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Patient Satisfaction about Nurse Caring Behavior: Based on Swanson's Theory of Caring and Transcultural Nursing Theory

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Abstract--- Caring is one of the main ways to get patient satisfaction. However, caring has only been interpreted as empathy, and without regard to the cultural background of patients. The aim of this study was to assess patient satisfaction about nurse caring behavior and to identify the predictors based on Swanson's Theory of Caring and Transcultural Nursing Theory. Method: Cross-sectional studies were conducted in patients at a hospital in Gresik District (n = 520 by simple random sampling) from August to December 2019. This study used maintaining beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring as independent variables, and patient satisfaction as the dependent variable. The instrument in this study was developed in accordance with the standard guideline of Swanson's Theory combined with Transcultural Nursing Theory; patient satisfaction was measured using PSQ. Multiple linear regression was used to identify predictors. Result: Mean score of patient satisfaction was 7.09 (SD = 0.936), maintaining belief (0.02), culture care preservation (0.03), knowing (0.01), being with (0.03), negotiation (0.02), doing for (0.03), enabling (0.04), and restructuring (0.03) significantly predicted client satisfaction (R Square = 0.895). The constructs of the Cultural Caring Model 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, Cultural, Patient Satisfaction

I. INTRODUCTION

Caring is the main activity that must be owned by hospitals in order to get patient satisfaction [1], while experts agree that patient satisfaction is the key to the existence of the hospital to continue to develop [2]. Patients will feel satisfaction if caring is obtained according to what is expected, otherwise they will feel disappointment if the caring that is obtained is less than what they expected [3]. This reflects that nurses' caring behavior is always directly proportional to patient satisfaction, the trend in the current era shows that caring is a core part in the evaluation of satisfaction and quality of health services [4]. The marketing wave of health services in this era has experienced a shift, from "service excellence" to "care with character" [5]. However, experts have found that caring until now has been

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interpreted as empathy only and without regard to the patient's cultural background [6]. Knowledge and understanding of nurses about patient culture is an important factor in implementing caring behavior to prevent culture shock and culture imposition [7]. Culture shock and culture imposition are considered as factors that cause a decrease in the quality of care performed by nurses [8].

Based on data held by a hospital in Gresik District, the patient satisfaction rate for nursing services in 2018 is still below 81%, this number has decreased compared to the satisfaction rate which reached 83% in 2017, while the Government of Indonesia has set standards whereby health service satisfaction must reach more than 85%. Issues that are developing in the current era say that the decrease in the number satisfied with nursing services is directly proportional to the decrease in caring quality received by clients [9].

In efforts to answer the problems above, it is necessary to have a study of patient satisfaction with caring and culture as a predictor. This study uses Swanson's Theory of Caring and Transcultural Nursing Theory as a framework for thinking. Swanson argues that caring skills are a major factor in realizing a quality nursing service [10], while Leininger in his Transcultural Theory says that a nurse must pay attention to the patient's cultural background in order to achieve complete caring behavior [11]. A qualitative study in Bulgaria shows that the main construct of Swanson's Theory of Caring can measure a nurse's caring skill [6]. Other research also states that Transcultural Nursing Theory can make good predictions about nurses' skills in providing nursing care to their patients without causing culture shock or culture imposition [12].

Therefore, we have the idea that by integrating the cultural aspects of Transcultural Nursing Theory (culture care preservation, negotiation, and restructuring) into the caring skill aspects of Swanson's Theory of Caring (maintaining beliefs, knowing, being with, doing for, and enabling) we can directly explain the level of patient satisfaction in one of the hospitals in Gresik Regency. The objective of this study is to explore the factors associated with the level of patient satisfaction based on the structure of Swanson's Theory of Caring and Transcultural Nursing Theory. The hypothesis we offer, namely, maintenance of beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring are associated with the level of patient satisfaction.

