

# Client Satisfaction on Nursing Care at the Intensive Care Unit of the Region 1 Medical Center Along Physical, Emotional & Psychological Domains

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## **Background**

Client satisfaction with the quality of care is a dominant concept in quality improvement programs. Nowhere is this most appropriate than in the intensive care unit of the hospital.

### **Objective:**

To determine the level of client's satisfaction on nursing care rendered by nurses in the intensive care unit (ICU) of the Region I Medical Center, Dagupan city (Pangasinan).

### **Methods:**

The descriptive method of research was used with a researcher-designed questionnaire as the main data-gathering instrument. It was conducted from June to August 2010 at the Region 1 Medical Center (R1MC) ICU. The inclusion criteria for the 110 clients who were the watchers and patients at the ICU were: informed consent secured, further for the patients ; must have GCS of 10-15, at least 48 hours in the ICU; not contra-indicated for her condition; and assisted by the immediate family member as appropriate. The patients represented 73 % of the total ICU admission for the period. Profile of the respondents in terms of personal aspects and length of stay in the ICU, and the level of client satisfaction along physical, emotional and psychological domains were identified. It also determined if there was a significant difference in the level of satisfaction of the respondents. *Pearson r* was utilized to determine the level of significance of the variables.

### **Results:**

Majority of the respondents were in the age group 61 years and older with male predominance. The married respondents outnumbered the single ones. Twenty eight (25.5%) out of 110 respondents are widow/widower. Most of the respondents have high school and college trainings but most of them are unemployed. Most of the patients have stayed in the ICU for a week or shorter. Respondents were satisfied on how the nurses performed their tasks, more specifically in terms of physical aspect. Both groups of respondents were very satisfied on how the ICU nurses delivered their professional services along the emotional aspect. Both patients and the watchers were satisfied on how the nurses performed in the ICU of R1MC. There was no statistical significant difference on the level of satisfaction on nursing care between the patients and the watchers along physical, emotional and psychological domains (  $t$ -value,  $\alpha < 0.05$  )

### **Conclusion:**

The clients (watchers and patients) have no significant differences in their level of satisfaction on nursing care by the nurses at the ICU. Level of satisfaction was highest on the emotional domain with a rating of "very satisfied" and a level of "satisfied" on physical and psychological domain pointing to the area where nursing care needs more improvement.

**Key words:** level of satisfaction, nursing care, quality improvement

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## INTRODUCTION

The history of Intensive Care Unit (ICU) can be traced back to the Monitoring Unit of critical patients through Florence Nightingale's history of taking care of hospitalized soldiers of the Crimean war in 1854. Nowhere is it more emphatic than in a line of the Nightingale Pledge, "*...With loyalty, I will endeavour to aid the physician in his work, and devote myself to the welfare of those committed to my care.*" (Gretter L,1993)<sup>1</sup>.

She initiated a "critical care protocol" that used theoretical and practical approach which led to a reduced mortality rate of soldiers by two percent. Nightingale's work paved the way for intensive care medicine.

In an editorial of Manila Bulletin (2007)<sup>2</sup>, it noted that Filipino nurses are being preferred health workers in many countries for being compassionate and caring. Caring, being willing and able to nurture others, is a combination of appropriate behavior and attitude and requires commitment and knowledge that directs nursing practice. Being a caring profession, nursing tends to satisfy clients needs by always "being with" a person who needs assistance in health needs. It involves a humanistic blend of scientific knowledge and holistic nursing practice to deliver an earnest concern to clients of different ages and stages. Caring encompasses the physical, emotional, and psychological domains of client.

Nursing must remain firmly rooted in the essence-caring. This is strongly affirmed in the

Standards of Nursing Practice (2002). The art of nursing refers to the caring, compassionate manner in which interventions are performed. Caring as a central concept has led to the development of several caring theories. 1970, nurse theorist Jean Watson,<sup>3</sup> in her Theory of Human Caring has enumerated the top ten caring behaviors that nurses must possess. These include attentive listening, comforting, honesty, patience, responsibility, providing information so the client can make an informed decision, touch, sensitivity, respect, and calling the patient gain a higher degree of harmony within the mind, body, and soul. It is achieved through caring transactions. On the other hand, Madeleine Leininger (1991)<sup>4</sup>, also a nurse theorist, defined caring in the nurse-client relationship as the "direct or indirect nurturing and skilful activities, processes and decisions related to assisting people to achieve or maintain health." Care is the essence of nursing and the central, dominant, and unifying focus of nursing". Caring nurtures the person even if the disease is incurable. Nurses who work in critical care units provide care to patients who are experiencing or are at-risk for experiencing life-threatening conditions. These are those that have had major invasive surgery, accident and trauma patients with multiple organ failure. The nurse's roles usually include clinical assessment, diagnosis, and an individualized plan expected treatment outcomes for each patient. Nurses provide round-the-clock intensive monitoring and treatment of clients seven days a week. Critical

