

Dissertation
at
GMC HOSPITAL
AJMAN

Project Title
IN-PATIENT SATISFACTION FROM NURSING CARE

By
Dr. Gaurav Kapur
PG/13/021

Under the guidance of
Ms. Kirti Udayai
(Assistant Professor)

Post Graduate Diploma in Hospital and Health Management
2013-15



International Institute of Health Management Research
New Delhi



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GMC HOSPITAL
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THUMBAY


May 23, 2015

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This is to certify that **Dr. Gaurav Kapur Ashok** holder of Indian Passport Number J8130941 was working in our institution as Management Trainee from 1st March 2015 till 23rd May 2015, as a part of dissertation of his P.G.D.H.M program. He has completed the assigned project.

We wish him all the best.

For GMC Hospital and Research Centre, Ajman


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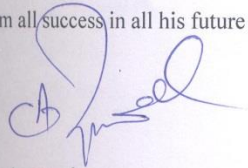
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This is to certify that Dr.GAURAV KAPUR student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training At GMC HOSPITAL AJMAN from 1ST MARCH to 23RD MAY.

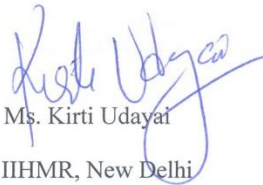
The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



Dr. A.K. Agarwal
Dean, Academics and Student Affairs
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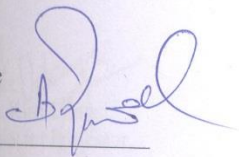
Ms. Kirti Udayar
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The following dissertation titled **"IN-PATIENT SATISFACTION FROM NURSING SERVICES"** at **"GMC HOSPITAL AJMAN"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

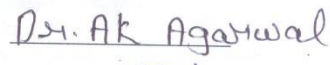
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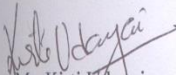
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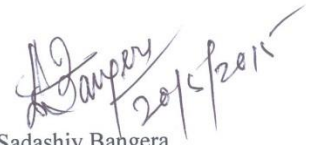
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This is to certify that **Dr.Gaurav Kapur**, a graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision.

He is submitting this dissertation titled "**IN-PATIENT SATISFACTION FROM NURSING DEPARTMENT**" at "**GMC HOSPITAL AJMAN**" in partial fulfillment of the requirements for the award of the **POST- GRADUATE DIPLOMA IN HEALTH and HOSPITAL MANAGEMENT**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


Ms. Kirti Udayai,
Assistant Professor,
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Dr. Sadashiv Bangera
Assistant Director
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GMC Hospital Ajman

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **IN- PATIENT SATISFACTION FROM NURSING SERVICES** Submitted by **Dr. Gaurav kapur**, Enrollment No PG/13/021, under the supervision of **Ms. Kirti Udayai** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 1st March 2015 to 23rd May, embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Gaurav Kapur

FEEDBACK FORM

Name of the Student: Dr. GAURAV KAPUR

Dissertation Organization: Gmc Hospital, Ajman

Area of Dissertation: Patients Affairs department

Attendance: Full

Objectives achieved: 1) Patients handling
2) Learning operations

Deliverables: 1) Ideas to improve
2) Managing wards

Strengths: 1) Good communication skills
2) Good medical knowledge

Suggestions for Improvement:

Signatures:

Date:

Place:

[Signature]
20/1/2015

Hospital Introduction

Thumbay Group was established at Ajman UAE in year 1998 by its founder, a visionary and third generation entrepreneur from India, Mr. Thumbay Moideen. It blossomed into a diversified group with operations in Education, Healthcare, Medical Research, Diagnostics, Retail Pharmacy, Health Communication, Retail Optical, Wellness, Nutrition Stores, Hospitality, Real Estate, Publishing, Trading, and Marketing & distributions. Today, the Thumbay Group is a symbol for superior service, quality and innovation.

Venturing into new avenues of service with missionary zeal, the Thumbay Group has over the past decade spread its wings of excellence in various fields of social and business endeavors. The GMC Chain of Hospitals, the constituent teaching hospitals of Gulf Medical University, is one of the largest healthcare services providers in U.A.E serving patients from more than 175 countries. Similarly, Gulf Medical University attracts a student cohort of over 67 nationalities and faculty and staff from over 22 countries.

Apart from being an acknowledged leader in the health sector, Thumbay Group operates a reputed pharmacy chain, diagnostic centres, multi-brand retail outlets, world-class wellness centres, a prestigious chain of coffee shoppers, popular health & lifestyle publication, to name a few. An academic and entrepreneurial powerhouse, the Thumbay Group takes its strength from an empowered and loyal employee group exceeding two thousand and two-hundred people, which has enabled Mr. Thumbay Moideen to emerge as a personality of eminence in the Arabian Gulf.

Hospital Profile

GMC Hospital Ajman, is full-fledged multi-specialty hospital providing quality care at affordable prices. GMC Chain of Hospitals is one of the largest health care providers in the region. The group focuses on three pillars Education, Healthcare and Research.

GMC Hospitals aims to provide exceptional quality of care with latest technology, highly skilled medical work force from 20 nationalities, speaking more than 50 languages, treating guests from more than 175 nationalities worldwide with warm Arabian Hospitality.

GMC Hospital is managed by qualified professionals with wide ranging experience in Hospital Management and is well equipped to meet the challenging task of running a state of the art medical facility. Its goal is to build lasting relationship with people and medical professionals in the region.

Apart from GMC hospital Ajman, there are three more hospitals i.e GMC hospital Fujairah, GMC hospital Sharjah and new member in the hospital chain Thumbay hospital Dubai.

There are also 6 clinics known as Thumbay clinic which act as referral center for the hospitals

Vision

“Our vision is to make GMC Hospital a world class tertiary healthcare center and teaching hospital that is committed to patient safety and emerge as a trustworthy healthcare provider in academic settings in the region.”

Mission

“Healing through Knowledge and Wisdom”

The mission of the GMC Hospital, Ajman is to provide comprehensive healthcare services of high quality and health education to community impart excellent educational opportunities for students in a stimulating environment and promote relevant bio-medical research.

ABSTRACT

Patient satisfaction surveys are essential in obtaining a comprehensive understanding of the patient's need and their opinion of the service received. It is a vital tool in evaluating the quality of healthcare delivery service in hospital.

Objective: To find out in-patient satisfaction from Nursing department in GMC Hospital Ajman.

Methodology:

- TYPE: Descriptive study
- SAMPLE SIZE: 306 (calculated by Raosoft software)
- DURATION: 10th March – 15th April
- TOOL: Pre- structured Questionnaire.

Key findings:

- Male vs Female patients- Male patients are able to get information easily as compared to female patients.
- Insurance vs self – Insurance patients are relatively more satisfied than self-pay patients
- Left wing vs right wing – Patients admitted in Right wing are more satisfied than patients admitted in left wing wrt to nurses attending calls and restful atmosphere.
- Indian vs Egyptian patients- Egyptian patients are not satisfied with the information given to them and getting information is relatively difficult for them.

Acknowledgement

First and foremost I would like to thank **Dr. Manvir Singh** (Medical Director Operations, Healthcare Division Thumbay Group UAE) for giving me an opportunity to work with GMC hospital. I extend my heartfelt gratitude to him.

Dr. Sadashiv Bangera (Assistant Director Patient Affairs and Marketing Departments of GMC Hospital, Ajman) and **Mr. Avil Fernandes** (Executive Patients Affairs Department) right from the beginning, they provided me a congenial and enabling atmosphere, and gave me opportunity to get exposed to day to day working of Patient Affairs department. This has enriched my knowledge of functioning of the department as well as whole hospital, I am very thankful to them.

Ms. Kirti Udayai (Assistant Professor International Institute of Health Management Research Delhi), my Guide for Dissertation, ensured the Quality of the study through his insightful guidance, all along the course of the study. I am grateful for her blessings that she bestowed for this project.

Lastly, I would like to extend my heartfelt gratitude to all the staff working in the Patients Affairs Department who provided me support and guidance whenever I needed.

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List of Abbreviations

- **GMC – Gulf Medical College**
- **NP – Nursed Practitioner**
- **WRT- With Respect to**

INTRODUCTION

NURSING CARE

Definition: Patient satisfaction is the patient's perception of care received compared with the care expected.

Patients' satisfaction with nursing care has been reported as the most important predictor of the overall satisfaction with hospital care and an important goal of any health care organization (Mrayyan, 2006). Therefore, dissatisfaction with the nursing care services may further lead to lower utilization of the nursing care services by the patients (Yunus *et al.*, 2004). For this reason, many researchers have acknowledged that patients' satisfaction is not simply a measure of quality, but the goal of health care delivery (Merkouris *et al.*, 1999).

Nurses have a central role in offering emotional and psychological supports to patients and their families in all settings, such as supporting the patient through diagnosis, and ensuring optimum care given to them. Hence, nurses must have the knowledge, attitudes and skills in providing the informational, emotional and practical support.

Nurses most often choose their profession because they want to provide excellent patient care. Patients trust the hospital in which they get good nursing care.

There are studies which suggest if you improve nothing else but nursing care in your hospital, it has the strong potential to set up a positive impact for the patient experience.

“By virtue of the fact that nurses spend the most time with patients, their work is highly correlated with patient satisfactions “Patients want empathy, anticipation of their needs and a personalized humanized experience—something that nurses do every day.

Nurses clearly influence patient satisfaction, but more subtly, their ability to work with other people on the care team influences the patient's perception of the hospital.

The way nurses project their joys or frustrations can influence how patients feel about the things they don't see in the hospital.

The current worldwide economic crisis has resulted in public spending reductions on health care in many countries. According to the Organization for Economic Cooperation and Development's (OECD) recent reports on public expenditure, many governments have tried to contain the growth in "one of the biggest ticket items in most countries", namely hospital spending, by cutting wages, reducing hospital staff and beds, plus increasing co-payments for patients. Although WHO recognizes nurses as frontline service providers, nursing is generally considered a "cost" rather than revenue in a hospital context, which makes nursing a constant target for cost reductions. These cutbacks combined with the phenomenon of permanent shortages of nurses are making rationing of care an increasingly prominent feature in health care.

Implicit rationing of nursing care is the withholding of or failure to carry out all necessary nursing measures due to lack of nursing resources such as time, staffing or skill mix.

