CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Researchers are increasingly calling for studies that incorporate the patients' perspectives on the quality of care received in mental health institutions. Psychiatric patients are sometimes referred to as socially marginalized, poor and a disadvantaged group, with no bargaining power.

Several reasons have been advanced in support of the inclusion of the patients' perspectives in a study of this nature:

- The National Department of Health and the Health Systems Trust (2001:3) clarified that without explicit evaluations, the adequacy and the quality of care remain with service providers only. Without the patients' perspectives, evaluation remains incomplete and biased towards the service providers' perspectives
- Patients constitute a unique source of information needed for service delivery transformation. Their experiences need to be taken into account by providing with an opportunity for their voices to be heard
- They are able to reveal their satisfaction with communication and care with staff members and this information may supplement other indicators of quality care that are relevant in the mental health services
- Patients need to be considered and understood in all situations in order to promote their protection. If this is not done, their feelings of worthlessness and vulnerability are increased without corrective action being implemented

- Their unattended needs and problems are often considered to be attention-seeking behavior by health care providers instead of being problems or needs (Guide to Assessing Client Satisfaction 2001:2) The rise of unproved quality assurance programs has also indicated that relevant and significant issues of patient participation are essential in developing and assessing the quality of their care. These promote consideration of other areas of patients' lives as well, such as physical, social and psychological needs (National Department of Health and the Health Systems Trust 2001:2).

All patients must be seen as unique individuals with unique problems and needs. Therefore, they should always receive equal treatment and care whilst in hospital. Koivisto, Janhonen and Vaisanen (2004:268) pointed out that every comment a nurse makes to a patient or within a patient's hearing, may be evaluated as having therapeutic value or otherwise. In other words, it either contributes to a patient's emotional growth or reinforces his or her illness. Bennie and Tichen (1999: 6-7) explained that a number of well-validated measures have been developed to assess mental health users' perspectives and quality of life. In addition to the above there is also the recent emergence of patient-centered care in nursing theory and policy reinforcing quality service delivery to care and respect for patients.

The researcher, as a psychiatric nurse and manager in the psychiatric service, has observed inappropriate care of patients by nurses. The lack of therapeutic communication and interaction between nurses and their patient may lead to poor nurse-patient relationships and trust. Some nurses don't have time to listen to their patients and often fail to give the patients important information needed for their treatment programs.

One practical example is the failure of nurses to respond to patients' complaints related to the side effects experienced by patients as a result of treatment they

are receiving. Some nurses consider such complaints as hallucinations or delusional and, therefore, ignore them. As a result, patients feel neglected, leading to poor adherence to their prescribed treatment or to deterioration in their overall or mental condition. Some may become emotionally unstable and unmanageable, whilst for many the problem leads to a longer stay in hospital. Patients may also be misdiagnosed as a result of anger expressed by the patients owing to frustration which can develop when the care they are receiving is unsatisfactory to them.

According to the Guide to Assessing Client Satisfaction (2001: 10), mental health policies require that the patient's satisfaction be an integral part of their care. The National Health Care Act (1999) makes provision for programmes to guarantee quality services. Quality assurance and the accreditation process also require patients' satisfaction to be measured on a regular basis, as this could promote healing of their mental illness in a shorter space of time.

The aim of the Patients' Rights Charter, introduced by the National Health Department in 1999, was to improve health service delivery and encourage mental health care users to express their concerns about the care that they received. Policies were developed to outline the rights and responsibilities of patients highlighting the following:

- the right to participation and decision-making
- the right to treatment and care
- the right to a safe environment
- the right to privacy

In addition, South African legislature attempted to bring quality care into the provision of the health systems that need to be implemented and other public services by introducing the eight Batho Pele principles that cover all areas of public service, including mental health-care services. The education of nurses

and other health care providers affords them with a better understanding of human nature in order to promote the quality of patients' care (Gillies 1997: 15 - 16)

1.2 RATIONALE FOR THE STUDY PROBLEM STATEMENT

Psychiatric nursing emphasizes the significance of therapeutic communication and as such offers an ideal area for assessing nurses' skills in interpersonal intervention. However, there seem to be problems in that many patients are dissatisfied with the nature of communication shown to them by nurses. Lack of skill in the area of communication may interfere with patients' psychological and emotional well-being. A study of this problem is important in helping nurses understand the therapeutic importance of communication (Langley1999:5).

The following quotation from a South African newspaper The Star dated 30th June 2005 forms a perfect problem statement for this study:

> Three male nurses who assaulted mentally ill patients were sentenced to a fine of R3, 000.00 or ten months' imprisonment by the Pietermaritzburg District Court. The three were found guilty of assaulting a mentally ill patient at Fort Napier Psychiatric Hospital during 2002.

The incident cited above seems to reinforce a negative view shared by many authorities that nurses not only frequently communicate ineffectively with patients or other professionals but also do not provide sufficient care to patients whilst working in hospitals. Ashmore and Banks (1997: 167) support the view that poor communication skills result in friction and conflict, thus causing dissatisfaction among patients in the hospital. They also suggest a number of reasons to explain the unsatisfactory state of care and communication between nurses and their patients. Some nurses believe that communication is just common sense, whilst others feel that interpersonal communication with

patients is so stressful that they would rather avoid it in favour of more routine tasks.

According to Langley (1999: 40), interpersonal communication may also not be desired by certain health organizations, as it may result in dissension and change the perception of patients about what is therapeutic in their health matters. Instead of patients' needs and problems being ignored, they should be identified and explored with nurses. Conflicts may arise when nurses fail to respect this.

This whole area of therapeutic communication and programmes in psychiatric nursing as a useful tool for patient management cannot be over-emphasized. The therapeutic milieu is also an ideal place for assessing nurses' skills in interpersonal interventions (Langley 1999: 5). In this regard, Pill, Rees, and Rollnick (1999: 1493) emphasize that some nurses prefer to have total control when making medical or health decisions on behalf of patients. Morrison (1997: 6) points out that some traditional ways of thinking about patients are depersonalizing, tending to make patients feel like objects rather than human beings.

Langley (1999: 24) stated that efforts have been made to enhance nurses' interpersonal skills through training. However, this has borne no significant results as many nurses lack the ability to practice successful interpersonal skills and therapeutic interventions. This raises the question of why this is happening, but the possible contributory factors will not be researched in this study.

It is clear, however, that the lack of therapeutic communication causes dissatisfaction among some patients. Nurses need to understand that managing patients should include being committed to their holistic care, listening to their concerns, assessing their perceptions and attending to their

needs in time. They should always ensure a uniform approach of interventions across all patients in the ward as well as remembering the uniqueness of each patient as an individual.

1.3 RESEARCH QUESTION

Taking into consideration the above factors, the following research question is raised for this study:

How satisfied are patients admitted to an inpatient psychiatric hospital with

- the general, overall Nursing service offered to them generally
- Communication by the nursing staff?

1.4 RESEARCH OBJECTIVES

The objectives of this study are as follows:

- To determine psychiatric patients' level of satisfaction regarding nurses' communication and care
- to make recommendations to the relevant stakeholders based on the findings to improve service delivery

1.5 PURPOSE OF THE STUDY

The purpose of this study is to improve the quality of service given to patients in mental health institutions with regard to the following points:

- Contribution to nursing literature on the therapeutic relationships between nurses and patients
- An improvement in quality care given to inpatients in mental health institutions

- A basis for discussion and possible implementation of more patient-centered management policies for management, nurses and patients

1.6 OPERATIONAL DEFINITIONS

Langley (1999:17) considers satisfaction with service and nurses to be related to the ability to interact well with clients.

1.6.1 Satisfaction with Service

'Satisfaction' in this study is considered to be the mental health users' perceptions of an acceptable level of care received from the service providers.

1.6.2 Inpatient

In this study an 'inpatient' is considered to be a mental health care user who has been admitted to a mental health institution for the purpose of treatment, care and rehabilitation.

1.6.3 Communication

This means interaction between nurses and patients whereby nurses provide services such as counselling, support, advice and reassurance for patients in their care who need assistance in mental health care related issues.

1.6.4 Psychiatric Facility

In this study, a psychiatric facility is considered to be a psychiatric institution that is accredited for providing mental health care services to mental healthcare

users by The Department of Health.

1.6.5 Nurse

A person who attends to the sick, injured or infirm. The title is applicable to nurses who are registered under article 16 of Nursing Act 50 of 1978. In this study, a nurse is anyone who interacts with inpatients and is currently registered with the South African Nursing Council in this capacity and is employed by the psychiatric institution in this study.

1.7 Overview of Research Methodology

This research report was conducted within the quantitative paradigm. The reason was to evaluate the responses of the (respondents) inpatients. Finally the results were considered to be value-based on the positive responses of the respondents in this study.

1.7.1 Research Design

A quantitative, descriptive and explorative design was selected in order to observe the experiences of inpatients in the hospital. Questionnaires designed for the study were used in order to investigate patients' satisfaction with the care and communication they receiving whilst in hospital.

