Int Cardiovasc Res J.2020;**14**(1):30-35.icrj.98460

International Cardiovascular Research Journal

www.ircrj.com

Cardiac Patients' Perception of a Good Nursing Care: A Cross-Sectional Study

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ARTICLE INFO

Article Type:
Research Article

Article History:
Received: 28 Sep 2019
Revised: 17 Jan 2020
Accepted: 26 Jan 2020

Keywords:
Quality of Health Care
Coronary Care Unit
Nursing Care
Patients

ABSTRACT

Background: Patients' perceptions of the quality of care can influence the quality of healthcare.

Objective: This study aimed to explore cardiac patients' perception of a good nursing care.

Methods: In this cross-sectional study conducted from February to June 2017, 200 patients in 10 coronary care units of public hospitals of Lorestan province, Iran were selected by stratified random sampling. The revised form of Good Nursing Care Scale was used to measure the perceived quality of nursing care experienced by the patients. This scale contained 37 items and seven subscales responded through a five-option Likert scale. The data were entered into the SPSS software, version 21 and were analyzed using descriptive statistics, independent t-test, and one-way analysis of variance.

Results: The mean reported perception level was 2.81, which was relatively high. The highest level of quality was related to the nursing staff characteristics (M ± SD: 3.28 ± 0.90), while the lowest was related to the patients' coping strategies (M ± SD: 2.37 ± 1.02). The results revealed a statistically significant difference in the patients' perceptions of nursing care quality based on the place of hospitalization, having or not having the history of hospital stay, and information given about care and treatment.

Conclusion: From the perspective of the patients, the quality of nursing care was relatively high. Considering the findings of "the coping strategies" subscale and its importance in adapting patients to new conditions, it should be taken into account by the healthcare team. Additionally, the patients' active participation in decision-making and effective interactions have to be considered in order to improve their coping with the disease.

1. Background

Cardiovascular diseases are one of the main causes of death in the world (1) and the first reason for death in Iran (2). Therefore, improvement of the quality of cardiac care has been emphasized by the Word Health Organization (WHO) (3). Patients admitted to the Coronary Care Unit (CCU) are prone to serious risks due to rapid changes in their physical or psychological conditions. In addition, undesirable care inappropriate to the patients' needs deteriorates their conditions (4). They may also be encountered with uncertainties due to the nature of the disease as well as being under aggressive care (5).

Since caring for cardiac patients is done unsystematically, the quality of nursing care may be reduced (6). Evidence has indicated that from the patients' perspectives, nursing care quality was not at a desired level in most cases (7, 8). For instance, Al-Hussami et al. (2017) concluded that patients were not satisfied with the nursing care quality (9). Similarly, Kewi et al. (2018) found that only nearly half of the patients had a clear perception of nursing care quality (10). Ghamari et al. (2008) also showed in their recent study on cardiac patients that the quality of nursing care was poor (11). However, patients have the right to receive good nursing care (12). High-quality care is the right of

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all patients and the responsibility of all nurses (13). In this context, making use of the patients' perceptions as a factor in assessing the quality of nursing care has been extremely recommended (10). Therefore, nurses have to be committed to carrying out patient-related affairs (14).

In Iran, reports have indicated that from the perspective of healthcare providers, patients were not qualified to express perceptions about the given care (6). Moreover, many recent studies have shown that patients and healthcare professionals evaluated the quality of nursing care in different manners (9, 10, 15). As an example, Zhao et al. (2009) stated that nurses and patients had different views towards the quality of nursing care (15). Given the importance of patients' perceptions as an indicator of nursing care quality (10), existence of major differences in prioritizing care behaviors from the perspectives of patients and nurses (16), and existence of contradictory results in this field, it is essential to identify patients' descriptions of good nursing care (17).

2. Objectives

The present study aims to explore the perception of a good nursing care among the patients hospitalized in CCUs.

