

CARING BEHAVIOR OF STAFF NURSES AND LEVEL OF SATISFACTION OF PATIENTS

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Abstract: This study aimed to determine the caring behavior of staff nurses and level of satisfaction of patients in Notre Dame Hospital and School of Midwifery, Cotabato City. A descriptive correlation and comparative study was conducted to describe the relationship between the caring behavior of staff nurses in terms of caritas processes and the level of satisfaction of patients as well as significant difference in the levels of caring behavior of staff nurses when grouped according to age and length of service or experience. A total of 25 nurses and 50 patients participated in the study.

The study utilized the purposive sampling technique. This also used researcher-made questionnaires. Frequency distribution, percentage and mean for the participants' profile in terms of (a) age, and (b) length of service/ experience. The weighted mean, standard deviation and grand mean were utilized for the extent of caring behavior of staff nurses and level of satisfaction of patients. The significant difference of participants' caring behavior when grouped according to age and length of service or experience were explored using t – test. The Pearson r was used to determine the relationship between the caring behavior of staff nurses and level of satisfaction of patients.

The patients were generally highly satisfied with the caring behavior of the staff nurses based on the Caritas Processes. However, the study revealed that there is no significant difference with the levels of caring behavior of staff nurses when grouped according to age and length of service or experience. Therefore, the caring behavior of the staff nurses did not affect patients' satisfaction. Thus in hiring of nurses, there should be no hesitance in taking in new nurses but as the literature suggest, constant professional development is necessary.

Keywords: Caring behavior, Staff Nurses, Satisfaction, Patients.

1. INTRODUCTION

Hospitals provide a broad range of medical services and employ knowledgeable and skillful staff to deliver the best possible health care. In the business of health care, the satisfaction of the patient is of primary importance (Cuevas, 2008). Patients' satisfaction is used as a criterion to measure the quality of hospital service. Nursing service is one aspect of patient care services that weighs heavily on the continued viability of hospitals. Several studies reveal controversial results about the caring behaviors of nurses. Such behavior affects the patients' satisfaction of care according to Azizi-Fini, et al (2012).

Hall (2008) says there is an increased call for nursing leaders to give more attention to the outcomes of nursing care. With the current national focus on healthcare reform, it is vital that healthcare organizations measure performance and patient satisfaction. The issue of patient care outcomes is not only specific to clinical health practice. Financial administrators of healthcare facilities have become conscious of the importance of patient satisfaction and its impact on the organization. The use of new technology in patient care necessitates the continuous and perpetual process of measuring nursing care outcomes and patient care satisfaction.

This study is about the patients' perception of satisfaction with the nursing care services in a selected hospital. The study is premised on the idea that when patients are satisfied with the care provided to them, they will cooperate with care

providers to achieve a higher level of coping skills. On the other hand, when patients are not satisfied, they will have poor compliance which shall lead to potential waste of resources and suboptimal clinical outcomes. Patient satisfaction has become a key indicator for quality care in many hospitals. Hospital clients who are satisfied are more likely willing to continue the use of the health services, maintain the relationships with specific care providers and comply with the care regimen (Krass, Delaney, Glaubitz, & Kanjanarac, 2009).

This study shows the relationship between the caring behaviors of staff nurses and the level of satisfaction experienced by patients with the nursing care they received during hospital confinement. The selected hospital was granted accreditation as “Center of Quality” by the Philippine Health Insurance Corporation. This recognition prompted the Nursing Service Administrator of this hospital to review the overall performance of the staff, particularly the caring activities of nurses.

Statement of the Problem

This study aimed to determine the relationship between the caring behavior of staff nurses and the level of patient’s satisfaction in Notre Dame Hospital and School of Midwifery, Cotabato City.

Specifically, it answered the following questions:

1. What is the profile of the staff nurses in terms of:
 - a. age; and
 - b. length of service or experience?
2. What is the extent of caring behavior of staff nurses in terms of Caritas processes?
3. What is the level of satisfaction of patients with the caring behavior of the staff nurses in terms of Caritas Processes?
4. Is there a significant relationship between the caring behavior of staff nurses and level of satisfaction of patients?
5. Is there a significant difference in the levels of caring behavior of staff nurses when grouped according to:
 - a. age; and
 - b. length of service / experience?

