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Evaluation of Patient Satisfaction and Nurse Caring Behaviour: Based on Swanson's Theory Agusta Dian Ellina¹, Kusranto¹, Novian Mahayu Adiutama², Sismulyanto², Rusmawati³ 1Doctoral Degree Programs, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia; 2Universitas Qamarul Huda Badaruddin, Bagu, Indonesia; 3STIKES Surya Mitra Husada, Kediri, Indonesia ABSTRACT Caring is a hospital strategy by which to achieve patient satisfaction.

The aim of this study was to assess patient satisfaction with nursing care and to identify the predictors based on Swanson's theory of caring, including compassion, competence, and upholding trust. Cross-sectional studies were conducted in patients at a hospital in Kediri District (n = 390 by simple random sampling) from May to October 2018.

The instrument in this study was developed in accordance with the standard guidelines of Swanson's theory, and patient satisfaction was measured using PSQ (Patient Satisfaction Questionnaire). Multiple linear regression was used to identify predictors. The mean score of client satisfaction was 6.09 (SD = 0.936) (range of possible score = 1-10). Upholding trust (0.02), Compassion (0.03), and competence (0.03) significantly predicted client satisfaction (R Square = 0.895).

The constructs of Swanson's Theory significantly predicted patient satisfaction. This study supports an investigation about the factors underlying client satisfaction on a larger scale, as well as the identification of targets in designing future interventions.

Keywords: Caring, Patient Satisfaction, Swanson's Theory of Caring Corresponding Author: Agusta Dian Ellina Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia Email: agusta.dian.ellina-2018@fkip.unair.ac.id Introduction Caring is the main thing used

by hospitals or other health services to achieve patient satisfaction. Some experts agreed that patient satisfaction is the key of existing hospitals or other health services. 1 Patients could feel satisfied when caring was as expected.

2 That statement makes nurse caring behaviour the main part of patient satisfaction used as the evaluation of health services. 3 Caring as the evaluation of health service becomes a trend in this era. 4 The wave of health service marketing has changed from an excellence service era to care with character era, with caring values as the principle in health services.

5 The correlation between caring and hospital services and patient satisfaction was proven by research. 6 Health service researchers, health service centres, and the regulators of health services also admitted that patient satisfaction is a part of a constituent's clinic report. 7 Based on the data of one of hospital in Kediri city, it shows that the number of patient satisfaction to nursing service is less than 80%.

In 2017, the number of patient satisfaction decreased, from 79% in 2016 to 77% in 2017. That number is still under Indonesia government standard which determines that satisfaction must be over 85%. This case is often correlated to low nurse skills in caring for patients. Based on research about caring, it showed that up to now, caring is understood as empathy.

8 As an effort of increasing patient satisfaction, a nurse must have standard caring skills to provide medical services to patients. Therefore, the goal of this research is to measure patient satisfaction and to observe factors affecting satisfaction itself. This research uses Swanson's Theory of Caring as a framework.

Swanson argued that caring is correlated to both nurse philosophical behaviour and nurse performance, namely always giving information, understanding, delivering messages, conducting therapy, and wishing the best final result. 9 All nurse caring skills are classified into three main constructs from Swanson's Theory of Caring such as; Upholding Trust, Compassion, and Competence.

10 Qualitative research from Belgium DOI Number: 10.5958/0976-5506.2019.02277.0 Indian Journal of Public Health Research & Development, August 2019, Vol.10, No. 8 2699 shows that the main construct from Swanson's Theory of Caring can measure nurse caring skills. 11 While nurse caring skill itself is really correlated to patient satisfaction.

3 Therefore, we argue that Swanson's Theory of Caring can explain directly the level of

patient satisfaction. In this research, we explore some factors associated to the level of patient satisfaction based on the construct of Swanson's Theory of Caring. The hypothesis we offered, Upholding Trust, is associated with the level of patient satisfaction.

Comparison is associated to the level of patient satisfaction, and competence is associated to the level of patient satisfaction. Method Study Design, Setting, and Sampling: Cross-sectional studies were conducted in patients at a hospital in Kediri District. The recruitment of respondents used simple random sampling. Respondents consisted of patients hospitalized for more than two-day care.

Patient having co-morbidity (insanity and neoplasia), and patients not finishing the questionnaire was beyond the research. This research was conducted on 390 hospitalized patients agreeing to join in this research. Study Variables: The independent variables were upholding trust, compassion, and competence while the dependent variable was the level of patient satisfaction.

Instrument: The data collection method used a questionnaire. The test of patient satisfaction level used PSQ (Patient Satisfaction Questionnaire), while to test Upholding Trust, Compassion, and Competence used an instrument developed from the instrument standard of Swanson's Theory of Caring. 1.

