

Patient and companion satisfaction regarding the meeting of nursing care needs*

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ABSTRACT

This is a descriptive-exploratory study conducted with 411 patients and their companions in order to examine their perception and level of satisfaction regarding the meeting of their care needs during hospitalization and to verify the association of this level with the socio-demographic variables and the characteristics of hospitalization and unit. A self-administered instrument was used for data collection. The patient/companion satisfaction score ranged from 3.6(0.4) to 4.6(0.4). The emotional and spiritual (81 and 82%), safety (83 and 67%), and care needs (87 and 61%) were the most met. An association was found between satisfaction and some socio-demographic variables and characteristics of hospitalization. Overall, patients and their companions were satisfied with their care; however, some important areas presented satisfaction deficits requiring more attention from the nursing team.

Descriptors: Patient Satisfaction; Needs Assessment; Nursing Care; Quality of Health Care.

INTRODUCTION

Patient-centered care consists in the recognition by professionals of the individuality and values of consumers, considering their personal characteristics, clinical conditions, personal life situation, and respecting their preferences in the participation of the care⁽¹⁻²⁾. With a central focus on the patient/family, its execution is based on the search for the quality of personal, professional, and organizational relationships⁽³⁾.

The companion or family member represents a positive presence during the patient's stay in the hospital as it contributes to the patient's mental, physical, social, and spiritual well-being and he or she can

share some work activities with the nursing team⁽⁴⁾. The approval of laws and decrees that regulate the right to stay of a companion for some specific groups has allowed the humanization of the hospital environment.

In order for the care to be qualified as individualized, patients need to express their needs, preferences, and perceptions during their interaction with the team, and the team, in turn, need to adjust their interventions according to the patient's health care concerns and the physical, social, and environmental characteristics of the care context⁽⁵⁾.

This modality of care is considered part of the nursing practice and its execution positively impacts the outcome of care⁽⁶⁾. However, the health care environment and its rapid changes have affected the ability of the team to meet the nursing care needs of patients. An expressive number of nurses have reported lack of time to complete care activities⁽⁷⁾. Unmet care needs are an indicator of the quality of the nursing care, i.e., what nurses do or do not do influence the results of the care process⁽⁸⁾.

Perceived quality is the result of the comparison that customers make between their expectations about a service and their perception of how the service was performed⁽⁹⁾. The care performed by nurses is seen as the most important factor for the evaluation⁽¹⁰⁾. Satisfaction, one of the indicators of quality, can be understood as the level at which the nursing care meets the expectations of the patient and is associated to several aspects, among them, nurse/patient relationship, affective support, health information, control of the decision by the patient, and technical capability of the professional⁽¹¹⁾. The importance of the subject of patient satisfaction with nursing care has generated national⁽¹¹⁻¹⁵⁾ and international studies^(6-7,16-17).

The data about the series of perceptions related to the quality of care received by patients has been used as a strategy in health institutions⁽¹⁷⁾. For the nursing team, these data enable the creation of proposals for actions to improve the quality of care and implement changes in the practice⁽¹¹⁾.

Satisfaction surveys are conducted under the patient's perspective regarding their nursing care needs. This study proposes to broaden this issue by also considering the companion's approach and correlating the level of satisfaction with different variables. It aims to answer the following questions: How do patients and their companions perceive the meeting of their care needs by the nursing team during hospitalization? What is their level of satisfaction? Is there an association between the level of satisfaction and the socio-demographic variables and the characteristics of the hospital and the unit? To answer these questions, this study was designed to examine the perception and level of satisfaction of patients and companions regarding the meeting of their care needs during hospitalization and to verify the association of this level with the socio-demographic variables and the characteristics of hospitalization and unit.

METHOD

This is a cross-sectional descriptive-exploratory study carried out in units of medical, surgical, and specialized clinics (geriatric, infectious and parasitic diseases (IPD), gynecology, neurology, orthopedics and traumatology, oncology, and emergency unit) of two medical institutions (H_A and H_B) in the interior of the State of São Paulo, Brazil. The first one is a public teaching hospital with 732 beds and a nursing staff of 140

nurses and 1,200 nursing assistants/technicians. Hospital B is a philanthropic institution with 196 beds and 56 nurses and 387 nursing assistants/technicians.

