JURNAL ILMIAH ILMU KEPERAWATAN INDONESIA
Indonesian Nursing and Scientific Journal

Research Article
Family Satisfaction towards to Nursing Services

Dhiaz Feby Elsatriya[1], Riama Marlyn Sihombing[2], Elissa Oktoviani Hutasoit[3]
[1]Siloam Hospitals Buton
Jl. Sultan Hasanuddin No.58, Batulo, Wolio, Kota Bau-Bau, Sulawesi Tenggara 93716
[2,3]Faculty of Nurisng, Universitas Pelita Harapan, MH Thamrin Boulevard 1100, Klp. Dua, Kec. Klp. Dua, Kota Tangerang, Banten 15811
Email Correspondent: riama.sihombing@uph.edu

Abstract
Background: Nursing service quality can provide satisfaction to the patients and their families. Satisfaction occurs after analysing perceptions of service performance manifested in feelings of pleasure or disappointment. Based upon a survey during September 2019, one private hospital in central Indonesia found 30% of the family members were dissatisfied with nursing services. Respondents evaluated nurses were late replying to bells, and the explanation of nursing intervention was not recognized by family members.
Objectives: The study aimed to analyse the factors related to family satisfaction toward nursing services.
Methods: A quantitative inferential with a cross-sectional approach. A purposive sampling was selected among 214 respondents. Data collection using a questionnaire that has been examined on validity and reliability which processed quantitatively and analysed with Fishers exact and logistic regression tests.
Results: More than half of the respondents were female and less than half were aged 26-35 years. Half had higher education. There was a significant correlation between tangible (p=0.001), reliability (p=0.001), responsiveness (p=0.001), empathy (p=0.001) and assurance (p=0.001) with family satisfaction. Reliability remains the most dominant factor that affected family satisfaction. Good reliability has a 0.048 times greater chance of increasing family satisfaction compared to poor reliability.
Conclusion: The family members were not satisfy with the nursing services. Management to improve nursing services might assess the families desire for the reliability of nursing services so expect satisfaction will increase.

Keywords: family satisfaction, empathy, nursing services

Introduction

The nursing services provided are satisfactory are not an indicator of the quality of nursing. Poor level of satisfaction reflects a large difference between expectations and fulfillment of perceived needs and may have implications for medication adherence, affecting the patient's healing process.[1] The quality of nursing services affects patient satisfaction and family satisfaction. Patients with chronic disease and the impact of the disease affect the patient and their family, defined as persons who have a close social or emotional relationship with the patient.[1] Assessing the needs of the family members such as providing accurate information about the patients' condition can increase family satisfaction and improve the family's ability to decide on patient care.[2]

A preliminary study conducted from nursing feedback sheets distributed to patients and families in September 2019 found 30% of respondents expressed dissatisfaction with nursing services. They stated that nurses did not immediately respond to patient bells and that nurses' explanations about nursing actions were often not understood. Meanwhile, 70% of respondents were satisfied with the nurse's politeness and expression, who always smiled at the patient. From the results of interviews with three patient families, it was found that respondents were satisfied with the nursing service but complained about the readiness of the nurses to the patient's call bell.

Several researchers have conducted studies that discuss patient satisfaction with nursing services.[3,4,5] However, studies examining patient-family satisfaction are still very limited. In addition, research on patient family satisfaction in nursing services in inpatient rooms is still rare. Most of the studies examined the family satisfaction of patients in intensive care units or critical care.[6,7,8] Therefore, the study is interested in examining the patient's family satisfaction with nursing services by distributing questionnaires in inpatient rooms and analyzing the factors that influence this satisfaction.

The study aimed to analyze the factors related to family satisfaction toward the nursing services. The results of this study will give significant suggestions to improve the quality of nursing services in the hospital.

Methods

A cross-sectional inferential quantitative study was conducted between January and February 2020 in the medical-surgical wards in one private hospital in center Indonesia. A purposive sampling of 214 family members who were only over 18 years were included in the study. Also, family members who can read, write, and understand Indonesian, are willing to participate in research and understand explanations, and patients are treated in the inpatient room. Exclusion criteria were unattended patients and patients treated in ICU, emergency, and outpatient department (OPD) rooms.

Ethical approval was obtained from the Research Committee Ethics Faculty of Nursing Universitas Pelita Harapan with protocol number 001/RCTC-EC/R/SHBN/I/2020. All study respondents signed informed consent before participating in the survey.