According to the conceptual framework of nursing care rationing developed by Schubert , such nursing measures include actions of surveillance, therapy, prevention, rehabilitation and support, and these actions are important in order to achieve desired outcomes for patients.

Rationing of nursing care occurs at the patient-to-nurse interface, it is based on the nurses assessments and it is a product of clinical decision making and clinical judgment. The rationing process is influenced by a number of factors including patient and nurse variables,

the characteristics of the work environment, organizational variables, the philosophy of care and it is linked to patient and nurse outcomes. The effect of the work environment on rationing is also stressed in the Missed Care Model. The model argues that the factors underlying missed care are linked to the context of the care environment; they are external to nurses and create a need to decide what care will be provided.

Research evidence supports that there is a link between rationing of nursing care and negative patient outcomes such as increased mortality, patient falls, low quality of care, pressure ulcers and hospital acquired infections . Kalisch et al. places the issue within the patient safety movement suggesting that “acts of omission” are identified as one of the major types of errors.

Several studies have demonstrated an association between nursing and patient satisfaction identifying nursing care as the only hospital service having a direct and strong relationship with overall patient satisfaction. Other researchers identified that patient-perceived nurse caring is a major predictor of patient satisfaction. A correlational study examining surgical patient satisfaction as an outcome of nurse caring in six European countries, reports that caring behaviors enacted by nurses determined a consistent proportion of patients’ satisfaction. The authors found that 44.1% of satisfaction variance was explained by the nurse caring behavior’s as perceived by the patients. Similarly, patient satisfaction was examined as an outcome of individualized care providing further evidence that a specific dimension of care, that is “individualized” care, is related with patient satisfaction. This association seems to be an international phenomenon as it is reported in cross-cultural studies claiming that a large proportion of the satisfaction variance is explained by the patients’ perceptions of the support and provision of individualised care.

General Objective:

The objective of the study is to assess the In- Patient satisfaction level from Nursing services in GMC Hospital Ajman.

Specific objectives:

1. To find out satisfaction level of Male and Female patients in GMC Hospital Ajman.
2. To find out satisfaction level of patients in Right and Left wing of the hospital.
3. To find out satisfaction level of Self-pay and Insurance patients with Nursing services
4. To find out satisfaction level of Indian patients as compared to Egyptian patients.

Variables:

1. Quality of Information given to patients
2. Ease of getting Information for patients
3. Attention to Medical condition
4. Attending Patients calls
5. Skills and Competence of Nursing staff
6. Providing Restful/ Peaceful atmosphere

Review of Literature:

1. Name of study: Patient satisfaction with nursing care: a concept analysis within a nursing framework.[1]

Debra Wagner

Mary Bear

Key points: The attributes leading to the health outcome of patient satisfaction with nursing care were categorized as affective support, health information, decisional control and professional/technical competencies. Antecedents embodied the uniqueness of the patient in terms of demographic data, social influence, previous healthcare experiences, environmental resources, intrinsic motivation, cognitive appraisal and affective response. Consequences of achieving patient satisfaction with nursing care included greater market share of healthcare finances, compliance with healthcare regimens and better health outcomes.

The above study explains that study was done on patient satisfaction with Nursing care with parameters including effective support, health information, involvement in decision making and result shows that patients satisfied with nursing care have better health outcomes.

2. Correlation between Nurses caring behaviors and Patients satisfaction. [2]

Ismail Azizi-Fini

Masoumeh-Sadat Mousavi

Atefeh Mazroui-Sabdani

Mohsen Adib-Hajbaghery

Key points: The study demonstrates that there is significant direct relationship between nursing care behavior and patients satisfaction. Nurse's communication with the patient is the most important for the hospitalized patient.

Nurses should try to combine their knowledge and skills in various fields in order to increase the quality of care and the patient satisfaction by providing a caring and professional behavior. This may help the patients to recover faster. It has been shown that behaviors such as active listening, sincerity, helping the patients to make an appropriate decision, and respectful communication with patients, can induce the patients a sense of being respected.

Therefore, nurses are recommended to pay more attention to this important area. Studies have also shown that improvement in nurse-patient communication had a positive effect on patients' feeling of being respected.

The above study explains that behavior of nurses has a positive impact on patient's satisfaction and health outcome. Simple traits in behavior such as active listening, sincerity, helping the patients to make an appropriate decision, and respectful communication with patients, can induce the patients a sense of being respected.

3. Impact of regular nursing rounds on patients satisfaction with Nursing care.[3]

Reza Negarandeh, MScN, PhD

Abbas Hooshmand Bahabadi, MSc

Jafar Aliheydari Mamaghani, MScN, PhD

Key points: In view of the fact that nurses play a crucial role in patients' experience of hospitalization, patient satisfaction with nursing care comprises a significant part of the overall satisfaction with the quality of provided services. Truthfully, many researchers have suggested the satisfaction with nursing care as the most important index in predicting patient satisfaction with the overall provided care.

Nurses perform their role through communication. Nurse-patient interaction is the cornerstone of nursing profession and also positive nurse-patient communication can be vital in quality of nursing care.

The above study shows that the way nurses communicate with the patients have a huge impact on patient satisfaction. Nurses are the one who spent more time with patients and regular nursing rounds, interaction with patient's increases level of satisfaction.

Methodology

The GMC hospital is the biggest and one of several autonomous hospitals based in the Ajman, United Arab Emirates. The main objectives of this research were to assess the level of In- patient satisfaction with Nursing care. By receiving permission from the director of the hospital, the research process was started from in-office data collection.

3a. Study Design

This study was a descriptive study.

3b. Study Population

The study population consisted of Inpatients admitted in GMC, from 10th March to 15th of April in 2015.

3b.1. Inclusion Criteria

- The patients who were willing to give consent.
- The patients who were able to listen and understand Hindi, Urdu and English language.
- Not admitted under observation status.
- And, patients who are alive at discharge.

3b.2. Exclusion Criteria

- Patients who had mental problems.
- Patients who needed emergency attention.

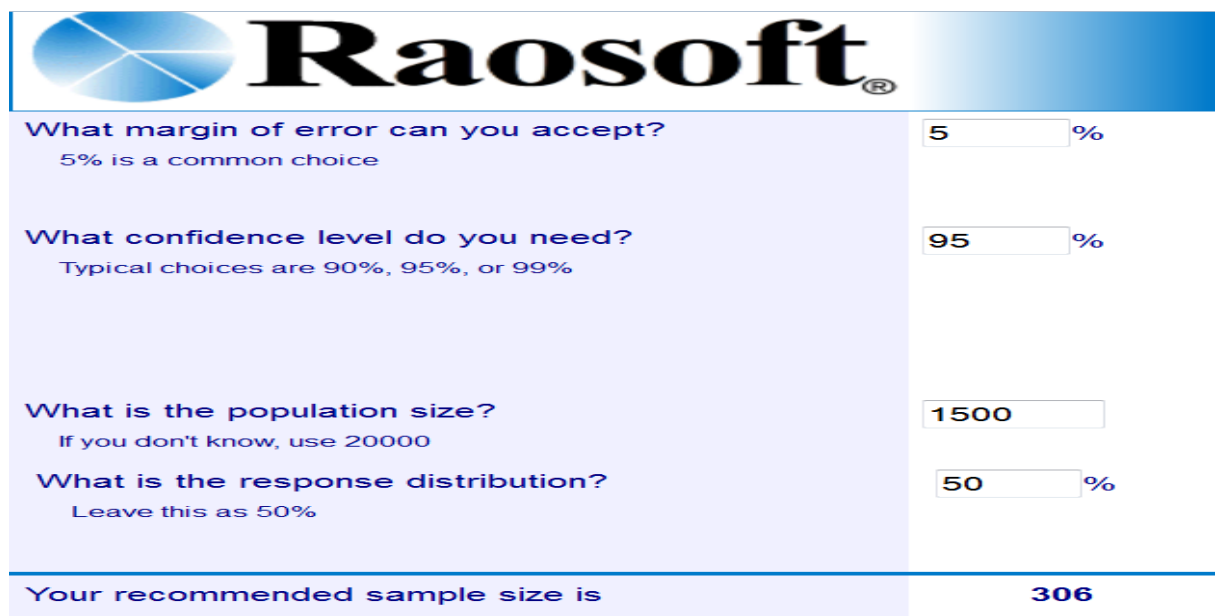
3c. Limitations of the study

- The time frame of the study was 35 days only, there was time constraint.
- The study does not include reasons for particular feedback from the patient.

3d. Sample Size and Sampling Technique

The sample size was calculated using sample size calculator available on website

(<http://www.raosoft.com/samplesize.html>).



Raosoft®	
What margin of error can you accept? 5% is a common choice	5 %
What confidence level do you need? Typical choices are 90%, 95%, or 99%	95 %
What is the population size? If you don't know, use 20000	1500
What is the response distribution? Leave this as 50%	50 %
<hr/>	
Your recommended sample size is	306

Formula components

Margin of error: The margin of error is the amount of error that you can tolerate. (5%)

Confidence level: The confidence level is the amount of uncertainty you can tolerate. (95%)

Population size: How many people are there to choose your random sample from? In GMC during one month there are 1500 admissions\discharges. (1500)

Response distribution: For each question, what do you expect the results will be? (50%)

The result of formula computation was **306** patients

Adding, a **10%** for incomplete answers, the total number came out to be **337**.

In order to obtain statistically significant representatives of the population who have been visiting the Inpatient Department, a **systematic random sampling** was used to draw the interval sampling number of patients that should be skipped for each sample selection.

The researcher selected every fifth patient from the samples available at the time of data collection to be interviewed. Moreover, samples were collected in all shifts of working hours to ensure the proper distribution of patients who represented the total population.

Data collection tools

The research instrument planned for this study was a structured questionnaire.

I – Patient Satisfaction with Nurse Care Quality- The questionnaire consists of six questions.

Part I. Socio-demographic factors

To know about Socio-demographic details of patient researcher noted down Hospital number, by putting hospital number in hospital HMIS, researcher able to know about sex, nationality, room occupied, mode of payment and Dept. of treatment. The sex has been listed as male and female. The rooms are categorized in to seven groups (general ward, Semi-private, private, deluxe, smart-deluxe and VIP). The type of payment for this visit has been categorized in to 2 groups (insurance and self).

Part II. Patient Satisfaction with Nursing Care

To know about Patient Satisfaction with Nurse Care Quality, there are 6 questions. The option given for this part was quality of care given by nurse was poor, fair, good, very good and excellent.

