

PERCEIVED SATISFACTION OF QUALITY  
OF NURSING CARE

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COLLEGE OF NURSING

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DEDICATION

To my beloved mother who fills my life with  
love, encouragement, understanding, and support.

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## CHAPTER 1

### INTRODUCTION

Emphasis on patient satisfaction with nursing care services is on the increase, as evidenced by the increased frequency of empirical and theoretical publications regarding patient satisfaction in recent years. This emphasis is consistent with a broader trend toward holding those who control and provide essential services more accountable to the consumers (Ware, Davis-Avery, & Stewart, 1978). Consumer satisfaction has been suggested as a legitimate measure of quality of care (Fleming, 1981).

There is a growing awareness that the present hospitalization systems are inadequate, inefficient, and unpopular (Lees & Anderson, 1971). The care received by hospitalized patients is widely criticized and needs no documentation (White, 1972). Nurses are aware of the dissatisfaction with current health care as expressed by patients and are increasingly disillusioned with the hospital care systems currently employed (Rafferty & Carter, 1973).

Patient satisfaction with care has implications for professional nursing in as much as nursing care is an important and integral aspect of total patient care. There is an interest in the quality of nursing care; however, most evaluations are conducted from the nurses's professional point of view. The patient's perception of nursing care received may be quite different from that actually provided (Houston & Pasanen, 1972).

The nurse-patient relationship is a term commonly used to identify the complex interaction between the patient and the nurse. Shafer, Sawyer, McCluskey, Beck, & Phipps (1975) determined that "every nurse needs to understand this relationship, for upon it will rest success in helping the patient and in achieving personal satisfaction" (p. 5). Both the educational preparation for the nurse and knowledge of perceptions held by the health care consumer are considered essential elements to this relationship. Further studies are necessary to elicit perceptions of adult consumers in regard to the quality of nursing care received.

#### Statement of Problem

The problem investigated in this study was two-fold:

1. Is there a significant difference between perceived satisfaction with the quality of nursing care of young adult male patients and young adult female patients who have undergone abdominal surgery in a county hospital?

2. Is there a significant relationship between the perceived satisfaction with the quality of nursing care scores in patients who have had abdominal surgery in a county hospital and the age of the patient?

#### Justification of Problem

What patients consider important in their care will influence their satisfaction concerning care as well as the benefits derived from that care. There is little specific documentation available pertaining to the hospitalized medical-surgical patient's expectations and evaluations of nurses and nursing care (White, 1972).

In recent years, consumer satisfaction has become increasingly important in society. Consumer evaluations are one of several means used to measure the quality of care delivered. The voice of the consumer is summarized in reports of the Citizens Board of Inquiry. The following points were made:

1. Most Americans do not have adequate health care; they have crisis care. They obtain health services only when sickness or injury forces them to muster the money and risk the obstacles and humiliation.

2. The persistent patient who overcomes the barrier to care may find himself treated with indignity and poor quality.

3. Sometimes the line between insensitivity and poor quality care is blurred. A patient's persistent attempts to get more careful attention may have negligible or negative results.

4. With all the anger and the difficulties, people will still do what they feel they must to get needed health care. While there is great frustration, sometimes even desperation, there is little apathy. (Wolff, Weitzel, & Fuerst, 1979, p. 34)

When consumers submit to the care of members of the health professions, they have expectations about the behavior and abilities of those caring for them. This has been demonstrated by personal anecdotes and letters written by patients to editors of newspapers and periodicals. Some of these expectations include:

1. Health care consumers expect the nurse to be professionally competent.

2. Consumers expect nurses to be serious about their work.

3. Consumers expect nurses to be thoughtful, understanding, and accepting of them. When patients are unable to care for themselves, they expect the nurse to assist them in meeting their hygienic needs.

4. Health care consumers expect nurses to orient them to the health care facility.

5. Consumers expect to receive an explanation of their care and they wish to have their questions answered.

6. Consumers wish to be a partner with health practitioners in planning their care.

7. Consumers expect nurses to ensure their privacy to the greatest extent possible. (Wolff, et al., 1979, p. 37)

Few studies in the area of satisfaction have been performed since Abdellah and Levine (1957) attempted to develop a measure of patient and personnel satisfaction with nursing care in the late 1950s. Furthermore, no studies have been conducted to investigate perceived satisfaction of quality of nursing care received by patients in a county hospital.

The determination of patients' satisfaction with the quality of nursing care received may help nurses to indicate what quality of care means to the people they serve, particularly when care is based on different needs for males and females or because of differences in age. Nursing departments could profit from information regarding the patients' opinions about nursing. Potentially, the information could be used to improve nurse-patient relationships and to provide better patient care.

#### Theoretical Framework

Maslow's (1954, 1970) studies of motivation and satisfaction used the theory of a hierarchy of social

needs. The theory stated that there are five separate categories of needs of people that require satisfaction in sequential order.

The first and lowest order of needs consists of physiological needs including food, water, sleep, and other similar requirements basic to living. After these basic primary needs have been satisfied, at least minimally, the individual becomes aware of the desire to fulfill the next higher order of needs which is safety. The safety needs are for protection against danger, threat, or deprivation. When these needs are satisfied to an acceptable degree, a person may become aware of the need for love and affection. This includes satisfactory associations with others, belonging to groups, affiliation, and giving and receiving affection. The next higher order need is for esteem. This need is met by having self-respect, the respect of others, and some degree of status. Love and esteem are the middle order needs. The highest order need is self-actualization, which allows for maximum self-development, creativity, and self-expression. This need is the desire for self-fulfillment, or becoming the best that one is capable of becoming.

Maslow's (1954) theory suggested that these several categories of needs exist and that they are hierarchically arranged, so that the higher level needs become aroused only after the lower level needs have been at least partially satisfied. Maslow regarded these five sets of needs as being in a definite hierarchy, but did not view them as mutually exclusive of each other in their relationship. The lowest order needs do not have to be completely satisfied before some degree of satisfaction is achieved in the next higher order need category.