The respondents were asked to complete a two-part questionnaire. The first part included questions regarding patients' family members' demographic characteristics such as age, gender, and education level. The second part consisted of 29 Likert-type four-point scoring items representing five dimensions of the family satisfaction that adopted from another study[9] as follows: 1) Tangibles: physical facilities, equipment, and appearance of personnel; 2) Reliability: the ability to perform the promised service dependably and accurately; 3) Responsiveness: willingness to help consumers and provide prompt service; 4)Assurance: competence, courtesy, and security; 5) Empathy: caring and individualized attention. Each question is answered on a 5-point Likert scale with the answer choices 1 = very poor or very dissatisfied; 2 = poor or dissatisfied; 3 = slightly satisfied; 4 = good or mostly satisfied; 5= very good or very satisfied. The responses were scored and calculated

from total/overall satisfaction (29 items). The level of satisfaction is divided by satisfaction and dissatisfaction. Satisfaction if total score more than 116 and dissatisfaction if total score less than 116.

Before collecting data, researchers conducted a questionnaire validity and reliability test on 30 patient families with more than two days of treatment on February 1, 2020. Of the 30 statement items, it was found that there was one question (p8) whose corrected item-total item correlation value (0.278) was below the minimum correlation coefficient which was considered valid (0.361). The process was repeated by removing statement number eight and it was found that all statements were valid with the corrected item-total item correlation between 0.672 - 0.851 and Cronbach's alpha value = 0.917

Permission to conduct this study was obtained from the Faculty of Nursing Universitas Pelita Harapan, while permission to gather the data was obtained from the hospital director and head of the nursing division of one private hospital in center Indonesia. The procedure was explained to all the respondents and the questionnaire took approximately 15 – 30 minutes to complete. There were no aspects in the questionnaire that were difficult to understand.

Results

Of the study population, 214 respondents completed and returned the questionnaire. All of the respondents demonstrated a clear understanding of the questionnaire. The mean age of the respondents was 31.41 ± 0.6 years (range 19–70) and less than half were aged 26–35 years. Of the 214 respondents, 123 (57.5%) were female and 107 (50%) had a higher education (table 1).

Table 1. Demographic Characteristics of The Respondents (n = 214)

Category	n	%
Gender		
Male	91	42.5
Female	123	57.5
Age		
18 – 25 years old	64	29.9
26 – 35 years old	94	43.9
36 – 45 years old	34	15.9
46 – 59 years old	19	8.4
60 – 74 years old	3	1.4
Education		
Lower education	41	19.2
Middle education	66	30.8
Higher education	107	50
Total	214	100

The results are given in Table 2 and show the relationship of family satisfaction dimensions, including tangible, reliability, responsiveness, empathy, and assurance. There were 117 (54.7%) respondents who reported dissatisfaction levels of the family satisfaction with 109 (50.9%) of the respondents indicated that poor and dissatisfied of tangible, 108 (50.5%) of the respondents reported poor and dissatisfied of reliability, 115 (53,7%) of the respondents showed poor and dissatisfied of responsiveness, 109 (50.9%) of the respondents showed poor and dissatisfied of assurance and 111 (51.9%) of the respondents indicated poor and dissatisfied of empathy.

Table 2. Relationship of Family Satisfaction Dimensions (n = 214)

Dimension		Family satisfaction						OR (95% CI)	p value
		Dissatisfaction		Satisfaction		Total			
		n	%	n	%	n	%		
Tangible	Good	8	3.7	83	38.8	91	42.5	80.77	0.001
	Poor	109	50.9	14	6.5	123	57.5	(32.37 – 201.55)	
Reliability	Good	9	4.2	84	39.2	93	43.5	77.53	0.001
	Poor	108	50.5	13	6.1	121	56.5	(31.63 – 190.03)	
Responsiveness	Good	2	0.9	73	34.1	75	35	174.89	0.001
	Poor	115	53.7	24	11.2	139	65	(40.13 – 762.19)	
Assurance	Good	8	3.7	81	37.9	93	41.6	68.97	0.001
	Poor	109	50.9	16	7.5	125	58.4	(28.15 – 168.99)	
Empathy	Good	6	2.8	80	37.4	86	40.2	80.05	0.001
	Poor	111	51.9	17	7.9	128	59.8	(32.68 – 230.59)	
Total		117	54.7	97	45.3	214	100		

The Fisher test was used to evaluate the correlation in family satisfaction. There was a significant positive correlation between tangible (p = 0.001), reliability (p = 0.001), responsiveness (p = 0.001), assurance (p = 0.001) and empathy (p = 0.001) with family satisfaction.

Table 3. Factors Related to The Family Satisfaction (n = 214)

Variable	S.E.	p	OR	95% C.I.	
				Lower	Upper
Tangible	0.816	0.001	0.016	0.003	0.078
Reliability	0.760	0.001	0.048	0.011	0.211
Empathy	0.841	0.001	0.024	0.005	0.123

The results of the analysis of 3 dimensions with a value of $p < 0.05$ are shown in table 3. Reliability is the most dominant factor that affected family satisfaction, which means that good reliability has a 0.048 times greater chance of increasing family satisfaction than poor reliability.

