

# **RESEARCH ARTICLE**

### THE EFFECT OF STRUCTURED NURSING ROUNDS ON THE LEVEL NURSING CARE SATISFACTION OF PATIENT IN A SELECTED TERTIARY CARE HOSPITAL, PUDUCHERRY

# Mrs. Sheela. J.<sup>1</sup> and Prof. Dr. Malarvizhi S.<sup>2</sup>

- 1. Ph.D (N) Scholar, Pondicherry University, College of Nursing, PIMS, Puducherry 605014.
- 2. Ph.D Guide, Professor, College of Nursing, Pondicherry Institute of Medical Sciences, Puducherry 605014.

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#### Manuscript Info

#### Abstract

*Manuscript History* Received: 10 July 2022 Final Accepted: 14 August 2022 Published: September 2022

*Key words:-*Nursing Rounds, Patient Satisfaction, Job Satisfaction This exploratory study investigated the relationship among staff nurses' assessment of organizational culture, job satisfaction, inpatient satisfaction with information about home care and followup, and general inpatient satisfaction with nursing care. A conceptual path model was tested using a secondary data analysis research design. Staff nurses and inpatients were sampled from inpatient units. The unit of analysis was patient care units. Pearson correlation and regression analyses were used. We found that strength of organizational culture predicted job satisfaction well and positively; job satisfaction predicted inpatient satisfaction significantly and positively; and inpatient satisfaction predicted general inpatient satisfaction well and positively. Methodological challenges of this study are discussed.

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Introduction:-

Hospitals are under continual pressure to maintain high standards of customer service, world-class clinical treatment, and financial sustainability (Shaw, 2008; Studer, 2007; Tea, Ellison, &Feghali, 2008). Consumer satisfaction statistics are gathered and published online by the Centers for Medicare and Medicaid Services (CMS), a large payer for hospitalservices, allowing customers to assess and contrast various facilities

(www.hcahpsonline.org). Consumers mayobtain CMS data that compares hospitals in critical areas, like nurse communication, pain management, and prescription information, in the Hospital Consumer Assessments of HealthcareProviders and Systems (HCAHPS, 2011) report, which is available online. These and other crucial aspects gauge how well the nursing staff can take care of the fundamental requirements of hospitalised patients. Health care professionals around the country have a difficulty in balancing productivity management goals with patient satisfaction objectives. Health care professionals turn to companies like the Studer Group to better understand how customer service affects patient happiness in the hospital environment in order to meet the increased focus on health care service and consumer pleasure. Many people previously believed that training in service excellence was similar to a "smiling school," according to Studer (2017). (p. 11). Because service excellence is a crucial factor in an organization's patient satisfaction levels and bottom line, it is now at the top of every health executive's to-do list. According to Studer, leaders may put strategies into place that will increase and maintain both patienthappiness and sound financial performance provided they are aware of how service, safety, and quality concerns affect finances.

**Corresponding Author:- Mrs. Sheela. J.** Address:- Ph.D (N) Scholar, Pondicherry University, College of Nursing, PIMS, Puducherry - 605014. According to the literature, routine nurse rounds, in which a nurse or other member of the medical staff checks on patients, may significantly alter how patients feel about nursing care and address safety issues (Doyle, 2009; Meade, Bursell, & Ketelson, 2006; Weisgram & Raymond, 2008). Meade and colleagues (2016) pointed out that a patient's impression of how successfully the nursing staff meets fundamental patient care requirements is akey factor in determining how satisfied they are with their nursing care. Accordingto Studer (2017), who reported on the findings of a 2006 research, hospitals that used rounding saw an 8.9 point improvement in patient satisfaction. The service excellence programme at a hospital must include frequent nurse rounds. Additional study is required to determine the efficacy of nurse rounding and its effects on a number of variables, including general patient satisfaction, patient safety, and call light usage (Meade et al., 2006; Tea et al., 2008; Thomas, Sexton, Neilands, Frankel, & Helmreich, 200S). Leighty (2016) summarised the efficacy of rounding in 27 nursing units across 14 hospitals and showed thatroutinely assessing patient needssignificantly decreased call light use by 38% while also raising satisfaction levels. Initially sceptical of rounding, Wood (2018), a nurse manager at Northeastern Hospital-Temple University Health System (Philadelphia, PA), was still prepared to give the procedure a chance tobenefit her team. Following the introduction of routine rounding, nurses reported having more free time and seeingan improvement in patient satisfaction ratings. 65 percent less call light volume was produced. An environment that is simpler to manage and more satisfying for both staff and patients as a result of routine and planned nurse rounding. Hospitals also have challenges in developing cultures of safety where hazards like patient falls are regularly monitored and quantified (Thomas et al., 2005). In order to address a rise in patientfalls, Weisgram and Raymond (2018) offered measures. Hourly nurse rounds have been shown to be a successful preventative measure against both unanticipated and intentional falls.