Maslow's theory of the human organism's hierarchy of needs is important for an understanding of the helping relationship. The gratification of certain needs has been observed when effective nurse-patient relationships exist.

When a particular physiological need in the hierarchy of human needs is being met with a relative degree of satisfaction, other needs can surface. When a nurse and patient are involved in a helping relationship, the nurse assists the patient to achieve goals that allow his human needs to be satisfied. In this endeavor the patient can be assisted to develop motivation to

change, to grow, to mature, and to cope with his problems in a more satisfactory manner.

The concept of need hierarchy, in which an individual's primary basic needs must first be met before higher need fulfillment can be accomplished, indicates that man is constantly varying. His needs continually evolve, develop, change, and grow. When the individual experiences gratification, he enjoys well-being and is free to develop to his greatest potential.

The continual evolving of needs experienced in an individual varies with different maturation levels. These needs are experienced differently as individuals pass through periods of infancy, adolescence, adulthood, and old age. These needs are also influenced by societal expectations of different roles for males and females. The theory of motivation and satisfaction as proposed by Maslow served as the theoretical foundation of this study. Based on the hierarchy of need gratification, it was determined that if patients' needs were met satisfactorily, then their perceptions of the quality of care would also be satisfactory.

### Assumptions

The following assumptions were made:

1. The basic needs of individuals remain the same throughout life.
2. Human beings possess a self-hood which contains biological, psychological, sociocultural, and spiritual components all interacting in a nonthreatening environment.
3. Each person possesses an assortment of needs, capacities, and tendencies which vary in potency, but which are ultimately linked to the fullness or completeness of being.
4. Each person possesses a personality core which is comprised of intellectual, cultural, motivational, and adaptational traits.
5. All individuals possess an inherent desire to satisfy primary needs. Once these primary needs have been fulfilled, higher levels of need gratification can be approached.

### Hypotheses

The null hypotheses for this study were:

1. There is no significant difference between perceived satisfaction with the quality of nursing care

as measured by "Quality of Nursing Care Questionnaire--Patient" of young adult male patients and young adult female patients who have undergone abdominal surgery in a county hospital.

2. There is no significant relationship between the perceived satisfaction with the quality of nursing care scores in patients who have had abdominal surgery in a county hospital and the age of the patient.

#### Definition of Terms

For the purpose of this study, the following definitions were used:

1. Young adult abdominal surgery patient--any man or woman, age between 17 and 40 years, who has had general surgery performed on the abdominal area. Surgeries included exploratory-laporatomy, appendectomy, gastrectomy, cholecystectomy, bowel-resection, or colostomy. Speciality surgery such as a hysterectomy was not included.

2. Satisfaction with quality of nursing care--patient's perceptions of the quality of nursing care provided in a hospital setting as measured by "Quality of Nursing Care Questionnaire--Patient." The higher the score, the greater the satisfaction.

3. County hospital--a health-related institution controlled by a political subdivision of a state created solely for the purpose of establishing and maintaining medical care of patient.

#### Limitations

Limitations of this study included the following:

1. The instrument employed did not have established reliability.
2. The sample was not randomly selected.
3. Participants in this study may have experienced different levels of need gratification at the time of measurement.

#### Summary

This study investigated the perceptions of young adult male and female patients on the quality of nursing care received at a county hospital where they underwent abdominal surgery. The importance of the consumer's evaluation of nursing care was introduced as an essential component to the assessment of consumer satisfaction. Identification of individual satisfactions with nursing care was supported by Maslow's need gratification theory and gave direction to the two hypotheses tested.

## CHAPTER 2

### REVIEW OF LITERATURE

This study investigated perceptions by consumers on the quality of care received in a hospital setting. The elements of this inquiry were determined to impact on both consumer and nursing. The literature reviewed for this study was organized into three areas: (a) the importance of consumer evaluation, (b) the evaluation of nursing care, and (c) trends in nursing education and practice.

#### The Importance of Consumer Evaluation

As the trend toward consumerism increases in the United States, the public is making more demands on the nurse to act as the consumer's advocate. Consumerism is the process which individuals use to increase the control they have over decisions in their lives and in their choices of the products and services which they utilize. Increasingly, the general public is becoming better informed about health care, the availability of options, and the services which should be provided by individuals within the health care system. As a result,

individuals are questioning the quality, quantity, and type of care they receive within the health care system and are demanding their rights in decisions regarding health care (Brill & Kilts, 1980).

Some federal legislation requires that the quality of care be assessed, with the implication that consumer opinion be included. In particular, the Health Maintenance Act of 1973 (cited in Fleming, 1979) requires quality assurance systems in all federally supported health maintenance organizations to assess quality of care by outcome measures that reflect both provider and consumer standards. In some of the literature on quality of care, the following questions arise: Is it enough to measure quality of care through treatment or cure rates? Is it not equally important to evaluate the patient's feelings of well-being and whether the experience was satisfactory (Fleming, 1979).

Nehring and Grach (1973) determined that it was essential that nurses acknowledge the most important source of information about nursing practice, that is, the patient. Nurses owe it to the profession and also to the patients as consumers to advise means whereby patient views can be taken into account and the

information utilized in the planning, execution, and research concerning quality nursing care.

Marram (1973a) supported the need for further research in the area of consumer evaluations of nursing care. Marram (1973a) stated:

The ideology of nursing suggests that the nurse is, or should be, greatly influenced by the evaluations of patients and their families. This tenet of our profession needs empirical verification, however, there is little research to indicate whether patient evaluations are really important in the hospital or whether this is just a pious professional cliché. (p. 322)

White (1972) determined that little specific documentation existed of the expectations and evaluations of hospitalized medical-surgical patients regarding nursing care. This lack of empirical investigation was further validated by Houston and Pasanen (1972). These authors determined that patients probably saw the nurses quite differently than nurses saw themselves. Nursing care delivered, therefore, may be quite different from that actually perceived by the patient. Few studies have tried to evaluate nursing care as perceived by the patient.