1. Pre-testing

Pretesting of questionnaires IPD patients was done before finalizing the questionnaires. For pretesting 30 patients were interviewed from IPD.

2. Data Collection Procedure

The data was collected from 10th March to 15th of April in 2015. All respondents were selected from the patients who were 18 years old and above and visited the Inpatient Department at the data collection period.

Results

SATISFACTION LEVEL

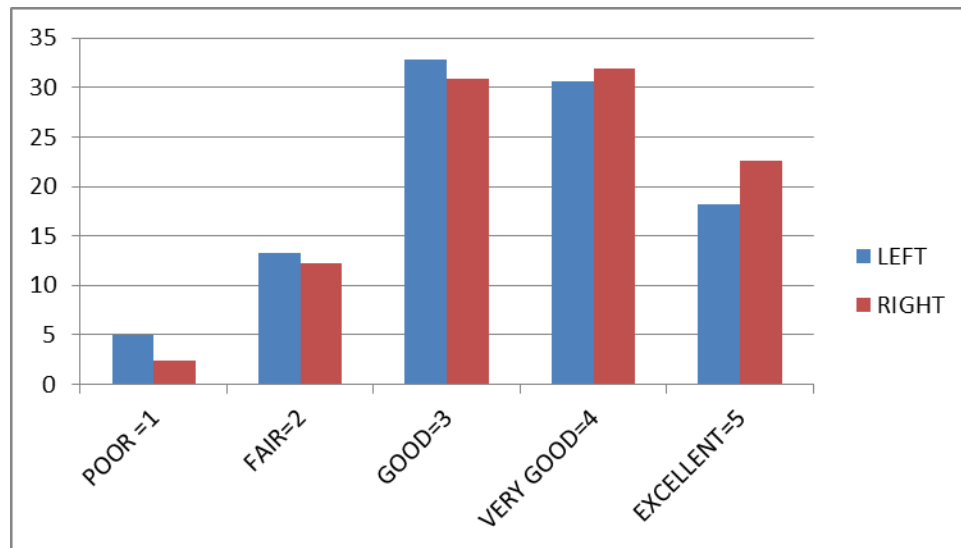
LEFT VS RIGHT WING

The hospital is divided into two wings i.e left and right wing, the basic aim of doing this analysis was to find any variation in satisfaction level in both the wings.

A1. The table shows comparison of response of patients of left and right wing wrt to information given.

INFO GIVEN	LEFT	RIGHT
POOR =1	5	2.439024
FAIR=2	13.28671	12.19512
GOOD=3	32.86713	30.85366
VERY GOOD=4	30.66434	31.95122
EXCELLENT=5	18.18182	22.56098

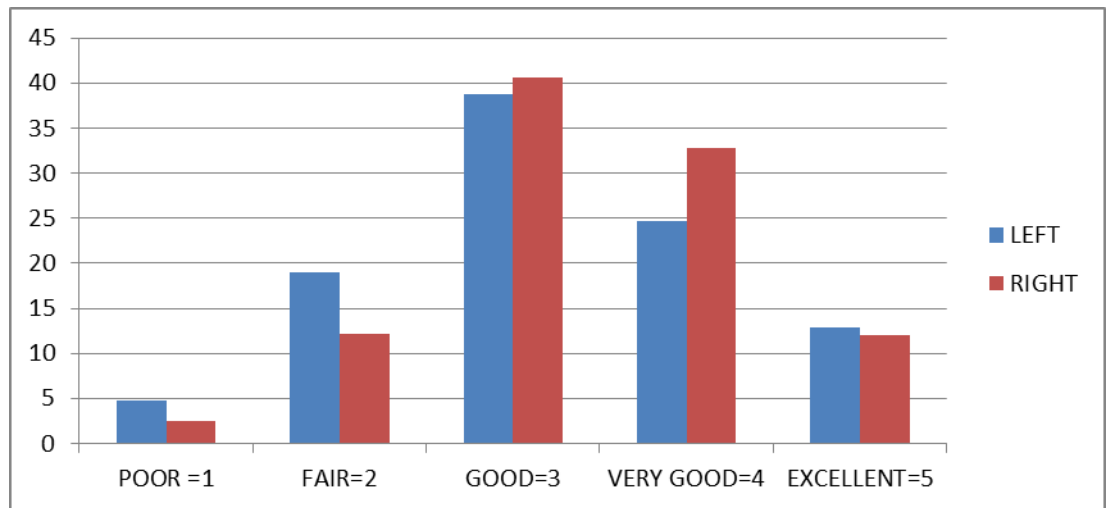
1. Bar diagram shows comparison between left and right wing for parameter of ease of getting information.



A2. The table shows comparison of response of patients left and right wing wrt ease of getting information

EASE OF INFORMATION	LEFT	RIGHT
POOR =1	4.704225	2.439024
FAIR=2	18.97183	12.19512
GOOD=3	38.73239	40.58537
VERY GOOD=4	24.69014	32.82927
EXCELLENT=5	12.90141	11.95122

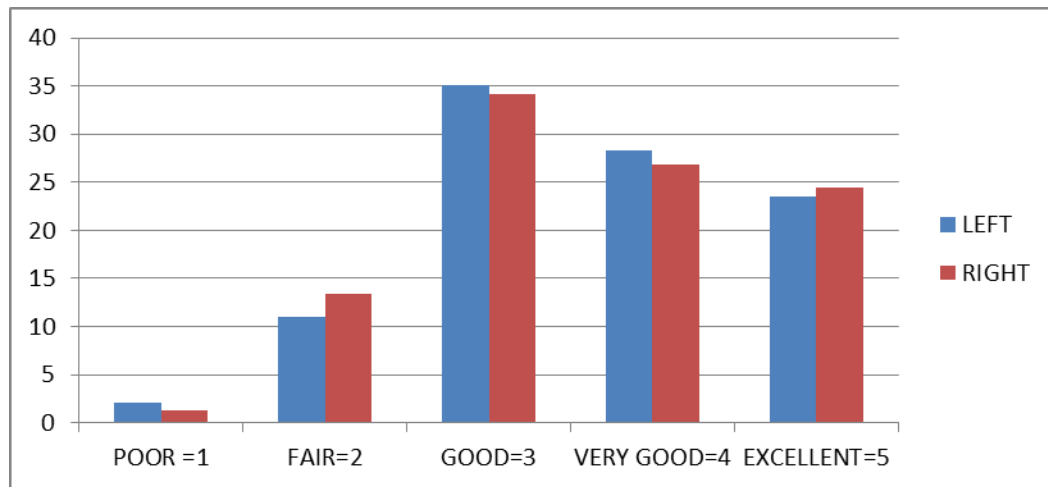
- The bar diagram shows comparison between left and right wing for ease of getting information.



A3. The table shows comparison of response of patients left and right wing wrt attention given to patient.

ATTENTION TO CONDITION	LEFT	RIGHT
POOR =1	2.068966	1.219512
FAIR=2	11.03448	13.41463
GOOD=3	35.10345	34.14634
VERY GOOD=4	28.24138	26.82927
EXCELLENT=5	23.55172	24.39024

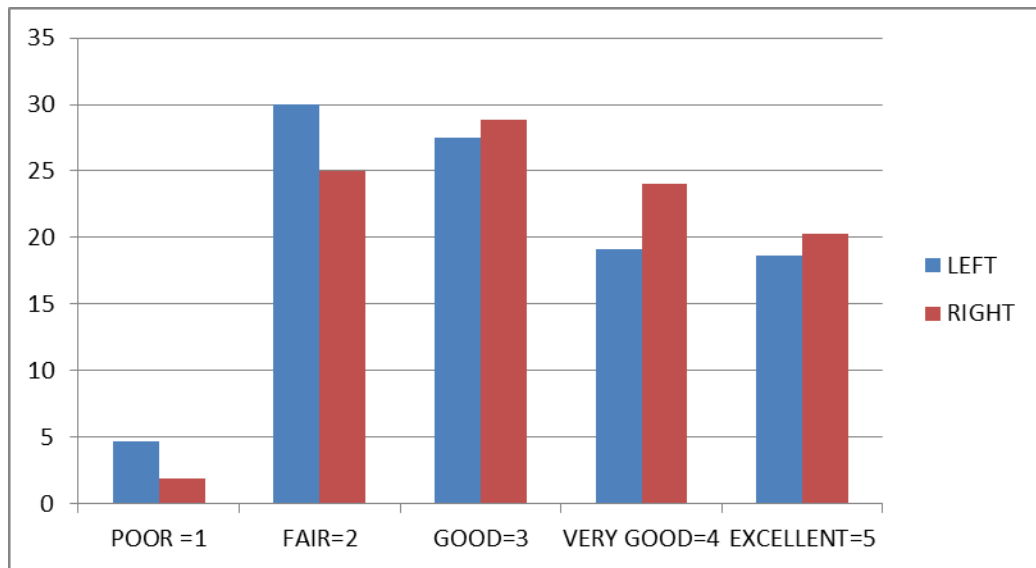
3. The bar diagram shows comparison of attention to condition given.



A4. The table shows comparison of response of patients left and right wing wrt attending calls of the patient

RESPONDING CALLS	LEFT	RIGHT
POOR =1	4.699301	1.875
FAIR=2	29.97902	25
GOOD=3	27.46154	28.875
VERY GOOD=4	19.17483	24
EXCELLENT=5	18.68531	20.25

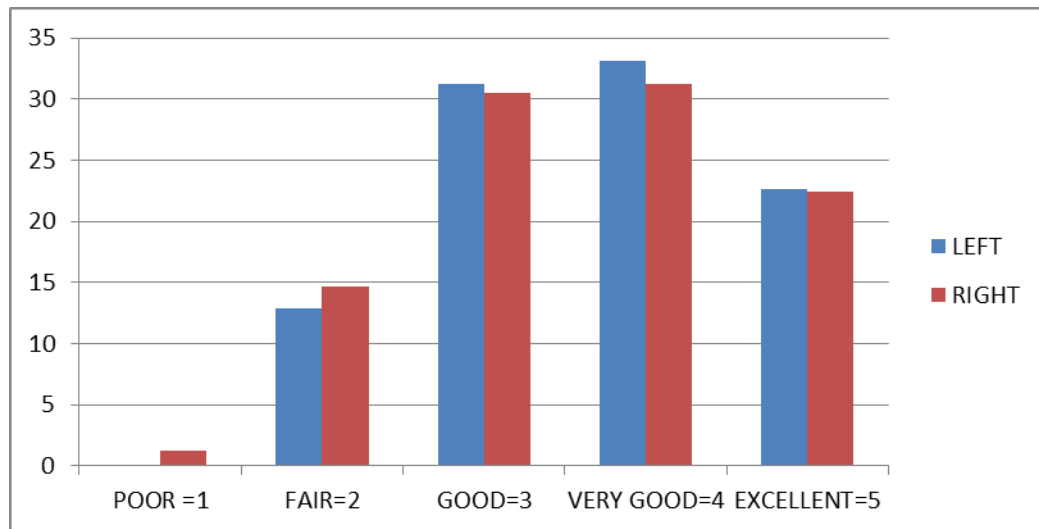
4. The graph shows comparison between left and right wing for responding calls of patients.



