

Key words : Nursing care, Patient perception, Patient satisfaction

Patinets' Perception and Satisfaction with Nursing Care in Korea*

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I. Introduction

In the health area today, the constant advancement in health care raises a set of issues for quality as patients demand for better nursing care increases. The standard of nursing care can only improve with the evaluation of current nursing practice. Patient satisfaction is a significant factor in the patients well being and so must be included when evaluating health care service provision.

To determine the effect of caring, nurses need to focus on the recipient of the care: the patient. In the practice world of nursing, this is achieved by assessing patients satisfaction with the care they experience mainly from nurses during their hospitalization. By focusing on patients perceptions of their nursing care only, the critical caring issues salient to the nurse-patient relationship can be examined. This focus provides the opportunity for nurses to carefully examine the effect that their practice has on the patient. The assessment of patients satisfaction relative to their experience with the

caring associated with nursing requires measurable outcomes that incorporate essential dimensions of caring.

A hospital in Korea was chosen as the research site of this study because it is the researcher's home country. Investigations have also revealed limited studies to relate between patients perception and patients satisfaction level in Korea. The results of this research will be beneficial in helping to improve nursing practice in Korea. The hospital chosen for the study to be conducted in H University Medical Center in Seoul Korea. It is a teaching hospital and one of the largest hospitals in Korea catering to the health needs of many Koreans.

This research attempts to measure the levels of patients perception and satisfaction with nursing care. The purpose of this study is designed to assess the relationship between patients perceptions and dimensions of nursing care and between their satisfaction and nursing care.

The study was also determined whether the patient variables of age, gender, educational

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level and unit from which the patients were hospitalized has an influence on their satisfaction of nursing care.

II. Literature Review

1. Caring

Caring has been established as the central focus of nursing practice. While the theoretical meaning and significance of caring are being discussed within the nursing profession, the significance of nurse caring to patients is personal. Patients focus on the interpersonal characteristics of nurses and their interactions with them(Ramos, 1992).

Positive patient outcomes have been linked to the process of caring(Ramos, 1992). According to Joiner(1996) caring enhances patients' health, dignity, and well being and offers personal enrichment, a sense of personal worth and self-actualization. Joiner(1996) further indicates caring positively influence patients' coping strategies, and improves their perceptions of well being and overall functioning(Joiner, 1996). In addition, caring for and getting to know patients has been identified as important in helping nurses assess early, subtle changes in patients' conditions(Ramos, 1992). Thus, the concept of caring can be acknowledged as an essential ingredient of safe care and is a unique contribution made to patients health care by nurses. Caring creates an environment in which health and well being are encouraged.

2. Patient Perception

Empirical studies on caring related to nursing have focused on nurses perception of what constitutes caring for the patient. Patients perceptions of what is important in making them feel cared for, and comparisons of

patients'.

In health care, patient-provider interactions have been shown to play an important part in patient outcomes(Hart, 1996). Central to the relationship between patient outcomes and patient-provider interactions is the patients perceptions of those interactions. Indeed, Hart(1996) has shown that patients and providers have different views on the nature of health problems, appropriate treatment and expected outcomes. Moreover, these differences in perceptions and expectations have been shown to have a negative effect on patient satisfaction, compliance and resolution of problems. Thus, consideration should be given to the patients perceptions with the health care provider as a factor in assessing the quality of health care.

One way to define and deliver patient focused care is through humanistic holistic nursing. Holistic nursing care incorporates the principle that the patient is a person with social, physical, mental and spiritual components and is a unique individual with inherent worth (Latham, 1996). Humanistic holistic nursing care is patient focused care with the purpose of meeting the patients needs and providing psychosocial care. It is a helping relationship between the nurse and patient that has the potential to enhance health and healing in patients(Duffy, 1992). The relationship can be used by the nurse to create a positive environment for the patient, and in this positive environment the patient can be experience personal growth, well-being, and improved health.

