

An Indicator of Health Care Quality in Home Health Patients with Chronic Diseases: Satisfaction with Nursing Care

Kronik Hastalığı Olan Evde Sağlık Hastalarında Sağlık Bakım Kalitesinin Bir Göstergesi: Hemşirelik Bakımından Memnuniyet

Neşe Kıskaç , Burcu Hacıoğlu , Nurse Meryem Güven , Mahruk Rashidi , Yalçın Hacıoğlu 

ABSTRACT

Objectives: The aim of this study is to evaluate the satisfaction with nursing care of home health patients with chronic diseases.

Methods: The design of this study is descriptive and cross-sectional. The study was conducted among 658 patients with chronic diseases who received services from the home health unit of a training and research hospital. The data were collected face to face. IBM SPSS program was used in the analysis of the data.

Results: The total satisfaction with nursing care score of chronic home health patients was determined as 76.29±14.75. A significant relationship was found between the duration of the patients receiving services from home health units and their marital status, gender, and having relatives providing care for them ($p<0.05$). A significant relationship was found between the marital status of the patients and their satisfaction with nursing care ($p<0.05$).

Conclusion: As a result, the level of satisfaction with nursing care among home health patients with chronic diseases is high. One of the most important indicators of health care is satisfaction with nursing care. Satisfaction with nursing care in home health units should be measured using objective parameters. The results will indicate the quality of nursing care and will form the basis for the development of guidelines for nursing education.

Keywords: Care, nursing, patient satisfaction

ÖZ

Amaç: Bu çalışmanın amacı kronik hastalığı olan evde sağlık hastalarının hemşirelik bakımından memnuniyetinin değerlendirilmesidir.

Yöntem: Bu çalışmanın tasarımı tanımlayıcı ve kesitseldir. Bir eğitim ve araştırma hastanesinin evde sağlık biriminden hizmet alan, kronik hastalığı olan 658 hasta ile çalışma gerçekleştirilmiştir. Veriler yüz yüze toplanmıştır. Verilerin analizinde IBM SPSS program kullanılmıştır.

Bulgular: Kronik evde sağlık hastalarının hemşirelik bakımı memnuniyet toplam puanı 76.29±14.75 olarak tespit edilmiştir. Hastaların evde sağlık birimlerinden hizmet alma süreleri ile medeni durum, cinsiyet ve kendilerine bakım veren yakınlarının olması durumu arasında anlamlı ilişki saptanmıştır ($p<0.05$). Hastaların medeni durumları ile hemşirelik bakımından memnuniyet puanı arasında anlamlı ilişki tespit edilmiştir ($p<0.05$).

Sonuç: Sonuç olarak kronik hastalığı olan evde sağlık hastalarının hemşirelik bakımı memnuniyet düzeyleri yüksektir. Sağlık bakımının önemli göstergelerinden birisi de hemşirelik bakımından memnuniyettir. Evde sağlık birimlerinde hemşirelik bakımından memnuniyetin objektif parametrelerle ölçülmesi gerekmektedir. Çıkan sonuçlar hemşirelik bakımının kalitesine gösterge sağlayacak, hemşirelik eğitimine yönelik rehberlerin geliştirilmesine zemin oluşturacaktır.

Anahtar kelimeler: Bakım, hemşirelik, hasta memnuniyeti

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N. Kıskaç

İstanbul Gelişim University, Faculty of Health Sciences, Department of Nursing, İstanbul, Türkiye

✉ nese.kiskac@gmail.com

ORCID: 0000-0003-3058-6201

B. Hacıoğlu 0000-0002-0389-6004

Haseki Training and Research Hospital, Department of Internal Medicine, İstanbul, Türkiye

N. M. Güven 0009-0005-5301-1023

Haseki Training and Research Hospital, Department of Internal Medicine, İstanbul, Türkiye

M. Rashidi 0000-0002-6645-2427

İstanbul Gelişim University, Faculty of Health Sciences, Department of Nursing, İstanbul, Türkiye

Y. Hacıoğlu 0000-0001-6009-3390

İstanbul Training and Research Hospital, Department of Family Medicine, İstanbul, Türkiye

INTRODUCTION

Demographic changes have begun to occur in the world and in our country, especially with the economic and social changes that started with the industrial revolution, women's participation in working life, immigration, and the decrease in the fertility rate. With the development of technology and the easy access of individuals to health, life expectancy has increased in humans and the aging population has increased^(1,2). These changes in the population have also been effective in the development of different health models in health systems. One of these developed health models is home health services⁽³⁾.