For the calculation of the sample size, we used the T-test as normality of a 20x20 pilot study, for an expected difference between medians of 0.15 points, with an estimated standard deviation of 0.44 in each hospital, and power of 0.95. We identified that the estimated minimum size would be N=182. However, for safety, 200 patients were investigated.

The study participants were 411 adult patients hospitalized and their companions (n=411). Patients should meet the following criteria:

1. Be in treatment in inpatient units and oriented in time and space;
2. Be able to read, understand, and respond to the questions of the instrument.

The inclusion of the companion occurred if criterion 2 was met. Data collection occurred in the period from March to May of 2014.

We investigated the variables:

1. Socio-demographic (gender, age group, education, employment, and income);
2. Characteristics of hospitalization (hospital and type of hospitalization, modality of hospitalization, length of stay of the companion with the patient);
3. Characteristics of the unit (work shift, number of nurses, nursing technicians and assistants, and staff).

The study took place in three stages as described below.

1. Construction of Instruments 1 and 2:

- Because of the lack, up until now, of a specific instrument that met the study objectives and evaluated the satisfaction of both patients and companions regarding their care needs in the Brazilian literature, a questionnaire was constructed. Content was based on the classification of basic human needs⁽¹⁸⁾, on an audit study on nursing care⁽¹⁹⁾, and on an instrument adapted and validated in Brazil⁽¹²⁻¹³⁾, among others.
- The first part of the questionnaire contained the socio-demographic information of the respondent. The other part was a five-point Likert scale with options ranging from "totally agree" to "totally disagree" and it also included the alternative of "not applicable". We prepared 34 statements covering 10 areas of care: Care, Information, Safety, Hygiene and Comfort, Painful and Therapeutic Perception, Hydration/Nutrition, Locomotion/Oxygenation/Thermal Regulation, Eliminations, Physical Integrity and Skin, and Emotional and Spiritual Support.
- The second instrument included data on hospital institutions, units (number of beds and patients), and nursing teams investigated (work shift, number of nurses and nursing technicians and assistants);

2. Validation of the instrument and pilot study:

- After the construction, the instrument was submitted to the appreciation of five doctors in nursing and three clinical nurses for validation of the contents. The judges were asked to consider objectivity, clarity, and relevance of each of the statements. Agreement was obtained varying from 95 to 98%, thus evidencing that the proposed items adequately captured patient and companion satisfaction regarding their care needs. The questionnaire was preliminarily completed by 20 patients and their companions. The internal consistency of the instrument revealed Cronbach's alpha of 0.70, considered to be satisfactory.

3. Application of questionnaires from an interview:

- The questionnaires were applied by one of the researchers after guiding the participants regarding the content of the instrument used and its form of operation. Patients and their companions were randomly selected (draw from a list of inpatients).
- The collection of information only started after the authorization of the hospital administration, nursing management, and consent of the participants. The project was approved by the Research Ethics Committee of the institution under study (Opinion # 216.781/2013).

For statistical treatment, we used the programs Bioestat 5.3 and The R Foundation for Statistical Computing, version 2.13.0. The level of significance adopted was 0.05. We considered:

- The descriptive statistics presented as frequency, percentages, means (M), and standard deviation (SD) for the socio-demographic data;
- The Likert scale as an ordinal level of measurement, calculating the median (Md) and interquartile range - IQR (Q3 – Q1) to assess the level of satisfaction of patients and companions regarding the meeting of their care needs;
- The percentage of agreement of the answers was calculated adding the answers "4" agree and "5" totally agree, having as denominator the total number of patients or companions interviewed. Satisfactory agreement was defined as values > 60%;
- For the association of the mean overall satisfaction score of patients and companions with the sociodemographic variables and the characteristics of hospitalization and unit, we used the t-test (two groups) and Analysis of Variance (ANOVA) (more than two groups), with Bonferroni test with 95% confidence interval.