AI. METHODS

- Participants and Procedure

5 A cross sectional study was conducted on adult inpatients in a hospital located in Gresik Regency, Indonesia. A simple random sampling technique was used to recruit respondents. Respondents consisted of adult patients who were, or had been, hospitalized for more than 2 days of treatment. Patients who had co-morbid conditions (for example, mental illness, neoplasia) and patients who did not complete the questionnaire were excluded from the study. The study was conducted on (n = 520) adult inpatients who had given consent to join the study. The independent variables in this study are maintenance beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring. The dependent variable is patient satisfaction. Informed consent was obtained from all respondents before they entered the study. The research protocol was approved by Indonesia Health Research Ethic Committee (1921/KEPK/IV/2020).

- Instrument

The data collection method used was a questionnaire. Measurement of the level of patient satisfaction was conducted using the PSQ (Patient Satisfaction Questionnaire), this instrument aims to measure the level of patient satisfaction. PSQ has 18 questions divided into 9 favorable items and 9 unfavorable items. The distribution of items in the PSQ is as follows: general satisfaction aspects (2 items), technical quality (4 items), interpersonal behavior (2 items), communication (2 items), financial aspects (2 items), time spent with the doctor (2 items), and access and convenience (4 items).

Measurement of the maintenance of beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring using instruments was developed from the standard instruments of Swanson's Theory of Caring and Transcultural Nursing Theory. Translation of the questionnaires was carried out to adjust to the situation at the sites. This measuring instrument has questions about maintaining beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring, each of which is 5 questions. This instrument has been tested for validity and reliability and the results are declared valid and reliable.

- Statistical Analysis

Data was analyzed using SPSS version 22. Multiple linear regression was used to identify the extent of the contribution of the variable maintenance of beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring on patient satisfaction. Variables in this study were factors confounding social-demographic including gender, education, occupation, and age. Pearson correlation analysis is used to see the relationship between factors socio-demographic and patient satisfaction. The level of significance determined was $p < 0.05$

BI. RESULT

- Socio-demographic characteristics of the respondents

A total of 520 respondents in this study gave a response of 100%. The average age of respondents is 42.6 years. More than half (53.4%) of respondents were female. As many as 3.8% of respondents have basic education status, 56.3% of secondary education, and 39.9% of tertiary education status. Most respondents (67.6%) work as private employees, 7.4% public servants, 2.6% police / military, and 22.4% do not work. Age, education, and occupation are statistically related to satisfaction levels. While gender does not determine patient satisfaction.

Table 1. Predicting patient satisfaction from demographic characteristics (n = 520)

| Demographic Characteristics | (%) | Mean | SD | Sig. |
|-----------------------------|------|------|-------|------|
| Age | | 42.6 | 14.85 | .031 |
| Gender: | | | | .726 |
| Male | 46.6 | | | |
| Female | 53.4 | | | |
| Education | | | | .004 |
| Elementary school | 3.8 | | | |
| High school | 56.3 | | | |
| College | 39.9 | | | |
| Occupation | | | | .008 |
| Civil servants | 7.4 | | | |
| Private employees | 67.6 | | | |
| Police/military | 2.6 | | | |
| Not employed | 22.4 | | | |

- Patient satisfaction

Mean score of patient satisfaction in this study is 14.61 (SD = 2.16) (range of possible score = 0-18). According to the results of the questionnaire analysis, more than half of respondents (61.2%) stated "The medical care I have been receiving is just about perfect", but the majority (62.4%) of respondents also stated "Nurses sometimes ignore what I tell them", and almost half (47.9%) of respondents said "I found it hard to get an appointment for a medical right away". The data collection results of the PSQ-18 questionnaire can be seen in detail in table 2.

Table 2. The results of collecting data from the PSQ-18 questionnaire (n = 520).