Home health services are a model that provides the continuity of care in the home environment for bedridden patients, disabled and malignant diseases, the elderly, and individuals with chronic diseases. In this model, the health service provided to individuals; nutrition, personal care, exercise, physical therapy and rehabilitation services, psycho-social services, check up and examination services. These services are given to individuals in a comfortable way at home, by private health professional groups trained in this field^(4,5). One of the specially trained health profession groups are nurses.

Home health nurses are health professionals who holistically evaluate acute and chronic patients and their families, identify, plan, implement and evaluate appropriate health services in their own living spaces⁽⁶⁾. Quality in health care is the appropriate diagnosis and treatment given to the patient, as well as the evidence-based planned nursing care according to the needs of the patients. One of the best indicators of health and nursing care quality is patients' satisfaction with nursing care^(7,8). In the literature, although there are studies examining the satisfaction of patients in terms of nursing, it has been seen that there are a limited number of studies evaluating the nursing satisfaction of patients receiving service from home health units⁽⁹⁻¹²⁾. Therefore, in this study, it was aimed to evaluate the nursing care satisfaction of home health patients with chronic diseases. We think that the results of this study will be a source in determining the quality of nursing care provided in home health services and will contribute to the development of care protocols of home health service units.

METHODS

Study design: The study was conducted as descriptive and cross-sectional.

The sample of the study: The sample of the study consists of 658 patients with chronic diseases who received service from the Home Health Services Unit of a Training and Research Hospital in Turkey and agreed to participate in the study. A Patients with Alzheimer's, dementia and psychiatric diagnoses and who could not be contacted were excluded from the study because they could not answer the questionnaire questions properly.

Data collection method: Data were collected by face-to-face survey method between 11 February 2023-20 April 2023.

Data collection: A form describing the personal characteristics of the patients, The Newcastle Satisfaction with Nursing Scales were used while collecting the data.

Personal data identification form of patients

The personal data identification form of the patients, which was created by scanning the literature, consists of 7 questions. In this list of questions, patients' age, civilization status, gender, education level, chronic diseases (diabetes, hypertension, heart failure, chronic obstructive pulmonary disease (COPD), cardiovascular diseases, chronic kidney diseases, chronic liver diseases, cancer, other chronic diseases) (cerebrovascular disease and parkinson), whether the patient had a relative who looked after him, and how many months he had been receiving service from the home health unit was questioned.

Newcastle Satisfaction with Nursing Scales (NSNS)

NSNCS was developed by Thomas and Bond in 1996 to determine the patient's perspective and experiences and satisfaction with nursing care. The Turkish validity and reliability study was done by Uzun in 2003 and then by Akın and Erdoğan Esmâ Özşaker, Surgical patient: nursing care perception and satisfaction 153 in 2007. This scale is a 5-point Likert-type scale consisting of 19 items to determine satisfaction in terms of nursing. All items are scored on a five-point Likert scale (1=not at all satisfied, 2=barely satisfied, 3=quite satisfied, 4=very satisfied and 5=completely satisfied). Total score was summed and transformed

to yield an overall ‘satisfaction score’ of 0-100, where “100” denoted complete satisfaction/highest level of satisfaction with all aspects of nursing care. Cronbach alpha was found as 0.96 in the study of Thomas et al. (1996), was found 0.94 in the study of Uzun (2003), and was found 0.96 in the study of Akin and Erdoğan (2007). In this study, the Cronbach alpha coefficient was found to be 0.772⁽¹²⁻¹⁴⁾.

Analysis of data: IBM SPSS statistics 22.0 program was used for statistical analysis in the study. While evaluating the study data, in addition to descriptive statistical methods (mean, standard deviation, frequency, percent). Student T test was used to compare data with normal distribution, and Mann-Whitney U test was used for comparison of data that did not show normal distribution. The results were evaluated at the 95% confidence interval and the significance level of $p < 0.05$.