Swanson's Theory of Caring Questionnaire: This instrument's purpose is to test nurse caring skills. We got permission from Swanson via e-mail to use and translate this instrument. The translation process was conducted to suit the conditions in the research area. This instrument has questions related to upholding trust, compassion, and competence, with 5 questions each of them. 2.

PSQ (Patient Satisfaction Questionnaire): This instrument aims to test the level of patient satisfaction to health service. PSQ has 18 points, and it is divided into 9 favourable points and 9 unfavourable points. The point distribution in PSQ as follows: the aspect of satisfaction (2 points), technique quality (4 points), interpersonal attitude (2 points), communication (2 points), financial aspect (2 points), time with doctor (2 points), and access and comfort (4 points). Data Analysis: The data was analysed by SPSS version 22.

Multiple linear regression was used to identify the contribution of upholding trust, compassion, and competence variable to patient satisfaction. The redundancy variable in this research are socio- demographic factors such as; sex, education, job, and age. Pearson correlation analyses were used to view the correlation between socio-factors and patient satisfaction. The significant level applied was $p < 0.05$.

Results Socio-demographic characteristics of the respondents: 390 respondents in this research responded 100%. They are on average 36.6 years old. More than 55.4% of respondents are male. 58.3% of respondents' educational background are elementary school, 39.8% are high school, and 1.9% are college. Most respondents (71.2%) are staff, 3.8% are civil servant, 1.9% are policemen/ military, and 23.1% are jobless.

Age, education, and occupation are statistically correlated to satisfaction level, while sex does not determine patient satisfaction. Table 1: Predicting patient satisfaction from demographic characteristics (n = 390) (%) Mean SD p-value Age 36.6 14.47 0.021 Gender Male 55.4 0.926 Female 44.6 Education Elementary school 58.3 0.003 High school 39.8 College 1.9 Occupation Civil servants 3.8 0.004 Private employees 71.2 Police/military 1.9 Not employed 23.1

Patient satisfaction : The mean score of patient satisfaction in this research is 13.09 (SD = 1.36) range of possible score = 0-18). Based on the result of questionnaire analyses, more than 60.2% respondents 2700 Indian *Journal of Public Health* Research & Development, August 2019, Vol.10, No. 8 stated, "The medical care I have been receiving is just about perfect", but more than 60.2% also stated, "Nurses sometimes ignore what I tell them", and 45.8% respondents stated, "I find it hard to get an appointment for medical right away". The result of data collection from PSQ-18 can be viewed in table 2.

Table 2: Patient satisfaction (n = 390) Item of PSQ-18 Yes (%) No (%) General satisfaction The medical care I have been receiving is just about perfect. 60.3 39.7 I am dissatisfied with some things about the medical care I receive. 35.6 64.4 Technical quality I think my doctor office has everything needed to provide complete medical care. 71.1 28.9

Sometimes nurses make me wonder if their diagnosis is correct. 70.2 29.8 When I go for medical care, they are careful to check everything when treating and examining me. 69.8 30.2 I have some doubts about the ability of the doctors who treat me. 70.6 29.4

Interpersonal manner Nurses act like they are forced to treat or are too impersonal towards me. 58.9 41.1 My doctors and nurses treat me in a very friendly and courteous manner. 64.8 35.2 Communication Nurses are good at explaining the reason for medical tests. 70.7 29.3 Nurses sometimes ignore what I tell them. 60.2 39.8 Financial aspects I feel confident that I can get the medical care I need without being set back financially.

69.8 30.2 I have to pay for more of my medical care than I can afford. 70.6 29.4 Time spent with doctor Those who provide my medical care sometimes hurry too much when they treat me. 58.9 41.1 Nurses usually spend plenty of time with me. 44.8 55.2

Accessibility and convenience I have easy access to the medical specialists I need. 60.4 39.6

Where I get medical care, people have to wait too long for emergency treatment. 68.8 31.2 I find it hard to get an appointment for medical right away. 45.8 54.2 I am able to get medical care whenever I need it. 70.4 29.6 The correlation between socio-demographic factor to patient satisfaction: The analyses of Pearson correlation showed that there was no significant correlation between sex and patient satisfaction ($p=0.926$) while age, education, and occupation are correlated to patient satisfaction: age ($p=0.021$), education ($p=0.03$), occupation ($p=0.004$). The detailed results can be viewed on table 1. The of trust, and competence to patient satisfaction: The mean of every variable is 10.42 (SD = 1.72) for upholding trust variable (range of possible score = 5-15), 12.53 (SD = 2.74) is for compassion variable (range of possible score = 5-15), and 13.42 (SD = 2.8) is for competence variable.

