CHAPTER 1

BACKGROUND INFORMATION

1.1 Introduction

Members of the public, prospective consumers of healthcare and stakeholders in general have often commented that a healthcare organization is rated by the quality of nursing care it gives. More healthcare organizations are investing into consumer care training so that quality care is given and patient satisfaction is attained. Nurses who spend more of their duty time at the client's bedside than any other healthcare provider are a very close link between clients and healthcare organizations. Walsh and Walsh (1999:314) cite Jenny (1990) as having argued that nothing matters to the patient more than nursing which transcends all other aspects of the hospital experience.

Studies done on patient satisfaction reveal that phenomena that satisfy patients have never been standard and straightforward. Satisfaction is subjective and individualized and is as such a perception by the individual on the receiving end. According to Ford, Bach and Fottler (1997:75) client satisfaction is described as a judgement by the client on aspects of quality which the client is capable of appreciating. Patient satisfaction has also been viewed as an attitude reflecting the degree of congruence between client expectations and their perceptions of nursing care received. Most hospital care is given as nursing and quality care tends to be measured by nursing care standards (Mahon 1996:1243). Since patient satisfaction with nursing care received is an individualized, subjective experience it is therefore quite important that clients who are receivers of nursing care be involved in the planning of their care. Bond and Thomas (1992:52) have expressed the importance of encouraging the consumers' voices to be heard, while Avis, Bond and Arthur (1995:316) indicate the importance of clients as a source of data for planning and evaluating services. Mahon (1996:1246) highlighted the importance of considering future nursing tool construction which involves the patient since it is the patient who literally 'feels' healthcare.

Investigating patients' perceptions of nursing care received in the general wards at the Avenues Clinic therefore aims to seek if there is a relationship between patientss' expectations and nursing care received.

Findings of the study will provide systematic data, which could be used to plan patient focused care with a view of satisfying patients' needs. It is also hoped that by providing value – driven care, which is in line with client expectations, the Avenues Clinic will remain a market leader in acute private healthcare delivery.

1.2 Research Problem

Management and staff of the Avenues Clinic have received varying feedback of the standard of nursing care received by patients in the general wards at the Avenues Clinic. Feedback has been both formal through letters, patient satisfaction questionnaires and clinical ward rounds and informally received at churches, clubs and in the community. A general observation has been that special units like critical care and labour ward should be commended for their quality nursing care while standards of nursing care in the general wards has been described and viewed as inconsistent. Concurrent nursing audits in the form of daily rounds are done by unit matrons and dichotomous views of quality of nursing care in the general wards have been expressed.

The Board of Directors and Management of Medical Investments Limited (MIL) trading as Avenues Clinic have for sometime developed increasing interest in finding out how stakeholders perceive the overall image of MIL. A survey was carried out in September to November 2001 by Target Research who are research specialists.

At the top of the multidimensional findings of the survey were findings of inconsistent nursing care in the general wards. The survey, though quite broad in nature, further confirmed the formal and informal feedback received by management about the inconsistent nursing care in the general wards. It is therefore critical to find

out from in-patients in the general wards exactly what the inconsistencies are, and how different individuals perceive the nursing care given.

1.3 Background to the Problem

MIL is made up of three units, namely the Avenues Clinic, Montagu Clinic – a 30 bedded day care center and St Clements – a 22 bedded clinic which caters for less acute surgical and medical patients. The Avenues Clinic is a 176-bedded acute private clinic which is part of Medical Investment Limited. It is situated a kilometre from Harare City Centre. Harare is the capital city of Zimbabwe with an area of 750 square kilometres and a population of about three million.

In the late seventies a couple of medical specialists developed a vision of a private healthcare facility. They co-ordinated corporations, bankers and individuals who became the 78 shareholders of MIL. MIL trading as Avenues Clinic opened its doors to clients in October 1983.

The major aim of the Avenues Clinic is to provide high quality care and to remain the private acute healthcare of first choice in Harare and in Zimbabwe. The Avenues Clinic has an accident and emergency department, five labour wards, five theatres, seven intensive care beds, four coronary care beds, a sixteen bedded high dependency unit for major post operative cases and seriously ill patients, sixteen paediatric beds, eight private rooms and the rest are thirty-four bedded general wards. Care in the general wards has been described as inconsistent with some patients expressing satisfaction while others were not satisfied with care received. Care received was described by some as very good, satisfactory while others stated that it was unsatisfactory. The Avenues Clinic admits an average of 51,000 patients a year and has a very high annual average bed occupancy of 80% (Finance Controller's Annual Report 2001).

Since its opening in 1983 the Avenues Clinic as a private acute healthcare institution faced little or almost no competition in private healthcare apart from having a complementary relationship with St Annes Hospital, a 120 bedded hospital run by 'The Little Company of Mary' who are Dominican sisters/nuns. St Annes, however,

has over the years provided medium to fairly high technological services. Acute and complicated cases are usually transferred to the Avenues Clinic.

The 90's saw a turn of events in healthcare market share. Competitors emerged since 1995 when Baines Avenues Clinic, a 40-bedded unit, 400 meters from Avenues Clinic was opened. In 1998 a 130 bedded medium acute South Medical Hospital was opened as a private hospital, providing medium acute healthcare to patients who used to receive services from the Avenues Clinic. In 1999 about 1 kilometre from the Avenues Clinic a sister clinic to the South Medical Hospital was opened as an acute private hospital. This hospital brought almost matching competition to the Avenues Clinic in the market because of its focus on acute healthcare. For this reason the Avenues Clinic must offer consistent quality care to patients so that it remains marketable despite the competition.

If the Avenues Clinic is to remain the leading private healthcare provider and the hospital of first choice it must ensure that patients that pass through are satisfied with care. Satisfied patients are likely to utilize the services or encourage prospective clients to use the facility thereby remaining healthcare market leaders. Investigating in-patients perceptions of nursing care in general wards as it relates to patients' expectations will expose any patient dissatisfiers or satisfiers with nursing care.

Target Research (2001:7) carried out a survey to investigate the image of the Avenues Clinic. The findings revealed that nursing care was the first of the three main attributes that clients value in a hospital. The other attributes following nursing were good quality equipment and affordability. One can therefore assume that patients receiving a certain standard of nursing care will be satisfied and will be likely to return for the same service or recommend the service to family or friends hence market Avenues Clinic.

It is from the above background therefore that the researcher sought to investigate how patients perceive the nursing care received in the general wards at the Avenues Clinic. It is also hoped that findings will provide a springboard from which client centered care will be planned in order to retain and increase market share.

1.4 Problem Statement

Patients who have received healthcare at Avenues Clinic have generally indicated that 'after care' or care received in the general wards is inconsistent and not of the same standard as the nursing care given in criticare (Target Research 2001:46,48.). These findings match comments received by nursing services managers during clinical rounds or from letters received from former patients about the standard of nursing care received in the general wards.

Literature has revealed that pre-service expectations highly influence patient satisfaction (Bartu 1996:20). A healthcare organization which intends to remain a market leader, retain old patients while attracting new ones must meet the expectations of prospective patients or potential patients by determining the expectations of the current customer. The problem is that former patients of the Avenues Clinic have described the nursing care received in the general wards as inconsistent and not of the same standard as the nursing care given in criticare. Patients' expectations of nursing care given at the Avenues Clinic and how patients perceive the nursing care given in the general wards have not been systematically investigated before. The following research questions were developed from the problem statement:

- How do patients in general wards of Avenues Clinic perceive the responsiveness of nurses to their needs?
- Is the nursing care received by patients in the general wards at the Avenues Clinic in line with the patients' expectations of nursing care?
- Will the current patients in the general wards of the Avenues Clinic recommend the Avenues Clinic to friends and family?

1.5 Significance of the Study

By identifying how patients perceive the nursing care received in the general wards at the Avenues Clinic and relating these perceptions to patient expectations the researcher hopes that the findings will be used to plan for nursing care that is in congruence with patient needs and expectations.

Nursing care is rated as very primary and highly contributory to overall patient satisfaction. It is therefore critical to investigate how it is perceived if patient satisfaction in the general wards at the Avenues Clinic is to be achieved. Once an acceptable level of nursing care is achieved patients' expectations of quality care will no doubt be achieved. The Avenues Clinic will continue to be competitive by providing value-driven care in the process of transforming the healthcare environment. Findings of the study will provide a scientific tool for strategic planning of services.

1.6 Purpose of Study

The purpose of the study was to investigate how patients perceive nursing care received in the general wards at the Avenues Clinic and if the care received met patients' expectations.

1.7 Research Objectives

The objectives of this research will be as follows: to

- identify patients' perception on Avenues Clinic general ward nurses' responsiveness to patients' needs.
- find out if patients' perceptions of nursing care received in the general wards at the Avenues Clinic are in line with patients' expectations of nursing care.
- determine if current patients in the Avenues Clinic general wards would recommend the Avenues Clinic nursing services to friends and family.

1.8 Definition of Concepts

- General Ward

  A room in a hospital with beds for several patients (Blackwell's Dictionary of Nursing 1997:729).

  In the study general wards will refer to two 34 bedded surgical wards and one 34 bedded medical ward.

- Nursing Care

  All activities performed by nurses on behalf of clients which involves observing, evaluating, diagnosing, treating, and counseling serving as a clinical advocate (Blackwell Dictionary of Nursing 1997:460).

  In the study it will refer to nursing care given by registered nurses.

- Patient/Client/Customer

  The three terms will be used interchangeably in the study.

  Patient - is described as someone under medical care or treatment.

  Client - a person or group that uses professional advice or services of a lawyer, accountant or architect.

  Customer - a person who has dealings with (Mahon 1996:1244).

  In the study the three terms will be used to refer to patients admitted into the general wards at the Avenues Clinic.

- Patient Expectations

  The care patients expect or hope to receive. Patients assess service by comparing what they want or expect with what they perceive they are getting (Nash, Blackwood, Boone, Klar, Lewis, MacInnis, McKay, Okress, Richer & Tannas 1994:53).

- Patient Satisfaction

  Match between patient expectations of nursing care and the care actually received (Greeneich 1993:64).

  In the study the term will be used to refer to client needs or expectations congruent to their perception of nursing care.

- Perception

  The process/act by which we become aware through seeing, hearing. Distinguishing objects from one another. Intelligent discernment (Blackwell's Dictionary of Nursing 1997:504).

  In the study it will be used to refer to how patients in general wards at the Avenues Clinic discern or view the care they receive.

- Registered Nurse

  A person who is specially prepared and registered to provide care for the sick, wounded or helpless, as well as those with potential health problems (Blackwell's Dictionary of Nursing 1997:459).

1.9 Abbreviation Used in the Dissertation

M I L - Medical Investments Limited

1.10 Outline of the Study

The first chapter of the dissertation gives an outline of background information to patient satisfaction and background to the study. The significance of the study and

study objectives are given in the first chapter. Problem statement and objectives of the study are outlined.

Chapter two covers literature that was reviewed. Reviewed literature covered a link between quality and patient satisfaction. Major themes that were examined from previous research were Donabedian's structure, process and outcome concepts of nursing care and how they relate to quality and patient satisfaction. Factors that influence patient satisfaction were discussed and the theoretical frameworks were explained.

Chapter three discusses the research methodology which includes the target population, sampling and the research tool that was used and how data were collected.

Chapter four focuses on presentation of data, analysis of data, discussion on data pertaining to the environment within which nursing is carried out, nurses' responsiveness to patient needs and if current patients would recommend Avenues Clinic nursing services to their families and friends.

Chapter 5 presents summary of findings, conclusions and recommendations for further studies.

1.11 Summary

Chapter one gave background information on the Clinic, namely Avenues Clinic from which the respondents who participated in the study were sampled. The research problem, research questions, the significance of the study and research objectives as well as definition of concepts were given. In the next chapter relevant literature about perceptions of patients about healthcare, quality and patient satisfaction will be discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter gave a description of the background to the problem, its significance to the research, research objectives, definitions of concepts and the abbreviation used in the research study. This chapter examines literature on links between patient satisfaction and quality, factors that influence patient satisfaction, patient expectations and worldviews, nurses' worldviews and how these influence nursing care, the theoretic framework of patient satisfaction and lastly patient satisfaction and its influence on return to business or market share gain.

Review of relevant literature helps to identify what is already known about a topic so that duplication is avoided. Gaps in topics previously researched can be identified while recommendations made in various studies can be used as research topics. Research design relevant to the study can also be identified through searching appropriate literature (Clifford 1997:59).

Literature was searched from journals, relevant books and from the Medline database in the University of Zimbabwe Medical Library. The researcher did not identify any local literature or studies on patient satisfaction previously done in Zimbabwe.

2.2 How Patient Satisfaction Links to Quality

Quality means different things to different people and in different contexts. In the healthcare industry perceptions of quality by the healthcare provider, health services manager and patient vary (Booyens 1998:596). These different perceptions of quality were found in a study by Huckle and All (2000:563) where patients viewed quality care as the interpersonal relations between patients and care providers. Other attributes of quality care that were mentioned by patients in the study were responsiveness to requests by staff, respect shown to patients by nurses, kindness and

confidence in performing procedures. Care providers perceived quality care as the process of care or how care was delivered. They cited importance of patient education and appropriateness of diagnostic procedures as indicators of quality care. Outcome of care was viewed as an important factor of quality care. Payers or funders of healthcare on the other hand perceived public standards and licensure as being related to quality care.

Attree (2001:459) cites patients' description of good quality care as individualized, patient focused care which is delivered in a humanistic and caring manner. According to findings of a study by Kunaviktikul, Anders, Srisuphan, Chontawan, Nuntasupawat & Pumarporn (2001:780) major themes which emerged indicated that quality nursing care from a patient perspective are good service behavior such as caring behavior and responsiveness to patient needs. In the same study hospital directors perceived quality of nursing care as being based on fast and efficient service. The summary of findings of this study were however condensed into one definition indicating that quality nursing care is how nurses respond to the physical, psychological, social, emotional and spiritual needs of the patients (Kunaviktikul et al. 2001:782).