Few quantitative studies have been conducted, patients' perceptions of nurse caring to select patient outcomes(Duffy 1990; Latham, 1990). They found a positive relationship between nurse caring and patient satisfaction. In particular age and gender appear to be

significant. Latham(1990) reported that the younger patients in their studies (under 47 years old) valued affective dimensions of care significantly more than the older patients. Duffy(1990) conducted a correlational study aimed at establishing relationships between nurse caring behaviors and patient satisfaction, perceived health status, total length of stay, and nursing care costs. Eighty-six randomly selected medical or surgical patients participated. The investigator concluded that the more nurses exhibited caring behaviors, such as physical caring and mental caring, the more patients were satisfied.

3. Patient Satisfaction

In the last decade, consumerism and competition among health care providers have highlighted the significance of the relationship between patient and nurse, causing professionals to become increasingly interested in patients perceptions of satisfaction with nursing care(Ramos, 1992). Patient satisfaction with nursing care is considered an indicator of patients perception of quality nursing care. It is one of the patient outcomes that is attributed to nursing care. Donabedian(1988) has written that patient satisfaction may be considered to be one of the desired outcomes for care, even an element in health status itself and that information about patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems.

Researchers(Miller, Maggs, Warner & Whale 1996) studied patient satisfaction to identify what patients expect in health care and what they like about health care providers. Studies(Sitzia & Wood, 1997) have consistently shown that patients' satisfaction with hospital care is influenced by their satisfaction with

nursing care. Patients are more discriminating about nursing care than about other service areas. Their satisfaction with nursing care is the most important factor in their decision to return to a hospital(Valentine, 1991).

In a study of 179 medical and general surgical department patients, Mahon(1996) found the most highly ranked patient satisfaction scores to be physical - technical competence and information giving, with discharge being the lowest ranked score. In addition, Duffy (1990) conducted a correlational study used Caring Behavior Instrument(CBI), aimed at establishing relationships between nurse caring behaviors and patient satisfaction, perceived health status, total length of stay, and nursing care costs. Eighty-six randomly selected medical or surgical patients participated. The investigator concluded that the more nurses exhibited caring behaviors, the more patients were satisfied. In another study undertaken by Sigurdardottir(1996) on patients satisfaction in surgical department, questionnaire surveys with the Patient Satisfaction Instrument(PSI) was administered to patients to examine their satisfaction with specific aspects of medial and general surgery care, information given to patients, auxiliary personnel and department environment. The study found that 97.1 percent of the 103 patients surveyed were satisfied with nurses and other aspects of care at the surgical department. Technical -Professional care and trust caring attribute of the nurses were important dimensions of patient expectations of nursing care.

In Korean studies, the satisfactions of hospitalized adult patients have been explored. Study by Kim(1994) 235 inpatients using the La Monica Oberst Patient Satisfaction Scale (LOPSS) found care satisfaction to be related to intentional actions conveying physical care and emotional concern and promoting an educational

nursing. Lee(1992) study of 238 inpatient used the Patient Satisfaction Instrument(PSI). She found technical-professional caring was the highest satisfaction in the PSI sub-scale. This phase of instrument development was necessary to focus on the quality care issue of patient satisfaction that could ultimately assist nurses to assess whether hospitalized patients experience nurse caring. These researchers concluded that Kwoak(1992), Kim(1994) and Kang(1997) indicated trusting relationship caring was rated the highest on the scale.

III. Methodology

A quantitative method approach was used. This study utilises a correlational design to explore the relationship that exists between patients perception and satisfaction with nursing care.

1. Target sample and data collection

A convenience sample of 150 hospitalized medical and general surgery unit patients older than 20 years and less than 65 years of age were sought for the study. A total of 137 questionnaires were returned to the investigator for an overall return rate of 91%, of which 127 were usable and completed all items. Participation was limited to patients who were hospitalized for at least 3 days and were deemed medically stable and physically able to participate by the doctor and nurse unit manager. Patients were also required to have a level of literacy to fill out the survey. Once informed consent was signed the questionnaires were handed to the patients. The researcher explained the questionnaires and the written instructions to the patients and cleared any doubts that the patient may have had.