Ethical aspect of the study: Before starting the study, permission was obtained from the Clinical Research Ethics Committee of Health Sciences University Istanbul Training and Research Hospital, with the decision dated 10.02.2023 and numbered 35. Participants who voluntarily agreed to participate in the study were informed about the research and their necessary rights, and “informed consent” was obtained before the research. All rights of the participants were respected and the principles of voluntariness and confidentiality were taken into consideration.

RESULTS

Personal data of 658 home health patients included in the study are shown in Table 1. Considering the personal data of these patients, 67.3% were women, 50.3% were married, 41.8% were illiterate, 94.1% had a relative or spouse to care for them, their mean age was 76.41 ± 14.38 , the duration of receiving service from the home health unit was 18.48 ± 18.84 months, and the number of chronic diseases in the patients was determined to be 1.71 ± 0.89 (Table 1).

The total score of home health patients from the Newcastle nursing care satisfaction scale is shown in Table 2. The mean total score obtained from the scale was determined as 76.29 ± 14.75 . We can evaluate this score as close to the high level (Table 2).

Table 1. Descriptive characteristics of home health patients (n=658)

	n	%
Gender		
Woman	443	67.3
Man	215	32.7
Age (average)		
	76.41 ± 14.38	
Marital status		
The married	331	50.3
Single	327	49.7
Educational status		
Illiterate	275	41.8
Literate	188	28.6
Primary school	136	20.7
Middle School	28	4.3
High school	27	4.1
Bachelor degree	4	0.5
Existing Chronic Diseases		
Hypertension	384	58.4
Diabetes	199	30.2
Heart failure	89	13.5
COPD	39	5.9
Cardiovascular diseases	65	9.9
Chronic kidney disease	18	2.7
Cancer	36	5.5
Chronic liver disease	5	0.8
Other chronic diseases	294	44.7
Number of existing chronic diseases (mean)		1.71 ± 0.89
The one with the relative who cares for them		619 94.1
Duration of receiving service from the home health unit (months)		18.48 ± 18.84

* Descriptive statistical methods (mean, standard deviation, frequency, percent)

Since the mean age of the patients included in the study was 76.41 ± 14.38 years, 76 years was taken as the limit. There was no significant relationship between age and the total score of the satisfaction scale with nursing and the month of receiving service from the home health unit ($p > 0.05$).

Table 2. Newcastle Satisfaction with Nursing Scales total scores in home health patients (n=658)

	Minimum and maximum scores that can be obtained	Minimum and maximum scores received	Scale mean scores
Newcastle Satisfaction with Nursing Scales total scores	19-95	19-95	76.29±14.75

*Mean

Table 3. The effects of patients' personal characteristics on the total score of satisfaction with nursing and the duration of receiving service from the home health unit (n=658)

		n	Duration of receiving home health care (month)		Newcastle Satisfaction with Nursing Scales total scores	
			Mean	p	Mean	p
Age	≥76	406	19.48±18.85	0.086	75.83±14.59	0.311
	<76	252	16.88±18.74		77.03±14.99	
Marital status	married	331	16.68±17.01	0.01	78.34±14.85	0.001
	single	327	20.31±20.39		74.21±14.36	
Gender	woman	443	20.35±19.93	0.001	75.70±14.83	0.146
	man	215	14.64±15.70		77.49±14.53	
The one with a relative caregiver		619	18.09±18.46	0.033	76.33±14.77	0.744
The one without a relative caregiver		39	24.72±23.48		75.54±14.55	

* Student T test, Mann-Whitney U test

There was a significant relationship between marital status and the duration of receiving service from the home health unit ($p < 0.05$). It was observed that single people received service from the home health unit for a longer time than the married ones (20.31 ± 20.39). There was a significant relationship between marital status and satisfaction with nursing ($p < 0.05$). The married ones had higher nursing satisfaction scores than the singles (78.34 ± 14.85).

