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PATIENT SATISFACTION WITH NURSING CARE: A META SYNTHESIS

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A RESEARCH REPORT SUBMITTED TO THE FACULTY OF HEALTH SCIENCES, UNIVERSITY OF THE WITWATERSRAND, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF

MASTER OF SCIENCE IN NURSING

JOHANNESBURG, 2009

DECLARATION

I, Felesia Samuel Chawani declare that this research report is my own work. It is being submitted for the degree of Master of Science in Nursing at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

…….

SIGNATURE OF CANDIDATE

…… DAY OF ……2009

DEDICATION

This research report is dedicated to my beloved late husband Brenner for encouraging me throughout to pursue with further education during those happy days, and on a sad note, not to witness this wonderful achievement. I thank him for his encouragement and love and I am sure that one day he will be proud to learn of this achievement after his demise. I thank you Brenner, for being my mentor and best friend. I hope we will remain together in God's Glory.

ABSTRACT

The purpose of this study is to undertake an interpretive, descriptive meta synthesis of available literature of primary qualitative research findings on patient satisfaction with nursing care of adult patients in hospitals across the world. The study addresses the question about the experiences and expectations of adult patients regarding nursing care. It is argued that patient satisfaction provides a meaningful focus for improving quality of care, planning and evaluation of health care services.

The data collected in this study were from the identified articles from a range of databases including Science direct, PubMed, CINAHL and EBSCO host. The findings reveal that 13 studies met the inclusion criteria. Four of these were undertaken in the Sweden, two in the USA, two in the UK, and one each from China, Iceland, Ireland, Greece and Western Australia. The population study sampled was 341 adult patients in the included primary research reports. The total population comprises of 132 males and 166 females.

In the literature 49 themes were derived which were synthesised to four new themes namely: Caring, quality of care, communication and information, professional technical skills and competence, organizational and environmental factors. Therefore, this study focuses on these five themes that contribute to patient satisfaction.

In conclusion, this study points out that despite the dissatisfaction with nursing care, some satisfaction were experienced and that these should be used for those considering whether or not to use patient satisfaction views and opinions in the care.

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I have been fortunate to have been awarded a full bursary from the Malawi Government in furthering my education. I thank them for their continued assistance in building capacity in nursing. I thank the Ministry of Health, Malawi for selecting me to further my education.

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TABLE OF CONTENTS

DECLARATION i

DEDICATION ii

ABSTRACT iii

ACKNOWLEDGEMENTS iv

TABLE OF CONTENTS vi

LIST OF TABLES xii

LIST OF FIGURES xiii

CHAPTER ONE – OVERVIEW OF THE STUDY 1

1.0 INTRODUCTION 1

1.1 Determinants of Patient Satisfaction 4

1.1.1 Socio Demographic Background the Patient 5

1.1.1 The Nature of Care Provided 8

1.1.3 Organizational and Environmental Factors 10

1.1.4 Communication and Information 12

1.1.5 Medical Technical Skills and Competence of the Provider 12

1.1.6 Interpersonal Relationships 13

1.1.7 Maintaining Dignity and Privacy 14

1.1.8 Emotional Support and Empathy 14

1.2 Problem Statement 15

1.3 The Significance of the Study 16

1.4 Assumptions of the Study 17

1.5 The Purpose of the Study 17

1.6 Research Question 17

1.7 Objectives of the Study 18

1.8 Definition of Terms 18

1.9 Conclusion 19

CHAPTER TWO – RESEARCH METHODOLOGY AND DESIGN 21

2.0 INTRODUCTION 21

2.1 Definition of Research Methodology and Study Design 21

Step 1 Identification and Formulation of the Research Question 22

Step 2 Selection and Appraisal of Primary Research Reports 23

Step 3 Meta Data Analysis 24

Step 4 Meta Method 25

Step 5 Meta Theory 25

Step 6 Meta Synthesis 25

2.2 Inclusion Criteria **26**

2.3 Excluded Studies **26**

2.4 Study Setting **27**

2.5 Study Population **27**

2.6 Data Search Strategy **28**

2.7 Methodological Quantitative Assessment **29**

2.8 Quality Management **30**

2.9 Data Extraction and Analysis **31**

2.9.1 Meta Data Analysis 32

2.9.2 Meta Method 34

2.9.3 Meta Theory 34

2.9.4 Meta Synthesis 35

2.10 Rigor of Primary Research Report **36**

2.11 Ethical Considerations **37**

2.12 Conclusion **38**

CHAPTER THREE – RESULTS OF THE STUDY **39**

3.0 INTRODUCTION **39**

3.1 Methodological Quantitative Assessment **39**

3.2 Selection and Data Extraction **41**

3.3 Meta Synthesis of Methodological Characteristics of the 13 Included Studies **44**

3.3.1 Grounded Theory Studies 44

3.3.2 Qualitative Approach Studies 46

3.3.3 Phenomenology Studies 47

3.4 List of Included Studies **49**

3.5 List of Excluded Studies **51**

3.6 Study Sample **52**

3.7 Socio Demographic Characteristics of Included Studies **54**

3.8 Results of the Primary Studies on Patient Satisfaction **55**

3.8.1 Caring 56

3.8.2 Quality of Care 57

3.8.3 Communication and Information 59

3.8.4 Professional Technical Skills and Competence 60

3.8.5 Organizational and environmental Factors 61

3.9 Conclusion 63

CHAPTER FOUR – DISCUSSION OF FINDINGS 64

4.0 INTRODUCTION TO DISCUSSION OF FINDINGS 64

4.1 Socio Demographic Characteristics of Participants 64

4.2 Caring 66

4.3 Quality of Care 72

4.4 Communication and Information 76

4.5 Professional Technical Skills and Competence 79

4.6 Organizational and Environmental Factors 82

4.7 Conclusion 85

CHAPTER FIVE – SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION 86

5.0 INTRODUCTION 86

5.1 Summary 86

5.2 Study Limitations 90

5.3 Recommendations 91

5.3.1 Nursing Practices 92

5.3.2 Nursing Education 93

5.3.3 Nursing Administration 94

5.3.4 Nursing Research 94

5.4 Conclusion 95

APPENDICES 97

REFERENCES 108

LIST OF TABLES

Table 3.1	**Quantitative Assessment of Included Studies**	**40**
Table 3.2	**Grounded Theory Studies**	**45**
Table 3.3	**Qualitative Approach Studies**	**47**
Table 3.4	**Phenomenology Studies**	**48**
Table 3.5	**List of Included Studies**	**50**
Table 3.6	**List of Excludes Studies**	**51**
Table 3.7	**Contribution of Various Countries to the Overall Sample Size**	**52**
Table 3.8	**Demographic Characteristics of Patients**	**54**
Table 3.9	**Quality of Care**	**58**
Table 3.10	**Communication and Information**	**59**
Table 3.11	**Professional-Technical Skills and Competence**	**61**
Table 3.12	**Organizational and Environmental Factors**	**62**

LIST OF FIGURES

Figure 3.1 **Flow Diagrams of the Selection Process for Articles Used in this Study** **42**

Figure 3.2 **Percent Distribution of Study Participants per Country of Origin** **53**

CHAPTER ONE

OVERVIEW OF THE STUDY

1.0 INTRODUCTION AND BACKGROUND INFORMATION

The factors contributing to patient satisfaction has been widely studied and discussed within several disciplines, including nursing, but the definition still varies from person to person and time to time. Westaway, Rheeder, Van Zyl and Seager (2003: 3) define patient satisfaction as a patient's judgement on the quality of care in all aspects, but particularly as concerns the interpersonal process. It is related to technical and interpersonal behaviour, partnership building, immediate and positive non verbal behaviour, more social observation, courtesy, consideration, clear communication and information, respectful treatment, frequency of contact, length of consultation, service availability and waiting time.

Ozsoy, Ozgur and Akyol (2007:250) define patient satisfaction as patients' subjective evaluation of their cognitive and their emotional reaction as a result of interaction between their expectations regarding nursing care and their perception of actual nursing care. It is the combination of experiences, expectations and needs perceived. The way patients perceive nursing care, largely depend on their social status, age, educational level, cultural background, previous hospital experiences, support, and respect from nurses, constant availability of nurses and appropriately given responses.

Patient satisfaction is regarded as one of the desired outcomes of care, an element in the health status and an important indicator of a measure of quality of care (Westaway, et al. 2003:2). It is argued that measurement of patient satisfaction will play an increasingly important role in the growing push towards accountability among health care providers (Guadagnino, 2003:1). Foebe and Bain (1976: 81) affirm that clients' opinions enable nurses to measure existing health care trends and opinions, learn directly from the clients' perceptions of the department and improve nursing care and public relations.

Gerteis, Edgman-Levitan, Daley and Delbanco (1993:3) report that patients' perceptions also matters because they offer first hand information about health care delivery that may not be available through other means. The authors further argue that what patients believe to be true will determine how they act. If they do not trust the provider or a facility, they may not follow through with recommended treatment, or they may decide to go somewhere else. Lanthrop (1993:11) adds that patients, as our clients in health services, have subtle ways of telling us that the system is broken or at best not always responsive to their needs. This was also supported by Gerteis, et al. (1993:3) who state that what patients experience, and what they think of that experience, should matter to health care planners, policy makers, and managers, because that experience and the technical of quality of care, will determine how people use the health care system and how they benefit from it.

In a study done by Johansson, Oleni and Fridlund (2002:338) on patient satisfaction with nursing care in the context of health care, it was stated that patient satisfaction is an important indicator of quality care. It has become an important indicator of the quality of care because:

- It brings a consumer viewpoint policy to health care while also safeguarding patients' rights and taking their views into account.
- It is known that a satisfied patient is more likely to comply with treatment and advice he or she receives from health care professionals.
- There is a high likelihood of a satisfied patient returning to the same health facility when in need of health care.
- A satisfied patient is more willing to recommend to the hospital that provided his or her care to others in need of health care.

Patient satisfaction has been explored before, by hospitals for various purposes. Guadagnimo (2003:2) reports that patient satisfaction reports have been used in hospitals for: improving health services and patient care, for accreditation requirements and quality assurance of the care provided, as a means of calculating financial incentives and bonuses, benchmarking and comparing patient satisfaction scores with other hospitals, staff training and implementation of excellence programs in clinical areas. However, despite efforts of hospitals to improve patients' satisfaction with nursing care, there is still growing awareness of patient dissatisfaction with nursing care worldwide.

Some of the frequently cited factors contributing to the current problems concerning nursing care are: lack of continuity in care, high cost of services, non compliance to treatment and increased medical malpractices law suits. It is important for practitioners and policy makers to understand the concept patient satisfaction so that they can improve the efficiency of services and quality of care, reduce costs, have decreased malpractice lawsuits and ultimately patient satisfaction could be achieved more regularly (Guadagnino, 2003:11). In order to reach these goals, there is need to understand what the determinants of patient satisfaction are.

1.1 Determinants of Patient Satisfaction

In the literature, factors contributing to patient satisfaction are complex and there is no consensus on the important factors contributing to patient satisfaction. Several determinants of patient satisfaction with nursing care include: socio demographic background of the patient, expectations of nursing care, organizational and physical environment, communication and information, participation and involvement, interpersonal relationships, medical and technical skills (Chaaya, Rabal, Morou and Kaiss 2003:439).

After reviewing the available literature on the subject matter, it was noted that the authors categorized determinants of patient satisfaction as follows:

1.1.1 Socio demographic factors

1.1.2 Nature of care provided

1.1.3 Organizational and environmental factors

1.1.4 Communication and information

1.1.5 Professional-technical skills and competence

1.1.6 Interpersonal relationships

1.1.7 Maintenance of dignity

1.1.8 Emotional support and empathy

1.1.1 Socio Demographic Background of the Patient

Socio demographic background of the patient could influence expectations of patient before the care begins, during and after the care. According to Avis, Bond, and Arthur (1995:319) age, gender, racial/ethnicity, language, culture, education levels, levels of anxiety, health status and previous hospitalization are socio demographic factors that influence patient satisfaction. Age and gender were found to influence perception of care with older patients more satisfied than the young and middle aged patients. Men tended to be more satisfied than women (Liu and Wang, 2007:270). Even among similar groups age was a deciding factor when it came to satisfaction. Two studies (Lezzoni, Davis, Soukup and O'Day, 2002:371; Jackson, Chamberlin and Kroenke, 2001:1) report that persons with disability aged less than 65 years were less satisfied than those with disabilities but aged above 65.

In another study done in a colorectal surgical population, the results show that women had more negative perceptions of responsiveness and assurance than men and that single persons had more negative perceptions responsiveness of the services and assurance than other marital status groups (Lumby and England, 2000:143).

Another social demographic factor that determined patient satisfaction was the type of health insurance cover which a patient had. According to a study by Burke, Cook, Cohen, Wilson, Anastos, Young, Palacio, Richardson and Gange (2003:548) report that of patients infected with Human Immunodeficiency Virus (HIV), those with private insurance were more dissatisfied with the financial aspect of health care than those with public or no insurance.

Race was also found to be a decisive social demographic factor in patient satisfaction. Ngo-Meyzger, Regedza and Phillips (2004:114) affirm that the racial disparities in care exist across the wide range of disease areas, clinical services and settings, and Asian-Americans were found less likely to be satisfied with care and less likely to have a great deal of trust in the doctor. Cooper, Breach, Johansson and Inuli (2006:521) add that disrespect, devaluing and biased treatment have historically occurred and continued to be directed at persons of racial ethnic minority background. Furthermore, the authors report that there is increased evidence that racial and ethnic minority patients receive lower quality of interpersonal care than their white counterparts.

Language is another determining factor in patient satisfaction. If the patient cannot be addressed in their own language then this may lead to dissatisfaction (Booyens, 2004:214). There are cases where the patient is unable to fully express their condition to the nurse in charge (Hamilton and Essat 2008:108).

The education level of patients may influence patient satisfaction with care; greater satisfaction is associated with less education (Gerteis, et al. 1993: 46). However, in a study done by Liu and Wang (2007:207) on patient satisfaction with nursing care and factors influencing satisfaction in a hospital in China it was reported that patients with high levels of education showed greater satisfaction with nursing care than those who had less education.

The length of stay as well as previous experiences during hospitalisations also influenced patient satisfaction. The patients with more experience of hospitalization have more realistic expectations and are therefore easily satisfied (Ramhqvist, 2001:13). Thi, Brian, Empereur, and Guillemin (2002: 13), show that the choice of the hospital by the patient presumably reflects the good previous experiences at that hospital.

Rahmqvist (2001:387) states that health status is the causal determinant of satisfaction. Westaway, et al. (2003:3) report that people who are sick are less satisfied with their medical care than those who are well because they have a greater need for services and have more interactions with the health care systems and therefore more opportunity to be disappointed.

Finally, anxiety levels of a patient also play a role in patient satisfaction. Booyens (2004:214) states that whenever the levels of anxiety become too high, concentration is impaired and the patient sometimes cannot take in what is being conveyed to him at all. Gerteis, et al. (1993:46) explain that dissatisfaction with care may result from fear of the outcome or the prognosis of their illness which may affect their lives, being worried about treatment, payment for medical or hospitalization and the impact of illness.

These are the social demographic determinants of patient satisfaction.

1.1.2 The Nature of Care Provided

Patient satisfaction is determined by patients' expectations regarding the health care they are about to receive and also their expectations based on care previously experienced. This involves individualized care, participation and involvement and continuity of care. Lin, Xirasagar and Laditka (2004:440) state that service quality perceptions have a significant association with future propensity to return to the clinic. Patients expected to be treated as unique individuals and be known by more than a diagnosis and treated as a person (Johansson and Eklund, 2003:375).

Individualized care is defined as patients' views of the extent to which nursing activities support patient individuality in care and the extent to which patients perceive their care as individuals. Individualized care focuses on the individual and his or her specific problem, tailored to one person; it is therefore patient centred (Suhonen, Valimaki, Leino-Kilpi**,** 2004:29). It is reported that individualized care is associated with lower patient dependency, shorter hospital stays and

better chances of surviving the hospital stay (Suhonen, Valimaki and Leino-Kilpi 2002:650). Waters and Easton (1999:83) point that individualized care recognized the uniqueness of a human being their individuality, personality and human frailty.

Patient participation in the care enhances patient satisfaction. Patients' ability to participate and be actively involved in their care and decision making, has an influence on their perception of satisfaction (Johansson, et al., 2002:340). Patients need to be included and involved in decision making and choices about their care and treatment (Attree, 2001:459). Friberg, Andersson and Benghtsson (2007:538) report that the patient experiences participation when a health professional invites him/her to enter into a conversation about different aspects of health care situation, such as planned treatment or routine nursing duties and in decision making related to changes in treatment and medications. In this regard, Mendenhall and Doherty (2008:389) add that patient participation increased their partnership with providers, so that they became further aware of their potential to contribute through their lived experiences and wisdom. Gerteis et al. (1993:29) report that almost all patients want to participate in their care to the extent that they want accurate, honest and complete information about their illness, treatment options and prognosis. Kools, Tong, Hughes, Jayne, Schibley, Laughlin, and Gillis (2002:120) add that patients want their parents to be involved in their care but to take secondary role in decision making.