Hypotheses

Ha₁ There is a significant relationship between the caring behavior of staff nurses and level of satisfaction of patients.

Ha₂ There is a significant difference in the levels of caring behavior of staff nurses when grouped according to:

- a. age; and
- b. length of service or experience?

2. THEORETICAL / CONCEPTUAL FRAMEWORK

The exploration on the caring behavior of staff nurses and patients’ satisfaction in this study is anchored on the caring theory established and refined through the years by Jean Watson (2006). The Theory of Human Caring by Watson asserts that humans cannot be treated as objects and that humans cannot be separated from self, others, nature, and the larger universe. The theory encompasses the whole of nursing and that emphasis is placed on the interpersonal process between the caregiver and care recipient. In particular, the theory focuses on the centrality of human caring and on the transpersonal caring relationship, caring moment/caring occasion and caring/healing consciousness which should be the nurse’s guide toward implementing caring behaviors into their own nursing practice.

Watson (2008) translates the original carative factors into clinical caritas processes. The formation of humanistic-altruistic system of values becomes the practice of loving-kindness and equanimity within the context of caring consciousness; Instillation of faith-hope becomes being authentically present, and sustaining the deep belief system and subjective life world of self and one-being-cared for; cultivation of sensitivity to one’s self and to others becomes cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self. The development of a helping-trusting, human-caring relationship becomes developing and sustaining a helping-trusting, authentic daring relationship; promotion and acceptance of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-

cared –for; Systematic use of a creative problem-solving process becomes creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices; Promotion of transpersonal teaching-learning becomes engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within other’s frame of reference; Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment becomes creating healing environment at all levels, physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated; Assistance with gratification of human needs, becomes assisting with basic needs, with an intentional caring consciousness, administering human care essential, which potentiate alignment of mind body spirit, wholeness, and unity of being in all aspects of care, tending to both embodied spirit and evolving spiritual emergence; and Allowance for existential-phenomenological-spiritual forces becomes opening and attending to spiritual-mysterious, and existential dimensions of one’s own life-death, soul care for self and the one-being-cared for.

Watson describes the caring-healing practice of the nurse based on caritas factors. It demonstrates ontological and epistemological competencies. These concepts refer to the ability to understand the existence of others and the capability to apply knowledge. The theoretical foundation of human caring serves as a framework to transform practitioners and nursing systems alike. The carative factors are elements that exist within the interaction between the nurse and the patient. These are tangible manifestation and embodiment of human caring. This theory asserts treatment of the patient becomes effective and healing is enhanced if the 10 caritas processes are demonstrated by the caregiver.

The conceptual framework of the study is shown in Figure 1. The schematic presentation shows the caring behaviors of the nurse in terms of the Caritas Processes as the independent variable. The level of patient satisfaction with the caring behaviors is the dependent variable. The demographic factors of age and length of service or experience is the moderating variable of the study.