1.8 Study Site

The Hospital is a small (140-bedded inpatient) specialist academic psychiatric referral institution. This hospital is situated in the northern suburbs of

Johannesburg, Gauteng, South Africa. The hospital has two acute units that admit patients with both acute and chronic major psychiatric disorders, one of which is a closed unit and the other an open ward. In addition there are the following units:

- a small research unit
- a psychotherapy unit
- a child and adolescent unit
- an eating disorders unit
- an adult comprehensive outpatient facility
- a children's outpatient facility
- an occupational and rehabilitation unit
- a school

The numbers of wards used for the research study were three. All categories of staff and qualifications include the following.

Ward 7– acute and closed ward

Bed occupancy - 30

- Eight professional nurses including the operational manger of the ward
- Three enrolled nurses
- Four enrolled nursing auxiliary
- One Consultant – Psychiatrist
- Three Registrars
- One psychologist
- One social worker
- One intern psychologist
- One occupational therapist rotating wards

Multi disciplinary team consisted of ten members. Student doctors and nurses were occasionally involved increasing the number to more than ten members.

Ward 6 acute and open ward

Bed occupancy - 32

- Eight professional nurses including the operational manger of the ward
- Three enrolled nurses
- Three enrolled nursing auxiliary
- One Consultant – Psychiatrist
- Two Registrars
- One psychologist
- One social worker
- One intern psychologist
- One occupational therapist rotating between wards (all wards in the hospital)

Multi disciplinary team consisted of more than ten members. Student doctors and nurses were occasionally involved increasing the number to more than ten members.

Ward 4 and 5 rehabilitation ward

Bed occupancy - 23

- Ten professional nurses including the operational manager of the ward
- Four enrolled nurses
- Four enrolled nursing auxiliary
- Three registrars
- One psychologist
- Three intern psychologist
- One occupational therapist

Multi disciplinary team consisted of more than ten members. Professional nurses were highly involved in presenting patients to the team. Nurses were giving report of the sessions done. Additional members were student doctors and nurses occasionally.

Professional nurses were chosen to assist patients to complete questionnaires administered to them in all selected three wards.

Information obtained from hospital management indicated that the hospital had 75% average bed occupancy during the period of study. The average length of stay for admitted patients ranged from six to ten weeks per admission.

1.9 POPULATION, SAMPLE AND SAMPLING PROCEDURE

During pre-selection, the researcher visited each unit involved in the study on a weekly basis to identify patients for inclusion in this study. Unit managers were interviewed and requested to assist with the selection of the inpatients. The total population was 140 bedded patients` at the time of study.

The study adopted a convenience sampling procedure using the total population that met the inclusion criteria. This entailed soliciting the voluntary participation of the inpatients that were over the age of 18 years and had been in the hospital for a period of four weeks. These patients were judged to be stable by both unit managers and the multidisciplinary team. The assistance of managers was requested in identifying potential respondents to ensure that those approached were mentally stable enough to participate in the study.

Patients who had been there for four weeks and were on various programs had already had an opportunity to acclimatize, had experienced interactions with the

nursing staff in the wards, had received care and had a 'named nurse' (a primary nurse) on a regular basis.

Acutely ill patients were not suitable as they had already been placed on a therapeutic regimen for stabilization purposes. Those that suffered from anxiety and depression had been settled in the hospital environment for more than four weeks and others that had been admitted for treatment of psychotic episodes had already been evaluated and diagnosed.

Depressed patients became more interested in interacting with other persons when their mood was elevated. Those assigned to a therapist for a few days had improved and were apsychotic]'

Only fifty three respondent's participated in the study. Prior to the data collection period many selected patients for the study were discharged prematurely. Others were granted absence of leave. The limited number of remaining patients decreased the number of respondent for the study

According to the statistician, an estimated sample of 100 inpatients was required. The level of confidence needed was a 95% confidence interval. However, the patients' diagnoses ranged from depression, schizophrenia and anxiety disorder and this could influence the varied responses. Consequently, a certain amount of bias could be expected because of the sample selection.

1.10 INSTRUMENT

The modified 'client satisfaction questionnaire' (CSQ) (Larsen, Atkinson, Hargreave and Nguyer 1999: 46) was used with the permission of the publisher. This was a simple, user-friendly Likert scale. The self-administered questionnaires consisted of general satisfaction elements, with one open-ended

question related to satisfaction in connection with nursing communication. The instrument consisted of 20 closed-ended questions and one open-ended question. In the closed-ended questions the patients were given five choices to indicate their satisfaction, for example: 'I am generally satisfied with the overall quality of admission'. The responses ranged from very satisfied to very dissatisfied. The first closed-ended question was on quality of care that psychiatric patients received. The last open-ended question requested further comments by patients.

1.11 DATA COLLECTION

The researcher distributed the questionnaires to the patients in the sample in the different wards and then collected them after they had been completed on the same day. Patients were asked to complete the questionnaires anonymously and then insert them into the sealed container that was placed in each ward where data was being collected.

1.12 DATA ANALYSIS

The prevalence of patients' satisfaction based on the total score achieved in the questionnaires was expressed as a percentage and a 95% confidence interval for this prevalence was calculated. Furthermore, graphs were used to indicate the distribution of responses; then employed to address the shortfalls identified in communication and care rendered to patients.

Data was pooled and analyzed using descriptive statistical analysis to calculate frequencies, valid per cent and cumulative per cent. Ratios of negative and positive results were calculated. A percentage was indicated for each item within the tables according to closed-item questions with a summary of each row and column as a discussion.

The respondents' responses to the open-ended questions were categorized as positive or negative according to the topic under discussion for the study.

Calculations of the entire responses were then completed as suggested by the statistician to reflect the results researched. Correlations of satisfied versus the goals of treatment were calculated using Pearson's correlation 1-tailed test looking at the significance of the 95 % confidence interval for significance at 0.05 level (1-tailed).

1.13 PILOT STUDY

A pilot study was conducted before the actual research. The sample consisted of five respondents from the same population under study. This was undertaken by distributing questionnaires to these respondents who were excluded from the actual process of the study. The pilot study revealed that the respondents encountered no difficulties in responding to the questions in the questionnaire, as they could all understand English.

The reasons for the pilot study were as follows:

- To establish the clarity of the questions
- To establish the face validity of the instrument
- To carry out a check for the planned analytical procedures
- To have an opportunity to revise the planned analytical procedures if needed

The findings of the pilot study were as follows:

- No changes were needed to be made to the questionnaires
- No patients had difficulty completing the questionnaires
- No change of information was necessary at all

- Questionnaires to be utilized in the actual study were found to be satisfactory

1.14 ETHICAL CONSIDERATIONS

Serious consideration was given to protecting the rights of the respondents and the standards of this scientific enquiry.

- Permission was requested from the Department of Nursing Education at the University of the Witwatersrand, Faculty of Health Science to conduct the study using human subjects
- Permission was granted by the Hospital Research and Education Committee to use hospital inpatients as subjects
- The hospital management, nursing management and senior staff in the psychiatric unit were informed formally and their permission was requested to conduct the research study
- In order to elicit their cooperation with the process of data collection, unit managers and their staff were supplied with the necessary information regarding the aims and methodology of the research
- Respondents were informed of the aims the voluntary and anonymous nature of their participation and their right to withdraw at any time without prejudice
- Raw data were kept separately in a locked facility to maintain confidentiality
- Research data were made available to the researcher and the supervisor only
- Data were pooled anonymously before being analysed to ensure that staff in the psychiatric units were not able to identify patients in the sample

1.15 Limitations

The study focused on one hospital for psychiatric patients in the northern suburbs of Johannesburg, Gauteng, South Africa. The research results cannot be generalized to other similar institutions in Gauteng as the sample size was small and only one hospital was used

1.16 Conclusion

Research about mental health care services is increasing. This promotes quality care which is in line with mental health care Act 17 of 2002, Batho Pele Principles and patients' rights charter. This chapter discussed about the overview of the study. The following chapter will present literature review of this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Currently, increasing significance and importance are being given to views about the care of mental health users and the communication they receive. (Leese, Johnson, Slade, Parkman's, Kelly, Phelan and Thornicraft 1998:37). Hence quality care received, which they deserve as their right, is directed towards addressing patients' needs and problems to promote mental health. An example is given of guidelines for needs assessment under the National Health Sciences (NHS) and Community Care Act 1966 (in the United Kingdom) which states 'All mental health care users should be encouraged to participate to the limit of their capacity, where it is possible to reconcile different perceptions. These differences should be acknowledged and recorded. Furthermore, as long as mental health care users are competent, the users' views should carry the most weight (Bennie and Tichen1999:6-7).

2.2. PATIENTS' SATISFACTION: INTERNATIONAL PERSPECTIVE

International studies like that of Leese *et al* have provided some clear methodological guidance about involving clients in clinical audits.

An ever-increasing number of researchers have found value in involving clients in an evaluation of their general satisfaction with care and communication with nurses. A report written by Langley ten years ago (1999:56) is encouraging. She reports that most patients were satisfied with the nursing care and communication in the hospital where the tests were conducted.

A study by Leese *et al.* (1998:49) on the users' perspective of patient satisfaction and needs with mental health services is equally encouraging. He concludes that 'the two services were both reasonably successful: average satisfaction was described between mixed and mostly satisfied in both sectors; over two time periods the majority of needs was being met (about 80% on average)'.