| Item of PSQ-18 | Yes (%) | No (%) |
|--|---------|--------|
| 4 General satisfaction | | |
| The medical care I have been receiving is just about perfect. | 61.2 | 38.8 |
| I am dissatisfied with some things about the medical care I receive. | 34.5 | 65.5 |
| 3 Technical quality | | |
| I think my doctor's office has everything needed to provide complete medical care. | 70.1 | 29.9 |
| Sometimes nurses make me wonder if their diagnosis is correct. | 71.2 | 28.8 |
| When I go for medical care, they are careful to check everything when treating and examining me. | 70.6 | 29.4 |
| I have some doubts about the ability of the doctors who treat me. | 69.6 | 30.4 |
| 8 Interpersonal manner | | |
| Nurses act like forced to treat or too impersonal towards me. | 57.9 | 42.1 |
| My doctors and nurses treat me in a very friendly and courteous manner. | 54.6 | 45.4 |
| 4 Communication | | |
| Nurses are good about explaining the reason for medical tests. | 60.1 | 39.9 |
| Nurses sometimes ignore what I tell them. | 62.4 | 37.6 |
| 3 Financial aspects | | |
| I feel confident that I can get the medical care I need without being set back financially. | 59.8 | 40.2 |
| I have to pay for more of my medical care than I can afford. | 71.1 | 28.9 |
| 2 Time spent with doctor | | |
| Those who provide my medical care sometimes hurry too much when they treat me. | 56.8 | 43.2 |
| Nurses usually spend plenty of time with me. | 41.1 | 58.9 |
| 8 Accessibility and convenience | | |
| I have easy access to the medical specialists I need. | 61.3 | 38.7 |
| Where I get medical care, people have to wait too long for emergency treatment. | 66.8 | 33.2 |
| I find it hard to get an appointment for medical right away. | 47.9 | 52.1 |
| I am able to get medical care whenever I need it. | 71.4 | 28.6 |

- The relationship between socio-demographic factors with patient satisfaction

Pearson correlation analysis showed that there was no significant relationship between sex and patient satisfaction ($p = 0.726$), while age, education, and occupation had a close relationship with patient satisfaction: age ($p = 0.031$), education ($p = 0.04$), occupation ($p = 0.008$). Detailed results can be seen in table 1.

- The influence of maintenance beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring on patient satisfaction.

Mean of each variable is 12.53 (SD = 2.74) for the maintenance beliefs variable, 10.42 (SD = 1.72) for culture care preservation variable, 13.62 (SD = 2.31) for knowing variable, 13.23 (SD = 2.74) for variable being with, 11.25 (SD = 1.82) for variable negotiation, 13.12 (SD = 2.18) for variable doing for, 13.67 (SD = 1.92) for enabling variables, and 11.34 (SD = 2.18) for restructuring variables. The range of possible scores for each variable is 5-15. Multiple linear regression analysis shows that maintaining beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring simultaneously significantly predicts patient satisfaction ($p=0.00$) (R Square = 0.945) (table 4).

Table 3. Frequency distribution of Swanson's theory of caring and transcultural nursing theory construct

| Variable | Mean | Median | SD | Range of Possible Score |
|---------------------------|-------|--------|------|-------------------------|
| Maintaining beliefs | 12.53 | 12 | 2.74 | 5 – 15 |
| Culture care preservation | 10.42 | 11 | 1.72 | 5 – 15 |
| Knowing | 13.62 | 13 | 2.31 | 5 – 15 |
| Being with | 13.23 | 13 | 2.74 | 5 – 15 |
| Negotiation | 11.25 | 11 | 1.82 | 5 – 15 |
| Doing for | 13.12 | 13 | 2.18 | 5 – 15 |
| Enabling | 13.67 | 13 | 1.92 | 5 – 15 |
| Restructuring | 11.34 | 11 | 2.18 | 5 – 15 |

Table 4. Predicting patient satisfaction from maintaining beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring.

| Variable | R Square | β | Sig. |
|--|----------|---------|------|
| Maintaining beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring (simultaneously). | .945 | | .000 |
| Maintaining beliefs | | .084 | .040 |
| Culture care preservation | | .139 | .012 |
| Knowing | | .098 | .035 |
| Being with | | .088 | .041 |
| Negotiation | | .144 | .011 |
| Doing for | | .094 | .032 |
| Enabling | | .095 | .034 |
| Restructuring | | .203 | .001 |