2. Instrument

The Holistic Caring Inventory (HCI) used in this study, was developed by Latham(1990), was used to measure patients perceptions of nurse caring. The HCI is designed to measure the holistic, humanistic caring component of the health care provider-patient interaction. The HCI is designed to measure the holistic, humanistic caring component of the health care provider-patient interaction. The HCI is a 40-item Likert type scale, with 10 items each representing physical, psychological, sociocultural, and spiritual domains. The score for each item can range from 1 to 4. A score of between 1 and 2 indicates that an individual does not feel cared for in a holistic sense, a score of 2 to 3 indicates that caring is evident, and a score greater than 3 indicates that caring is very evident to the patient. In this study, Cronbach's alpha reliability coefficients for the four caring sub-scales were reported as follows: Physical, 0.85; psychological, 0.83; sociocultural, 0.86; spiritual, 0.82.

The Patient Satisfaction Instrument (PSI) used in this study, was originally developed by Risser (1975) and is a 25-item Likert scale that includes three dimensions of satisfaction with nurses and nursing care. These include technical-professional activities, trust, and educational activities. Items are scored from 1(high satisfaction) to 5 (low satisfaction). To determine if the modified Patient Satisfaction Instrument(PSI) was reliable for the sample under this study, Cronbach's alpha reliability coefficients were employed to measure reliability of the sub-scores for each of the three major categories tested and alpha score was 0.83 and ranged from for the sub-scales were: trust, 0.75; education, 0.83; technical-professional, 0.87.

As the study was undertaken in Korea these

two instruments were translated from English to Korean. A total of 65-items in the questionnaires were translated into Korean by the researcher and an independent Korean collaborator who was bilingual. The Korean version was then back-translated into English and then examined and compared with the original version. This process continued until the meanings of the translations closely match the original version. No particular difficulty was found in the translation and back-translating. Furthermore, the PSI translated questionnaire was double-checked with previous studies of Kim(1994) already used the PSI in her investigation. Kim(1994) reported alpha reliabilities for the 0.95 for the total scale.

3. Data Analysis

In general, the data was expressed in terms which allowed them to be quantified in some way. Data was presented in tabular form. Data was analysed using SPSS-PC computer program. Data analysis was performed using descriptive statistical methods to identify the means and percentages of each dimension. These were collated to comprehend the perception and satisfaction levels of patients in each dimension. One-way ANOVA was applied to determine whether the simple relations between the HCI score and PSI score differed significantly with the demographic data: gender, age, educational level and unit from which the patients were hospitalized. Furthermore, Pearsons correlation was applied to determine whether the simple correlations between the HCI score and the PSI as well as the PSI sub-scale scores existed. Similarly, the PSI score and the HCI as well as HCI sub-scale scores were compared to identify significant differences.

4. Limitation

The convenience sample size of this study was relatively small and confined to one organization. Therefore, the study may not be representative of different patients from other hospitals. The patients in this study were all medical and general surgery patients, patients with other medical conditions may require different aspects of care and respond differently. Thus, the study was not externally valid.

IV. Result

1. Demographic Characteristics

In this study, 60 medical inpatients and 67 general surgical inpatients completed the questionnaire. The sample consisted of 64 males and 63 females. The mean age of the subjects who reported their age was 41 years SD= 11.5 years; range, 20 to 65 years). The educational level of the respondents indicated 53.6 % had schooling to high school, 46.4% had completed academic graduate studies.

2. Patients perceptions of nursing care

Sample means for the perception of holistic caring ranged from a low of 2.52 (SD = 0.3) for spiritual caring to a high of 2.74 (SD = 0.2) for physical caring indicated that patients perceived that caring was very evident. In this study,

<Table 1> Demographic characteristics

		N = 127	
		Frequency	Percent
Sex	Male	64	50.4
	Female	63	49.6
Age	20-30	24	18.9
	31-40	31	24.5
	41-50	36	28.3
	51-65	36	28.3
Educational status	High school	68	53.6
	Graduated	59	46.4
Unit	Medical	60	47.2
	General Surgical	67	52.

patients perceived less social and psychological caring and more physical and spiritual caring from nurses.