3. Patients and Methods

In this cross-sectional study, data were collected between February and June 2017. The target population consisted of patients in 10 CCUs of public hospitals in Lorestan province, west of Iran. The participants were selected via stratified random sampling proportional to the size where each hospital was considered as one stratum. In doing so, the number of patients admitted to each unit was monitored for a week. Afterwards, the portion of each unit of the total sample size was determined according to a pilot study. Then, the inclusion of eligible patients was continued until the portion of each unit in the final sample size was completed. The initial sample size was estimated to include 94 participants according to the following formula where $Z0.975 = 1.96$, $S \approx R/6 \approx 24.67$, and $d = 5$. By taking the effect of design into account, the sample size was increased to 186 participants. Finally, 200 individuals were selected after considering the non-response bias. Accordingly, 200 patients were selected and 199 ones were valid for data analysis. The inclusion criteria were taking part in the study voluntarily, aging least 18 years, having been admitted to CCU for more than 24 hours, being aware of time and place, and being able to read and write Persian. The participants who were not able to respond were excluded from the study.

The first instrument used for data collection contained the patients' demographic characteristics. The second tool; i.e., the revised form of Good Nursing Care Scale (R-GNCS) designed by Leino-Kilpi et al. (2013), aimed to measure the quality of nursing care. R-GNCS consisted of seven subscales as follows: nursing staff characteristics (four items), care activities (six items), prerequisites of care

Table 1. The Patients' Characteristics and Comparison of R-GNCS Scores based on the Patients' Socio-Demographic Characteristic

Variables	Category	N (%)	Mean ± SD	P-value
Age (years)	< 40	38 (19.10%)	2.99 ± 0.67	0.124 **
	40 - 59	94 (47.24%)	2.71 ± 0.69	
	> 60	67 (47.24%)	2.85 ± 0.87	
Gender	Female	95 (47.74)	2.78 ± 0.77	0.533 *
	Male	104 (52.26)	2.84 ± 0.74	
Education level	Lower than diploma	103 (51.76)	2.83 ± 0.82	0.432 **
	Diploma	2.72 (0.72)	2.72 ± 0.72	
	Higher than diploma	67 (33.67)	2.93 ± 0.6	
Occupation	Employed	29 (14.57)	2.79 ± 0.69	0.993
	Unemployed/student	36 (18.09)	2.82 ± 0.74	
	Retired	21 (10.55)	2.82 ± 0.87	
	Homemaker	74 (37.19)	2.82 ± 0.80	
Hospital	Shahid Madani	25 (12.56)	2.91 ± 0.52	0.000 **
	Shohadaye Ashayer	19 (9.55)	2.83 ± 0.52	
	Shahid Rahimi	18 (9.05)	2.73 ± 0.88	
	Imam Jafar Sadegh	28 (14.07)	3.19 ± 0.46	
	Hafte Tir	25 (12.65)	2.36 ± 0.62	
	Imam Khomeini Boroojerd	20 (10.05)	1.89 ± 0.69	
	Imam Khomeini Poldokhtar	11 (5.53)	3.37 ± 0.73	
	Shahid Valiyan	10 (5.03)	3.33 ± 0.38	
	Ebne Sina	18 (9.05)	3.05 ± 0.77	
	Imam Khomeini Khuhdasht	25 (12.56)	2.89 ± 0.78	
Living status	Alone	24 (12.06)	2.56 ± 1.03	0.08 *
	With family	175 (87.94)	2.85 ± 0.71	
Residence status	Urban	126 (62.32)	2.78 ± 0.73	0.44 *
	Rural	73 (36.68)	2.86 ± 0.78	
First stay in this hospital	Yes	112 (56.28)	2.7 ± 0.78	0.02 *
	No	87 (43.72)	2.95 ± 0.7	
Information given about care and treatment	Yes	163 (81.91)	2.91 ± 0.75	0.000 *
	No	36 (18.09)	2.37 ± 0.61	