The Evaluation of Nursing  
Care

Abdellah and Levine (1957) conducted a study in which they developed a measure of patient and personnel satisfaction with nursing care. In their model, the dependent variable was satisfaction with nursing care as measured by the checklists given to both patients and personnel. The independent variables studied were the total hours of nursing care available, hours of professional nursing care available, size of hospital, and ownership of hospital.

Sixty hospitals distributed checklists to all patients and personnel on their assigned study days. Hospitals returned a total of 8,000 forms from patients and 12,000 from personnel. The findings indicated that while the amount of total nursing hours provided per patient each day did not affect the amount of patient satisfaction with nursing care, the amount of professional nursing care provided did have a strong positive influence on satisfaction. Another finding indicated that the ages of patients and personnel have a definite relationship to the amount of satisfaction with patient care. Additional findings determined that older patients and personnel were generally more satisfied with patient

care than were younger patients. Those in the younger age group were considerably more dissatisfied with care than were the older group. The youngest age group had dissatisfaction scores at least twice as high as the older group (Abdellah & Levine, 1957).

Hulka, Zyzanski, Cassel, & Thompson (1971) conducted a study of satisfaction with medical care in a low income population. A separate study by Linn (1975) dealt with factors associated with patient evaluation of health care. Results of these two independent studies revealed no relationship between sex and satisfaction with care. In a later study entitled "Correlates of satisfaction and dissatisfaction with medical care: A community perspective," Hulka, Kupper, Daly, Cassel, & Schoen (1975) reported that females were significantly more satisfied than males with the art of care, technical quality, and access/finances.

Eisen and Grob (1979) conducted a research study which assessed consumer satisfaction with service by analyzing the content of letters written in response to an invitation to comment on the hospital experience. Respondents included relatives and referring agents to those who had received psychiatric treatment for

schizophrenia. The respondents expressed greatest satisfaction with the helpfulness of the hospital, general patient care, and the quality of the clinical staff. Areas of dissatisfaction included communication, such as adequacy of information about patients' treatment, length of stay, and hospital rules and procedures. The analysis showed that the older the patient and the fewer the number of previous hospitalizations, the greater was the satisfaction expressed (Eisen & Grob, 1979).

In an effort to determine the source of the dissatisfaction that patients felt regarding nursing care, Ewell (1967) conducted a survey in which 100 patients were interviewed in their hospital rooms during the 24-hour period prior to their discharge. The 17-question interview dealt primarily with the general attitude and efficiency of the nursing personnel as evaluated by the patients. The interviews were from 15 to 30 minutes each. Only patients from obstetrics, medicine, and surgery were interviewed. The patients were asked to respond to questions concerning their nursing care and hospital experience. The complaints of patients regarding disturbing incidents were divided into three general

areas: a lack of personal services and attention (16%); personnel problems (11%), with comments such as they felt they were imposing on the nursing staff; and lack of humanitarianism (4%) (Ewell, 1967).

Patients' suggestions for improvement in nursing care were requested. Forty-eight percent had no suggestions, and of the 52% who did make suggestions, 87% urged "greater personal care," with the means for improvements in nursing care being "more personnel." The rest of the suggestions dealt with "humanitarianism" and "increased bedside care by professional nurses" (Ewell, 1967).

Ewell continued by making further note of the fact that much of the previously published literature emphasized noisy wards, early waking hours, and slow answers to the call button as problems cited by patients. None of these problems were mentioned by the 100 patients interviewed by Ewell. He further suggested that nurses and hospital administrators have been concerned with only a small part of what is really bothering the patient. The most disturbing factor noted throughout the interviews was the lack of personal attention. The study concluded that if nurses are truly

going to improve nurse-patient relationships, the area that needs the most attention is that of personal, nonmedical, bedside care and attention (Ewell, 1967).

Risser (1975) developed an instrument to measure patient satisfaction with nurses and nursing care in primary care settings. The tool consisted of 25 items, subdivided into three subscales: technical-professional area, interpersonal educational relationship, and interpersonal trusting relationship. The respondents indicated their level of agreement or disagreement using a five category Likert type scale.

The questionnaire was submitted to two sequential trials during the study. The study settings were 11 general practitioner and internist offices in 2 metropolitan area clinics where a registered nurse was present in the office. The final satisfaction scale tapped three elements of attitudes toward nurses and nursing care in an ambulatory care setting. Respondent scores indicated a greater satisfaction with nurses and nursing behavior in the professional-technical area than in the area labeled trusting relationship. Items in the educational relationship dimension elicited the most expressions of dissatisfaction from the respondents.

Risser (1975) concluded that the difference in the educational areas may either be due to the fact that nurses in ambulatory settings do not consistently function as patient teachers or that patients do receive some information from nurses but still want more.

Fleming's (1979) study regarding use of consumer evaluations of health care investigated consumer satisfaction with medical and nursing care. There were 589 people who responded to a set of 43 agree-disagree items of general assessments of different dimensions of care: convenience, availability financing, continuity, conduct of doctors, and general satisfaction. Respondents represented individuals who were hospitalized for illnesses which began during the previous year. Grouping the responses revealed that the courtesy shown by nurses to patients was rated slightly lower (12% of respondents were somewhat dissatisfied) than the courtesy shown to patients by other personnel (10%). An incidental finding indicated that respondents were not as critical of nurses in ambulatory care settings. The author suggested that this may be due to the fact that nurses are usually more important to the comfort of inpatients than to that of outpatients.

Nehring and Grach (1973) attempted to measure the quality of nursing care based on 8,000 patients' evaluations. There were some interesting, though not definitive, aspects concerning the problems associated with research in this area, and some clues as to why patients do not complain about their care. Patients were extremely suspicious about participating in the study, not wanting to complain or implicate any staff members. A definite fear of reprisal was expressed by many patients, with a number refusing to participate in the study. Utilizing an interview technique, the reluctance to blame the nursing staff for deficiencies in care persisted (Marram, 1973b).