RESULTS

There was a predominance of male patients (n = 125, 62.5%) in H_A, with mean age of 52 years (SD 17.6; range 16-88) and incomplete elementary school (n=113, 56.5%). Their companions were mostly female (n = 161, 80.5%), with mean age of 47 years (SD 16; range 18-80) and complete high school (n=87, 43.5%).

In H_B, we found more female patients (n = 115, 54.5%), with mean age of 51.7 years (SD 17.4; range 19-87) and complete elementary school (n=71, 33.6%). Female companions (n = 107, 50.7%), with mean age

of 48.3 years (SD 17.2; range 18-81) and complete elementary school (n=108, 51.2%), were also more present (Table 1).

Table 1: Distribution of patients and companions according to socio-demographic variables in H_A and H_B (N=822).
São José do Rio Preto, State of São Paulo, Brazil, 2014.

Variables	Patients		Companions	
	H _A (n=200)	H _B (n=211)	H _A (n=200)	H _B (n=211)
	M (DP)	N (%)	N (%)	N (%)
Gender				
Female	75 (37.5)	115(54.5)	161(80.5)	107(50.7)
Male	125 (62.5)	96(45.5)	107(50.7)	104(49.3)
Age group (years)				
<20	7(3.5)	4(1.9)	8(4)	4(1.9)
21-30	18(9)	25(11.8)	36(18)	37(17.5)
31-40	40(20)	38(18)	32(16)	38(18)
41-50	24(12)	31(14.7)	40(20)	40(20)
51-60	39(19.5)	38(18)	36(18)	27(12.8)
>61	72(36)	75(35.6)	48(24)	48(24)
Level of education				
Incomplete elementary school	113(56.5)	64(30.3)	69(34.5)	34(16.1)
Complete elementary school	21(10.5)	71(33.6)	29(14.5)	108(51.2)
Complete high school	57(28.5)	70(33.1)	87(43.5)	62(29.4)
Complete higher education	9 (4.5)	6(2.8)	15(7.5)	7(3.3)
Employment				
Active	88(35)	91(43.2)	83(41.5)	76(36)
Household chores	35(17.5)	33(15.6)	70(35)	44(20.8)
Retired	58(29)	54(25.6)	32(16)	48(22.8)
Unemployed	19(9.5)	33(15.6)	15(7.5)	43(20.4)
Income (minimum wage)				
<1	17(8.5)	18(8.5)	22(11)	33(15.6)
01/mar	140(70)	146(69.2)	132(66)	138(65.5)
03/mai	33(16.5)	46(21.8)	32(16)	40(18.9)
05/out	9(4.5)	1(0.5)	9(4.5)	-
>10	1(0.5)	-	9(4.5)	-

We found a higher percentage of agreement in patient satisfaction in relation to the meeting of the needs of: emotional and spiritual (81 and 82%), safety (83 and 67%), and care (87 and 61%) in both hospitals, and information (83%) and painful and therapeutic perception (93%) in H_A. In the perception of the companions, it was the needs of: safety (91 and 67%), painful and therapeutic perception (89 and 62%), information (81% H_A), and emotional and spiritual (76% H_B) (Table 2).

The association between the overall score and the socio-demographic variables of patients and companions was significant ($p < 0.05$) for investigated hospital (H_A and H_B), gender, education, monthly income, modality of hospitalization, and length of stay with the patient. However, the differences occurred between hospitals and not intra-hospital (Table 3). No interaction was found between overall score and age ($p=0.23$) and religion ($p=0.64$).

Table 2: Level of patient and companion satisfaction regarding the meeting of their care needs (N=822).
São José do Rio Preto, State of São Paulo, Brazil, 2014.