**, One-way ANOVA; *, t-test

(five items), nursing setting (five items), the progress of nursing process (four items), patients' coping strategies (seven items), and the participation of relatives (six items). The patients were asked to assess the quality of nursing care using a five-point Likert scale ranging from one (fully disagree) to five (fully agree). Accordingly, mean scores 1.0 – 1.5, 1.6 – 2.0, 2.1 – 2.5, 2.6 – 3.0, 3.1 – 3.5, and 3.6 – 4.0 indicated very low, low, fairly low, fairly high, high, and very high quality of care, respectively. It should be noted that 'high quality' was considered to be the sufficient level (18). This scale has been psychometrically validated by Bahrami et al. (2018). The Item-Content Validity Index (I-CVI) values were reported to be above 0.78 and 0.90 for the whole scale. Additionally, the internal consistency was evaluated by Cronbach's alpha coefficient, which was 0.95 for the whole scale and ranged from 0.79 to 0.92 for the subscales (18).

The frequency distribution table was used to describe the data. To investigate the relationship between the sociodemographic variables and the scale score, normal distribution of the data was evaluated by one-sample Kolmogorov-Smirnov test. In all cases, p-values were above 0.1. Therefore, parametric tests, including independent t-test and one-way ANOVA, were used. All data analyses were performed using the SPSS software, version 21 at 0.05 significance level.

4. Results

Among the participants, 52.26% (n = 104) were male, with the mean age of 52.7 ± 15 years. The majority of the participants lived in urban areas (n = 126, 62.32%), and 87.94% (n = 175) lived with their spouses or relatives. Additionally, 51.76% of the participants (n = 103) had elementary education levels, and the majority of them (n = 74, 37.2%) were homemaker.

The results revealed a statistically significant difference in the patients' perceptions of quality of nursing care based on the place of hospitalization, having or not having the history of hospital stay, and information given about care and treatment. However, no statistically significant differences were found in the patients' R-GNCS scores concerning other variables (Table 1).

Analysis of the R-GNCS scores revealed that the mean reported perception level was 2.81. The highest level of quality was related to the "nursing staff characteristics" (M = 3.28, SD = 0.90), while the lowest was related to the "patients' coping strategies" (M = 2.37, SD = 1.02) (Table 2). In addition, the highest mean score was related to the item "nurses were friendly to me" (nursing staff characteristics), while the lowest mean score was related to "improvement of recovery due to the chance of autonomous performance in the treatment process" (patients' coping strategies) (Table 3).

Table 2. Descriptive Statistics of the Revised-Good Nursing Care Scale

Subscales	Mean ± SD
Nursing staff characteristics	3.28 ± 0.9
Care activities	2.98 ± 0.94
Prerequisites of care	2.83 ± 1.02
Nursing setting	3.26 ± 0.84
The nursing process	2.74 ± 0.94
Patients' coping strategies	2.37 ± 1.02
The participation of relatives	2.47 ± 1.22
Total	2.81 ± 0.75

5. Discussion

The mean reported perception level was found to be relatively high, but was lower than the previously reported levels in the studies conducted by Zhao and Akkadechanunt (2011), Leino-Kilpi et al. (2015), and Istomina et al. (2014) (19-21). This difference might be explained by the discrepancies in the places and samples. It could also be attributed to different priorities of the healthcare system of each setting as well as the role of political, socioeconomic, and cultural differences. On the other hand, Al-Hussami et al. (2018) found that the mean reported perception level was low. In that study, convenience sampling technique was utilized and both private and governmental hospitals were recruited (9). In addition, the current study findings did not support those of some domestic investigations. For instance, Ahmadi et al. (2011), Dabirian et al. (2007), and Akbari Kaji et al. (2010) indicated that the quality of nursing care was undesirable (7, 8, 22). These discrepancies might be associated with differences in data collection tools and the target population. In another study, 61% of the patients reported an average level of nursing care quality (23).