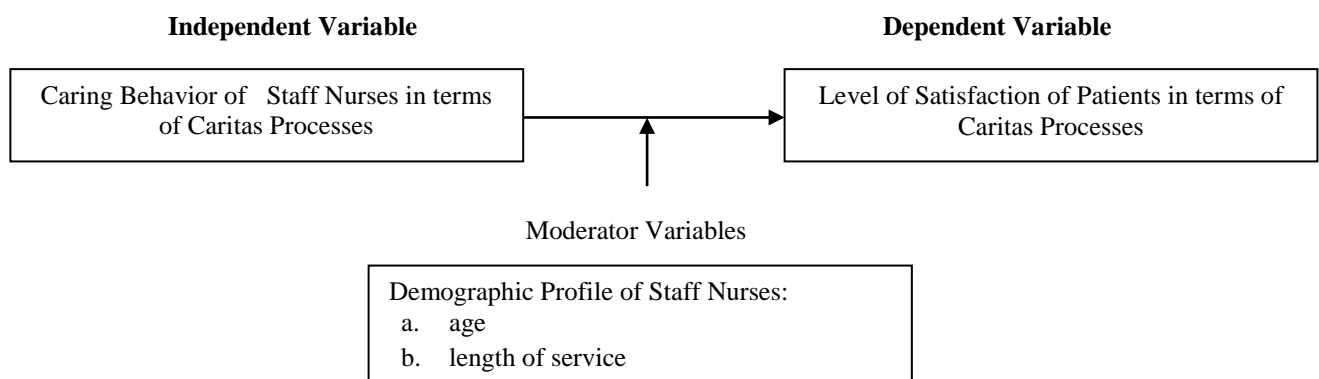


Figure 1. Conceptual Paradigm Showing the Relationship of the Variables

3. METHODOLOGY

This chapter contains the presentation of the process used in the study. Included in this chapter are the study design, setting, participants, measures, and analyses of data.

Design

This study utilized the descriptive correlation and comparative method. A two-group- after- nursing care design was implemented. The data collected were based on a two-variable relationship, the caring behavior and satisfaction of care. Data from participants were collected after the experience of care. The comparative method was done only with the caring behavior of staff nurses according to the variables of age and experience.

Setting

The Notre Dame Hospital and School of Midwifery is owned and administered by the Sisters in the congregation of the Dominican Sisters of St. Catherine of Siena. The Notre Dame Hospital is a private tertiary hospital with a 100-bed capacity. It is located at Sinsuat Avenue, Rosary Heights, Cotabato City. The hospital serves the people of Cotabato City, the nearby towns and provinces since 1959. The hospital has a vision and mission to provide quality health care services to patients of any religious affiliation. The hospital is one of the biggest private health care institutions in Region XII. In

2011 the hospital was duly accredited as a “Center of Quality” by The Philippine Health Insurance Incorporation. The medical staff, nursing service personnel, other paramedical and non-paramedical personnel provides the essential patient care services of the hospital. As a general hospital it offers the four major services in health care, that is, internal medicine, surgery, obstetrics and children’s services. Other related services are the eye, ear, nose, throat (EENT) clinic, physical therapy, dental care services, and newborn screening. Auxiliary services include the pharmacy, clinical laboratory, dietary service and the imaging services for radiology and ultrasonography. There are outsourced services for pulmonary care, 2D Echo and Holter monitoring. The ambulance service is on hand for a 24-hour service.

As a catholic hospital, NDHSM also provides pastoral care with a mission to share and to continue the healing ministry of the Greatest Healer, Jesus Christ. The institution tries to continuously provide the quality health care at its best. This hospital has an average of 550 bed occupancy each month.

Participants

There are two groups of participants in this study. These are, the nurses and patients admitted in the hospital. The first group consisted of 25 registered nurses who are full time personnel in the nursing service department. They were able to render care to participant-patients for at least three days.

The second group included 50 patients whose age ranged from 18 to 40 years old. These participants were from noncritical medical wards with cases such as Urinary Tract Infection, Hypertension, Acute Gastritis, Diabetes Mellitus, and Pneumonia.

The sampling process was purposive but, voluntary based on the criteria of inclusion. The participants were confined in the non-critical medical ward of the hospital for at least three days. The participants were conscious, coherent with the capacity to read and write. The ability to understand instruction was one criterion observed. However, they were assisted as needed in the use of the satisfaction scale. Patient-participants are not related to staff nurses who are involved in the study.

Measures

There were two data gathering instruments used in the study. The first was a researcher - made questionnaire based on the 10 Caritas Processes. Each of the questionnaires was divided into two parts.

The first set of questionnaire measured the caring behavior of the staff nurses. Part 1 of the instrument is on the profile of the participants in terms of age and length of service or experience. Part 2 of the questionnaire is a rating scale which quantifies the caring behaviors of nurses. Participants were instructed to encircle the option of their choice based on the following scale:

5 – Always 4 – often 3 – sometimes 2 – seldom 1 – never (See Appendix I)

This study utilized the following rating scale:

<i>Score</i>	<i>Scale</i>	<i>Interpretation</i>	<i>Description</i>
5	4.51 – 5.0	always	caring behavior is practiced at all times
4	3.51 – 4.50	often	caring behavior is practiced almost all the time
3	2.51 – 3.50	sometimes	caring behavior is practiced occasionally on regular intervals
2	1.51 – 2.50	seldom	caring behavior is practiced on very limited occasions
1	1.0 – 1.5	never	caring behavior is not at all practiced

The second instrument measured the patient’s level of satisfaction with the nursing care received. The instrument has a Filipino version. The first part is about the demographic profile of patient-participants. The profile is about age, gender and the number of days in confinement at the time of data gathering. The second portion of instrument number 2 is also a rating scale for the patient’s perceived satisfaction with the caring behaviour of staff nurses. .

