

Quality of nurse patient therapeutic communication and overall patient satisfaction during their hospitalization stay

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ABSTRACT

Background: Effective communication is very important aspect in a nursing career. When patient admitted in the ward then therapeutic nurse patient relationship developed and if person is not mentally disturbed so that is very important nurses will properly communicate or needs to show a greater amount of interest to the information-giving process and decision-making regarding the care of the patient. **Objectives:** The main aim of the research is to find the quality of nurse patient therapeutic communication and overall patient satisfaction during their hospitalization stay. **Material and Method:** An exploratory descriptive design was followed. A total of 110 patients were recruited by convenient sampling technique. Self-developed Likert scale is used to assess the quality of nurse patient therapeutic communication and patient satisfaction. **Result:** Finding suggests that the most (81.8%) of the patient agreed that nurse was helpful and should concern on them, and 81% of the patient agreed that privacy and confidentiality was maintained. Only a few patients (4.5%) agreed that nurses were prompt in decision-making regarding their care. <one-third (31%) of patient stated that nurses clarified their doubt, only 37.3% agreed the nurses were polite and humble, and 40.9% of patient agreed that nurses informed them immediately of lab investigation result. Most (90%) of the patient were satisfied that nurse provide proper information about their health status and treatment, and 89% satisfied that nurses greeted them on their admission. Three-fourth of the patients (77.3%) satisfied that nurses show concerned regarding their health-related problem and improvement. 75.4% of the patient was satisfied with that the nurses maintained their privacy and gave them orientation about the ward/infection control bins. The quality of nurse patient therapeutic communication had significant positive correlation with the patient satisfaction. Hence, it is interpreted that the higher the nurse patient score better the patient satisfaction score. **Conclusion:** The study concludes that the quality of nurse patient therapeutic communication improves the patient satisfaction level. The quality of nurse patient therapeutic communication is higher in private ward than the general ward. In addition, an effort should be made to clarify the doubt of the patient.


KEY WORD: Nurse Patient Therapeutic Communication; Patient Satisfaction; Patient

INTRODUCTION

Nursing is a caring profession and basically the primary role of a nurse is to render an effective harmonious relationship

to the patient. When patient admitted in the ward then nurse patient relationship developed and if person is not mentally disturbed so that is very important nurse's will properly communicate with the patient. Effective communication is very important aspect in a nursing career. Communication is the process of transmitting message and interpreting meaning (Wit Sin, 1995).^[1]

Nurse makes an intimate journey with the client and family from the miracle of birth to the mystery of death. It is necessary to develop therapeutic communication in this journey. Therapeutic communications are a specific response

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that encourages expression of feelings or ideas and conveys the nurse's acceptance and respect by the patient. There are two requirements for therapeutic communication. All communication must be aimed at preserving the self-respect of both individuals (nurse and patient).^[2]

Therapeutic communication in nursing allows for the patient and family to feel like someone actually cares for him or her in their time of need. This can be fundamental in the recovery or death process of a patient. Modern health-care systems are seeking to adopt more client-oriented approach to the delivery of health care. With this system, the patient satisfaction and quality of life are becoming increasingly as important as a more traditional clinic outcome in the monitoring and evaluation of health-care delivery.^[3]

Therapeutic Communication includes reflection, focusing, sharing perceptions, theme identification, silence, humor, informing, suggesting, confrontation, and role playing. Through all these methods, the nurse tries to figure out what the patient is thinking. If these entire things end with success then the patient is ok. Each patient has a diagnosis, put after the nurse or the doctor makes a short summary of the symptom. All of these emotions goes into the client-nurse relationship, which must be established by the nurse as soon as possible on first meeting the client.^[4] When communicating with patients, each practical nurse has to find the ways that are the most effective for the people and circumstances concerned. If the Practical Nurse tries to express care and concern for the patient and can communicate well verbally and nonverbally, the nurse-patient relationship will thrive.^[3]