Areas of care	Patients				Companions			
	H _A (n=200)		H _B (n=211)		H _A (n=200)		H _B (n=211)	
	Md	Agree	Md	Agree	Md	Agree	Md	Agree
	IQR	%	IQR	%	IQR	%	IQR	%
Care	5(0)	87	4(3)	61	5(1)	79	4(3)	57
Information	5(1)	83	3(2)	49	5(1)	81	4(3)	53
Safety	5(0)	83	4(2)	67	5(0)	91	4(2)	67
Hygiene and comfort	2(5)	46	3(3)	46	3(5)	48	4(4)	57
Painful and therapeutic perception	5(0)	93	3(2)	48	5(0)	89	4(3)	62
Hydration /Nutrition	2(0)	21	4(5)	0,5	2(4)	54	4(5)	55
Loco, Oxyg, and Thermal regul	3(5)	49	4(5)	51	4(5)	52	3(5)	44
Eliminations	1(0)	18	2(0)	0,4	1(3)	35	1(5)	55
Physical Integrity and Skin	2(0)	8	2(4)	34	1(2)	16	1(5)	0,4
Emotional and Spiritual	5(0)	81	5(1)	82	5(0)	16	5(1)	76

Loco, Oxyg, and Thermal regul = Locomotion, oxygenation, and thermal regulation; Agree = Agreement; IQR = interquartile range (Q3 – Q1); Score varies from 1 to 5; the higher the score, the higher the agreement.

Table 3: Association of the mean overall satisfaction score with the socio-demographic characteristics and the characteristics of hospitalization. São José do Rio Preto, State of São Paulo, Brazil, 2014.

Characteristics	Patients		Companions	
	H _A (n=200)	H _B (n=211)	H _A (n=200)	H _B (n=211)
	M(SD)	M(SD)	M(IC)	M(IC)
Hospital	4.6(0.4)*	3.6(0.4)*	4.5(0.5)*	3.8(0.3)*
Gender				
Female	4.5(0.5)*	3.7(0.5)*	4.6(4.5-4.6)*	3.7(3.7-3.8)*
Male	4.6(0.4)*	3.5(0.3)*	4.5(4.3-4.7)*	3.7(3.7-3.8)*
Level of education				
Elementary school	4.6(0.5)*	3.7(0.4)*	4.5(4.4-4.7)*	3.7(3.7-3.8)*
High school	4.6(0.4)*	3.6(0.4)*	4.5(4.5-4.6)*	3.7(3.7-3.8)*
Higher education	4.7(0.4)	3.5(0.4)*	4.5(4.3-4.7)*	3.8(3.0-4.0)*
Monthly income				
<1	4.3(0.7)*	3.8(0.5)*	4.6(4.4-4.8)*	3.8(3.7-3.9)*
01/mar	4.6(0.4)*	3.6(0.4)*	4.5(4.5-4.6)*	3.7(3.7-3.8)*
03/mai	4.7(0.3)*	3.6(0.4)*	4.5(4.4-4.8)*	3.7(3.6-3.8)*
>5	4.6(0.6)*	-	4.7(4.3-5.0)*	-
Type of admission				
SUS	4.7(0.5)*	3.7(0.4)*	4.5(4.5-4.6)*	3.7(3.7-3.8)*
Other types	4.8(0.2)*	3.6(0.3)*	4.6(4.5-4.7)*	3.8(3.7-3.8)*
Modality				
Clinic	4.6(0.4)*	3.6(0.4)*	4.5(4.5-4.6)*	3.8(3.7-3.8)*
Surgical	4.6(0.5)*	3.6(0.4)*	4.6(4.5-4.7)	3.7(3.7-3.9)*
Stay of the companion (h)				
01/jun	-	-	4.5(4.4-4.7)*	3.7(3.7-3.8)*
07/dez	-	-	4.6(4.5-4.7)*	3.9(3.7-4.0)*
13-18	-	-	4.4(3.9-4.5)*	3.8(3.7-4.0)*
19-24	-	-	4.5(4.9-4.7)*	3.8(3.7-4.0)*
>24	-	-	4.5(4.4-4.7)*	3.7(3.6-3.7)*

*p<0.05; CI=Confidence Interval of 95%.