Findings of the study by Kunaviktikul et al. (2001:781) were categorized into Donabedian's concepts of structure, process and outcome quality indicators. Structure indicators included organizational vision and mission statement, management policies, human and material resources and staff development. These indicators need to be in place if quality care is to be delivered. Process indicators from the study meant how nursing care was conducted and included nursing care plan, nursing practice, completion of incident reports, human relationship skills, satisfaction and competency. Outcome indicators of the study included incidents and complications, client satisfaction, satisfaction with information, timeousness of services, satisfaction with pain management and satisfaction with symptom management.

Donabedian has been cited in many of quality improvement studies and has gained a lot of recognition for his three concepts of structure, process and outcome and how

these relate to care (Avis et al. 1995:316, Katz & Green 1997:91, Kunaviktikul et al. 2001:779).

2.3 Standards

The Donabedian culture of structure, process and outcome is based on standards which are written and communicated. They are rules that specifically guide practitioners on how to carry out activities (Katz & Green 1997:91). Standards clarify the way procedures are carried out by clearly defining requirements so that desired outcomes are achieved. Structure standards provide non-negotiable legal parameters within which staff operate in an organization and these include the mission of the organization, goals and job descriptions. Process standards provide guidelines on how to carry out procedures and therefore they define operations. These can be negotiated and are flexible in comparison to the structure standards. Outcome standards are the payoff, result or harvest of both structure and process standards. Therefore the nature or the quality of structures and processes that are laid down by policy makers have a bearing on the quality or standard of care that clients receive.

According to Booyens (1998:596) quality is linked to excellence. It is through achievable, realistic and timeous standards that clients can be satisfied with nursing care given. Kunaviktikul et al. (2001:781) cite client satisfaction as an outcome indicator of quality nursing care.

A study by Langemo, Anderson and Noldem (2002:98) further affirms the contribution of the American Nurses Association quality focused model based on Donabedian's three-part approach to quality assessment. The sequence of the Donabedian quality model was summarized as possible because good structure would increase good process while good process would increase good outcome. This means that vision, mission statements, job descriptions, policies would interpret and lead to good processes in the form of quality practice guidelines and plans. These would increase good outcome or excellent outcomes such as client satisfaction with care given. According to Kunaviktikul et al. (2001:782) Donabedian's framework has been applied for standard setting.

Review of the above literature has therefore shown that patient satisfaction is an outcome standard linked to quality care. Literature reviewed by Attree (2001:457) however, revealed that though measuring patient satisfaction still remains the most popular method of finding out how clients/patients view care given, patients' perception of quality of care does not automatically equate to patient satisfaction. Summary of the findings of Attree's (2001:464) study indicate that identification of clients perception of quality care helps caregivers to improve methods of measuring patient satisfaction.

2.4 Patients' Perception of Nursing Care

Unless healthcare givers allow clients to participate in the decision making process of the care they receive through research, surveys and various audits, gaps will continue to exist between healthcare givers and client views. Wallace, Robertson, Millar and Frisch (1999:1145) used focus groups to gather information on how clients and families viewed nursing care the clients received in a psychiatric unit. Clients and their families pointed out the importance of partnerships between clients and healthcare givers, and the importance of treating clients as individuals. Clients' resourcefulness was greatly valued in the study. Importance of patients' perceptions of care received and how the data sensitizes and alerts healthcare givers of clients' requirements is pointed out by Ford et al. (1997:74). These data are then used to plan care that is congruent to client needs. Fagerströhm, Eriksson and Engberg (1999:199) carried out a study on patient's perceived caring needs. Out of the seventeen perceived caring needs was one caring need of interest rarely mentioned in most literature which was spiritual needs of the patients. Patients viewed themselves as complete indivisible units with spiritual and existential needs. This angle of perception, if neglected by healthcare givers, can easily lead to dissatisfaction in care given. Differences between what patients perceive and what healthcare givers or nurses perceive as quality care can vary because of different dimensions that influence perceptions and worldviews.

The above literature findings indicate that the era when healthcare givers were in total control of care given to clients because of the misconception that they knew what

clients' needs were is past. Partnership in care planning through consumerism and the national patients' rights charter place clients where they have become partners by participating in their own care together with healthcare providers. All activities in a healthcare setting must place focus on clients and become client centered. Without clients or patients hospitals would never exist.

According to Merkouris, Ifantopoulos, Lanara and Lemonidou (1999:26) assessment of quality care by whatever criteria without the patient's viewpoint is incomplete. Ignoring or disregarding patients' views will result in failure to address patients' needs and expectations. Peter Senge's paraphrase quoted by Merkouris et al. (1999:26) that quality is whatever concerns the customer is very much in line with investigating clients' perception of nursing care received so that identified gaps in patients expectations of care can be filled in order to attain patient satisfaction. Healthcare organizations that seek to be successful are those that take an interest in seeking clients' views so that their staff will "Think Like a Customer" - TLC (Zimhost Workshop 2002).

2.5 Factors that Influence Patient Satisfaction

Literature has cited several factors that influence patient satisfaction. How different individuals receiving care from the same nurse or team of nurses view the care received is a complex phenomenon because of its subjectivity. Demographical characteristics like age, sex, educational level and social class have been cited in literature as having an influence on patient satisfaction (Lumby & England 2000:140).

2.5.1 Age and Its Influence on Patient Satisfaction

Avis et al. (1995:319) pointed out that studies had claimed a link between age and patient satisfaction.

Literature reviewed has shown that the elderly are satisfied with care given. Thomas, McColl, Priest and Bond (1996:27) developed open-ended qualitative research tool on patient satisfaction. Review of literature during their study showed that older patients

tended to express higher levels of satisfaction. Younger patients on the other hand were found to be quite open about their perception of care. While the elderly generally showed higher levels of satisfaction with care given the younger clients were more critical. Larsson (1999:693) in studying the effects of age on views of quality care supported Thomas et al. (1996) that more positive evaluation of care is given with increased age.

Contrary to this, Stutts (2001:294) found that there seems to be no link between the level of patient satisfaction and their age.

2.5.2 Gender/Sex and Its Influence on Patient Satisfaction.

Literature has not reported significant differences between male and female patients' perception of care given. Booyens and Roos (1994:20) in an overview of literature however indicated that women tended to be more satisfied than men. A study by Thomas et al. (1996:27) points out the insignificant differences, but however, indicates female patients as making at least one comment on care given. A qualitative grounded theory study by Attree (2001:460) showed very open comments by both male and female patients of both extremes of quality care. Patients gave their views of 'good quality care' and 'not so good' quality care. The study did not show differences between levels of satisfaction between male and female patients. Stutts (2001:294) similarly reported that there was no difference between the satisfaction levels of males and females.

2.5.3 Social Class, Educational Level and Influence on Patient Satisfaction

Patients' social class and educational levels are not commonly mentioned in literature pertaining to patient satisfaction. Booyens and Roos (1994:20) indicated that highly educated patients might be more satisfied with care given or easily be dissatisfied with services than less educated patients. Avis et al. (1995:319) briefly pointed out that socio-economic class and patient satisfaction are related.

In a study of parents with hospitalized neonates, Stutts (2001:294) however indicates that there is no clear association between satisfaction levels and a patient's social class, race and education levels though lower level income clients seem to have lower satisfaction levels.

2.5.4 Environmental Factors that have an Effect on Patient Satisfaction

Environmental factors that affect the provision and process of nursing can either be external or internal. External environmental factors are the ones present in the macro-environment. An example of a macro-environment factor is the general political economic situation and its influence on nursing.

Donabedian has been cited in a number of quality improvement studies and has gained a lot of recognition for his three concepts of structure, process and outcome as they relate to care (Tappen 1995:478, Avis et al. 1995:316, Kunaviktikul et al. 2001:779). In these studies the structure component is the nursing milieu or environment in which nursing is carried out. Nursing care can be carried out in a building, a mobile caravan, a school or even a client's home. Structural factors like the age of the building, the layout of units or wards and nursing models are structural factors that can impede or promote the quality of nursing care and patient satisfaction. Other structural factors also include the caliber of nurses an organization employs, nursing credentials, absenteeism and turnover rate among nursing staff which are factors that influence nursing care. A management that is not sensitive to these issues can hamper quality nursing care even where nursing staff are willing and are competent performers.

An unhygienic environment in which nursing care is given will influence clients' perception of quality nursing care. Quality nursing care carried out in a dirty ward with paint peeling off the walls and torn curtains can lead to dissatisfaction with care given to clients. Wallace et al. (1999:1148) point out how interviewed clients were dissatisfied with the state of the environment which they described as dirty, dark and depressing. These clients recommended art, music and painting of walls as measures

that would promote the outlook of the environment in which nursing care was given. A clean environment is not something new or unfamiliar to the nursing practice. Florence Nightingale already played a major role in promoting a clean environment for nursing practice as early as 1850 (George 1995:36). She integrated the housekeeping role into the nursing role. She emphasized cleanliness, ventilation and believed in that the hospital should do the sick no harm. In her environmental model she advocated for a clean, well-lit, ventilated, warm and quiet environment. She was therefore also an advocate of infection control.

Structural aspects that affect care cannot, however, be analyzed in isolation without addressing the process and outcome aspects.

2.5.5 Care and Costs: Their Relationship to Patient Satisfaction

Care and costs are appearing in patient satisfaction literature more frequently than before. Healthcare costs are escalating and at a rate that is sometimes faster than inflation rates. It is therefore important that set quality care standards are kept up in order to satisfy clients and even exceed satisfaction. Mahon (1996:1242) explains the importance of meeting set standards by healthcare institutions so that they do not lose payment. The same author further mentions the role played by standards setting organizations like the Joint Commission on Accreditation of Healthcare in the United States of America which monitors patient outcomes and ensures that quality care is given through agreed standards. In Zimbabwe a national quality assurance program was launched in the year 2000 to monitor clinical standards (National Quality Assurance Programme 2000:1). If care given by an organization is not up to set standards then the organization might lose income. Care, cost and quality have therefore become quite linked.

Escalating costs in healthcare delivery also have had an impact on healthcare delivery in Thailand. Kunaviktikul et al. (2001:777) explain how both the public and private sectors in Thailand are examining healthcare costs closely as the economic climate in Thailand is unstable and declining. In order to ensure that clients in Thailand

continue to receive high quality care, it has become quite critical to balance nurse staffing needs and costs.

2.6 Nursing and Patient Satisfaction

Nurses not only spend most of their hours at work with patients but they also constitute the majority of the healthcare workforce. Nurses' beliefs, values and behaviors and attitudes, levels of experience and competencies will influence the way patients perceive the nursing care they receive.

2.6.1 Nurses Worldview and Its Influence on Nursing Care Given

People who decide to join the nursing profession enter the field from different backgrounds and cultures. George (1995:375) describes Leininger's theory of cultural diversity and universality and its influence on shaping people's worldviews. Social and cultural dimensions in the community in which an individual resides influence worldview or the way a person looks at the world. These dimensions include education, economy, legal and political systems, family and religion among other things. These forces greatly influence how an individual reacts to stressful situations; their beliefs, values and norms are greatly shaped by these dimensions. The client, on the other hand, has also been influenced by these same social and cultural dimensions. A practicing nurse will enter their place of work with a worldview which has already been shaped by the above-mentioned dimensions.

The way nurses speak or relate to clients, the empathy they display, and their friendliness or unfriendliness might have been greatly influenced by how they grew up within a family. According to Muller (1998:3) various worldviews have been categorized as humanistic. The humanistic worldview places a human being or individual at the center.

There are, however, variables of the humanistic worldview and these extend from existential atheism where a human being has freedom of choice but denies the existence of God, behaviorism that focuses on the individual's behavior and how the

behavior is controlled by the environment. Other relevant worldviews are the socialist view that focuses on totality of society rather than on an individual and the psychoanalyst view which places emphasis on law and rules. The Christian worldview, however, places God in the center of all things and believes that human beings are sacred beings made in the image of God as total entities comprising of body, mind and spirit. Nurses who also believe in God and make Him to be central to their life are likely to care for clients on the basis of God's divine love for mankind and ability to heal and restore life.

The nursing profession has a philosophical standing in the form of pledges and credos. Nurses make promises and take oaths of how they intend to carry out their duties through these credos and pledges. Included in these promises is respect for all clients regardless of race, creed or social standing. Nurses therefore enter into a social contract with clients and the public through these oaths and credos. Care within the context of nursing refers to actions and activities that are put into place to assist, enable and support others to improve their health or lifeway (George 1995:376).

Nurses in various settings will have inherent personality characteristics not only shaped by their worldview but also greatly influenced by the input of their profession. These characteristics might be positive like friendliness, kindness, concern, humor which will promote nurse-patient relationships or negative characteristics like abruptness, unfriendliness and disinterest which do not promote nurse-patient relationships. Pontin and Webb (1996:33) discuss what patients value and this includes little things nurses do like seeing that patients' pillows are puffed up and that beds are made.

2.6.2 Nursing Proficiency and Competence

Nursing proficiency and competency should address the art of nursing or nursing aesthetics. Benner's model of skill acquisition describes the four stages of nursing skill acquisition starting from the first stage of the inexperienced novice, followed by an advanced beginner, competent nurse and the proficient nurse as the fourth stage. The proficient nurse addresses nursing situations with holistic understanding (Quinn

1997:182). Zhang, Luk, Arthur and Wong (2001:468) cite Maatsch's model of general clinical competence with three overlapping constructs stated as the medical knowledge, clinical problem solving and general competence. The same authors mention that nursing caring manifest by the five 'C' qualities namely compassion, competence, confidence, conscience and commitment.

Nurses who give care that shows compassion and confidence while showing commitment will satisfy their clients. Newly qualified nurses were mentioned as incompetent – which can be compared to Benner's novice or inexperienced nurse. The findings of the study of Zhang et al. (2001:471) study revealed that nursing competencies that are sought or rated highly were: interpersonal understanding, commitment, information gathering, thoroughness, persuasiveness, compassion, comforting, critical thinking, self-control and responsiveness.