The quality of care will influence the utilization of a health facility and the likelihood of recommending the facility to others and future propensity to return to it (Lin, et al. (2004:440).

According to Jennings, Heiner, Loan, Hemman and Swanson (2005:175) patients expect to see the same provider and coordinated care in relation to appointments and access to the provider. This was also confirmed by Johansson and Eklund (2003:344) who report that lack of continuity of care related to shifts hinders patients' wishes to be understood as well as their longing for a deep relationship with the nursing staff.

From this we can deduce that the nature of the care provided goes a long way in determining the levels of patient satisfaction during, at the end of and after a hospital stay.

1.1.3 Organizational and Environmental Factors

Niedz (1998:340) defines organizational climate for service as the policies, practices, procedure, supports and expectations that the organization outlines to enhance the customers experience. Organizational and environmental factors that influence patient satisfaction included cleanliness, food, noise, fellow patients, the comfort and aesthetics of premises (Johansson, et al., 2002:339). Lezzoni, Davis, Soukup and O'Day (2002:370) report that organizational structure could affect satisfaction for persons with disabling conditions. Furthermore, health services which limit patient access to certain providers posed logistical barriers to patients wishing to obtain care and access to their preferred their preferred doctor or other care givers.

Field, Prinjha and Rowan (2008:7) report that hospital context influenced the expectations of patients. In their study, patients complained of noise from other patients and their visitors, and

room filled with high technology equipment which made patients feel anxious and insecure. The size of the hospital also led to different patient expectations and perceptions of care with patients expecting a higher quality of care in a private or small hospital as opposed to a larger public hospital.

Staff levels and discharge policies also affect patient satisfaction. Early discharge policies reduce the time available for nursing care delivery to each patient (Irurita, 1999:88). Bankauskaite and Saarelma (2003:26) report that lack of good equipment affected the provision of quality care and was reflected in the services especially diagnostic services where very often it is too late to do something. Irurita (1999:88) noted that type of food served, and access to fresh air rather than remaining in an air conditioned room influenced patient satisfaction.

Waiting times has an impact on patient satisfaction. In a study conducted by Westaway, et al. (2003:7) in South Africa it is reported that in respect of a country setting (developed or not developed), the highest levels of dissatisfaction was with waiting time. Patients do not like to be left alone for a long time (Hasin, Seeluang, Roongrat and Shareef 2001: 6). Bankauskaite and Saarelma, (2003:260) and Ericksson and Svedlund (2007:441) point out that long lines and waiting times for services and care are "a waste of time" have a detrimental effects on health. Patients also express dissatisfaction with inflexible administrations that leave them not knowing who to contact (Ericksson and Svedlund 2007:441).

These are some of the organizational factors that play a key role in determining patient satisfaction.

1.1.4 Communication and Information

Information to the patient is of fundamental importance. Patients need information regarding their care and condition as they feel anxious and vulnerability during their hospitalization (Strahan and Brown, 2005:168). Wash and Wash (1999:313) affirm that adequate information giving is a necessary condition for patient empowerment and will reduce the risk of legal action when things have gone wrong. Two way communication is seen as one of the most important characteristics of good quality care as well as being necessary for the development of good staff relationship Attree (2001:43). Eriksson and Svedlund (2007:441) report that sometimes patients were misunderstood or not taken seriously because of one way communication and that the communication they received was delivered in a technical language that was hard to understand. Bankauskaite and Saarelma (2003:27) report that lack of information provided to the patient about disease, its causes, perspectives and way of treatment was found to be a source of dissatisfaction. Suhonen, Valimaki and Leino-Kilpi (2005:290) state that surgical patients were least satisfied with provision of information, which is particularly important in decision making of patients.

1.1.5. Professional-Technical Skills and Competence of the Provider

Andaleeb (2001:1362) argues that a basic expectation among hospital patients is assurance that they will be attended to by skilled and competent staff that will treat them professionally and efficiently. Further, the better the level of assurance provided by the hospital staff, the higher the levels of patient satisfaction will be with the services.

According to Johansson, et al. (2002:340) patients expect nurses to have a command of specific knowledge about each patient and his treatment. Lindwall, Von Post and Bergbom (2003:249) point out that encounters with staff that is proficient and knowledgeable enhance patient satisfaction with nursing care. Jennings, et al. (2005:176) affirm that patients feel that their body is in safe hands if nurses are competent and skilful; and competence gives them a sense that the staff knows what they are doing. In a study done by Kools, et al. (2002:120) patients express fear of the staff's unfamiliarity with their treatment protocols.

1.1.6 Interpersonal Relationships

The relationship between the patients and the nurse is a determinant of patient satisfaction. According to a study done by Shattell, Star and Thomas (2007: 282) interpersonal relationship include honest, trust, respect, understanding, empathy, knowing individuals as a person, touch, friendliness and feeling connected. Characteristics of good relationships also included honesty, cooperation and humour (Irvine 2007: 256). Shattell, et al. (2007:279) affirm that knowing the individual as a person, not a patient, number or diagnosis or set of diagnoses is important also enhances patient satisfaction. Jennings, et al. (2005:173) report incidents where patients complained of health care providers who were "rude" and "snotty", doctors who "blew patients off" and nurses who were "impatient" and altogether unsympathetic. These relationships provide a crucial emotional element which is important for the patient to respond positively to medical treatment plans and ultimately have satisfaction.

1.1.7 Maintaining Dignity and Privacy

Dignity and privacy have also been established as determining factors in patient satisfaction. Patients for the most part trust that the nursing staff will maintain their dignity, privacy and confidentiality of information as well as trusting that the staff knew what they were doing (Richardson, Casey and Hider, 2007:138). A study done by Erikson and Svedlund (2007:441) involving six people who had experienced dissatisfaction during a hospital care episode, participants were treated disrespectfully and their integrity was threatened and violated not only verbally but also physically. This leaves them full of discomfort, feeling deserted and exposed.

Stover and Sayers (2002:72) report of patient experiences where information was given in a thoughtful way in a quiet area, which was appreciated by the concerned patients. However, in some cases, the authors reported of some lack of privacy with patients complaining that they had been overheard by people while discussing life threatening issues. All in all maintaining the dignity and privacy of patients during hospital stays can only help in achieving patient satisfaction.

1.1.8 Emotional Support and Empathy

Schofield, Tolson, Arthur, Davis, and Nolan (2005: 197) define empathy as a means of sensing what others see without their saying. The authors further state that the ability to empathize, communicate and relate to sick individuals derives from one's own personality. It involves identical behaviour among staff; caring, comfort, support, sensitivity, empathy, affirmation

attentive to unique needs. Patients are known to appreciate nursing staff that empathise with what the patient is going through. This helps in easing their fears and anxieties involving the treatment and their general well being.

This study will therefore be a meta synthesis of the literature on these determining factors of patient satisfaction: demographic factors, nature of care provided, organizational and environmental factors, communication and information, medical- technical skills, interpersonal relationships, maintaining dignity and privacy, and emotional support and empathy.

1.2 Problem Statement

Despite the availability of a wide range of quantitative and qualitative studies on patient satisfaction, there appears to be a lack of consensus on this issue from different investigators. Recognising that patient satisfaction has something to do with how nursing care is received and appreciated, this study will look to find out exactly what nursing care factors contribute to patient satisfaction in hospitals across the world.

For this researcher, the problem is that, for the most part, it is not known what matters most to patients when it comes to nursing care. Why is it that some patients are satisfied with nursing care while others are not? There is a need to find this out from the patients' perspectives, as well as their hospital experiences, views and needs. This lack of a consensus on what constitutes patient satisfaction with nursing care poses a major challenge for the health services and it has

motivated and increased the interest of this researcher to undertake the interpretive, descriptive meta synthesis of qualitative primary research findings.

1.3 The Significance of the Study

Although factors contributing to patients` satisfaction have been studied before as a major indicator used in planning and evaluation of nursing care, not all patients are satisfied with nursing care all the time. In the literature, there is a lack of consensus on what factors of nursing care constitute patient satisfaction from the patient's perspectives regarding their hospital experiences, views and expectations. This makes one believe that there are some areas which lead to patient satisfaction that are being overlooked by care providers in hospitals across the world. Without a clear interpretation of patient satisfaction, all work towards achieving patient satisfaction regularly will be hampered. A question is now posed: What are experiences and expectations of nursing care from adult patient in hospital across the world? The answer to this question may help nurse practitioners and policy makers to explore patient satisfaction, experiences and expectations of nursing care and what they imply for the field of nursing care.

This study is therefore significant because it will aggregate and interpret findings of primary qualitative studies on patient satisfaction in order to provide a comprehensive account of what constitutes patient satisfaction.

1.4 Assumptions of the Study

- Determinants of patient satisfaction have a role in improving the quality of care in health services.
- Health care facilities utilize patient satisfaction reports in measuring or improving the quality of care.
- Nurses believe that patient satisfaction is an important and valuable indicator in the quest to improve the quality of care.
- That the patient is the best informant regarding his or her individual preferences and values, and as such the patient must be allowed to rate the services so that the healthcare services may utilize this information.

1.5 The Purpose of the Study

The purpose of the study is to undertake an interpretive, descriptive meta synthesis of available literature of primary qualitative research findings on patient satisfaction with nursing care of adult patients in hospitals across the world.

1.6 Research Question

The study attempted to interpret primary research findings regarding patient satisfaction with nursing care of adult patients in hospitals across the world; by interpreting their expectations and experiences during their stay in hospitals. Specific question about the outcome of patient

satisfaction indicators need to be answered in order to obtain a clear picture of the factors of patient satisfaction with nursing care. The study has addressed the following question to interpret the factors of patient satisfaction with nursing care. What are the experiences and expectations of nursing care of adult patients in hospitals across the world?

1.7 Objectives of the Study

The objectives of the study were to:

1. Select and appraise qualitative primary studies on patient satisfaction with nursing care.
2. Conduct meta data analysis of qualitative primary research findings on patient satisfaction with nursing care.
3. Interpret qualitative primary research findings on patient satisfaction with nursing care.

1.8 Definitions of Terms

Meta Data Analysis **-** Extracting meanings, views, and needs from themes identified from subjects' perspectives (Paterson, Canam, Thorne and Jillings 2001:10).

Meta method - The study of the rigor and epistemological soundness of the existing research, as well as the ways the methodological application may have influenced the findings that are generated. (Paterson, et al. 2001:71).

Meta study - A research approach involving analysis of the theory, methods and findings of qualitative research and synthesis of these insights into new ways of thinking about the phenomenon (Paterson, et al. 2001:1).

Meta synthesis – A critical analysis of primary qualitative studies and synthesis of findings into a new theory or guide for the topic of interest (Burns and Grove, 2006: 546).

Meta theory - A critical exploration of theoretical findings or lenses that have provided directions to research in a particular field. (Paterson, et al. 2001:91).

Patient - Any adult person of 18 years and above, who has been admitted to hospitals for two nights or more and has been discharged.

Patient satisfaction - Patients' subjective evaluation of their cognitive and emotional reaction as a result of interaction between care provider and their expectations and perceptions regarding nursing care (Ozsoy, et al. 2007:250).

Nursing Care – Assistance provided to a patient when, for some reason he cannot provide for the satisfaction of his own needs (Abdellah and Levine, 1979:79).

1.9 Conclusion

In this chapter the overview of the study was provided. The problem and the research questions, significance of the study, purpose and objectives were stated, and study assumptions were outlined. Key terms of the study were also outlined. In the next chapter, the methodology and the study design used will be described including methodology and research design, study setting, study population, data search strategy, selection criteria, exclusion criteria, quality assessment of

studies, data extraction and analysis, and ensuring rigor of primary research reports will be described

CHAPTER TWO

RESEARCH METHODOLOGY AND DESIGN

2.0 INTRODUCTION

In this chapter, the research methodology and research design of the study are described. All the main aspects of the methodology of a meta synthesis are discussed. The setting, study population, data search strategy, selection criteria, exclusion criteria, quality assessment of included studies, data extraction and analysis procedures are explained. Rigor of the primary research studies and ethical considerations are also reflected on.

2.1 Definition of Research Methodology and Study Design

Research methodology refers to the steps, procedures and strategies for gathering and analyzing the data with regard to the investigation (Polit, Beck and Hungler, 2001:465). Research design on the other hand is a blue print for conducting a study; it maximizes control over factors that could interfere with the validity of the findings and guides the planning and implementation of a study in a way that is most likely to achieve the intended goal (Burns and Grove, 2006: 553). Research design is the researcher's overall plan for obtaining answers to the research question or for testing the research hypothesis.

In this study, the design was influenced by stated purpose of the study which is to undertake an interpretive, descriptive meta synthesis of available literature of primary qualitative research findings on patient satisfaction, expectations and experiences concerning nursing care of adult patients in hospitals across the world. To achieve this, a qualitative meta synthesis design was used to interpret patient satisfaction with nursing care in relation to their experiences and expectations encountered during their hospital stay. Pre-existing studies reviewed for this study were of adult patients in hospitals across the world. The meta synthesis was conducted using the following steps as described by Paterson, Thorne, Canam and Jillings (2001:12).

Step 1 Identification and Formulation of the Research Question

A research question is a clear, concise interrogative statement that is worded in the present tense, includes one or more variables, and is expressed to guide the implementation of qualitative and quantitative studies (Burns and Grove, 2006: 115). This involves formulation of a tentative question, generating workable definitions and developing evaluation criteria for primary studies. After identification of the topic of interest, the researcher resorted to the development of a research question which could help in describing the variables or factors and their relationships in the concept of patient satisfaction with nursing care. For this researcher to come up with information regarding patient satisfaction, the following question was asked: What are the experiences and expectations of nursing care from the patients' perspectives.

The key factors or operational definitions were defined to create a clear understanding of the patient satisfaction with care. These include: patient, patient satisfaction, nursing care, meta data

analysis, meta method, meta theory, meta synthesis, qualitative research, primary research findings and research appraisal. Finally, the researcher developed evaluation criteria for studies which were to be reviewed.

Step 2 Selections and Appraisal of Primary Research Reports

The inclusion, exclusion criteria and appropriate data sources were identified. Studies were screened and appraised using a checklist (Appendix A). The checklist included information on the study number, the author, aim of the study, source, country, description of the study population, sampling technique, sample size, inclusion criteria, data collection technique, data analysis technique, analysis supported by illustrations, categories identified, statement about consent, permission to undertake study, discussion, conclusion and limitation. Data retrieved was then filed and coded. The inclusion criteria includes: inclusion of all articles identifiable as primary qualitative research investigation from the perspectives of individual adult patients admitted to public hospitals across the world, all peer reviewed qualitative research articles which were published in referenced journals from 1998 to 2008, and all studies with published abstracts and full text in English.

The following specific databases were identified ISI database, EBSCO host, Medline, Pub Med, Science direct and CINAHL. A robust search of published studies on patient satisfaction with nursing care was undertaken until saturation and full reports were reviewed. 250 articles were cited. 80 articles were retrieved and read. Finally, 13 qualitative studies were selected, reviewed

and included in this study. All studies included in this investigation reflect the perspectives of the patients involved.

Step 3 Meta Data Analysis

13 studies were selected and retrieved for this study. These studies were then numbered, coded and filed according to a system developed for this study. Coding allows for the data to be broken down, conceptualized and put together in new ways (Strydom, Fouché, and Delport, 2005:340). All the 13 studies that met the inclusion criteria had been read line by line several times in order to get the intended message of the content as well as an accurate impression of the context. The studies which were finally included in the meta synthesis were numbered from one to 13. All units of meaning in phrases were segmented and highlighted with different colours from the text where it came from. The phrases were then grouped into categories.

Records of all coding structures in the meta data analysis was maintained, including initial categories, decisions to condense and the sources of primary research where data was located to provide an audit trail. The list of investigators and their findings was drawn up**.** The findings were coded, integrated, synthesized and categorized. The categories emerging from the analysis were reported under caring, quality of care, communication and information, professional and technical skills and organizational and environmental factors.

Step 4 Meta Method

The methodological characteristics of selected reports were identified. The studies, sampling, data collection and analysis procedures for their fit with the stated research method were reviewed. The methods were extracted and analysed to see if the method used in each study was appropriate for the type of study.

