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EXAMINATION OF FACTORS INFLUENCING PATIENT SATISFACTION: A STUDY CONDUCTED IN A CARDIAC STEP- DOWN UNIT OF HOSPITAL X

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Abstract:

Purpose: *This researcher sought to examine the factors that influence patients' satisfaction. The patients of a cardiac step down unit of hospital X was the target population.*

Method: *This study was conducted in a cardiac- step down unit of hospital X in Nashville Tennessee. Hospital X is a 615- bed hospital; the patients on the cardiac step down were randomly selected as the sample from the pool of patient population. This cardiac step-down unit, with a very high acuity level, could only hold 34 patients at a given time. Therefore, thirty- four patients were randomly selected over a period of four weeks. Firstly, subjects were admitted as inpatient over a period of 24 hours, secondly, subjects were transferred to other facility or those with any mental or cognitive deficiencies will be excluded from the study, thirdly subject were willing to participate in study, and lastly, subject were seen by the doctor and deemed fit for discharge home or awaiting discharge paperwork.*

Findings: *Patients were more concerned about their safety as they make decisions on where to choose their health care. Choice of service provider was associated with higher satisfaction. Recommendations: Attending to patients' immediate needs is important to improving patient satisfaction. This includes the incoming nurse doing all to solve the problems or issues generated during the previous shift. Secondly, reassessment of patients' needs it. Nurses' need to go an extra mile in meeting patient's expectation is another important issue in improving patient satisfaction.*

KEYWORDS:

Patient Satisfaction, Hospital X.

INTRODUCTION

Patient satisfaction is an imperative factor to consider in health care systems for many reasons. Financial viability is one of the reasons a healthcare setting would be interested in assessing patient satisfaction. Research has shown that patient satisfaction can be considered a quality outcome indicator. No matter the drive for assessing patient satisfaction; it is assumed that nursing staff play an important role in ensuring patient satisfaction. This assumption is believed to be factual because nursing staff generally spend the most amount of time with patients compared to other healthcare members (Schweitzer, 2007).

This researcher seeks to examine the factors that influence patients' satisfaction. The patients of a cardiac step down unit of hospital X was the target population. Because of the importance of measuring patient satisfaction to health care organizations, it is believed that most doctors and nurses, the human resource department of hospital X and nurse manager of the cardiac step- down unit would be interested in this project. Also, since health care is the same across America (Irwin, 2007), it is believed that other

hospitals would benefit from this project in order to improve their quality of care and productivity.

Statement And Significance Of The Problem

According to Schweitzer (2007), patient satisfaction is essential to the welfare of a healthcare facility. Patients have the option to choose the medical facility where they receive their care and treatment. This criterion is almost the same as the way consumers choose where to get a car repaired based on pricing, staff experience, convenience and customer service. If an organization wants to stay competitive, it is imperative that it delivers quality care in a satisfying manner. "Patient satisfaction is an important quality outcome indicator of health care in the hospital setting" (Yellen, Davis, & Ricard, 2002, p. 24.). Donabedian (1988) was an early supporter of the idea that "nursing care is an important element in patient satisfaction, and considered patient satisfaction the ultimate validation of quality care" (Yellen, et al., 2002, p. 24). Other factors that influence patient satisfaction include length of hospital stay, age, gender, ethnicity, education level and socio-economic status of patient.

This research proposal is very relevant to patient care and outcome because, just like the research conducted by Press Ganey Associates (2003) revealed, hospital administration may want to assess the level of satisfaction of the patients who frequent a given health care system. Nursing staff play an important role in patient satisfaction. Nurses, more so than any other discipline, tend to spend a great deal of time with patients. Many studies exist discussing a variety of different aspects of patient satisfaction. This study examined whether there is a difference in patient satisfaction scores when nurses receive positive reinforcement for focusing on meeting patients' needs. This information could be very valuable for hospital administration and nursing managers when determining where to concentrate effort to improve patient satisfaction scores.