Over the years researchers have used different methodological approaches to obtain clients' perspectives on the quality of care they receive in either an outpatient or inpatient mental health settings. Langley (1999:44) and many other researchers have used client satisfaction questionnaires (CSQ), whereas Leese *et al*. (1998:43) used the Camberwell assessment of need (CAN) to assess patients' needs and the Verona service satisfaction scale (VSSS) to assess patient satisfaction respectively. All these instruments have been shown to be valid and reliable for research purposes.

This study focused on inpatients only and evoked patients' perspectives of care received. It is vital for patients to be asked about their satisfaction with services received in order to facilitate better treatment for them and convey the message to them that their feedback is important.

However, various concerns have been raised about methodological issues. Involving clients in health service audits is never straightforward. One can maintain that the concept of satisfaction, like quality, is problematic because it is multidimensional; it is affected by the expectations and needs of patients. This concept may also be defined differently by health professionals and patients depending on interpretation of the meaning. The notion of empowerment of patients by health providers is also problematic.

Another debatable point is the position of patients when they are at their most ill stage and, therefore, experiencing a period of distress and thus not being suitable for making them participants. This may not be the appropriate time for patients to comment on the service they are receiving. They advocate, if the views of the clients are to be sought when they are in the hospital, that a considerable time be given to them to recover and that the question of empowerment needs to be given careful attention. This entails assuring individual clients in the hospital of complete confidentiality, giving them full explanations of their rights, and ensuring that there will be feedback of the results.

Whilst there are obvious problems in requesting the perspectives of psychiatrically ill patients on the quality of service they perceive (their view may be coloured by depression, anxiety or active psychotic processes), this will be taken into account as a possible limitation in this research. However, the patients who volunteer to participate will be adjudged 'well enough' to participate by their primary care givers, considering that this will be obviated to as great an extent as possible of this possible limitation.

2.3 PATIENTS' INTERACTION AND RELATIONSHIP WITH NURSES IN THE HOSPITAL

Both international and national health regulations are in the process of promoting client satisfaction during care. This essential cooperative process requires adequate and appropriate services from multidisciplinary teams leading to improved decisions, actions and integrated care provisioning by nursing staff to patients (Fulford, Ersser and Hope 1996: 1-2). Practical nursing disciplines are essential for a multidisciplinary team approach in the work-related environment.

In-service training and other strategies are vital in training nurses to fulfil their daily activities whilst in the health service. A holistic approach is needed whereby individual patients are analyzed holistically and comprehensively. This can include involving patients in planning, decision-making and improvement of processes at all levels of organizing their health care (Antony and Hudson 2004: 24).

Various researchers have expressed opinions on nurse-patient relationships. All agreed that health care providers are required to have good communication skills and essential adjustment is needed in organizational structures for better service delivery:

- Fulford *et al.* (1998:1-2) believed that the achievement of patient satisfaction has profound implications on the way patient care is planned, delivered and evaluated
- In this regard Morrison (1997:6) suggested that nurses are expected to express both verbally and non-verbally their willingness to support patients in difficult situations. Provision of patient satisfaction is also enhanced by various factors such as feedback from nurses, nurse-patient relationships and effective communication
- Wortans, Happel and Johnson (2006:78-84) elaborated on nurses' roles in providing care and satisfaction to patients in mental health institutions. Consumer satisfaction is achieved by frequent contact of patients and nurses and is done routinely until nurse-patient relationships are established and sustained
- Mead & Bower (2004:1088) pointed out that even a little thing like answering a patient's questions can improve nursing care and suggested that patients must be allowed to maintain their personal integrity whilst in hospital. They need clear explanations of what is

happening to them and 'how they are going to be assisted' whilst in the hospital

Therefore, the character of nurses plays a major role in their relationships with other health professionals and in sustaining proper care of patients and their families, in order to gain their mutual trust.

However, some nurses still use 'compulsory methods' towards patients during care such as keeping to general procedure when it is not necessary instead of promoting their autonomous decisions and actions. This increases antagonism between patients and the nursing staff. In this regard, it is very important for nurses to tell their patients 'what is happening to them' and 'describe the Procedures' to be followed. From there it will be easy to prepare the patients for management of their conditions at home once discharged. It is vital that they own their 'health matters' themselves after hospitalization. All this is done to restore the individuals to the condition that they enjoyed before the period of their illness: namely, taking responsibility for their own health and well-being.

2.4 FACTORS CONTRIBUTING TO LACK OF SATISFACTION WITH NURSING CARE

Timonen and Sihvonen (2000:543) discovered that poor nurse- patient communication lead to non-participation by the patient thus increasing the risk of his or her developing anxiety and feelings of insecurity. This is commonly experienced when nurses frequently use too much professional language and fail to encourage patients to participate in decision-making. Although it is expected that patients will be informed about their treatment programmes throughout therapeutic relationships. In addition, nurses are still responsible for encouraging an independent lifestyle for the patient.

2.5 REQUIREMENT OF PATIENT SATISFACTION IN THE NURSING MILIEU

Bennie *et al.* (1999:39) maintained that the implementation of quality care to promote patient satisfaction requires hierarchical nursing influence. Senior practitioners should act as role models, coaches and supervisors demonstrating good quality nursing care and developing plans to assist junior nurses learn from precept and example. The sister in charge is regarded as a Clinical leader and therefore should be emulated.

Cultural misunderstandings accompanied by language difficulties between patients and nurses also present serious barriers to effective communication and should be addressed in a professionally way.

2.6 THE ROLE OF THE NURSE IN PROVIDING SATISFACTION DURING NURSING CARE

There is a substantial body of literature relating to the role of nursing in the psychiatric nursing field. A study conducted by Wortans *et al*. (2006; 78-84) in Australia describes the role of nurses in mental health whilst exploring consumer satisfaction. The outcome of this research suggested that care provided by a nurse practitioner was perceived to be more significant than that of other health practitioners.

This researcher's study supports specific aspects of nursing roles emphasizes the importance of nurse-patient relationships and quality care enabling the provision of effective treatment and care.

Traditionally, nursing training emphasizes humanistic matters as part of caring. The recent nursing training curriculum, however, emphasizes the use of

sophisticated equipment in the service. Therefore, the interpretation of care becomes complex because of these two traditions with differing emphases on the concept of patient care.

According to Mead & Bower (2000: 1088) the role of the nurse is to engage in partnership with the patient. Good patient care is also congruent with a positive response to patients' needs, answering questions from patients correctly, accepting patients' ideas and promoting their ideas in planning their care.

Fulford *et al*. (1999: 21) pointed out that the need to see things from the patients' points of view does not mean that nurses' and doctors' views are abandoned. Instead, the patients' evaluations of their needs should be recognized in order to stimulate their feelings of satisfaction. This is part of promoting ownership of patients' health matters.

It is important to emphasize the idea of individualized nursing care. This is described as nurturing of patients as human beings and is the reason for each patient having a nurse therapist allocated to him or her. The essence of treating patients holistically is a significant aspect of professionalism.

2.7 PATIENT SATISFACTION: AFRICAN PERSPECTIVE

Recent research indicates an emergence of a patient-centered care belief in many countries, including Africa. It is seen as an essential mirror for nursing practice, promoting respect for the value of individual patient, who must be valued by service providers consistently all at times (Bennie *et al.* 1999: 6-7).

Many countries, mostly African, are still in the process of promoting patient satisfaction in their health systems. This essential process requires the service of a multidisciplinary team. All health professionals need to come together in order to attempt to bring nursing care in line with this modern approach in

medicine. Nursing practice includes systemic approaches and standardized procedures in promoting mental health (Fulford *et al.* 1997: 1-2).

Lutz and Bower (2000:167) pointed out that in many instances in African countries mental health care is still practiced traditionally. The focus of care is based on finding the cause of illness instead of analyzing patient behavior so that proper intervention can be planned. As nursing care concentrates on the disease and the health care providers' points of view, there is little patient satisfaction in the institutions; indeed patient satisfaction is not even considered.

In this regard Pill, Rees, Scott and Rollnick (1999: 1493), emphasize that nurses frequently found it difficult to let go of decision-making on behalf of the patients.

Morrison *et al.* (1997: 6) believe that some of the traditional ways of thinking by health professionals about patients is depersonalizing, making patients feel like objects resulting in patient dissatisfaction. Consequently, they (1997:7) recommended that nurses' perceptions of their care-giving roles needed to be revised to improve their traditional way of thinking in rendering patient care.

2.8 PATIENT SATISFACTION: SOUTH AFRICAN PERSPECTIVE

In the National Health Act (2003), policy makers tried to promote, improve and maintain the health standard of the entire South African population. This involved the inclusion of all health services in the development plan of the Republic and resulted in the development of the Mental Health Care Act 17 0f 2002 and Patients' Rights Charter to protect the well-being of the population.

According to these acts, all health establishments must provide equitable health services within the limits of available resources, mostly for mental health users. (Mental Health Care Act 17 of 2002, chapter 1: 18).