<Table 2> Patients perception with nursing care

Sub-Scale	Number of Questions	M	SD
Physical Caring	10	2.74	.25
Psychological Caring	10	2.52	.31
Social Caring	10	2.55	.33
Spiritual Caring	10	2.57	.27
Total	40	2.60	.23

3. Patients satisfactions of nursing care

Result showed the sample means for patient satisfaction of nursing care ranged from a low of 2.96 (SD = 0.36) for the educational subscale to a high of 3.55 (SD = 0.49) for the technical-professional sub-scale indicating that patients were satisfied that caring was very evident. Overall, patients were less satisfied with educational caring and more technical-professional and trust caring from nurses.

<Table 3> Patients satisfaction with nursing care

Sub-Scale	Number of Questions	M	SD
Trust	7	2.98	.33
Education	11	2.96	.36
Technical-Professional	7	3.55	.49
Total	25	3.11	.30

4. The HCI, the PSI and these sub-scales with demographic data

As presented in <Table 4-1>, in gender, men (mean = 2.62, SD = 0.25) had more perception of nursing care than women (mean = 2.60, SD = 0.24) however, women (mean = 3.13, SD = 0.28) were more satisfied with nursing care than male (mean = 3.10, SD = 0.33).

In age group, overall means were ranked as follows: 40-49 years group (mean = 2.65, SD = 0.22), 50-65 years group (mean = 2.63, SD = 0.20), 30-39 years group (mean = 2.56, SD = 0.26), 20-29 years group (mean = 2.56, SD = 0.27) similarly, 40-49 years group (mean = 3.13, SD = 0.29) was more satisfied than other groups. It is revealed that patients had high perception with high level of caring from nurses when they were more satisfied with nursing care.

As identified in the level of educational group, patients who had high school education or less groups (mean = 2.61, SD = 0.25) perceived caring from nurses than patients who had completed graduate studies groups (mean = 2.61, SD = 0.23). Likewise, it was revealed that patients perceived high level of caring from nurses they more satisfied with nursing care. However, there were not shown significantly differences perception and satisfaction of nursing care according to divide with educational level.

In unit from which the patient were hospitalized, it was presented inpatients group (mean = 2.63, SD = 0.20) from general surgical unit more perceived of caring from nurses than inpatients group (mean = 2.58, SD = 0.28) from medical unit. Similarly, it was revealed that patients perceived high level of caring from nurses they more satisfied with nursing care.

5. Correlations between Perception of Holistic Caring and Patients Satisfaction of nursing care

<Table 5> below presents correlations between holistic caring of the subjects who reported their perception and patient satisfaction ($r = .397$, $p < 0.01$).

Pearsons correlation was applied to determine whether the simple correlations between the

<Table 4-1> Perception of holistic caring and sub-scales with demographic data

	Freq.	Physical			Psychological			Social			Spiritual			Total			
		M	SD	P	M	SD	P	M	SD	P	M	SD	P	M	SD	P	
Sex	Male	64	2.72	0.25	.331	2.58	0.29	.914	2.58	0.32	.573	2.54	0.35	.484	2.62	0.25	.703
	Female	63	2.77	0.27		2.58	0.27		2.54	0.35		2.50	0.29		2.60	0.24	
Age	20-30	24	2.67	0.24	.078	2.58	0.29	.060	2.55	0.37	.665	2.45	0.40	.819	2.56	0.27	.098
	31-40	31	2.68	0.25		2.57	0.35		2.50	0.41		2.48	0.28		2.56	0.26	
	41-50	36	2.78	0.25		2.60	0.32		2.60	0.27		2.64	0.34		2.65	0.22	
	51-65	36	2.81	0.26		2.64	0.25		2.57	0.29		2.49	0.30		2.63	0.20	
Education - Status	High-school	68	2.75	0.27	.836	2.58	0.28	.982	2.56	0.32	.887	2.53	0.33	.931	2.61	0.25	.954
	Graduated	59	2.74	0.24	.014	2.58	0.28	.146	2.56	0.35	.367	2.52	0.30	.734	2.61	0.23	.250
Unit	Medical	60	2.69	0.27		2.57	0.29		2.56	0.38		2.48	0.37		2.58	0.28	
	General-Surgical	67	2.80	0.23		2.59	0.27		2.53	0.28		2.56	0.25		2.63	0.20	