2.6.3 Staff Availability

In a study by Webb, Pesata, Bower, Gill and Pallija (2001:416) views of patients with HIV/AIDS were sought. Overall findings of this study indicated dissatisfaction with nursing care. Reasons given by patients for dissatisfaction were about nurses' inadequate knowledge of the disease condition and treatment. Of more concern were nurse staffing issues. Patients were concerned about inconsistency of care given to them by nurses because of nursing shortage and nurses having too many patients to look after. Specific staffing issues raised were burnout, short staffing, new graduates and patient assignment. Nurse burnout, emotional exhaustion, depersonalization and lack of personal accomplishment resulting from high workload for nurses have been cited (Seago 2002:51).

Staff shortages resulting in overwork, lack of time were some of the organizational and structural factors identified in a study by Coyle (1999:728) as contributing to patient dissatisfaction with care given. Seago (2002:50) cites a relationship between nurse staffing levels and patient outcomes. Nurse availability according to the above literature therefore has a bearing on the quality of care given.

2.7 Dimensions of Patient Satisfaction

Patient satisfaction assesses the patients' views of quality care received (Booyens 1998:612). While patient satisfaction might be subjective and individualized it is also multidimensional. Quality is used to describe high standards but of several dimensions. Booyens (1998:596) cites WHO (1983) dimensions as ranging from appropriateness, equity, accessibility and efficiency. For the scope of this study, however, efficiency is the dimension of interest as this indicates that both human and material resources are not wasted but are utilized to give cost effective quality care to the client.

Mahon (1996:1243) mentions a taxonomy of patient satisfaction with dimensions which include the art of care/interpersonal manner, technical quality of care and accessibility/convenience, finances or how the service is paid for, physical environment, availability of providers or staffing. Attree (2001:456) mentions attributes or dimensions of quality care as the nature of care providers give, which might be patient-focused, individualized and inclusive. Needs anticipated was highly valued by patients and this means nurses' ability to be proactive with client needs. Other dimensions mentioned were open communication and information passage, kindness to clients, concern, compassion, time available to communicate with clients and accessibility to health care facilities. In South Africa health services are transforming to ensure that quality care is distributed equitably to all sectors of the community. One of the eight identified principles of transforming health services focuses on quality of healthcare services through acceptable service standards (South Africa 1997:15).

2.7.1 Patient Expectations

An expectation is something one waits for and it can be positive or negative. Nash et al. (1994:50) cite Frank's description of patient expectation as responses to situations based on experiences and influences in the environment. When clients enter a healthcare organization they come in with certain expectations. According to Scardina (1994:39) patient expectations are those preconceived ideas or opinions that

clients have about the care they hope to receive. Ford et al. (1997:75) explain how patient expectations are linked to the complex phenomenon of patient satisfaction or dissatisfaction. Just as nurses have different worldviews affecting their attitude in caring so do patients coming from various social and cultural backgrounds. Avis et al. (1995:319) cite findings which suggest that patients' backgrounds, beliefs and values play a role in building perceptions and expectations of nursing care.

Pre-service expectations have a lot to do with patient satisfaction with care received. A client who enters a healthcare organization with low expectations is likely to be easily satisfied with nursing care received. When expectations are exceeded patient satisfaction is attained or even excel (Bartu 1996:20). Mahon (1996:1246) on the other hand, states that patients' expectations of care are not well defined before hospitalization. This notion is therefore contrary to Bartu's view that pre-service expectation of care has to do with patient satisfaction with nursing care given. Mahon (1996:1243) also further describes expectations as responses that are situation specific and are the 'knowns' only to the individual awaiting them.

2.7.2 Levels of Patient Expectation. A Good or Bad Surprise?

Thomas and Bond (1996:753) cite patients' expectation of nursing care as a good or bad surprise. A patient with low expectations would get good suprises when the nursing care rendered exceeds expectations. On the other hand a patient with high expectations will experience a bad surprise when care rendered fails to meet expectations. During the admission process of a client, nurses do a patient assessment which reveals needs. A nursing diagnosis is then made. A nurse who effectively communicates the assessment and nursing diagnosis made raises awareness in a client. This awareness aligns a client to expectations that their identified needs will be addressed. If these needs from the nursing diagnosis are not addressed then disappointment and dissatisfaction with care will result.

Some studies have shown that nurses are the ones who have shown insight into patients' expectations of care. Lynn and McMilen (1999:65) developed an instrument which combined both patients' expectations of nursing care and nurses' perceptions of

how clients would rank them. Patients are now active participants in matters pertaining to the care they receive while openly expressing their expectations of nursing care.

2.8 Does Measurement of Patient Satisfaction Improve Quality Care?

The question that seems appropriate to ask is whether measurement of patient satisfaction will improve quality care? A much earlier research by Vuori (1991:183) identified four factors which accounted for lack of evidence on whether patient satisfaction measurement improved quality of care given to clients or not. The four factors identified by Vuori as accounting to lack of evidence include objectives of the studies, focus of the studies, originator of the studies and fourthly interpretation of the studies. *Objectives of the studies* make a difference in whether or not measurement of patient satisfaction influences quality of care given. European studies on patient satisfaction tend to be more theoretical while American studies are more practical and would therefore impact on hospitals competitiveness on the market. Lack of 'before' and 'after' studies make it difficult to ascertain whether or not measurement of patient satisfaction improves quality care given.

The second factor described by Vuori as contributing to lack of evidence on the impact of measuring patient satisfaction is *focus of the studies*. If studies focus on finding out a summary of evaluation of care the outcome would be too general and therefore fail to add value to care given or fail to contribute to the quality of care given. If focus of the studies however is on specific events, then identified problems can therefore be rectified or redressed. Greeneich's model (1993:66) which describes unusual events the so-called critical juncture continuum which occur during the process of nursing when the patient is most delicate might influence how nursing care is perceived or rated. When more of these events occur and care has to be repeated instead of doing a procedure once, then systems must be checked for deficiencies.

The *originator of the studies* is the third factor accounting for lack of evidence on the impact of patient satisfaction in the quality of care. Studies carried by the public relations department tend to be too simple and basic. Therefore as a result of the

simplistic measurement tool compiled by the Public Relations department the data elicited does not adequately evaluate effect of the studies on quality care.

The *interpretation of patient satisfaction studies* is the fourth factor accounting for lack of evidence of the measurement of patient satisfaction on the quality of care. Analytical skills required to interpret findings of patient satisfaction are beyond resources of routine quality assurance programs (Vuori 1991:185). Findings of these studies that might have been used to improve standards of care are therefore left unanalyzed or insufficiently interpreted to be of any contribution to the quality of care given.

Bartu (1996:21) points out that people tend to remember unusual events. Information is gathered from clients by using the critical incident report. Through investigating patients' perceptions of nursing care received the researcher would also find out unusual events, positive or negative experiences that influence negative impressions of nursing care given. Ford et al. (1997:75) however describe how objective researchers have used the 85/15 rule which concludes that 85% of cases of poor quality service are due to managerial systems or actions while 15% can be traced to the individual's floppiness in giving care. Instead of blaming an individual performer the organization should look at the 'what' of the problem rather than place emphasis on the 'who' caused the problem. This view is in line with the importance of the nursing milieu or environment of care.

2.9 Health Service Quality and the Nursing Milieu

The environment within which nursing care is delivered has an influence on the quality of nursing care given. Nurses comprise the largest workforce or segment of healthcare givers and are the closest link group between healthcare organizations and clients. Nursing shortages can therefore negatively affect quality of health care. Kunaviktikul et al. (2001:777) cite Bhatiasevi's (1988) concern about the effect of lack of human resources on quality healthcare.

Mass media in Zimbabwe has discussed how the healthcare delivery system has been affected by mass exodus of nurses and doctors. The general reasons given for this exodus are general economic decline which has resulted in salaries failing to meet health personnel's social needs (The Herald April 23:2001, Daily News September 2001, Daily News April 24:2001). The Herald of April 3rd (2002) however reported a hefty pay rise for nurses in the public sector. It is therefore hoped that public sector staffing levels will remain stable after the salary increase.

Service quality and a focus on acceptable standards have received a lot of attention both at national level and organizational level. The Ministry of Health and Child Welfare for Zimbabwe (MOHCW) approved a national health budget strategy. The strategy is meant, among other things, to address the quality of services with a special emphasis on outcome hence attaining patient satisfaction.

2.10 The Process of Nursing

Donabedian, Crosby and Maxwell are together cited in literature for their standard setting frameworks (Parsley & Corrigan 1994:2). Donabedian's framework is referred to in several nursing literature because of its relevance to the nursing process. The Crosby process model worksheet is described as a tool used in Total Quality Management. It addresses the flow of the process of nursing as a series of steps used or actions followed in order to produce an outcome (Parsley & Corrigan 1994:115).

Literature has cited responsiveness as an important part of the process of nursing. Availability and being there for patients and offering services pro-actively without waiting for patients to request for assistance promotes patient satisfaction during the process of nursing.

Nursing care plans, prioritizing of procedures according to patients' acuity levels or needs enable nurses to work in an organized manner. Process pertains to how nursing is enacted. Katz and Green (1997:95) state that the process of nursing cannot have 100% compliance because of the different attributes like speed or confidence of the people performing the activities. Process is therefore flexible. Procedures which

require co-ordinated muscle action or psychomotor skills like doing dressings, lifting or turning patients are part of the process of nursing. Procedures may be outlined in a manual in the form of a series of steps from the beginning to the completion of a procedure.

Practice guidelines provide direction which nurses can follow in order to manage clinical symptoms. It is these guidelines that assist nurses and promote order in nursing practice. Nursing as an aesthetic experience is described as part of the process of attending to another. It is the art of listening, responding and interacting between patient and nurse (Leight 2002:117).

Record keeping and documentation brings to completion the process of nursing. A nurse who checks a client's vital signs but fails to keep a record of the findings creates a gap in the process of nursing because the information is not communicated to other team players and might be lost.

2.11 The Outcome of Nursing

Though Donabedian's framework (Parsley & Carrigan 1994:2) emphasizes on process, it is the outcome which is an indicator of the nature of care given to clients.

The structure standards and process standards present in an organization will result in outcome standards. The result of how nursing is structured and how the processes are carried out will also result in an outcome of nursing. Nursing outcomes can either be positive or negative depending on the person perceiving them or the beholder. Kunaviktikul et al. (2001:781) cite negative outcome indicators of their study as incidents and complications, administration of wrong medication, falls of patients or visitors and nosocominal infections while the positive outcomes were client satisfaction, comfort and safety, satisfaction with information, less anxiety, health education, satisfaction with pain management and satisfaction with symptom management.

A study by Langemo et al. (2002:99) pointed out outcomes of nursing on patient/family satisfaction with overall care, pain management and with patient education, adverse incident rates like falls and complications like pressure sores.

Attree (2001:458) in a study of patients and relatives perspectives of 'good' and 'not so good' quality identified outcomes based on three themes of nature of care provided, nature of patient relationship and care outcomes. On 'good' quality attributes patients focused on care given, close relationships and patients were respected as people through demonstration of kindness, concern and compassion, sensitivity and giving patients time by talking to them and attending to their needs.

'Not so good' outcomes included keeping patients uninvolved, non-individualized care, little rapport, limited communication and lack of kindness, concern and empathy, and being unavailable for patients. Outcomes in these studies were either negative or positive from patients and relatives point of view.

2.12 Theoretical Frameworks of Patient Satisfaction

There generally seems to be no reliable theory specifically addressing patient satisfaction because of its subjectivity and the fact that patient satisfaction is multidimensional even for individuals (Avis et al. 1995:317). Other authors agree with this identified multi-dimensional characteristic of patient satisfaction (Nash et al. 1994:50, Target Research 2001:46). These multidimensional individual patient expectations make it complex to focus on one theory. The multidimensional patient expectations or characteristics of patient satisfaction in various studies range from quality of nursing care, medical care information or information given by doctors, the cleanliness of the environment, quantity and quality of food, the 'human face concept' which was described as just having someone to talk to clients with a bit of empathy and showing that someone in the organization cares for them.

The closest theory that has been utilized to explain patient satisfaction is Herzberg's two-factor theory of motivation/hygiene. Herzberg's two-factor theory sought to address factors related to job satisfaction/dissatisfaction. The factors which lead to

job satisfaction were termed motivators and these were also described as intrinsic factors or satisfaction factors. These factors also related to recognition and development of employees through a range, from a simple 'thank you' or 'well done' right through to job promotion.

The second group of factors was termed 'hygiene factors' because their absence did not necessarily result in job dissatisfaction. These factors refer to security, working conditions and organizational policies. The point of emphasis though, and of specific note is that factors that bring satisfaction, if absent, do not necessarily result in dissatisfaction. Therefore satisfaction and dissatisfaction are not necessarily opposites but are quite different (Bergh & Theron 1999:168, Merkouris et al. 1999:22).

Application of Herzberg's two-factor theory to patient satisfaction indicates that absence of hygiene factors like modern furniture or expensive food does not necessarily lead to patient dissatisfaction.

Marketing theories have also been applied and associated with patient expectation. These theories include disconfirmation, contrast and equity. Existence of a gap between patient's expectations and the service given constitutes disconfirmation. Contrast theory is a result in clients receiving the opposite service of what they are expecting while equity theory addresses fairness in provision of service rendered. These marketing theories, though designed to address client expectations, are also multidimensional and therefore do not specifically address patient satisfaction with nursing care (Greeneich 1993:65).

As a result of the complexity of addressing patient satisfaction with nursing care and how patients perceive the care received few authors have come up with models to address patient satisfaction with nursing care. Nash et al. (1994:51) came up with a model which depicts both the nurses' and patients' expectations of care and incorporates them into a synthesized plan of care designed to satisfy both client and nurse. Utilization of satisfaction findings by Bartu (1996:23) is another model which however only addresses how to use findings without indicating how researchers arrive at the outcome of the process of nursing. The 'Theoretic Model of Patient Satisfaction in Nursing' developed by Greeneich (1993:66) as discussed has been

adapted by the researcher for the study. It was based on various research studies. The model addressed three factors related to patient satisfaction and these are the nurse, the patient and the organization as portrayed in Figure 2.1.