Intensive care must be quality care. Client satisfaction with the quality of care is a dominant concept in quality assurance and quality improvement programs. This has led to the development of quality assurance, care improvement programs. Measurement of client satisfaction is a yardstick for quality of care. Client satisfaction has been assessed across various patient groups and settings. The rationale for the present study is to explore care nurses interpret, integrate and respond to a wide array of clinical information. Because of the critical nature of patients' conditions, nurses working in critical care are often confronted with end-of-life issues and sometimes other ethical dilemmas related to withholding, withdrawing or medical futile care.

Some clients are unable to make decisions about their care in the unit because of the nature of their illness. An important role of the critical care nurse is to ensure that the clients are well informed about the care that the patient is receiving, that the client receives the necessary information to make informed and highly personal decisions about the patient's care, and that are respected in the development of any treatment plan for the patient. Collaboration and integration of medical and nursing staff must be optimal. Nurses solve nursing problems best. Nursing staff should be fully integrated into the scientific, quality, planning, educational and management activities of the unit. and generate a view of the client satisfaction on the quality of nursing care at the R1MC ICU.

### **General Objective**

To determine the level of satisfaction of respondents on the care rendered by nurses at the R1MC ICU, Dagupan City.

### **Specific Objectives:**

1. To describe the socio-demographic profile of the respondents composed of patients and watchers at the ICU on personal variables and length of ICU stay
2. To determine the level of satisfaction of the respondents on the care by the ICU nurses along physical, emotional, and psychological domains
3. To identify any significant difference in the level of satisfaction on the care rendered by nurses at the ICU between the patients and the watchers.

### **Definition of Terms:**

Emotional Satisfaction refers to the contentment of the clients on the nurses' professional ability to deal with the former's emotional problems, how pieces of advice are given, keeping the client emotionally strong.

Physical Satisfaction refers to the contentment of the clients on the outward appearance of the nurses like facial expressions, body kinetics, actions.

Psychological Satisfaction refers to the contentment of the clients on such aspects as helping the patients deal with their fears, apprehension, uncertainty, or anxiety.

## Methods

The study used the descriptive method with a researcher-designed questionnaire on the three domains of client satisfaction on nursing care. The setting was at the R1MC ICU.

### Subjects/Data Source

Due to consent factors and unstable medical conditions of patients, only 110 persons were used as research respondents. Sixty of whom were males and fifty were females. These represented 73 percent of patient admitted in the ICU covering the months of June, July and August, 2010. The inclusion criteria used were: 1) the patient should have been hospitalized in the ICU for at least 48 hours, 2) the patient has the ability to provide data, that is, GCS of 10 to 15; and, 3) the respondent consented to participate in the study, with medical clearance or consent from the attending physician. Patients who were admitted and discharged on the same day were excluded. The respondents were assured of anonymity. An ethical panel was consulted for comments on patient recruitment and selection and the study.

### Instrumentation and Data Collection

The data gathering instrument used was the questionnaire/interview guide. A letter of consent which was signed by the prospective participants and the objective of the research was explained. The answers to the questions in the instrument were kept confidential from the hospital staff until the termination of the study unless patient conditions warrant immediate feedback.

The researchers developed the questionnaire guided by the professional literature and related studies which initial draft the ICU supervising nurse reviewed. For validation, the instrument was pre-tested to a try-out group composed of 30 non-ICU patients at R1MC. Their critique and suggestions were incorporated. To determine item consistency and instrument reliability Pearson  $r$  was used. The suggestions offered by this group were incorporated in the final draft of the instrument.

Part 1 described the profile of the respondents in terms of personal aspects and length of stay in the ICU. The Personal aspects include age, sex, civil status, highest educational attainment, and employment status. The second part dealt on questions on the level of satisfaction on nursing care along the three specific domains.