Therapeutic communication is one of the most valuable tools that nurses have to build rapport or trust. This trust allows the nurse to provide reverse care. This means that the nurse allows the patient to feel secure enough to share information such as his/her feelings, frustration, pain, happiness, or improvement. The information provided by therapeutic communication gives nurses the clues or heads up of any exacerbation in the patient's condition, as well as any developing disease. Therapeutic communication is needed in nursing for both the progress of the patient, as well as the growth of the nurse in her practice.^[5]

Nurses form a very important group, which is largest single technical group of personal engaged in hospital care next to doctors and consume almost one-third of hospital cost. Communication is very important in maintaining good relationship and improving quality of care.^[5]

The main objective of the study was to find the quality of nurse patient therapeutic communication and overall patient satisfaction during their hospitalization stay.

MATERIALS AND METHODS

A nonexperimental descriptive design with quantitative research approach was used to study quality of nurse patient

communication and patient satisfaction. The study population comprised all patients who are admitted and ready for discharge in the private and general ward in a selected ward. A total of 110 patients were conveniently recruited from the private and general ward in selected multispecialty hospital of Uttarakhand state in India. The patient with any clinically diagnosed mental disorder was excluded from the study. Likert scale was used to find the quality of nurse patient therapeutic communication and patient satisfaction. Informed consent was obtained from all the study participants, and ethical committee permission was taken from the Himalayan institute hospital trust.

RESULT

The data presented in Table 1 reveal that more than half of the patients (58.2%) included in the study were younger adult (<40 year). Two-third (60%) of the patients were male. The majority (34.5%) were graduate and above and one-fourth (25.5%) had completed their primary education. Majority (35.5%) participants were salaried, whereas 28.2% patients work on daily wages. Half of the participants (50%) were from the general ward and remaining half of the patients (50%) were from the private ward. Majority (70%) of the patients were suffering from the acute disease. Two-third

Table 1: Sociodemographic characteristics of study participants (n=110)

Sample characteristics	Frequency (F) (%)
Age	
Older adult	46 (41.8)
Younger adult	64 (58.2)
Gender	
Male	73 (66.4)
Female	37 (33.6)
Educational qualification	
Primary education	28 (25.5)
High school	12 (10.9)
Intermediate	32 (29.1)
Graduate and above	38 (34.5)
Occupational Status	
Salaried	39 (35.5)
Daily wages	31 (28.2)
Unemployed	30 (36.4)
Ward	
Private	55 (50)
General	55 (50)
Diagnosis of the patient	
Acute disease	77 (70)
Chronic disease	33 (30)
Patient health status	
Self-dependent	72 (65.5)
Partially dependent	38 (34.5)

(65.5%) of the patients were self-dependent and one-third of the patients were partially dependent. The mean duration of the hospital stay was 5.29 days with standard deviation 1.47 days. The mean of number of patient per nurse was 7.91 with standard deviation 5.624.

Table 2 shows that the quality of nurse patient therapeutic communication was assessed using 18 items, 6-point Likert scale. Each of the items was rated by patient from strongly agree (score 6) to strongly disagree (score 1). The score was summated to determine the quality of nurse patient therapeutic communication. It should interpret that higher the score better the nurse patient communication. The mean score was 80.54

Table 2: To determine the quality of nurse patient therapeutic communication

Rank order	Statement	Agree
		Frequency (F) (%)
	Staff nurses	
1	Was helpful and showed concern to reduce or to eliminate any stress, anxiety, hopelessness and pain	90 (81.8)
2	Privacy and confidentiality was maintained	89 (80.9)
3	Treated me with respect in every aspect	88 (80)
4	Made me feel that I can trust him/her	87 (79.1)
5	Give proper and necessary response when I need her/him for my physical and psychological need	85 (77.3)
6	Appreciated me when I completed task related to treatment	84 (76.4)
7	Was attentive for my physical & psychological need	84 (76.4)
8	Concern regarding my health related problem and improvement	81 (73.7)
9	Was not prompt in making decision regarding my care	80 (72.7)
10	Give time to explore my feeling in front of her/him	80 (72.7)
11	Used to call me by my name	80 (72.7)
12	Was concern for my privacy	74 (67.3)
13	Maintained proper eye contact during communication	71 (64.5)
14	Took account of my preference in giving and taking medication	71 (64.5)
15	Was immediately informed me the result of my investigation report	45 (40.9)
16	Was humble and polite during communication	41 (37.3)
17	Clarified all my doubt with me	34 (31)
18	Was prompt in making decision regarding my care	5 (4.5)