A5. The table shows comparison of response of patients of left and right wing wrt skills and competence of nursing staff.

SKILLS	LEFT	RIGHT
POOR =1	0	1.219512
FAIR=2	12.92908	14.63415
GOOD=3	31.20567	30.4878
VERY GOOD=4	33.17021	31.21951
EXCELLENT=5	22.69504	22.43902

5. The graph shows comparison between right and left wing for skills and competence of nursing staff.



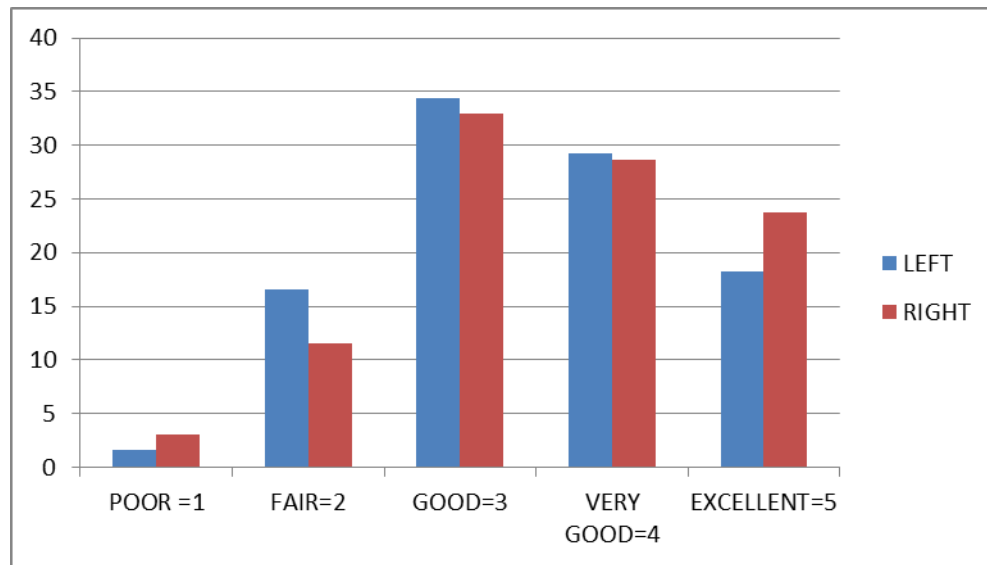
A6. The table shows comparison of response of patients of left and right wing wrt restful atmosphere provided.

RESTFUL ATMOSPHERE	LEFT	RIGHT
POOR =1	1.6	3.04878
FAIR=2	16.6	11.58537
GOOD=3	34.4	32.92683
VERY GOOD=4	29.2	28.65854
EXCELLENT=5	18.2	23.78049

6.

The bar

diagram shows comparison of left and right wing in relation to restful atmosphere provided.



RESULT LEFT VS RIGHT WING

PARAMETRES	LEFT WING	RIGHT WING
INFORMATION GIVEN	GOOD= 32.86 VERY GOOD=30.66 EXCELLENT=18.18	GOOD=30.85 VERY GOOD=31.95 EXCELLENT=22.56
EASE OF GETTING INFORMATION	GOOD=38.72 VERY GOOD=24.69 EXCELLENT=12.90	GOOD=40.58 VERY GOOD=32.82 EXCELLENT=11.95
ATTENTION TO CONDITION	GOOD=35.10 VERY GOOD=28.24 EXCELLENT=23.55	GOOD=34.14 VERY GOOD=26.82 EXCELLENT=24.39

RESPONDING CALLS	GOOD=27.46 VERY GOOD=19.17 EXCELLENT=18.68	GOOD=28.87 VERY GOOD=24 EXCELLENT=20.25
SKILLS AND COMPETENCE	GOOD=31.20 VERY GOOD=33.17 EXCELLENT=22.69	GOOD=30.48 VERY GOOD=31.21 EXCELLENT=22.43
RESTFULL ATMOSPHERE	GOOD=34.4 VERY GOOD=29.2 EXCELLENT=18.2	GOOD=32.92 VERY GOOD=28.65 EXCELLENT=23.78

A7. Over all comparison of left and right wing.

SATISFACTION ANALYSIS

FEMALE VS MALE

There is more footfall of female patients in the hospital as compared to male, therefore the aim to doing this analysis is to compare satisfaction level among males and female patients.

B1. The table shows comparison of response of male and female patients wrt to information given

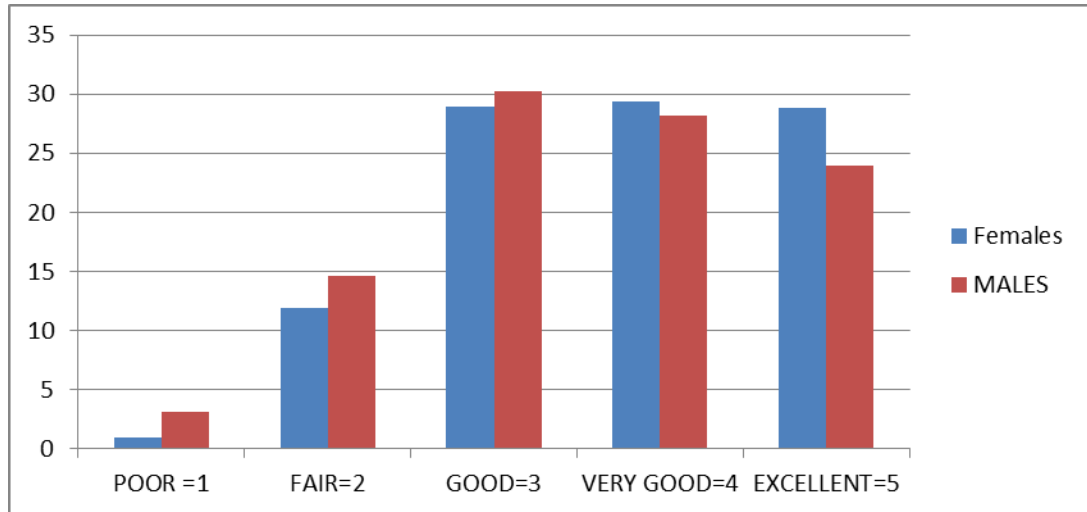
Info Given	Females	MALES
POOR =1	0.917431	3.125
FAIR=2	11.92661	14.58333
GOOD=3	28.99083	30.20833
VERY GOOD=4	29.3578	28.125

EXCELLENT=5	28.80734	23.95833
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7.

Bar

diagram shows comparison of satisfaction level w.r.t to information given to male and female patient



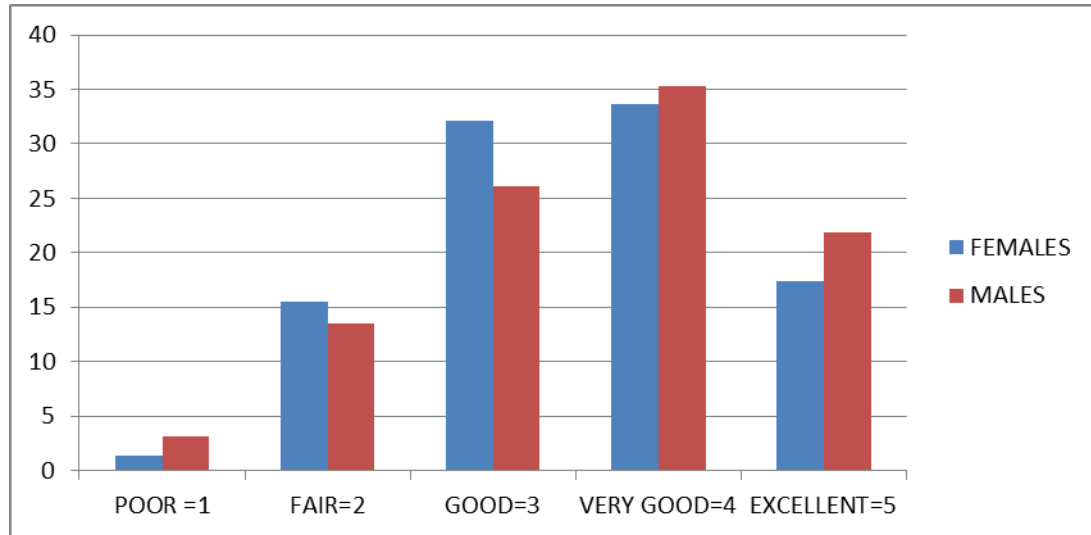
B2. The table shows comparison of response of male and female patients wrt to ease of getting information.

EASE	FEMALES	MALES
POOR =1	1.3824885	3.125
FAIR=2	15.520737	13.54167
GOOD=3	32.092166	26.16667
VERY GOOD=4	33.64977	35.29167
EXCELLENT=5	17.354839	21.875

8.

The bar

diagram shows comparison of ease of getting information between male and female patients.