To ensure the understand ability level and clarity of the questions for the patients, all items were translated into Filipino to ensure that each respondent understands each. For those who cannot read, the assistance of family members was requested.

Part II gave data and information about the patient's level of satisfaction on the care rendered by the ICU nurses along physical, emotional and psychological dimensions. There are 12, 10 and 9 items, respectively for physical, emotional and psychological variables. The scoring was Likert-type. Each item has four choices namely: very satisfied, satisfied, not satisfied and not satisfied at all with

arbitrary point values of 4, 3, 2, and 1, respectively. Each respondent was required to check 4 under column “very satisfied”, 3 or “satisfied”, 2 or “not so satisfied” and 1 or not satisfied at all depending on their perceived level of satisfaction on the item being evaluated.

### Tools for Data Analysis

To determine the inter-item consistency of the instrument based on the results of pre-testing, the Pearson r was used. Descriptive statistics was used (Frequency and Percentage) to answer the socio-demographic profile and length of ICU stay of the patients.

### Results

#### \*The Socio-Demographic Profile

Table 1. Socio-demographic Profile of Respondents at the R1MC ICU

	VARIABLE	NUMBER	PERCENTAGE
<b>1) AGE</b>			
	20 years old and younger	5	4.55
	21 to 40 years old	20	18.18
	41 to 60 years old	35	31.82
	61 years and older	50	45.45
	<b>Total/Average</b>	<b>110</b>	<b>100</b>
<b>2) SEX</b>			
	Male	60	54.55
	Female	50	45.45
	<b>Total/Average</b>	<b>110</b>	<b>100</b>
<b>3) Civil Status</b>			
	Single	30	27.27
	Married	55	50
	Widow	25	22.73
	<b>Total/Average</b>	<b>110</b>	<b>100</b>
<b>4) Highest Educational Attainment</b>			
	Grade IV and Below	40	36.36
	High School Undergraduate	15	13.64
	High School Graduate	25	22.73
	College Undergraduate	30	27.27
	College Graduate	0	0
	Post Graduate	0	0
	<b>Total/Average</b>	<b>110</b>	<b>100</b>
<b>5) Employment</b>			
	Employed	80	72.73
	Unemployed	30	27.27
	<b>Total/Average</b>	<b>110</b>	<b>100</b>
<b>Length of Stay in the Intensive Care Unit</b>			
	One week and shorter	90	81.82
	More than one week	20	18.18
	<b>Total/Average</b>	<b>110</b>	<b>100</b>

#### 1. Age

Table 1 shows the profile of the respondents when grouped according to age. Comparatively, majority of the respondents belonged to 61 years and older bracket. Of the 50 are 61 years and older representing 45.45 percent of the total population. Only 20 or 18.8 percent belonged to the 21 years to 40 years old group while only 5 are aged 20 years and younger.

The respondents belonged to the middle adulthood stage. Psychologist Hurlock (1974) opine that people who are under middle adulthood stage are emotionally mature about life situation.

## 2. Sex

Data in table 1 showed that 60 of the 110 respondents are male and 50 are females, almost equal in gender distribution.

## 3. Civil status

Table 1 show that majority of the respondents are married. However of the 110 of the respondents, 25 were already widowed representing 22.73 percent of the population.

## 4. According to Highest Education Attainment

From Table 1 the average educational attainment of the respondents is not so high. Forty respondents (36.36 %) have their highest educational attainment in Grade IV and below It is noteworthy that of the 110 respondents, 30 (27.27 %) are college undergraduates and none (0) has finished college. This speaks of the client load of the hospital belonging to the poorer sector of society.

## 5. According to Employment

Eighty of the respondents (72.73 %) are unemployed. This represents 72.73 percent of the total population. On the other hand, only 30 of the respondents have employment which is 27.27 percent of the total number of respondents.

## 6. According to their Length of Stay at the Intensive Care Unit

Majority of the patients and watchers (90 or 81.82 percent) have stayed at the intensive care unit for one week or shorter. Only 20 respondents have stayed in the ICU for more than a week, an implication that many of those who were brought in the intensive care unit did not stay long and probably had good medical and nursing care.