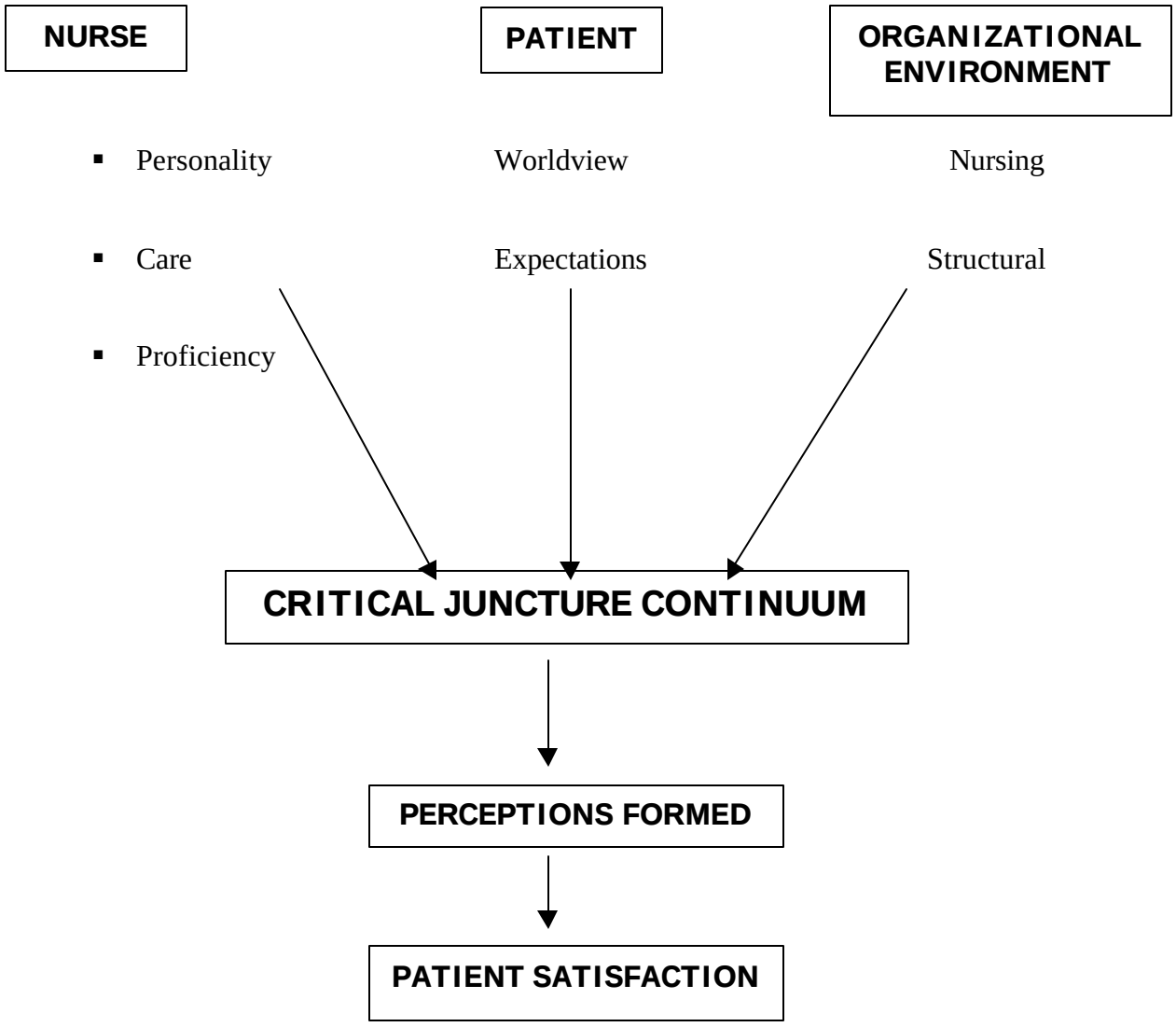

FIGURE 2.1 THEORETIC MODEL OF PATIENT SATISFACTION`

(Adopted and adapted from Greeneich 1993:66)

The main focus of this research, however, is based on how patients perceive nursing care received and whether this care meets the patients' expectations. The adapted model is based on three dimensions: patient tract, the nurse tract and the nursing milieu or organizational environment.

2.12.1 The Patient Tract

Patients enter a healthcare center with certain expectations. These expectations are based on several factors which might include patients' worldview, nurse-patient encounters experienced by relatives, patient's own previous experiences and the influence of media reports. Patient satisfaction is attained when patients confirm that their expectations have been met.

2.12.2 The Nurse Tract

This dimension is based on three factors, namely the inherent personality, characteristic nursing care and nurse proficiency.

2.12.2.1 Personal Attributes of the Nurse

Nurses are unique individuals with personal attributes that they carry all the time whether at work or off work. These might be abrupt – smooth, helpful – nonhelfpful, careless – thorough, assertive – aggressive, friendly – unfriendly, humor – humorless. The nurse might be courteous, kind, helpful and empathetic which will influence or promote patient satisfaction (Greeneich 1993:65). These factors have to do with the personal qualities of the nurse.

2.12.2.2 Nursing Care Characteristics

These are professional functions performed by the nurse to give meaningful care. These range from patient – nurse communication, explanation of procedures and effective goal setting strategies between nurse and client.

2.12.2.3 Nurse Proficiency

This comprises the competence and efficiency in carrying out nursing skills. It addresses the art of nursing, which is a process standard.

2.12.3 The Environment Tract: Nursing Milieu

This refers to the physical and organization environment in which nursing is carried out. The physical environmental factors include noise, lighting, cleanliness, furniture arrangement, food service and all service factors. Organizational environment includes nursing service factors, visiting times which have an effect on nursing – patient interaction. The environment tract is therefore a structure indicator (Greeneich 1993:66).

2.12.4 Critical Juncture Continuum

This is the core or heart of the model. It has been described as an event that occurs when the patient is most delicate physiologically or psychologically. It is part of the nursing process. Delay in giving analgesia when a patient is in acute pain following an orthopaedic operation will result in a long lasting impression of dissatisfaction which is then measured on a continuum at a specific point in time. It is such an event where patient perception of care given might be made (Greeneich 1993:66).

2.12.5 Patient Satisfaction

This will be based on perceptions of nursing care given based on patient expectations and is a positive outcome indicator.

2.13 Patient Satisfaction with Nursing Care and Intention to Return to Service

Clients that are satisfied with service rendered are likely to return to the same service or even tell their next of kin or friends about the good service. In the private health sector clients' satisfaction with care received will attract more clients to the organization (Merkouris et al. 1999:21). A happy and satisfied client will attract four others plus eleven potential clients. Zimhost Workshop (2002:25) on the other hand, also revealed that dissatisfying one customer would dissatisfy 378 others within a short period. Dissatisfied clients will send away potential clients while satisfied clients will attract more clients. Satisfied clients will be loyal and increase market share for the business or service (Mahon 1996:1242).

2.14 Summary

Reviewed literature has shown that the way different individuals perceive the nursing care they received is quite subjective and complex because of its multidimensional nature. Some authors have indicated that pre-service patient expectations have a lot to do with patient satisfaction while others state that patient expectations are not well defined before hospitalization.

Patients enter a healthcare organization with certain expectations that have also been influenced by their worldview. Literature has shown that there are different levels of expectations. Clients with low expectations of care are likely to be easily satisfied with nursing care received while those with high expectations are not easily satisfied with care received.

The way nurses view the world and their social and cultural backgrounds contribute to the nurses' personality characteristics that influence nursing care given. Nursing professional credos and pledges are oaths that should constantly remind the nurse of their ethical responsibilities. The nurses' skill acquisition level will affect the standard of nursing care given.

Patient satisfaction has become a performance indicator or measurement of outcome of care given to clients. Appropriateness of patient satisfaction and perception measurement were mentioned in literature. A link between care and cost appears a number of times in patient satisfaction and quality care literature.

The environment within which nursing care is given has been cited as having an influence on perception of nursing care given either negatively or positively. An unhygienic environment will have a negative influence on perception while a clean environment will result in a positive influence on perception.

Satisfied clients have been cited in literature as likely to return to service or refer family or friends while dissatisfied clients will be unlikely to neither return to service nor refer the service to others. Investigating current customers' perception therefore will indicate whether the nursing care given is in line with clients' expectations and if it is, clients are likely to be satisfied with nursing care. Identified gaps and dissatisfiers will then be used to set nursing objectives that are client centered. A shift from service provider centered care to client centered care will hopefully be achieved.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the research method that was used in conducting the study. The population that was targeted for the study and how the sample was obtained is described in this chapter. The research instrument, its layout and mode of distribution are addressed. A pilot study that was carried out and its findings are covered. The reliability, validity of the study and ethical considerations are described in this chapter.

3.2 Research Objectives

The objectives of this research were as follows: to

- Identify patients' perception on Avenues Clinic general ward nurses' responsiveness to patients' needs.
- find out if patients' perception of nursing care received in the general wards at Avenues Clinic are in line with patients' perception of nursing care.
- determine if current patients in the Avenues Clinic general wards would recommend the Avenues Clinic to friends and family.

3.3 The Research Design and Method

A quantitative research approach using questionnaires was used.

The design was descriptive and explorative in nature describing how patients admitted into the general wards at the Avenues Clinic perceived the nursing care they received. According to Burns and Grove (1999:461) a descriptive design provides an accurate account of characteristics of a particular individual, event or group in a real life situation for the purpose of discovering new meaning, describing what exists and the frequency of occurrence. The main characteristics of the descriptive design include

accuracy in description of phenomena, non-manipulation of variables, vigilance in interpreting data and use of descriptive statistics.

3.4 Target Population

Population is the entirety of people, records or phenomena to be studied. Burns and Grove (1999:474), define population as all elements including individuals, objects, events or substances that meet the criteria for instruction or study. A population must therefore have common characteristics. The target population in the study was comprised of patients nursed in the general wards at the Avenues Clinic. The three general wards which provided the setting of the study are thirty-four bedded wards with twelve two bedded units, one four bedded unit and one six bedded unit. One of the wards is an acute medical ward which has an average monthly bed occupancy rate of 85%. The other two units are surgical units. One of these two wards accommodates orthopaedic and neurology patients while the second unit accommodates general surgical patients, urology and cardio thoracic surgical cases.

3.5 Sampling

Sampling is the act of selecting elements, events, behaviors, or people representing the entirety of the population being studied (Brink & Wood 1998:292; Burns & Grove 1999:292).

3.5.1 Sampling Methods

A sampling method is a strategy used to obtain a sample. The method can either be probability or non-probability sampling (Burns & Grove 1999:479).

Although respondents were selected in a systematic manner, the sampling method in the study was a non-probability sample. The respondents were a convenience sample of the patients discharged from the general wards at the Avenues Clinic between October 2002 and November 2002. Every second discharged patient was selected until thirty discharged patients were reached in each of the two surgical wards while

forty patients were sampled in the medical ward. This gave a total sample of one hundred patients.

3.5.2 Inclusion Criteria

Inclusion criteria are the characteristics to be included in the study so that it becomes meaningful. Inclusion criteria has also been termed eligibility criteria. The characteristics therefore delimit the population of interest (Polit & Hungler 1995:230). The researcher's target population was from all patients who received nursing care in the general wards at the Avenues Clinic between October 2002 and November 2002.

The patients were hospitalized for at least two days, able to relate their experiences verbally or in writing in English. The population was between sixteen years and seventy years of age. Both male and female patients participated in the study whose discharge was confirmed by a doctor. A study by Walsh and Walsh (1999:310) outlines similar inclusion criteria as the ones selected for this study.

3.5.3 Exclusion Criteria

Exclusion criteria refers to the characteristic existing in the population that would have a negative effect on the research findings. The researcher excluded all day care cases or patients under the age of sixteen and those above the age seventy years. Patients that were confused were excluded from the study as they would have been unable to express themselves or comprehend and appreciate events around them.

3.6 Data Collection

Data collection is the process of gathering information using a selected technique, which can either be questionnaires, interviews or observation (Burns & Grove 1999:460). The researcher used a self-administered structured questionnaire to collect data since the population who use the Avenues Clinic are private patients, most of whom are literate.

A questionnaire is a document used to collect data through structured or semi-structured questions. Advantages of using questionnaires for data collection are that the respondent can take their time to complete the questionnaires without being rushed by the researcher. Large samples can be managed through use of questionnaires. If questions are closed, questionnaires can be completed in a shorter time. Analysis of data can be done in a short time if a questionnaire is carefully designed (Clifford 1997:118).

3.6.1 Development of Questionnaire

A questionnaire (Annexure D) was formulated after extensive literature review and was based on Greeneich's theoretical model of patient satisfaction in nursing which consists of the nurse, the patient and the organizational environment (Greeneich 1993: 66).

The questionnaire had four sections. Section A covered questions on demography. Section B contained 16 items covering the environmental aspects of nursing. Section C contained 17 items covering the nurse and the process of nursing. Sections A to C covered closed questions. Sections B and C had items which were followed by a five Likert-type response with options from 'Very good' (5) to 'Very poor' (1). Section D comprised of five open ended questions to assess if patients received care which was in line with their expectations, whether they would return to the Avenues Clinic if they fell ill again, or recommend the Avenues Clinic nursing services to family or friends. Participants were asked to describe an incident, if any, which might have influenced their perception of care received at the Avenues Clinic. The fifth open-ended question invited participants for any additional comments about the nursing care received at the Avenues Clinic.

The questionnaires were distributed to patients who fulfilled the inclusion criteria once the doctor confirmed a discharge. According to Polit and Hungler (1995:288) personal distribution of questionnaires promotes high return of questionnaires. The patient was asked to complete the questionnaire and hand it in before discharge. This, it was hoped, would increase chances of a higher return rate of questionnaires.