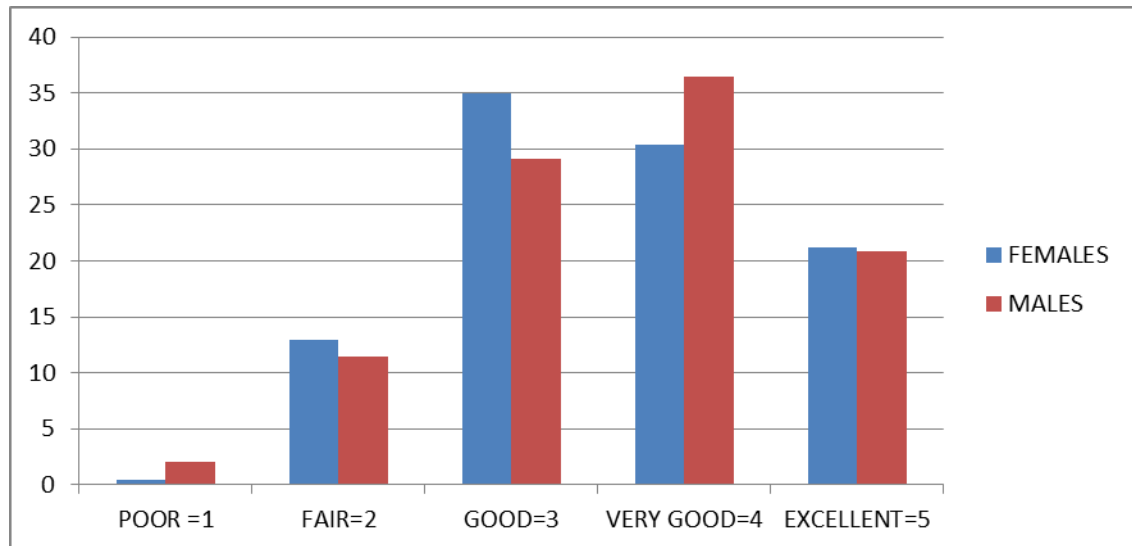


B3.The table shows comparison of response of male and female patients wrt attention given to the condition.

ATTENTION TO CONDITION	FEMALES	MALES
POOR =1	0.460829	2.083333
FAIR=2	12.90323	11.45833
GOOD=3	35.02304	29.16667
VERY GOOD=4	30.41475	36.45833

EXCELLENT=5	21.19816	20.83333
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9. The bar diagram shows comparison of attention to the condition given by the nursing staff.



B4. The table shows comparison of response of male and female patients wrt responding calls of the patients.

RESPONDIND CALLS	FEMALE	MALE
POOR =1	0.917431	3.191489
FAIR=2	24.31193	19.14894
GOOD=3	31.65138	30.85106

VERY GOOD=4	22.93578	22.34043
EXCELLENT=5	20.18349	24.46809

10.

The bar

diagram shows promptness of nursing department in attending calls of patients.



B5. The table shows comparison of response of male and female patients wrt skills and competence of nursing staff.

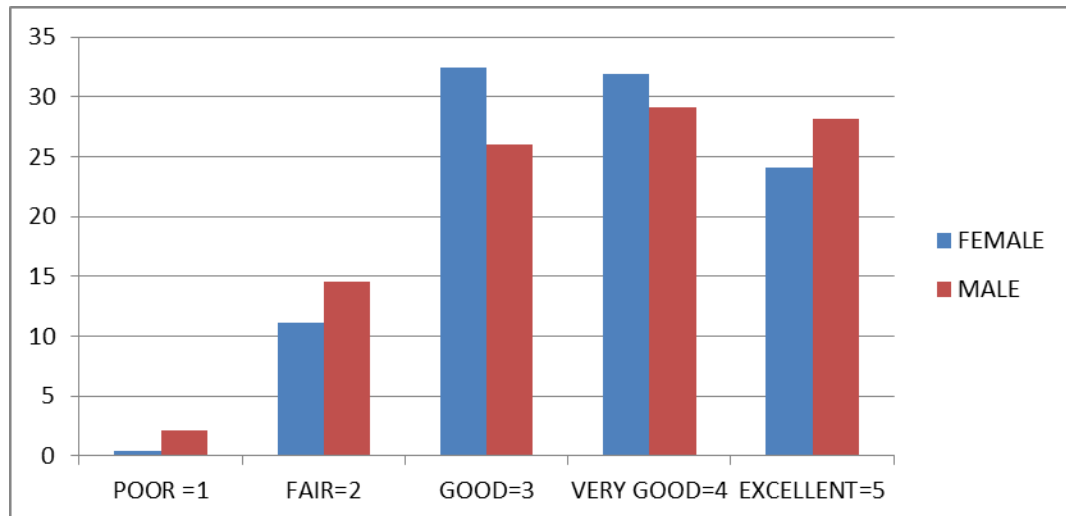
SKILLS	FEMALE	MALE
POOR =1	0.462963	2.083333
FAIR=2	11.11111	14.58333

GOOD=3	32.40741	26.04167
VERY GOOD=4	31.94444	29.16667
EXCELLENT=5	24.07407	28.125

11.

The bar

diagram shows male and female patient response to skills and competence of nursing department



B6. The above table shows comparison of response of male and female patients wrt providing restful atmosphere for the patients.

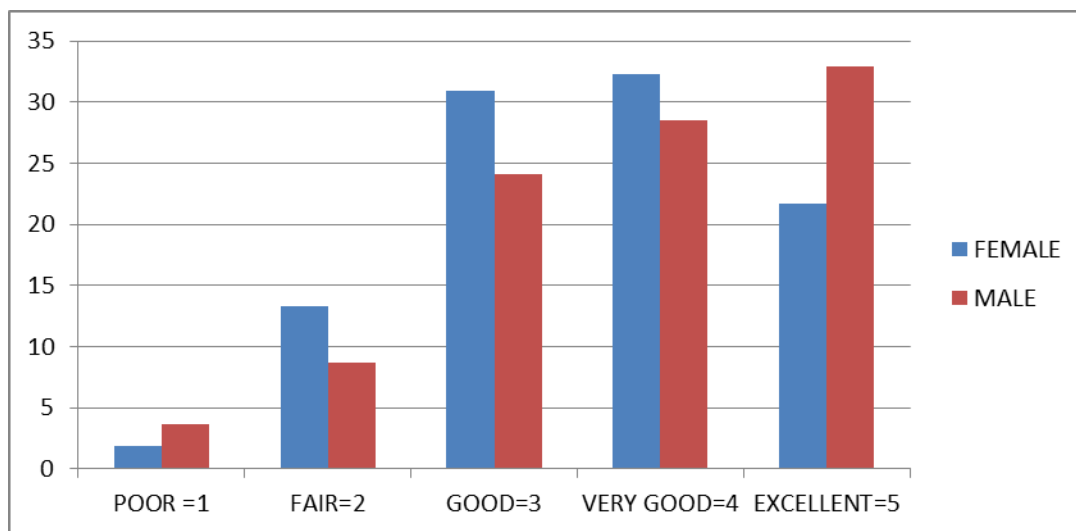
RESTFUL	FEMALE	MALE
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ATMOSPHERE		
POOR =1	1.843318	3.703704
FAIR=2	13.36406	8.703704
GOOD=3	30.87558	24.11111
VERY GOOD=4	32.25806	28.51852
EXCELLENT=5	21.65899	32.96296

12.

The bar

diagram shows comparison of response given by male and female respondents for providing peaceful atmosphere.



RESULT FEMALE & MALE

PARAMETRES	FEMALE	MALE
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INFORMATION GIVEN	GOOD= 28.99 VERY GOOD=29.35 EXCELLENT=28.80	GOOD=30.20 VERY GOOD=28.12 EXCELLENT=23.95
EASE OF GETTING INFORMATION	GOOD=32.09 VERY GOOD=33.64 EXCELLENT=17.35	GOOD=26.16 VERY GOOD=35.29 EXCELLENT=21.87
ATTENTION TO CONDITION	GOOD=35.02 VERY GOOD=30.41 EXCELLENT=21.19	GOOD=29.16 VERY GOOD=36.45 EXCELLENT=20.83
RESPONDING CALLS	GOOD=31.65 VERY GOOD=22.93 EXCELLENT=20.18	GOOD=30.85 VERY GOOD=22.34 EXCELLENT=24.46
SKILLS AND COMPETENCE	GOOD=32.40 VERY GOOD=31.94 EXCELLENT=24.07	GOOD=26.04 VERY GOOD=29.16 EXCELLENT=28.25
RESTFULL ATMOSPHERE	GOOD=30.87 VERY GOOD=32.35 EXCELLENT=21.65	GOOD=24.11 VERY GOOD=28.51 EXCELLENT=32.96

B7. Over all comparison Male and Female.

ANALYSIS

SELF-PAY VS INSURANCE PATIENTS

C1. The table shows comparison of response of self and insurance patients wrt information given

INFO GIVEN	SELF	INS
POOR =1	1.08695652	2.307692
FAIR=2	15.2173913	9.230769
GOOD=3	35.326087	37.69231
VERY GOOD=4	29.8913043	27.69231
EXCELLENT=5	18.4782609	23.07692

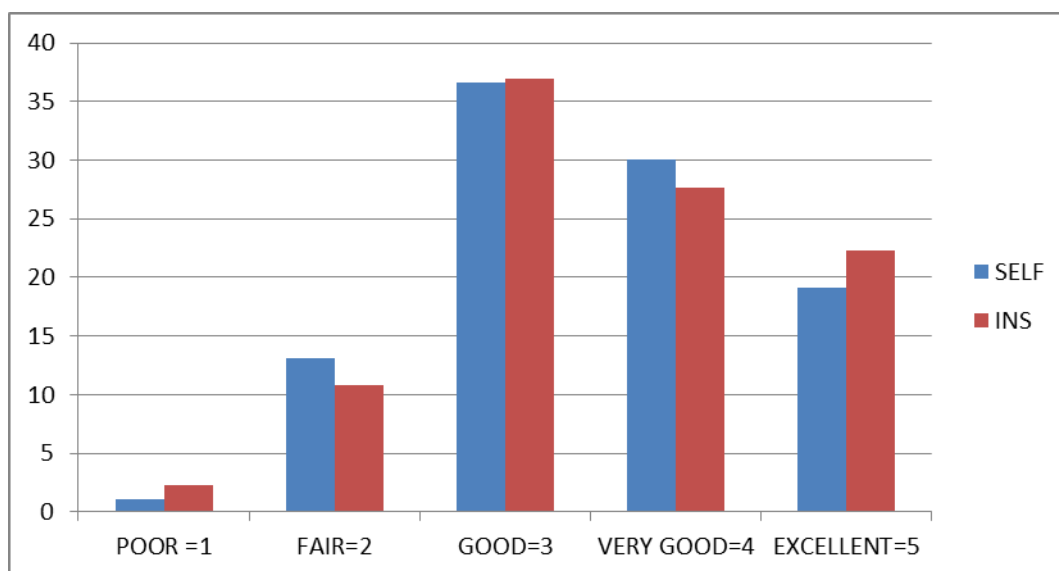
13. The bar diagram shows comparison of response of insurance and self-payment patients wrt information given



C2. The table shows comparison of response of self and insurance patients wrt ease of getting information.