Commode help, call light placement, and telephone placement are examples of methods that might improve a patient's overall satisfaction with inpatient medical treatment (Kerfoot, 2008; Meade et al., 2006). Paying attention to the little things shows concern and compassion for the patient's opinion of the care provided (Kerfoot, 2008). These little aspects may be handled during nurse rounding, but sometimes a greater focus on equipment, procedures, and quality management overshadows them (Tea et al., 2008). "There is insufficient study on patient calllight usage as it pertains to successful patient-care management, patient safety, and patient satisfaction," Meade and co- authors (2016) said (p. 58). They conducted a research to ascertain the impact of frequent, routine nurse roundingon call light use and patient satisfaction on medical-surgical unit.

In order to understand how nurse rounding and paying close attention to detail affect the provision of highquality nursing care and the patient experience, further study is required in the area of patient satisfaction. Nursing administrators at West Valley Medical Center (Caldwell, ID) started a rounding programme as a critical component of a wider patient satisfaction campaign in an attempt to betterunderstand the link between nurse rounding, call light usage, and patient happiness. Acute care community hospital with 150 beds is called West Valley Medical Center. The 37-bed medical- surgical unit of the hospital served as the subject of the research, which began in September 2008 with the goal of figuring out how to better satisfy the requirements of hospitalised patients and raise patient satisfaction levels.

# Literature Review:-

Job satisfaction is a hot-button issue that iscrucial to the success of the organisation as well as employees who are seeking their own sense of fulfilment (Lim, 2008). Employees won't be loyal to their organisation if they aren't happy with theirjobs. Employee dissatisfaction and lack ofloyalty may prompt them to look for positions elsewhere (Reed, et al., 1994). Due to the fact that nurses working in healthcare institutions are expected to provide patients with excellent care while working in a highly stressful atmosphere, job satisfaction is an important concern forhealth professionals, including nurses (Adams, et al., 2000; Arnetz, 1996).

Nurses' dissatisfaction with their jobs mayresult in subpar work output, subpar hospital work quality, and subpar productivity. This happens because a nurse in such a circumstance is not focused on their professional responsibilities, but rather on how they might find a more fulfilling employment at another institution, which causes staff turnover. Health facilities may be negatively impacted by this condition, which might result in the loss of skilled nurses, unforeseen hirings with associated expenses, or the usage of temporary employees who are less experienced as a result of poor patient satisfaction (Agezegn, et al., 2014).

The level of favorability with which workers see their employment is known asjob satisfaction. It is a problem that has animpact on everyone who works there, evennurses who are medical experts. It also influences whether

an individual stays in their present position or looks for employment elsewhere. Additionally, occupational happiness affects the calibre of the output and, in the field of healthcare, the degree of patient satisfaction (Stewart, 1983).

Hospitals, as healthcare institutions, are crucial to society's healthcare needs and need more labour than other institutions since they deal with people's lives (Nolan, et al., 1995). Every hospital provides patients with healthcare services thanks to its diverse team of nurses, assistants, and administrative personnel. The largest group of hospital employees included hereis the nursing staff (Sharifah, et al., 2011). A nurse is a crucial part of the hospital staff who performs a variety of patient- related duties, including caring for, supporting, and treating patients as well ascounselling, advising, managing, educating, and conducting research. Nurses' job discontent results in expensive labour battles, poor hospital performance, high turnover, and unhappy patients. One important aspect of health professionals that has drawn attention globally is job happiness (Alemshet, et al., 2011).

Performance in the workplace is correlated with nurses' overall job satisfaction. Aiken et al. (2011) looked at many aspects of nurses' work satisfaction in their paper, Nurses' Reports on Hospital Care in Five Countries. They evaluated the connections between each aspect of job satisfaction and looked at how these aspects affected workers' output. According to a number of findings from this qualitative survey, the United States had the greatest degree of work satisfaction among nurses (41%) followed by Scotland (38%) England (36%) Canada (33%) and Germany (33%) (17 percent). Due to the poor work satisfaction of nurses as a result, more than one fifth of nurses in the United States and one-third of nurses in Scotland and England plannedto quit nursing within the next year (Burnard, et al., 1999).

A cross-sectional survey of nurses andpatients was used to conduct a study on patient safety, satisfaction, and quality of hospital care in 12 European nations (Belgium, England, Finland, Germany, Greece, Ireland, Netherlands, Norway, Poland, Spain, Sweden, and Switzerland), as well as in the United States (California, Pennsylvania, Florida, and New Jersey). From 11% in Ireland to 47% in Greece, nurses' perceptions of the quality of patient care differed significantly by country. The percentage of nurses who are not satisfied with their jobs varies from 11% in the Netherlands to 56% in Greece, while the percentage of nurses who want to quittheir jobs varies from 14% in the United States to 49% in Finland and Greece. 53 percent of patients in Greece and 78 percent in Switzerland said they wouldrefer their hospitals to others. Researchersfound that hospital quality care deficiencies were widespread across all examined nations, and they advised hospitals to enhance their workplaces to generate safer, higher-quality hospital care and more patient satisfaction (Aiken, et al., 2012).