### B. Level of the Respondents' Satisfaction on the Care Rendered by the Intensive Care Unit Nurses (Please refer to Tables 2,3, and 4)

Table 2. Level of Satisfaction of Respondents on the care of ICU Nurses along Physical Domain

	Respondent $n_1 = 82$ (Pt) $n_2 = 28$ (W) N = 110	Level of Satisfaction				Mean	DE
		TOTAL	4 VS	3 S	2 NSS		
1. The nurse always wears a smile when serving the patient.	Patient Watcher	40 13	22 10	12 5	8 0	3.15 2.93	S S
2. The nurse attends to patient needs at once.	Patient Watcher	32 18	28 9	22 1	0 0	3.12 3.61	S VS
3. The nurse knows how to listen to patient's complaints.	Patient Watcher	40 15	35 13	7 0	0 0	3.4 3.54	S VS

	Respondent n <sub>1</sub> = 82 (Pt) n <sub>2</sub> = 28 (W) N = 110	Level of Satisfaction TOTAL				Mean	DE
		4 VS	3 S	2 NSS	1 NS		
4. The nurse shows courtesy at all times.	Patient Watcher	37 16	45 12	0 0	0 0	3.45 3.57	S VS
5. The nurse has modulated voice and uses decent and inspiring words to the patient.	Patient Watcher	50 15	24 10	8 3	0 0	3.51 3.43	VS S
6The nurse lifts the patient gently when the latter slips off the bed.	Patient Watcher	60 16	18 10	4 2	0 0	3.68 3.5	VS VS
7. The nurse stretches the bed linens with care.	Patient Watcher	72 13	10 15	0 0	0 0	3.88 3.46	VS S
8The nurse performs interventions to the patient who have complaints of back ache, chest pain, etc	Patient Watcher	20 10	38 14	24 3	0 1	2.95 3.18	S S
9. The nurse gently turns the patient to sides.	Patient Watcher	38 15	43 10	1 3	0 0	3.45 3.43	S S
10. The nurse's presence inspires the patient and alleviates the patient pain.	Patient Watcher	38 18	40 10	4 0	0 0	3.41 3.64	S VS
11The patient feels that he/she is well taken care of by the nurse	Patient Watcher	50 15	32 13	9 0	0 0	3.61 3.54	VS VS
12.The nurse's activities are planned and well-organized.	Patient Watcher	26 10	43 17	10 1	3 0	3.12 3.32	S S
OVER-ALL AVERAGE	Patient Watcher					3.39 3.43	S S

**Legend:** Tables 2-5

DE – Descriptive

ST Dev = Standard Deviation

(VS = Very Satisfactory, S = Satisfactory, NSS= Not So Satisfactory, NS =Not Satisfactory)

Rating equivalents: 0 – 1.49 – Not Satisfied at all

1.50 – 2.49 – Not so Satisfied

2.50 – 3.49 – Satisfied

3.50 and higher – Very Satisfied

**Table 3. Level of Satisfaction of Respondents on the care of ICU Nurses along Emotional Domain**

ITEM STATEMENT	Respondent n <sub>1</sub> = 82 (Pt) n <sub>2</sub> = 28 (W) N = 110	Level of Satisfaction TOTAL(SUM)				Mean	DE
		4 VS	3 S	2 NSS	1 NS		
1. The nurse knows how to deal with the emotional problems of the patient.	Patient Watcher	61 13	20 12	1 3	0 0	3.73 3.36	VS S
2. The nurse has high regard to patients regardless of their socio-economic status.	Patient Watcher	71 25	11 3	0 0	0 0	3.87 3.89	VS VS
3. The nurse knows how to comfort the patients with emotional problems thru exchanging pleasantries with them.	Patient Watcher	10 10	59 18	13 0	0 0	2.96 3.36	S S
4. The nurse treats patient with dignity.	Patient Watcher	54 13	20 9	8 6	0 0	3.56 3.25	VS S
5. The nurse comforts the patient by telling interesting and inspiring words while attending to the complaint.	Patient Watcher	56 12	14 10	12 6	0 0	3.54 3.21	VS S
6. The nurse talks to patients in gentle caring way.	Patient Watcher	48 15	30 10	4 3	0 0	3.54 3.43	VS S
7. The nurse tells decent jokes that inspires.	Patient Watcher	36 15	46 13	0 0	0 0	3.44 3.54	S VS
8. The patient feels at ease with the nurse's company.	Patient Watcher	68 19	14 9	0 0	0 0	3.83 3.68	VS VS
9. The nurse treats the patients fairly regardless of their socio-economic background.	Patient Watcher	71 25	11 3	0 0	0 0	3.87 3.89	VS VS
10. The nurse always insists positive thinking among patients and relatives.	Patient Watcher	48 15	30 10	4 3	0 0	3.54 3.43	VS S
OVER-ALL AVERAGE	Patient Watcher					3.59 3.50	VS VS