The current study findings showed a significant relationship between the quality of nursing care and the place of hospitalization, having or not having the history of hospital stay, and information given about care and treatment, which might be associated with environmental and structural differences. In the same line, a previous study demonstrated that the patients who desired to revisit the hospital scored significantly higher in comparison to those who did not (9). This difference could be related to variations in care provision by various healthcare teams. Al-Hussami et al. (2107) also disclosed that the clients who evaluated their hospitalization place as appropriate were more likely to suggest it to others. Similarly, the results of a prior study showed that the patients expected nurses to provide them with high levels of information about their illnesses (9).

In the present study, the highest mean score was related to "nursing staff characteristics". This result was in agreement with those reported by Istomina et al. (2014) (19) and Leino-Kilpi et al. (2015) (20). Comparison of the findings to those of other studies confirmed that nurses sought to improve the quality of care by adopting patient-friendly behaviors, precise implementation of procedures, responsiveness, honesty, and consideration of the care process as their top priority. In contrast, Zhao et al. (2011) and Leinonen et al. (2003) found that the highest mean score was related to "the progress of the nursing process" (21, 24). This difference might originate from dissimilarities in geographic and socioeconomic conditions. Additionally, the samples in the aforementioned investigations were selected from surgical wards.

In the current study, the highest level of quality was seen in "nursing staff characteristics" and the item "nurses' friendliness to me". These results matched those observed

Table 3. Mean ± Standard Deviation of the Items of the Revised-Good Nursing Care Scale

Subscales	Items	Mean ± SD
Nursing staff characteristics	The nursing staff have shown a friendly attitude towards me	3.48 ± 0.92
	The nursing staff have been careful in performing procedures related to my care	3.36 ± 0.97
	The nursing staff have been service-oriented	3.04 ± 1.26
	The nursing staff have been honest with me	3.25 ± 1.15
Care activities	I have received enough information on matters related to my care and treatment	2.97 ± 1.16
	All treatments related to my care have been provided in a professional manner	2.91 ± 1.25
	I have been advised to monitor my symptoms and feelings and to report them to the nursing staff	3.02 ± 1.21
	I have been heard when I have wanted to talk about my concerns	2.95 ± 1.28
	If I have wanted to find something out, the nursing staff have always obliged	2.98 ± 1.11
	I have been encouraged and supported emotionally during my care and treatment	3.08 ± 1.17
Prerequisites of care	The knowledge and skills of the nurses have been up-to-date	2.56 ± 1.62
	The nurses have utilized research evidence in my care	2.26 ± 1.63
	The hospital/unit has had enough resource needed for my care	2.82 ± 1.25
	My interests have been given priority	3.23 ± 1.16
	The nurses' professional experience have been helped them in the nursing job	3.26 ± 1.16
Nursing setting	I have felt safe in every way in the hospital/unit	3.30 ± 0.95
	I have been able to retain my personal integrity in the patient room	3.15 ± 1.08
	The nurses have prevented the spreading of infections with their actions	3.16 ± 1.17
	The nurses have carried out my medical treatment correctly	3.36 ± 1.07
	My identity has been checked by nurses in connection with procedures	3.34 ± 1.07
The nursing process	I was admitted to treatment sufficiently quickly this time	3.30 ± 0.95
	In my case, there is flexible cooperation between different healthcare units (e.g. health center, private physician, hospital)	2.53 ± 0.46
	I was informed about my discharge early enough to get things organized at home	2.47 ± 1.56
	I am familiar with the symptoms of possible complications and I know what to do and who to contact if they occur at home	2.65 ± 1.28
Patients' coping strategies	My recovery has been promoted by utilizing my earlier hospital experiences	2.29 ± 1.64
	My recovery has been promoted by ensuring I know enough about my care, its possibilities, and different treatments	2.34 ± 1.43
	My recovery has been promoted by giving me the opportunity for independent action	1.86 ± 1.52
	My recovery has been promoted by taking my opinions into consideration	2.29 ± 1.46
	My recovery has been promoted by enabling an open and confidential relationship between me, the nurses and doctors	2.96 ± 1.22
	My recovery has been promoted by ensuring that I am aware of my economic obligations and benefits	2.23 ± 1.44
	My recovery has been promoted by giving me the opportunity to ask questions about my illness and its medical treatment when I have wished to do so	2.59 ± 1.38
The participation of relatives	My relatives have received sufficient information on matters related to my care and treatment	2.66 ± 1.41
	My relatives and I were sufficiently involved in the planning of my care and treatment	2.27 ± 1.46
	My care and treatment was evaluated together with me and my relatives	2.23 ± 1.47
	My relatives were heard when they wanted to talk about me and problems related to my care and treatment	2.66 ± 1.44
	My relatives have been encouraged and given mental support during my care and treatment	2.61 ± 1.46
	Nursing staff have had enough time for my relatives	2.41 ± 1.50

