

## EVALUATION OF NURSE-PATIENT COMMUNICATION AND ITS IMPACT ON PATIENT SATISFACTION

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(Received, 7<sup>th</sup> June 2024, Revised 28<sup>th</sup> June 2024, Published 25<sup>th</sup> June 2024)

**Abstract:** Effective nurse-patient communication is critical to patient satisfaction, particularly in specialized care units like burn units. Poor communication can lead to adverse patient outcomes and dissatisfaction, highlighting the need for focused studies to evaluate and improve communication practices in healthcare settings. **Objective:** To assess nurse-patient communication and its impact on patient satisfaction in the burn unit of Nishtar Medical Hospital, Multan. **Methods:** A descriptive, cross-sectional study was conducted in the Burn Unit of Nishtar Medical Hospital, Multan, from May 2023 to May 2024. Three hundred patients admitted to the burn unit were selected using convenience sampling at discharge. Data were collected using two modified questionnaires: the La Monica Oberst Patient Satisfaction Scale (LOPSS) and the Nurse Quality of Communication with Patient Questionnaire (NQCPQ), both translated into English and Urdu. Patients were presented with the questionnaires before discharge and were given adequate time to complete them. Statistical analysis was performed to evaluate the results. **Results:** The mean score of LOPSS was  $150.47 \pm 9.09$ , indicating patient dissatisfaction in several areas, including the nurses' reluctance to consider patients' choices, inadequate assessments, and insufficient explanation of treatment plans, leading to patients feeling like mere cases. The mean score of NQCPQ was  $89.29 \pm 6.10$ , with the highest communication scores noted in the patient's active involvement in maintaining personal hygiene and the nurses' assistance with mobility, diet, and hygiene. Gender showed a direct statistical association with satisfaction scores and communication quality. **Conclusion:** Weak nurse-patient communication led to poor patient satisfaction scores. Enhancing professional communication among healthcare staff is imperative to improving the quality of care and patient satisfaction in burn units.

**Keywords:** Burn Units, Communication, Patient Satisfaction, Nursing, Nurses

### Introduction

Every patient deserves the best quality of care at the hospital, and patient satisfaction is the top priority of every healthcare institution. Ensuring patient satisfaction can help improve the quality of care, and increasing patient involvement in the process leads to better outcomes. Despite the importance of patient satisfaction, highlighted in many studies, Pakistani hospitals still have an alarmingly low focus on it. (1, 2).

While patient satisfaction depends upon many factors, effective communication between patients and healthcare providers has been shown to impact satisfaction scores drastically (3). Communicating with a patient can help build trust and improve outcomes and attitudes. Effective communication with doctors and nurses enhances the patient's psychological health and helps them manage pain, understand the disease, and increase satisfaction. (4).

Professional communication is heavily integrated with the nursing care system as nurses are directly involved with patient care. (5). However, several studies have shown comparatively high patient satisfaction in cardiology, hepatology, oncology, and internal medicine departments. Still, patient communication and satisfaction in the burn unit were unfavorable. (6, 7).

With the advancement of medical care and management of burn patients, survival outcomes and long-term survival have improved. Hence, improving nurses' knowledge and attitudes, assessment skills, behaviors, and communication regarding burn victims is essential. These factors enhance

the quality of care and life, leading to high chances of survival. Considering the ineffective nursing care, high rates of readmissions, and increasing mortality rate in the burn unit in Pakistan, it is necessary to assess the factors leading to it.

This study evaluated nurse-patient communication and its impact on patient satisfaction in the burn unit.