**Table 4. Level of Satisfaction of Respondents on the care of ICU Nurses along Psychological Domain**

ITEM STATEMENT	Respondent $n_1 = 82$ (Pt) $n_2 = 28$ (W) N = 110	Level of Satisfaction TOTAL				Mean	DE
		4 VS	3 S	2 NSS	1 NS		
1. In the nurses' presence, fear and apprehension of patients are relived because of her strong psychological support.	Patient Watcher	68 19	14 9	0 0	0	3.83 3.68	VS S
2. The nurse attends to the inquiries of the patient/relatives without surpassing the doctors place.	Patient Watcher	46 13	30 15	6 0	0	3.49 3.46	S S
3. The nurse never offered false reassurance.	Patient Watcher	72 21	10 6	0 1	0	3.88 3.71	VS VS
4. The nurse encourages the patient and relatives to think positively.	Patient Watcher	69 17	10 10	3 1	0	3.80 3.57	VS VS
5. The nurse gives comfort to both patients and relatives by tapping them on the shoulder or even hugging them when the latter shows psychological imbalance.	Patient Watcher	74 12	6 14	2 2	0	2.05 2.86	NSS S
6. The nurse always smiles when she serves.	Patient Watcher	2 10	70 14	10 4	0	2.90 3.21	S S
7. The nurse listens attentively to the complaints of the patient.	Patient Watcher	77 23	4 2	1 3	0	3.93 3.57	VS VS
8. The nurse attends to the needs of the patient without delay.	Patient Watcher	70 13	12 12	0 3	0	2.85 3.36	VS S
9. The nurse utters beautiful words that uplift the psychological well-being of the patient.	Patient Watcher	63 16	9 4	10 8	0	3.65 3.29	VS S
OVER-ALL AVERAGE	Patient Watcher				0 0	3.48 3.41	S VS

**Table 5. Differences in the Level of Satisfaction of Care among the Clients on Physical, Emotional, and Psychological Domains**

DOMAIN	CLIENTS Patients n =82 Watchers n = 28	Mean X	STDev	MEAN DEV	T- Value	Interpretation Level of Sig- nificance $\alpha < 0.05$
PHYSICAL	Patients Watchers	3.39 3.43	0.84 0.89	0.05	0.25	NS
EMOTIONAL	Patients Watchers	3.59 3.50	0.87 0.94	0.09	0.47	NS
PSYCHOLOGICAL	Patients Watchers	3.48 3.41	0.83 0.81	0.07	0.46	NS

### 1. Level of Satisfaction along Physical Dimension

Table 2 showed that patient level of satisfaction on the care provided by the staff nurses insofar as the physical aspect is concerned has an average (3.39) or “satisfied” result. The watchers had a mean (3.43) which is slightly greater than that of the patients indicating that they are also satisfied on the care afforded by the nurses.

The areas where both watchers and patients rated their level of satisfaction as “very satisfactory (VS)” were on items 6 (lifting the patient gently on bed) and 11 (well-taken care of). For the patient alone they were “very satisfied” on items 5 (having modulated and decent inspiring words) and 7 (stretching on bed linen with care). For the watchers, they were on items 2 (attending to patient needs); 3 (listening to patient complaints); 4 (courtesy at all times) and 10 (inspiring patient and alleviates pain). “Satisfied” responses were noted for both on items 1 (smiling), 8 (interventions addressing pains), 9 (gently turning patient to sides), 12 (activities planned and well organized). While smiling of the nurses were noted, it was only “satisfactory.” The last four items are where improvement in quality is needed.

### 2. Level of Satisfaction along Emotional Dimension

The patients obtained highest average point value of 3.59 while the watchers registered 3.50 both within the descriptive equivalence of “very satisfied” on emotional dimension seen in Table 3. This is a higher level of satisfaction (emotional) compared to the physical domain.