The questionnaire was therefore chosen as a data collection tool so that participants could complete these without being rushed. It was also hoped that this would increase compliance. A hundred questionnaires were distributed, however only 87 questionnaires were completed and submitted by patients.

3.6.2 Reliability of the Questionnaire

Reliability refers to the extent to which an instrument is consistent in measurement. According to Burns and Grove (1999:257) characteristics related to reliability are dependability, consistency, accuracy and comparability. A reliable instrument therefore should give the same results when measuring the same phenomena. Consistency in giving the same data over repeated questioning indicates reliability of the instrument. A reliable instrument measures phenomena accurately and reflects true scores of items being measured (Polit & Hungler 1995:347).

Cronbach's alpha coefficient is the test result frequently used to establish internal consistency. The test correlates each individual item with each other and the overall score. The higher the item-to-item consistency the higher the reliability of the questionnaire. Items were designed to elicit specific items in relation to patient satisfaction. Reliability was checked by using Cronbach's alpha. Item delete function was used to check strength of items within a subscale. One item was deleted yielding a reliability alpha of .86.

3.6.3 Validity of the Questionnaire

Validity of an instrument refers to whether an instrument measures what it is meant to measure. Validity in the study therefore referred to whether the instrument measured patient satisfaction or not. According to Burns and Grove (1999:260) content validity of an instrument is concerned with whether the major themes under study are measured. Content validity was measured by giving the questionnaire to three expert tutors in the nursing education department who analyzed its validity. An experienced nurse educationist in the Nursing Sciences Department of the University of Zimbabwe who is also a statistician analyzed and critiqued the questionnaire for content validity.

The team of experts who analyzed the questionnaire agreed that the content of the instrument included the major themes described by Greeneich namely the nurse, the patient, the organizational environment and the expectations of the patient. External validity was ensured by measuring every second discharged patient wh

o met the inclusion criteria so that results could be generalized beyond the sample used in the study (Burns & Grove 1999:464). In this study five open-ended questions were asked to allow participants to offer more information than if only closed questions had been asked especially in relation to the outcome of care received.

Factor analysis was done to group items of the likert scale into possible factors. Factors that emerged in Section B of the instrument were 'structure aspects or environmental related aspects' and 'maintenance related aspects'. Factor analysis of Section C of the instrument indicated factors related to 'how the nurse implemented care', 'disposition of the nurse' and 'professionalism of the nurse'.

3.6.4 Pilot Study

A pilot study is a small-scale trial of the research design. It is carried out to identify potential weakness in the design (Clifford 1997:71). Time spent in completing the questionnaire, reliability and validity of the questionnaire can be tested during a pilot study (Brink & Wood 1998:378). A pilot study was conducted at St Clements Clinic, part of Medical Investments Limited, which is a twenty-two bedded unit, which accommodates both surgical and medical cases. Seven participants who met the inclusion criteria participated in the study. During this stage the instrument was also pre-tested to determine the time it took to complete the questionnaire and if the particular population would be able to read and understand the questions. The pilot study did not indicate any problems and any revisions seemed unnecessary.

3.7 Ethical Consideration

Ethics are standards used by groups of people, professionals and communities to measure rightness or wrongness of actions and behaviors. Ethics also refer to moral principles, which ought to be considered. In research ethical considerations are principles that govern the process of research in order to safeguard the humans under study or investigation. According to Pera and Van Tonder (1996:5) ethics are concerned with rightness or wrongness, good or bad. The focus of ethics and/or ethical considerations therefore is to ensure that the participants under study are kept from harm. Various professions have come up with a code of ethics and principles that safeguard clients or recipients of a service.

The researcher therefore considered the following principles throughout research. These are autonomy, beneficence, justice, anonymity and confidentiality in carrying out the research.

3.7.1 Principle of Beneficence

Beneficence is an ethical principle that deals with doing good and no harm to study participants. Exploitation, which refers to taking advantage of participants in any form of gain, was avoided. The researcher ensured that participants were not exposed to any psychological or emotional harm.

3.7.1.1 Freedom from Harm

Doing no harm refers to doing no psychological, physical, emotional, spiritual and any other harm. The researcher ensured that participants were not exposed to any psychological harm by checking that adequate content validity was in place and that the way the questions were asked was easy to understand.

3.7.1.2 Freedom from Exploitation

Questions were asked in a simplified manner to avoid unnecessary stressing up of the participants. Participants were reassured of no victimization because they completed questionnaires after they were discharged but before they left the unit, furthermore their names did not appear on the forms. Exploitation refers to taking advantage of participants in any way in order to acquire information. Polit and Hungler (1995:120) state that involvement in research should not place participants at a disadvantage. Participants were informed that the information they offered would be used in the clinical area to improve clinical practices. In this study patients were given questionnaires to complete only after a discharge was confirmed by the doctor. The questionnaires were completed just before the sampled patients were discharged. They handed in the completed questionnaires before leaving the unit. Patients were encouraged to offer as much information as possible under the open-ended questions. The timing of questionnaire distribution promoted freedom of expression of nursing experiences by participants without fear of victimization by nurses.

3.7.2 Principle of Respect for Human Dignity

Human beings are sacred beings with the right of choice of events.

3.7.2.1 Right to Self Determination

Autonomy is the principle of self-determination where humans have the right to choose a course of action. Participants who are part of a research study only do so if they consent and wish to get involved in the research. The principle of autonomy is inter-linked with informed consent. Participants have a right to choose to participate in a research, discontinue at any stage or process of the study. Coercion of prospective participants is considered unethical. The researcher ensured participants were informed of what was involved in participating in the study then obtained consent from participants.

3.7.2.2 Right to Full Disclosure

Consent to participate in the study was granted by participants after a full explanation of what the study comprised had been made. This process entails a full disclosure (Polit & Hungler 1995:122).

3.7.2.3 External Review and Consent

Permission to conduct research was sought from the Board of Directors of Avenues Clinic through the Managing Director by means of a written letter (Annexure B).

Informed consent was granted by prospective research participants after they had been given information about the intended research. The information sensitizes the prospective participant to the content of questionnaires. This enabled them to make an informed decision. Four elements included in the consent were disclosure of essential information to the participant, understanding of the information by the participant, ability of the participant to give permission to consent and voluntary consent (Burns & Grove 1999:168). The researcher sought informed consent by issuing an information letter attached to the questionnaire in addition to explaining all relevant information about the research (Annexure D).

3.7.3 Principle of Justice, Dignity and Right to Privacy

The principle of justice is a broad human principle, which includes the right to fairness, equity, equality and privacy.

3.7.3.1 Right to Fair Treatment

Principle of justice addresses fairness, equality and to some extent transparency. Fairness in selection of participants was ensured by subject selection based on probability sampling. Respect for those who declined to participate in the study was

ensured because questionnaires were issued once patients consented. The researcher was conscious of not victimizing or prejudicing clients who were not willing to participate in the research. Participants were ensured privacy and respect at all times. They were left alone after questionnaires were handed over to them so that they could freely complete questionnaires in private. Data collected was kept in confidence as this is in line with research ethics. The researcher kept completed questionnaires locked away so that they could not be shared with personnel who had no interest in the study.

3.7.3.2 Anonymity and Confidentiality

Anonymity is present if the participant's identity cannot be linked to data collected (Burns & Grove 1999:163). The researcher did not use names, refer to nor indicate participants in any way during data collection. Questionnaires were however coded with numbers indicating the ward and a questionnaire number. This number was not in any way connected to a specific person. In the end data collected could not be linked to individuals. Confidentiality entails the researcher's handling of private information. It involves the right of the participant to choose information they wish or not wish to divulge without being victimized by the researcher. The researcher ensured that data collected were not revealed to anybody other than personnel relevant to study.

3.8 Data Analysis

Data collected for the study were coded and analyzed using the statistical package for social studies (SPSS). Data cleaning was done with the help of an experienced statistician.

Descriptive statistics were presented in tables, a histogram and a pie diagram.

3.9 Limitations of the Study

The following limitations to the study were identified which could have a possible effect on the study:

- The researcher is a nurse manager in full time employment at the Avenues Clinic. To ensure that the position of the researcher as nurse manager did not influence data given by the participants, ward clerks distributed the questionnaires as per criteria and in close liaison with the researcher. On the days the ward clerks were off duty the nurses on duty distributed the questionnaires according to the criteria.

- The small sample size as the research was limited to the Avenues Clinic only.

- The researcher fully funded the research with no form of sponsorship, therefore only a sample of a hundred participants was used from one hospital for the study.

The results should therefore be handled with caution and cannot be generalized for other hospitals.

3.10 Summary

This chapter looked at the target population who are the entirety of clients admitted in the general wards of the Avenues Clinic. Inclusion and exclusion criteria for the sample were explained. The probability sampling method, which was used for the study, was described. A briefing of the pilot study was given. The data collection tool was outlined and ethical consideration for the study was described. The next chapter looks at data presentation, analysis and discussion.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the data from the 87 returned questionnaires. Data is presented according to sections. Section A of the questionnaire presents demographical data of the respondents. Section B presents data on the environment and aspects within which nursing care was carried out and Section C presents data on how nurses implemented care in the general wards at the Avenues Clinic. Section D presented and analyzed data from five open ended questions which enabled respondents to offer information they otherwise would not have given if only structured questions had been asked. Data in Section D was interpreted through arranging the answers to the open questions according to themes. Each identified theme is discussed in the chapter.

Tables, pie charts and histograms were used to present and describe data in this chapter.

SECTION A

4.2 Demographic Data

Demographic data was presented in tables and in descriptive form in this section. Demography covered the age in years, gender and nationality of respondents, funding of healthcare as well as spiritual affiliation and educational level of respondents.

4.2.1 Ages of Respondents

The following table presents data on ages of respondents.

Table 4.1 Ages of Respondents (n = 87)

Age in Years	**N**	**%**
16 – 24	14	16.1
25 – 44	46	52.9
45 – 66	19	21.8
65 – 70	5	5.7
Non Response	3	3.5
	87	**100%**

Table 4.1 indicates that just over half (46 or 52.9%) of respondents fell within the twenty five to forty four age groups. It can thus be assumed that this age group was very open with their evaluation and perception of care and they also tend to be more critical (Walsh & Walsh 1999:310). Only five (5.7%) of respondents were between ages 65 and 70, an age group that tends to be less critical and easily satisfied with care given. The overall impression therefore is that perception of nursing was openly and critically analyzed because sixty (69.0%) respondents ranged between 16 and 44 years of age.

4.2.2 Gender of the Respondents

Most of the respondents (53 or 60.9%) were female while 32 (36.8%) were male. Two (2.3%) of the respondents failed to indicate their sex. The findings of the study did not show differences in perception of nursing care according to gender. Previous studies have not indicated significant differences in perception of care given between the sexes (Thomas et al. 1996:27, Attree 2001:460).

4.2.3 Nationality of Respondents

The majority of respondents (78 or 89.7%) were Zimbabweans while 7 (8%) of the respondents were non-Zimbabwean. Two (2.3%) of the respondents did not indicate their nationality. The findings therefore can be assumed to represent perceptions of nursing care in the general wards of the Avenues Clinic by the Zimbabwean nationals.

4.2.4 Funding of healthcare at Avenues Clinic

Healthcare at Avenues Clinic is funded by medical aid societies, medical insurances or cash payment.

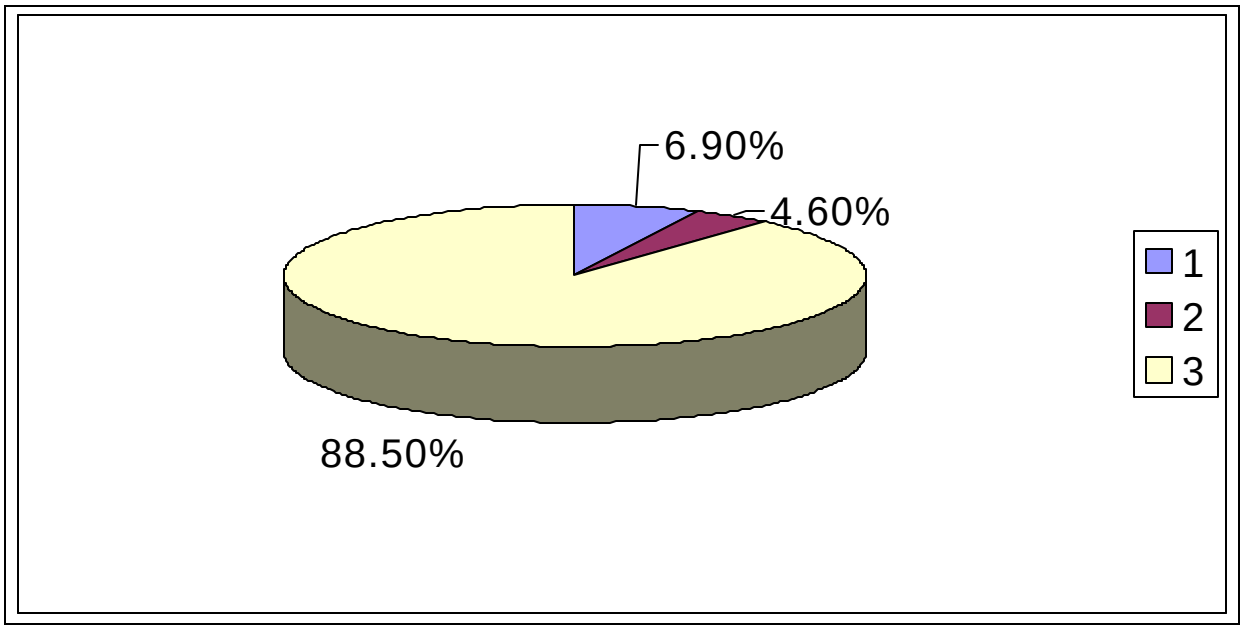

Figure 4.1 Type of Funding (N = 87)

1 = 6 respondents 2 = 4 respondents 3 = 77 respondents

Respondents were asked to show their source of funding. Seventy-seven (88.5%) of respondents were funded by medical aid societies while six (6.9%) were cash paying. Four (4.6%) did not indicate their source of funding. Findings therefore are quite representative of the majority of the patients who attend the Avenues Clinic. The

year-end statistics indicate that about 90% clientele belong to Medical Aid Societies (Avenues Clinic Financial Controllers Report 2001).