Regression linear multiple analyses show that upholding trust, compassion, and competence are significant at once in predicting patient satisfaction ($p = 0.00$) (R Square = 0.895), if it was viewed from significance level differently, it will show that ($p = 0.02$) is for upholding trust, ($p = 0.03$) is for compassion, and ($p = 0.03$) is for competence.

Table 3: Frequency distribution of Swanson's Theory of Caring construct (n = 390)

Variable	Mean	Median	SD	Range of Possible Score
Upholding trust	10.42	11	1.72	5 – 15
Compassion	12.53	12	2.74	5 – 15
Competence	13.42	13	2.18	5 – 15

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Table 4: Predicting patient satisfaction from upholding trust, compassion, and competence

Variable	R Square	β	p-value
Upholding trust, compassion, and competence (simultaneously)	.895	0.000	
Upholding trust	.404	0.020	
compassion	.369	0.031	
competence	.218	0.034	

Discussion This research found that patient satisfaction in hospitals where this research was conducted had a mean score 13.09 (range of possible score = 0-18).

It was not a good research finding yet, because the experts agreed that patient satisfaction is the key of hospitals, or other health service exist. 12 We found that most respondents were satisfied enough for caring from nurses, but some respondents stated that nurses used to ignore what they wanted, and more than half respondents stated that it was hard to make a medical appointment soon.

It may be caused by the abundance of nurse responsibility in research location, and low nurse motivation, so it makes their performance in caring patient decrease. It was supported by some experts' opinions that nurse responsibility abundance is correlated

to nurse caring behaviour. 13–16 In this research, socio-demographic factors (like sex, education, and occupation) is correlated to patient satisfaction, but it is not correlated to sex.

It was also reported in a research that every social situation of individual could affect their perception to health service satisfaction. 17 In the effort of increasing patient satisfaction, hospital or other health service management must fix the standard of caring based on the social situation around them. 18 This research tries to observe the factors effecting patient satisfaction **based on Swanson's Theory of Caring**.

The research result shows that the main construct of **Swanson's Theory of Caring** (upholding trust, compassion, and competence) can explain more than 85% kinds of patient satisfaction. In this research, we found that the construct of Swanson's Theory of Caring could explain the **patient satisfaction in a** hospital (research location) as documented on previous study.

It was known that **upholding trust, compassion, and competence** can predict nurse skill caring, 11 while nurse skill caring itself is correlated to patient satisfaction. 3 Other research explained that **Swanson's Theory of Caring** can be used as a approach in nursing models to develop more holistic nursing science. 19 That statement makes nursing caring attitude the main part of patient satisfaction used as evaluation system of health services. 3

Caring as a health service is a trend in this era. 4 The wave of health service marketing has changed from an excellence service era to a care with character era becoming caring value as a principle of health service. 5 Information, motivation, and behaviour skill are the main factors to influence performance behaviour called nurse caring behaviour in this research.

20 This study only investigates the description **of patient satisfaction and** caring factors that influence it, we do not investigate how good caring and bad caring are. Figure 1: Extended Swanson's Theory construct to predict patient satisfaction. Notes: Statistics reported next to arrows are standardized regression coefficients. * $p < 0.001$; ** $p < 0.05$ Conclusion We found patient satisfaction in less good condition in this population, because as we know patient satisfaction is the key to hospitals and other health services' existence. Socio-demographic factors (age, education, and occupation) is correlated to patient satisfaction, but not to sex.

We also found that the construct of **Swanson's Theory of Caring** can explain patient satisfaction in hospital research. This study helps professional health officials and

researchers to understand patient satisfaction. Further research must apply Swanson's Theory of Caring as an intervention and measure the success in increasing patient satisfaction, because evidence-based nursing practice needs a nursing guidance model to develop the holistic nursing practice and application.

This study supports both researchers and professional nurses to observe the based-factors of patient satisfaction on a wider scale, and to identify the target in arranging intervention in the future. 2702 Indian Journal of Public Health Research & Development, August 2019, Vol.10, No. 8 Ethical Clearance: The informed content was gotten from all respondents before joining in this research.

The research protocol was approved by the Indonesia health research ethic committee. Source of Funding: Self Conflict of Interest: None REFERENCES Leuzzi SMD, Stivala AMD, Shaff JBMD, Maroccia AMD, Rausky JMD, Revol MMD, et al. Latissimus Dorsi Breast Reconstruction With Or Without Implants: A Comparison Between Outcome And Patient Satisfaction. J Plast Reconstr Aesthetic Surg. 2018;73(3):381–93.

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