Sisk, Snyder, Spacek, Wusserbauer, Wilkerm, and Winegar (1965) surveyed 62 chronically ill, ambulatory patients in an attempt to (a) learn what the patients expected of nurses, (b) what concept patients had of their own needs, and (c) their comprehension of the role of the nurse in caring for them. The majority of the patients agreed that meeting physical needs was the primary role of the nurse.

Additional findings revealed that the greatest expectation by the patients was that the nurse understand

the actions and effects of medications and treatment. The next level of agreement indicated that patients wanted treatments explained to them before they were given and expected that they be given carefully and correctly. There was greater concern for medicines being given on time than for treatment given on time. Teaching functions by nurses were considered less important than having their physical needs met. According to the responses, patients agreed that the nurse should meet their psychological needs, but indicated that the nurse's role in this area was less important than her responsibility for meeting their physical needs. About four-fifths of the patients wanted nurses to teach them how to maintain an optimum state of health and saw the nurse as a person who could answer their families' questions about illness and discuss the care these patients needed (Sisk et al., 1965).

These studies have shown the priority expectations that patient-consumer have in terms of nursing care. In these studies, patients determined that physical need satisfaction was of prime importance; additionally, they determined that the amount of nursing attention had a positive influence on perceived satisfaction.

Trends in Nursing Education  
and Practice

The care delivered to and received by patient-consumers is ultimately related to the educational processing of the nurse. Knowledge and understanding of current curricula and practices of nurses and the manner in which they relate to consumer needs on health care are essential.

In 1965 the American Nurses' Association (cited in Brill & Kilts, 1980) presented a position paper which distinguished two types of nursing practice: professional and technical. According to the paper, the professional nurse is a graduate of a baccalaureate program of nursing, while the technical nurse is educated in an associate degree program. The controversy still continues as to the differentiation between professional and technical nursing; and as yet no definitive agreement exists regarding the differentiation (Brill & Kilts, 1980).

According to Waters (1965), levels of competence and skills of the various members of a nursing staff would determine the quality of nursing care given. If the business of nursing is to give care to patients, which it is, and if patients get better care when care

is given by people who have been educated to nurse, which they do, then distinction must be made between the competencies of the nurses. Of equal importance would be the manner in which skills and levels of competence are utilized, so that the patient can benefit from the education each has received (Waters, 1965).

Nurses from different programs have different goals and different outcomes. Many try to minimize the differences between baccalaureate programs and the shorter programs by saying, "We train for bedside nursing, too," implying it is the same nursing with a broader general educational background. Waters (1965) stated that

the nurse with a baccalaureate education should not do bedside nursing, too; she and she alone should give professional bedside nursing, and that should be given differently from technical bedside nursing. (p. 102)

Johnson (1966) further explored competence and utilization of nursing skills in technical and professional practice; with most effective utilization of skills requiring a change in attitudes and expectations of nurses. Based on the assumption that competence in patient care is founded in knowledge and manifested in skill, one can differentiate between level of technical

and professional nursing. The general notion exists that baccalaureate graduates have more scientific knowledge than of other programs. The difference in the nature of this knowledge and its potential usefulness in practice may be less well recognized (Johnson, 1966).

The graduates of the associate degree and diploma programs have a command of a body of knowledge relevant to concrete and specific patient problems and nursing actions. They know that certain patient problems can and do occur under certain conditions, that a given set of subjective symptoms or psychological and behavioral manifestations usually signal the existence of a given problem, and that one or another particular course of nursing action is most often indicated in such a condition. They also have acquired the scientific base needed for knowing how to recognize the existence of a problem, and to implement a course of action. In essence, they are conversant with established nursing knowledge and methodology (Johnson, 1966).

The baccalaureate graduate has at her command a relatively large fund of descriptive, explanatory, and predictive knowledge to bring to bear on particular and

usual patient situations. In a number of these situations, the nurse knows why certain problems do or do not occur, and why certain outcomes can or cannot be predicted to follow certain modes of intervention. In many other situations, the nurses' knowledge of why will be limited to certain aspects of the situation; in still others, she will have only a speculation about these occurrences (Johnson, 1966).

Professional skill is required to survey and to identify complex problems, to decide among many alternatives, and to execute a certain course of action. Technical skill is adequate to identify problems within the limited range, to decide among few alternatives, and to execute standardized courses of action.

For many, if not most patients, a combination of professional and technical skill is required. The baccalaureate graduate has had the experience of conceiving and initiating interventive measures and in using objective criteria to explain, justify, and predict outcomes and to evaluate these measures. She is committed to the evaluation of her own practice as a means of refining and extending her knowledge and skills (Johnson, 1966).

Tardiff (1968) discussed and compared professional and technical aspects of nursing responsibilities. The basic differentiation between professional and technical status frequently lies in the degree of responsibility assumed by each category, rather than in responsibility for completely different duties.

Reilly (1965) traced the evolution of nursing during the past century in order to help achieve a proper perspective on the changes taking place in nursing education and practice. Reilly determined that nursing would have to set requirements to assure a level of practice at which the nurse initiates, creates, and accepts responsibility for decision making. Research is also necessary to develop a body of knowledge that is specific to nursing and the development of a group of nursing practitioners at various levels of educational preparation who believe in what they are doing and take pride in their contribution to improve health care.

Continuing education is another issue of practice. Continuing education in nursing has been developed in order to expand and update nursing skills and knowledge. Many conceptual models for nursing practice have been proposed. While no single model has been accepted as a

unifying framework, these models are providing the basis for nursing research. Nursing research will further define and refine the unique skills and abilities of nurses and evolve a separate and distinct theory of nursing. These nursing theories will help to identify more clearly what constitutes professional nursing practice, the skills that are necessary, and the roles which are required of the nurse to conduct these practices.