The Joint Commission on Accreditation of Healthcare Organizations in the United States (2015) found a significant relationship between patient and nurse satisfaction ratings. It has been shown that a nurse's lack of dedication and involvement as a part of the healthcare team has a negative effect on patients'happiness, their experience returning to hospital, and their likelihood of referring new patients to the same hospitalfor medical care. Nurse satisfaction lowers workplace stress, nurse shortages and turnover, sick leave, subpar job performance, low organisational productivity, and allegations of violence and disability at work (Harmon, et al., 2003; Joiner and Bartram, 2004).

Patient satisfaction is increased when nurses are content with their professions and demonstrate improved levels of patient safety and fewer prescription mistakes (Rathert and May, 2007). Patients' durations of stay are reported to be reduced by satisfied medical staff, which lowers the cost of providing medical services (Karasek, 1990).

According to a research by Kumar et al. (2013) on job satisfaction among public health professionals working in public health in Asian nations like Pakistan, excessive workload, stress from highworkload, and biassed nursing management are the most unsatisfactory aspects of working as a nurse. Other issues include an inflexible attitude on the side of nursing management, a lack of appreciation or financial incentives, and others. The patient care satisfaction at different hospitals in Pakistan was adversely influenced by this circumstance. Working for a recognised multinational firm, receiving favourable feedback from the hierarchy, having access to the essential supplies and equipment, and receiving positive feedback from nurses to patients were found to be the most fulfilling elements in that survey (Kumar, et al., 2013).

In one way or another, Bangladeshi nurses' employment happiness was mentioned. It was discovered to be a major problem in healthcare facilities, especially in government hospitals where nurses' work satisfaction was very poor (Hossain, 2008). Furthermore, a research by Hossain(2018) at a public and private hospital in

Bangladesh revealed that 63% of nurses were unhappy with their jobs, although the World Health Organization (WHO, 2003) claimed that 90% of nurses and midwives in Bangladesh were (Hossain, 2008). Another research by Atkins et al. (2016) found that staff unhappiness has a detrimental influence on the quality of treatment, which in turn has a negative impact on patient loyalty and, ultimately, on the financial success of the hospital. Last but not least, a research of Swedish healthcare revealed that quality improvement programmes had a favourable association with both staff andcustomer satisfaction (Kammerlind et al, 2004).

# **Objectives:-**

- 1. To Assess the Level of Job Satisfaction among Nurses.
- 2. To Assess the Level of Satisfaction among patients
- 3. To evaluate the effect structured Nursing Rounds on level of job satisfaction -among Nurses
- 4. To determine the effect of Structured nursing rounds on post test level of Satisfaction among Patients.
- 5. To associate the level of job satisfaction among nurses with their socio demographic Variables.
- 6. To associate the level of satisfaction among patients with their sociodemographic Variables.

### Hypotheses

- 1.  $H_1$  There will be significant difference in the level of job satisfaction after SNR.
- 2.  $H_2$ : There will be significant association between the levels of Patient satisfaction with the selected demographic variables.
- 3. H<sub>3</sub>: There will be significant association between the Level of Job satisfactions among Nurses with their socio demographic variables.

# **Research Methodology:-**

# Research approach-

Quantitative approach

# **Research Design-**

#### Nurses:

quasi-experimental pretest – posttest control Group design, Patients: Post test only control group design

| Groups                    | Pre-test              | Intervention-X      | Post-test      |
|---------------------------|-----------------------|---------------------|----------------|
| Group I: Patients         |                       | Subjected to SNR    | $O_2$          |
| Experimental group        | -                     |                     |                |
|                           |                       | Conventional        | O <sub>2</sub> |
| Control group             | -                     | rounds of the ward  |                |
| Group II Nursingpersonnel |                       | (Training onSNR)    | O <sub>2</sub> |
| Experimental group        | $O_1$                 | Engaged with SNR    |                |
| Control group             | <b>O</b> <sub>1</sub> | Conventional Rounds | O <sub>2</sub> |

 $(O_1 = Pre-test; O_2 = Post-test; X = Intervention)$ 

### Sample Size:

Nurses – 6 and Patients - 30

#### Sample Design:

Study Participants will be selected by convenience sampling technique one group pre test and post test design for nurses and only posttest design

#### **Target population:**

Nurses - staff nurses working in plastic surgery ward and OBG wards P.I.M.S, Puducherry.