with standard deviation 12.12. Frequency and percentage of the agreement (the response range from strongly agree to agree were clubbed together) of the participants to each item of the questionnaire was analyzed and presented as per rank order of agreement to items in Table 2. Most (81.8%) of the patient agreed that nurse was helpful and should concern on them, and 81% agreed that privacy and confidentiality was maintained. Four-item of the questionnaire had <50% agreement. Only a few patients (4.5%) agreed that nurses were prompt in decision making regarding their care. <one-third (31%) of patient stated that nurses clarified their doubt, only 37.3% agreed the nurses were polite and humble, and 40.9% of patient agreed that nurses informed them immediately of lab investigation result.

Table 3 shows that patient satisfaction was assessed using 18 items, 4-point Likert scale. Each of the item was rated by the patient from very much satisfied (score 4) to not at all satisfied (score 1). The score was summated to determine the patient satisfaction. It should interpret that higher the score better the patient satisfaction. The mean score was 55.30 with standard deviation 9.497. Frequency and percentage of the satisfaction (the response range from very much satisfied to satisfied were clubbed together) of the participants to each item of the questionnaire was analyzed and presented as per rank order of satisfaction to items in Table 3. Most (90%) of the patient were satisfied that nurse provide proper information about their health status and treatment, and 89% satisfied that nurses greeted them on their admission. Three-fourth of the patients (77.3%) satisfied that nurses show concerned regarding their health-related problem and improvement. 75.4% of patient was satisfied with that the nurses maintained their privacy and gave them orientation about the ward/infection control bins.

Independent *t*-test was used to find out the comparison between the quality of nurse patient therapeutic communication and patient satisfaction between the private and general ward. It reveals that mean of nurse patient therapeutic communication score of patient admitted in private ward was significantly higher than the patient in general ward. There was no significant difference between patients of private and general ward in their patient satisfaction score.

Pearson's correlation was used to find out the relationship between the quality of nurse patient therapeutic communication and patient satisfaction. It shows that there is positive correlation between the nurse patient therapeutic communication and patient satisfaction which is significant (Figure 1).

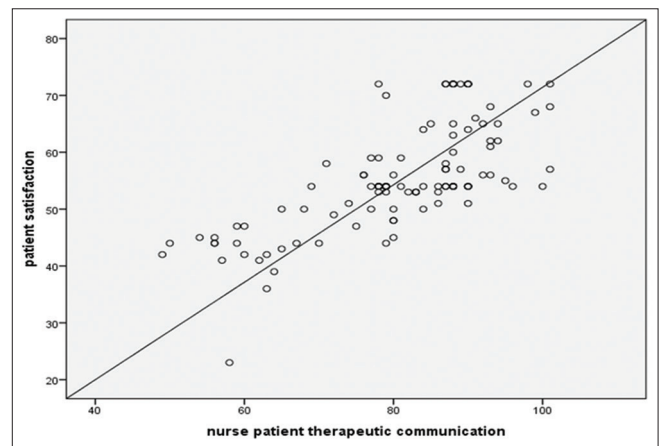
Independent *t*-test was used to find out the association between quality of nurse patient therapeutic communication and patient satisfaction and demographical variables of the patient. No significant association was found between the quality of nurse patient therapeutic communication and patient satisfaction when compared with age, gender, type of disease condition, patient health status.