Responses for the satisfaction scale are scored, interpreted and described in the following manner. (See Appendix I)

<i>Score</i>	<i>Scale</i>	<i>Interpretation</i>	<i>Description</i>
5	4.51 - 5.0	Very highly satisfied	Extremely contented with nursing care
4	3.51 - 4.50	highly satisfied	Very pleased with caring behavior
3	2.51 - 3.50	moderately satisfied	fairly contented with caring behavior
2	1.51 - 2.50	minimally satisfied	little satisfaction with caring behavior
1	1.0 - 1.5	very dissatisfied	no satisfaction with nursing care

Content validity of the instruments was established by experts who reviewed the questionnaires. The criteria used in the validation are as follows: clarity of language, presentation/organization of topics, suitability of items, adequateness of purpose, attainment of purpose, respondent's friendliness, and objectivity. The scores of the responses have verbal interpretation from a range of very dissatisfied to very highly satisfied. The verbal description is also provided for the satisfaction with caring behavior. The results of the validation were 4.38 and interpreted as very good. (See Appendix D).

Changes in the questionnaire were done after some problems were identified. The coefficient of reliability using Cronbach's alpha is 0.95 for caring behavior while it is 0.97 for satisfaction. The instruments have a very high reliability index.

Procedure

A request for approval to conduct the study was granted by the Administrator of Notre Dame Hospital and School of Midwifery, Cotabato City through the Director of the Nursing Service Department.

Prior to data gathering, content validation of the questionnaire was done by three experts in nursing. It was pre-tested to 20 nurses and 20 patients in another hospital within Cotabato City. The permission of the administrator of The Cotabato Medical Specialist Hospital was obtained before the field testing. As soon as the validity and reliability of the instruments were established, the actual data gathering commenced.

A letter of request was forwarded to the Director of the Nursing Service of NDH for the assistance of the supervisor and head nurse in the modification of the time plan of staff nurses in three shifts during data gathering. The request to modify the time plan for 15 days took place in the month of April 2013.

A letter request was sent to the staff nurses to ask their participation. The purpose and nature of the study was explained to them. The participation is strictly voluntary and no coercion was done. It was explained that they were free to withdraw should they feel uncomfortable. The ethical consideration was observed. Their names will remain anonymous and any information will be treated with confidentiality. Each volunteer participant was asked to sign the consent form to join the study.

An observation was done on how staff nurses give direct care. The questionnaire on the caring behaviors of the nurses was administered in the hospital conference room. The patients were visited in their own rooms for the administration of the patient satisfaction scale. The test was done in 10 to 15 minutes.

All questionnaires were retrieved from the participants without any problem. The data gathered were processed for ease of interpretation. These were summarized, tabulated and subjected to statistical analyses. All information obtained by the questionnaire was summarized using the statistical mean. The association of the data from the two groups of participants was established with the Pearson Product Moment Coefficient of Correlation. The caring behavior of staff nurses was treated with the t-test to find out if there are differences in nursing care behaviors when staff nurses are grouped according to age or length of service. The findings were interpreted with the guidance of a statistician.

4. RESULTS AND DISCUSSIONS

In this chapter, the information is presented to answer each question formulated in the statement of the problem. The profile of the participants, the caring behavior of the staff nurses and the level of satisfaction of patients are discussed. Recommendations are likewise given in areas of concern.

Data on the profile of the staff nurses in terms of age as shown in Table 1 revealed that more than half of the staff nurses caring for the patients in the medical wards belong to age 21 to 25. These are young nurses who need coaching during the first days or weeks. New nurses are constantly confronted with situations which they feel they are not prepared and that

make them uncomfortable. Problems such as carrying out doctor's order and other instances that require decision making may cause some discomfort to young nurses.