This legislation tries to bring satisfaction to patients through the provision of the Patients' Rights Charter. It strongly encourages mental health users to participate in their own health care and conveys the message to patients that their feedback is very important to service providers. Mental health users are encouraged to express their concerns on the care they receive from health institutions. This is reinforced by the Batho Pele principles as well as the Mental Health Care Act 17 of 2002 that delineates explicitly the expectations from nurse-patient relationships.

These attempts were significant in improving treatment programmes for patients. The following should be considered in each mental health institution as part of the Patients' Rights Charter:

- the right to participation and decision-making
- the right to treatment and care
- the right to a safe environment
- the right to privacy

The Batho Pele principles emphasize humanistic care: namely, considering “people first”. Patients and their families need to be consulted when it comes to patients’ treatment. It is also strongly recommended that patients and their families be given reliable information on their illnesses. This enables health providers to make informed decisions and assist patients in their treatment programs.

2.9. Conclusion

Literature available for mental health care services should be utilized as guiding information. This information can be used as references to correct malpractice of mental health services. This chapter discussed about literature review. The following chapter will present research methodology in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter gives a detailed outline of the study design, data collection, ethical considerations, methods to ensure reliability, validity and method of data analysis of this study.

3.2. RESEARCH DESIGN

Pilot and Hungler (2001:167) define a research design as the researcher's overall plan for obtaining answers to questions. Burns and Grove (1999:185) refer to the research design as a 'blue-print for conducting the study that maximizes the control over factors that could interfere with the desired outcomes of the study'. The aim is to establish factors which either promote or hinder patient satisfaction regarding care and communication in mental institutions. A quantitative, descriptive, exploratory and non-experimental research design was used in order to check the responses of inpatients correctly during their stay in the hospital. (Pilot *et al.* 2001:178)

3.2.1 Quantitative Design

According to Burns & Grove (1999:16), a quantitative study is a formal systematic process in which numerical data are used to describe variables.
The approach helps to examine relationships between those variables and obtain information about the phenomenon under study. During the process of

this study quantitative/numerical data were collected using a questionnaire to determine patients' levels of satisfaction regarding the communication and general care received. The responses according to the Likert Scale were counted and scored. Frequencies reflected the level of satisfaction of patients.

3.2.2 Descriptive Method

A descriptive research is a non-experimental quantitative research method. The purpose of descriptive research is to describe a phenomenon which exists as accurately and clearly as possible (White: 2005, 98)

Babbie (2001: 93) refers to a descriptive study as the researcher observing and describing what was observed in the study. This study was descriptive as the aim is to determine factors that influenced the general satisfaction of nursing care and communication experienced by inpatients during their hospitalization. Findings are summarized following the outcome of the participants' responses from the questionnaires.

3.2.3 Exploratory Design

Brink (2002: 11) describes an explorative study as a dimension of a phenomenon in the manner in which it is manifested. Exploratory studies are designed 'to explore the dimension of phenomena or to develop or refine hypotheses about the relationships between phenomena under study' (Polit and Hungler, 2001:19).

In this study, experiences were explored: namely, the satisfaction of patients' care during care and their communication with nurses during their stay in the hospital.

3.3 Population

A population is 'the entire aggregation of the cases that meet a designated set of criteria' for the study (Polit, et al. 2001: 233). In this study a collection of individuals with a common characteristic that the researcher is interested in was used. Identifying the population is a significant part of the research process. The researcher should be specific about the inclusion and exclusion criteria of subjects for the study. The target population for this study comprised the total number of 100 inpatients that the researcher wanted to use in order to establish results. The researcher was interested in in-patients as her respondents for researching their level of satisfaction whilst admitted in the hospital.

The population consisted of inpatients both male and female that were admitted to various wards in the Hospital.

Each respondent on the inclusion criteria list had to fulfill the following inclusion criteria:

- had to be 18 years or over
- must have had a named nurse therapist allocated on a regular basis
- must have been hospitalized for at least four weeks
- must have been placed on various programs offered and have experienced instructions from nursing staff
- must have been assessed as being in a stable condition by the multidisciplinary team

All the above-mentioned requirements were important because patients' input of their experiences were needed to produce the relevant outcome of this study. This research study was likely to produce qualifying information and the researcher hoped to be able to generalize results for future replication or reproduction of the study in a different setting.

3.4 SAMPLE AND SAMPLING

Sampling is 'the process of selecting a few elements from the population to represent the entire population under study' (Clamp & Cough, 1999:88).

3.4.1 Sampling

The study adopted the non-random convenience-sampling procedure, using the same total number of population of 100 inpatients who met the inclusion criteria. Convenience sampling is choosing readily available people or objects for a study. This study used a sample of inpatients who were already admitted in the wards. This was convenient for the researcher in terms of time and inclusion criteria.

Considering the small number of inpatients (140) bedded in the hospital it was very important to use the number of the population under study. From this sample, the statistician estimated the level of confidence at a 95% confidence interval. All the participants met the criteria for inclusion: they were all 18 years old or older, had been admitted for four weeks and were judged to be in a stable condition by the multidisciplinary team.

The four-week time limit would have allowed anxious and depressed patients to settle in the hospital environment whilst those who had been admitted for psychotic episodes would have been treated and been well enough to respond

sufficiently to the study. Depressed patients would have responded well to treatment and developed an interest in interacting with other people. They would have been acclimatized to the ward milieu.

All these patients had named nurse therapists assigned to them on a regular basis. This means that they had been interacting with their nurse therapists for more than six weeks. They were deemed to be stable mentally and emotionally, had participated in various programs offered in the ward and had already experienced interaction with nursing staff for various reasons.

The allocation list of in-patients in the hospital was taken from four wards, from which the sample was chosen (Polit *et al.* 2001: 236). However, only 53 respondents remained in the sample during the data collection process (see chapter four).

3.5 DATA COLLECTION

Data collection refers to the precise, systemic gathering of information relevant to the research purpose, objectives and questions of the study. (Burns *et al*. 2001:794)

In this quantitative research, data were collected in a highly structured way to elicit the relevant information from the patients (Polit *et al.* 2001:237).

3.5.1 Data Collection Instruments

The 'client satisfaction questionnaire' (CSQ) (Larsen *et al*., 1979) was selected as the most appropriate data collection instrument for this study. This was chosen because a questionnaire is 'a printed self-reporting form designed to

elicit some information' that can be obtained through written responses of subjects under study (Burns & Grove, 1999: 272).

The researcher used a Larsen *et al*. 'client satisfaction questionnaire' (CSQ) with permission from the publisher. The questionnaire is clear, simple and written in English. A user-friendly Likert scale, which consisted of ratings ranging from very satisfied to very dissatisfied and has five columns was employed. The Likert scale is widely used, as it makes it possible to indicate fine discrimination among people with different points of view (Polit *et al*., 2001: 263).

The respondents filled in the questionnaire by themselves; they were able to complete the questionnaire by marking the empty spaces provided. The questionnaire consisted of general satisfaction elements, such as asking if patients were generally satisfied with the overall quality of service. Two additional questions were related to satisfaction with nursing communication and the care received. The supervisor and joint supervisors (lecturers) from the nursing department corrected and verified the questionnaire before the process of data collection.

Prior to the study, nursing service managers were contacted telephonically to secure appointment dates. The arrangement of the administration of the questionnaires to inpatients in different units in the hospital was discussed. The researcher personally presented the questionnaires to the professional nurses in charge of inpatient units and explained how data collection would be conducted in their wards. She explained the purpose and the benefits of the study. Later on the assistant managers of the hospital assisted in distributing questionnaires in the wards. Data were collected from 27 October 2007 until 18 December 2007 (53 days).

3.5.2 Data Instruments Format

The questionnaires consisted of 20 (twenty) closed-ended questions and one open-ended question. In the closed-ended questions, patients were given choices to indicate their satisfaction level. For example, one question read: 'I am generally satisfied with the overall quality of admission'. The responses ranged from very satisfied to very dissatisfied. The open-ended question further gave the patients an opportunity to comment.

This questionnaire was corrected and verified by the supervisor and joint supervisors (lecturers) from the University of the Witwatersrand, Nursing Department.

3.5.3 Administration of the Questionnaires

Nursing service managers were contacted telephonically to secure appointment dates. This was done to arrange times to discuss the administration of questionnaires to different units in the Hospital and to explain the purpose and the benefit of the study. The researcher personally presented the questionnaires to the unit managers and explained the procedure for data collection during the research process. Each unit manager verbally committed herself or himself to this procedure. Sectional managers were involved as well in assisting the distribution of questionnaires.

3.5.4 Data Quality

A questionnaire is 'not an end in itself but a means to an end'. In quantitative research, the major criterion for assessing the quality of data is by means of

establishing the validity and reliability of the data collection instrument. (Polit & Beck, 2004: 428).

3.5.5 Pilot Study

Polit *et al.,* (2001: 41) refer to pre-testing as 'the process of testing the effectiveness of a measuring instrument for gathering appropriate data for research'. Therefore, a pilot study was conducted before the actual process of research data collection. The sample consisted of five participants from the same population that was studied. The participants found it easy to respond to the questions in the questionnaire. Patients used for the pilot study were not included in the actual sample of the research.