Definition Of Terms

1. Gate keeping organization: Gate keeping is a feature of managed health care by which an enrollee's primary care physician, acting as a utilization manager, makes decisions about the need for specialty providers and services.
2. Patient: An individual who awaits treatment or who is under medical care.
3. Patient satisfaction: The degree of congruency between a patient's expectations of ideal nursing care and her or his perception of the actual nursing care received.
4. Satisfaction: The psychological state that results from confirmation or disconfirmation of expectations with reality.
5. Cardiac step down unit or telemetry unit: This is a unit in the hospital that has a small transmitter that is used to send information about the heart via radio transmission to healthcare professionals for evaluation.

Research Questions

1.Is there a relationship between length of hospital stay and satisfaction among cardiac step – down patients of hospital X?
2.Does the courtesy of nursing staff have any effect on satisfaction among cardiac step – down patients of hospital X?
3.Is there any relationship between age and perceived level of satisfaction in nursing care among cardiac step – down patients of hospital X?
4. Is there a relationship between education level and perceived satisfaction among cardiac step – down patients of hospital X?
5.Is there any correlation between numbers of patients assigned to a nurse and perceived level of satisfaction among cardiac step – down patients of hospital X?

Literature Review Relating Patient Satisfaction

Patient Satisfaction

Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experiences. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved (Irwin, 2007).Satisfaction, according to Webster's Collegiate Dictionary, is a state of fulfillment of a need or want.

Patient satisfaction however is a summation of all the patient's experiences in the hospital. Satisfaction is mostly measured as high or low. Patient satisfaction is one of the desired outcomes of care, an element in health status, a measure of quality of care and as indispensable to assessment of quality as to the design and management of health care system. An experience as a patient in the hospital could be at best, a

tolerable situation and for most people, one filled with worries, doubt, fear and concerns about uncertainties (DiGiorgio, 1988). Patient satisfaction is an attitude; a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (Irwin, 2007). For years, patient satisfaction has been considered a valuable indicator of quality care in research studies (Attree, 2001). According to Press Ganey (2007), an organization that measures patient satisfaction, patients want care that is safe, complete, and delivered in a manner that respects their personhood. Communication is a key driver of satisfaction. Patients want more attention given to their personal needs. Responding to patients' concerns with compassion and sensitivity is essential to providing quality patient care. Patients are truly becoming more involved in their own healthcare and are being encouraged to do so. The plan to include patient satisfaction measurements is growing as more hospitals realize that patient satisfaction measurement is a cost effective and non - invasive indicator of quality of care. This gives the patients an opportunity to voice their opinions about the care they receive thereby ensuring patients' participation in healthcare service planning and delivery.

Most of the past researches suggest that patients may have a complex set of important and relevant beliefs which cannot be embodied in terms of expressions of satisfaction. Consequently, many satisfaction surveys provide only an illusion of consumerism producing results which tend only to endorse the status quo. For service providers to meaningfully ascertain the experience and perceptions of patients and the community, then research must first be conducted to identify the ways and terms in which those patients perceive and evaluate that service (Guadagnino, 2003)).

The consumer-driven care can actually help healthcare organizations both alter existing negative consumer perception and ensure repeat business in the following five ways: firstly, urging the institution of a more comprehensive financial clearance process as a pre-service; secondly, pushing the adoption of online access to consolidated, consumer-focused billing; thirdly, requiring customer service and pricing transparency in hospitals, as in - patients are empowered to be the first payer following treatment; fourthly, forcing hospitals to put in place procedures and technologies that facilitate information flow between the patient and the administrative staff; and, fifthly, ensuring the correct patient information is collected only once, and is disseminated to all relevant administrative departments (Schweitzer, 2007). Over the past few years, consumer satisfaction has gained widespread recognition as a measure of quality in many public sector services. Moreover, having known that satisfying patients takes serious effort, one would ask why it is necessary to be concerned about it (Guadagnino, 2003).

Why Measure Patient Satisfaction?

Measuring patient satisfaction fulfills three different functions namely, it enhances understanding of patients' experiences of health care, identifies problem in health care: and evaluates patient care (Westaway et al, 2003). Research has shown that when patient satisfaction is taken very seriously, higher quality of care would be achieved, hospital staff would be more content with their jobs and turnover werelower, financial stability would be achieved, competitive position was strengthened, and the hospital would be less likely to be sued (Westaway et al, 2003).

