	Employee	3.35±.61	2.12	.101
	Farmer	3.64±.58		
	Housewife	3.31±.73		
	Others	3.50±.14		
Place of residence				
	Rural	3.45±.66	-.429	.669
	Urban	3.50±.64		
Monthly income		3.47±.65	.095	.304
Admission ward				
	Medicine	3.43±.67	-.54	.589
	Surgery	3.50±.63		
Duration of hospital stay		3.47±.65	-.271**	.003
Ward service type				
	Free	3.56±.59	2.74	.007
	Payment	3.20±.74		
H/O previous hospitalization				
	Yes	3.34±.74	-2.21	.029
	No	3.60±.52		

Table 4 showed that relationship between socio-demographic characteristics of participants' and their perception regarding quality of nursing care. The result showed that there was a statistically significant difference between gender with patients' perception on quality nursing care ($t= 3.02$, $p= .003$). It means male patients perceived significantly higher quality nursing care than those of female patients. There was a negative relationship between duration of hospital stay of patients' and their perception towards quality of nursing care ($r= -.271$, $p= .003$). It indicates patients comparatively longer stay in hospital reported significantly higher perception regarding quality

nursing care than the short duration of hospital stayed patients. It was also revealed that there was statistically significant difference between type of ward service and quality nursing care ($t=2.74$, $p= .007$). That means the patients who were admitted under the free service ward had higher perception than those who were getting paid services. There was also relationship between history of previous hospitalization of patients and their perception of quality nursing care ($t= -2.21$, $p=.029$). Considering the history of previous hospitalization, it found that the patients without history of previous hospitalization had higher perception of nursing care than those who had history of previous

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hospitalization. However, age ($t= 1.28, p=.20$), educational qualifications ($F=1.37, p=.25$), occupation ($F= 2.12, p=.10$), place of residence ($t= -.429, p=.66$), monthly income ($t=.095, p= .304$) and admission ward ($t= -.54, p= .58$) were not significantly related with perceived quality nursing care.

DISCUSSION

Level of Perception regarding Quality of Nursing Care

Present study results reveals that only near about one third (35%) of patients had good perception on the quality of nursing care which was consistent with the study conducted in Nigeria and Ethiopia (Agbele, et al., 2018; Gishu et. al., 2019) but lower (55.7%) and (90.2%) than couple of studies conducted in Peru and Ethiopia respectively (Benavides, & Atoche, 2021). This might be due to the difference in study period, study area, level of hospitals, socio-demographic characteristics of the participants, nurses' participation in care planning and doctor-nurse teamwork.

Relationship between Participants' Characteristics and Quality of Nursing Care

The finding of the present study indicates that perceived quality of nursing care had a significant relationship with gender. It means that female patients perceived quality nursing care as poor than male patients. The result was consistent with another study found in Turkey (Ozturk, et al., 2020) and Oman (Al-Jabri, et. al., 2021) but inconsistent with the other study conducted in Turkey. They found female patients were higher mean score than that of male patients (Midilli, Kirmiziloglu, & Kalkim, 2017). While the reason for these differences can involve expectations and attitude of female patients to the nursing care, cultural characteristics and relative to men, women pay more attention to care and are more anxious.

The finding from this research shows that duration of hospital stay of the patients had statistically significant impact with perceived quality nursing care. The patients who admitted for long period reported lower mean score than who stayed for short period in the hospital. According to Alsaqri, (2016) it seems that more lengths of stay in hospital increase patients' opportunities for receiving more nurses' care and observing their caring behaviors. In this regard if patients' experience with poor quality care resulting poor perception. Current finding was consistent to the study conducted by (Charalambous, et. al., 2017; Karaca, & Durna, 2019). However, this result was inconsistent with the study conducted by Yalaw, et. al., (2020) found patients who spent ≥ 22 days in the ward were 2.67 times more likely to have a good experience in nursing care.

In this study, ward service type had a significant association with a patient's perception of quality nursing care. Patients who received health services for free had a good perception than those who received health service with payment. A similar finding was observed from the studies conducted in Amhara Region, Ethiopia (Yalaw, et. al., 2020). But this study finding was inconsistent with the study done by

Teferi, (2016). The possible reason might be patients who paid for the health service may have a higher expectation of quality nursing care.

Patients who had previous history of hospitalization were perceived poor nursing care than their counter parts similar to other studies conducted in Ethiopia and Turkey (Ahmed, Assefa, & Asrat Demisie, 2014; Karaca, & Durna, 2019). This result was inconsistent with the study conducted in Saudi Arabia and Eastern part of Ethiopia (Alsaqri, 2016; Ahmed, Assefa, & Asrat Demisie, (2014).). Their study demonstrated that patients with a history of admission to hospital during the last 2 years found nurses more caring. Patients' expectations can vary according to previous experience in similar situations and as the number of admissions increase, they can compare their care with that received previously. Also, the positivity or negativity of patients' previous experience can be reflected in their approach to current care.

Furthermore, Patient dissatisfaction was found to be higher among those previously admitted indicating their bad experience in the previous admission. The possible explanation to this difference might be related with the repeated costs associated with hospitalization, poor quality of care during the previous time and bad experience in their previous admission.

However, there was no statistically significant difference found between age, educational qualifications, occupation, place of residence, monthly income, admission ward and their perceived quality nursing care score. This finding was incoherent with other studies (Ozturk, et. al., 2020; Girmay, et. al., 2018). This can be due to the difference in socioeconomic difference and level of understanding on quality of nursing services.

CONCLUSION

The perceived quality of nursing care by patients was relatively low, resulting in poor nursing care. Therefore, most of the patients perceived low quality nursing care especially in the dimension of patients' comfort, interpersonal care and personalized information. However, nurses should ensure patients' comfort. Nurses should response quickly after patient's requests and be more focused in the emotional care for patients and should provide enough information regarding patients' illness as well as hospital facilities. As a healthcare provider nurses should give attention to ensure quality of nursing care to enhance patients' perception.

ACKNOWLEDGEMENTS

I wish to extend my greatest gratitude and gratefulness to my advisor Dr. Taslima Begum, director of NIANER for her valuable guidance, constructive feedback and suggestions throughout this study. I would like to express my deepest respect to my co-advisor Shahanaz Parveen, faculty of NIANER for her guidance and valuable advice.

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I would like to pay my special regards to Dr. Md. Shariful Islam, faculty of NIANER for his enormous guidance during statistical analysis. I would like to be thankful to the director of Dhaka Medical College Hospital, Dhaka, Bangladesh. I also want to express my deepest appreciation to all of the study participants for their voluntary participation in this study and provide their valuable opinion based on the study instruments.

Conflicts of Interest

The authors declare no conflicts of interest.

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