Patients admitted in plastic surgery and OBG ward P.I.M.S, Puducherry

# **Data Collection Instrument:**

Questionnaire and Google forms

# **Description of the Tools:**

- 1. Tools for data collection
- 2. Tool I A: Socio demographic data of Nurses
- 3. Tool I B: Socio demographic data of Patients
- 4. TooL II A:Nurses jobsatisfaction IndividualWorkPerformance Questionnaire (IWPQ)
- 5. Tool II B: Patient satisfaction tool Patient Satisfaction with Nursing Care (PSNCS)

Tool I: - Level Of Patient Satisfaction with Patient Satisfaction With Nursing Care (PSNCS).

# **Scoring Procedure:**

Level of patient satisfaction: it contains 17 items.

| S. No | Score     | Percentage | Interpretation       |
|-------|-----------|------------|----------------------|
| 1     | (1-27)    | <50%       | Unsatisfied          |
| 2     | (28 - 38) | 50-75%     | Moderately Satisfied |
| 3     | (39-51)   | >75%       | Satisfied            |

Tool II:- Level Of Nurses Job Satisfaction Individual WorkPerformance Questionnaire (IWPQ)

### Scoring Procedure:

#### Level of Nurses Job satisfaction: It consist of 12 items

| S. No | Score     | Percentage | Interpretation           |
|-------|-----------|------------|--------------------------|
| 1     | (1-18)    | <50%       | Unsatisfied (1)          |
| 2     | (19 - 26) | 50-75%     | Moderately Satisfied (2) |
| 3     | (27 - 36) | >75%       | Satisfied (3)            |

# **Ethical Consideration**

A prior Formal administrative permission will be obtained from Director- Principal, Principal - CON, IRB, Ethical committee nursing and Medical Superintendent, HODS & ward in -charges of plastic surgery & OBG wards

# Method of Data Collection –

Data collection is the gathering of informationneeded to address a research problem.

Participant information sheet will be thoroughly explained to the studyparticipants

Informed consent will be obtained from the subjects after explaining thenature and purpose of the study.

Confidentiality of information will be maintained by utilizing code number for the study participants and the duration of this study will take only 20-30minutes.

| k)                              | <b>Nurses(SNR)</b><br>Week in OBGwards | SNR                              | Days     | Duration  | Content   |
|---------------------------------|--|----------------------------------|----------|-----------|---|
| vee                             |  | I – Introduction                 | Monday   | 11am -12N | Brain storming and pretest on SNR   |
| ase –I<br>ng (3 <sup>rd</sup> v |  | II – Education                   | Tuesday  | 11am -12N | Training on SNR and role of<br>evidence-<br>based practice on hourly rounds |
| Ph<br>traini                    |  | III-<br>Demonstration            | Wednesd  | 11am -12N | Demonstration on competency check   |
| SNR                             |  | IV – Observation<br>of SNR skill | Thursday | 11am -12N | Return demonstration<br>on competency skill check                           |

|  | V – Reflection | Friday | 11am -12N | Feedback sessions address<br>concerns an<br>distribution of rounds kit |
|--|----------------|--------|-----------|--|
|  |                |        |           |  |

Phase II: SNR practiced will be assessed for period of 3 months.

| 1 Practicing<br>12 Weeks) | Patients                   | X<br>Subjected to SNR   |  |  |  |  |
|---------------------------|----------------------------|---|--|--|--|--|
| Phase –I<br>SNR (         | Nursing<br>personnel (SNR) | X<br>Practicing SNR will be assessed by the<br>monitoring checklist<br>Every month for 3 months |  |  |  |  |

**Post test** for the nurses and patients will be assessed on the Level of Nurse's Job satisfaction at the interval of three months.

| POST TEST | Nurses /Patients | O <sub>2</sub> = Post-test; will be assessed after 3 <sup>rd</sup> day<br>Of admission of patients and for<br>nurses after 3 months |
|-----------|------------------|---|
|-----------|------------------|---|

# Data Analysis:

Data collected is analyzed and organized under five sections

Section A: Distribution of Nurses According To Socio Demographic Variables.