IV. DISCUSSION

This study found that patient satisfaction in the research location hospital had a mean score of 14.61 (range of possible score = 0-18). This certainly cannot be said to be a good finding, because experts have agreed that patient satisfaction is the key to the existence of hospitals to develop [1], other opinions also say that patient satisfaction is the main foundation of the establishment of a hospital [13]. We found that most of the respondents were quite satisfied with the caring provided by the nurses who cared for them, but a few also stated that sometimes nurses ignored what they wanted, and nearly half of the respondents stated that it was still difficult to get medical appointments immediately. The researcher believes that this may be due to the motivation of the nurses, which tends to be low and the workload of nurses in the hospital location of the study is too high, resulting in the caring given to patients tending to decrease. Some experts argue that motivation and workload have close links with nurse caring behavior [14],[16]. We also found that socio-demographic factors (age, education, and occupation) had a correlation with patient satisfaction, but not with gender. The same thing was reported in a study that explained that each individual's social situation can influence their perception of the expected degree of satisfaction [17]. As an effort to increase patient satisfaction, it becomes a necessity for hospital management to create a caring standard that is appropriate to the local social situation, in other words, culture-based caring [18].

This study seeks to investigate the factors that influence patient satisfaction based on Swanson's Theory of Caring and Transcultural Nursing Theory. The study results show that aspects of Transcultural Nursing Theory (culture care preservation, negotiation, and restructuring) are integrated into the main construct of Swanson's Theory (maintaining beliefs, knowing, being with, doing for, and enabling) and together can explain more than 94% of the variance for patient satisfaction. We found in this study that maintaining beliefs, culture care preservation, knowing, being with, negotiating, doing for, enabling, and restructuring can explain patient satisfaction in the hospital location of the study. Some previous studies also found that maintaining beliefs, knowing, being with, doing for, and enabling can predict nurses caring skills [10]. Other studies also mention that Transcultural Nursing Theory (culture care

preservation, negotiation, and restructuring) can make good predictions about nurses' skills in providing complete nursing care by paying attention to cultural background [11].

This study also found that the restructuring variable was the strongest predictor in predicting patient satisfaction, which amounted to 20.3%. Restructuring is done if the patient's culture is detrimental to his health status, for example nurses try to restructure the lifestyle of clients who usually smoke towards not smoking. The pattern of life plan chosen must be more beneficial and in accordance with the beliefs held by the patient. Caring skills of nurses in reconstructing patient culture are considered as the most influential factors on patient satisfaction in this study, we argue that poor caring skills in reconstructing culture will only make patients annoyed and tend to feel disappointed. It is known that changing one's beliefs or culture is something that is difficult to do, this requires a holistic approach with the aim of avoiding culture shock and culture imposition.

Caring is given completely by the nurse to the patient and is very closely related to patient satisfaction itself [19]. Another study explains that Swanson's Theory of Caring can be used as an approach to improve nurses' caring skills and develop more holistic nursing knowledge [10]. Another opinion said that nurses' caring skills must be based on an understanding of the patient's overall cultural background which includes culture care preservation, negotiation, and restructuring according to what has been explained in the Transcultural Nursing Theory. The statement reflects that nurses caring behavior based on the patient's cultural background is always directly proportional to patient satisfaction, a trend in the current era shows that caring is a core part in evaluating the satisfaction and quality of health services [4]. The marketing wave of health services in this era has really experienced a shift, from "service excellence" to "care with character" [5]. Caring as an evaluation of satisfaction in healthcare has become a trend in this era, making caring values the main principle in healthcare [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.

V. CONCLUSION

We find patient satisfaction in this population is not good despite the average value of satisfaction obtained by 14.61 from the range of values 0-18, this is because given that patient satisfaction is the main key to the existence of hospitals to develop. Socio-demographic factors (age, education, and work) have a relationship with patient satisfaction, but not with gender. This study also found that aspects of Transcultural Nursing Theory (culture care preservation, negotiation, and restructuring) integrated into the main constructs of Swanson's Theory (maintaining beliefs, knowing, being with, doing for, and enabling) can explain patient satisfaction in the hospital at the research location.

This study helps health professionals and researchers in understanding patient satisfaction. Future studies are suggested to use the construct of Swanson's Theory of Caring and Transcultural Nursing Theory as a basis for developing a culture-based caring model and measuring its success in increasing patient satisfaction. Evidence-based nursing practice requires a culture-based caring model guideline to develop more holistic nursing practices and applications. This study supports researchers and clinicians to investigate the factors underlying patient satisfaction on a larger scale, as well as identifying targets in developing future interventions.

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CONFLICTS OF INTEREST

No conflicts of interest have been declared.

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