Step 5 Meta Theory

The major understanding of thoughts that are represented in the theoretical findings and emerging theories of the report were identified and extracted. The theories were compared and related to the information presented in literature review. The factors were categorized, the links between them were established and new categories were formed. The new categories were and new categories were coded.

Step 6 Meta Synthesis

The primary qualitative research findings from different investigators were critically analyzed, synthesized and interpreted. Categories were each developed and demarcated until only five categories were left. The categories included:

1. Caring
2. Quality of care
3. Communication and information

4. Professional technical skills and competence

5. Organizational and environmental factors.

These categories are presented according to their frequency in the articles included in this study.

2.2 Inclusion Criteria

The following inclusion criteria were made after reading the full text of the article and include:

- All articles identifiable as primary qualitative research investigations in which the researcher investigated the factors of patient satisfaction from the perspectives of individual adult patients admitted to public hospitals across the world.
- All peer reviewed qualitative research articles which were published in referenced journals from 1998 to 2008.
- All studies with published abstracts and full text in English.
- All studies scoring over 25 total scores in quantitative assessment.

2.3 Excluded Studies

Studies that did not meet the inclusion criteria were excluded from the meta synthesis. The exclusion criteria included:

- All qualitative research articles which were in a language other than English

- All studies with insufficient data to convince the researcher that the findings were trustworthy.
- All papers whose abstracts were in English but full report available in other languages.
- All studies that investigated patient satisfaction but patient satisfaction was not discussed in the report
- All studies that were published but did not have a published abstract.

2.4 Study Setting

Studies included in this meta synthesis were those conducted in public hospitals across the world. The study included 13 studies from eight countries Sweden (4), United Kingdom (2), China (1), Greece (1), Iceland (1), Ireland (1), United States of America (2) and Western Australia (1) qualified for inclusion in the meta synthesis. Unfortunately no studies from Africa met the selection criteria and as such none was included in the meta synthesis.

2.5 Study Population

Thirteen qualitative studies on patient satisfaction, expectations and experiences of nursing care were included in the meta synthesis. The study population consisted of published qualitative articles on patient satisfaction with nursing care in hospitals across the world from the period 1998-2008. These are studies that met the selection criteria that are listed below. The patients were both male and female adults between the age of 18 and 89 years. These patients were from

hospitals across the world where they encountered the health care providers giving care during their stay in the hospital. The final articles selected for the research were pooled and included as representing the overall sample size estimate of (341) participants.

2.6 Data Search Strategy

The search strategy used in this study involved identifying published studies utilizing a range of databases: Science direct, ISI databases, Pub med, CINAHL, EBSCO host and Medline. A hand search of relevant journals not available on line was also utilized. The review considered any qualitative research studies that explored patient satisfaction, experiences and expectations regarding nursing care. The studies further explored what these experiences and expectations meant to patients in relation to their satisfaction with nursing care. The following key words were used: Patient, patient satisfaction, nursing care, patient expectations and experiences, meta synthesis and qualitative studies. During the search, other search terms came to the forefront. These include patient perspectives, patient perceptions, customer satisfaction, client satisfaction, client perceptions and customer perceptions.

A review of related literature on patient satisfaction with nursing care cited 250 studies and only 13 qualitative studies of this phenomenon met the inclusion criteria. The methods used for the 13 studies were grounded theory, phenomenology and basic qualitative approaches. So far no previous meta synthesis on patient satisfaction as a topic was identified in the literature. Therefore, it was important for the researcher to conduct a meta synthesis on patient satisfaction with nursing care, that nurses and nurse managers could use as a guide of what patient

satisfaction means to patients. The results could be used to plan patient care in a more patient focused way.

2.7 Methodological Quantitative Assessment

Research works that fulfilled the inclusion criteria in this meta synthesis and that were of high methodological quality were sought for use in the qualitative meta synthesis of patient satisfaction with nursing care. Data were extracted and cross checked by the researcher using a data extraction form (Appendix C). A list of some excluded studies and findings is provided for each study (Table 3.6). All topics and situations related to research question were retrieved and critiqued for inclusion in the meta synthesis.

A set of criteria was used to assess the methodological quality of studies. Some of the criteria were derived from the guidelines set by Paterson, et al. (2001:135). A standardized checklist was drawn (Appendix A) which graded the quality of studies from 0 to a maximum of 2. For all the studies, each item on the checklist was scored 0 (not stated), 1 (not explicitly stated) and 2 (clearly stated). Numbers of scores were calculated for each study. The scores ranged between 27 and 34. Because of the high quality of studies included in the meta synthesis, a score of 25 was reached by the reviewers as a minimum score to be used for the inclusion. Finally, the studies were ranked in order of methodological quality whereby the study with the highest score was ranked as number 1. Quality was also taken into account in assessing patient satisfaction with nursing care articles by using the specifically developed criteria (Appendix C).

Trustworthiness of the results was ensured by careful and systematic data collection and analysis in accordance to the aim of the study. In addition, reliability was estimated through use of co-assessor. Articles were read and re-read several times independently by the researcher herself, all articles were printed or photocopied, an independent person was given the articles to read and the extracted categories were also compared. There were also constant in-depth discussions between the co-assessor concerning the categories/themes and illustrations. This was done in trying to limit biases and decide on the trustworthiness and credibility of the results without changing the intention or meaning of the results of the primary researcher.

2.8 Quality Management

In this study, out of 250 articles that were reviewed only reports of 13 selected studies were included in the final data management. All the essential information needed for this study was initially reviewed. The researcher independently using a checklist (Appendix A) arrived at the final scoring of the final 13 selected studies. The list of sources of primary research articles where data were extracted from was made available. The researcher read and re read the articles in order to gain the meaning of the reports. Using open coding, phrases were highlighted using highlighters of different colours. The phrases were then extracted, tabulated and pooled together according to their different colours. The pooled information was then re-synthesized into one measurement. All categories of the same colour were coded with numbers and a record of coding structures was maintained. During coding, the explanation and description of codes was also recorded. The data were filed according to the ranking scores and colour of categories. Finally,

the data was kept in by the researcher herself. The information collected was only used for the purpose of this study. Finally, the abstract summaries for each written primary research report were written. According to Paterson, et al. (2001:64) such summaries are helpful in permitting quick reviews of what was found in primary research and, as well as further test of analytical honest of the primary researcher and for audit trail.

2.9 Data Extraction and Analysis

Initially, a formal computerized literature search for published articles was conducted using the following key words: patient, patient expectations, patient experiences, meta synthesis, qualitative research and nursing care. The above key references were carefully examined for additional references. Studies which were identified during the data base search were retrieved based on information in the abstract. The process of searching continued until saturation. The researcher made efforts to distinguish between independent studies and those repeated several times in order to minimize duplication and over emphasizing one aspect of the studies. To achieve this, the researcher recorded the names of the principal investigators, the study title, the journal name and the year of publication. The researcher used the checklist (Appendix A) specifically developed for this meta synthesis to assess the relevance of the studies.

For each of the selected studies the following details were also extracted and tabulated: the name of study, the aim, the author, the period of study, the country, the source, study design, study population sampling technique and sample size, inclusion criteria, ethical approval, methodology

data collection and data analysis procedures, theory and findings. Data were then classified according to three study types, grounded theory, phenomenology and qualitative approach.

After data were extracted, the researcher read line by line through the selected studies that met the inclusion criteria. The researcher focused on research findings and discussion to get the underlying meaning of the study findings and their interpretations. Descriptive phrases and themes of the content on patient satisfaction with nursing care, their experiences and expectations of nursing care were identified. The categories were coded with numbers and pooled together to find a common structure within which the results and meaning of the studies could be understood.

2.9.1 Meta Data Analysis

Meta data analysis is the analysis of 'processed data' from selected qualitative research studies to create a systematically developed, integrated body of knowledge about a specific phenomenon, and or the comparative analysis of research findings of primary research studies conducted by a variety of researchers (Paterson, et al., 2001:55). This means extracting meanings, views, and needs from identified themes from patients' perspectives. Paterson et al. (2001) further state that the purpose of meta data analysis is to extend knowledge about a particular phenomenon in the field of study.

The researcher read the reports in detail and noted how the phenomenon was described. The factors, categories and phrases that best described the phenomenon were written. After this process, the relationship between categories, codes and ideas about patient satisfaction was drawn. Finally, the studies were then correlated and translated into one another without changing the meaning or views of the primary investigator.

The list of investigators and their finding was drawn up, integrated, synthesized and reported under the following categories:

- Nature of care provided
- Medical technical skills and competence
- Maintaining dignity and privacy,
- Communication and information
- Organizational and environmental factors
- Friendliness of the providers
- Emotional support/ empathy.

Finally, Table 3.5 was drawn showing research articles included in the study. The research reports were read in detail while noted how the phenomenon was captured by the researcher. The

categories and phrases that best described the phenomenon were labelled. The relationship among categories, factors, codes, and ideas about patient satisfaction was drawn up.

2.9.2 Meta Method

Meta method is the study of the epistemological soundness of the existing research, as well as the ways the methodological application may have influenced the findings that are generated. The purpose of the meta method is to determine how the interpretation and implementation of quality methods have influenced the research findings and which theory emerged in this particular field of knowledge (Paterson, et al. 2001:71). The researcher examined the methodological presuppositions necessary for carrying out the research and evaluated the research methods in terms of weaknesses or limitation. Finally, methods were then extracted and analyzed to see if the method used in each study was appropriate for the type of study.

2.9.3 Meta Theory

Meta theory is defined as a critical exploration of theoretical findings or lenses that have provided directions to research in a particular field as well as the theory that has risen from research in a particular field of study. The purpose of meta theory is to analyse the implications of the theory on the body of research so that an existing theory can be critically interpreted, tested, and even developed (Paterson, et al. 2001:92). All the primary research reports were read thoroughly, noting theoretical perspective used and any emergent theory. The researcher decided on which additional theories may have had significant influence on the primary research. The

researcher carefully and thoughtfully repeated readings and compared the texts of various research reports with one another in order to develop sensitivity for the cues and signals by which the theory could be recognized.

The theories used or emerging from the primary research findings were identified and extracted. The data were compared, contrasted and related to the information presented in the literature review of the different studies included in this research. The factors and the relationship between categories were identified, coded and categorized into conceptual patterns until major categories were formed. Theories were interpreted in relation to their context in the present study. The new ideas were integrated, the links between theories were established, and the overview meaning of the research topic was clear identified. Finally, themes emerging from the studies were extracted together with quotations to illustrate each theme.

2.9.4 Meta Synthesis

Meta synthesis means critical analysis of primary qualitative studies and synthesis of findings into a new theory or guide for the topic of interest (Burns and Grove, 2007: 546). In this study the meta synthesis was derived from the results of the insights of the meta data analysis, meta method, and meta theory. The purpose of the meta synthesis is to dig below the surface of what is currently understood regarding a phenomena, to draw on the most thorough analysis possible to deconstruct the validity of the ideas that are currently in favour, to emerge with the kernel of a new truth, a better kind of understanding, or a more socially responsible form of theorizing

something (Paterson, et al., 2001:111). The meta synthesis process employed in this study followed that done by Paterson et al. (2001:109).

A total of 13 articles published during the period of 1998-2008 were included in the meta synthesis. The researcher critically analyzed, synthesized and interpreted the interpretive primary qualitative research findings from different investigators (Berg and Danielsson, 2007; Schroder, Anlstrom, and Larsson 2006; Hornstein, Lundman, Selstam and Sandstrom 2005; Jennings, et al., 2005; Liu, et al., 2005; Raftopolous, 2005; McCabe, 2004; Lindwall, et al., 2003; Schmidt, 2003; Thorsteinsson, 2002; Attree, 2001; Shaw, Williams, Assassa and Jackson 2000; Irurita, 1999). The researcher synthesized the insights to determine whether the theory emerging in a selected study was comparable or not comparable to the factors the theory used in the study. The researcher also determined whether the investigators proposed alternative theoretical factors within which the existing knowledge could be interpreted.

2.10 Rigor of Primary Research Reports

The meta synthesis of this study followed the principles of rigor so that the findings could be recognized as credible and trustworthy. This was achieved by using steps as stipulated by Paterson et al. (2001:51). These steps include:

- The appraisal of primary qualitative research articles by documenting how and why decisions were made throughout the meta synthesis.
- The researcher conducted the review independently.

- The researcher and the supervisor met regularly.
- The meta study process rationale was described and explained throughout the research process.
- The decision and procedures used in the meta study process were documented.
- All theoretical and methodological information were kept and maintained throughout the process.
- The origin of data was checked using codes
- Direct information was included from the reports on the appraisal tool in regard to the codes or categories developed.
- The meta study findings were checked against those of the primary research reports.
- Finally, a table was drawn up (Appendix F) in which new derived themes, sources from which they were derived and the original factors were grouped for representation to avoid over emphasizing other aspects of the report.

2.11 Ethical Considerations

Although the ethical issues were minimal in this study because of no human subjects being involved, the researcher still had an ethical responsibility arising from this study. In order to fulfil this, the researcher indicated the list of all primary research sources for any of the selected studies, safeguarded all information used in the study personally and also made sure it was used only for this study.

Finally, ethical clearance was sought from the committee for research on human subjects (Medical) of the University of Witwatersrand, Johannesburg following submission of the research protocol before the research was commenced (Appendix D). The study was approved by postgraduate committee of the faculty of Health Sciences of the University of Witwatersrand, Johannesburg (Appendix E).

2.12 Conclusion

In this chapter, the research design for this study has been explained and the research methods have also been described. These include: the study population, the research setting, and data collection procedure. The meta study process which was used in this study was also described. Furthermore, ensuring of rigor and ethical issues which were considered for the study were described. In the next chapter, the results of the meta synthesis are described.

CHAPTER THREE

RESULTS OF THE STUDY

3.0 INTRODUCTION

This chapter reports the results of the meta data analysis. Data sets were analyzed to find the interpretation of the primary research findings and their meaning in relation to patient satisfaction as perceived by patients. The search strategy results are described and a list of articles that were included in the study is provided. The number of studies as well as their countries of origin is listed. The demographic factors of the patients are presented and finally the results of methodological quality assessment and characteristics of the included studies are described.

3.1 Methodological Quantitative Assessment

All 13 studies in this meta synthesis were undertaken between 1998 and 2008. All had investigated the concept of patient satisfaction with nursing care. The study articles were reviewed by the researcher with support from the supervisor and each met the inclusion criteria as well as attaining the minimum required methodological quantitative assessment scores. Table 3.1 displays the results of the assessment of methodological quality of included studies. The columns in this table shows scores for each methodological item assessed and the rows represent the studies. The studies are ranked according from 0 to a maximum of 2, which translates to 0 = not stated, 1 = not explicitly stated 2 = clearly stated.

Table 3.1 Quantitative Assessment of Included Studies

ARTICLES	1	2	3	4	5	6	7	8	9	10	11	12	13
Aims clear stated	2	2	2	2	2	2	2	2	2	2	2	2	2
Source	2	2	2	2	2	2	2	2	2	2	2	2	2
Country	2	2	2	2	2	2	2	2	2	2	2	2	2
Description of study population	2	2	2	2	2	2	2	2	2	2	2	2	2
Sampling procedure described	2	2	2	2	2	2	2	2	2	2	2	2	2
Description of inclusion criteria	2	2	2	2	2	2	2	2	2	2	2	0	2
Appropriate sample size determined	2	2	2	2	1	2	2	2	2	2	2	2	2
Description of data collection procedure	2	2	2	2	2	2	2	2	2	2	2	2	2
Data analysis methods described	2	2	2	2	2	2	2	2	2	2	2	2	2
categories identified	2	2	2	2	2	2	2	2	2	2	2	2	2
Analysis supported by illustrations	2	2	2	2	2	2	2	2	2	2	2	2	2
Statement about consent	2	1	0	2	2	0	0	2	0	0	2	0	0
Permission to undertake study	2	2	2	2	2	0	0	2	2	2	0	2	0
Discussion pertaining to all significant findings	2	2	2	2	2	2	2	2	2	2	2	2	1
Indication for future research	2	2	2	2	2	2	2	0	2	0	0	2	2
Conclusion	2	2	2	2	2	2	2	1	1	2	2	2	2
Identification of limitations	2	2	2	0	0	2	2	0	0	0	0	0	0
Total scores	**34**	**33**	**32**	**32**	**31**	**30**	**30**	**29**	**29**	**28**	**28**	**28**	**27**

Key 0= Not stated 1= explicitly stated 2= clearly stated

All items of the methodological quality assessment checklist were rated equally. The total scores added up to 34. The highest score for the included articles was 34 and the lowest was 27. The minimum score for a study to be considered for this research was 25. With the included studies scoring between 27 and 34 it shows that the studies included in the meta synthesis were of a high quality.