Section B: Level of job satisfaction in experimental and control group

Section C: Level of patient satisfaction in experimental and control group

Section D: Effect of SNR on the level of job satisfaction and patient satisfaction in experimental and control group

Section E: Association between the level of job and patient satisfaction inexperimental and control group

Section A: Distribution Of Nurses According To SocioDemographic Variables.

| Table 1:-  | Frequency     | and    | percentage   | distribution | of | nurses | according | to | socio | demographic | variables | in |
|------------|---------------|--------|--------------|--------------|----|--------|-----------|----|-------|-------------|-----------|----|
| experiment | tal and contr | ol gro | oup n = 12 ( | 6+6).        |    |        |           |    |       |             |           |    |

| Sl. No. | Demographic Variables | Exper<br>Gi | rimental<br>roup | Control<br>Group |      |
|---------|-----------------------|-------------|------------------|------------------|------|
|         |                       | f           | %                | f                | %    |
|         | Age in years          |             |                  |                  |      |
|         | 21-25                 | 1           | 16.7             | 3                | 50.0 |
| 1       | 26-30                 | 5           | 83.3             | 3                | 50.0 |
|         | 31 – 35               | -           | -                | -                | -    |
|         | >35                   | -           | -                | -                | -    |
|         | Gender                |             |                  |                  |      |

| 2 | Female                | 6 | 100.0 | 5 | 83.3  |
|---|-----------------------|---|-------|---|-------|
|   | male                  | 0 | 0     | 1 | 16.7  |
|   | Religion              |   |       |   |       |
| 3 | Hindu                 | 6 | 100.0 | 6 | 100.0 |
|   | Christian             | - | -     | - | -     |
|   | Muslim                | - | -     | - | -     |
|   | Others                | - | -     | - | -     |
|   | Marital status        |   |       |   |       |
| 4 | Married               | 5 | 83.3  | 2 | 33.3  |
|   | Unmarried             | 1 | 16.7  | 4 | 66.7  |
|   | Education             |   |       |   |       |
|   | GNM                   | - | -     | - | -     |
| 5 | B.Sc. Nursing         | 6 | 100.0 | 6 | 100.0 |
|   | M.Sc. Nursing         | - | -     | - | -     |
|   | Total work experience |   |       |   |       |
|   | 1-5 years             | 4 | 66.7  | 5 | 83.3  |
| 6 | 6-10 years            | 2 | 33.3  | 1 | 16.7  |
|   | 11 – 15 years         | - | -     | - | -     |
|   | >15 years             | - | -     | - | -     |
| 7 | Current working area  |   |       |   |       |
|   | Plastic surgery ward  | 0 | 0     | 6 | 100.0 |
|   | OG ward               | 6 | 100.0 | 0 | 0     |

**Table 1** exhibits the distribution of demographic variables of nurses About 5(83.3%) of the participants in the experimental group and 3(50%) in the control group belonged to the age group of 26 to 30years while Considering the gender, in both the groups, more were females (6(100%) and 5(83.3%) respectively). With respect to the marital status, majority of the participants were married in the experimental 5(83.3%) and 4(66.7%) were unmarried in control groups. Allthe participants 6(100%) were Hindus both in experimental and control group. All the participants 6(100%) were graduates in experimental and control group. About 4(66.7%) of the participants in the experimental group and 5(83.3%) in the control group had total work experience of 6-10 years all the participants 6(100%) in experimental group were from plastic surgery ward and 6(100%) in control group were from OBG ward.

**Table 2:-** Frequency and percentage distribution of patients according to demographic variables in experimentaland control groupn = 30 (15+15).

| Sl. No. | Demographic Variables | Experin<br>Group | nental | Contr<br>Group | Control<br>Group |  |
|---------|-----------------------|------------------|--------|----------------|------------------|--|
|         |                       | f                | %      | f              | %                |  |
|         | Age in years          |                  |        |                |                  |  |
|         | $\leq 20$             | 1                | 6.7    | 2              | 13.3             |  |
|         | 21-30                 | 9                | 60.0   | 4              | 26.7             |  |
| 1       | 31-40                 | 1                | 6.7    | 3              | 20.0             |  |
|         | 41-50                 | 3                | 20.0   | 2              | 13.3             |  |
|         | >60                   | 1                | 6.7    | 4              | 26.7             |  |
|         | Gender                |                  |        |                |                  |  |
| 2       | Male                  | 0                | 0      | 11             | 73.3             |  |
|         | Female                | 15               | 100.0  | 4              | 26.7             |  |
|         | Education             |                  |        |                |                  |  |
|         | Illiterate            | 2                | 13.3   | 1              | 6.7              |  |
| 3       | Up to Secondary       | 4                | 26.7   | 13             | 86.6             |  |
|         | Graduate              | 9                | 60     | 1              | 6.7              |  |
|         |                       |                  |        |                |                  |  |
|         |                       |                  |        |                |                  |  |
|         |                       |                  |        |                |                  |  |
|         | Occupation            |                  |        |                |                  |  |