4.2.5 Spiritual Affiliation of Respondents

Table 4.2 Spiritual Affiliation of Respondents (N = 87)

Religion	**N**	**%**
Christian	80	92.0
Moslem	1	1.1
Others	6	6.9
	87	**100**

Table 4.2 shows that the majority of respondents (80 or 92%) were Christians while one respondent was a Moslem. Six respondents did not specify their religion. The views expressed about nursing care at the Avenues Clinic are mostly (80 or 92%) views of Christians. Review of literature did not mention or indicate a relationship between patient perception of care and their religion. George (1995:375) however, describes religion as a dimension which shapes worldview.

4.2.6 Education Level

Table 4.3 Education Level (N = 87)

	N	**%**
No Schooling	2	2.3
Primary Education	5	5.7
Secondary Education	38	43.7
Tertiary Education	40	46.0
Non Response	2	2.3
	87	**100**

Forty (46%) of respondents reached tertiary education level while thirty-eight (43.7%) attained secondary level education. Only two (2.3%) indicated that they had not received formal schooling. Total number of respondents who had at least attained secondary education level was seventy-eight (89.7%). It can therefore be assumed that findings are views of people with a sound level of education who assumingly have the capacity to think critically.

4.2.7 Employment Status of Respondents

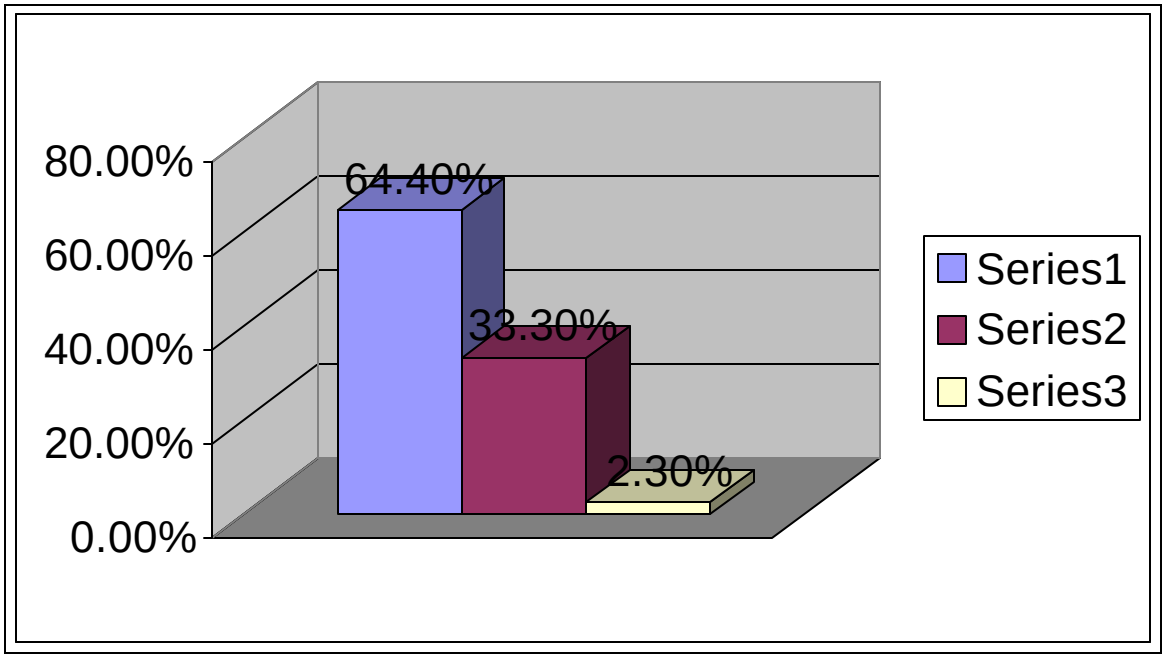

Figure 4.2 Employment Status of Respondents (N = 87)

1 = 56 Employed 2 = 29 Unemployed 3 = 2 No Response

Fifty-six (64.4%) of the respondents were employed while 29 (33.3%) were unemployed. The unemployed included pensioners and people who are not in formal employment. Research findings are those of mostly employed respondents. This does not, however, necessarily indicate socio-economic status or income levels.

Demographic data therefore identifies the characteristics of the respondents so that a true picture of findings is revealed.

SECTION B

4.3 Environmental Aspects Within Which Nursing Care Was Carried Out

Section B of the questionnaire sought information about the environment in which nursing care was carried out. According to the adapted theoretic framework this is the nursing milieu or environment within which nursing care was carried out (Greeneich 1993:65). This section presents information about the physical environment, services provided and some organizational policies.

4.3.1 Aspects of Cleanliness

Table 4.4 Aspects Of Cleanliness (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
General cleanliness	1	1.2	-	-	11	12.6	35	40.2	40	46.0	-	-	87	100
Cleanliness of floor	-	-	2	2.3	7	8.0	40	46.0	38	43.7	-	-	87	100
Cleanliness of linen	-	-	1	1.2	2	2.3	39	44.8	45	51.7	-	-	87	100
Neatness of bathrooms	5	5.8	4	4.6	19	21.8	33	37.9	24	27.6	2	2.3	87	100
Tidiness of screens	1	1.2	3	3.4	12	13.8	45	51.7	21	24.1	5	5.8	87	100

Table 4.4 presents how respondents perceived and rated various aspects of cleanliness in the Avenues Clinic. The general cleanliness of the clinic was rated as very good by 40 (46 %) respondents while 35 (40.2%) perceived the general cleanliness of the

clinic as good. One respondent, however, rated the general cleanliness of the clinic as very poor while 11 (12.6%) rated the general cleanliness as fair. Most of the respondents (75 or 86.2 %) rated the general cleanliness between good and very good.

Thirty-eight (43.7%) respondents viewed cleanliness of the floors as very good and 40 (46%) as good indicating that the majority of the respondents 78 (89.7%) perceived the floors as clean. Seven (8%) of the respondents rated cleanliness of the floors as fair with 2 (2.3%) perceiving cleanliness of the floors as poor.

Cleanliness of linen was seen as very good by 45 (51.7%) of the respondents and as good by 39 (44.8%). Two (2.3 %) of the respondents rated cleanliness of linen as fair while only 1 (1.2%) respondent thought cleanliness of linen was poor. Responses to cleanliness of linen reflect that patients were satisfied with linen cleanliness.

While 33 (37.9%) respondents perceived the neatness of bathrooms as good and 24 (27.6%) as very good, it was of concern that five (5.8%) respondents viewed neatness of bathrooms as very poor. Four (4.6%) respondents rated neatness of bathrooms as poor and 19 (21.8%) as only fair. From five who rated neatness of bathrooms as very poor were three females between 25 and 44 years of age. Four out of the five who rated neatness of bathrooms as very poor were from the medical ward while one was from the surgical ward.

Tidiness of screens was perceived to be good by 45 (51.7%) respondents and very good by 21 (24.1%). Only one (1.2%) respondent rated tidiness of screens as very poor. Five (5.8%) respondents did not respond to the question.

While various aspects of cleanliness were generally perceived as good to very good it is the few who rated aspects of cleanliness as fair, down to very poor who might speak negatively of cleanliness to prospective clients and negatively influence those clients' perceptions and expectations of care. The state of the environment within which nursing care is carried out must be bright and clean and not depressing to clients (Wallace et al. 1999:1148). Hyrkas, Paunonen and Laippala (2000:232) discuss the theme of comfort of hospital environment and how patients talked about

room facilities during data collection. Cleanliness of facilities therefore must be born in mind when delivering healthcare.

4.3.2 Aspects Concerning Visitors and Staff

Table 4.5 Aspects Concerning Visitors And Staff (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Control of noise from nurses	1	1.2	3	3.4	16	18.4	28	32.2	39	44.8	-	-	87	100
Control of noise from visitors	1	1.2	6	6.9	27	31.0	33	37.9	20	23.0	-	-	87	100
Duration of visiting times	1	1.2	5	5.8	24	27.6	30	34.4	27	31.0	-	-	87	100
Hours of visiting	-	-	8	9.2	13	14.9	43	49.5	19	21.8	4	4.6	87	100
Safety of patients and visitors	1	1.2	-	-	7	8.0	38	43.7	36	41.3	5	5.8	87	100

Twenty (23%) of respondents rated control of noise from staff between very poor and fair while 28 (32.2%) rated control of noise as good and 39 (44.8%) stated that noise control was very good. While some acceptable level of noise is expected in a hospital environment, noise from staff talking in loud voices at night or calling a member of staff from one end of the corridor to the other can be very distressing to patients who expect to rest and recover.

Thirty-four (39.1%) of the respondents indicated that control of noise from visitors was fair to very poor while 53 (60.9%) of respondents rated control of noise from visitors as good to very good. Visiting times at the Avenues Clinic are twice a day with one hour duration in the morning and one and a half hours in the evening. While the periods patients are subjected to noise during the visiting hours total only two and a half hours per twenty-four hour period, noise for any duration of time can be very distressing to patients, especially to patients who are very ill and in pain.

Forty-three (49.5%) of respondents rated hours of visiting times as good while 19 (21.8%) rated these as very good. Eight (9.2%) respondents however rated that hours of visiting times (time of day) were poor and 13 (14.9%) perceived these as only fair.

Duration of visiting times was rated by 30 (34.4%) as good, 24 (27.6%) rated the duration as fair. Only one (1.2%) respondent rated duration of visiting times as very poor and five (5.8%) stated this aspect of visiting time as poor.

Most patients (74 or 85%) rated safety of patients and visitors as good to very good. Seven (8%) of respondents viewed safety as fair while only one (1.2%) thought safety was very poor. Five (5.8%) patients did not respond to the question. Safety of patients and visitors which can result from poor state of buildings, equipment, rails, gates and doors is an important factor that should be given due attention so that patients and visitors are kept safe and out of danger.

4.3.3 Aspects of Spacing and Accessibility of Equipment

Table 4.6 Aspects Of Spacing And Accessibility Of Equipment (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
General state of equipment	1	1.2	1	1.2	17	19.5	50	57.4	17	19.5	1	1.2	87	100
Accessibility of bell/bedside	2	2.3	3	3.5	8	9.2	31	35.6	43	49.4	-	-	87	100
Spacing of facilities in room	1	1.2	4	4.6	15	17.2	39	44.8	28	32.2	-	-	87	100

Respondents' views of the general state of equipment were sought and 50 (57.4%) rated the state of equipment as good and 17 (19.5%) said that the state of equipment was very good. Sixty-seven (76.9%) therefore indicated acceptability of the state of equipment. Satisfaction and perception are very individualized and multidimensional phenomena. State of equipment might affect one individual's total impression of care while another might not necessarily be concerned with state of equipment.

One (1.2%) respondent rated state of equipment as very poor while another respondent said that state of equipment was poor. Seventeen (19.5%) rated state of equipment as fair.

Accessibility of the bell or bedside light was rated as very good by 43 (49.4%) while 31 (35.6%) indicated that accessibility of the above items was good. This gives an overall 74 (85%) accessibility of equipment as acceptable. Eight (9.2%) respondents viewed accessibility as fair while three (3.5%) rated it as poor. A patient who fails to access the bell or nurse call system when in extreme pain might have this incident affecting the overall rating of nursing care because it occurs when the patient is psychologically vulnerable (Greeneich 1993:65).

While spacing of facilities like locker, chair and bed table might not necessarily influence care given they can however influence overall perception of the environmental tract within which care is given. Sixty-seven (77%) of respondents gave a rating of good to very good while fifteen (17.2%) rated spacing of facilities as fair. One (1.2%) respondent rated spacing as very poor and 4 (4.6%) rated spacing as poor.

4.3.4 Aspects of Service Provision

Table 4.7 Aspects of Service Provision (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Quality of food	1	1.2	2	2.3	25	28.7	30	34.5	25	28.7	4	4.6	87	100
Availability of information for patients to read	19	21.9	18	20.7	18	20.7	12	13.8	13	14.9	7	8.0	87	100
Adequacy of nursing staff	1	1.2	5	5.8	15	17.2	29	33.2	32	36.8	5	5.8	87	100

Table 4.7 presents data on aspects related to the provision of service. Quality of food was rated as good by thirty (34.5%) and as very good by twenty-five (28.7%).

Another twenty-five (28.7%) rated food as fair while three (3.5%) indicated that the quality of food was poor to very poor. Food served to patients is part of treatment and if it contains the right nutrients it will promote healing. It must therefore be appetizing and appealing.

Availability of information for patients to read was a service aspect that was rated as very poor. Nineteen (21.9%) respondents viewed this service aspect as very poor, eighteen (20.7%) perceived it as poor and another eighteen (20.7%) thought it was fair. Twelve (13.8%) rated availability of information to read as good while thirteen (14.9%) rated this aspect as very good. While not all patients might not be well enough to read, it is the few who are able to read that will get frustrated by unavailability of reading material.

The majority of respondents (61 or 70%) rated adequacy of nursing staff as good to very good while fifteen (17.2%) thought staff adequacy was fair. Five (5.8%) rated staffing adequacy as poor and one thought it was very poor. Adequate staffing makes it possible for nurses to timeously attend to patient needs because of appropriate nurse/patient ratios. Inadequate staffing on the other hand contributes to patient dissatisfaction with care given. A relationship therefore exists between nurse staffing levels and patient outcomes (Seago 2002:50).

SECTION C

4.4 Aspects Related to the Process of Nursing

This section presents data obtained from respondents as it relates to the process of nursing. It included how nurses presented themselves and how speedily they implemented care.

4.4.1 Nurses Appearance and Disposition

The following table presents aspects of how nurses appeared and behaved in the process of offering nursing care.