The studies are ranked according to the total scores with the highest score as number 1 and the lowest score as number 13. The results show that the study by Shaw, Williams, Assassa and Jackson (2000) failed to score on the description of inclusion criteria, while Schroder, Anlstrom and Larsson (2006) scored low on determining appropriate sample size. A total of 7 scored low for not including oral or written statement about the consent obtained from the patients. 4 studies did not score on permission to undertake the study. Irurita (1999) scored low on discussions pertaining to all significant findings. 3 studies failed to attain a score on clear indication for future research. 2 studies scored low on conclusion. Finally 8 of the studies included did not score on identification of limitations**.**

3.2 Selection and Data Extraction

A search of the computerized databases yielded 250 citations on patient satisfaction, expectations and experiences of nursing care; 80 articles were obtained from PubMed, ISI index, EBSCO host, Medline and CINAHL. A simple search using the following key word: Patient satisfaction, patient expectations and experiences, nursing care, qualitative studies and meta synthesis.

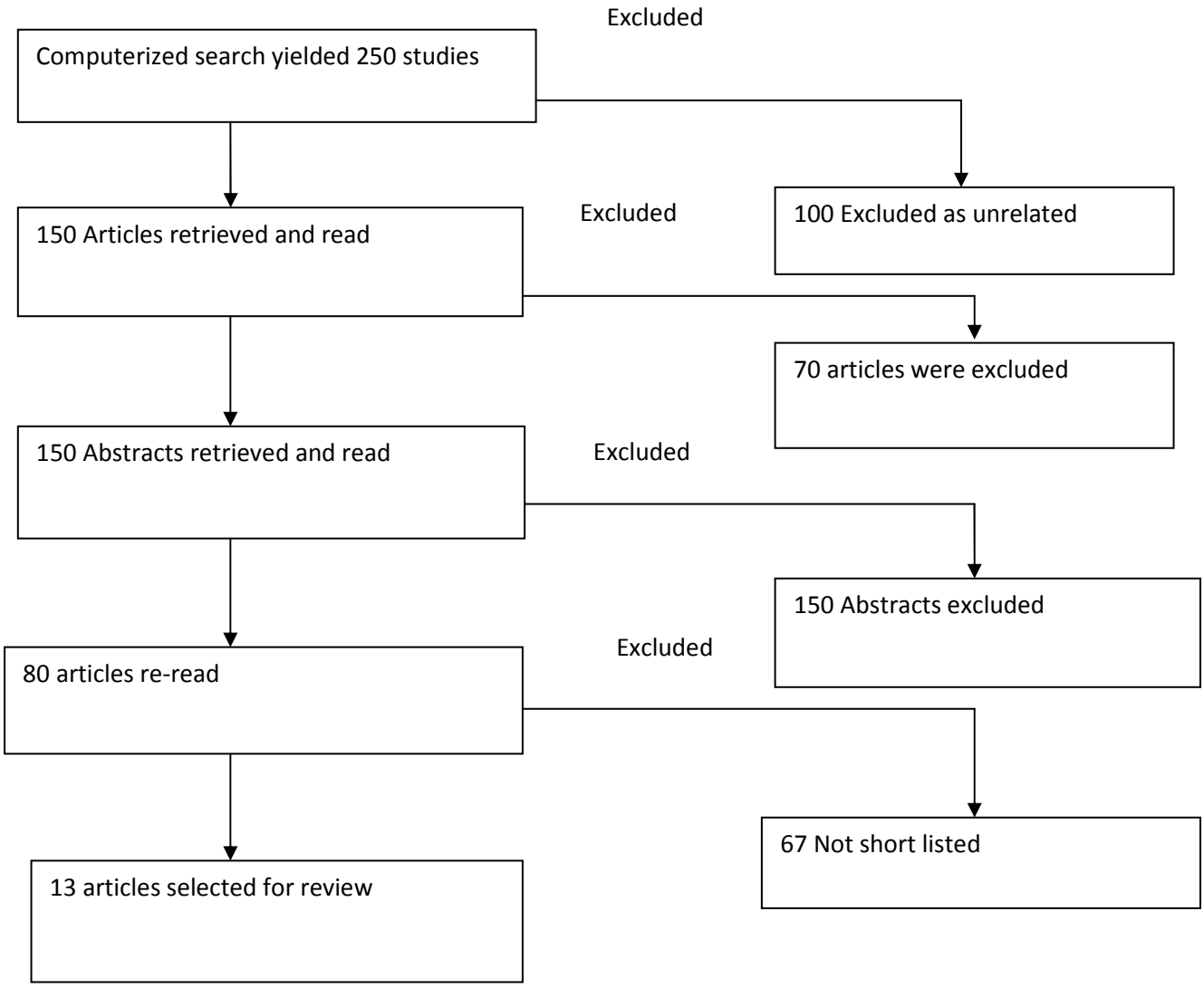


Figure 3.1: Flow diagrams of the selection process for articles used in the study

From the 250 studies 13 articles were chosen for the study through the process illustrated in figure 3.1. Figure 3.1 shows the steps used to select the final 13 studies for this study

The results showed that a search of computerized databases yielded 250 articles. Of these, 100 articles were excluded because the titles were not relevant to patient satisfaction with care. A total of 150 abstracts were obtained and were all excluded in the meta synthesis because they did not meet the inclusion criteria of the study. Additional 70 articles were also excluded. This reduced the number of articles to 80. Out of the 80, 67 were excluded from the study because the results did not discuss the concept of patient satisfaction. This left 13 studies for the researcher's consideration.

In summary the reasons that lead to exclusion are

- Studies just mentioned patient satisfaction or patient expectation and experiences but the study did not actually involve patient satisfaction with nursing care.
- Studies which had examined patient satisfaction but did not report on patient satisfaction in their final reports.
- Studies whose methodology and data analysis procedures were not clearly described.
- Studies that failed to meet the minimum qualitative methodological quality assessment minimum score of 25.

3.3 Meta Synthesis of Methodological Characteristics of the 13 Included Studies

After analysing the selected studies, it was discovered that the methodology employed in all the studies was qualitative in nature. The methods include: grounded theory, phenomenology and qualitative approach. Table 3.2 illustrates the results.

3.3.1 Grounded Theory Studies

Out of the 13 studies, four studies used grounded theory (Raftopoulos, 2005; Schmidt, 2003; Attree, 2001; Irurita, 1999). Grounded theory is a term used with reference to creation of theory based more (but not exclusively) on observation than on deduction. The researcher generates an abstract analytical schema of the phenomenon (Strydom, Fouché and Delport, 2005:271). Grounded theory studies are studies in which data are collected, analysed and then a theory is developed that is grounded in the data. The purpose of grounded theory is to build theory that is faithful and illuminate the area of understanding (Brink, Van Der Walt and Van Rensburg, 2006:115). Table 3.2 shows the author, aim of the study, methodology, sampling technique and data analysis procedures of each study.

The meta synthesis shows that four studies used grounded theory to develop ground theory that explains elderly patients perceive quality of care (Raftopoulos, 2005:1) to understand the theoretical basis of patient satisfaction with nursing care (Schmidt, 2003:393) and to explore patients' and relatives' perspectives of care quality through description of their actual

experiences, and also to discover factors perceived by patients to influence the delivery of high quality nursing care (Attree, 2001:456 and Irurita, 1999:86).

Table 3.2 Grounded Theory Studies

No.	Author(s)	Aim of study	Methodology	Sampling technique	Data collection	Data analysis and validation
1	Raftopoulos (2005)	To explore and generate a holistic view of elderly patient satisfaction and its determinants.	Grounded theory	Random	Triangulation in-depth interviews, focus group and direct observation	Content analysis as described by Corbin and Strauss
2	Schmidt (2003)	To discover patients perceptions of nursing care they received in the hospital setting.	Grounded theory	Purposive	Face to face interviews and telephone interviews	Constant comparative by Glaser and Strauss(1967)
3	Attree (2001)	To explore patients' and relatives' perceptions of care.	Grounded theory	Purposive sampling (Seldman 1991)	Interviews	Thematic analysis(Strauss and Corbin 1990
4	Irurita (1999)	To explore the adult patients' perspectives of quality of nursing care in acute hospital setting in Western Australia.	Grounded Theory	Purposeful theoretical approach	Transcribed interviews	Ethnographic version 3.0 computer soft ware

Three studies identify patterns in a person's life experiences and relate the patterns to each other. On the other hand, one study (Raftopoulos, 2005:2) used grounded theory for development of a conceptual model for perceived quality of care and patient satisfaction. The results show that the major theory in the four studies was that of quality of care. The theoretical concept for the theories is patient satisfaction with nursing care. The assumptions identified from this study

concerning the theories are: Increased knowledge about nursing care decreases patient anxiety, patients expect nothing less than competent nurses and accurate information, attitudes of the nurses are held strongly enough to direct their behaviour towards patients and lastly, organizational and environmental factors are not a priority for patients. The studies could have used the Watson theory of caring to measure caring component and the Deming principles to measure quality of care. Table 3.2 shows the aim of the study, methodology, sampling procedure, data collection procedure and analysis are presented.

3.3.2 Qualitative Approach Studies

Qualitative research is a systematic, subjective methodological approach used to describe life experiences and give them meaning (Burns and Grove, 2006). The aim of qualitative research is to explore the meaning, or describe and promote understanding of the study subject (Brink, et al. 2006:113). Table 3.3 shows the authors and year of publication, the aim of the study, methodology, sampling, data collection and data analysis techniques.

The results show that three studies used the qualitative approach (Hornstein, Lundman, Selstam and Sandstrom, 2005; Liu, Mok and Wong, 2006; Shaw, et al. 2000).

Table 3.3 Qualitative Approach Studies

No.	Author(s)	Aim	Methodology	Sampling technique	Data collection	Data analysis
1	Lumet al. (2006)	To develop an understanding in caring in nursing from the perspective of cancer patients.	Qualitative approach	Purposive	Semi structured interviews	
2	Hornstein, et al.(2005)	To report the findings of a study that elucidated the experiences and reflections of people with type 2 Diabetes about clinical encounters.	Qualitative	Random	Audio taped narrative interviews at home and three at work place	Content analysis (Graneheim and Ludman)
3	Shaw, et al. (2000)	To identify dimensions important to patients in evaluating satisfaction with this type of procedure and ways in which care could be improved.	Qualitative	not indicated	Unstructured in-depth-interviews	Transcribed into QSR NUD*ist 4 (Qualitative solution and research analysis)

3.3.3 Phenomenology studies

Phenomenological studies are studies that examine human experiences through the descriptions that are provided by people involved (Brink, et al., 2006:113). The aim of phenomenological research is to describe what people experienced in regard to certain phenomena as well as how they interpret the experience or what meaning the experiences held for them (Brink, et al., 2006:113).

Table 3.4 Phenomenology Studies

No.	Author(s)	Aim	Methodology	Sampling technique	Data collection	Data analysis and validation
1	Berg, & Danielson (2007)	To illuminate patients with long term illnesses' and nurses experience of the care relationship	Interpretive phenomenology	Purposive	Interviews	Reading and re-reading
2	Schroder et al. (2006)	To describe how patients perceived the concept of quality care in the psychiatric setting	Phenomenology	Purposive	Interviews	Phenomenological data analysis
3	Jennings, et al. (2005)	To understand patient satisfaction by examining consumer health care experiences and expectations.	Husserlian phenomenological approach	List extracted from large military database	Focus group and interviews	Colaizzis iterative steps
4	Mc Cabe (2004)	To explore patients' experiences of how nurses communicate.	Hermeneutic phenomenological approach	Purposive sampling	Unstructured interviews	Reflective process using metaphor of the Hermeneutic circle
5	Lindwall, et al. (2003)	To describe and interpret the meaning of nursing care by patients and nurse anaesthetists.	Phenomenology Hermeneutic Gadamer 1989	Not indicated	Interviews	Reading and re-reading using international professional knowledge
6	Thorsteinsson (2002)	To investigate how individuals with chronic illnesses perceive the quality of nursing care	Phenomenology	Theoretical	In depth dialogues	Vancouver phenomenological analysis

The results show that six studies used Hermeneutic and Husserlian phenomenology (Berg and Danielson 2007; Schroder, Anlstrom and Larsson 2006; Jennings, Heiner, Loan, Hemman and Swanson 2005; McCabe, 2004; Lindwall, Von Post and Bergbom 2003; Thorsteisson, 2002). Table 3.4 shows the authors and year of publication, the aim of the study, methodology, sampling, data collection and data analysis techniques

3.4 List of Included Studies

Studies were included in the meta synthesis if they met the inclusion criteria. The inclusion criteria were decided upon after taking into consideration the objectives of the study. In so doing the researcher aimed to identify studies that can best inform on the subject of patient satisfaction.

In this study, a total of 13 studies (Table 3.5) were included in the meta synthesis (Berg and Danielson, 2007; Liu, et al. 2006; Schroder, et al. 2006; Hornstein, et al. 2005; Jennings, et al.2005; Raftopoulos, 2005; McCabe, 2004; Lindwall, et al. 2003; Schmidt, 2003; Thorsteinsson, 2002; Attree, 2001; Shaw, et al. 2000; Irurita, 1999). Table 3.5 shows the results.

Table: 3.5 List of included Studies

No	**Author (year)**	**Title**	**Journal name**	**Volume, issue, page**
1	Berg and Danielson (2007)	Patients' and nurses' experiences of caring relationship in hospital: an aware striving for trust	Scand. Journal of Caring Sci.	21,500-506
2	Liu, et al (2006)	Caring in nursing: investigating the meaning of caring from the perspective of cancer patients in Beijing china	Journal of Clinical Nursing	15, 188-196
3	Schroder, et al. (2006)	Patients perceptions of the concept of quality care in the psychiatric setting	Journal of Clinical Nursing	13, 41-49
4	Hornstein, et al. (2005)	Patients satisfaction with diabetes care	Journal of Advanced Nursing	51(6), 609-617
5	Jennings, et al (2005)	What really matters to health care consumers	Journal of Nursing Administration	35 (4) 173-180
6	Raftopoulos (2005)	A grounded theory for patients satisfaction with quality of hospital care	I CUs Nursing web j.	22April –June 2005
7	Mc Cabe (2004)	Nurse patient communication: an exploration of patients experiences	Journal of Clinical Nursing	13, 41-49
8	Lindwall, et al (2003)	Patients' and nurses' experiences of perioperative dialogues	Journal of Clinical Nursing	4(3) 246-253
9	Schmidt (2003)	Patients perceptions of nursing care they received in the hospital setting	Journal of Advanced Nursing	44(4) 393-399
10	Thorsteinsson (2002)	The quality of nursing care as perceived by individuals with chronic illnesses	Journal of Clinical Nursing	11, 32-40
11	Attree (2001)	Patients and relatives experiences and perspectives of "good" and not "good" quality care	Journal of Advanced Nursing	33(4) 456-466
12	Shaw, et al. (2000)	Patients satisfaction with urodynamics: a qualitative study	Journal of Clinical Nursing	36(6) 1336-1363
13	Irurita (1999)	Factors affecting the quality of nursing care from the patient's perspective	International Journal of Nursing Practices	15, 93-102

3.5 List of Excluded studies

Some studies however, were excluded in the meta synthesis. These studies were excluded because they either did not meet the inclusion criteria and/or methodological and quantitative assessment requirements. Other studies did not address the issue of patient satisfaction. Table 3.6 contains a list of some of the studies excluded.

Table 3.6 List of excluded studies

No	**Author (year)**	**Title**	**Journal name**	**Volume, issue, page**
1	Field, et al. (2008)	"One patient amongst many": A qualitative analysis of intensive care unit patients' experiences of transferring to the general ward.	Critical Care vol. 12; No1. 1-9	12, 1-9
2	Liu &Wang (2007)	Inpatient satisfaction with nursing care and factors influencing satisfaction in a teaching hospital in China	Journal of Nursing Care Quality vol.22,no.3, pp.266-271	22(3)266-271
3	Bankauskaite & Saarelma (2003)	Why are people dissatisfied with medical care services in Lithuania?	Inter. Society for Quality in Health Care	15(1) 23-29
4	Gonzalez- Valentin, et al. (2005)	Patient satisfaction with nursing care in a regional University Hospital in Southern Spain	Journal of Nursing care Quality	20(1) 63-72.
5	Waters & Easton (1999)	Individualized care: Is it possible to plan and carry out?	Journal of Advanced Nursing	29(10), 79-87.

The results show the author, the title of the study, name of the journal and the volume, issue and page numbers of some of the studies that were excluded in the meta synthesis.

3.6 Study Sample

Studies from countries all over the world were considered for this study but in the end the 13 finally selected studies are from Sweden, United Kingdom, China, Iceland, Ireland, Greece, United States of America (USA) and Australia. Figure 3.2 and Table 3.7 contain the percentage distribution of the studies according to the country of origin as well as their total contribution to this study.