The pilot study aimed to:

- assess whether the questions were understood by patients
- establish the face validity of the instrument, and judge whether the questions were appropriate for the intended purpose
- carry out a trial check for the planned analytical procedures
- have a pre-test to see how the research would e conducted
- have an opportunity to revise procedures, time and instruments if needed
- confirm that the process would work according to the research protocol

After the pilot study, refinement was done with the assistance of the statistician, my supervisor and joint supervisor to correct and reduce problems encountered during the pilot study.

3.6 Validity

Polit *et al.* (2001: 308) refer to validity as 'the ability of the instrument to measure the phenomenon it intends to measure'. Validity is concerned with the accuracy and effectiveness of the measuring instrument. This was ensured by phrasing each question carefully to avoid leading respondents to a particular answer. In addition, the instrument had been previously used and was a valid and reliable instrument.

Four aspects of the instrument were assessed: namely, 'face validity, content validity, criterion validity and construct validity (Polit *et al*., 2001: 310).

3.6.1 Face Validity

Face validity is the idea that a test should appear to any person to be a test of what it is supposed to test (White 2005: 196). The entire instrument is appropriate for collecting the desired information (Brink 2002: 168). Face validity does not refer to what an instrument actually measures, but rather to what it appears to measure (Devos and Fouche 1998: 84). It measures the respondents' perceived experiences. In this study the questionnaires were checked and re-checked by the supervisor from the nursing department as well as the statistician to ensure face validity.

3.6.2 Content Validity

Content validity is concerned with 'the extent to which the instrument adequately covers various dimensions under investigation'. (Cornmack 2000: 31). In other words a test with content validity should cover the range of the behaviors that are being measured. The questionnaire format of the questionnaire also requires that information be arranged in a logical manner

starting from admission information to appropriate questioning regarding care and communication between inpatients and nurses.

In this study, the appropriateness of the content was checked for relevance in identifying factors that hinder or enhance the satisfaction of inpatients in the hospital by the supervisor from the nursing department. The content of the instrument was found to be valid.

3.6.3 Criterion Validity

This refers to the degree to which scores in an instrument are closely related to other scores of the same theoretical construct. In this study, criterion-related validity was assessed using the respondents' performance against a given measurement tool. Factors which hindered the satisfaction of in-patients such as poor nurse-patient relationships and factors which enhanced satisfaction such as good nursing care were correlated with behaviors and described in the literature reviews by the researcher.

3.7 Reliability

Reliability defines the precision or accuracy of an instrument and is mainly concerned with how *well* something is being measured.
'It indicates whether the results can be repeated or reproduced' (Polit *et al*., 2001: 305).

In this study, in order to produce valid information, the research process was conducted using scientific procedures

3.8 Ethical Considerations

(Mouton 2001: 240) Maintains that research of human conduct should be in line with generally accepted norms and values of research procedures. The researcher took care to ensure that the respondents' rights were protected. A fair, proper, acceptable, human and accountable approach that took ethical responsibility for protecting the rights of the research subjects was followed properly.

The following principles were considered:

- The research was presented to the Department of Nursing Education at the University of the Witwatersrand for peer review and to ascertain the feasibility of the study
- The research proposal was presented to the Postgraduate Committee of the University of the Witwatersrand, Faculty of Health Sciences for their approval to conduct the study
- Ethical clearance was obtained from the Human Research Ethics Committee (HREC) for permission to conduct the study using human subjects
- The hospital management, nursing management and senior staff in the psychiatric units were formally asked for permission to conduct the research study
- Unit managers and their staff were supplied with information to acquaint themselves with the aims and methodology of the research to obtain their cooperation
- Participants were informed of the aims, the voluntary, anonymous and confidential nature of their participation and their right to withdraw at any time without prejudice

3.8.1 Permission

To conduct this study, permission was obtained from the hospital's Research and Educational Committee, chief executive officer as well as the hospital nursing management. The proposal, the consent forms and information letters were included in the process of application.

Respondents were informed of the purpose of the study in writing. They were asked not to write their names or any other identifying particulars on the questionnaires in order to preserve their anonymity and the confidentiality of the data. Respondents agreed and signed an informed consent form, which gave permission for them to participate in the study.

3.9 Conclusion.

The actual research was conducted at a public specialist psychiatric Hospital. This is one of the academic hospitals in Gauteng Province. The following chapter will present data analysis and interpretation in this study.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter represents the descriptive frequency results of the data collected and analyzed using SPSS package. Of the sample size of 100 a total of fifty-three respondents participated in the study representing a response rate of 53%. The data collection period for the study coincided with the national strike by health professionals, this limited the number of patients available to participate in the study. This led to the data collection period been extended beyond the initially planned four week period. Data collection was done over a period of eight weeks from October to December 2008.The findings of the closed questions from the structured questionnaire are described below. The results from the open question indicate main themes that were categorized and discussed. The findings of the closed questions from the structured questionnaire are described below. Problems encountered during research, including limitations and recommendations were discussed. In an attempt to maintain the flow of discussion, tables are placed directly after the headings.

4.2 DISCUSSION OF THE RESULTS

The descriptive data analysis below is the findings of the analysis of the modified client satisfaction questionnaire (1999) (see annexure 3).

The responses for each research question are illustrated in the tables.

Table 4.1: Satisfaction with overall quality of admission

			frequency	%	Cumulative per cent
Satisfied	92.6%	Very satisfied	23	43.4	43.4
		Mostly satisfied	25	47.2	90.6
Indifferent	9.4%	Indifferent	5	9.4	100
		Total	53	100	

The fact that more patients are mostly satisfied, rather than very satisfied is an indication that some procedures during the process of admission are not properly handled.

The frequencies of the different scores can be summarized as follows: 26 (49.1%) are very satisfied; 19 (35.8%) mostly satisfied and 6- (11.3%) indifferent.

Table 4.2: Satisfaction with treatment received

				Frequency	%	Cumulative per cent
Satisfied	84.9%		Very satisfied	26	49.1	50.0
			Mostly satisfied	19	35.8	86.5
Indifferent	11.3%		Indifferent	6	11.3	98.1
			Mostly dissatisfied	1	1.9	100
Dissatisfied	19%		Total	52	98.1	
		Missing	System	1	1.9	
		Total		53	100	

Table 4.2 reveals a high frequency of very satisfied responses. This is a reflection of treatment programs that are rendered effectively and efficiently most of the time. It may be due to health professionals that are highly engaged, giving direct care and treatment to inpatients. Most of the patients are satisfied because a holistic approach to needs and problems is always practiced in this Hospital.

The frequencies of the different scores can be summarized as follows: 26 (49.1%) are very satisfied; 19 (35.8%) are mostly satisfied whilst 6 (11.3%) are indifferent and 1 (1.9%) did not respond.

Table 4.3: Satisfaction with the assistance received from nurses

				Frequency	%	Cumulative per cent
Satisfied	77.4 %		Very satisfied	26	49.1	53.1
			Mostly satisfied	15	28.3	83.7
Indifferent	13.2 %		Indifferent	7	13.2	98.0
			Mostly dissatisfied	1	1.9	100
Dissatisfied	1.9%		Total	49	92.5	
		Missing	System	4	7.5	
		Total		53	100	

Table 4.3 illustrates that most patients are very satisfied as they have been taken from a state of dependency to one of independence before their discharge time. Inpatients feel assisted when they manage to cope with the burden of their illness and develop not only a positive attitude toward themselves and others but also develop a better understanding of their condition and treatment programmes.

The frequencies of the different scores can be summarized as follows: Opportunity given to patients to influence treatment given to them: 26 (49.1%) are very satisfied; 15 (28.3%) are mostly satisfied; 7 (13.2%) are indifferent; 1 (1.9%) are mostly dissatisfied and 4 (7.5%) did not respond.

Table 4.4: Satisfaction with information given to patients by nurses

				Frequency	%	Cumulative per cent
Satisfied	71.7%		Very satisfied	18	34.0	36.0
			Mostly satisfied	20	37.7	76.0
Indifferent	17%		Indifferent	9	17.0	94.0
			Mostly dissatisfied	2	3.8	98.0
Dissatisfied	5.8%		Very dissatisfied	1	1.9	100
			Total	50	94.4	
		Missing	System	3	5.6	
		Total		53	100	

Table 4.4 indicates that most of the patients feel mostly satisfied with the information given to them. Some factors affecting good communication may be language barriers as the hospital admits multiracial patients and has multiracial nursing staff. Language and cultural differences may cause difficulties.

The frequencies of the different scores can be summarized as follows: Information given about patient care by nurses: 18 (34.0%) are very satisfied; 20 (37.7%) are mostly satisfied; 9 (17.0%) are indifferent; 2 (3.8%) are mostly dissatisfied; 1(1.9%) is dissatisfied and 3 (5.6%) did not respond.

Table 4.5 Opportunity given to patients to influence their treatment

				Frequency	%	Cumulative per cent
Satisfied	77.4%		Very satisfied	26	49.1	51.0
			Mostly satisfied	15	28.3	80.4
indifferent	9.4%		Indifferent	5	9.4	90.2
dissatisfied	9,4%		Mostly dissatisfied	5	9.4	100
			Total	51	96.2	
		Missing	System	2	3.8	
		Total		53	100	

The above table portrays the frequencies of responses on how the inpatients were given opportunities to influence their treatment. The scores reflect that the majority are very satisfied. Several factors could have influenced the high score:

- Patients are taught about their illnesses
- Clear explanations of procedures are given
- Reliable treatment programmes are instituted
- Patients are encouraged to take responsibility for themselves whilst in the ward, thus promoting participation
- They are prepared for future health care
- They begin to own their health programs, whilst still in the ward. This is evidenced by ward programmes, group therapy, climate meeting, contract and rules.