<Table 4-2> Satisfaction of nursing care and sub-scales with demographic data

	Freq.	Trust			Education			Tech-Pro			Total			
		M	SD	P	M	SD	P	M	SD	P	M	SD	P	
Sex	Male	64	3.00	0.35	.454	2.92	0.40	.126	3.50	0.52	.255	3.10	0.33	.506
	Female	63	2.96	0.31		3.01	0.32		3.60	0.47		3.13	0.28	
Age	20-30	24	2.93	0.35	.648	3.00	0.40	.719	3.63	0.53	.553	3.12	0.36	.989
	31-40	31	2.98	0.39		2.90	0.35		3.60	0.43		3.10	0.31	
	41-50	36	3.03	0.31		3.00	0.38		3.46	0.48		3.13	0.29	
	51-65	36	2.98	0.30		2.97	0.36		3.56	0.55		3.11	0.30	
Education - Status	High-school	68	2.97	0.34	.748	2.97	0.40	.885	3.61	0.51	.178	3.12	0.33	.756
	Graduated	59	2.99	0.33		2.97	0.33		3.49	0.47		3.10	0.28	
Unit	Medical	60	2.93	0.34	.133	2.95	0.35	.616	3.38	0.45	.000	3.05	0.29	.016
	General-Surgical	67	3.03	0.33		2.99	0.38		3.71	0.48		3.18	0.31	

<Table 5> Correlations between perception of holistic caring and patients satisfaction of nursing care N = 127

		PERCEPTION	PHYSICAL	PSYCOLOGIC	SOCIAL	SPIRITUAL
SATISFACTION	Pearson	.397**	.364**	.271**	.133	.430**
Correlation		.000	.000	.002	.136	.000
Sig. (2-tailed)						
TRUST	Pearson Correlation	.421**	.340**	.257**	.206*	.469**
Sig. (2-tailed)		.000	.000	.003	.020	.000
EDUCATION	Pearson Correlation	.167	.194*	.209*	-.104	.229**
Sig. (2-tailed)		.060	.029	.019	.243	.010
TECHNICAL	Pearson Correlation	.339**	.329**	.175*	.193*	.305**
Sig. (2-tailed)		.000	.000	.049	.030	.000

HCI score and the PSI as well as the PSI sub-scale scores similarly. Patient perception was significantly positively related to PSI and to trust activities (r = .421, p < 0.01) and technical-professional activities (r = .339, p < 0.01). Patient satisfaction was significantly positively related to global HCI and to physical

(r = .364 p < 0.01), mental (r = .271, p < 0.01) and spiritual (r = .430, p < 0.01) caring. However, as identified in Table 5, there were not related between the HCI score and educational activities in PSI sub-scale score and the PSI score and social caring in HCI sub-scale score.

V. Discussion and Implication

This study supports the view that holistic caring in patient-focused care is a significant factor in patient satisfaction. The finding that physical caring was the best predictor of patient perception, patients value. The fact that physical care was the HCI sub-scale that support to study that found that patients value technical skills, competency, and timely physical care. These results are consistent with the perceptions of caring obtained by Latham(1990) and Reimen(1986).

The findings this study which reported that the more nurses were considered to be caring the greater was patient satisfaction. Findings of this study also support Duffy's(1990) and Kim(1994) investigation, since patient comments indicated that satisfaction with health care services could be influenced at any time during or after encounters with health care providers. In these studies technical-professional caring was also more evident than other caring.

A good relationship with nurses makes patients more satisfied, because they feel that their opinions and wishes are respected and therefore, the outcome of the caring will be more likely what the patients want. As a result the patient will be less likely to complain about his or her treatment. It is connected with similar results have been reported by (Risser, 1975; Hinshaw & Atwood, 1982; Kim, 1994).

Demographic characteristics also affected patients perceptions of nurses and subsequent reactions. Older patients had higher desires to control their health care, more highly valued caring from nurses, gave better caring evaluations, and, as a result, visualized more alternatives to cope with the situation. Older patients previously were found to place a higher value on caring nurse behaviors (Duffy, 1992; Latham 1990). There were significant positive

relationships between the unit from which the patients were hospitalized and patients satisfaction of caring to technical professional caring.