In providing for the health care needs of individuals and groups, nurses are accountable to the individual, themselves, the profession, and society for their actions and for the actions of those they supervise. Accountability for the nurse is being responsible for maintaining safe, competent skills; protecting the individuals being cared for from harm and promoting their well-being; understanding the implication of care that is provided; improving professional standards of practice; and advocating social well-being. The nurse is accountable by continually expanding and updating basic knowledge and skills, being aware of professional and health care trends, participating in peer review, using management and leadership

skills in those under his or her supervision, actively participating in professional organizations, and using advocacy skills.

In addition, the nurse works on behalf of the individual to improve health care by recognizing changes that are necessary in the health care system and the profession and by taking an active part in promoting those changes. Accountability is part of advocacy; since the nurse is representing the individual, she must ensure that the individual receives qualified, competent care (Brill & Kilts, 1980).

#### Summary

The literature reflects the growing trend of consumer involvement in health care practices. Evaluation of nursing care received by consumers integrates the expectations of consumers as well as the expectations of practitioners who are accountable for the delivery of nursing care. Studies have been reviewed which have determined the necessity of these evaluations from the consumer's viewpoint. In addition, the viewpoint of the nurse has been addressed from the perspective of educational variations and the current trends for

increased advocacy relationships in the nurse-patient relationship.

Studies investigating the degree of satisfaction with nursing care have been discussed. Clearly, these findings indicate the value of further research in the area of quality nursing care and the perception of consumers in their levels of satisfaction. Demographic factors such as age and sex have been shown to be of significance in these evaluations. The literature supports the notion that perceived satisfaction with nursing care is based on the knowledge, technical skill, and availability of the nurse to meet identified patient needs. A more definitive investigation of these variables as they pertain to young adult males and females is necessary.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research method utilized for this study was descriptive with a correlational design. According to Polit and Hungler (1978),

the aim of descriptive correlational is to describe the relationship among variables rather than to infer cause and effect relationships. (p. 185)

The study investigated the difference of perceived satisfaction with the quality of nursing care by young adult male and female patients. Additionally, the study investigated the relationship of perceived satisfaction with quality of nursing care and the age of the patients.

#### Setting

This study was conducted on the surgical units of a county hospital located in the metropolitan area of a large Southwestern city of the United States. This acute care facility consists of 1,000 beds, of which 235 are allocated for general surgery patients. The units utilized a team leading style of patient care

in which the nurse-patient ratio was 1 nurse per 15 to 18 patients.

### Population and Sample

The population for this study consisted of both male and female patients from surgical units from the county hospital who met the following criteria:

1. Hospitalized for more than 4 days, but not more than 20 days on general surgical units and ready to be discharged.

2. Male and female, between the ages of 18 and 40 years.

3. Had received abdominal surgery of exploratory-laporatomy, appendectomy, cholecystectomy, colostomy, or bowel-resection.

A convenience sample of 40 patients from a county hospital, who had abdominal surgery, were selected from this population. According to Abdellah and Levine (1979), the convenience sample is a type of nonprobability sampling where subjects are selected because they happen to be available for participation in the study at a certain time. Demographic data were obtained from each subject to determine the age, sex, and ethnic

origin of the subject. These data were used to describe the sample and to test the hypotheses.

#### Protection of Human Subjects

The components of this research study fell under Category I of the Federal Register for Protection of Human Subjects (Appendix A). Before collection of data, permission was obtained from the graduate school (Appendix B) and from the appropriate hospital administrators of the participating agency (Appendix C). The human rights aspects of this study were addressed in an explanation to subjects (Appendix D) as follows:

1. Informed consent was received prior to participation by the subject.
2. Subjects were given the right to refuse to participate in the research.
3. Subjects were informed that their identity would remain anonymous.
4. Subjects were informed that they could withdraw from the research at any time.
5. Subjects were informed that their care would not be altered by their decision regarding participation.

6. Completion and return of the questionnaire was construed as informed consent by the patient to be a research subject.

#### Instrument

The instrument used in this study was titled "Quality of Nursing Care Questionnaire--Patient" (Appendix E). It was authored by Safford and Schlotfeldt (1979) and appeared in Instruments for Measuring Nursing Practice and Other Health Care Variables, Volume 2. The instrument is not copyrighted.

The instrument is a 44-item, self-administered questionnaire measuring patients' perceptions of the quality of nursing care provided in a hospital setting. The instrument provides for responses in 5 categories. Physical care is operationalized by 13 questions, emotional care is operationalized by 17 questions, nurse-physician relationship is operationalized by 1 question, teaching and preparation for home care is operationalized by 7 questions, and quality of nursing care is operationalized by combining the responses to all the items used in the 5 categories described above. A summary description of the quality of care received by the patient is operationalized by one item.

The subjects were asked to rate their perception of the quality of care received by responding to the statement, "Please indicate which term best describes the nursing care you received in the past 4 days." A 5-point scale is used for the responses to 40 of the 44 questions. For 39 of these questions, the 5 response categories are: always, usually, sometimes, seldom, and never. The five response categories for the item which summarizes the quality of nursing care included the words: excellent, very good, satisfactory, only fair, and unsatisfactory. Three response categories are provided to obtain information for the five questions that summarize specific parts of the quality of nursing care. The response categories for these five questions are yes, partially, and no.

This instrument was designed to be completed by a patient. Instructions are provided as part of the questionnaire. Scores for each category are computed by assigning a number from 1 to 5 for each of the five response categories such as 1--never, 2--seldom, 3--sometimes, 4--usually, and 5--always. For the questions with only three responses, a numerical value of 1 is assigned to "no," 3 is assigned to "partially," and 5

is assigned to "yes." The score for a given variable is the sum of the response to the subgroup of questions used to measure that variable. Unanswered questions are assigned a numerical value of 3. The higher the score, the greater the satisfaction with the quality of nursing care. No information was provided regarding the test-retest or generalized split-half reliability characteristics of the variables presumably measured by this instrument. The crucial question to be answered in any investigation concerns the validity of the instrument used to measure the variable under study. Since the items on the questionnaire were said to be important in good nursing by persons directly involved with nursing practice, it was assumed that the instrument fulfilled the criterion of face validity (Safford & Schlotfeldt, 1979).