### Methodology

A descriptive, cross-sectional study was conducted in the Burn Unit of Nishtar Medical Hospital, Multan, from May 2023 to May 2024. Three hundred patients admitted to the burn unit were selected for the study by convenience sampling at discharge. Morgan's table calculated the sample size. Patients experiencing psychological disorders, low confidence, and low morale were excluded from the study. All patients provided their informed consent to participate in the study. The hospital's ethical board approved the study. Two modified questionnaires collected patients' data: the La Monica Oberst Patient Satisfaction Scale (LOPSS) and the Nurse Quality of Communication with Patient Questionnaire (NQCPQ), translated into English and Urdu. The questionnaires were pre-tested for validity and reliability with Cronbach's alpha as 0.88 and 0.8, respectively. La Monika and Abreast originally developed LOPSS. This 41-item questionnaire contained questions about patients' satisfaction with the care provided by the nurses. The questions were divided into three sections: 17

questions about dissatisfaction, 11 about good impression, and 13 about interpersonal support. The patients could respond to the questions on a Likert scale from 1 to 7, with one disagreeing and seven agreeing. The minimum to maximum score range was 41-287, with a higher score indicating a satisfied patient.

NQCPQ was initially developed by Vekovich et al. This 24-item questionnaire assesses all types of communication between nurses and patients. The questions could be answered on a Likert scale from 1 to 6, with 1 being neutral and six being always. The minimum to maximum score range was 24-144, with a higher score indicating effective nurse-patient communication.

The questionnaires were presented to the patients before discharge and given appropriate time to complete. The researcher assisted patients who were unable to complete the questionnaire themselves.

All the data was analyzed using SPSS version 24. Quantitative data was presented as mean ± SD, and qualitative data was presented in percentages. The association between patient satisfaction and communication was assessed by Pearson correlation. A two-sided p-value of 0.05 was taken to be significant.

**Results**

A total of 300 burn victims were included in the study. Most of the patients were men (65%), married (50%), unqualified (40%), 16-44 years old (60%) and were hospitalized for less than ten days (58%) (Table I).

The mean score of LOPSS was 150.47 ± 9.09, and the average response score of patients to each question is shown in Table II. The patients showed dissatisfaction with nurses for being reluctant to consider the patient’s choices, not doing thorough assessments, negligent in explaining the treatment plan and making the patient feel like a case only.

The mean score of NQCPQ was 89.29 ± 6.10. The highest communication score was noted in the patient being active in maintaining personal hygiene and the nurse’s assistance with mobility, diet, and hygiene (Table III).

There was a strong and positive association between variables of LOPSS and NQCPQ, as indicated by Pearson correlation analysis (r= 0.70, p<0.005). The quality of communication between patient and nurse showed 55% changes in satisfaction scores towards nursing care. Concerning demographics, only gender had a statistical association with satisfaction scores and quality of communication. A positive significant relationship was observed between gender and satisfaction and communication (p<0.05) (Table IV)

**Table I: Patients’ demographics**

Characteristics	N (%)
<b>Age</b>	
Younger than 16	12 (4%)
16-44 years	180 (60%)
45-64 years	90 (30%)
Older than 64	18 (6%)
<b>Gender</b>	
Male	195 (65%)
Female	105 (35%)
<b>Marital status</b>	
Single	60 (20%)
Married	240 (80%)
<b>Qualification</b>	
None	120 (40%)
High school	60 (20%)
Degree or diploma holder	120 (40%)
<b>Employment</b>	
Employed	150 (50%)
Unemployed/ Housewife	150 (50%)
<b>Income-expenses ratio</b>	
Negative	210 (70%)
Equal	90 (30%)
Positive	60 (20%)
<b>Cause of burn</b>	
Scald	120 (40%)
Fire	105 (35%)
Chemical	36 (12%)
Electricity	36 (12%)
<b>Total body surface area</b>	
Less than 10	174 (58%)
10-20	84 (28%)
More than 20	42 (14%)
<b>Length of hospital stay</b>	
1-9 days	150 (50%)

[Citation: Naz, R., Khaleel, S., Naz, S., (2024). Evaluation of nurse-patient communication and its impact on patient satisfaction. *Biol. Clin. Sci. Res. J.*, 2024: 936. doi: <https://doi.org/10.54112/bcsrj.v2024i1.936>]