Table 4.8 Nurses Appearance and Disposition (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Nurses neatness and professional appearance	-	-	2	2.3	4	4.6	24	27.6	55	63.2	2	2.3	87	100
Confidence of the nurses	-	-	1	1.2	7	8.0	32	36.8	45	51.7	2	2.3	87	100
Nurses respect for patients	-	-	-	-	11	12.6	28	32.2	44	50.6	4	4.6	87	100

Most of the patients (55 or 63.2%) perceived that nurses appearance and neatness was very good while 24 (27.6%) gave a rating of good and 4 (4.6%) rated nurses appearance as fair. Two (2.3 %) stated that nurses' appearance was poor. Nurses who appear neat and professional instill a sense of confidence in patients.

Confidence of nurses was rated as very good by forty-five (51.7%) respondents while thirty-two (36.8%) rated confidence of nurses as good. Seven (8.0%) viewed nurses' confidence as fair and only one (1.2%) was said to view nurses confidence as poor. Nurses' confidence is encouraging to patients and it can be psychologically therapeutic especially to anxious and very sick patients. Confidence fosters and communicates trust in all spheres of life but even more so to the sick who then trust that nurses know what they are doing. Zhang et al. (2001:468) point out confidence as one of the attributes through which caring behavior manifests. These authors refer to findings indicating that the majority of nurses displayed confidence in their work.

Nurses' respect for patients was said to be very good by forty-four (50.6%) respondents, good by twenty-eight (32.2%) and fair by 11 (12.6%) while four (4.6%) did not respond to the item.

4.4.2 Communication Pattern and Information Passage

Patients entering a healthcare facility do so believing that healthcare personnel will help them settle in the new environment by showing them the premises and facilities as well as explaining procedures. Table 4.9 presents data of patients' perception of how nurses in the Avenues Clinic assist patients in this aspect.

Table 4.9 Process Aspects Related to Offering Information to Patients (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Orientation to ward	-	-	4	4.6	13	14.9	38	43.7	29	33.3	3	3.5	87	100
Information given about illness	2	2.3	9	10.4	15	17.2	31	35.6	26	29.9	4	4.6	87	100
Information given about treatment	1	1.2	6	6.9	17	19.5	28	32.2	33	37.9	2	2.3	87	100
Nurses' knowledge of patients illness	-	-	4	4.6	11	12.7	35	40.2	33	37.9	4	4.6	87	100

Sixty-seven (77%) of respondents indicated that orientation to the ward by the nurses was at least good while thirteen (14.9%) rated orientation to the ward as only fair and four (4.6%) stated orientation to the ward was poor. Adequate orientation to any strange and unusual environment reduces anxiety, an aspect which should receive more attention in a hospital environment where patients are already stressed out.

Thirty-one (35.6%) patients stated the level of information given to them by nurses about their illness was good while twenty-six (29.9%) gave a rating of very good and fifteen (17.2%) as fair. Two patients (2.3%) rated passage of information about illness as very poor while nine (10.4%) rated it as poor. Nurses have a scope of practice which draws parameters or boundaries within which to practice and give relevant information particularly about a nursing diagnosis. Information given to patients within these parameters will reassure and encourage patients, empower them and also win their cooperation. A study by Attree (2001:460) revealed how regular passage of information was valued by both family and patients.

Sixty-one (70.1%) patients rated the amount of information given to them about their treatment as good to very good while seventeen (19.5%) rated this aspect as fair. Six (6.9%) patients gave a rating of poor and one (1.2%) patient felt the amount of

information given to patients was very poor. If nurses accept their role as professionals they can confidently give a certain amount of information in order to reassure patients as long as this is done within the nurses' scope of practice. Walsh and Walsh (1999:313) support the concept of adequate information passage to patients in order to build their confidence.

The majority of patients (68 or 78.1%) stated that nurses had good to very good knowledge about patients' illnesses. Eleven patients (12.7%) rated nurses' knowledge of patient illness as fair and four (4.6%) gave a rating of poor. While the majority of patients might have rated nurses knowledge of patients' conditions as good to very good what is of concern is how much of this knowledge is communicated to patients so that it can therapeutically value patients. Nurses who are knowledgeable about patients' conditions and their professional role can confidently counsel and encourage patients towards a speedy recovery.

4.4.3 Nurses Responsiveness to Patients' Needs

The speed at which nurses offer services and respond to requests influences the overall impression of nursing care given. Table 4.10 presents data on how respondents rated nurses in Avenues Clinic response to patients' needs.

Table 4.10 Nurses Responsiveness to Patients' Needs (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Promptness in response	1	1.2	5	5.7	16	18.4	31	35.6	32	36.8	2	2.3	87	100
Giving treatment on time	1	1.2	2	2.3	12	13.8	32	36.8	38	43.6	2	2.3	87	100
Ability to respond to needs	-	-	2	2.3	7	8.0	47	54.0	26	29.9	5	5.8	87	100
Offering time to attend to needs	2	2.3	3	3.5	11	12.6	44	50.6	23	26.4	4	4.6	87	100

Promptness in response to patients' needs was mostly rated as good to very good (63 or 72.4%). Sixteen (18.4%) rated promptness in response as fair and only one thought it was very poor. A patient who calls for attention several times before receiving care ends up very distressed and is bound to rate this aspect of care very low.

Seventy (80.4%) of patients perceived the aspect that they were given treatment on time as good to very good while twelve (13.8%) perceived that timeousness of their treatment was fair but one (1.2%) patient rated this aspect as very poor. Timing of patients' treatment if not considered can have negative effects. For example insulin not given timeously particularly in relation to meals can result in a diabetic patient getting into hypoglycemia.

Most of the patients (73 or 83.9%) were satisfied with nurses' ability to respond to patients' needs. Two (2.3%) patients rated nurses ability to respond to patients' needs as poor and seven (8.0%) gave a rating of fair to this aspect. Lack of interest by

nurses and a casual attitude towards their work can result in patients getting the impression that they are bothering the nursing staff if they ask for anything to be done for them.

Voluntary offers of time to attend to patients was rated by sixty-seven (77%) as good to very good. Two (2.3%) rated this aspect of the process of implementing nursing as very poor while eleven (12.6%) rated offers of time to attend to patients as fair.

Nurses who offer to do little chores like puffing up patients' pillows or wiping a patient's brow display interest in their work than nurses who rigidly stick to routine. Findings of the study reflected are similar to findings of a study by Stutts (2001:295) which points out appreciation of nurses by patients whose needs are anticipated by nurses who also willingly offered help.

4.4.4 Nurse Patient Relationship

Table 4.11 presents data on how patients rated their perception of nurses' consideration of individual patients.

Table 4.11 Aspects of Nursing that Affect Individuality of Patients (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Nurses interest in each patient's needs	2	2.3	3	3.5	11	12.6	44	50.6	23	26.4	4	4.6	87	100
Consideration for spiritual needs	4	4.6	3	3.5	19	21.9	37	42.5	15	17.2	9	10.3	87	100
Ability to listen attentively	1	1.2	1	1.2	6	6.9	39	44.8	35	40.2	5	5.7	87	100

More than three quarters (67 or 77%) of the respondents perceived that nurses showed interest in each individual patient's needs. Eleven (12.6%) however rated interest levels of nurses in individual patients as fair while five (5.8%) rated this aspect as

poor to very poor. Each patient is a unique, complete being who values being treated as such.

Spiritual needs of patients are an aspect of patient care that is often ignored yet it might mean quite a lot to some patients or their families. Spiritual needs of patients was an item with the highest non-response rate of nine (10.3%). Fifty-two (59.7%) rated consideration of patients' spiritual needs by the nurses as good to very good while nineteen (21.9%) rated this item as fair and seven (8.1%) gave a rating of poor to very poor. The spiritual dimension of healing is considered by some patients to be prone to their recovery and therefore facilitation of this aspect should be considered by nurses and organizations.

Most of the patients (74 or 85%) rated that nurses' ability to listen to them attentively as good to very good while six (6.9%) rated listening skills of nurses as fair. Two (2.4%) gave a rating of poor to very poor listening skills by nurses. Active listening and valuing each patient as an individual is an aspect of customer focus that is essential not only in healthcare but also in all spheres of life. Active listening as part of communication is an art. Good quality care was a theme that emerged from a study by Attree (2001:459) in which patients greatly valued patient focused individualized care that is related to their needs. Quality nursing care is related to individualized personalized care.

4.4.5 Nature of Care Provided

This aspect relates to quality of the nursing care given to patients and covers how efficiently nurses worked as well as their overall competence. Table 4.12 presents data related to the quality of nursing care.

Table 4.12 Competency Related Aspects of Nursing (N = 87)

	Very Poor		Poor		Fair		Good		Very Good		Non Responses		Total	
Item Description	n	%	n	%	N	%	n	%	n	%	n	%	n	%
Nurses doing things right the first time	-	-	1	1.2	9	10.3	40	46.0	31	35.6	6	6.9	87	100
Nurses' overall competence	-	-	1	1.2	7	8.0	32	36.8	43	49.4	4	4.6	87	100
Nurses' display of kindness	-	-	-	-	9	10.3	32	36.8	42	48.3	4	4.6	87	100

Seventy-one (81.6%) of patients perceived nurses as doing things right the first time as good to very good while nine (10.3%) gave a fair rating to this aspect of care and one (1.2%) patient rated this quality improvement aspect as poorly achieved by nurses. Doing procedures right the first time is time and cost saving and a quality related attribute of care.

It is encouraging to note that overall nurses competence was perceived to be very good by forty-three (49.4%); and good by thirty-two (36.8%) while seven (8.0%) gave nurses a rating of fair competence. One (1.2%) respondent however, rated nurses' competence as poor. Competent nurses impart confidence into patients. According to the respondents rating the nurses in the general wards generally displayed competence.

Kindness is integrated into compassion both of which are very linked to caring. Most of the respondents (74 or 85.1%) rated nurses as showing kindness to patients as good to very good while nine (10.3%) patients gave a fair rating of kindness shown to patients by nurses. Without showing kindness, compassion and empathy nursing ceases to be nursing.

This section presented data on how nurses deliver care to patients in the general wards at the Avenues Clinic.

SECTION D

4.5 Open Ended Questions

Section D of the questionnaire comprised five open ended questions which enabled patients to offer as much information as possible about how they perceived nursing care given in the general wards of the Avenues Clinic. Data was analyzed by arranging it in two groups according to the evolution of two themes namely positive and negative experiences.

4.5.1 Patient Expectations of Nursing Care at the Avenues Clinic.

The first question asked patients if they received care which was in line with their expectations. The majority of respondents eighty (92%) indicated that the care they received had been according to their expectations while five (5.7%) respondents stated that the care received had not been to their expectations. One respondent did not answer the question while another respondent was unsure whether care received was in line with expectations or not. Both positive and negative supportive information was offered by respondents to support if care received was in line with their expectations.

Table 4.13 Positive Quotes Supporting Expectations By Ward

Medical Ward	Surgical Ward	Orthopaedic Ward
'Staff were helpful and pleasant'	'Attentive to needs'	'Care appreciated'
'Care was more than expected'	'Quick to respond to needs'	'Professional and friendly'
'Good overall care'	'Very good care – requests answered'	'Very pleasant with all aspects of care'
'Caring staff'	'Words cannot explain'	'Very good'
'Prompt attention by staff'	'Excellent'	'More than expected'
'Beyond expectations'	'Nurses timeous in attention'	'Attentive to needs'
'High standards remain'	'Splendid, more than expected'	
'Best Care'		

Table 4.14 Negative Quotes Supporting Expectations by Ward

Medical Ward	Surgical Ward	Orthopaedic Ward
'Requests ignored' 'Waiting for a long time for some water' 'Asked three times before request was granted after fourth request	'No help offered to bath after an operation' 'Rang bell twice before help came'	'On traction and not turned for a long time'

The higher the expectation the lower the satisfaction. Patients who entered the Avenues Clinic with great and high expectations are probably some of the few who were not satisfied with the care given.

4.5.2 Attitude Towards Returning to Avenues Clinic

The second open-ended question asked respondents if they would return to the Avenues Clinic if they fell ill again. Eighty clients stated that they would return to Avenues Clinic if they fell ill again, but five (5.7%) stated they would not return if they fell ill again and one respondent stated he/she did not think he/she would return. One respondent did not give his/her view.

4.5.2.1 Supportive Quotes to Why Patients Would Return or Not Return to the Avenues Clinic

Positive comments emphasized on the medical ward why patients would return if they fell ill again were mostly similar to positive comments given to support patients' expectations. New positive subthemes which emerged were service oriented and included the following: -

'Service was first class', 'Good service', 'Best care' and 'Care is excellent', 'Hospital cleanliness', 'Beds made neatly' and 'Personal attention given'.

One negative comment given to support why the respondent would return to the Avenues Clinic was because 'there was no alternative hospital'.

Positive comments given by patients from the orthopaedic ward as reasons to support returning to the Avenues Clinic were mostly as those given by patients from the medical ward. However new comments included 'Felt safe at all times', 'Well maintained at all times', 'Would return 100%', 'Very kind and showed respect to patients'.

A negative comment by one respondent was 'Nurses elsewhere are more caring and the bed was too short for my height'. Another respondent indicated he/she was not sure if he/she would return to the Avenues Clinic services but no reason was given.

Positive comments from the surgical ward were very similar to the reasons given on both the medical and orthopaedic ward, however the extremes of both negative and positive comments displayed and confirmed subjectivity of perceptions. Extreme positive comments were 'Excellent', 'Certainly will return', while the two extreme negative comments were 'Standards have gone down' and 'Was in pain and no nurse came'.

4.5.3 Responses to Whether Respondents Would Recommend Avenues Clinic to Friends and Family

The third open-ended question invited respondents to comment on whether they would recommend Avenues Clinic nursing services to friends and family. Comments to this were very similar to responses given by respondents on whether they would return to Avenues Clinic nursing services. Different comments were from a respondent who indicated he would recommend services to friends and family who could afford the service. The same respondent who commented that he/she would not return to the Avenues Clinic because he/she was left in pain indicated that he/she would not recommend services to friends and family. This confirms that 'critical juncture continuum' of the theoretic model of patients satisfaction (figure 2.1) that an

event which occurs when a patient is in pain has a long lasting impression of dissatisfaction.