Another reason for measuring patient satisfaction is because closer attention is being paid to patient satisfaction in the 21st century; it is perceived as a hot topic. In 1994, the Joint Commission of Accreditation of Health Care Organizations (JACHO) embraced patient satisfaction as an official indicator of quality of care and mandated in its 1994 standards for accreditation that "the organization gathers, assesses, and takes appropriate action on information that relates to patients' satisfaction with service provided" (Irwin, 2006).

Factors Influencing Patient Satisfaction

Some of the important factors that have been shown to influence patients' satisfaction in their care include literacy levels, intellectual and physical or sensory disability levels and difficulties with language proficiency or ethnic and cultural diversity. Social elements within the society must be considered as they can often dictate whether the consumer will provide feedback and express their satisfaction. For instance, financial status, educational level, geographic location (urban/rural), technology, age, gender, and religious affiliations affect patient satisfaction in different ways (Irwin, 2006).

However, according to Westaway et al. (2006), various studies have shown that satisfaction is related to technical and interpersonal competence, more partnership building, more immediate and positive non- verbal behavior, more social conversation, courtesy, consideration, clear communication and information, respectful treatment, frequency of contact, length of consultation, service availability and waiting time. Irwin (2006) identified human factors and patient - to- health care provider relationship as having important influence on patient satisfaction in their care.

Age

According to the research by Pope and Mays (1993), Williams and Calnan (1991), Owens and Batchelor (1996), older respondents generally recorded higher satisfaction; possible explanations include lower expectations of health care and reluctance to articulate their dissatisfaction. Although age is related to satisfaction, the relationship is confounded by health status or health- related quality of life (Westaway et al., 2006).

Illness/ health status

While some studies have found that sicker patient and those experiencing psychological stress are less satisfied with the possible exception of some chronically ill groups, distinguishing between the experience of sickness or experience of health service treatment or other factors as causes of dissatisfaction has proven difficult (Hall & Milburn,1998: Cleary et al.,1992). These researchers also found that tests investigating the correlation between patient satisfaction and health status yielded inconsistent results.

Prior Experience Of Satisfaction

Crow et al., (2003) identified that satisfaction was linked to prior satisfaction with health care and granting patients' desires (for example previous experience with same tests). Moreover, in one of the studies performed by Press Ganey Associates, it was conformed that patients who had previously received good service would most likely continue to go to the same hospital, and also refer their friends and family to the same facility, thus increasing the market share and profitability of the hospital (Press Ganey Associates, 2003, p. 1).

Patient – Professional Relationship

There is consistent evidence across settings that the most important health service factor affecting satisfaction is the patient - practitioner relationship, including information and technical competence (Crow et al., 2003). Many studies document findings where patients face barriers to becoming equal partners with health care providers (Cronwett et al., 2007; Drain & Clark, 2004). Eldh, Ekman, and Ehnfors (2006) explored patients' experiences as participants in their own health care. The survey developed contained the Picker dimensions and was administered in inpatient and outpatient units of a Swedish hospital. With a response rate of 46% for the inpatient areas and 38% for the outpatient areas (n=362), the investigators concluded that professionals are responsible for conditions that allow patients to be partners in care. “The findings indicate that the notion of patient participation needs to be reconsidered so that clinical routines can contribute to patients' experiences of participation from their point of view” (p. 513). The strength of this study was its premise: taking a universal view of human needs and caring perspectives, using the World Health Organization's standards, and quoting the international code of ethics for nurses.

Choice Of Service Provider

Choice of service provider is associated with higher satisfaction. Moreover, cares that are provided under fee-for-service arrangements generate greater satisfaction than that delivered with prepaid schemes (Crow et al, 2003). Some gate keeping organizations, where patients have little or no choice in their treatment, or are assigned treatment, score relatively poorly on satisfaction (Crow et al, 2003). Moreover, Smith (1998) reported that 75% of the respondents to an American Medical Association survey would pay more to select a physician or hospital of their choice and would request a change in facility requested by their physician if conflict with their preference occurs. Therefore, patient choice in where they receive care is an important deciding factor in the success or demise of a modern healthcare facility.