Holistic nurse caring was significantly related to patients level of satisfaction; patients more satisfied when they perceived nurses to be caring. There was, however, a significant positive relationship between patients perception and patients satisfaction. It is understandable that perception would be increased with high levels of satisfaction of nursing care.

The results of this study support the view that patients are able to discern interpersonal qualities and interactions of nurses that demonstrate dimensions of caring. Patients consider what the nurse does and is like as a person, and they desire to be treated with care, gentleness, respect, and attention. Patients may not be able to evaluate whether they had technically proficient care or whether the care they received met specific standards, but they can identify the behaviors that indicate quality care to them.

This study suggests that future research of personal characteristics of patients may enhance our understanding of their perceptions of caring by nurses, use of coping strategies, and resultant outcomes.

Continued refinement of caring concepts, with an emphasis on considering various levels of professional involvement, is needed. Additional work with the positive components may be warranted to determine the benefit and challenge-based interpretation of patient-nurse encounters.

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- 국문초록 -

일 종합병원의 간호행위에 대한 입원환자의 지각도와 만족도의 관계연구

엄 애 용*

목적: 의료수준의 발전과 더불어 대중들의 건강요구와 건강증진에 대한 기대 수준도 점점 높아지므로 간호사는 대상자의 요구를 이해하고 양질의 간호를 제공하여 환자의 건강상태를 바람직한 방향으로 변화시켜야 한다. 따라서 이 연구는 환자가 인지한 간호에 대한 경험과 대상자가 경험한 간호에 대한 만족도를 파악하고, 그 관계를 규명함으로써 환자 간호의 질향상과 간호 만족도 향상을 위한 기초 자료를 제공하고자 한다.

연구방법: 본 연구는 일 종합병원의 127명의 입원 환자가 간호 경험정도와 제공받은 간호에 대한 환자 만족도 정도를 규명하기 위한 서술적 상관관계 연구이다.

연구결과: 첫째, 입원환자의 간호 행위에 대한 간호 지각도의 정도는 각 항목별 비교 분석한 결과 신체적 간

호행위에 대한 지각도가 평균평점은 2.74로 가장 높았으며, 또한 환자가 지각한 간호행위에 대한 만족도는 기술-전문적 간호행위(M= 3.55)의 만족도가 가장 높았다. 둘째, 일반적 제특성과 전체 간호행위의 지각도와 차이가 있는지 분석한 결과 연령($p < 0.1$)에 따라 유의한 차이가 있는 것으로 나타났다. 즉 연령이 높을수록 간호행위에 대한 지각도가 높게 나타났다. 그리고, 간호행위에 대한 지각도의 하부영역 분류중 신체적간호행위에 대한 지각도는 입원과($p < 0.05$)에 따라 유의한 차이가 있는 것으로 보였다. 또한 일반적 제특성과 전체 간호행위의 만족도와와의 관계에서는 입원과($p < 0.05$)에 따라 유의한 차이가 있었다. 일반외과 환자가 내과 환자보다 만족도가 높은 것으로 나타났다. 셋째, 입원환자의 간호 행위에 대한 환자의 지각도와 만족도간의 관계($r = 0.39, p = 0.00$)는 서로 상관성이 있는 것으로 나타났다.

결론: 본 연구의 대상은 1개 종합병원에 국한된 것이므로 연구결과를 일반화 할 때는 신중을 기해야 한다. 연구결과에서 보여주듯이 정신적 간호행위가 가장낮은 지각도로 나타났듯이 간호사는 환자들의 정신적 지지의 간호가 잘 이루어 지도록 노력해야 할 것이며, 또한 교육적 간호행위의 만족도가 가장 낮게 나타났으므로 보다 더 환자와 간호사간의 정보교환이 잘 이루어지도록 해야 한다. 연구결과를 기초로 하여 전 진료과 병동으로 확대 반복 연구를 제안하며, 환자의 간호 만족도를 향상시키기 위해 전문적 지식 및 긍정적 의사표현등을 포괄하여 간호사의 적극적 간호행위가 수행되어야 할 필요가 있다.

주요용어 : 간호행위, 환자 지각도, 환자 만족도

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