EASE	SELF	INS
POOR =1	1.09289617	2.307692
FAIR=2	13.1147541	10.76923
GOOD=3	36.6120219	36.92308
VERY GOOD=4	30.0546448	27.69231
EXCELLENT=5	19.1256831	22.30769

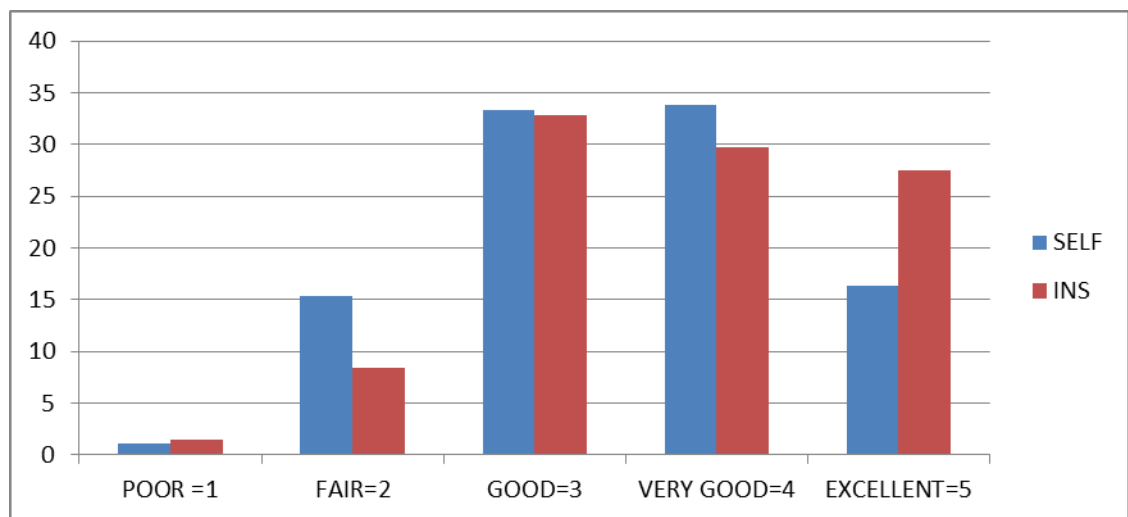
14. The bar diagram shows comparison of response of insurance and self-payment patients wrt ease of getting information.



C3. The table shows comparison of response of self and insurance patients wrt attention given to condition

ATTENTION GIVEN	SELF	INS
POOR =1	1.09289617	1.526718
FAIR=2	15.3005464	8.396947
GOOD=3	33.3333333	32.82443
VERY GOOD=4	33.8797814	29.77099
EXCELLENT=5	16.3934426	27.48092

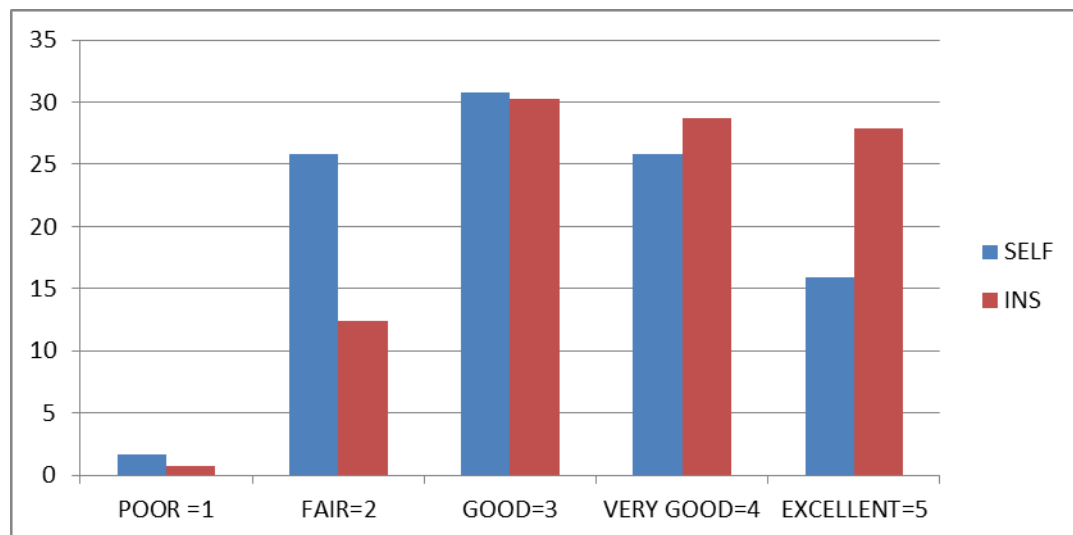
15. The bar diagram shows comparison of response of insurance and self-payment patients wrt attention given.



C4. The table shows comparison of response of self and insurance patients wrt responding calls of the patients.

RESPONDING CALLS	SELF	INS
POOR =1	1.64835165	0.775194
FAIR=2	25.8241758	12.4031
GOOD=3	30.7692308	30.23256
VERY GOOD=4	25.8241758	28.68217
EXCELLENT=5	15.9340659	27.90698

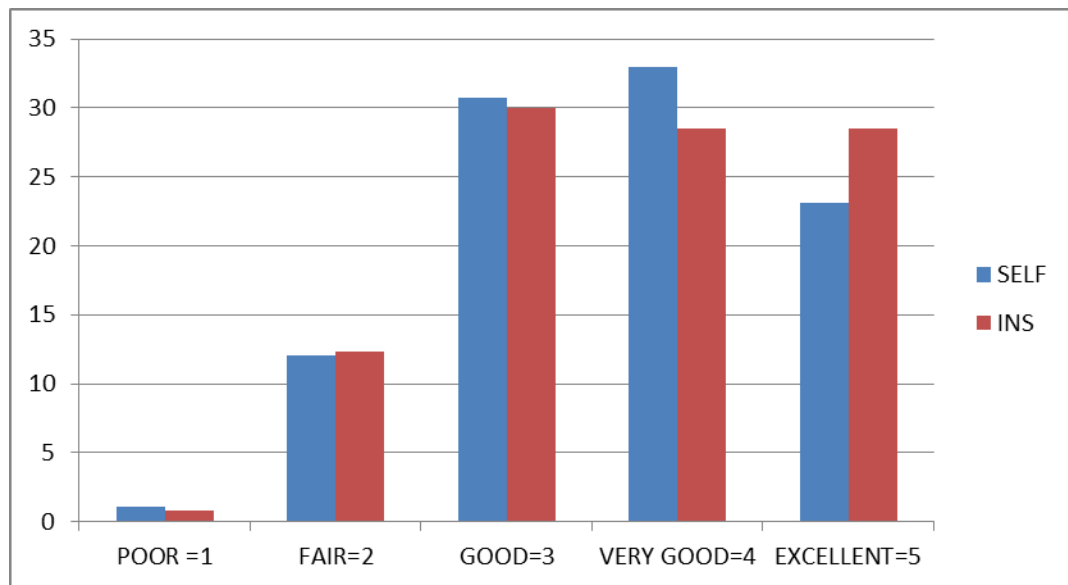
16. The bar diagram shows comparison of response of insurance and self-payment patients wrt responding calls of the patients.



C5. The table shows comparison of response of self and insurance patients wrt providing restful atmosphere.

RESTFUL ATMOSPHERE	SELF	INS
POOR =1	1.0989011	0.769231
FAIR=2	12.0879121	12.30769
GOOD=3	30.7692308	30
VERY GOOD=4	32.967033	28.46154
EXCELLENT=5	23.0769231	28.46154

17. The bar diagram shows comparison of response of insurance and self-payment patients
wrt providing restful atmosphere to the patients

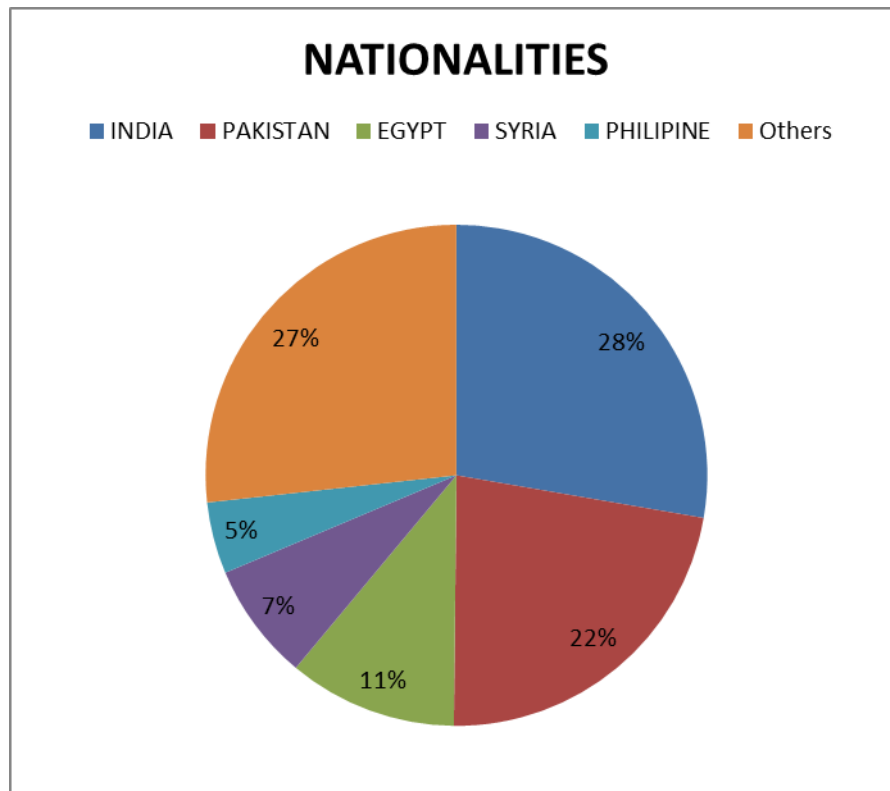


Result Self pay v/s Insurance

PARAMETRES	SELF PAY	INSURANCE
INFORMATION GIVEN	GOOD= 35.32 VERY GOOD=29.89 EXCELLENT=18.47	GOOD=37.69 VERY GOOD=27.69 EXCELLENT=23.07
EASE OF GETTING INFORMATION	GOOD=36.61 VERY GOOD=30.05 EXCELLENT=29.12	GOOD=36.92 VERY GOOD=27.69 EXCELLENT=22.30
ATTENTION TO CONDITION	GOOD=33.33 VERY GOOD=33.87 EXCELLENT=16.39	GOOD=32.82 VERY GOOD=29.77 EXCELLENT=27.48
RESPONDING CALLS	GOOD=30.76 VERY GOOD=25.82 EXCELLENT=15.93	GOOD=30.23 VERY GOOD=28.69 EXCELLENT=27.90
RESTFULL ATMOSPHERE	GOOD=30.76 VERY GOOD=32.96 EXCELLENT=23.76	GOOD=30 VERY GOOD=28.46 EXCELLENT=28.46

C6. Overall response comparison of Self and Insurance patients.