Patient Safety

Patients are more concerned about their safety as they make decisions on where to choose their health care. This is why it is important for hospitals to publicly announce their patient satisfaction ratings. Ruffinen (2007) reported that Leapfrog Group, in one of its patient satisfaction surveys, confirms a strong correlation between patient safety and patient satisfaction. The researchers of the Leapfrog Group stated that hospitals willing to report patient satisfaction scores through Press Ganey scored better on Leapfrog quality and safety measures than those that did not. Ruffinen (2007) added that by publicly reporting hospital quality and safety practices, hospitals are helping consumers choose hospitals more wisely.

Gender, Ethnicity, And Socio-Economic Status

Culture refers to a cohesive body of learned behaviors, taught from one generation to the next. One's culture constitutes one's rationale and rules for living. Culture makes experiences meaningful. Cultures are not simply a hodgepodge of disparate habits. Patient's culture, as though it was a single,

homogeneous unit, confronts the equally homogeneous entity of the hospital culture. In reality, patients can vary dramatically in their medical beliefs and practices (Crow et al, 2003).

Staff exhibit considerable diversity and familiarity with American healthcare professional roles. They are full-blown, patterned systems of regulations for interpreting and responding to events. This means that they are immensely important to their bearers, they engender resentment if challenged, and they are hard to change. Cultural clashes occur in a variety of contexts. However, the stakes are higher in healthcare. Evidence about the effects of gender, ethnicity, and socio-economic status is equivocal due to the small amount of literature available. Improving patient satisfaction enhances experience of care thereby resulting in a more positive patient evaluation (Malone, 2006).

Methodology

Study Setting

This study was conducted in a cardiac- step down unit of hospital X in Nashville Tennessee. Hospital X is a 615- bed hospital; the patients on the cardiac step down were randomly selected as the sample from the pool of patient population. This cardiac step- down unit, with a very high acuity level, could only hold 34 patients at a given time. Therefore, thirty- four patients were randomly selected over a period of four weeks. Survey questions were administered on the day of their discharge home.

Research Design

A prospective descriptive study design was employed for this research proposal. Burns and Grove (2009) described descriptive study designs as those that are conducted to obtain more information about characteristics within the selected field of study. This study will utilize a descriptive study design because there will not be any treatment or intervention during the course of the study. Moreover, the results of this study will be a description of the aforementioned variables addressed in the research questions.

Sample And Sampling Procedure

In order to have better control over extraneous variables, random sampling was utilized in this research project. Burns and Grove (2009) noted that random sampling enhances the possibility that respondents with various levels of extraneous variables are considered and are randomly scattered throughout the study. Thirty - four patients were randomly selected over a period of four weeks. Survey instruments were given to patients on a one - on - one basis to inpatients by the researcher on the day of discharge. Demographic characteristics of subjects were age, gender, socioeconomic status and level of education. Inclusion criteria for this study includes firstly, subjects must have been admitted as inpatient over a period of 24 hours, secondly, subjects to be transferred to other facility or those with any mental or cognitive deficiencies were excluded from the study, thirdly subject must be willing to participate in study, and lastly, subject must have been seen by the doctor and deemed fit for discharge home awaiting discharge paperwork.

Data Collection

Data was collected using a researcher - developed survey instruments (see appendix). The survey instrument was informally tested for content validity by the nurse manager of the cardiac step down unit and will also be pre-tested before distribution to the sample. Over a period of four weeks, 34 patients from a cardiac step down unit was surveyed using survey questions from a questionnaire. The questionnaire will consist of 25 carefully framed questions. 17 out of the 25 survey questions on the questionnaire will address demographic information; Likert – type scale questions and 2 open ended questions will also be included.

Questionnaires were given to patients on a one- on – one basis between the researcher and inpatients on the day of discharge. Respondents were given enough time (as determined participants) to respond to questions. Participants were assured that all responses will remain confidential since after completion, completed survey was returned in an envelope provided by the researcher. Moreover, to further ensure that patients present their honest answers, identifying numbers or codes will not be included on the survey tool. Patients who transferred to other facility and those with any mental or cognitive deficiencies were excluded from the survey. Participants will provide answers to the questionnaire themselves, but if needed, the data collector will read questions to the participants recording their responses. The data were analyzed using the SPSS.