A concurrent analysis of open-ended questions two and three indicated that respondents who would return to use Avenues Clinic nursing services would also recommend services to family and friends. Respondents who indicated they would not return to use Avenues Clinic facilities would also not recommend services to family and friends.

4.5.4 Incidents Experienced by Respondents Which Influenced Their Perception of Care

The fourth open-ended question invited patients to describe incidents, if any, which had an influence on their perception of nursing care received at the Avenues Clinic.

Positive incidents and comments of what influenced perception of care included: -

- Gentleness of a nurse during a dressing
- Staff very efficient, sociable and performed beyond call of duty
- Respondent's husband, a former patient was very ill but recovered due to care given at Avenues Clinic
- Humorous nurse with lots of funny stories
- Nurses responded fast when a roommate fell
- Attention to detail
- Nurses always smiling
- Had a baby in maternity unit previously and nurses were caring
- Prompt response to a bell when roommate had rung

Negative incidents that influenced perception of care were as follows: -

- Ignoring requests made by a patient
- Noise at night due to banging and loud talking by nurses
- Patient soiled linen but nurses not happy to change linen

- One or two nurses not serious but rough
- Delay in serving breakfast

Negative or positive incidents that occur particularly when an individual is delicate physically or psychologically have an influence on perception of overall care given or a long lasting impression of care given. Patients who indicated that they would return to the Avenues Clinic and recommend its services to family and friends had been positively impressed by either current or previous own experiences or those experienced by friends or family. Findings of the research strongly support that incidents or events have a strong bearing on overall perception.

4.5.5 Additional Comments About Nursing Care Given

The fifth and last open-ended question invited any additional comments about the nursing care received at the Avenues Clinic. Responses received were mostly positive comments and were very similar to the ones given in questions one to four. Different comments elicited by this question included: -

- 'Deficit in praying with patients'
- 'More training needed for nurse assistants'
- 'Staff take time to listen to patients'
- 'Training of commissioners in public relations necessary'
- 'Messages given to patients when friends phone'

It can be concluded that the major themes that emerged were related to nurses' professionalism and service provision. Nursing is a caring profession and care related subthemes that emerged in order of scoring were as follows: -

1. Prompt and responsive
2. Helpful and pleasant
3. Kind and caring
4. Friendly

5. Respect to patients

6. Professionalism of nurses

Services related subthemes that emerged were: -

1. Excellent
2. Very good
3. More than expected
4. Cleanliness of premises
5. Great improvement in staff attitude

The above subthemes can be grouped into the theme optimal care which according to patient perception are related to satisfaction with care given. Patient satisfaction is attained when the gap between the expected and the experienced care is met. This section can be summarized as follows: -

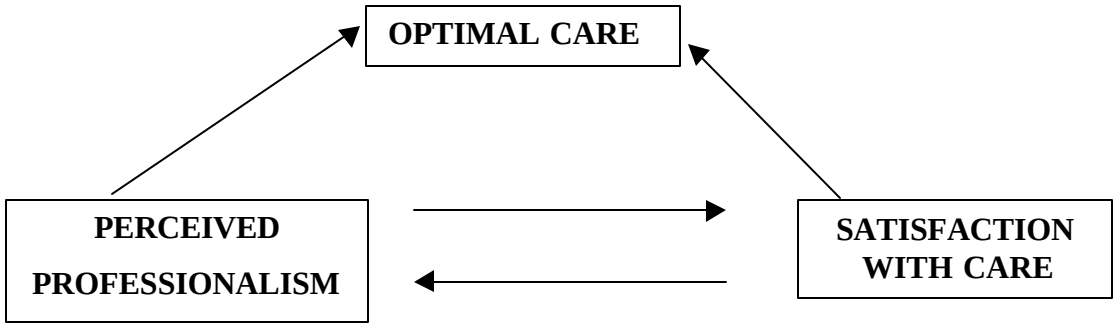

Figure 4.3 Optimal Care (N = 87)

The negative subthemes like: -

- Ignoring requests
- Need for training of personnel
- Slow response to nurse call system
- Disinterest by some nurses and assistants

These negative subthemes bring forth the theme suboptimal care which interprets dissatisfaction with care. Dissatisfaction with care results when the gap between positive expectation and the experience of care received is not bridged.

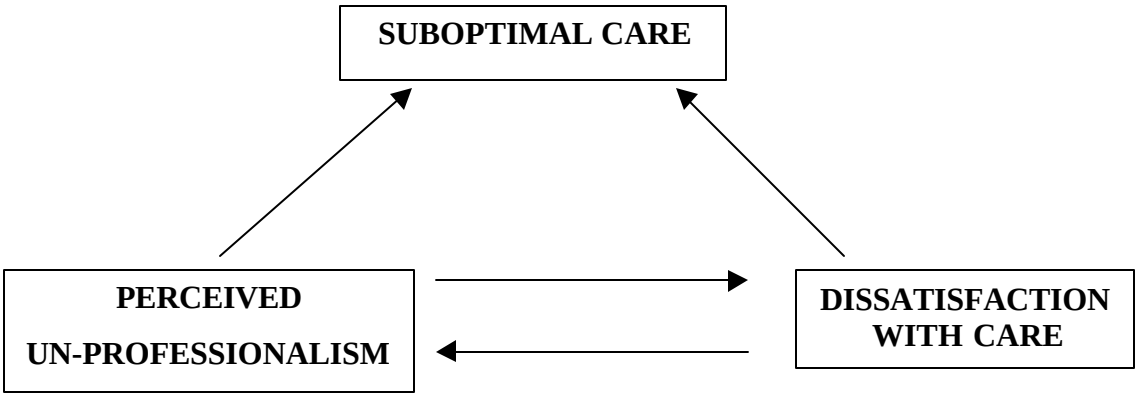

Figure 4.4 Suboptimal Care (N = 87)

The open-ended questions therefore elicited information which would have been missed by asking only structured questions.

4.6 Summary

This chapter presented and discussed research findings. It can be concluded that patients were generally satisfied with the nursing care given in the general wards at the Avenues Clinic. The environmental tract or the nursing milieu within which nursing care is given needs to be facilitated and furniture attended to. Information passage to patients and availability of information for patients to read needs to be addressed. Control of noise in the wards was a dissatifier among respondents. Use of open-ended questions elicited information from respondents which would have been concealed had structured questions only been used.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary of the findings, conclusions and recommendations based on findings. The study sought to investigate how patients perceive nursing care received in the general wards at the Avenues Clinic.

5.2 Research Objectives

The objectives of the research were as follows: to

- Identify patients' perception on Avenues Clinic general ward nurses' responsiveness to patients' needs.
- find out if patients' perceptions of nursing care received in the general wards at the Avenues Clinic were in line with patients' expectations of nursing care.
- determine if current patients in the Avenues Clinic general wards would recommend the Avenues Clinic nursing services to friends and family.

5.3 Summary of Findings

The research was summarized under the research objectives as follows:

5.3.1 Avenues Clinic Nurses' Responsiveness to Patients' Needs

Items which elicited information on nurses responsiveness to patients' needs were in Section C and were related to aspects of how nursing was implemented and the personality characteristics of the nurse. These included 'nurses' promptness in

responding to patient needs', 'giving treatment at scheduled times', 'nurses and staff ability to respond to patients' needs', and nurses offering time to attend to specific individual needs of patients.

About three quarters of the respondents indicated that nurses' responsiveness to patients' needs was very good (Tables 4.10, 4.11, 4.12). The first open-ended question and the fifth open ended question which asked patients whether the care they received was in line with their expectations and any additional information respectively elicited additional information on nurses' responsiveness. Terms like 'attentive to needs', 'quick to respond to needs', 'very good care – requests answered', 'nurses timeous in attention' and 'prompt attention by staff' indicated that nurses were responsive to patients' needs and requests. The open-ended questions enabled respondents to describe their perceptions of how nurses working in the general wards at the Avenues Clinic respond to the needs of patients.

Negative comments were given by a few respondents on how Avenues Clinic nurses responded to their needs. These were 'requests ignored', 'waiting for a long time for some water', 'asked three times before a request was granted' and 'rang a bell twice before help came'.

While the majority of respondents positively rated nurses' responsiveness to needs, it is the few who gave negative ratings who must be attended to.

5.3.2 Patients' Expectations of Nursing Care at the Avenues Clinic

The first open-ended question invited patients to offer information on their expectations of nursing care received in the general wards at the Avenues Clinic.

Eighty patients stated that the nursing care they received was in line with their expectations. Comments given to support expectations were, 'beyond expectations', 'care was more than expected', 'splendid' and 'more than expected'.

The few patients who received care below their expectations gave the following comments to support their perceptions of care given in relation to expectations: 'requests ignored' and 'no help offered to bath after an operation'.

5.3.3 Attitude Towards Recommending Use of the Avenues Clinic Nursing Services to Friends and Family

The third open ended question asked respondents to indicate whether they would recommend Avenues Clinic nursing services to family and friends or not. The same eighty respondents who stated that the nursing care received was in line with their expectations also indicated that they would recommend use of the Avenues Clinic nursing care to family and friends. The second open ended question asked respondents if they would return to use the Avenues Clinic nursing services if they fell ill. Eighty respondents indicated that they would return to use the Avenues Clinic nursing services if they fell ill again (see 4.5.2).

5.4 Conclusions

The conclusions to the research findings are based on the adopted and adapted theoretical model of Greeneich (1993) of patient satisfaction (figure 2.1). The model is based on three dimensions of the patient tract, nurse tract and the nursing milieu or environment. The findings under the three dimensions are concluded below.

5.4.1 The Patient Tract

Findings indicate that the majority of patients had their expectations met. Patient satisfaction is attained when patients confirm that their expectations have been met or exceeded. It can therefore be concluded that nursing care given achieved patient satisfaction.

5.4.2 The Nurse Tract

The nurse tract measured two major factors. These were qualities of the nurse as a person and quality of nursing care given. From findings of tables 4.8, 4.10, 4.11, 4.12 and comments like 'helpful', 'professional and friendly', and 'caring staff' it can be concluded that respondents were satisfied with the personal attributes of nurses and the general quality of nursing care given.

5.4.3 Environmental Tract: Nursing Milieu

The environment in which nursing care was carried out in the study are the general wards in the Avenues Clinic.

Two major factors which emerged from the nursing milieu are structure related and maintenance related. Structure related factors like noise control from visitors and staff and visiting hours (see table 4.5) were generally dissatisfiers and need attention. Safety of patients and visitors satisfied patients.

Maintenance aspects of the environment which included general cleanliness were very good. In conclusion the maintenance aspect of the nursing milieu at the Avenues Clinic satisfied patients but the structure related aspects dissatisfied patients.

5.4.4 Critical Juncture Continuum

Events that occur when patients are most delicate physiologically or psychologically create a long lasting impression of the care given. Patients who cited positive experiences of care or past positive experiences by relatives also indicated their intention to use nursing services of Avenues Clinic or that they would recommend the Avenues nursing services to family and friends. Patients who on the other hand described negative experiences were not happy to recommend Avenues Clinic nursing services to family and friends. It can therefore be concluded that incidents that occur

at a critical moment have a strong influence on individual overall perception and future decisions.

5.4.5 Perceptions Formed

Perceptions formed after the critical incidents led to decisions to either use or not use Avenues Clinic nursing services in future (see 5.4.4).

5.4.6 Patient Satisfaction

Patient satisfaction is an individualized outcome indicator based on assessment of quality of care given. From the findings of the study it can be concluded that most respondents were satisfied with nursing care given (tables 4.10, 4.11, 4.12 and figure 4.3).

There were however few respondents who were not satisfied with care given (figure 4.4). The two aspects of satisfaction by the majority and dissatisfaction by only very few however still gave a degree of a skewed and dichotomous view and overall impression of the nursing care in the general wards at the Avenues Clinic.

5.4.7 General Conclusion

Since the majority of patients were satisfied with nursing services, the general conclusion is that these patients will return to use the Avenues Clinic as well as recommend its services to family and friends.

5.5 Recommendations Based on Findings

In order to address areas of dissatisfaction raised by patients, the following recommendations were made under nursing practice, nursing education and recommendations for further research were made.

5.5.1 Recommendations for Nursing Practice

Availability of reading material for patients in all areas must be addressed. Community members could be encouraged to form a 'Friends of the Avenues Clinic' fellowship/group who move around with a trolley of books and magazines. These can be given to patients on loan then returned on discharge from the Clinic.

- Control of noise from both staff and visitors is necessary for a quiet environment which is less stressful for patients. Noise control needs to be seriously considered. Staff can be encouraged to take ownership of noise control by giving a regular token to the 'Quietest Ward of the Month'. Noise from visitors can be controlled through team effort by nurses, commissionaires and security guards.

- Nurses should always be conscious of their scope of practice so that they can confidently disseminate adequate information to patients about their illnesses.

- There is need to address staffing levels by looking at alternative staffing programs, for example, flexi time, part time and locum duties.

5.5.2 Recommendations for Nursing Education

- Already existing training programs must be intensified if the Avenues Clinic is to retain a position of leadership and retention of market share in private healthcare industry.

- Formalized and regular training programs on customer focus for nurses, nurse aides and support staff like commissionaires must be put in place. Special emphasis must be on information passage.

5.5.3 Recommendations for Further Research

- The same study could be done on a bigger scale over a longer period but however using structured interviews as a data collecting tool. This delimits the study and promotes generality of study.

- A survey on suggestions for duration of visiting times from patients and visitors can be carried out so that 'client friendly' visiting times can be planned. This would include both duration of visiting times and ideal hours of the day for visiting.

5.6 Summary

Results of the study indicate that apart from certain areas indicated in the research, most of the in-patients at the Avenues Clinic perceived the nursing care they received as satisfactory.

Areas indicating a lower level of satisfaction from the patients, should receive attention.

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