Discussion

Table 2 shows that less than half of the respondents who assessed were satisfied with nursing services. Tangible is significantly related to patient satisfaction. Based on the Odds Ratio, respondents who gave an excellent tangible assessment had an 80.77 times greater chance of being satisfied compared to respondents who gave a bad rating. This means that less than half of the respondents are satisfied with the cleanliness and comfort of the treatment room, the appearance of the nurses who are rapid and clean, and the arrangement of the nurse stations close to patient rooms in a private hospital in central Indonesia. Tangible is a form of physical reality which includes facilities, equipment, the appearance of nurses, facilities, and information. Tangible can provide an overview of the quality of nursing services and several studies stated that the patient's family satisfaction is influenced by service facilities in the form of a comfortable and clean room atmosphere.[2,10,11]

Table 2 shows that less than half of the respondents who gave good ratings were satisfied with nursing services from the reliability dimension. There is a significant relationship between the dimensions of reliability and patient's family satisfaction. Based on the Odds Ratio, respondents who rated good reliability had a 77.53 times greater chance

of being satisfied than respondents who gave bad ratings. In this finding, it can be seen that more patient family groups are dissatisfied with nursing services from the dimension of reliability. This shows that the patient's family's satisfaction with nursing services from the dimension of reliability can still be improved. The dimension of reliability is the ability to provide promised services promptly, accurately, satisfactorily, honestly, safely, on time, and in availability. In this dimension, nurse friendliness and punctuality are of concern. The findings are similar to Sulistiyowati (2010) who stated that nurses who are not on time to provide nursing care such as giving medication or making observations result in a low level of satisfaction on the reliability dimension.[12]

The responsiveness dimension in Table 2 shows that the respondents who gave bad ratings were more than respondents who gave good ratings. This shows that the assessment of less than half of the respondents regarding the ability of nurses to provide services quickly, responded immediately to patient complaints, provided clear information about actions given, and offered assistance before being asked by patients. However, more than half of the respondents were not satisfied with nursing services, which means this aspect is not optimal and must be improved. In this study, the responsiveness dimension has a significant relationship with the patient's family satisfaction. Based on the Odds Ratio, respondents who rated good responsiveness had a 174.89 times greater chance of satisfaction than respondents who gave bad ratings. The findings support the previous study[3] which states that nurses cannot help patients when they need them because of the insufficient number of nurses. On the other hand, poor communication between nurses and patients, and the patient's family, can cause emotional distress. Effective communication to the family reduces long-term psychological effects on patients and families.[6] Regular communication training has been conducted at a private hospital in central Indonesia. However, it is necessary to evaluate the implementation of training and guidance from the head to the nurses in the room.

The assurance dimension in table 2 showed that respondents who gave a good rating were less than respondents who gave a bad rating. This does not mean that the nurses have failed in the service but it means that there are still things that can be improved from this dimension. The results of this study indicate the appearance of nurses in providing nursing care does not hesitate, carefully evaluates every action taken, the nurse informs the results of each action taken. On the other hand, there are still respondents who are not satisfied with various aspects of the assurance. There is a significant relationship between the assurance dimension and the patient's family satisfaction. Based on the Odds Ratio, respondents who rated good reliability had a 68.97 times greater chance of being satisfied than respondents who gave bad ratings. This study is in line with a previous study[13] showing a relationship between perception assurance and patient family satisfaction. Table 2 shows that more than half of the respondents who gave bad ratings were dissatisfied with nursing services from the empathy dimension. This suggests a significant relationship between empathy dimensions and patient family satisfaction. Based on the Odds Ratio, respondents who rated empathy as good had an 80.05 times greater chance of being satisfied compared to respondents who gave bad ratings. The empathy dimension assessed was calling the patient's name before taking action, following up on problems experienced by the patient, providing time to listen to patient complaints, not rushing into nursing actions, understanding what the patient feels, being friendly and polite. The findings were supported by a previous study[3], which stated that nurses' lack of personal "caring" resulted in the nurse's empathy for the patient so that the patient and family were uncomfortable or dissatisfied. This study does not agree with another study[9] which shows nurses can make a good approach to patients including understanding the patient's needs.

The final model obtained from the multivariate analysis (Table 3) shows that there are three dimensions with p-value <0.05, namely tangible, reliable, and empathy.

Reliability is the most dominant dimension and it is concluded that good reliability has a 0.048 times greater chance of increasing patient's family satisfaction than poor reliability. The results of other studies found reliability as the most dominant factor in the relationship with patient family satisfaction, followed by the dimensions of responsiveness, assurance, and empathy.[14] Whereas previous study[13] found tangible perceptions, reliability, responsiveness, assurance, and empathy showed a joint influence on patient family satisfaction.