The association between the mean overall satisfaction score and the characteristics of the units where the patients were hospitalized (shifts and number of professionals in the team/category) are presented in Table 4. In the opinion of the patients in H_A, the values ranged from 4.2(4.0-4.6) for the nursing team of four professionals to 4.9(4.6-5.0) when the number of assistants and technicians in the team was seven. For

patients in H_B, the values ranged from 3.4(3.2-3.5) (four professionals in the team and three assistants/technicians) to 4.3 (3.9-4.6) (night shift). Companions had the highest satisfaction with the night shift in H_A 4.8(4.6-4.8) and H_B 4.1(4.0-4.5) and nursing team with three professionals in H_A, 4.8(4.6-5.0), and H_B with three and nine professionals, 3.8(3.7-4.0) and 3.8 (3.7-3.9), respectively.

Table 4: Association between the mean overall satisfaction score and the characteristics of units of patients.
São José do Rio Preto, State of São Paulo, Brazil, 2014.

Characteristics	Patients		Companions	
	H _A (n=200)	H _B (n=211)	H _A (n=200)	H _B (n=211)
	M(SD)	M(SD)	M(IC)	M(IC)
Work shift				
Morning	4.6(4.6-4.7)	3.6(3.5-3.6)	4.5(4.4-4.6)	3.7(3.7-3.9)
Afternoon	4.7(4.5-4.8)	3.5(3.4-3.5)	4.5(4.4-4.7)	3.7(3.6-3.7)
Night	4.7(4.5-5.0)	4.3(3.9-4.6)	4.8(4.6-4.8)	4.1(4.0-4.5)
Technicians/Assistants (N)				
2	4.7(4.5-5.0)	3.6(3.5-3.7)	4.8(4.6-5.0)	3.8(3.7-4.0)
3	4.3(3.9-4.6)	3.4(3.5-3.6)	4.5(4.1-4.7)	3.7(3.5-4.1)
7	4.9(4.6-5.0)	3.6(3.5-3.7)	4.7(4.3-4.9)	3.8(3.7-3.9)
8	4.6(4.5-4.7)	-	4.5(4.4-4.6)	-
9	4.3(4.6-4.7)	3.6(3.8-4.9)	4.5(4.0-4.7)	3.7(3.6-3.8)
Nurses (N)				
1	4.6(4.5-4.6)	3.5(3.5-3.6)	4.6(4.5-4.7)	3.7(3.7-3.8)
2	4.7(4.7-4.8)	-	4.5(4.5-4.6)	-
3	4.6(4.5-4.8)	-	4.5(4.3-4.8)	-
4	4.4(4.1-4.5)	-	4.1(3.8-4.7)	-
Nursing team				
3	4.7(4.5-5.0)	3.6(3.5-3.7)	4.8(4.6-5.0)	3.8(3.7-4.0)
4	4.2(4.0-4.6)	3.6(3.5-3.7)	4.5(4.1-4.8)	3.7(3.5-4.1)
9	4.6(4.5-4.7)	4.1(3.8-4.6)	4.5(4.4-4.7)	3.8(3.7-3.9)
10	4.7(4.6-4.8)	3.6(3.5-3.6)	4.5(4.4-4.7)	3.7(3.6-3.8)

DISCUSSION

This study pointed out that, in general, both patients and their companions, in both institutions investigated, were satisfied with the meeting of their care needs by the nursing team. These findings confirm Brazilian investigations. In the first one, conducted in a gastroenterology unit in the countryside of the State of São Paulo, a mean value of four was found on a scale ranging from one to five points⁽¹³⁾. Another study carried out in a university hospital showed that the highest mean of patient satisfaction was related to the attributes of the nursing team and general satisfaction, both with a mean of five, in a scale ranging from one to five points⁽¹⁴⁾. In the investigation carried out in several inpatient units of a teaching hospital of the Brazilian Midwest region, 92% of the medians were between four and five⁽¹⁵⁾. However, companion satisfaction was not evaluated. Although the scales used in the above mentioned studies also presented a 5-point Likert format, they contained different approaches in relation to our research, not including the companion, which limits, in part, comparisons.