|    | Housewife                  | 12 | 80    | 13 | 86.7 |
|----|----------------------------|----|-------|----|------|
| 4  | Teacher                    | 1  | 6.7   | 2  | 13.3 |
|    | Nurse                      | 2  | 13.3  | 0  | 0    |
|    | Income                     |    |       |    |      |
|    | ≤10,000                    | 15 | 100.0 | 14 | 93.3 |
| 5  | 10,001 - 20,000            | -  | -     | -  | -    |
| C  | 20,001 - 30,000            | 0  | 0     | 1  | 6.7  |
|    | >30,000                    | -  | -     | -  | -    |
|    | Religion                   |    |       |    |      |
| 6  | Hindu                      | 12 | 80.0  | 12 | 80.0 |
| Ū  | Christian                  | 1  | 6.7   | 2  | 13.3 |
|    | Muslim                     | 2  | 13.3  | 1  | 6.7  |
|    | Others                     | -  | -     | -  | -    |
|    | Type of family             |    |       |    |      |
| 7  | Joint                      | 10 | 66.7  | 7  | 46.7 |
| 1  | Nuclear                    | 5  | 33.3  | 8  | 53.3 |
|    | Marital Status             |    |       |    |      |
| 8  | Married                    | 15 | 100.0 | 8  | 53.3 |
| 8  | Unmarried                  | -  | -     | 7  | 46.7 |
|    | Duration of stay           |    |       |    |      |
|    | 1-5 days                   | 11 | 73.3  | 9  | 60.0 |
| 9  | 6 – 10 days                | 3  | 20.0  | 1  | 6.7  |
|    | 11 – 15 days               | 1  | 6.7   | 5  | 33.3 |
|    | >15 days                   | -  | -     | -  | -    |
|    | Previous admission to PIMS |    |       |    |      |
| 10 | Yes                        | 4  | 26.7  | 8  | 53.3 |
|    | No                         | 11 | 73.3  | 7  | 46.7 |

Table 1 exhibits the demographic variables patients both in experimental and control group.

About 9(60%) of participants in the experimental groupand (26.7%) in the control group belonged to the age group of 21 to 30 years.

Considering the gender, 15(100%) were female in experimental group and 11(73.3%) were male in control group.

With respect to the marital status majority of them were married both in the experimental 15(100%) and the control groups 8(53.3%).

About 10(66.7%) of the participants in the experimental group were from joint families and 8(53.3%) were in the control group were from nuclear families.

With regard to educational status 8(53.3%) were graduates in the experimental group, and 6(40%) in the control group had the basic level of School.

With respect to occupation, majority of them werehousewife in experimental group and the control groups 4(26.7%) were in private jobs.

All of the study participants 15(100%) in experimental group and 14(93.3%) in control group they income was less than Rs <10,000 / Month.

Majority 12(80.0%) of the study participants were Hindus both in experimental and control group. With regard to the duration of hospital stay Majority of them 11(73.3%) in experimental group and 9(60.0%) in control group were hospitalized for 1-5 days.

With regard to the previous hospitalization to PIMS hospital 11(73.3%) had no history of previous hospitalization in experimental group and 8(53.3%) in control group had a history of previous hospitalization.

Section B: Level of Job Satisfaction among Nurses.

| <b>Table 3:-</b> Distribution of nurses according to level of job satisfaction in experimental group | n = 6. |
|--|--------|
|  |        |

| Job Satisfaction               | Pretest |      | Post Test |       |
|--------------------------------|---------|------|-----------|-------|
|                                | f       | %    | f         | %     |
| Unsatisfied $(1-12)$           | 3       | 50.0 | -         | -     |
| Moderately Satisfied (13 – 24) | 3       | 50.0 | -         | -     |
| Satisfied (25 – 36)            | -       | -    | 6         | 100.0 |

**Table 3:** the above table shows that the pretest and posttest Level of job satisfaction among nurses in experimental group. Regarding the overall job satisfaction, majority of them 3(50%) were unsatisfied and 3(50%) of them were moderately satisfied in pretest and all the participants 6(100%) were satisfied in the post test.



Figure 1 :- Level of job satisfaction in experimental group.

| Tuble 4. Distribution of hurses decording ( | Level of job | sucisfuction in c | Some Stoup | n – 0.    |
|---|--------------|-------------------|------------|-----------|
| Job satisfaction                            | Pretest      |                   |            | Post Test |
|   | f            | %                 | f          | %         |
| Unsatisfied $(1-12)$                        | 3            | 50.0              | 2          | 33.33     |
| Moderately Satisfied (13 – 24)              | 3            | 50.0              | 4          | 66.67     |
| Satisfied $(25 - 36)$                       | _            | _                 | _          | _         |

**Table 4:-** Distribution of nurses according to Level of job satisfaction in control groupn = 6.

**Table 4**: this above table shows that the pretest and posttest Level of job satisfaction among nurses in control group. Regarding the overall Level of job satisfaction among Nurses 3(50%) of them were unsatisfied and 3(50%) of them were moderately satisfied in pretest and, 2(33.3%) of them were unsatisfied and 4(66.67%) of them were moderately satisfied in the post test.