According to the Institute for Health Care Improvement (IHI, 2008), nurses who are new to the profession need additional support. Adjustment in the practical world of nursing can be difficult for them. Young nurses are deficient in life, and professional experiences. They are not only novice to technical skills, but they are still learning to care for the sick and deal with other demands of nursing such as emotional and interpersonal aspect of nursing.

In an article entitled "The Needs and expectation of Generation Y Nurses in the Workplace", Drevniok, et al (2010) describe the motivations, and expectation of these generation Y nurses (mean age 24 years) as stability, flexibility in work schedules and shifts, recognition, and opportunities for professional development with adequate supervision. He adds that these young nurses represent the new nursing workforce.

Data on age indicates that the hospital administrators need to design and implement a mentoring program intended for new and young employed nurses. They should be provided with opportunities to participate in seminars or trainings related to their roles and functions so that they become more competent and could assure patient's healing and safety. There should be more opportunities for spiritual and professional development of nurses. It is recommended that nurses shall stay longer in one area, at least six months, before they are rotated to other areas in the hospital.

The data on length of service or experience of staff nurses is shown in Table 2. It is evident that majority of the staff nurses have been in service for three years or less. The fast turnover of staff nurses may affect the delivery of nursing services. In the history of the nursing profession the crisis of nurses' turnover remains a serious problem worldwide. This greatly affects patients' level of satisfaction for many reasons (Agrawal, Berlin, Grote & Scheldler, 2012). Key elements of patient satisfaction, according to Wagner and Bear, (2008) are the patients, nurses, and organizational environment. Some of the other factors that have been reported to mainly influence satisfaction are patients' expectations, patients' previous experiences as care receivers, and length of stay. If new nurses are deficient in knowledge and professional experiences, the possibility of meeting patients' expectations could be very low and hospital confinement may be lengthen.

The likelihood of nurses to encounter problems in medication can increase health care costs thereby affecting productivity. Nurses need to have confidence in performing their tasks (Agrawal, Berlin, Grote, & Scheldler, 2012).

The absence of a strong and stable nursing staff raises a hospital or health system's care delivery costs in a number of ways. High turnover rate translate to increased recruitments and training costs. High absenteeism rates forced hospitals and health systems to rely on the use of overtime or agency nurses to fill the staffing gaps.

According to Benner, et. al (2006), a nurse who has a job experience of two to three years in the same area is considered to be in the competent category. She/he becomes familiar of long term goal in her/his respective work assignment. This implies that with proper training, guidance and supervision, these young nurses would become more competent and even proficient in the performance of her/his task.

Data in Table 3 reveals that nurses always show loving kindness, empathy and respect to patients and significant others, regardless of race, belief and socio-economic status. Nurses demonstrate caring behaviors that make patients and their family feel comfortable during their stay in the hospital.

Aziziz-Fini, Mousavi, Sabdani, and Hajbaghery (2012) mention caring behaviors that include the respect for others, assurance of humanistic presence, positive communication, professional knowledge and skills and attention to the experiences of others.

As shown in Table 4, data revealed that nurses often demonstrate a high regard for the religious belief of patient, take time to listen to patient and make one self available to patient. Nurses encouraged patient to perform religious rituals and practices, and offer to pray with patient. This indicates that nurses are not only taking care of the physical being of the patient but most importantly his/her spiritual needs as well. The caring behaviors of nurses contribute to the well-being of the patient (Sombillo, 2011). Nurses should not forget to demonstrate spiritual care for the patient by offering hope and strengthening their faith. It should be one of the primary tasks of a nurse to encourage patient to pray.

Table 5 revealed data that nurses often assure patient of her or his presence if he/she needs something. They show sensitivity to the feelings of patient and his family, choose the right moment to discuss with patient her condition and can sense if patient wants to be alone. Nurses often consider the patient's idiosyncrasies.

Nurses develop self- awareness and become responsive to the needs of the patient not only in his or her outer behavior but, with greater consideration to the whole attributes of the person. Staff nurses are genuinely interested in opportunities that will make patients feel better and comfortable (Watson, 2008).