Data Analysis

Since this is a descriptive survey type of research, descriptive statistical measures will be employed to analyze data. In this case, SPSS statistical package was utilized.

Strengths And Weaknesses

Because patients who were transferred to other facilities and those with any mental or cognitive deficiencies were excluded from the survey, the researcher will have to wait for a longer period of time than planned in order to achieve the goal of distributing data collection tools to the target thirty- four participants. Another weakness of this study is with the fact that patients at the time this study was conducted will have to be inpatients. The idea that they are still in the hospital may affect the representation of their views as some patients would be afraid to express their feelings due to fear of not receiving the treatments they deserve if negative response about their caregivers is reported. This problem could be solved if the researcher considers mailing survey instruments to patients after discharge home. Another weakness is with the fact that the survey tool was not formally tested for reliability and validity. Burns and Grove (2009) described generalization as a concept that extends the implication of the findings from a sample selected to the whole population. Because an ideal generalization requires the support of several studies with a variety of studies; generalization of this proposed study will not be made.

An important strength of this study is that the researcher was able to sample patient's opinions and suggestions. The opinions and suggestions gathered could be valuable in making policy changes that will help to improve patient's outcome.

Conclusion

As discussed, some of the identified factors that have been shown to influence patients' satisfaction in the literature review include literacy levels, intellectual and physical or sensory disability levels and difficulties with language proficiency or ethnic and cultural diversity. Based on the relevance of these factors to patient satisfaction, further study was conducted to further address the variables discussed. This paper will also focus on ways to improve patient satisfaction.

Recommendation

Malone (2006) maintained that hospitals do not have to spend big bucks or big time to improve patient satisfaction. Anything that allays the patient's anxiety and contributes to trust also contributes to the effectiveness and evaluation of care. There are lots of ideas, most of which are easy and inexpensive that could make a big difference to patients. Carol & Greeniech (1994) stated that the following strategies enhance patient satisfaction in the following ways: staff should try all they could to "own" the problems that exist between them and their patients even if it was not their fault (patient has all the right in health care). Therefore attending to patients' immediate needs is important to improving patient satisfaction. This includes the incoming nurse doing all she can to solve the problems or issues generated during the previous shift. Secondly, they also added that reassessment of patients' needs is paramount to patient satisfaction, it is one thing to spot patient's needs but once the need is addressed, the nurse should continually reassess the needs of the patient all through the course of the shift. Thirdly, they advised that going an extra mile in meeting patient's expectation is another important issue in improving patient satisfaction. One way to do this is by taking one's time to update patient's family on any improvements or changes in patient's health status even before they ask. The authors also noted that nurses should be ready to volunteer information: patients appreciate nurses who treat them as a person and not just a medical condition. One way to do this is by being polite and treating patients with courtesy.

Malone (2006) made the following recommendations on how hospitals could improve patient's satisfaction in their health care. His first recommendation is for Commander (CEO) to welcome patients or callers on phone. He opined that patients feel satisfied if the leader of an organization such as the Commander (CEO) give the welcome and introduces the phone menu. Malone (2006) continued by suggesting the "Key words at key times" scripting strategy. The "key words at key times" scripting strategy involves organizations focusing on the impressions created at the change of shift and implement specific greetings for caregivers to give to patients and families at the beginning of their shift. This he added that will generate continuity of care issue. The third suggestion was to place greeters at the front door. Malone (2006) commented that adapting a concept used at Wal-Mart, many hospitals have added greeters at the front door to provide general information and other types of assistance. At Y University Medical Center in Nashville, Tennessee, greeters are armed with information systems, and they check in ambulatory surgery patients so that when the patients arrive in the ambulatory surgery area, the staff had already been informed that they are there. However, this is not registration; it is merely a check-in that notifies the staff that the patient has arrived. Fourthly, Malone (2006) suggested that staff need to pay extra attention to patients' physical needs. He explained this concept citing an example of a physician an emergency room of Central State Medical Center in Freehold, New Jersey, who became known as the "pillow doc" because he always brought pillows with him, saying "I thought this might make you feel more comfortable" whenever he met a new patient. Patients consistently report being delighted by the extra attention to their physical needs.