A demographic data form was developed by the investigator. These data were used to determine age, sex, and ethnic origin of the subjects and to facilitate a description of the sample (Appendix F).

#### Data Collection

Permission to conduct the study was obtained from the participating hospital. After hospital permission

was obtained, nursing supervisors of the surgical nursing divisions and the head nurses of the surgical units were contacted and the study was explained to them.

A nonrandom method of subject selection was utilized. The investigator checked daily discharge orders and selected suitable patients who met the subject criteria for the study. The patients were approached by the investigator. The investigator was identified as a graduate student. The investigator assured the patient that she was not a hospital employee in an attempt to avoid biasing the patient's response to the questionnaire. The patients were asked for their assistance in evaluating the quality of nursing care they had received during their present stay in the hospital. The patients were told that to participate in the research study they would need to complete a questionnaire and a demographic data form. Patients willing to participate in the study were read the directions for completing the questionnaire and were given time for interpretation of the directions on the first page of the questionnaire.

When the subjects understood how to respond to the statements, the subjects proceeded with the completion

of the questionnaire. Subjects were requested not to identify themselves on the questionnaires to assure anonymity of responses. The investigator vacated the subject's room to give the subject time to complete the questionnaire. After approximately 20 minutes, the investigator returned to retrieve the questionnaire and the demographic data form. At this time the investigator answered any questions for the subjects. The subjects were thanked for their participation and the investigator left the room.

#### Treatment of Data

Descriptive statistics were used to summarize the demographic data. In order to determine the existence of a difference between young adult male and young adult female patient responses, the data were analyzed by utilizing the independent sample  $t$ -test. According to Polit and Hungler (1978), a very common research situation is the comparison of two groups of subjects on the dependent variable of interest. In testing Hypothesis 1, the subjects' scores were compared on the dependent variable of perceived satisfaction. Scores of perceived satisfaction by young adult male patients were compared with the scores of perceived satisfaction by young

adult female patients in a county hospital. The basic parametric procedure for testing differences in group means is the t-test.

Hypothesis 2 stated that there was no significant relationship between the perceived satisfaction with the quality of nursing care scores in patients who have had abdominal surgery in a county hospital and the patient's age. This hypothesis was tested using the product-moment correlation coefficient. According to Polit and Hungler (1978), the Pearson r statistic is both descriptive and inferential. In testing the second hypothesis, the descriptive function was utilized. As a descriptive statistic, the correlation coefficient summarizes the magnitude and direction of a relationship between two variables.

For the purposes of this study, the significance level was set at the .05 level. All computerized statistics were obtained through the services of the Statistical Package for the Social Sciences.

## CHAPTER 4

### ANALYSIS OF DATA

This study was conducted to investigate the following questions:

1. Is there a significant difference between perceived satisfaction with the quality of nursing care of young adult male patients and young adult female patients who have undergone abdominal surgery in a county hospital?

2. Is there a significant relationship between the perceived satisfaction with the quality of nursing care scores in patients who have had abdominal surgery in a county hospital and the age of the patient?

The data were collected from 40 conveniently selected abdominal surgery patients. The patients who met the study criteria were asked to respond to a questionnaire. Data were analyzed by use of the t-test and the product-moment correlation coefficient. The findings related to the analysis of data are presented in this chapter.

### Description of Sample

The "Quality of Nursing Care Questionnaire--Patient" was administered to a group of 40 subjects, of whom 20 were male and 20 were female. The age of the subjects ranged from 18 to 40 years. The demographic data of the subjects are summarized in Table 1.

### Findings

Hypothesis 1 stated: There is no significant difference between perceived satisfaction with the quality of nursing care as measured by the "Quality of Nursing Care Questionnaire--Patient" of young adult male patients and young adult female patients who have undergone abdominal surgery in a county hospital. The hypothesis was tested by utilizing the t-test for independent samples to determine if a difference existed between perceived satisfaction of young adult male and young adult female patients. Using this method of analysis, the null hypothesis was not rejected (t (29) = 0.128,  $p = 0.128$ ); thus, there was no difference in the perception of the quality of nursing care between young adult male patients and female patients who had undergone abdominal surgery in a county hospital. This data are summarized in Table 2.

Table 1

## Demographic Data of Male and Female Subjects

Item	Male		Female	
	Number	Percentage	Number	Percentage
<u>Age*</u>				
18-20	6	30	4	20
21-30	4	20	9	45
31-40	<u>10</u>	<u>50</u>	<u>7</u>	<u>35</u>
Total	20	100	20	100
<u>Ethnicity</u>				
White	3	15	8	40
Black	15	75	8	40
Spanish-American	2	10	3	15
American-Indian	0	0	1	5

\* male  $\bar{X}$  = 29.3,  $SD$  = 8.9.

female  $\bar{X}$  = 28.3,  $SD$  = 7.8.

Table 2

Mean and Standard Deviation of Perception of  
the Quality of Nursing Care between  
Young Adult Male and  
Female Patients

Sex	Satisfaction Score		<u>t</u>	<u>p</u>
	Mean	<u>SD</u>		
Male ( <u>n</u> = 20)	165.4	44.4	29	0.128
Female ( <u>n</u> = 20)	183.0	24.0		

As illustrated in Table 2, the mean score for male was 165.4 and the mean score for female was 183.0. The overall mean of male and female was 174.2. The score was obtained from the sum of 44 questions, each of which has the score range between 1-5 indicating the degree of satisfaction. The higher the score, the greater the satisfaction with the quality of nursing care. The mean score of 174.12 for the 44-item questionnaire can be divided to obtain the score of each question of 3.96 which is between categories of usual--4 and sometimes--3; however, it was closer to 4. Therefore, patients in this study overall were satisfied with the quality of nursing care received.