Table 3.7 Contribution of various countries to the overall sample size

No.	Country	Number of studies	Sample size	Male	Female	Country contribution to total percent (%)
1	United states of America	2	119	51(43%)	68(57%)	35.0
2	Sweden	4	81	29(36%)	32(40%)	24
3	United Kingdom	2	55	22(40%)	33(60%)	16
4	Greece	1	24	14(58%)	10(42%)	7.0
5	Western Australia	1	23	Not indicated	Not indicated	7
6	China	1	20	10(50%)	10(50%)	6
7	Iceland	1	11	3(27%)	8(73%)	3
8	Ireland	1	8	3(38%)	5(62%)	2
Totals		**13**	**341**	**132(44%)**	**166(56%)**	**100**

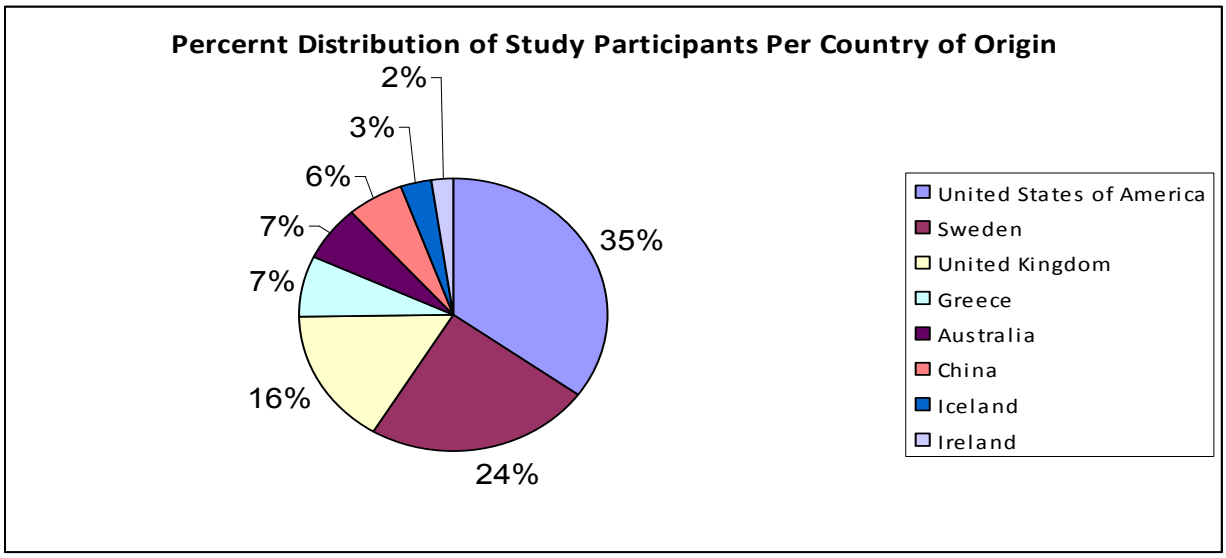


Figure 3:2 Percent Distribution of Study Participants per Country of Origin

The results show a total sample size of 341 participants from meta synthesis of 13 studies. The 341 participants were from eight countries: Sweden contributed the most studies (4) but the United States of America contributed the most participants (119). The fewest participants were the 8 who took part in the study in Ireland. The study in Australia did not declare the sex of its subjects as well as one study from Sweden. However, out of the 11 that did that declared the sex of participants, 132(44%) were male and while 166(56%) were female participants. The results exclude two studies (1 Sweden and Australia) that did not indicate the gender of participants.

From Figure 3.2 it can be seen that 119 (35%) participants were from United States of America, 81 (24%) were from Sweden, 55 (16%) were from United Kingdom, 24 (7%) were from Greece, 23 (7%) were from Australia, 20 (6%) were from China, 11 (3%) were from Iceland and 8 (2%) were from Ireland. Again it was unfortunate that no studies originated from Africa which may be an indication of where patient satisfaction ranks with the health officials on the continent

3.7 Socio Demographic Characteristics of Included Studies

Table 3.8: Demographic characteristics of patients

No.	Author(s)	Sample size	Males	Females	Age range
1	Berg and Danielson(2007)	7	3(43%)	4(57%)	51 - 75
2	Liu, Mok and Wong(2006)	20	10(50%)	10(50%)	27-69
3	Schroder, Anlstrom and Larsson(2006)	20	N/A	N/A	24 - 64
4	Hornstein, Lundman, Selstam(2005)	44	23(52%)	21(48%)	40 – 80
5	Jennings, Heiner, Loan, Hemman(2005)	111	48(43%)	63(57%)	29-76
6	Raftopolous(2005)	24	14(58%)	10(42%)	65 - 85
7	McCabe(2004)	8	3(38%)	5(62%)	20 - 70
8	Lindwall, Von Post and Bergbom(2003)	10	3(30%)	7(70%)	31 - 76
9	Schmidt(2003)	8	3(38%)	5(62%)	18 - 85
10	Thorsteinsson(2002)	11	3(27%)	8(73%)	39 - 80
11	Attree(2001)	34	18(53%)	16(47%)	39 - 80
12	Shaw, Williams, Assassa and Jackson(2000)	21	4(19%)	17(81%)	38 - 68
13	Irurita91999)	24	N/A	N/A	N/A
Totals		341	132(44%)	166(56%)	18 - 89

Socio demographic characteristics of participants in this study included sex and age. In Table 3.8 the socio demographic of participants are presented. As can be seen from table 3.8, the results show that out of 341 participants 132 were male participants and 166 were female. Only the 2

studies (1 each from Australia and Sweden) did not include the gender of participants. The combined patient age groups ranged between 18 and 89 years. 5 studies had patients who are aged in their eighties with 2 studies including teenagers.

3.8 Results of the Primary Studies on Patient Satisfaction

The results from the meta synthesis of the 13 studies revealed 49 themes. The results include the authors, the aims of the study, the method used and major findings. The results show that seven studies in this meta synthesis focused on planning, improvement and evaluation of health care services (Schroder, et al., 2006; Hornstein, et al., 2005; Jennings, et al., 2005; Raftoppoulos, 2005; Thorsteinsson, 2002; Attree, 2001; Irurita, 1999). Six studies focused on caring, safety and communication (Berg and Danielson, 2007; Liu, et al., 2006; Cabe, 2004; Lindwall, et al., 2003; Schmidt, 2003; Shaw, et al; 2000). This is in support to the literature that states that when studies on patient satisfaction are done, they are used for planning, evaluation and improving of health care services. The results of the various primary studies included in this meta synthesis in Appendix F parts 1 to 3.

From the 49 themes, five new themes emerged which are of significant for patient satisfaction. The themes are ranked according to their importance in the meta synthesis of primary research reports. These themes include:

1. Caring
2. Quality of care

3. Communication and information

4. Professional technical skills and competence of the provider

5. Organizational and environmental factors

The results show that these factors are linked to each other and for the patient to be satisfied all must be met. Caring forms the major part of the results. The Patients expressed the need for nurses who have caring attitudes and care which is consistent and of high quality. It is reported that for the nurses to provide high quality of care, they need medical technical skills and competence. The organizational, environmental and socio demographic factors play an important part to influence patients‘ perspectives of care. These factors affect the patient's perception of care before he or she decides where to go or where to seek medical services. Finally, patient satisfaction can not be achieved without communication and information giving. Communication and information encompassed all the above factors. The five themes are discused below.

3.8.1 Caring

The results show that twelve authors came up with nineteen themes addressing caring. Caring for patients is well described in the literature and from the data analysis it is clear that caring is still very important for patients to be satisfied. The results of the meta synthesis indicate factors of patient satisfaction that can be measured such as empathy, friendliness of staff, attitudes of staff, feelings, being there, worthiness, responsiveness, emotional support, individualization, relationships in health services, dignity, humanity, respect and compassion among others as some of the important factors regarding caring in the hospitals. (Appendix G Parts 1 and 2)

illustrates nineteen themes, twelve authors and some of illustrations from the meta synthesis of caring.

Themes that are identified include: feeling of vulnerability, patient dignity is respected, being autonomous and equal versus being forced into adaptation and submission, being attended to and feeling welcome versus ignored, feeling worthy as a person versus feeling worthless, treat me like I matter, provider who make me their first priority, performing caring attitudes, attending, empathy, friendly nurses and with humour, the body is in safe hands, responding, watching over, nurses who provided high quality of care, relationships with patients, nurses who provided bad quality of care, being there when needed and compassion. (Berg and Danielson, 2007; Liu, et al. 2006; Schroder, 2006; Hornstein, et al. 2005; Jennings, et al. 2005; Mc Cabe, 2004; Lindwall, et al. 2003; Schmidt, 2003; Thorsteinsson, 2002; Attree, 2001; Shaw, et al. 2000; Irurita, 1999).

3.8.2 Quality of Care

The results indicate factors contributing to patient satisfaction regarding quality of care that may be measured include nature of care provided, participation in the care, patient security, watching over, high quality of care, recovery and safe hands. Table 3.9 illustrates the results.

Table 3.9 Quality of care

No.	Author	Themes	Illustrations
1	Berg and Danielson (2007)	Being cared for by the team	"I have to think about it, there were so many that I almost can't say who, what her name was who helped me when I came."
2	Schroder, et al.(2006)	Patient sense of security	"You want the same doctor; it gives you a sense of security.
4	Jennings, et al (2005)	A care that is efficient	"I need to see the same provider so they know me and I know them."
5	Raftopoulos (2005)	Nursing Care	"I feel indifferent with the nursing care they provide. I am afraid that something bad is going to happen to me"
6	Thorsteinsson (2005)	Lack of good quality nursing care and its effects.	Like that (the technical task) is number one, but not the how she treats the patients. I am relieved when another one (a nurse) comes."
7	Schmidt (2003)	Seeing individual patient	"Made you feel you are one who counts. It was very much more personal, more of one to one. It was as if you knew the care they are giving you "I would have to say I was not satisfied with my care, and what would probably make me say that would be because I was a room number and nothing more."
8	Attree (2001)	Nature of nurse-patient relationships	"Made you feel you are the one who count. Nice to be involved…..give opportunity to choose.
9	Irurita (1999)	Consistency of care	"I would say the person who came closest to that would have been the physiotherapist. The physiotherapist I saw nearly every day and it was always the same physiotherapist."

The results show emerged 8 themes, nine authors and some of the illustrations from the meta synthesis of quality of care. The themes include: Consistency of care, nature of nurse-patient relationships, seeing individual patient, lack of good quality nursing care and its effects, nursing care, a care process that is efficient, feeling worthy as a person versus feeling worthless, patient sense of security with regard to care and being cared for by a team (Berg and Danielson, 2007; Schroder, et al., 2006; Hornstein, et al. 2005; Jennings, et al., 2005; Raftopoulos, 2005; Thorsteinsson, 2005; Schmidt, 2003; Attree, 2001; Irurita, 1999).

3.8.3 Communication and Information

Table 3.10 Communication and information

No.	Author	Themes	Illustrations
1	Liu, et al (2006)	Nurses' professional knowledge in providing informational support.	"I think health professionals should give me a clear picture of my disease, diagnosis and treatment. If you give me an adequate explanation, I will feel more secure and safe."
2	Schroder, et al. (2006)	Knowledge about own health	"I mean, I didn't know a thing, I have never heard of compulsive thoughts or actions. I thought: "What's happening? I am going mad." But when I got a chance to talk to the psychologist and he described it and explained it, I had some understanding of it and could work on it."
3	Jennings et al. (2005)	Give me information please	-"keep me informed. I need to know my test results." - If you think it's important to take the test, then it's important enough to give me the results."
4	McCabe (2004)	Open/honest communication	"I think no matter how small or big a persons' diagnosis is, It should be explained from the day one
5	Lindwall, et al. (2003)	We shared a story	"I felt good when a nurse came from the operating room and told me what happened and what will happen."
6	Schmidt (2003)	Explaining	-"Well she would come in and she'd put a bag up and adjust the flow and leave. She wouldn't tell me what it was."
7	Shaw, et al. (2000)	Anxiety and embarrassment	"I was scared going up there like you know, cos you never know what they are going to do. I was a little anxious because I did not know what was going to happen to me."
8	Irurita (1999)	Patient information	"If you are told, you know there are certain things coming up, whether good or bad it doesn't really make a difference except that you know and then you prepare yourself."] **"**Not enough information is given. There are a lot of things they could tell you beforehand. I had no idea what the operation was going to be like……It would have been handy to know at least I would have known what I was for."

Communication and information encompass all the four other factors of patient satisfaction. From the literature, patient satisfaction cannot be achieved without communication and information giving. The possession of information, knowing what to expect and understanding hospital routine facilitates the retention of control by patients (Irurita, 1999:90). In this study,

communication and information between patients and health providers is measured by: active listening, explaining and giving information. It is in this study that patients expressed the need for honest an effective communication and information giving. Table 3.10 illustrates the results.

The meta synthesis show that eight authors reported eight themes of communication and information namely: Nurse' professional knowledge for provision of information, knowledge about own health, give me information please, open/honest communication, we shared a story, explaining, anxiety and embarrassment and patient information (Liu, et al., 2006; Schroder, 2006; Jennings, et al., 2005; McCabe, 2004; Lindwall, 2003; Schmidt, 2003; Shaw, et al. 2000; Irurita, 1999).

3.8.4 Professional-Technical Skills and Competence

For the health care providers to be competent and efficient, they need professional technical skills. This concept is measured by professional knowledge, competence and technical skills.

The results show seven themes, seven authors and some of the illustrations from the meta synthesis of professional technical skills and competence (Table 3.11).

These themes include: Medical treatment, technical skills, being safe and confident versus being unsafe and lacking confidence, everyone's competence count, nurses' technical skills and professional responsibility for providing practical support, nursing care, clinical competence and

technical skills (Berg and Danielson, 2007; Schroder, et al., 2006; Liu, et al., 2006; Hornstein, et al., 2005; Raftopoulos, 2005; Thorsteinsson, 2002; Irurita, 1999).

Table 3.11 Professional-Technical skills and Competence

No.	Author	Themes	Illustrations
1	Schroder, et al. (2006)	Medical treatment	"You want to be efficient, so to speak-want it to cure. Which means that the staff has to have the right sort of knowledge and that the methods have to be up-to-minute."
1	Hornstein, et al. (2005)	Be safe and confident versus unsafe and lacking confidence	"You know, the dietician I met, I am sure she meant well, but she wasn't engaged and gave (not up to date) routine advice. Why should I consult her?
3	Jennings, et al.(2005)	Be safe and confident Vs unsafe and lack of confidence	"My health is in your hands. I am counting on you. Providers need to be competent so that I get and accurate information."
4	Liu, et al. (2005)	Nurses' technical skills and professional responsibility for providing practical support.	"Nurses must provide services of high quality. Some nurses perform the procedures without causing pain but others do not."
5	Raftopoulos (2005)	Nursing care	"Since now I have visited many hospitals. The staff in this hospital is the best I have ever seen.
6	Thorsteinsson (2002)	Clinical competence	"They know what exactly they are doing…they don't seem to thinking about what they are doing. It is like they are born with it."
7	Irurita, (1999)	Technical skills	"Apart from the actual skills, they need to be competent nurses. A competent nurse could be the one who can handle the patient as a person."

3.8.5 Organizational and Environmental Factors

The organizational and environmental factors of the health facility play an important role in patients` decision before and after seeking health care services.

The results will present some of the organizational and environmental factors that influence patient satisfaction with nursing care. In this study, factors are measured by conducive environment, health care insurance plan, ancillary factors, organizational and environmental factors, type of food and room characteristics. Table 3.12 illustrates the results.

Table 3.12 Organization and Environment

No.	Author	Themes	Illustrations
1	Schroder, Anlstrom and Larsson (2006)	The patient's environment	"If you are going to get well you need to be where there's peace and quiet. So there perhaps should be some sort of division, with noisy people in one place and the not so noisy in one place." "It ought to be a matter for everybody to have the right to a room of their own with a bit of peace and quiet. You shouldn't put patients with different diagnoses together in a double room."
2	Jennings, Heiner, Loan, Hemman (2005)	Health care insurance plan	"Let me choose my provider. That is simple and known
3	Raftopoulos, (2005)	Food - Room characteristics	"The food served in the hospital is not tasty."
4	Thorsteinsson, (2002)	Ancillary factors	"I never talked about food -but have met many who do talk about it a lot- it is not as good as their mothers."
5	Irurita (1999)	Organizational factors	"The food was dreadful, really bad. It was worse kind of bulky cooking. The food served in hospital is not good." "Heavy perfumes (smells), with air conditioning it does not go away. –It could be nice If nurses could take you outside just to get fresh air, get a sense of weather, the smells and some vegetation."