Communication is critical in determining patient's expectations. Orlando (1972) found communication between patient and nurse satisfying, when done appropriately. She added that it was imperative to elucidate a patient's needs before attempting to meet those needs. A study by Abramowitz, Cote, and Berry (1987) revealed that the "importance of confirming patient expectations was vital to providing a satisfying experience for patients" (Abramowitz, et al., 1987, p. 126). Lastly, he suggested the introduction of "First Touch" Programs. He noted that the Nurses at St. Joseph Medical Center in Kansas City, Missouri (part of Carondelet health System), implemented a program called First Touch (TM) in their cardiac step-down unit. One of the objectives of the program is to initiate a conversation with the patient about the patient before touching or doing anything clinical in order to have the touch and be one of person-to-person contact. This has extended into "hellos and goodbyes", as well as improving transitions and handoffs between staff members, especially at shift change.

References

Abramowitz, S., Cote, A. A., & Berry, E. (1987). Analyzing patient satisfaction: A multianalytic approach. *Quality Review Bulletin*, 122-130.

Attree, M. (2001). A study of the criteria used by healthcare professionals, managers and patients to represent and evaluate quality care. *Journal of Nursing Management, 9*,67-78.

Bottorff, J., & D'Cruz, J. V. (1984). Towards inclusive notions of 'patient' and 'nurse'. *Journal of Advanced Nursing, 9*, 549-553.

Burns, N., & Grove, S. K. (2009). *The practice of nursing research: Appraisal, Synthesis and Generation of Evidence* (6th ed.). St. Louis: Elsevier Saunders.

DiGiorgio, J. J. (1988). *Health Care Providers Should Treat Patients As 'Guests'* (Vol. 22, 8th ed.). Research Library: Marketing News.

Donabedian, A. (1988). The quality of care: How can it be assessed? *Journal of AmericanMedical Association,* 260, 1743-1748.

Driscoll, A. (2000). Managing post discharge care at home: An analysis of patients' and theircareers' perceptions of information received during their stay in hospital. *Journal ofAdvanced Nursing, 31*, 1165-1173.

Guadagnino, C. (2003). *Role of Patient Satisfaction*. Press Ganey Associates' Robert Wolosin.

Hitz, C. (2007). *Patient Safety = Patient Satisfaction* (Vol. 60, 5th ed.). Trustee.

Irwin, P. (2006). *Patient Satisfaction: Understanding and Managing the Experience of Care* (2nd ed.). Chicago: Chicago, IL Health Administration Press.

Kerfoot K. (2007). *Patient Satisfaction and High-Reliability Organizations* (Vol. 25, 2nd ed.). Pittman: Nursing Economics.

Kipp, K. M. (2001). Implementing nursing caring standards in the Emergency Department.*Journal of Nursing Administration*, 31(2), 85-90.

Lee, M. A., & Yom, Y. H. (2007). A comparative study of patients' and nurses' perceptions ofthe quality of nursing services, satisfaction and intent to review the hospital: A questionnaire survey. *International Journal of Nursing Studies*, 44, 545-555.

Liu, Y., & Wang, G. (2007). Inpatient satisfaction with nursing care and factors influencingsatisfaction in a teaching hospital in China. *Journal of Nursing Care Quality,* 22(3), 266-271.

MacStravic, S. (2004). Patient satisfaction: Eight problems and suggestions. Health Care Strategic Management. *American Journal of Nursing*, 22 (3), 1-6.6th ed.).

Malone, M. P., & Kaldenberg, D. L. (n. d.). Is more always better? A discussion about response rates. *Press*

Ganey Satisfaction Measurement, 6-7.

Orlando, I. J. (1972). *The discipline and teaching of the nursing process*. New York: G. P.Putnam's Sons.

Parker, M. (2007). *Nursing theories and nursing practice*. Philadelphia: F. A. Davis.Press Ganey Associates (2007a). *InfoTurn technical transmission instructions*. Southbend,Indiana: Press Ganey Associates.