There were differences in the levels of satisfaction between hospitals - H_A 4.6(0.4) and H_B 3.6(0.4). This can be explained by the different natures, purposes, size, type of relationship with the health system, and characteristics of the legal constitution of the institutions. The H_A is characterized as a teaching hospital,

treating patients with high level of complexity, with a large number of multidisciplinary professionals and advanced technology, while H_B is a philanthropic institution for less complex services. Small inequality in the perception of patient satisfaction was shown in a study that compared two hospitals in São Paulo, Brazil, with Md 3.8 and 3.5, respectively, in a scale that also ranged from one to five points⁽¹²⁾.

We found a higher percentage of agreement in patient satisfaction in relation to the meeting of the needs of: emotional and spiritual (81 and 82%), safety (83 and 67%), and care (87 and 61%) in both institutions, and information (83%) and painful and therapeutic perception (93%) in H_A. These findings were surprising, since the areas of care of emotional and spiritual needs^(17,19) and safety needs⁽¹³⁾ have been reported as those with lower satisfaction among inpatients. Similar to other investigations^(13-15, 19-21), no area of care assessed reached the desirable level of 100%. Eliminations presented the lowest level of satisfaction (18 and 0.4%) by the patients, thus corroborating other studies^(13,19).

In the perception of the companions, the needs of safety (91 and 67%), painful and therapeutic perception (89 and 62%), information (81 and 53%), and emotional and spiritual (76% H_B) had the highest scores, and the areas of eliminations and physical integrity were the ones with the lowest level of satisfaction. It is interesting to note that, unlike other contexts, in the institutions investigated, both patients and their companions feel safe with their care. Safety can be defined as minimizing the risk of unnecessary harm associated with health care and is an important quality factor⁽²⁰⁾.

The association between the mean overall satisfaction score of patients and companions and the socio-demographic variables and the characteristics of hospitalization showed significant values ($p < 0.05$) for investigated hospital, gender, education, monthly income, type and modality of hospitalization, and stay of the companion with the patient. Variables such as gender^(13-15,22), education^(12-13,22), and length of stay in the unit^(13,22) have also been identified as influential in inpatient satisfaction. We found no relation between overall score and age ($p=0.23$) and religion ($p=0.64$). Patients and companions cared for by private and health insurances had a higher level of satisfaction with the care provided by the nursing team in relation to the users of the Brazilian Unified Health System (SUS), except for the companions of H_B.

Similarly, we sought to examine some characteristics of inpatient units and their relation to the mean overall satisfaction score. No significant associations were found for the amount of nursing staff in any of the hospitals, which shows that the number of nurses and nursing technicians and assistants in the team, in this study, did not seem to interfere with the level of patient/companion satisfaction regarding the meeting of their care needs. High patient satisfaction has been related to adequate nurse/patient ratio⁽²³⁾. However, we also highlight the professional practice environment^(7,23), the qualification of the nursing team, the quality of the hospital care, and the involvement of nurses in the decision-making of the care of patients⁽⁷⁾ as factors significantly associated with satisfaction.

Regarding work shift, it was only a significant factor in one of the hospitals (H_B) where there was an increase in satisfaction for the night shift. This difference may perhaps be explained by the quality of the relationship between the study participants and the nursing team in the units investigated.

The results of this research are limited to the perception and level of satisfaction of patients and companions with the meeting of their care needs in the context of two hospital institutions. It is important to emphasize that this concept is linked to the individual point of view of each user and limited to a time and space.

Patient satisfaction with nursing care is recognized as a prime indicator of the quality and efficacy of the caring process⁽²⁴⁻²⁵⁾. Thus, information about the quality of care received by patients enables the creation of proposals for actions that improve care quality.

CONCLUSION

Overall, patients and their companions were satisfied with their care; however, some important areas presented satisfaction deficits requiring more attention from the nursing team.

The incorporation of the perception and level of satisfaction of companions in this study adds another look at the result of the care and reiterates the importance of the patient/family focus for patient-centered care. Thus, the identification of the care needs still neglected by the nursing team for both patient and companion signal the decision-making process about the management of the care and the implementation of changes in the practice.

Future studies in other care settings could deepen the companion's view, also including the perception of the nursing team about the meeting of care needs. Furthermore, new instruments could be constructed or updated to assess the care provided to users.

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