The results show six themes, five authors and some of the illustrations from the meta synthesis of organizational and environmental factors. The themes include: Patients' environment, health care insurance plan, room characteristics, food, ancillary factors, and organizational and environmental factors (Schroder, et al., 2006; Jennings, et al., 2005; Raftopoulos, 2005; Thorsteinsson, 2002; Irurita, 1999).

3.9 Conclusion

The chapter reported of the results of the meta synthesis. The search strategy and selection of included studies is described. The methodological quality assessment is described. The demographic factors and the methodological characteristics of the included studies are described. Themes in the literature are identified. Finally, five newly derived themes and some of their illustrations from the meta synthesis of the study are provided. The themes include: Caring, quality of care, professional technical skills and competence, communication and information and organizational and environmental factors. These themes were found to be significantly important for patient satisfaction with nursing care. In the next chapter, the results of the meta synthesis are discussed using the identified themes: Caring, quality of care, communication and information, professional technical and competence and organizational and environmental factors.

CHAPTER FOUR

DISCUSSION OF FINDINGS

4.0 INTRODUCTION TO DISCUSSION OF FINDINGS

In this chapter, patients' expectations and experiences of nursing care from the meta synthesis of 13 studies are discussed. The results of this meta synthesis show that when studies on patient satisfaction with nursing care are conducted, the outcomes of the studies are used for improving quality of care, planning and evaluation of care. It is this area of quality improvement, planning and evaluation of care that the views and expectations of patients concerning care have great impact and important for patient satisfaction. The expectations and experiences encountered by adult patients in hospitals across the world are discussed under the following themes: socio-demographic characteristics of participants, caring, quality of care, professional technical skills and competence, communication and information, organizational and environmental factors. Examples illustrating these themes were described in Chapter 3.

4.1 Socio Demographic Characteristics of Participants

The results show that the age of participants ranged between 18 and 89 years. In this meta synthesis ageism was reported as a factor inhibiting the delivery of high quality care, with younger persons getting all the attention while the elderly were treated as they haven't got the brains and do not count (Irurita, 1999:88). This supports the literature which said that age was found to be a good determinant of patient satisfaction. Contrary to these results, older patients

were found to be more satisfied with nursing care than the young and middle aged patients (Westaway, Rheeder, Van Zyl and Seager, 2003: 9; Rahmsquist, 2001:385). These are the views of older people. In this study the results show that only one study Attree (2001:458) included younger patients (19 years of age). It is therefore suggested that studies be conducted to explore the views of younger patients regarding their satisfaction with nursing care.

Irurita (1999:88) points out that societal views and expectations of the elderly resulted in negative stereotypes of elderly patients being held by nurses and others. This impact negatively on the delivery of care and increase the levels of elderly patients' vulnerability.

One patient commented:

"When you get grey hair, they put you in two categories, you are then an oldie and if you are an oldie they think you haven't got a brain. The younger person gets all the attention definitely. You don't count. You are a number in bed."

In this case, more attention should be given to elderly patients because they believe that health care staff never tells them all the truth about the prognosis of their problem and always suspect that some important details are being held back (Raftopoulos, 2005:11). It is important for the nurses too to improve on their stereotype views and expectations of elderly patients to enhance patient satisfaction. The results show that female participants (56%) predominated in this study. A study done by Thi, et al. (2002:3) reports that women were not only key decision makers of their own health care but for immediate and extended families as well. Therefore it can be concluded that culturally, women have a role in the health status, the family and significant others. This could be the reason for women to predominate in this study.

The educational levels of patient can influence patients' expectations of nursing care and satisfaction. In their study Liu, Mok, and Wong (2006:193), report that educational levels of the patient influence the patients' expectations of care where patients with high levels of education were reported to be dissatisfied with the quality of care provided. One of the reasons could be that patients with high levels of education demand more information on quality of care and always try to establish trusting nurse-patient relationships. In contrast to this, studies conducted by Johansson, Oleni, and Fridlund (2002:339), Rahmsquist, (2001:1) and Gerteis, Edgman-Levitan, Daley and Delbanco (1993:46), report that greater satisfaction is associated with less education. It may be concluded that patients with less education do not know what they are entitled to or what constitutes good quality care. It is therefore important that patients should be given adequate information about their care so that they are able to participate in their own care and decision making.

4.2 Caring

From the meta synthesis of caring twelve authors addressed the issue of caring. Nineteen themes that contributed to patient satisfaction or dissatisfaction with nursing care emerged. These are: A feeling of vulnerability, patients' dignity is respected, responding, watching over, patient's dignity is respected, being in agreement versus disagreement about goals, being autonomous and equal versus being forced into adaptation and submission, being attended to and feeling welcome versus ignored feeling worthy and equal versus feeling worthless, treat me like I matter, provider who makes me their first priority, performing caring attitudes, attending, friendly nurses with humour, the body is in safe hands, responding, watching over, nurses who provided high quality

of care, nurse patient relationships, anxiety and embarrassment, caring, empathy, and compassion, and being there when needed (Berg and Danielson, 2007:502; McCabe, 2004:46; Schmidt, 2003:396).

Nurse-patient relationship is important for patient satisfaction. This concept includes sociable relationship, developed rapport, patients known as people, mutual understanding, respect, trust, honesty, cooperation and humour (Schroder, Anlstrom, and Larsson (2006:97). The authors report that it is patients' needs to encounter nurses who have caring attitude and who always wear a smile on their face. In this study, patients met with staff who were described as being friendly and cheerful which enhanced patient satisfaction (Liu, et al., 2006:191; McCabe, 2004:46; Attree, 2001:460).

Patient applauded:

"Staff was cheerful, happy and smiling: have a laugh… joke. When encountering these cheerful nurses, I feel much better."

Another patient:

"I like them all, but there was one little girl, she was slightly different-sympathetic I would say. I think the patients deserve sympathy when they are hospitalized."

Another patient pointed out:

"We specially like the nurses who have a caring attitude, who always wear a smile on their face."

Another patient echoed:

"I found them absolutely wonderful; they were good and friendly, made you feel at home."

Patients who were satisfied were influenced by nurses who had sufficient time to meet their needs, showed genuine interest in them as persons and thoughtfulness despite the burden of work (Berg and Danielson, 2007:502 and Irurita, 1999).

Patient commented:

"*Having time to talk to and not have (rush away)…. They could talk to you if you needed someone to talk to. They are having the time to do it. Them having the time to do it, which they don't always do."*

One patient commented:

"No you feel content; I mean even if they are stressed and busy and run off their feet they still find time to check on you when you need it. I think they are due a credit."

Some patients expressed the need for nurses to be there when needed. In a study done by Schmidt, (2003:396) patients explained how they were kept waiting for a long time in order to be assisted. In literature, (Schou and Egerod, 2007: 175) report of patients bothered by varying perceptions of their own time and the sense of time among staff. Patients reported that nurses use the word "soon" meaning days rather than hours.

Patient commented:

"*The only thing I found is the time it took them, from the time you press the button. Sometimes it took a long time for them to come."*

Another patient disappointed:

"*At times I was so irritated with the nurses because their sense of time was so different from mine. When something was to be done in ten minutes meant either a half or a whole hour."*

Another patient commented:

I needed a lot of help. I was helpless, very weak but did not get enough help here. No one seems to care.....nobody came to help. No one look me, walked me anywhere. Don't seem to be interested...they don't seem to care much."

Patients also met with professionals who viewed and respected them as persons with weaknesses and strengths. The patients felt worthy as persons, and were not merely being treated as patients or cases (Hornstein, Lundman, Selstam, and Sandstrom, 2005:613; Lindwall, Von Post, and Bergbom, 2003:249; Schmidt, 2003:392).

Patient commented:

"They could speak to you more respectfully. They did not treat you as though you were some kind of a funny-patient. You had a name. You had a personality, you had needs and you had wants. The district nurse has known my family for decades, and understand my situation…She sees me as a human being."

Another patient echoed:

I could feel her warm hands comforting my body on the table and her touch made me feel less worried. She held me safe and I felt good."

Participants believed caring behaviours ought to be the bedrock of health care. A positive, hopeful orientation gives patients the courage to continue and sustains them during their treatment. Emotional support included offering encouragement and reassurance, instilling hope,

inspiring confidence and giving information on advanced medical techniques and developments (Liu, et al., 2006:192). Patients appreciate nurses who are empathetic and have good attitudes towards patients. Some patients described their experiences encountered during hospitalization period as follows:

"All nurses have a good attitude toward patients. The way they talk really warms my heart."

Nurses ought to be empathetic and compassionate towards patients. Showing empathy and compassion for patients was deemed to contribute to the quality of care especially at night where vulnerability appeared to increase (Irurita, 1999:93)

"S*ome of them knew exactly how I was feeling….nurses need a certain amount of compassion, sympathy and empathy*."

McCabe, (2004:45) reports encounters where the patients trusted nurses who empathized with them. The patient appreciated the caring attitude of the nurse and put it in this manner:

"*I think the reassurance from the nurse with me at the time of my diagnosis…she made me feel at ease straight away. I liked them all but there was one little girl, she was slightly different – sympathetic I would say. I think the patient deserves sympathy when they are hospitalized*."

It is reported that the behaviour of the nurses influenced patient satisfaction. A friendly relaxed informal approach made patients feel at ease and enhanced satisfaction (Shaw, Williams, Assassa, and Jackson, 2000:1359).

The results of this meta synthesis suggest that the personality and attitude of the provider influenced patients' perception of care. Jennings, Heiner, Loan, Henman and Swanson (2005: 175), report that patients expected their care to be a little bit personal rather than being treated

just as number which left them feeling insignificant. Jennings, et al., (2005:175) reports that patients encountered experiences in which doctors were unkind and rude to patients. A patient recalled a situation where doctors "blew the patients" off, receptionists were "snotty" and "rude" and nurses were "impatient" and altogether unsympathetic.

A patient made this comment:

"*I expect your words, actions, and treatment of me to be caring, compassionate, attentive, courteous, respectful and gentle."*

Another patient rebuked:

"*I expect you to leave your bad attitude at home and if you can't, stay with it."*

Another patient echoed:

"It is important that nurses aren't walking around with a dreary old face, and they say 'hello' and things like that helps… They didn't talk to you as they were only there doing their job."

Patients reported of encounters where the nurses did not treat them with dignity and respect and this created a feeling of general anxiety and embarrassment (Jennings, et al., 2005: 175; Shaw, et al., 2000:1359). A patient verbalized:

"*I stood there with no underwear on and all these tubes coming out and suddenly the curtains went back and they said this is such and such. It was the man on the machine who was visible through out*."

The number of observers during a procedure affects the dignity and integrity of patients. A patient expressed concerns over two many people watching the procedure (Shawl, et al., 2000:1359).

"*The only thing was that there were two students standing there. I mean the other people were doing their job, but they were standing there and watching what was going on. But the whole thing was an embarrassment to me. You know, because there were no medical people there with me, about seven men in the room."*

The patient further commented:

"The whole thing was embarrassing to me. You know they were testing the machine and there were non medical people.....It was not explained to me."

In conclusion, caring is an important factor contributing to patient satisfaction. The results suggest that nurses are still missing this important aspect of patient satisfaction. This is evidenced by the negative encounters patients experienced during hospitalization period. The nurses need to understand patients as individuals with specific needs, plans and goals to achieve in life. It is therefore important for the nurses to understand the aspects of caring identified in this study as a starting point for improving their attitudes and undesirable behaviour.

4.3 Quality of Care

Nine authors addressed the issues of quality of care. Nine themes emerged namely: Being cared for by a team, patient sense of security with regard to care, feeling worthy as a person versus feeling worthless, a care process that is efficient, nursing care, lack of good quality nursing care

and its effects, seeing individual patient, nature of nurse-patient relationships and nature of care provided.

The quality of care will influence patient utilization of health facility, recommending the facility to others and patient subsequent return to the health care facility. From the results of this meta synthesis patients expect nurses to take care of their physiological, psychological needs and activities of their daily living (Liu, et al., 2006:193). In their studies, Schmidt (2003:395) and Attree (2001:459) report that patients expected to be treated as unique individuals, and be known as more than their diagnosis. Attree (2001:459), further states that, patients also perceive that staff who acknowledged patients as individuals, treated patients as people and show an interest in them. According to Jennings et al., (2005:195) patients expressed the need for nurses to remain focused during delivery of care, are more personal, and more one-on-one. This was reported to make patients feel that the care the nurses were giving was specifically for them.

One patient put it in this way:

"*It was very much more personal, more one–on one. It was….you knew the care they were giving you was especially for you and not like they were treating the masses. You knew it was for you."*

Another patient negatively commented:

"I would have to say that I was not satisfied with my care, and what would probably make me say that would be because I was a room number and nothing more".

Another patient added:

"*If they don't know that their main concern has to be what is in bed, the patient knows it, the patient feels it, and it's terrifying."*

The results indicate that patients need to be treated as individuals with names and not as a bed number or room number. They preferred to know who was caring for them and the name of the provider. On the other hand, the results may imply that patients do not know what constitutes quality care. Therefore, the patients need assurance from the nurses that the quality of care they are receiving is of good quality and focused.

The results also show revealed that patient's participation and involvement in their care and decision making increased control of self and understanding. Friberg et al. (2007) report that patient experiences participation when a health professional invites them to enter into a conversation about different aspects of the health care situation. In literature Johansson et al. (2002:341) stress that the patients' ability to participate in care and be actively involved had an influence on their perception of satisfaction. Attree (2001:459) argues that patients expect to be involved and participate in their care as well as in decision making because this has an influence on their perception of satisfaction. In their study, Schroder et al. (2006:98) point out that there is need for patient-staff collaboration in the establishment of a care plan and common goals. Patients wanted to know everything concerning their care.

A patient commented about being involved in their care:

"If there is going to be a care plan you have to be able to have a say in it. Doctors and nurses can't just sit and write it out on their own. You have your say, that's very important".

Another patient supported:

"I need to know the way they do it and so on how it works both before and afterwards."

This implies that the patients should be involved in their own care and decision making for them to make informed decisions and plan their life.

Thorsteinsson (2002:36) reports of patients being angry annoyed and stressed because of encounters with nurses who provided bad quality of nursing care. The patients referred to these nurses as being indifferent, having no interest, no initiative, and having negative attitude. Raftopoulos (2005:6) reports of such incidences where patient felt unsafe and insecure because of the bad quality of nursing care received.

Patient emotionally remarked:

"*I feel indifferent with the nursing care provided. I am afraid that something bad is going to happen to me."*

According to Thorsteinsson (2002.32), provision of a high quality of nursing care is the vision of nursing. From the above comments, it is important that nurses provide high quality of care to enhance patient satisfaction.

Lack of continuity of care was reported to impede patient satisfaction with nursing care. In this study patients expressed the need to see the same provider and coordinated care in relation to appointments and access to the provider (Schroder, et al., 2006:97; Jennings, et al., 2005: 175; Irurita, 1999:91)). Some participants made these comments concerning lack of continuity of care:

"*You want to see the same doctor; it gives you a sense of security because if you are not feeling well, you are not in a mood to tell your story all over again*."

"*I need to see the same provider (or team) so they know me and I know them. My care needs to be coordinated*."

From the above comments, it shows that patients were not satisfied with the care they received from nurses in the hospital setting regarding continuity and consistency. There is need for further studies to explore what constitutes good quality care from both the health care provider and patients' point of view.

4.4 Communication and Information

Communication is essential in provision of care. The professionals' communication skills such as listening, explaining and giving feedback enhanced patient satisfaction. The results show that eight studies described the need for patients to be properly informed about their care so that they could participate in their own care and decision making. Eight themes emerged from meta synthesis of communication and information namely: Knowledge about own health, nurses professional knowledge and their professional responsibility for providing information, give me information please,

open/honest communication, we shared a story, explaining, anxiety and embarrassment and patient information (Berg and Danielson, 2007; Liu, et al., 2006; Schroder,et al., 2006; Jennings, et al., 2005; McCabe, 2004; Schmidt, 2003; Shaw, et al., 2000:1358; Irurita, 1999).

Attree (2001:460) points out that open communication and information was one of the most important characteristics of good quality care and for the development of good nurse-patient relationship. Information giving reduced uncertainty and stress engendered by not knowing. Erikson and Svedlund (2007:441) report that patients were misunderstood or not taken seriously because of one way communication, and that the communication they received was delivered in technical language. Wash and Wash also (1999:313) point out that adequate information giving is necessary condition for patient empowerment and would reduce the risk of legal action when things have gone wrong.