10-19 days	114 (38%)
More than 20 days	36 (12%)
Knows the name of their nurse	60 (20%)
Knows the name of their doctor	180 (60%)

**Table II: Responses of La Monica Oberst Patient Satisfaction Questionnaire**

	Mean ± SD
The nurse did not pay adequate attention	5.54 ± 1.43
The nurse is skillful in performing this job	3.72 ± 1.26
The nurse’s recommendations were helpful	4.16 ± 1.45
The nurse did not productively use the information I provided	3.94 ± 1.33
The nurse was respectful	4.10 ± 1.22
The nurse paid more attention to completing the job than hearing feedback	6.11 ± 1.47
The nurse did not timely follow through	6.10 ± 1.38
The nurse ensured that I was provided physical assistance when necessary	3.86 ± 1.35
The nurse was not friendly	6.20 ± 1.41
The nurse elaborated on information in simple words	3.99 ± 1.30
The nurse was considerate of my care	3.90 ± 1.34
The nurse considered caretaking me her priority	3.71 ± 1.25
The nurse was not patient enough	5.88 ± 1.50
The nurse welcomed queries	4.07 ± 1.58
The nurse explained my concerns	3.73 ± 1.50
The nurse treated patients like cases and not humans	6.48 ± 1.05
The nurse talked down on me	5.62 ± 1.53
I would like to receive nursing care here again	3.76 ± 1.77
The nurse did not respond to my call in a timely	5.92 ± 1.26
The nurse explained the adverse effects of my treatment beforehand	3.42 ± 1.24
The nurse provided me with conflicting information than my doctor	2.52 ± 0.80
The nurse had a pleasant presence	5.12 ± 1.27
The nurse was committed to completing requests	4.75 ± 1.68
The nurse is trained to deal with emergencies	5.39 ± 1.83
The nurse guided me through my treatment plan	4.34 ± 1.87
The nurse was a good listener	4.08 ± 1.71
The nurse tried her best to make me comfortable	4.23 ± 1.56
The nurse needed to do more through assessment	6.59 ± 1.30
The nurse was disoriented and disorganized	6.46 ± 1.13
The nurse was negligent in making me understand my treatment	6.67 ± 1.10
Talking to the nurse brought me comfort	3.45 ± 1.44
The nurse was available when I needed emotional support	4.05 ± 1.61
The nurse was well informed about my condition	4.57 ± 1.90
The nurse did not ensure that I understood the medical background of my condition	5.28 ± 1.81
The nurse disregarded my opinions about my treatment	6.90 ± 0.67
The nurse provided gentle care	3.94 ± 1.60
The nurse was reluctant to help me when I needed	5.52 ± 1.73
The nurse explained things at a perfect pace	4.99 ± 1.91
The nurse was understanding of my problems	3.77 ± 1.56
The nurse made me feel secure during the care	5.05 ± 1.79

**Table III: Responses of Nurse Quality of Communication with Patient Questionnaire**

	Mean ± SD
I was able to assess the patient’s condition through the quality of communication	4.55 ± 1.20
Showed interest in patient’s treatment and condition during conversation	3.90 ± 1.05
The patient was convinced to take medication after a conversation with the nurse	3.75 ± 0.65

The patient was willing to continue treatment at home at the instruction of the nurse	4.26 ± 1.43
The patient accepted and understood the presence of the nurse related to his illness	4.44 ± 1.27
The patient discussed the severity of his disease with the nurse	4.87 ± 1.31
The nurse was capable of answering questions about the disease	3.90 ± 1.0
The patient was comfortable to talk to the nurse about health issues	4.32 ± 1.52
The patient talked about his medication with the nurse	4.38 ± 1.60
The nurse prescribed pharmacotherapy	4.71 ± 1.52
The nurse was understanding of the patient	5.22 ± 1.55
The patient understood the treatment plan	4.17 ± 1.36
The nurse assessed the effectiveness of treatment through patient response	4.63 ± 1.28
The patient asked about details of burn restoration during the dressing change	4.36 ± 1.24
The patient was active in maintaining personal hygiene	6.12 ± 0.73
The nurse examined the physical and mental symptoms of the disease	4.20 ± 1.29
The nurse maintained effective communication during severe conditions	5.15 ± 1.35
The nurse communicated with the patient during care procedures	3.66 ± 1.54
The nurse dealt with the needs of the patient without question	4.08 ± 1.31
The nurse communicated with the patient while administering the medication	5.60 ± 1.46
The nurse assisted the patient with mobility, diet, and hygiene	5.89 ± 1.22