The survey clearly shows that major chunk of the patients belong to Indian nationality, followed by Pakistan and Egypt.



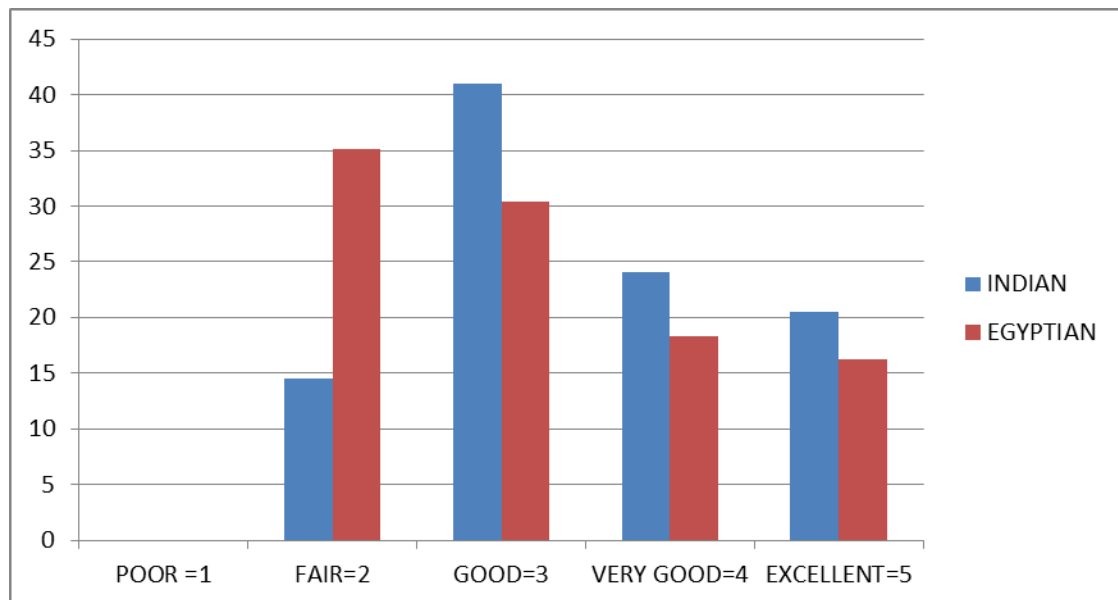
18. The above pie chart depicts patients of which all nationalities come to GMC hospital Ajman for getting treated.

Indian patient's vs Egyptian patients

D1. The table shows comparison of response of Indian and Egyptian patients wrt to information given

INFO GIVEN	INDIAN	EGYPTIAN
POOR =1	0	0
FAIR=2	14.45783133	35.09090909
GOOD=3	40.96385542	30.36363636
VERY GOOD=4	24.09638554	18.36363636
EXCELLENT=5	20.48192771	16.18181818

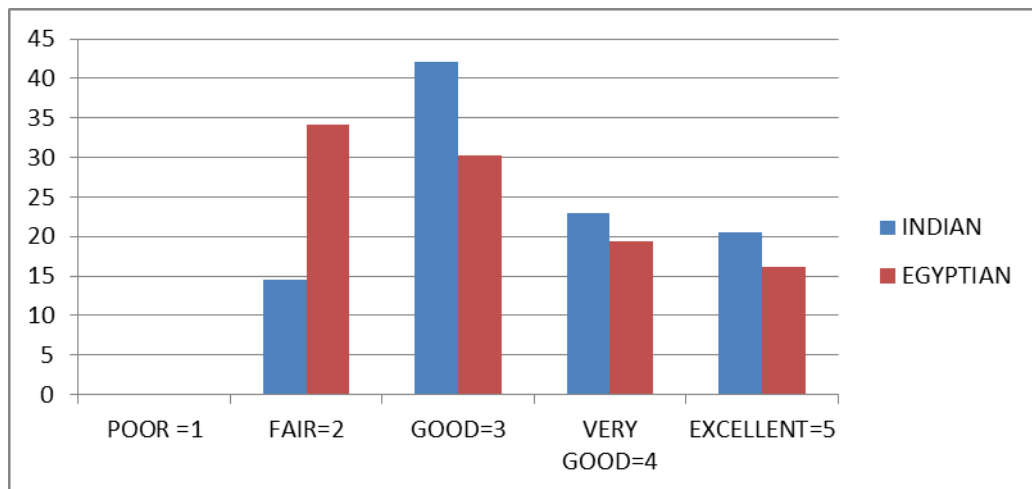
19. The bar diagram shows comparison of response of Indian and Egyptian patients wrt information given



D2. The table shows comparison of response of Indian and Egyptian patients wrt to ease of information given

EASE OF INFORMATION	INDIAN	EGYPTIAN
POOR =1	0	0
FAIR=2	14.45783133	34.12121212
GOOD=3	42.1686747	30.3030303
VERY GOOD=4	22.89156627	19.39393939
EXCELLENT=5	20.48192771	16.18181818

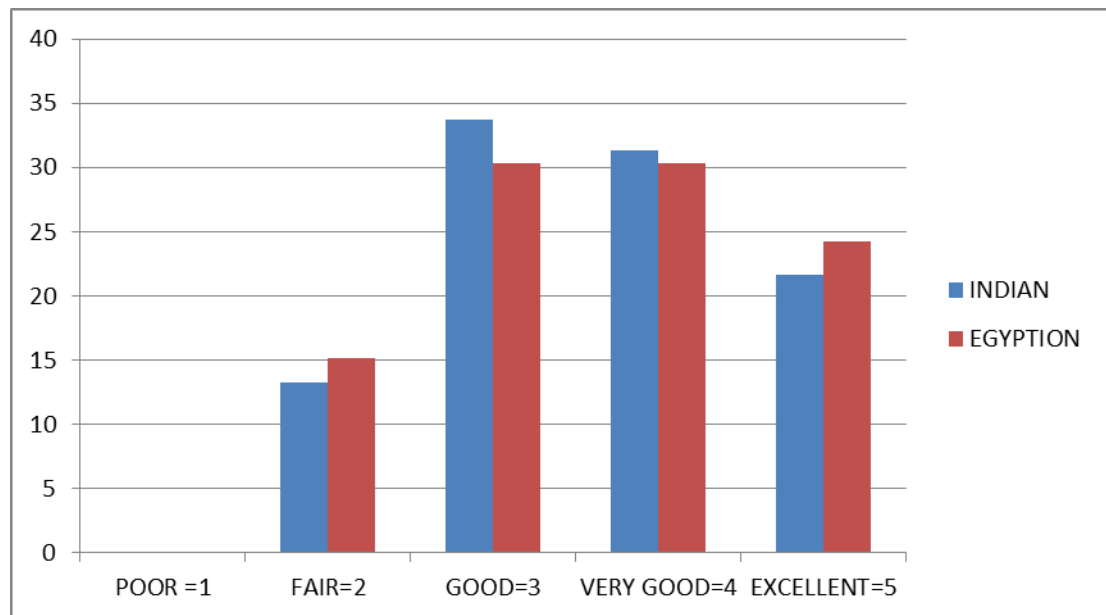
20. The bar diagram shows comparison of response of Indian and Egyptian patients wrt ease of getting information.



D3. The table shows comparison of response of Indian and Egyptian patients wrt attention given to medical condition.

ATTENTION GIVEN	INDIAN	EGYPTION
POOR =1	0	0
FAIR=2	13.25301205	15.15151515
GOOD=3	33.73493976	30.3030303
VERY GOOD=4	31.3253012	30.3030303
EXCELLENT=5	21.68674699	24.24242424

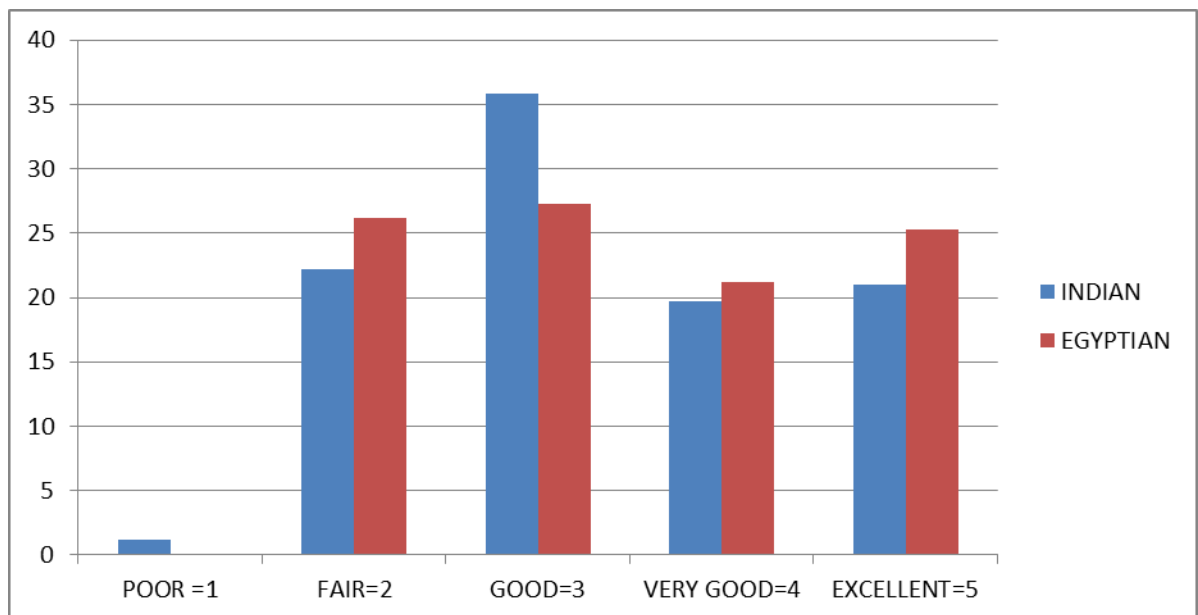
21. The bar diagram shows comparison of response of Indian and Egyptian patients wrt attention given