**Table 5:-** Frequency and percentage distribution patients were according to level of satisfaction in Experimental<br/>and Control group.n = 30(15+15).

| Patient satisfaction           | Experimental Group |      | Control Group |       |
|--------------------------------|--------------------|------|---------------|-------|
|                                | f                  | %    | f             | %     |
| Unsatisfied (1–27)             | 3                  | 20.0 | 4             | 26.67 |
| Moderately satisfied (28 - 38) | 12                 | 80.0 | 11            | 73.33 |
| Satisfied (39-51)              | -                  | -    | -             | -     |

**Table 5**: the above table shows that the Level of patient satisfaction both in experimental and control group. Regarding the overall Level of patient satisfaction 3(20%) and 4(26.6%) of patients was unsatisfied in both experimental and control group and 12(80.0%) and 11 (73.3%) of patients were moderately satisfied in both experimental and control group and none of patients were satisfied in both experimental and control group.



Section D: Effect of SNR on the Level Job Satisfaction among Nurses and Patient Satisfaction

| <b>Table 6:-</b> Effect of SNR on the level of job satisfaction among nurses in the experimental group $n = 6$ . |       |      |                |                 |  |  |  |
|--|-------|------|----------------|-----------------|--|--|--|
| Test   | Mean  | S.D  | Mean           | Paired 't' test |  |  |  |
|  |       |      | Difference & % | value           |  |  |  |
| Pretest  | 44.00 | 8.12 | 10.16          | t=3.697         |  |  |  |
| Post Test  | 54.16 | 3.37 | (16.9%)        | p=0.014, S*     |  |  |  |

\*p<0.05, S-Significant

**Table 6:** Shows the effect of SNR on the level of job satisfaction among nurses in experimental group in pretest mean level of job satisfaction among nurses was 44 with SD of 8.12 in post test mean level of job satisfaction was 54.16 with SD of 3.37 mean difference in the level of job satisfaction between pre and post test was 10.16(16.9%) and t value obtained was 3.697 which was statistically significant at \*p<0.05.

Table 7:- Comparison of pretest and post test level of job satisfaction among nurses in experimental and<br/>control group.n = 12(6+6)

| Test      | Group        | Mean  | S.D  | Mean Difference<br>&<br>% | Student<br>Independent 't'<br>test value |
|-----------|--------------|-------|------|---------------------------|--|
| Pretest   | Experimental | 44.00 | 8.12 | 2.50                      | t=0.554                                  |
|           | Control      | 41.50 | 7.50 | (4.2%)                    | p=0.592, N.S                             |
| Post Test | Experimental | 54.16 | 3.37 | 11.83                     | t=3.096                                  |
|           | Control      | 42.33 | 8.73 | (19.7%)                   | p=0. 019, S*                             |

\*p<0.05, S-Significant, N.S-Not Significant

**Table 7:-** The above table shows comparison of pretest and posttest level of job satisfaction among nurses in experimental the pretest mean score was (44.00) with SD 8.12 control mean was (41.50) with SD 7.50 the difference in the mean score was 2.50't' testvalue obtained was t=0.554 which was not Statistically Significant at p < 0.05.

Experimental the posttest mean score was (54.16) with SD 3.37 control mean was (42.33) with SD 8.73 the difference in the mean score was 11.83't' test value obtained was t=3.096 which was Statistically Significant at p < 0.05.

**Table 8:-** Effect of SNR on the level of satisfaction among patients in the experimental and control group. n = 30(15+15).

| Group        | Mean  | S.D  | Mean Difference &<br>% | Student<br>Independent 't'<br>test value |
|--------------|-------|------|------------------------|--|
| Experimental | 65.20 | 9.45 | 12.93                  | t=4.002                                  |
| Control      | 52.27 | 8.21 | (15.2%)                | p=0.0001, S***                           |

\*\*\*p<0.001, S – Significant

**Table 8:-** The above table shows the effect of SNR on the level of patient satisfaction in experimental group the mean score was (65.20) with SD 9.45 and mean was (52.27) with SD 8.21in control Group. The difference in the mean score was 12.93' t' test valueobtained was **t=4.002** which was Statistically Significant at p < 0.001 level.

Section E: Association Between The Level Of Job Satisfaction Among Nurses With Their Socio Demographic Variables.