Patients appreciate nurses who gave information, explained procedures, providing suggestions and updated them about their conditions (Liu, et al., 2006:193; Schroder, 2006: 98; Schmidt, 2003:396; Irurita, 1999:90). The following statements were made by patients concerning nurses who took time explaining everything to the patient concerning their care:

"I felt good when a nurse came from the operating room and told me what happened and what will happen."

Another patient supporting:

"If you are told, you know there are certain things coming up, whether good or bad it doesn't really make a difference except that you know and then you prepare yourself."

"Came to explain everything what's happening so that you know what's going on."

Another patient joined in:

"They let you know what's going on all the time, and what they are going to do."

The results also showed that lack of communication and information was identified as a significant factor affecting patient satisfaction as it increased patient anxiety and vulnerability. This was related to their desire for information and feedback about test results, policies, billing procedures and how the clinic operated (Liu, et al., 2006:193; Jennings, et al., 2005:176; Schmidt, 2003:396; McCabe, 2004:45). It is noted that while some nurses were praised for giving adequate information to patients, some patients experienced dissatisfaction due lack of information and open communication.

One patient made the following comment:

"Well she would come in and she'd put a bag up and adjust the flow and leave. She wouldn't tell me what it was."

Another patient coming from theatre

"I was scared going up there like you know, because you never know what they are going to do. I was a little anxious because I did not know what was going to happen to me."

"No I wasn't really prepared, not for all the gadgets. I had tubes down my nose and wasn't prepared for that. When I woke up I was upset, a bit frightened."

Another one joined:

"I don't know what is going on….no one tells me anything…they are all as bad as the other. I don't have the clue. I need to know so that I can make a plan."

Another patient echoed:

"Not enough information is given. There are a lot of things they could tell you beforehand. I had no idea what my operation was going to be like. It would have been handy to know; at least I would have known what I was in for."

"I think no matter how small or how big a persons' diagnosis is, it should be explained from day one."

Nurses were also described as not being concerned about giving information concerning patients results. Furiously, the patient remarked:

"If you think it's important enough to take the test, then it's important enough to give me the results."

The findings highlighted some of the encounters experienced by patients regarding communication and information giving. It can be concluded that communication is essential in the delivery of care and patient satisfaction. The communication skills of professional nurses influenced patients' perception of care. It is suggested that studies be undertaken to explore how nurses communicate with patients during their provisional of care.

4.5 Professional-Technical Skills and Competence

The results show that seven studies described the importance of professional-technical skills and competence in the provisional of nursing care. From the meta synthesis, seven themes emerged regarding professional technical skills and competence. These themes include: medical

treatment, be safe and confident versus unsafe and lacking confidence, everyone's competence counts, nurses' technical skills and professional responsibility in providing practical support, nursing care, clinical competence and technical skills (Schroder, et al., 2006; Hornstein, et al., 2005; Jennings, et al., 2005; Liu et al., 2006; Raftopoulos, 2005; Thorsteinsson, 2002; Irurita, 1999). Patients consider that nurses should be proficient in technical skills and competence as it gives consumers a sense that the staff knows what they are doing (Jennings, et al., 2005:176). This was also supported by Irurita (1999:93) who reports that technical skills were the first level of preserving integrity and produced high quality care. In their study Downe, Simpson and Trafford (2006:135) report that clinical skills encompass both technical capacity, and emotional intelligence. The authors further say that clinical skills and emotional skills include observation, assessment, care, warmth, nurturing, gentleness, kindness, caring, and positive encouragement. The results indicate that patients want professionals who were competent and have appropriate technical skills to provide high quality care. The results show that patients trust nurses who are proficient. Technical skills of the nurse influenced patients' perception of care.

One patient commented:

"*My health is in your hands. I am counting on you. Providers need to be competent so I get an accurate diagnosis*."

Another participant added:

"Apart from the actual technical skills, they need to be a competent nurse, they also need interpersonal skills……that is probably the main thing…..A competent nurse would be one that could handle the patient as a person."

In their studies, Liu, et al. (2006:193) and Thorsteinsson (2002:35) participants express complete trust in the technical competence of the nurses. In this study, participants praised nurses who were proficient and had appropriate technical skills.

"*They know exactly what they are doing….they don't even seem to be thinking about what they are doing, it is like they were born with it (the expertise)*."

Another patient echoed:

"Nurses must provide services of high quality. Some nurses perform procedures quickly and without causing pain."

Hornstein, et al. (2005:614) reports experiences of patients' dissatisfaction with some professionals who were quite uncertain themselves and did not project any confidence; some lack competence resulted in patients feeling unsafe and lacking confidence. Lindwall, et al. (2003:249) report of encounters where patients expressed that their physical discomfort and practical needs were not met by nurses who lacked proficient skills.

Some patients commented

"*I simply can't enter into discussion with a doctor who lacks the latest knowledge about diabetes, although I am easy to please*."

"*We talked about the anaesthesia and how my body will be different after breast surgery. She listened to my questions and understood how worried I was to be anaesthetized and lose my breast. She was careful and I felt safe to leave in her hands*."

From the above findings, it is clear that patient satisfaction is complex. The gaps identified in this study on professional technical skills and competence may assist nurses in their

understanding of patient satisfaction and the need for improving their technical skills. There is also need for more meta synthesis of the findings in this area so that the concept of patient satisfaction with care is framed. Further studies could be done to explore the technical skills and competences of the nurses in order to plan for in service training and staff development.

4.6 Organizational and Environmental Factors

The results identified five studies that described organizational and environmental factors that influence patient satisfaction. The meta synthesis revealed six themes concerning organizational and environmental factors namely: Patient environment, health care insurance plan that is simple, organisational and environmental factors, food, room characteristics and ancillary factors (Schroder, et al., 2006: Jennings, 2005; Raftopoulos, 2005; Irurita, 1999).

The organization and the environmental factors identified in the meta synthesis were: ageism, staff levels, type of hospital, policies, food, noise, fellow patients, fresh air, calm atmosphere, secure environment, personal space and economical cutbacks in the health systems (Schroder, et al., 2006:99; Jennings, 2005:177; Raftopoulos, 2005:9; Thorsteinsson, 2002:36; Irurita, 1999:88).

The results of this study show that organizational and environmental factors have an influence on patient expectations and satisfaction. In this study patients experienced limited time for nursing care delivery to each patient and also early discharge from the hospital. This was compounded by

the economical cutbacks and changes in the health care systems which had contributed to shortage of staff, fragmented care and lack of time available for individual patient care (Irurita, 1999:88). Patients commented of their dissatisfaction regarding shortage of staff resulting from economical cutbacks:

"Nobody ever asked me whether I wanted them to shower me or bath me; it's automatically assumed that you are capable of it. This is not always so, at times you need the support of somebody…As soon as you are conscious again…Now I know they need the beds but they haven't told bones."

Another patient echoed:

"*There were nurses that would come up from other wards and they said they were filling in for the day. There are always a few things they forget and you feel stranded. They get a bit rough…hurt me…she said I have got a drip and something else to fix up – she pulled me by the neck instead of waiting for me to hold on something to get up*."

In contrary to these results, Suhonen, et al. (2007:204) reports that the number of staff did not enhance the quality of interaction with patient. These results may suggest that more studies be conducted to explore the relationship between the number of staff and the quality of care.

The hospital environment had an influence on patient satisfaction with care. The mixing of patients with different conditions was a concern to patients. Participants made suggestions of the need to be in small care units where patients have a similar diagnosis (Schroder, et al., 2006:99). This patient commented about noise at the hospital:

"*If you're going to get well you need to be somewhere where there's peace and quiet. So perhaps there should be some sort of division, with noisy people in one place and the not so noisy in another*."

Irurita (1999:89) points out that the type of organizational design, alluded to as influencing the experiences of being a patient, was having access to fresh air, rather than remaining in an air conditioned environment.

One patient commented about the need for fresh air:

"Heavy perfume (smells) with the air conditioning it doesn't go away…It would be nice if the nurses could take you outside…just to get some fresh air, get a sense of weather, and the smells of some vegetation."

The type of food served in hospitals may distract or enhance one from the experiences of being a patient. Raftopoulos (2005:9) reports that patients complained of the food served in hospital for not being tasty. Patient commented:

"*The food was dreadful, really bad. It was worse kind of bulky cooking. The food served in hospital is not tasty."*

In literature, the type of food was also described in relation to the nurses' attitude (O'Connell, Young and Twigg 1999:75).

Patient stated:

"The only feedback I have is regarding the staff that serves the meals. My meal was frozen and when I told them they were very rude and acted as if it was my fault. The last thing you need when you are sick is a rude grumpy person serving a meal which you are looking forward."

The type of health care insurance plan facilitates access to health care services. In their study Jennings, et al. (2005:175) report that the type of health care insurance plan had affected their

access to care because patients wanted an insurance plan which is known and simple. One patient commented:

"G*ive me insurance card and improve the name recognition. I need the paperwork and rules to make sense and be simple to follow*."

The above findings suggest that patients are valuable sources of data therefore their views and opinion need to be included in planning and evaluation of their care. Seemingly, nurses' should be included in early stages of planning and that their opinions on health care structures should be included in the planning phases to avoid these shortcomings and enhance patient satisfaction. Finally, patients should be given a choice of health care provider and health care insurance plan. The managers responsible for identification of health care insurance plan should consider choosing health care policies and medical insurance that are known and simple to facilitate easy access to care.

4.7 Conclusion

In this chapter, the study results were discussed. The socio demographic factors affecting patient satisfaction are discussed. The factors contributing to patient satisfaction with nursing care which were found to be significantly important in enhancing patient satisfaction with nursing care were discussed under the following subheadings: Caring, quality of care, communication and information, professional technical skills and competence and organizational and environmental factors.

CHAPTER FIVE

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION.

5.0 INTRODUCTION

The chapter presents the summary of the meta synthesis, limitations, recommendations for nursing practice, nursing education, nursing administration and nursing research and the conclusions drawn from the meta synthesis.

5.1 Summary

The results showed that patient satisfaction is one of the indicators for measuring quality of nursing care. Patient satisfaction is often used in planning and evaluation of care. It is therefore necessary for nurse managers and policy makers who are involved in planning and evaluation of health care systems to include patients' views and opinions in planning and evaluation of care. Patient satisfaction is complex because of the multidimensional factors used to measure it. In this study, factors that were found to affect patients' satisfaction significantly are: caring, quality of care, communication and information, professional-technical skills and competence, and organizational and environmental factors. In addition, the socio demographic background of the patient also influences patient perceptions and satisfaction with care before and during care. All these factors affect patient's perception of care.

The purpose of the study was to undertake an interpretive, descriptive meta synthesis of available literature of primary qualitative research findings on patient satisfaction, expectations and experiences concerning nursing care among adult patients in hospital across the world. The objectives of the meta synthesis were to:

1. Select and appraise qualitative primary research studies on patient satisfaction with care.
2. Conduct meta data analysis of qualitative primary research findings on patient satisfaction with nursing care.
3. Conduct an interpretive descriptive meta synthesis of primary qualitative research findings on patient satisfaction with nursing care.

A qualitative interpretive, descriptive meta synthesis research design was used to synthesize the opinions of patients pertaining to patient satisfaction with nursing care. The study population (n=341) comprised of adult patients from articles selected for inclusion in the meta synthesis. Articles were retrieved from ISI data base, CINAHL, EBSCO Host, PUBMED and Medline data bases. The search strategy yielded 250 articles and 150 abstracts. 80 articles were retrieved and read. Out of 80 articles, 67 articles were not short listed. All abstracts were excluded because they did not meet the inclusion criteria. 13 articles met the inclusion criteria and were included in the meta synthesis. The sample was predominantly female (56%). The participants' ages ranged between 18 and 89 years.

Caring was found to be important for patient satisfaction. These factors includes sociable relationship, developed rapport, patients being recognised as human beings, mutual understanding, and respect, trust, honest, cooperation and humour. The behaviour of the nurses influenced patient satisfaction. A friendly relaxed informal approach was reported to facilitate satisfaction. It is this behaviour that matters to patients and influences their perceptions of satisfaction. Participants believed caring behaviour ought to be the bedrock of health care. A positive, hopeful orientation gives patients the courage to continue and sustains them during their treatment.

Showing empathy and compassion for patients was deemed to contribute to the quality of care. In this meta synthesis patients report encounters where the patients met with professionals who view and respect them as persons with weaknesses and strengths. The patients felt their worth as persons, and that they were not merely being treated as patients or cases. This promotes patient satisfaction. Lack of privacy was also a concern for patients who encounter situations where they were left embarrassed because of the intimacy of the procedure and the number of people observing the procedure. These findings indicate the importance of maintaining patient dignity and privacy in order to reduce patient anxiety and vulnerability.

The findings on quality of care involve provision of individualized or patient focused care, participation and involvement, and continuity of care. The findings indicate that individualized care which was related to patient needs showed respect for individual rights, dignity and preserved patient's integrity. It was also reported that patient involvement and participation in

their care and decision making enhanced patient satisfaction. Patients expressed the need to participate in their own care so that they can influence and take responsibility for the care they received.

Communication and information is essential to patient satisfaction. In this study communication was found to be one factor of which patients had feelings of anxiety and worthlessness. Lack of or inadequate information gave patients increased vulnerability and a feeling of being unsafe and insecure. Patients need adequate information, open and honest communication in order to make informed choices and participate in their care. The findings show that good communication skills are important for patient satisfaction. In this study, it is noted that patients appreciated those nurses who gave adequate information and who were able to listen to them.

Competence and technical skills of the provider are important in the provision of high quality care. It is noted from the results that for nurses to provide high quality of care, they need knowledge, technical skills and competence. Lack of technical skills and competence was found to inhibit patient satisfaction. Patients' technical skills and competence give patients a sense of security and safety. In this study lack of or inadequate technical skills and competence of nurses affected patients' confidence in the care they received. It is the wish of patients that nurses should be proficient in technical skills and competence in order to build patient' confidence and promote a sense of security and safety. For the nurses to provide high quality of care they need knowledge, competence and technical skills. It can be concluded that the competence and skills

of the nurses are important for the provision of high quality care and enhancing patient satisfaction.

The organizational and environmental factors had an influence on patient expectations and satisfaction. In this meta synthesis patients' experienced early discharge, lack of continuity of care, and reported of not having enough time because of high patient turnover, economical cutbacks, changes in the health care systems which contributed to shortage of staff, fragmented care and lack of time available for individual patient care. These factors gave rise to errors in and omission of treatment that affect patient satisfaction. Ancillary factors affecting patient satisfaction are: food, poor environment, hospital type, room characteristics and the type of health care insurance plan.

The above findings suggest that patients are valuable sources of data therefore their views and opinions need to be included in planning and evaluation of their care. This can assist nurses to better understand the needs of the patient. Seemingly, nurses' contributions and opinions of health care structures should be included in the planning phases. Finally, health care policies and medical insurance should be simple to facilitate easy access to care.

5.2 Study Limitations

Like any other study, limitations were encountered. The limitations were:

- Publication bias. Since the study only focused on qualitative articles that were published in the peer review journals from 1998 to 2008, studies falling out of this range were not included.

- All articles published in another language other than English were excluded in the review though they may have also enriched this data.

- Because the study population was limited to patients who were admitted to medical and surgical wards, the results may not be generalized to other health care settings. In addition the measure used to assess patient satisfaction with care provided by the health care organization may not apply to other settings.

- Another crucial limitation is that the researcher cannot go back to the authors of the various studied for further clarifications of what was reported.

- Because of financial and time constraint, the researcher did not involve more experts.

5.3 Recommendations

The results of the meta synthesis showed knowledge regarding patient satisfaction from the patients' perspective of care encountered during their hospitalization. The results highlighted some of the experiences encountered by patients, how patients' perceived behaviour or attitudes of nurses, how they were treated and how they wanted to be treated, how they wanted to be communicated with, how they valued nurse-patient relationship and finally how they perceived the organizational and environmental factors.

5.3.1 Nursing Practices

The evidence from the findings suggested measures should be in place to reduce patient anxiety and vulnerability in hospital. In this study, caring forms the major factors of patient satisfaction with nursing care. Health care providers play a big role in enhancing patient satisfaction. It is therefore important that health care providers in particular nurses should have caring attitude, good communication skills and professional technical skills to enhance patient satisfaction.

The results of this meta synthesis be used as a starting point to understand patients better, improve health care providers' attitude, communication skills, professional-technical skills and competence. The following recommendations could be used to enhance patient satisfaction in nursing practices, education, administration and research.

- Lack of professional technical skills and competence of the health care provider, caring attitude and poor quality care have been reported to affect patient satisfaction. It is therefore recommended that in service training be organized for the health care workers using the results of this study.