Hypothesis 2 stated: There is no significant relationship between the perceived satisfaction satisfaction with the quality of nursing care scores in patients who have had abdominal surgery in a county hospital and the age of the patient. The satisfaction technique used to test the hypothesis was the product-moment correlation coefficient ( $\underline{r}$ ). No significant relationship was found between the perceived satisfaction with the quality of nursing care scores and the age of the patient, therefore, the null hypothesis was not rejected ( $\underline{r} = 0.22, \underline{p} = 0.17$ ),

#### Additional Findings

The instrument "Quality of Nursing Care Questionnaire--Patient" included space for subjects to make additional comments regarding their perceptions of the quality of care received. Of the 20 male respondents, 3 subjects supplied additional comments. Responses indicated appreciation and satisfaction with the quality of nursing care received; one subject responded that this satisfaction was perceived even though the workload of the nurse was obviously great.

A total of 6 of the 20 female subjects supplied additional comments. Four of the female subjects

indicated that the quality of care received was excellent and beyond the scope of their expectations. Two of the female subjects responded with negative impressions, indicating dissatisfaction with the attention to physical needs and time spent with patients as areas of dissatisfaction.

#### Summary of Findings

This study is summarized in the following statements:

1. There was no significant difference found between perceived satisfaction with the quality of nursing care of young adult male patients and young adult female patients who had undergone abdominal surgery in a county hospital.
2. There was no significant relationship found between the perceived satisfaction with the quality of nursing care scores in patients who had abdominal surgery in a county hospital and the age of the patient.
3. The highest possible score measuring satisfaction with the quality of nursing care received was 220. The average score for all 40 subjects was 174.12 indicating that overall the patients in this

research study were satisfied with the quality of nursing care received.

## CHAPTER 5

### SUMMARY OF THE STUDY

This chapter summarizes the study and conclusions drawn based on the findings. The chapter includes the following sections: summary of the study, discussion of the findings, conclusions and implications of the findings, and recommendations for further research.

#### Summary

This study investigated the perceptions of young adult male and adult female patients about the quality of nursing care received at a county hospital where they had undergone abdominal surgery. This descriptive study utilized a correlational design and was implemented in a 1,000 bed county hospital in a metropolitan area in a Southwestern city. Identification of individual satisfactions with nursing care was based on Maslow's (1970) need gratification theory which gave direction to the two hypotheses tested. The data were collected from 40 conveniently selected abdominal surgery patients who responded to the "Quality of

Nursing Care Questionnaire--Patient." Data were analyzed utilizing two statistical tests.

1. In order to study the difference of perceived satisfaction of quality nursing care between young adult male and adult female patients, the t-test was employed. No significant difference was found between perceived satisfaction with the quality of nursing care of young adult male patients and young adult female patients who have undergone abdominal surgery in a county hospital.

2. In order to study the relationship of perceived satisfaction of quality nursing care and the age of the patient, the product-moment correlation coefficient was used. No significant relationship was found between the perceived satisfaction with the quality of nursing care scores in patients who had abdominal surgery in a county hospital and the age of the patient.

#### Discussion of the Findings

The findings of this study indicated that there was no significant difference in the perceptions of young adult male and adult female patients regarding the quality of nursing care received following abdominal surgery in a

specific county hospital. Raw scores of perceived satisfaction with the quality of nursing care were similar for both male and female patients and did not indicate any influence based on age.

Previous studies by Abdellah and Levine (1957) indicated a different result. The checklists returned from 8,000 patients indicated that older patients were generally more satisfied with patient care than were younger patients. Additional findings by Eisen and Grob (1979) also indicated that the older the patient, the greater was the satisfaction expressed.

The results reported in the present study may have been influenced by the following variables: (a) the small sample size, (b) the limited age range (18-40 years), (c) the varying levels of need gratification experienced by the subjects at the time of measurement, (d) the nonestablished reliability of instrument employed, and (e) the conveniently selected sample.

Studies by Hulka et al. (1971) and Linn (1975) tested the relationships between sex and perceived satisfaction with quality nursing care; results from these studies revealed no relationship between sex and satisfaction with care. The present research supported

these findings that there was no significant relationship between sex and satisfaction with care.

Additional findings of the present study indicated that patients have the expectation that the nurse will place importance on meeting their physical needs. This finding supported the findings by Sisk et al. (1965) which revealed that the nurses' role and responsibility for meeting patients' physical needs were ranked as most important. These studies support the theory of need gratification developed by Maslow (1970) which determined that an individual's basic physical needs have highest priority.

#### Conclusions and Implications

Based on the limitations and findings of this study, the following conclusion was formulated: there was no difference in the perceived satisfaction with quality nursing care between young adult male and adult female patients undergoing abdominal surgery; nor was the perceived satisfaction with quality nursing care influenced by the age of the subject.

Results of this study indicated certain implications for the nursing profession. Nursing service departments could benefit from empirically validated knowledge about

the quality of nursing care as perceived by patients. Quality nursing care should be provided to all patients regardless of age or sex with the expectation that the perceived levels of satisfaction with this care will be the same.

#### Recommendations for Further Study

Based on the results of this study, the following recommendations were made:

1. The study should be replicated using a larger sample size.
2. Comparison of perceived satisfactions with the quality of nursing care in young adults with that of older adults should be examined.
3. The study should be redesigned to utilize another related instrument with acceptable reliability.
4. Comparison of perceived satisfaction with the quality of nursing care in young adults receiving care at a county hospital versus a private hospital.