From the individual items, both groups of respondents were very satisfied on almost all the items except on item 3 (comforting patients with emotional problems). The strongest areas of quality of care were registered on, how the nurses treat with high regard their patients regardless of their socio-economic status (item 2), on how the nurses put their patients at ease with their company (item 8) and (item 9) on how the nurses treat their patients fairly regardless of socio-economic status. These are proven by the average point values of both respondents the lowest of which is 3.83. This is a validation that the socio-economic status of the patients was a not a factor in delivering satisfactory level of nursing care. The scores showed that the nurses knew how to uplift their emotional status and to comfort their patients having emotional problems. They have the ability to use different techniques in comforting their patients like telling stories and uttering inspiring words.

For the watchers alone, they were “satisfied” on items 1 (dealing with emotional problems), 3 (exchanging pleasantries), 4 (dignity), 5 (inspiring words), 6 (talking gently) and 10 (positive thinking). These are the areas that need improvement on quality, as perceived by the watchers. However, all the items in the emotional dimension rated higher than the physical domain.

### **3. Level of Satisfaction along Psychological Dimension**

From Table 4, both groups of respondents

viewed the performance of the nurses in the provision of healthcare along psychological aspect as satisfactory denoted by their average point values of 3.48 from the patients and 3.41 from the watchers. Both groups strongly believe that the presence of the nurses relieves the fear and apprehension of the patients (3.83 and 3.68) with descriptive equivalence of “very satisfied.”

The respondents were very satisfied on how the nurses gave information about their patients' situation (item no.3), how they encourage their patients and relatives to think positively (item no. 4), and how they listen attentively to the complaint of the patients. The patient registered the lowest average point value of 2.05 for item no. 5 that deals with how the nurses provide comfort to patients and relatives like tapping them on the shoulder or hugging them when their patients or their relative shows psychological disturbances. It may be due to the feeling of uncertainty by the ICU nurses. The patients and watchers, know how to listen attentively to their patients, attend to the needs of their patient (2.50 and 3.49) indicating satisfactory level of contentment. This is a similar level of satisfaction on how the staff nurses perform their functions in putting their patients at ease and psychologically relieved while at the intensive care unit.

In general, the staff nurses are doing standard nursing functions that deal with physical, emotional, and psychological aspects as evidenced by the “satisfied” responses in most of the items. This level shows a room for improvement to the higher

levels of *very satisfactory* for items that rated lower.

### C. Difference in the Level of the Respondents Satisfaction on the Care Rendered by the Intensive Care Unit Nurses

1. Difference in the Level of Satisfaction of the respondents in terms of physical domain. Table 5 shows the difference in the level of the respondents' satisfaction on the care rendered by the ICU nurses. From the table, watchers registered a mean of 3.43 which is slightly higher than the mean of the patients which is 3.39 or a mean difference of 0.04 with the standard deviation of 0.84 for the patients and 0.89 for the watchers. Statistical analysis using t-test showed that the patients and watchers' level of satisfaction were similar.

2. Difference in the level of satisfaction of the respondents in terms of emotional domain. From table 5, it is apparent that the patients obtained higher mean over the watchers. However, there is no significant difference between the level of satisfaction of the respondents and the watchers on the care provided by the ICU staff nurses along emotional aspect hence.

3. Difference in the level of satisfaction of the respondents in terms of psychological domain. From table 5 the patients' mean of 3.48 is greater than the watchers mean of 3.41 or a mean difference of 0.07. This means that there is no significant difference between the level of satisfaction of the patients and the watchers on the care provided by the nurses in the ICU.

The level of satisfaction of both groups of respondents along physical, emotional and psychological dimensions of nursing care were not significantly different.

**Table 5. Differences in the Level of Satisfaction of Care among the Clients on Physical, Emotional, and Psychological Domains**

DOMAIN	CLIENTS Patients n =82 Watchers n = 28	Mn X	STD DEVIATION	MEAN DEVIATION	T- Value	Interpretation Level of Significance $\alpha < 0.05$
PHYSICAL	Patients Watchers	3.39 3.4	0.84 0.89	0.05	0.25	NS
EMOTIONAL	Patients Watchers	3.59 3.5	0.87 0.94	0.09	0.47	NS
PSYCHOLOGICAL	Patients Watchers	3.48 3.4	0.83 0.81	0.07	0.46	NS

## Discussion

The central focus of nursing is caring. The aim is to help satisfy the client's needs by rendering safe, effective and quality nursing care. In a review by Thiedke (2006)<sup>5</sup>, he pointed out the importance of patients' demographic and social factors in determining satisfaction. He mentioned that some studies believed that patient demographics represent 90 percent to 95 percent of the variance in rates of satisfaction. These demographic factors include age, ethnicity, gender, socio-economic status, health status, physician-related factors. The study supported the idea that patients who get better are satisfied with care.