- The results have also highlighted problems of environmental and organizational factors as significantly affecting patient satisfaction. It is also recommended that health care

facilities should emphasise factors that can be improved, such as patient environment and organizational designs and policies to enhance patient satisfaction.

5.3.2 Nursing Education

The meta synthesis highlighted the importance of nurses' professional technical skills and competence as critical to, and the backbone of, provision of quality care. The knowledge of patient feelings and expectations may be utilized in nursing education programmes and curricula to create awareness and prepare nurses to better understand patients of feelings about care. It is also believed that nursing education programs should be able to raise awareness contributing to patients' vulnerability and poor quality care. It is therefore recommended that nursing colleges include the results of this study in the curriculum and other programmes to enhance patient satisfaction

5.3.3 Nursing Administration

In this study, it was found that the organizational and environmental factors influenced patient satisfaction. Patients are a source of valuable information and although their views have been underutilized in planning and evaluation of care. The findings from this meta synthesis stressed the importance of nurse managers and policy makers to attend to patients suggestions regarding patient satisfaction in respect of organizational and environmental factors. It is therefore recommended that patients, as consumers of health care services, are included in planning and

evaluation of care and that their views and opinions also be used to improve health care delivery systems that could make a more patient-centred health care system.

5.3.4 Nursing Research

From the report of the 13 articles in this meta synthesis, no one study has come up with the most conclusive factors of patient satisfaction. In view of the nature and number of factors, this research report has discussed, it is proposed that research in hospitals across the world is required to investigate the following areas:

- Patient satisfaction is very complex and even patients are not able to determine what constitutes patient satisfaction. It is therefore recommended that health care organisations take note of this study and embark on research investigating factors contributing to patient satisfaction with nursing care and report on how these factors affect patient satisfaction and quality of care.

- In the 13 studies, only one study included the views of the care providers and none of the studies included the views of the teenagers, it is this omission that may be crucial to patient satisfaction. The views of the health care providers and teenagers need to be solicited and incorporated in planning and evaluation of patient satisfaction. It is therefore recommended that studies exploring the views and opinions of heath care providers be solicited on factors contributing to patient satisfaction.

5.4 Conclusion

The study reviewed the views of patients regarding nursing and their satisfaction through the meta synthesis of qualitative primary research findings. The results indicated that there is increased patient dissatisfaction with care they receive in hospitals across the world. In this meta synthesis, the most important factors identified to facilitate or inhibit patient satisfaction are caring attitudes of nurses, quality of care, communication and information, professional technical skills and competence and organizational and environmental factors. The findings have provided some valuable descriptions along with physical, psychological and emotional aspects of patients' experiences during the hospitalization period. The observations provided valuable information for nurse managers and policy makers who are involved in evaluation of health services and planning of care.

The five themes synthesised in this meta synthesis provide a possible factors contributing to achieving patient satisfaction. As health care providers and decision makers, we have the responsibility to reduce patients' anxiety and vulnerability experienced during their hospital stay. This can only be achieved if gaps existing in relation to patient needs as outlined in the study are acknowledged. This requires that organizations focusing on improving the caring behaviour of health care providers, quality of care, communication and information, professional-technical skills and competence and organizational and environmental factors. Patients, being a source of valuable information, must be allowed to participate and be involved in decision making and for their care. The attitude of the users and of those concerned with the implementation process need

to be changed. Finally, the views and opinion of the patients could be incorporate in planning and evaluation of health care system.

APPENDICES

Appendix A

Table A: A Comparison of the Methodological Quality of Included Studies

Article No.	1	2	3	4	5	6	7	8	9	10	11	12	13
Author													
Aim(s) clearly stated													
Source													
Country													
Description of study population													
Sampling described													
Sample size determined													
Inclusion criteria described													
Data collection described													
data analysis methods described													
categories identified													
analysis supported by illustrations													
Statement about consent													
Permission to undertake study													
Discussion pertaining to all significant findings													
Clear indication of directive for future research													
Conclusion													
Identification of limitations													
Total Scores													

APPENDIX B.

Table B. Quantitative Assessment Form for Studies Reviewed

No.	Aspect being reviewed	Not stated = 0	Not explicitly stated = 1	Clearly stated = 2
1	Aim Clearly Stated			
2	Description of Study Population			
3	Sampling Procedure			
4	Description of Inclusion Criteria			
5	Appropriate Sample Size			
6	Description of Data Collection Procedure			
7	Data Analysis Methods Described			
8	Categories Identified			
9	Analysis Supported By Illustration			
10	Statement About Consent			
11	Permission to Undertake the Study			
12	Discussion of Significant Findings			
13	Clear Indication of Directive For Future Research			
14	Conclusion			
15	Identification of Limitations			

APPENDIX C

Table C: Data Extraction Form

Articles	1	2	3	4	5	6	7	8
Study								
Source								
Author, Year of Publication								
Country								
Study Design								
Sampling Technique								
Study Population								
Demographic Data								
Methods Used								
Major Theory/Construct								
Inclusion Criteria								
Exclusion Criteria								
Data Collection Technique								
Ethical Approval								
Data Analysis Technique								
Major Findings								

APPENDIX D

Appendix D. Permission to undertake study

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Chawani

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M080426**
PROJECT	Patient satisfaction with nursing care: A Meta synthesis
INVESTIGATORS	Ms FS Chawani
DEPARTMENT	Nursing Department
DATE CONSIDERED	08.04.25
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 08.05.07 **CHAIRPERSON** .....
(Professor P E Cleaton Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr A Minnaar

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Fchawani
Felesia Samuel Chawani – 03-06-08

APPENDIX E

Appendix E. Study Title approval

Faculty of Health Sciences Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119 / Tel: (011)717-2125

Reference: Ms Helen Selolo

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13 June 2008

Person No: 0516234P
PAG

Mrs F S Chawani
Ministry of Health
P O Box 30377
Lilongwe
Malawi

Master of Science in Nursing : Approval of Title

We have pleasure in advising that your proposal entitled *Patient satisfaction with nursing care* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

Appendix F (Part 1):

Table F (Part 1): Results of Primary Studies Regarding Patient Satisfaction

No.	Author(s)	Sample Size	Age Range	Aim of Study	Methodology	Themes	Findings
1	Berg and Danielson (2007)	7	51 - 75	To illuminate patients with long term illnesses and nurses experience of the care relationship	Interpretive phenomenology	- Maintaining Dignity - Feeling of Vulnerability	- Available Staff with a Smile - Lack of Information -Lack of Continuity of nursing care - Laco of confidence or security in the caring
2	Liu, Mok and Wong (2006)	20	27 - 69	To develop an understanding in caring in nursing from the perspective of cancer patients and attempt to identify the concept of caring in the Chinese cultural context	Qualitative Approach	- Nurses caring attitudes - Nurses professional knowledge and technical skills	- Caring - Wearing a smile -Explaining -Encouragement, instilled hope, inspiring, confident -Gave emotional support - Nurses accessible and helpful - Lack of technical skills - Rich knowledge, skills and experiences
3	Schroder, Anlstrom and Larsson (2006)	20	24 - 64	To describe how patients perceived the concept of quality care in the psychiatric setting	Phenomenology	- Patients Dignitity is respected - Patients participate in the care - Patient security with regard to care - Patient Recovery - Patient care environment	- Encountering competent and committed staff - Patients not listened to - understanding and non judgemental - lack of patient involvement in their care - Lack of continuity of care -Lack of follow up after discharge -Lack of individualized care - Lack of a quiet and calm environment - Secure environment - Lack of personal space
4	Hornstein, Ludman, Selstam and Sandstrom H. (2005)	44	40 - 80	To report the findings of a study that elucidated the experiences and reflections about clinical encounters by people with type 2 Diabetes	Qualitative Approach	- Being in agreement versus in disagreement about the goals - Being autonomous and equal versus being forced into adaptation and submission - Feeling worthy as a person versus feeling worthless - Being attanded to and feeling welcome versus ignored - Being safe versus unsafe and lacking confidence	- Nurses being sensitive about patient goals - Met nurses who were understanding and empathetic - Nurses respected patients experiences of living with diabetes - Met friendly and welcoming nurses - Patients experienced a feeling of security, safety, and confidence

Appendix F (Part 2)

Table F (Part 2): Results of Primary Studies Regarding Patient Satisfaction

No.	Author(s)	Sample Size	Age Range	Aim of Study	Methodology	Themes	Findings
5	Jennings, Heiner, Loan, Hemman (2005)	111	29 - 76	To understand patient satisfaction by examining consumer health care	Husserlian phenomenological approach	- Treat me like I matter - Everyone's competence counts - Providers who make me their first priority - Give me information please - A care process that is efficient - Health care insurance plan	- Lack of respect for patients - Rudeness, snotty and unsympathetic staff - Lack of competences - Caring - Limited communication - Lack of information - Lack of continuity - Shortage of staff - Patients confused about the care plan - No choice of insurance Health Plan
6	Raftopolous (2005)	24	65 - 85	To explore and generate a holistic view of elderly patient satisfaction and its determinants.	Grounded Theory	- Food - Nursing Care - Treatment and diagnosis room characteristics	- Food not tasty - kind doctors - Know what is good for the patient - Accurate treatment and diagnosis - Appropriate for the elderly
7	McCabe (2004)	8	20 - 70	To explore and produce statements relating to patients' experiences of how nurses communicate	Hermeneutic phenomenological approach	- Lack of communication - Attending - Empathy - Friendly nurses and humour	- Nurses were task oriented - Gave limited information and communication - Lack of openness and honesty - Nurses were genuinie and sympathetic - Caring - Nurses were wonderful, friendly and humourfu
8	Lindwall, Von Post and Bergbom (2003)	10	31 - 76	To describe and interpret the meaning of nursing care by patients and nurse anaesthetists or operating room nurses through pre, intra, and post operative dialogues	Phenomenology Hermeneutic Gadamer (1989)	- We shared a story - The body is in safe hands	- Explained everything - Treated as a person not an object - Friendly relationship - Caring - Skilful and competent - Respected patients - Prepares patients for operation

Appendix F (Part 3):

Table F (Part 3): Results of Primary Studies Regarding Patient Satisfaction

No.	Author(s)	Sample Size	Age Range	Aim of Study	Methodology	Themes	Findings
9	Schmidt (2003)	8	18 - 85	To discover patients' perceptions of the nursing care they received in the hospital setting	Grounded Theory	- Seeing individual patient - Explaining - Responding - Watching over	- It was more one on one - Felt like a room number or a diagnosis - Explained - Gave adequate information - Available when needed - Excessively slow in responding to patients' needs - Available and accesible - Unavailable and inaccessible to patients
10	Thorsteinsson (2002)	11	39 - 80	To investigate how individuals with chronic illnesses perceive the quality of nursing care in order to enhance the quality care	Phenomenology	- Nurses who provide high quality care - Effects of high quality nursing care - Lack of quality nursing care Ancillary factors The art of being a patient	- Nurses were joyful, warm, tender, smiling, and understanding - Genuine concern for patients as both a patient and as a person - Trusted and maintained confidentiality - Caring - Very competent - Havign no interest, no initiative, negative attitude and giving the impression patients are in their way - Nurses who provided bad quality of care - Lack of personal space -Problems with the heating system - Unhealthy and unappetizing food - Use of humour - Patient fel renewed - Patient felt helped to be independent
11	Attree (2001)	34	19 - 89	To explore patients' and relatives' perceptions of care and identify key, criteria used to evaluate quality care, via descriptions of actual care, experiences.	Grounded Theory	- Nature of care provided - Nature of patient relationship	- Patient focused - Patient uninvolved - Demonstrated kindness, concern, compassion - Available and accesible to patients - Little kindness, concern, compassion and sensitivity
12	Shaw, Williams, Assassa and Jackson (2000)	21	38 - 68	To identify dimensions important to patients in evaluating satisfaction with this type of procedure and ways in which care could be improved	Qualitative Approach	- Anxiety and embarassment - Relief of anxiety	- Lack of information about the procedure - Lack of privacy - Feeling of anxiety and embarassment - Explained everything
13	Irurita (1999)	24	N/A	To explore the adult patients' perspectives of the quality of nursing care in an actual hospital setting in Western Australia	Grounded Theory	- Environment and organizational factors - Patient information Consistency of care - Nurse-patient relationship and sufficient time - Nurses being there when needed - Empathy and compassion - Technical skills	- Shortage of staff - Lack of information - Lack of time for individual patients - No continuity - Lack of follow up - Very friendly - Lack of time for the patient - Response not available - Sense of humour, empathy and compassion - Well trained and competent nurses

Appendix G (Part 1)

Table G (Part 1): Caring Themes

No.	Author(s)	Themes	Illustrations
1	Berg and Danielson (2007)	A feeling of vulnerability	"No you feel Content; I mean even if they are stressed and busy and run off their feet they still find time to check on you when you need it. I think they are due a credit."
2	Liu, Mok and Wong (2006)	Performing caring attitude	"We especially like the nurses who have caring attitudes, who always wear a smile on their face. We also like nurses with a soft." "All of the nurses have a good attitude towards patients. The way they talk really warms my heart."
3	Schroder, Anlstrom and Larsson (2006)	Patient dignity is respected	"The staff needs to have a compassionate interest in people, need human and to like people."
4	Hornstein, Lundman, Selstam and Sandstrom H. (2005)	- Being autonomous and equal versus being forced into adaptation and submission - Being attended to and feeling welcome versus being ignored - Feeling worthy as a person versus feeling worthless	"The doctor doesn't care about me, but he cares a lot about my disease. I feel he uses standard words that are really impersonal and he doesn't care about me, not at all." "It was really nice to meet a doctor who listens in an interesting way and who took you seriously. At the consultation I felt I was well cared for." "The district nurse has known my family for decades, and understands my situation…she sees me as a human being.
5	Jennings, Heiner, Loan, Hemman (2005)	- Treat me like I matter - The provider who makes me first priority	"I expected your words, actions, and treatment of me to be caring, compassionate, attentive, courteous, respectful, and gentle."
6	McCabe (2004)	- Attending - Friendly nurses and humour	I liked them all, but there was one little girl, she was slightly different - sympathetic I would say. I think the patient deserves sympathy when they are hospitalized." " I think the reassurance I got from the nurse with me at the time of my diagnosis, made me feel at east straight away

Appendix G (Part 2)

Table G (Part 2): Caring Themes

No.	Author(s)	Themes	Illustrations
7	Lindwall, Von Post and Bergbom (2003)	The body is in safe hands	"I could feel her warm hands comforting my body on the table and her touch made me feel less worried. She held me safe and it felt good."
8	Schmidt (2003)	- Responding - Watching Over	"As soon as I sat up and tried to take a step, I started vomiting. The nurse didn't jump back." "One of them would, I mean they didn't walk me, but she'd be where she could see what I was doing, that I was alright, that I wasn't going to slip. It seems every time I turned around; somebody was in there watching me."
9	Thorsteinsson (2002)	- Nurses who provided high quality of care	"They were super human beings and had an aura generating from their personality, extremely gentle and understanding - they came right into my heart, their caring was much, without being obtrusive." "I feel a lot better emotionally you experience good attitude and manner rather than someone who is cold - it is unbelievable how much it helps. When they (the perfect nurses) are there, I am completely relaxed I do no have to think - I do not have to be afraid." "I felt that they were human, understanding, and the explanations I could understand, they did not belittle me at all. She didn't use scientific language."
10	Attree (2001)	- Relationship with patient	"I needed a lot of help. I was helpless, very weak but didn't get enough help here. No one seems to care…..nobody came to help, no one took me, walked me anywhere. Don't seem interested…they don't seem to care enough." "Came to see you…stop…and chat. Sit on bed and have a little chat." "They don't chat, nothing…have gone into silence." "They came in…check to see you were ok…to see if you are aright. Check up your progress." "Don't seem to be around there for you. They are too busy felt a bother if you ring them don't seem to be interested, they don't seem to care enough."
11	Shaw, Williams, Assassa and Jackson (2000)	- Anxiety and embarrassment - Relief of embarrassment	"So I stand there with no underwear on and all these tubes coming and suddenly the curtains went back and they said, oh this is such and such, God I wasn't expecting that." She had a very easy friendly manner. She talks to you as an equal, not condescending. And we had already gotten that rapport you see from home so I trusted her completely."
12	Irurita (1999)	- Caring, empathy, compassion - Nurses being there when needed	"The night staff was absolutely marvelous. They kept on coming to see if you are alright and if you are sleeping. Did I want a cup of tea or drink, they were absolutely excellent." "…Some of them knew exactly how I was feeling…Nurses need a certain amount of compassion sympathy, empathy…just caring people." "It is important that nurses are not walking around with a dreary old face. They did not talk to you as though they were only there doing a job." The only thing that I found was the time it took them, from the time you press the button. Sometimes it took a long time for them to come."

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