Press Ganey Associates, Inc. (2007b). Patient perspectives on American health care. *Hospital Pulse Report*, 1-15.

Press Ganey Associates, Inc. (2002). Inpatient psychometrics. Southbend, Indiana: Press Ganey Associates.

Press Ganey Associates, Inc. (2003). What is the connection between current profitability and past patient satisfaction? 2003, *February*, 1-7.

Ruffinen, M. A. (2007). "10 steps to improve patient satisfaction" July 4th, 2010 http://web.ebscohost.com

Schweitzer, S. (2007). *The Key to Improving the Patient Experience* (Vol. 28, 8th ed.). Florida: Health Management Technology.

Tokunaga, J., & Imanaka, Y. (2002). *Influence of length of stay on patient satisfaction with hospital care* (Vol. 6, 14th ed.). Oxford: International Journal for Quality in Health Care.

Westaway, M. S., Rheeder, P., Van zyl, D., & Seager, J. R. (2003). *Interpersonal and organizational dimensions of patient satisfaction: the mode* (Vol. 15, 4th ed.). Research Library: International Journal for Quality in Health Care.

Williams, B. (1994). *Patient satisfaction: A valid concept?* (Vol. 38, 4th ed.) Denbigh: Academic Sub-Department of Psychological Medicine.

Yellen, E., Davis, G. C., & Ricard, R. (2002). The measurement of patient satisfaction. *Journal of Nursing Care Quality*, 16(4), 23-30.

Appendix a: the survey instrument: Questionnaire

Dear Respondent,

My name is Shade Adigun. I am conducting a research on Patient Satisfaction as a way to. Your honest answers would be greatly appreciated. Please check what category you fall under and complete the survey attached. Participants who complete the entire survey will be entered for a drawing of $100 Amazon gift card.

Demographic Data

1. Length of Hospital stay (Please specify in days or months) ___________________
2. Age (Please circle one): (a) 25-35 (b) 36-45 (c) 46-55 (d) 56-65 (e) 66 and above.
3. Level of school completed (Please circle one):
(a) 8th grade or less
(b) Some high school, did not graduate
(c) High school graduate or GED
(d) Some college or 2- year degree
(e) 4-year college degree or more.
4. What is your Race? (Choose one or more):
(a) White (b) African American (c) Asian (d) American Indian (e) Others ______________
5. Socio- economic status: (a) Below average (b) middle class (c) Average class (d) Above average class.
6. Thinking of your hospital stay, what one thing did you like best about your care?
____
7. Suggestions on how hospital staff could improve on patient care.
____
____

Please Circle Any Of The Boxes Below As Applicable.

Questions	Scale				
Based on this Hospital Stay.	Always	Often	Undecided	Sometimes	Never
8. How often did the nurses and doctors treat you with courtesy and respect?	1	2	3	4	5
9. How often did the hospital staff listen to you as a patient?	1	2	3	4	5
10. How often did the hospital staff explain your treatment plan to you?	1	2	3	4	5
11. After you press the call button, how often did you get help as soon as you wanted it?	1	2	3	4	5
12. How often was the bathroom kept clean?	1	2	3	4	5
14. How often did the staff keep area around your room quiet at night?	1	2	3	4	5
15. How often did you get help as soon as you called for bed pan, help to the restroom or empty urinal?	1	2	3	4	5
16. How often did the hospital staff ask you if you were in any pain?	1	2	3	4	5
17. How often did the hospital staff do all they could to help you with your pain?	1	2	3	4	5
18. How often did the hospital staff tell you what the medicine you were given was meant for?	1	2	3	4	5
19. How often did the hospital staff describe the possible side effects of the medicine in the way you could understand?	1	2	3	4	5
20. How often did the hospital staff tell you how long the procedure you went through is likely to last?	1	2	3	4	5
21. How often were your family and visitors treated with courtesy?	1	2	3	4	5
22. How often did the hospital staff check on you?	1	2	3	4	5
23. How often did the hospital staff provide privacy as you were being treated?	1	2	3	4	5
24. How often did the staff treat you as a person and not just a medical condition?	1	2	3	4	5
25. How often would you recommend the services of the nursing staff in hospital X?	1	2	3	4	5