Conclusion

In our study evaluating family satisfaction, which is an indicator of nursing services, we found patient family members admitted inpatient room were dissatisfied. A further study could assess a families' desire for the reliability of nursing services. Furthermore, we suggest that family satisfaction can be increased by improving the quality of nursing services such as health education through the family members/patients and excellent service training.

Conflict of Interest Declaration

There was no conflict of interest of both individuals and organizations during the preparation of this study.

References

1. Lai VKW, Lee A, Leung P, Chiu CH, Ho KM, Gomersall CD, et al. Patient and family satisfaction levels in the intensive care unit after elective cardiac surgery: study protocol for a randomised controlled trial of a preoperative patient education intervention. BMJ Open [Internet]. 2016 Jun 1 [cited 2020 Aug 1];6(6). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4401420/

2. Akdagli Ekici A, Akinci SB, Pamuk AG, Kilicaslan B, Aslan Kav ES. Assessment of family satisfaction in anesthesiology and reanimation intensive care unit. J Crit Intensive Care. 2020;11(1):15–20.

3. Baskoro RR, Arvianto A, Rinawati DI. Penilaian kepuasan pasien dengan menggunakan metode SERVQUAL guna meningkatkan kualitas pelayanan di RSUD Ungaran. Ind Eng Online J [Internet]. 2016 [cited 2020 Aug 17];5(4):187774. Available from: https://www.neliti.com/publications/187774/

4. Butar-butar J, Simamora RH. Hubungan mutu pelayanan keperawatan dengan tingkat kepuasan pasien rawat inap di RSUD Pandan kabupaten Tapanuli Tengah. J Ners Indones [Internet]. 2016 Mar 30 [cited 2020 Aug 17];6(1):51–64. Available from: https://jni.ejournal.unri.ac.id/index.php/JNI/article/view/4358

5. Mumu LJ, Kandou GD, Doda D V. Analisis faktor-faktor yang berhubungan dengan kepuasan pasien di Poliklinik Penyakit Dalam RSUP Prof. Dr. R. D. Kandou Manado. J Unsrat [Internet]. 2015;1–8. Available from: https://ejournal.unsrat.ac.id/index.php/jikmu/article/view/7460

6. Ali A, Krishnareddy K, Loney T, Hon H. Family satisfaction with intensive care services: A

survey from three tertiary hospital units. Ibnosina J Med Biomed Sci [Internet]. 2019;11(2):62–67.

7. Hwang DY, Yagoda D, Perrey HM, Tehan TM, Guanci M, Ananian L, et al. Assessment of satisfaction with care among family members of survivors in a neuroscience intensive care unit. J Neurosci Nurs [Internet]. 2014 [cited 2020 Aug 1];46(2):106–16. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4401420/

8. Yüksel Turhan Z. Evaluation of family satisfaction level at Erciyes University Medical Faculty Intensive Care Units with a validated survey. Erciyes Med J [Internet]. 2020;42(2014):264–71.

9. Oini O, Komalasari R, Hasibuan SY. Tingkat kepuasan pasien Terhadap pelayanan keperawatan di unit rawat inap. Nurs Curr [Internet]. 2017;5(2):50–60. Available from: https://ojs.uph.edu/index.php/NCJK/article/view/1707

10. Lam SM, So HM, Fok SK, Li SC, Ng CP, Lui WK, et al. Intensive care unit family satisfaction survey. Hongkong Med J [Internet]. 2015;21(5):435–43. Available from: https://pubmed.ncbi.nlm.nih.gov/26371158/

11. Zouka M, Myrou A, Soultati I, Aslanidis T, Euthymiou E, Geka E, et al. Family satisfaction in the ICU: a 6-month experience. Crit Care [Internet]. 2014;18(Suppl 1):P27. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4068750/

12. Sulistiyowati B. Analisa dimensi service quality (SERVQUAL) terhadap asuhan keperawatan di ruangan perawatan umum I dan II di RS Sentra Medika Cisalak tahun 2010 [Internet]. Universitas Indonesia; 2010. Available from: http://lib.ui.ac.id/file?file=digital/20308208-T 31686-Analisa dimensi-full text.pdf

13. Gunadarma RA. Analisis pengaruh persepsi mutu pelayanan keperawatan terhadap kepuasan keluarga pasien rawat jalan di RSJD dr. Amino Gondohutomo Semarang [Internet]. Universitas Diponegoro; 2012 [cited 2020 Jun 14]. Available from: http://eprints.undip.ac.id/39770/

14. Retnaningsih D, Aini DN, Yulianti I. Kepuasan keluarga pasien di ruang ICU Rumah Sakit Permata Medika Semarang. J Kesehat Kusuma Husada [Internet]. 2017;8(1):1–10. Available from: http://jurnal.ukh.ac.id/index.php/JK/article/view/205