in the previous studies. In one study, "friendliness and kindness" were the items with the highest satisfaction levels (25). Moreover, Fakhr-Movahed et al. (2016) maintained that effective nurse-patient communication was a pivotal factor in high-quality nursing care (26). In the present study, the second high score was related to the item "nurses' careful implementation of care and treatment". Dalky (2018) also reported a significant correlation between patient safety and careful implementation of care. On the contrary, the lowest mean score for "nursing staff characteristics" belonged to "caring for me is a nurse's top priority". In a previous study in Taiwan, nurses' professional commitment to observing patient safety indicators, including prioritizing care delivery and lack of delay in their implementation, positively affected the enhancement of the patients' quality of care perception (27). As previously noted, the lowest mean score in the present study was related to "patients' coping strategies" However, the lowest mean scores belonged to the progress of the nursing process in the studies conducted by Istomina et al. and Leino-Kilpi et al., the prerequisites of care in the research conducted by Zhao and Akkadechanunt, and supportive systems in another study (20, 21, 24). Thus, it can be concluded that the patients experienced low levels of coping strategies in the current study. Furthermore, the lowest mean score in patients' coping strategies was associated with discussing the patients' opportunities for independent functioning during the treatment process. In Iran, despite the approval of the Patient Bill of Rights in 2002, such a right has not been properly recognized and accepted by some staff (28). Moreover, patients believe that their independence is not respected (29), as mentioned in the current study.

Another item of the subscale, which had the second lowest mean score, was "the acceleration of recovery with awareness on benefits and financial costs". In Iran, there is no cost-effective insurance coverage for any cost group. Thus, low-income families easily refuse to receive treatment and care, especially costly care, and prioritize other needs over treatment needs (30).

One of the limitations of the present study was the mere examination of the patients' perceptions. Hence, further investigations are suggested to compare the perceptions of patients and nurses about the quality of nursing care in different units. In this way, effective measures can be taken to meet the patients' needs. Another study limitation was the patients' emotional outburst and fatigue at the time of answering the scale, which was largely overcome by setting the time and location of the answering session according to the patients' comfort.

5.1. Conclusion

According to the research findings, nurses are required to show greater attention to patients' coping and active participation in decision-making, provide necessary information about the treatment costs, and establish effective interactions.

5.2. Informed Consent

The study protocol was approved by the Ethics Committee of Lorestan University of Medical Sciences (LUMS.REC.1395.122). Participation in this research was completely voluntary. Besides, the patients were asked to complete the scale after being provided with explanations about the study objectives. Written informed consent forms were also obtained from all patients.

Acknowledgements

The researchers give their thanks to all the patients who participated in this study. This article was approved by the Research and Technology Deputy of Lorestan University of Medical Sciences with the project code: A-10-1496-2.

Authors' Contribution

Author Contributions: Study concept and design: F. B, S.H,F.G,N.G,F.E, and F. H.; analysis and interpretation of data: F.E; drafting of the manuscript: : F. B,S.H,F.G,N.G,F.E, and F. H.; critical revision of the manuscript for important intellectual content: S. H., F. G., and N. G.; statistical analysis: F. B, and F.E.

Funding/Support

This study was supported by grant (A-10-149-2) from the deputy of research and technology of the Lorestan University of Medical Sciences.

Financial Disclosure

The authors confirm that there is no conflicts of interest.

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