The frequencies of the different scores can be summarized as follows: 26

(49.1%) are very satisfied; 15 (28.3%) are mostly satisfied; 5 (9.4%) are indifferent; 5(9.4%) are mostly dissatisfied; 2(3.8%) and 2 (3.8) patients did not respond.

Table 4.6 Satisfaction with therapists' ability to establish relationships with patients

				Frequency	%	Cumulative per cent
Sati Sfied	67.9%		Very satisfied	21	39.6	42.0
			Mostly satisfied	15	28.3	72.0
Indifferent	15.1%		Indifferent	8	15.1	88.0
			Mostly dissatisfied	4	7.5	96.0
Dissatisfied	11.3%		Very dissatisfied	2	3.8	100
			Total	50	94.4	
		Missing	System	3	5.6	
		Total		53	100	

Although there are some variations in the responses as indicated in table 4.6, the majority of patients feel very satisfied. It is clear that the nurses have the ability to establish relationships with both the patients and the other health professionals. Responses are expected to differ as they depend to a large extent on individual nurse-therapist relationships and understanding.

The frequencies of the different scores can be summarized as follows: 21(39.6%) are very satisfied; 15 (28.3%) are mostly satisfied; 8 (15.1%) are indifferent; 4 (7.5%) are mostly dissatisfied; 2 (3.8%) are very dissatisfied and 3 (5.7%) did not respond.

Table 4.7 Individual counseling/care/support/therapy given by nurses

				Frequency	%	Cumulative per cent
Satisfied	79.3%		Very satisfied	24	45.3	48.0
			Mostly satisfied	18	34.0	84.0
Indifferent	11.3%		Indifferent	6	11.3	96.0
dissatisfied	3..8%		Very dissatisfied	2	`3.8	100
			Total	50	94.4	
		Missing	System	3	5.6	
		Total		53	100	

Higher average score (45.3 %) of satisfaction is evident in table 4.7. Considering the frequency of responses, this is a reflection of patient satisfaction regarding counseling, care, support and therapy given to them by nurses and other staff. An effective and efficient multidisciplinary team approach has been employed. Patient satisfaction is the result of higher interaction between inpatients and nurses and other health professionals.
Also, evidenced by structured ward programmes the allocation of a personal primary therapist, psychologist and group therapy and ward activities.

The frequencies of the different scores can be summarized as follows: 24 (45.3%) are very satisfied; 18 (34.0%) are mostly satisfied; 6 (11.3%) are indifferent; 2 (3.8%) are very dissatisfied and 3 (5.7%) did not respond.

Table 4.8 Satisfaction with quality of service offered by nurses

				Frequency	%	Cumulative per cent
Satisfied	77.4%		Very satisfied	24	45.3	46.2
			Mostly satisfied	17	32.1	78.8
Indifferent	13.2%		Indifferent	7	13.2	92.3
dissatisfied	7.5%		Mostly dissatisfied	4	7.5	100
			Total	52	98.1	
		Missing	System	1	1.9	
		Total		53	100	

The ratings indicate that the majority (77.4%) of the patients are satisfied with the quality of the service offered to them. The statement reflects the positive responses by patients. It is evident that they have developed positive attitudes and become involved in participation with other patients and nurses. This encourages patients to be active, knowledgeable and well informed about their relevant health matters. This suggests that the attending nurses have psychiatric nursing knowledge and skills to provide quality patient care.

The frequencies of the different scores can be summarized as follows: Quality of service offered by nurses: 24 (45.3%) are very satisfied; 17 (32.1%) are mostly satisfied; 7 (13.2%) are indifferent; 4 (7.5%) are mostly dissatisfied and 1(1.9%) did not respond.

Table 4.9 Satisfaction with the willingness of nurses to pay attention to patients' complaints

				Frequency	%	Cumulative per cent
Satisfied	73.5%		Very satisfied	27	50.9	54.0
			Mostly satisfied	12	22.6	78.0
Indifferent	17%		Indifferent	9	17.0	96.0
			Mostly dissatisfied	1	1.9	98.0
			Very dissatisfied	1	1.9	100
Dissatisfied	3.8%		Total	50	94.3	
		Missing	System	3	5.7	
		Total		53	100.	

The scores indicate that patients regard nurses as willing to listen to them. The statement reflects the positive response by the majority (73.5%) of patients. This means that nursing staff do have listening skills and make time to listen to patients. It is an encouraging factor and stimulates patient satisfaction.

This means that nurses address patients' complaints, needs and problems to the best of their ability. This includes respect and provision of privacy as well as confidentiality of patient matters.

The frequencies of the different scores can be summarized as follows: 27 (50.9%) are very satisfied; 12 (22.6%) are mostly satisfied; 9 (17.0%) are indifferent; 1(1.9%) is mostly dissatisfied; 1(1.9%) is very dissatisfied and 3 (5.7%) did not respond.

Table 4.10 Satisfaction with the willingness of therapists to meet their patients for sessions

				Frequency	%	Cumulative per cent
Satisfied	69.8%		Very satisfied	20	37.7	40.8
			Mostly satisfied	17	32.1	75.5
Indifferent	11.3%		Indifferent	6	11.3	87.8
			Mostly dissatisfied	3	5.7	93.9
			Very dissatisfied	3	5.7	100
Dissatisfied	11.4%		Total	49	92.5	
		Missing	System	4	7.5	
		Total		53	100	

The majority (69.8%) of patients are satisfied with therapy arrangements with 37.7% being very satisfied. This is an indication that correct and necessary arrangements are made prior to each session for patients. This is another way of giving patients information about pending procedures in their therapy. At the same time a therapist can allay anxiety whilst preparing the session.

Variations in the responses indicate that patients have different levels of perceiving satisfaction.

The frequencies of the different scores can be summarized as follows: 20 (37.7%) are very satisfied; 17 (32.1%) are mostly satisfied; 6(11.3%) are indifferent; 3 (5.7%) are mostly dissatisfied; 3 (5.7%) are very dissatisfied and 4 (7.5%) did not respond.

Table 4.11 Clarity in the goals of patient treatment

				Frequency	%	Cumulative per cent
Agree	69.8%		Strongly agree	15	28.3	29.4
			Agree	22	41.5	72.5
Not sure	22.6%		Not sure	12	22.6	96.1
			Disagree	2	3.8	100.
Disagree	3.8%		Total	51	96.2	
		Missing	System	2	3.8	
		Total		53	100	

Most in-patients (69.8%) agree with the statement given.

Factors that may prevent clarity are that patients may not understand their treatment programmes clearly enough. They may harbour doubts about the outcomes of the programs and feel afraid, incapable of coping with the pain of the sickness and of losing confidence.

The frequencies of the different scores can be summarized as follows: 15 (28.3%) strongly agree; 22 (41.5%) agree; 12 (22.6%) not sure; 2 (3.8%) disagree and 2 (3.8%) did not respond.

Table 4.12: Patients with mental health problems are given good assistance

				Frequency	%	Cumulative per cent
Agree	67.9%		Strongly agree	15	28.3	28.8
			Agree	21	39.6	69.2
Not sure	20.8%		Not sure	11	20.8	90.4
			Disagree	4	7.5	98.1
Disagree	8.4%		Strongly disagree	1	1.9	100
			Total	52	98.1	
		Missing	System	1	1.9	
		Total		53	100	

It is evident that the majority of psychiatric patients are satisfied with the help provided for mental health problems at this Hospital.

The frequencies of the different scores can be summarized as follows: 15 (28.3%) strongly agree that assistance is available for psychiatric patients, 21(39.6%) agree, 11(20.8%) are not sure, 4 (7.5%) disagree 1 (1.9%), and 1(1.9%) did not respond.

Table 4.13 Patients with mental health problems have difficulty in obtaining useful treatment

				Frequency	%	Cumulative per cent
			Strongly agree	4	7.5	8.0
Agree	32%		Agree	13	24.5	34.0
			Not sure	15	28.3	64.0
			Disagree	16	30.2	96.0
Not sure	28.3%					
			Strongly disagree	2	3.8	100.0
			Total	50	94.3	
Disagree	34%					
		Missing	System	3	5.7	
		Total		53	100.0	

Some in-patients (32 %) disagree with the statement that there is no useful treatment for people with mental health problems. The scores correlate with those of table 4.12.

It should be noted that patients are placed on various programmes and find the programmes helpful. The sessions bring hope and confidence to their lives.

Other reasons such as doubts and lack of understanding may have resulted in patients feeling unsure about how to respond properly to the questions asked. As the duration of their hospitalization becomes longer they get used to the sessions and their therapist and feel the need to be engaged in various programmes at the hospital. The frequencies of the different scores can be summarized as follows: Difficulty in getting useful treatment for patients with

mental health problems: 4 (7.5%) strongly agree, 13 (24.5%) agree, 15 (28.3%) not sure, 16 (30.2%) disagree, 2 (3.8%) strongly disagree, and 3 (5.7%) did not respond.