Table 3: The frequency and percentage wise distribution of the patient satisfaction

Rank order	Statement	Patient satisfaction
		Frequency (F) (%)
1	Provide proper information about my health status and treatment	99 (90)
2	Greeted me on my admission	98 (89.1)
3	Provided me prescribed medical treatment ordered by concern doctor and nursing care on time	94 (85.5)
4	Made food availability on time	96 (87.3)
5	Was helpful in reducing stress and anxiety by his/her nursing care	95 (86.3)
6	Provide overall quality of nursing care to me	94 (85.5)
7	The time spent with me as a professional nurse during their duty time	94 (85.5)
8	Gave me information regarding my discharge and follow up accurately	94 (85.5)
9	Verbal and non-verbal communication during my hospital stay	93 (84.6)
10	Time to time informed the physician regarding my health status	93 (84.6)
11	Clean and comfortable environment was maintained	93 (84.6)
12	Approached me when they examine for therapeutic/diagnostic procedure	93 (84.6)
13	Was presented polite behavior	93 (84.6)
14	Knowledgeable and skillful in their profession	92 (83.6)
15	Was helpful in clarification of doubt/queries	89 (80.9)
16	Concern regarding my health related problem and improvement	85 (77.3)
17	Privacy and confidentiality was maintained	83 (75.4)
18	Orientation about the ward/ infection control bins	83 (75.4)

One-way analysis of variance was used to find out the association between quality of nurse patient therapeutic communication and patient satisfaction and demographical variables of the patient. No significant association was found between the quality of nurse patient therapeutic communication and patient satisfaction when compared with educational status.

Pearson's correlation was used to find out the association between quality of nurse patient therapeutic communication and patient satisfaction and demographical variables of the patient. No significant association was found between the quality of nurse patient therapeutic communication and

**Figure 1:** Pearson's correlation between the quality of nurse patient therapeutic communication and patient satisfaction

patient satisfaction when compared with number of patient per nurse and length of hospital stay.

DISCUSSION

The study results proved that <one-third (31%) of patient stated that nurses clarified their doubt and 37.3% agreed the nurses were polite and humble during nurse patient therapeutic communication and 40.9% of patient agreed that nurses informed them immediately of their lab investigation results. These study results were supported by El-Nagger et al. (2013) that majority of patients were satisfied with nurse's communication except for patients' participation in decision-making regarding their treatment additionally^[6] and (90%) patient were satisfied with the nurse patient therapeutic communication. A similar study conducted by Akhtari-Zavare et al. (2006) revealed that a vast majority of respondents (81.5%) were satisfied with communication and information given by nurses.^[7]

The finding shows that mean of nurse patient therapeutic communication score of patient admitted in private ward was significantly higher than the patient in general ward.

Nurse patient therapeutic communication had significant positive correlation with the patient satisfaction. Hence, it is interpreted that the higher the nurse patient score better the patient satisfaction score. A similar study conducted by Shaffer and Tuttas reported that nursing communication had the greatest effect on the overall satisfaction with the hospital and the likelihood to recommend the facility to others.^[8]

No significant association was found between the quality of nurse patient therapeutic communication and patient satisfaction when compared to age, gender, educational qualification, occupational status and patient health status, type of disease condition. These study results were supported by Krishnasankar (2005) that there was no significant relationship between patient satisfaction and selected variables.^[9]

There are several limitations in the study. First, the small sample size which affects the generalization of the study finding. Second, sampling technique (convenient sampling technique) where there is more chance of sampling bias. Third, researcher self-developed tools were used, where there is question on validity and reliability. Fourth, patients had a number of different nurses caring for them they were hesitant in answering questions that referred to all nurses. The strength of the study was, researcher selected the statistical test based on the distribution of the data.

CONCLUSION

Based on the findings of the study following conclusion were drawn that quality of nurse patient therapeutic communication improves the patient satisfaction level. Nurse needs to show greater amount of interest to the information-giving process and decision making regarding the care of the patient. In addition, an effort should be made to clarify the doubt of the patient.

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