**Table IV: Association of Demographics with LOPSS and NQCPQ**

	La Monica Oberst Patient Satisfaction Scale		Nurse Quality of Communication with Patient Questionnaire	
	r	P-value	r	P-value
Age	-0.001	0.99	0.008	0.89
Job-status	0.070	0.22	-0.107	0.09
Sex	-0.129	0.01	0.172	0.0
Qualification	-0.037	0.54	0.049	0.38
Income: Expenses	0.248	0.08	-0.008	0.88
Civil status	-0.142	0.11	-0.017	0.79
Severity of injury	-0.030	0.57	-0.086	0.10
Total body surface area	0.96	0.09	0.020	0.78
Burn source	-0.052	0.37	0.071	0.18
Length of hospital stay	0.028	0.68	-0.048	0.47

## Discussion

This study assessed the quality of communication between nurses and patients and its impact on patient satisfaction. Our results showed a low patient satisfaction score. With an average score of 3.8 out of 7, nurses were graded low in all three fields, i.e., dissatisfaction, good impression, and interpersonal support. Eighty percent of patients did not know their nurse and only communicated with them while taking medication and care procedures. These satisfaction scores are lower than in other studies.(8). A Spanish study reported a high satisfaction score of 3.7 out of 7 in burn units.(9). This difference is due to poor communication and high expectations of patients in Pakistan.

Our study's nurse-patient communication was weak, and patients were unsatisfied with the interaction. The severity of burns poses a psychological strain on the patients, and

they need communication to adjust to their new physical appearance. Poor communication was the main factor leading to many dissatisfied patients. The mean communication score was  $89.29 \pm 6.10$ . These scores are similar to results in developing countries(10, 11). Barilaro et al. reported a mean communication score of 94.7 and a low patient satisfaction score (12). However, our scores are significantly lower than in developed countries due to sufficient training and education of nurses in high-income countries(13). KC et al. concluded that a high level of communication is associated with high satisfaction (14). A high score may be due to differences in disease type, sampling method, and tools for analysis.

In Pakistan, low satisfaction scores have been reported due to a shortage of nurses, unfavorable work conditions for nurses, and a low-quality healthcare system. There was a

significant direct association between satisfaction variables and communication. An adequate level of communication would improve satisfaction scores and strengthen the nurse-patient relationship, improving outcomes. These findings are consistent with other studies.(15, 16). Our results showed that gender was significantly associated with patient satisfaction. Many men were dissatisfied with nursing care and those with a more extended hospital stay. These findings are not consistent with other studies.

Our study results indicate negligence regarding professional communication and patient satisfaction. Healthcare institutes should prioritize the training of staff regarding communication to improve services based on feedback from patients, enhancing patient satisfaction. Patient satisfaction can be improved by educating nurses and assessing the factors improving their professional motivation and performance.

Our study has some limitations. The small sample size and inclusion of patients from the burn unit only limit the applicability of our results to nursing care in other departments.

## Conclusion

Weak nurse-patient communication was observed, leading to poor patient satisfaction scores. Healthcare staff must improve professional communication to improve the quality of care and patient satisfaction.

## Declarations

### Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

### Ethics approval and consent to participate.

Approved by the department Concerned. (IRB/NMC/947 dated 10-10-22)

### Consent for publication

Approved

### Funding

Not applicable

## Conflict of interest

The authors declared an absence of conflict of interest.