APPENDIX A

Prospectus for Thesis  
Approval Form

This proposal for a thesis by Supawan Limsuwanaroj  
\_\_\_\_\_ and entitled \_\_\_\_\_  
Perceived Satisfaction of Quality of Nursing Care  
\_\_\_\_\_

has been successfully defended and approved by the members  
of the Thesis Committee.

This research is xx is not \_\_\_\_\_ exempt from approval  
by the Human Subjects Review Committee. If the research  
is exempt, the reason for its exemption is: \_\_\_\_\_  
falls under Category I--research considered not a  
risk to human subjects.  
\_\_\_\_\_  
\_\_\_\_\_

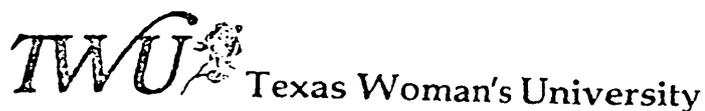
Thesis Committee: [Signature] Chairperson  
[Signature], Member  
[Signature], Member

Date: 10/29/81

\_\_\_\_\_  
Dean, College of Nursing

Date: \_\_\_\_\_

APPENDIX B



P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

January 13, 1982

Ms. Supawan Limsuwanaroj  
1810 Inwood Road, #710  
Dallas, Texas 75235

Dear Ms. Limsuwanaroj:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX C

TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY\*

THE PARKLAND MEMORIAL HOSPITAL

GRANTS TO SUPAWAN LIMSUWANAROJ

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

PERCEIVED SATISFACTION OF QUALITY OF NURSING CARE

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other *Agency representative of the Hospital.*

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

AGENCY PERMISSION FOR CONDUCTING STUDY\*THE PARKLAND MEMORIAL HOSPITALGRANTS TO SUPAMAN LINSUNANAROJ

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4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other: \_\_\_\_\_

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX D

Oral Presentation of Study

I am a graduate student at Texas Woman's University and am conducting a study on perceived satisfaction with quality of nursing care in a hospital setting. Your participation in this research study will involve answering a self-administered 44-item questionnaire which will take about 15-20 minutes of your time to complete. Your doctor has agreed for you to participate in this study. Your rights as a participant will be:

1. The right to refuse or withdraw your participation in this research at any time without prejudice.
2. The health care that you receive will in no way be affected by your decision to participate or not participate in this study.
3. Your name will not be used and you will remain anonymous.

If you agree to participate in this study, the return of a completed questionnaire will mean that you consent to participation in this study.

The potential benefits of this research study will serve to maintain or enhance the quality of nursing care provided to patients in this and other hospitals. Thank you for your willingness to participate.

APPENDIX E

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CON-  
STRUED AS INFORMED CONSENT TO PARTICIPATE IN THIS STUDY.

"QUALITY OF NURSING CARE QUESTIONNAIRE--PATIENT"

Directions: Please place an X in the space to the right below the word that best describes how you feel about each question at the left. If you have any additional remarks you would like to make, please use the space "Additional Comments" which is provided at the end of the questionnaire.

	ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER
A. Did your nurses do little things like changing your position, fluffing your pillow, or smoothing your sheets to make you feel comfortable?					
Did your nurses carry out treatments and medications on time?					
If you needed medicine for pain, did you receive it promptly?					
Did your nurses answer your light promptly?					
Did your nurses keep your bell cord within easy reach?					
Did your nurses know how to use the equipment needed for your care?					
Were you covered with a cotton blanket during your bath?					
Did your nurses bathe you thoroughly or help you with your bath as needed?					
Did your nurses take care of your needs for cleaning your teeth?					
Did your nurses help you in getting in and out of bed?					
Were your nurses gentle in caring for you?					
Did your nurses seem to know what you needed before you had to ask for it?					
Did your nurses seem to understand how you felt?					
B. Did your nurses appear to enjoy caring for you?					

	ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER
Did all the nurses caring for you seem to be informed as to your needs?					
Did there appear to be a good feeling among the nurses who cared for you?					
Did you feel that your nurses were interested in you and your welfare?					
When you were fearful, did your nurses try to relieve your fears?					
Did your nurse explain what would happen to you (treatments, hospital routine, tests)?					
Did your nurses treat you with respect?					
Were your nurses able to answer your questions?					
Did you feel confidence in your nurses?					
Did your nurses attend to your religious needs?					
Were your nurses patient and understanding?					
Were your nurses friendly?					
Did your nurses protect your privacy?					
Did your nurses keep your room neat?					
Did your nurses seem to have time to take care of you?					
Was your family kept well-informed?					
Did you enjoy your nursing care?					
C. Did your nurses seem to understand your physician's plan for your care?					

	ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER
D. Did your nurses take time to make sure you understood what they taught you?					
E. Were your nurses calm?					
Were your nurses considerate in the way they talked to you?					
F. Did you feel that the nurses on the unit were working together as a team for your recovery?					
Did your nurses seem to know what their jobs were?					
Did you feel that you received enough attention from an R.N.?					
Did your nurses and doctors appear to have the supplies and equipment they needed to give you good care?					
	YES	PARTIALLY	NO		
Did your nurses teach you how to care for yourself?					
Did your nurses try to make you feel at home when you were admitted to the hospital?					
Did your nurses help you to understand your illness?					
Did your nurses explain to you how to care for yourself at home?					
Did your nurses explain to your family what your needs will be at home?					

Please indicate which term best describes the nursing care you have received in the past seven days:

Excellent	Very Good	Satisfactory	Only Fair	Unsatisfactory
_____	_____	_____	_____	_____

Additional Comments:

APPENDIX F

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CON-  
STRUED AS INFORMED CONSENT TO PARTICIPATE IN THIS STUDY.

Demographic Information

Directions: Please circle or fill in the appropriate response:

Age: \_\_\_\_\_ years

Sex:

1. Female
2. Male

Ethnicity:

1. White
2. Black
3. Spanish-American
4. American Indian
5. Oriental
6. Other (please specify) \_\_\_\_\_

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