As shown in Table 6, nurses develop a helping; trusting and caring relationship with the patients by finding time to listen and attend to the patient and significant others. It is revealed that nurses keep their caring presence available at all times to maintain trust and confidence of the patient and significant others. According Mc Cormick & McCance (2010), caring necessitates the presence of a therapeutic relationship among the care providers, the patients and significant others. The relationship is built on mutual trust, understanding and collective knowledge. The therapeutic interaction between the nurse and patient leads to a caring healing relationship (Watson, 2008).

Data in Table 7 revealed that staff nurses, almost at all times support the patients' expressions of feelings. Patients are encouraged to express their positive and negative feelings, while nurses listen attentively to their fears, anxieties, requests and even complaints. Nurses are often authentically present to provide emotional support for the patients and significant others. Provision of empathetic emotional support minimizes any threat of anxiety, thus contribute to the patient's well-being (Sombillo, 2011).

As shown in Table 8, nurses demonstrate therapeutic and creative use of self almost all the time. The caring behaviors of the nurses are manifested by helping the patients and significant others recognize the processes of the present health condition, adaptive coping strategies and possible resources.

Nurses develop scientific knowledge about each patient's illness, his treatment and management. Finfgeld – Connett (2008) emphasizes that helping the patients develop positive view of their illness can lessen anxiety thus producing positive outcomes physically and psychologically. Nurses must always be aware of the whole attribute of each patient. It is very important to have constant therapeutic interaction with the patient and significant others.

It is seen in Table 9, how nurses involve their patients in teaching-learning experiences to make them aware of their health conditions. Nurses find opportunities to teach patients to become responsible for their own health. Nurses encouraged their patients to ask appropriate questions about their illness. Nurses are aware of the basic right of a patient to information and education. It is very important to explain what procedure is to be done, its expected outcomes, side effects and risks. Nurses must possess critical assessment skills to determine the need for further health teachings.

Adequate information will encourage patients to develop control over their present health status. According to Azizis, et al (2012), nurses are not only sources of comfort and support but also an important source of information in patient care. This implies that nurses must engage themselves in continuous learning process to keep abreast with new trends in nursing management and be updated with the development of other issues in health care.

It is presented in Table 10 that nurses provide patients with caring and healing environment almost all the time. Caring behaviors include respect for privacy, provision of calm environment and taking actions to make patients feel comfortable such as giving gentle massage. Nursing is described as unselfish caring for others or to facilitate appropriate actions that can be accomplished for the good of the patients (Bolderston, et al, 2010).

Patients have great expectations from nurses to maintain privacy and confidentiality of all information. They also trust that nurses knew what they are doing. Nurses must be careful at all times in performing tasks or procedures. Watson (2010), states that the presence of caring is the ultimate measure of patient experience in a health care setting.

The reverential and respectful manner by which nurses assist patients with basic needs is shown in Table 11. Caring behaviors that are practiced almost all the time includes prompt administration of medications and treatments. Nurses assist patient to perform activities of daily living and make sure that patient has adequate and satisfying sleep. Nurses also help the patient and significant others in how to handle equipment at the bedside. Nursing is caring that entails flexibility in response to patient's needs. Swanson (2001) considers caring as a nursing intervention which enhances the well- being of the patient. Caring nurses understand the common and individual responses to specific health condition.

As presented in Table 12, nurses often attend to the patient's spiritual needs. The care given to the patient also involves the mysterious and unknown dimensions of life- death-suffering and allowing for a miracle in patients. Knowledge about spirituality begins with the nurse's understanding about his/her own spirituality. Nurses must have spiritual awareness before they can effectively relate to the spirituality of others. As stated by Bell and Troxel in Tombo (2008), giving patients the best spiritual care stems from taking care of one's own spiritual needs.

Data in Table 13 is the summary of caring behavior often practiced by staff nurses in terms of the caritas processes. Generally, the staff nurses practice these behaviors almost at all time. Watson introduced the concept of clinical caritas processes, in which there is a greater emphasis on the spiritual dimension. Watson (2008) defined the Greek word "caritas" to cherish and to give special loving attention.

Some nurses may or may not be aware of Watson's caritas processes but the desire to help patients and others is very evident and even embedded in every nurse's caring attitude. Nurses demonstrate unselfish care to patients and significant others.