Pawar (2006)<sup>6</sup> wrote five tips for generating client satisfaction and compliance. These are: a) *Establishing a sense of trust*; b) *Uncovering patient's actual needs*; c) *Thinking dialogue, not monologue*; d) *don't force "the close, that is, confirming first a commitment; and* E) *Always doing a follow up*.

However, Locsin (2005)<sup>7</sup> noted that for some nurses, the care of clients has become dependent on expert usage of machine technology. Many of the activities focus on ventilators, cardiac monitors, or documentation requirements that keep the nurse from the practice of nursing. Caring activities such as "being with" a client are viewed as time spent in unnecessary activities because these do not influence the client's health and are therefore expendable. In another study, Venzon

(2003)<sup>8</sup> developed a questionnaire, to determine whether an activity is done competently by the nurse; *most of the time, occasionally only and never done*. She focused on four parts namely: 1.) Assessment, 2.) Plan of care, 3.) Implementation of care and 4.) Evaluation of the Outcomes of the Goals of Care. Raftopoulos (2005)<sup>9</sup> conducted a study on the clients' satisfaction with the quality of care involving two hospitals in Greece. He had 24 elderly clients with a mean age of 70 year old. He used the triangulation analytic method of in-depth interviews, focus group and direct observation techniques. Content analysis of the interview was primarily based on conceptual analysis of the clients' perceived quality of care and clients' satisfaction with care. He identified five categories - nursing care, medical care, room characteristics, food, and treatment/diagnosis. These five categories were common whether the measurement is based on perceived quality of hospital care or client satisfaction. The second level categories included clients' feelings regarding each of the five care dimensions. These feelings could be positive, neutral, negative or indifferent. The third level categories contains specific dimensions of nursing and medical care such as clients' respect as a human being, staff technical skills, staff effective communication, therapeutic touch and empathy. He concluded that elderly clients follow a "career path" during their hospitalization. This path is illness-centered and all care episodes are the satellites of the career path.

Numerous factors affecting the quality of nursing care in the client's perspective was studied by Irurita (2004)<sup>10</sup> in an acute hospital setting in Australia. Findings revealed that clients perceived different levels in terms of quality of care delivered. The level of quality of care was found to depend on certain contextual and intervening conditions pertaining to the broader environment, the organization and personal; factors of the nurse and clients.

In the same year, a follow-up study was done by Irurita and associates that focused on the existence of therapeutically conductive relationships between nurses and clients satisfaction. The research demonstrated that the overriding contextual condition needed for relationship development was the availability of adequate time.

Killeen (2003)<sup>11</sup> aimed the development of a client satisfaction tool that will yield reliable and valid data and information on client satisfaction with professional nursing care in the ambulatory setting. Client satisfaction with nursing care was used as an outcome variable. Findings of the study revealed that developing indicators that measure the impact of nursing care on non-acute client outcomes is a natural progression in measuring and ensuring quality health care. Of three types of indicators (structure process, outcome) the need for measurement of relevant nursing-sensitive outcomes is most critical.

Johansson, Oleni, and Fridlund (2003)<sup>12</sup> described the influences on clients satisfaction with

regard to nursing care in the context of health care. Based on the study, client satisfaction is a significant indicator of the quality of care.

The extent of holistic nursing care rendered by nurses in the Medical-Surgical clients in the different hospitals in Baguio City was done along a) physical care, b) psychological care, c) spiritual care as perceived by staff nurses, patients and significant others. Using the descriptive method, Cha Yong Me had findings revealing a great extent of holistic nursing care rendered by nurses to medical-surgical patients. She noted that a significant difference exists in the extent of physical care, psychological care and spiritual care. These studies validated the three domains discussed and their impact on quality of care.

## **Conclusion**

The following are the conclusions:

1. The staff nurses performed satisfactorily in the delivery of their professional services at the ICU evidenced by the level of satisfaction of their clientele in the three domains.
2. The patients and the watcher have similar observations and judgement as far as the care services rendered by the staff nurses are concerned.
3. Quality improvement is still needed in the nursing care of the staff to raise it to the higher level of very satisfactory. And the items where low levels of satisfaction are the most important areas to improve upon.

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