D4.The table shows comparison of response of Indian and Egyptian patients wrt attending calls

ATTENDING CALLS	INDIAN	EGYPTIAN
POOR =1	1.234567901	0
FAIR=2	22.22222222	26.21212121
GOOD=3	35.80246914	27.27272727
VERY GOOD=4	19.75308642	21.21212121
EXCELLENT=5	20.98765432	25.3030303

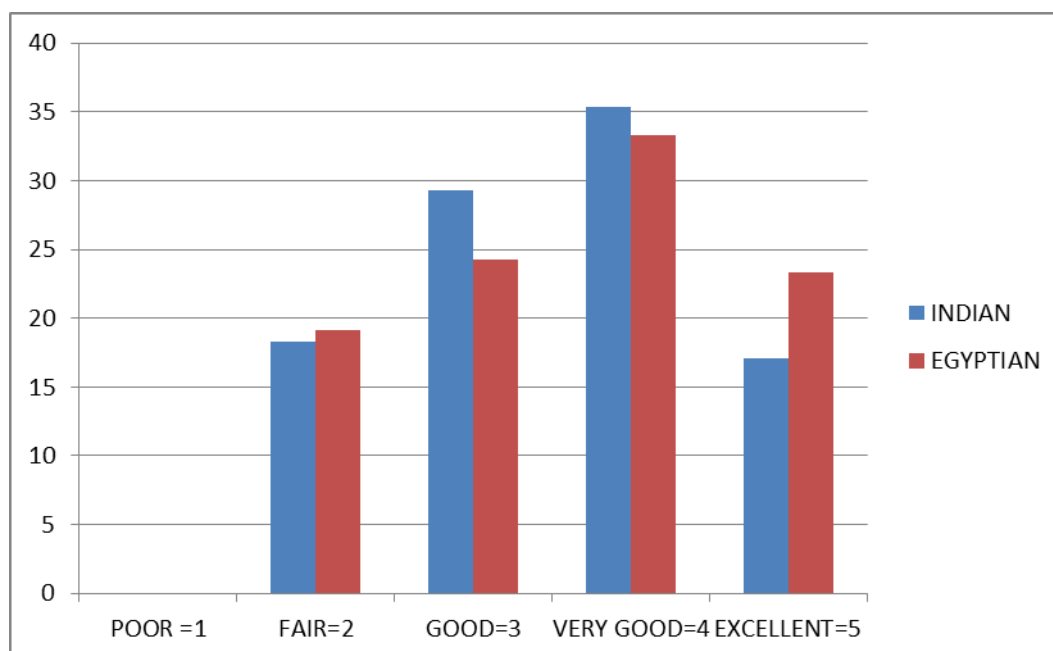
22. The bar diagram shows comparison of response of Indian and Egyptian patients wrt attending calls



D5. The table shows comparison of response of Indian and Egyptian patients wrt Skills and competence of nurses.

SKILLS OF NURSES	INDIAN	EGYPTIAN
POOR =1	0	0
FAIR=2	18.29268293	19.09090909
GOOD=3	29.26829268	24.24242424
VERY GOOD=4	35.36585366	33.33333333
EXCELLENT=5	17.07317073	23.33333333

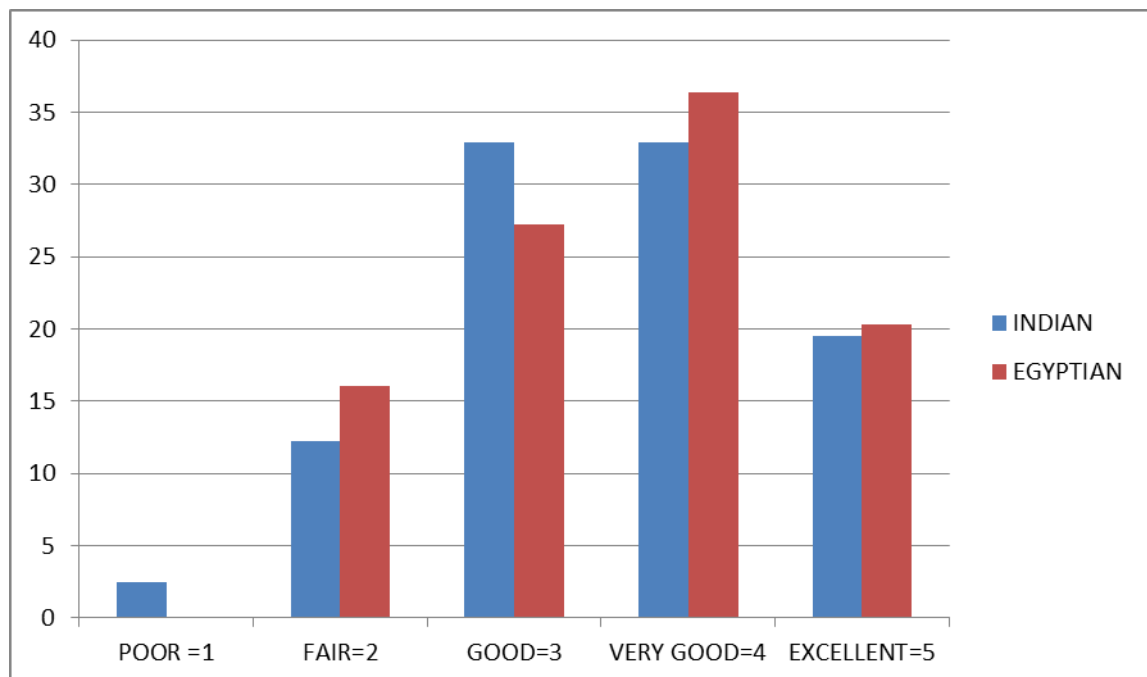
23. The bar diagram shows comparison of response of Indian and Egyptian patients wrt skills and competence of Nurses.



D6.The table shows comparison of response of Indian and Egyptian patients wrt restful atmosphere by the nursing staff.

RESTFUL ATMOSPHERE	INDIAN	EGYPTIAN
POOR =1	2.43902439	0
FAIR=2	12.19512195	16.06060606
GOOD=3	32.92682927	27.27272727
VERY GOOD=4	32.92682927	36.36363636
EXCELLENT=5	19.51219512	20.3030303

24. The bar diagram shows comparison of response of Indian and Egyptian patients wrt restful atmosphere provided by the nurses.



Discussion

- Analysis shows that information given, ease of getting information, attending calls and restful environment is slightly high in right side, while patient feel that skills and attention given is same in both wings.
- Analysis of male and female shows that females are happy with the information given but males patients find it easy to get information as compared to female patients.
- Male patients find attention given is better as compared to female patients also more positive response from males in term of skills and competency of nursing staff. Also Male patients are quite satisfied with environment.
- Analysis of self-paying patient and insured patient shows that insurance patient is more satisfied from nursing care as compared to self-paying patient.
- Analysis of response of Indian patients shows that patients are quite satisfied by information given and ease of getting information but are highly satisfied with the skills and competency of nursing staff.

Recommendations

- Training on communication skills especially Arabic speaking.
- Motivations should be increased- by celebrating Nursing day, birthdays and nominating nurse/employee of the month- Star sister of the month.
- Increase in number of nursing staff especially in left wing.
- For restful atmosphere separate entry and exit for OBG patients.
- Signage's of keep silence can be placed.
- Strictly following visitor meeting time.

Bibliography

1. <http://onlinelibrary.wiley.com/doi/10.1111/j.13652648.2008.04866.x/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false>.
2. <http://nmsjournal.com/7901.fulltext>.
3. <http://www.sciencedirect.com/science/article/pii/S1976131714000693>.
4. Schubert M, Ausserhofer D, Desmedt M, Schwendimann R, Lesaffre E, Li B, De Geest S: Levels and correlates of implicit rationing of nursing care in Swiss acute care hospitals—a cross sectional study.
5. Int J Nurs Stud 2013, 50(2):230-239. PubMed Abstract |
6. Kalisch BJ, Landstrom G, Williams RA: Missed nursing care: errors of omission.
7. Nurs Outlook 2009, 57(1):3-9. PubMed Abstract
8. Schubert M, Clarke SP, Aiken LH, de Geest S: Associations between rationing of nursing care and inpatient mortality in Swiss hospitals.
9. Int J Qual Health Care 2012, 24(3):230-238. PubMed Abstract
10. Lucero RJ, Lake ET, Aiken LH: Nursing care quality and adverse events in US hospitals
11. J Clin Nurs 2010, 19(15–16):2185-2195. PubMed Abstract | Publisher Full Text | PubMed Central Full Text OpenURL
12. Kalisch BJ, Tschannen D, Lee KH: Missed nursing care, staffing, and patient falls.



Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ)

- ✓ The purpose of this exercise is to provide doctors with information about their work through the eyes of those they work with and treat, and is intended to help inform their further development.
- ✓ Please do not write your name on this questionnaire.
- ✓ Please mark the box like this with a ball point pen. If you change your mind just cross out your old response and make your new choice.
- ✓ No personal information will be released to any other party.

Date of visit: (dd/mm/yy) _____ / _____ / _____ **Hosp. No:** _____

Please rate some things about the nursing care you received during your hospital stay in terms of whether they were Excellent, Very Good, Good, Fair or Poor. Please check only one rating for each statement.

INFORMATION YOU WERE GIVEN: How clear and complete the nurses' explanations were about tests, treatments, and what to expect.					
					<input type="checkbox"/>
Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	
EASE OF GETTING INFORMATION: Willingness of nurses to answer your questions.					
					<input type="checkbox"/>
Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	
ATTENTION TO MEDICAL CONDITION: How well the nurses kept track of how you were doing					
					<input type="checkbox"/>
Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	
NURSING STAFF RESPONSE TO YOUR CALLS: How quick they were to help.					
					<input type="checkbox"/>
Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	
SKILL AND COMPETENCE OF NURSES: How well things were done, like giving medicine and handling IVs.					
					<input type="checkbox"/>
Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	
RESTFUL ATMOSPHERE PROVIDED BY NURSES: Amount of peace and quietness					
					<input type="checkbox"/>
Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	