There was a significant relationship between gender and the duration of service from the home health unit ($p < 0.05$). It was observed that women received service from the home health unit longer than men (20.35 ± 19.93).

It was determined that there was a significant relationship between the status of the patient's existing caregiver relative and the duration of receiving service from the home health unit ($p < 0.05$). The duration of receiving service from the home health service unit was longer in the patients who did not have a relative who cared for them with the patient (24.72 ± 23.48) (Table 3).

DISCUSSION

The satisfaction with nursing care of home health patients with chronic diseases and the affecting factors were examined (Table 2, Table 3). The total score of patients' satisfaction with nursing care was determined as 76.29 ± 14.75 . This score was evaluated as a score close to the high level. Borré Ortiz and Vega Vega (2014)⁽¹⁵⁾ looked at the satisfaction levels of 158 hospitalized patients in Colombia with nursing care, and it was determined that 78% of them found the care better than they expected. In the study conducted by Karaca and Durna (2019)⁽¹⁶⁾, 63.9% of 635 patients discharged from the hospital defined their nursing care as excellent. In the systematic review and meta-analysis conducted by Mulugeta et al. (2019)⁽⁹⁾, it was determined that 55.15% of the patients were satisfied with their nursing care as a result of 15 studies. The results of the study and the literature also show that the patients are satisfied with the nursing care.

In this study, the service duration of home health patients and their age, marital status, gender and

having relatives who care for them were compared. There was no significant difference between the time the home health unit served and the mean age of the patients ($p>0.05$). A significant relationship was found between the patients' marital status, gender, and having relatives who care for them ($p<0.05$). Those who are single, women and those who do not have a relative to take care of themselves take longer to receive service from the home health unit. The fact that this study was conducted in Turkey may have affected the results of the study. Because in many regions of our country, women have assumed the role of caregivers. When the man is bedridden, the woman may provide care with the role of caregiver, while in the opposite case, the man may not have assumed the same caregiver role. Karaca et al. (2016) found in their qualitative study with female caregivers who care for Alzheimer's patients that the role of care in the family is generally assumed by the woman, and as a result, they have to compromise their own energy and time. This study supports the literature⁽¹⁷⁾. Especially in married couples, since women can care for men, it is thought that the time for men to receive service from the home health unit is shortened. When individuals did not have anyone to take care of them, they needed the home health services unit more and as a result, the duration of service was prolonged.

In the study, a significant difference was found between the marital status of the patients and their satisfaction with nursing ($p<0.05$). Married ones have higher satisfaction levels in terms of nursing than those who are single. We said that there is a significant relationship between marital status and the duration of receiving services from home health units. The married ones had a shorter service period than the single ones (Table 3). In nursing care, it is necessary to evaluate the patient together with the caregiver, to provide education and counseling. Home health care patients mostly serve the population over 65 years of age, bedridden patients, and groups with multiple chronic diseases (Table 1). The group that takes care of the patient is the patient's husband/wife, his caregiver, and the nurse. While the nurse applies the care to the patient, he/she also trains the spouse of the patient about the care. It is thought that this situation causes a higher satisfaction score in terms of nursing in those who are married.

CONCLUSION

Home health units are specialized health units that serve especially fragile patient groups. For this reason, health professionals working here should be self-sacrificing, willing and trained groups in this field. Since these units are health areas where care comes to the fore, the role of the nurse among health professionals is important here. The quality of care given by the nurse will greatly affect the quality of health. One of the important indicators of health care is patient satisfaction and therefore satisfaction in nursing. In home health units, satisfaction in nursing care should be measured with objective parameters at regular intervals. The results will provide an indicator for the quality of nursing care provided in home health services and will form the basis for the development of guidelines for nursing education.

Author contribution

Study conception and design: NK, BH and MG; data collection: MG and BH ; analysis and interpretation of results: NK and YH; draft manuscript preparation: NK and MR. All authors reviewed the results and approved the final version of the manuscript.

Ethical approval

The study was approved by the Clinical Research Ethics Committee of Health Sciences University Istanbul Training and Research Hospital (Protocol no. 35/10.02.2023).

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Conflict of interest

The authors declare that there is no conflict of interest.

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