Caring is the hallmark of effective nursing practice according to Finch (2008). That is why nursing is referred to as caring profession. The caring behaviors of nurses cover the whole attribute of a person, not just a patient but as a human being in need of help. Nursing care is a vital aspect in patient care. Nurses must unceasingly display caring behaviors that will contribute to the well- being of a person.

Data in Table 14, the data revealed that patient were highly satisfied and very pleased with the caring behaviors of nurses in all aspects of the caritas processes. Nurses rendered care with loving kindness, trust, authentic presence and respect. Nurses are also perceived as supportive, creative and sensitive to the needs of the patients and significant others. Patients appreciate the caring behavior of the nurses in providing a healing environment, giving them genuine teachings and attending to their spiritual needs.

The experience of the patient in the health care facility is an important factor that reflects the quality of care received. Heidegger (2006), states that patients who feel cared for have higher level of satisfaction. This indicates that the relationship between the nurse and the patient determines satisfaction. Patients appreciate nurses' abilities to empathize, communicate and relate to the varied responses of sick persons.

In a health care, patient satisfaction is a critical outcome. Satisfied patients are more likely to maintain a consistent relationship with a specific provider (Laschinger, et al, 2005). This implies that if patients are not pleased with their experience of the services received, the health care facility system will be affected. The Nursing Service Department cover the majority of the hospital workforce and nursing care is a vital component in any treatment plan. This indicates that nursing services must be rendered with total and safe quality care not just to give patients and hospital management satisfaction but also to uphold nursing as a noble caring and helping profession.

Data in Table 15 revealed that the caring behavior of staff nurses is not related to the satisfaction of patients. Caring for the patient is not the only source of patient satisfaction. Aragon and Gesell (2003) defined patient satisfaction as the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care he / she receives. It is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (Keegan, et al, 2003).

As published in Journal of Nursing Scholarship by Palese, et al (2011), two similar studies on the relationship between patient satisfaction and nursing care were conducted; one in Taiwan and the other one in Europe. Both studies documented that there were no evidence of a positive relationship between caring and patient satisfaction. Despite absence of relationship nurses are encouraged to maintain their caring behavior. It is important that hospital administration have constant monitoring of the patients' opinion of the services received not only from the nurses but from all the health care providers starting from admission to discharge processes. Patient satisfaction contributes to the organization's total quality management.

As shown in Table 16, the age of the nurses does not affect their caring behavior. Even though most of the nurses are young; they are still able to give satisfying nursing care to the patients. This implies that age is not an indicator of the quality of caring behavior of the staff nurses. Nurses learn and develop the competence to manage complex or uncertain

situation. They become effective in understanding the responses and experiences of the patients. Nurses are able to cope effectively with demands of the work and profession.

Drevniok , et al. (2010) describe the motivation, and expectations of young nurses (mean age: 24 years) as stability, flexibility in work schedules/shifts and recognition as well as opportunities for professional development with adequate supervision. He adds that these young nurses represent the new nursing workforce.

It is revealed in Table 17 that the caring behaviors of staff nurses are not related to the length of service or experience. The length of service does not affect the caring behavior of nurses. The willingness of the nurses to care for patients is not influenced by the length of their work experience. Benner (2006), states that nurses with only 2 -3 years experience, are already categorized as competent. With adequate guidance and supervision, nurses are able to perform the nursing care expected of them.

5. CONCLUSION

This study therefore concludes that caring behavior is not related to patient satisfaction and it is not influenced by age and length of service or experience. Despite a no significant relationship, this study recommends that nurses should maintain the therapeutic relationship with their patients and the significant others. Monitoring of the health care services must be done regularly to minimize complaints such as patient dissatisfaction.

Nursing care is very important to any treatment plan in patient care. Hospital administrators should always see to it that nurses and other care providers are given the harmonious working environment, attractive compensation package and adequate benefits and wide opportunities for individual and professional growth.

6. RECOMMENDATION

Various studies and theories support the concept that patient satisfaction is correlated with nursing care. This study however finds no evidence to support the existence of a relationship between the two variables. It is recommended that further study should be done to determine other factors that influence patient satisfaction.

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