Table 4.14 Patients can have an influence on the treatment they receive

				Frequency	%	Cumulative per cent
			Strongly agree	8	15.1	15.4
Agree	56.6%		Agree	22	41.5	57.7
			Not sure	13	24.5	82.7
			Disagree	7	13.2	96.2
Not sure	24.5%					
			Strongly disagree	2	3.8	100
			Total	52	98.1	
Disagree	17%					
		Missing	System	1	1.9	
		Total		53	100	

A small number of patients 8 (15.1%) strongly agree that they can influence their treatment, whereas the majority 22 (41.5%) of the patients agree that they have an influence on their treatment. These responses correlate with those of Table 4.2. However, the scores of these 4.2 or 4.4 responses are a bit higher than this one. Language barriers between some patients and nurses may affect the two-way process of communication that is necessary for patient input to succeed.

The frequencies of the different scores are summarized as follows: 8 (15.1%) strongly agree; 22 (41.5%) agree; 13 (28.3%) not sure; 7 (13.2%) disagree; 2 (3.8%) strongly disagree and 1(1.9%) did not respond.

Table 4.15 Nurses always think they know best

				Frequency	%	Cumulative per cent
Agree	43.4%		Strongly agree	9	17.0	18.0
			Agree	14	26.4	46.0
Not sure	22.6%		Not sure	12	22.6	70.0
			Disagree	13	24.5	96.0
Disagree	28.3%		Strongly disagree	2	3.8	100
			Total	50	94.3	
		Missing	System	3	5.7	
		Total		53	100	

Responses indicate that a considerable number of patients (14 & 9) agree with the statement, indicating their belief that nurses possess more knowledge than they, the patients, do. At some stage they may fail to understand feedback brought to them and even the communication needed for their interaction in the wards.

Nurses always think they know best: 9 (17.0%) strongly agree; 14 (26.4%) agree; 12 (22.6%) are not sure; 13 (24.5%) disagree; 2 (3.8%) strongly disagree and 3 (5.7%) did not respond.

Table 4.16 Nurses explained my treatment clearly to me

				Frequency	%	Cumulative per cent
Agree	47.2%		Strongly agree	8	15.1	15.4
			Agree	17	32.1	48.1
Not sure	20.8%		Not sure	11	20.8	69.2
			Disagree	13	24.5	94.2
Disagree	30.2%		Strongly disagree	3	5.7	100
			Total	52	98.2	
		Missing	System	1	1.9	
		Total		53	100	

The positive responses reveal that nurses do communicate with and clearly explain treatment programme to their patients.

The frequencies of the different scores can be summarized as follows: 8 (15.1%) strongly agree; 17 (32.1%) agree; 11 (20.8%) are not sure; 13 (24.5%) disagree; 3 (5.7%) strongly disagree, and 1 (1.9%) did not respond.

Table 4.17 most nurses do not listen carefully to patients' complaints

				Frequency	%	Cumulative per cent
Agree	28.3%		Strongly agree	4	7.5	7.7
			Agree	11	20.8	28.8
Not sure	20.8%		Not sure	11	20.8	50.0
			Disagree	22	41.5	92.3
Disagree	49%		Strongly disagree	4	7.5	100
			Total	52	98.1	
		Missing	System	1	1.9	
		Total		53	100	

As the higher number of respondents (26) disagrees with the statement, it is clear that most nurses do listen to patients. The results of this table and those of table 4.16 therefore correlate. The small numbers of patients that strongly agree with this statement indicate that some patients have interacted with nurses who do not listen.

The frequencies of the different scores can be summarized as follows: 4 (7.5%) strongly agree; 11 (20.8%) agree; 11 (20.8%) not sure; 22 (41.5%) disagree; 4 (7.5%) strongly disagree and 1(1.9%) did not respond.

Table 4.18 Nurses do not communicate well with their patients

				Frequency	%	Cumulative per cent
Agree	30.2%		Strongly agree	3	5.7	5.8
			Agree	13	24.5	30.8
Not sure	22.6%		not sure	12	22.6	53.8
			Disagree	18	34.0	88.5
Disagree	45.3%		Strongly disagree	6	11.3	100
			Total	52	98.1	
		Missing	System	1	1.9	
		Total		53	100	

An average number of the respondents (18 & 6) did not experience poor communication with their nurses. This means that nurse-patient communication is good on the whole.

This is good and interesting when multi-racial patients and nurses can interact freely with sound communication. This enhances nurse- patient relationships irrespective of their cultural background.

The frequencies of the different scores can be summarized as follows: 3 (5.7%) strongly agree; 13 (24.5%) agree; 12 (22.6%) not sure; 18 (34.0%) disagree; 6 (11.3%) strongly disagree, and 1(1.9%) did not respond.

Table 4.19 Nurses use too many technical terms

				Frequency	%	Cumulative per cent
Agree	18.9%		Strongly agree	3	5.7	5.9
			Agree	7	13.2	19.6
Not sure	22.6%		Not sure	12	22.6	43.1
			Disagree	21	39.6	84.3
Disagree	54.7%		Strongly disagree	8	15.1	100
			Total	51	96.2	
		Missing	System	2	3.8	
		Total		53	100	

The majority of patients 29 (54.7%) disagree with the statement. They feel that nurses do communicate with them in ordinary language especially when describing the procedures to be carried out on them. They also clarify the reasons for the proposed procedures by nurses and other health professionals. There is a programme of activities where patients will always be referred.

The frequencies of the different scores can be summarized as follows: 3 (5.7%) strongly agree; 7 (13.2%) agree; 12 (22.6%) are not sure; 21 (39.6%) disagree; 8 (15.1%) strongly disagree, and 2 (3.8%) did not respond.

Table 4.20 Overall good psychiatric services are rendered

				Frequency	%	Cumulative per cent
Agree	79.3%		Strongly agree	16	30.2	31.4
			Agree	26	49.1	82.4
Not sure	13.2%		Not sure	7	13.2	96.1
			Disagree	2	3.8	100
			Total	51	96.2	
Disagree	3.8%	Missing	System	2	3.8	
		Total		53	100	

A large percentage of positive responses (79.3%) indicates that special services are rendered excellently to psychiatric inpatients during hospitalization. This is the result of the multidisciplinary team approach that is practised by different health professionals in direct care and the treatment patients receive.

The frequencies of the different scores can be summarized as follows: Overall good psychiatric service: 16 (30.2%) strongly agree; 26 (49.1%) agree; 7(13.2%) are not sure; 2 (3.8%) disagree, and 2 (3.8%) did not respond.

Correlations

	Satisfied with the willingness of the nurses to listen attentively to what patients are saying to them		The goals of my treatment are clear to me
Satisfied with the willingness of the nurses to listen attentively to what patients are saying to them	Pearson Correlation		.268(*)
	Sig. (1-tailed)		.031
The goals of my treatment are clear to me	Pearson Correlation	.268(*)	
	Sig. (1-tailed)	.031	

Correlation was significant at the 0.05 level (1-tailed).

Correlation between nurses' willingness to listen attentively, listen to patients' complaints and clarity in the goals of patients' treatment: indicated a significant correlation of 0.268 at 5% level. This indicated that this result was significant at 0.05 level, as it was less than 0.05 = 0.2.

The reason for missing system may have been due to other patients being illiterate and failing to complete the questionnaires themselves. Even the possibility of not understanding questions asked very well. Some patients may have been assisted to complete the questionnaire when finding it difficult to complete.

4.2.1 Responses from participants – open ended question

Thirty-six (36) respondents completed the questionnaires according to instructions given. Open ended question added more information regarding their experiences. Seventeen (17) had a lot missing information because most questions were left unanswered. Some failed to respond and did not complete the questionnaire according to instructions. Generally, information received was in line with the questionnaire results.

RESULTS OF THE FINDINGS OF THE QUALITATIVE ASPECT (THE ONE OPEN QUESTION)

Information from the questionnaire is described below in the form of open-coding. The researcher identified two main categories, negative and positive. The presentation of the two main categories will be discussed separately.

4.2.2 Positive Themes

Remarks illustrating *nursing guidance* include the following:

- Nursing staff are helpful and give guidance to patients.
- Nurses brought back my normal self; I am happy with all this.

Remarks illustrating *gratitude* include:

- best psychiatric treatment ever received before
- I thank doctors and nurses; I am happy with the quality of care received.

Remarks illustrating *appreciation* include:

- I appreciate their concern.
- There is a team that shares general information about patients, adjusts treatment well and takes good care of us.

Remarks illustrating *excellent care* include:

- The staff here are excellent; very good service and food. Care received is also very good and helpful.
- Care is always good.
- Now I am developing a lot of good thinking skills and will hopefully achieve my goal.

One patient acknowledged on the theme of *confidence*:

- Nurses' assistance is good. The hospital has given me myself back. Hospital programme for therapy is excellent for everyone every time.