## Authors Contribution

**RAZIA NAZ (Assistant Nursing Instructor)**

*Final Approval of Version & Design of Study*

**SHAISTA KHALEEL (Registered Nurse/ Charge Nurse)**

*Revisiting Critically & Concept*

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*Data Analysis & Drafting*

## References

- Hussain A, Asif M, Jameel A, Hwang J. Measuring OPD patient satisfaction with different service delivery aspects at public hospitals in Pakistan. *International journal of environmental research and public health*. 2019;16(13):2340.
- Javed SA, Liu S, Mahmoudi A, Nawaz M. Patients' satisfaction and public and private sectors' health care service quality in Pakistan: Application of grey decision analysis

approaches. *The International journal of health planning and management*. 2019;34(1):e168-e82.

3. Versluijs Y, Lemmers M, Brown LE, Gonzalez AI, Kortlever JT, Ring D. The correlation of communication effectiveness and patient satisfaction. *Journal of Patient Experience*. 2021;8:2374373521998839.

4. Pelletier D, Green-Demers I, Collette P, Heberer M. Modeling the communication-satisfaction relationship in hospital patients. *SAGE open medicine*. 2019;7:2050312119847924.

5. Siokal B, Amiruddin R, Abdullah T, Thamrin Y, Palutturi S, Ibrahim E, et al. The influence of effective nurse communication on patient satisfaction: A literature review. *Pharmacognosy Journal*. 2023;15(3).

6. Lam W, Wong FY, Chan AE. Factors affecting the levels of satisfaction with nurse-patient communication among oncology patients. *Cancer nursing*. 2020;43(4):E186-E96.

7. Avia I, Handiyani H, Gayatri D. Relationship between nurse case manager's communication skills and patient satisfaction at a hospital in Jakarta. *Enfermeria Clinica*. 2021;31:S413-S8.

8. Tehranineshat B, Rakhshan M, Torabizadeh C, Fararouei M, Gillespie M. The dignity of burn patients: a qualitative descriptive study of nurses, family caregivers, and patients. *BMC nursing*. 2021;20:1-13.

9. Xue W, Qi X, Xu L, Ai Qin L. Effect of nursing quality management on the nosocomial infection rate and psychology state of patients with burn and plastic surgery. *Iranian Journal of Public Health*. 2020;49(9):1659.

10. Avestan Z, Pakpour V, Rahmani A, Mohammadian R, Soheili A. The correlation between respecting the dignity of cancer patients and the quality of nurse-patient communication. *Indian journal of palliative care*. 2019;25(2):190.

11. Katsaliaki K. Evaluating patient and medical staff satisfaction from doctor-patient communication. *International Journal of Health Care Quality Assurance*. 2022;35(1):38-55.

12. Barilaro A, Conidi A, Ligarò S, Licata F, Marinaro MA, Ventura S, et al. Nursing communication as a tool for patient satisfaction. A single hospital survey. *The Open Nursing Journal*. 2019;13(1).

13. Tetteh L, Aziato L, Mensah GP, Vehviläinen-Julkunen K, Kwegyir-Afful E. Burns pain management: The role of nurse-patient communication. *Burns*. 2021;47(6):1416-23.

14. KC MI, Angadi MS. PATIENTS'SATISFACTION REGARDING NURSE-PATIENTCOMMUNICATION. *Age (n=50)*. 2022;20(1):2.0.

15. Kulsum SU, Purnama YHC, Maryati SA. The Relation Between Nurse Therapeutic Communication With Patient Satisfaction At Jatiroto Puskesmas, Lumajang. *International Journal of Islamic and Complementary Medicine*. 2022;3(1):21-8.

16. Xue W, Heffernan C. Therapeutic communication within the nurse-patient relationship: A concept analysis. *International journal of nursing practice*. 2021;27(6):e12938.



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