Remarks illustrating the theme of *collaboration* include:

- Staff provided me with good skills.
- I am in an on-going process of acknowledging my previous self-worth. Staff has been there for me. Group and individual therapy have relevant people to assist. Families are also involved.

On the theme of *commitment*, one patient mentioned:

- At the time of my admission there was no hope. The staff challenged me. I am proud of them. Nurses do their best to ensure quality care.

4.2.3 Negative themes

Themes extracted from the negative answers were as follows:

Little time

- Nursing staff do not have enough time for patients. There is a lack of attention to patients sometimes. Group sessions are not enough. There is too much free time for patients. This is a challenge.

Challenge

One patient raised a concern:

- I have a fear of failing to follow instructions given here; I need more knowledge about my illness; feedback not enough about all this.

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Discouragement

One patient was not interested in any further care in the hospital.

Fear

- I have identified one member of the team, a male nurse who is not helpful. He threatened me.
- A male nurse overtly made it known to me both verbally and non-verbally that he does not like me. A female nurse sided with him but later modified her behavior in a professional way.

Poor communication

- Communication by nurses to us (patients) is not accurate. Nurses need to listen more to their patients.
- My nurse therapist is not easy to approach, is seemingly uninterested and indifferent about answering my questions.
- Nurses think they know everything, some patients remarked

4.2.4 Summary

By means of the open-ended questions that were answered in the questionnaire, patients indicated what they prefer and value:

- They were concerned about lack of involvement in planning their care. They felt that they would appreciate being consulted about their opinions regarding their progress, needs and treatment plans

- Therapists should thoroughly explain treatment programmes and responsibilities in order to promote understanding that would enhance prognosis
- There should be supportive, educative structures and provision for ongoing counseling whilst in the hospital. On-going evaluation of the patients' progress would be appreciated.
- Their expectations should also be considered

4.2.5 Conclusion

This chapter discussed the presentation and analysis of the results. The following chapter will present general discussion, limitations of the study, recommendations and the conclusion.

CHAPTER FIVE

GENERAL DISCUSSION AND CONCLUSION

5.1 INTRODUCTION

In this final chapter of the study, the limitations are discussed and recommendations will be made. The interests of the respondents are taken into consideration when making recommendations for promoting satisfaction.

5.2 GENERAL DISCUSSION

The purpose of the study was to determine the general level of satisfaction of inpatients with the quality of nursing communication and care at the Hospital. The overall results appear to be encouraging as most patients experience the nursing staff in a positive light.

However, staff will be made aware of negative comments by patients when the research report is approved and finalized. A presentation will be made by the researcher.

The average percentage of satisfaction by participants may be the results of the following factors:

- The hospital is a specialist psychiatric facility and cannot, therefore, be compared with a general hospital but may be compared to another inpatient psychiatric unit
- It was relatively well staffed at the time of the study with experienced and long-serving staff, most of them highly skilled in psychiatric services. They form good role models for inexperienced staff

- Unit and nursing managers had a passion for supporting all members, emotionally and educationally in a caring ethos
- The team approach is practiced and service delivery is holistic
- Nurses and nursing students remain actively involved in therapeutic groups and individual supportive care
- Regular multidisciplinary meetings are combined with clinical practice for all health professionals
- Ward rounds stimulate discussion of each discipline involved
- A nurse therapist allocated to each patient acts as a co-coordinator of care and primary support
- Regular clinical education and workshops focusing on patient progress and functionality evaluation by nurses are part of the academic nursing education programme offered.
- Fortnightly educational programmes are presented by specialists to various staff members who are thus empowered with knowledge and skills
- Patients' rights are considered

From the above, comparatively, the care rendered at this hospital is outstanding. Unfortunately some patients have negative perceptions about the level of care delivered. They feel that they are not involved in the planning and discussion of their care and that nurses do not inform them of interventions.

As patients' compliance with general instructions and treatment is regarded as a key factor in the successful management of psychiatric illnesses, it is important for nurses to acknowledge that patients' perceptions are central to their treatment and this expertise towards patient compliance should be utilized. Misunderstandings and misperceptions should be corrected. If the patient fails

to understand the reasons and objectives of the planned programme, he or she will not be able to take ownership of the entire process.

The remark by a patient that a male nurse was not ready to help and adopted an unapproachable and indifferent attitude is a concern. Bad behavior and negative attitudes by nurses poses a threat to patients. Such staff members in the nursing profession forebode disaster and can lead to medico-legal litigation and embarrassment to the profession.

5.3 LIMITATIONS

The study has several limitations: namely,

- The study was conducted in only one hospital in Johannesburg, Gauteng, South Africa. To gain a more comprehensive understanding of patient satisfaction with care by and communication with nurses in South Africa, a national representative, as well as other local studies should be undertaken in south Africa
- A sample size of 53 patients to obtain information from the hospital was used. This limited sample size was caused by a national strike, which took place in all hospitals in Gauteng for almost eight weeks. Many patients were discharged prematurely from the hospital. Only limited numbers managed to return to the hospital, therefore the sample was small and cannot be generalized to larger groups. Future researchers could focus on increasing the sample size or repeating this study. Perhaps assistance should be given with some questions rather than their being self-administered.
- Owing to the research focus on psychiatry where patients are admitted for only six to eight weeks, few respondents were available and of the few available respondents, non-response was quite high (47 out of 100)

probably because of the nurses' strike. The high non-response rate in some questions is another worrisome issue as respondents deliberately failed to answer some questions. Maybe assistance with clarity of questions, instead of self administered questionnaires would have been helpful.

- Respondents answered the last few questions (items 18 and 19) poorly. Future study could be designed around the matter of patients' satisfaction in the hospital

- Bias could be a limitation as some patients speak English but either cannot write or are second or third language English speakers

5.4 RECOMMENDATIONS

Recommendations to relevant stakeholders based on the findings in order to improve service delivery:

- Therapeutic nursing should be encouraged. This includes respect for patients and time to consider their input in order to promote quality care. A higher patient compliance rate with the care provided enables the available resources to be used more effectively
- Greater involvement of patients in their own care is, therefore, encouraged. This should be a pathway that other nurses from other institutions can follow. This depends on staffing resources and the passion of the nursing staff in this specialty. Good nurse-patient relationships develop common understanding and achievement of goals
- Patients as humans deserve to be assisted, encouraged, informed and allowed to participate in their health problems. This promotes trust

relationships amongst them and nurses and results in the resolution of problems and challenges in health settings

- As the sample for this research was small and the study involved only inpatients, it is recommended that it be replicated using larger samples in other facilities or the same sample size in another inpatient facility in Gauteng. Different populations (inpatients, outpatients and even discharged patients in their communities) could be used to obtain a bigger and better picture of the results
- Follow up section 4.2.4 summary as a follow-up study for the future.
- Questionnaires used, may be limited assistance for clarity.

5.5 CONCLUSION

In this study, we examined the satisfaction with nursing communication between patients and health-care practitioners in a psychiatric hospital. Our research questions focus on two major dimensions: namely,

- Patients' perceptions of the quality of staff (nurses and therapeutic staff) and service levels
- The level of communication between psychiatric patients and hospital staff which plays a significant role in the patients' degree of satisfaction

Results reveal that the overall level of satisfaction with service is average and there is much need for improvement. Fewer than 50% of the respondents are very satisfied with the quality of admission, assistance from nurses and treatment received. This is further reinforced by the fact that only 28.3% strongly agree that the help available for mental health problems is good and that only 30.2% strongly agree that the psychiatric service is good. Only 34% disagree that there are hardly any useful treatments for mental health problems. Though some of the patients are satisfied with the opportunity given to them to influence the treatment they receive, they are not strongly convinced

that they have a say in the treatment they receive.

Generally there is an overall perception from the patients that nurses do not communicate very well.

- The very satisfied and most satisfied, joined according to scores overtake the mostly and the very dissatisfied jointly
- Only about 50% were very satisfied with how well nurses listen to them and 50% are unsatisfied.
- Only 15.1% strongly agree that the nurses usually give a clear explanation of their treatment and 84.9% do not strongly agree.
- Only 11.3% strongly disagree that nurses are not good at communicating with patients and 89.7% agree.
- Only 7.5% strongly disagree that most nurses do not listen carefully to their complaints and 92.5% agree.
- The fact that only 15.1% strongly disagree that nurses use too many technical terms reveals in clear terms that many of the patients are finding it difficult to understand the nurses
- The low percentage of the respondents/patients that are very satisfied with information on their care from nurses (34%) and 66% are not satisfied. Low patient-therapist relationships is a further proof of poor communication.

Finally, it can be observed that patients have the notion that the interpersonal skills of the staff are not adequate. Whilst fewer than half of the patients are very satisfied with the quality of service provided and with the individual counseling/care/support/therapy offered by nurses, many find it difficult to arrange sessions with their therapists. Added to this is the notion that they are not incorporated into the treatment process and that nurses always think they

know best.

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Annexure 1: Letter requesting permission to conduct research

Annexure 2: Subject Information Letter

Annexure 3: Questionnaire

Annexure 4: Letter of approval from the Committee for Research on human Subjects

Annexure 5: Approval of protocol from the Postgraduate Committee of the university

Annexure 6: Letter of approval from the Hospital to conduct research