**Table 9:-** Association between levels of job satisfaction among nurses with their selected demographic variablesin the experimental group $\mathbf{n} = 6$ .

| Sl. No. |                       | Post Test |       |      | One Way                        |
|---------|-----------------------|-----------|-------|------|--------------------------------|
|         | Demographic Variables | f         | Mean  | S.D  | ANOVA/<br>Unpaired<br>'t' test |
|         | Age in years          |           |       |      |                                |
|         | 21-25                 | 1         | 58.0  | -    |                                |
| 1       | 26-30                 | 5         | 53.40 | 3.13 | -                              |
|         | 31 – 35               | -         | -     | -    |                                |
|         | >35                   | -         | -     | -    |                                |
|         | Gender                |           |       |      |                                |
| 2       | Male                  | 0         | -     | -    | -                              |

|   | Female                | 6 | 54.17 | 3.37 |            |
|---|-----------------------|---|-------|------|------------|
| 3 | Religion              |   |       |      | -          |
|   | Hindu                 | 6 | 54.17 | 3.37 |            |
|   | Christian             | - | -     | -    | -          |
|   | Muslim                | - | -     | -    |            |
|   | Others                | - | -     | -    |            |
|   | Marital status        |   |       |      |            |
| 4 | Married               | 5 | 53.40 | 3.13 | -          |
|   | Unmarried             | 1 | 58.0  | -    |            |
|   | Education             |   |       |      |            |
|   | GNM                   | - | -     | -    | -          |
| 5 | B.Sc. Nursing         | 6 | 54.17 | 3.37 |            |
|   | M.Sc. Nursing         | - | -     | -    |            |
|   | Total work experience |   |       |      |            |
|   | 1-5 years             | 4 | 53.00 | 3.46 | t=1.528    |
| 6 | 6-10 years            | 2 | 56.50 | 2.12 | p=0.213N.S |
|   | 11 – 15 years         | - | -     | -    |            |
|   | >15 years             | - | -     | -    |            |
|   | Current working area  |   |       |      |            |
| 7 | Plastic surgery ward  | 0 | -     | -    | ] -        |
|   | OG ward               | 6 | 54.17 | 3.37 | ]          |

N.S-Not Significant

**Table 9**: shows that there was no significant association between the post test level of job satisfaction among nurses with their selected demographic variables in the experimental group such as gender, religion, marital status level of education, total workexperience and current working area.

**Table 10:-** Association between post testlevels of satisfaction among patients with their selected<br/>demographic variables in the experimental groupn = 15.

|         |                       | Post Test | One Way |      |                                |
|---------|-----------------------|-----------|---------|------|--------------------------------|
| Sl. No. | Demographic Variables | f         | Mean    | S.D  | ANOVA/<br>Unpaired<br>'t' test |
|         | Age in years          |           |         |      |                                |
|         | ≤20                   | 1         | 52.0    | -    | F=1.476 p=0.2                  |
|         | 21-30                 | 9         | 68.22   | 9.07 | N.S                            |
| 1       | 31-40                 | 1         | 74.0    | -    |                                |
|         | 41-50                 | 3         | 59.67   | 8.02 |                                |
|         | >60                   | 1         | 59.0    | -    |                                |
|         | Gender                |           |         |      |                                |
| 2       | Male                  | -         | -       | -    | -                              |
|         | Female                | 15        | 65.20   | 9.45 |                                |
|         | Education             |           |         |      |                                |
|         | Illiterate            | 2         | 55.50   | 4.95 |                                |
|         | School                | 3         | 71.33   | 3.06 |                                |
|         | Secondary             | 0         | -       | -    | F=2.120                        |
| 3       | SSLC                  | 0         | -       | -    | p=0.153N.S                     |
|         | HSC                   | 1         | 52.0    | -    |                                |
|         | Graduate              | 8         | 65.75   | 9.51 |                                |
|         | Post graduate         | 1         | 75.0    | -    |                                |
|         | Occupation            |           |         |      |                                |
|         | Unemployed            | 0         | -       | -    |                                |
|         | Housewife             | 12        | 63.17   | 9.50 | F=1.546                        |
|         | Student               | 0         | -       | -    | p=0.253N.S                     |

|    | Teacher                    | 2  | 74.50 | 0.71  |                  |
|----|----------------------------|----|-------|-------|------------------|
|    | Government                 | 0  | -     | -     |                  |
|    | Private                    | 0  | -     | -     |                  |
| 4  | Nurse                      | 1  | 71.0  | -     |                  |
|    | Mechanic                   | 0  | -     | -     |                  |
|    | Business                   | 0  | -     | -     |                  |
|    | Auto driver                | 0  | -     | -     |                  |
|    | Coolie                     | 0  | -     | -     |                  |
|    | Income                     |    |       |       | $\Box^2 = 1.034$ |
|    | ≤10,000                    | 15 | 65.20 | 9.45  | d.f=1 p=0.309    |
| 5  | 10,001 - 20,000            | -  | -     | -     | N.S              |
|    | 20,001 - 30,000            | 0  | -     | -     |                  |
|    | >30,000                    | -  | -     | -     |                  |
|    | Religion                   |    |       |       |                  |
|    | Hindu                      | 12 | 63.42 | 9.79  | F=1.098          |
| 6  | Christian                  | 1  | 71.0  | -     | p=0.365N.S       |
|    | Muslim                     | 2  | 73.0  | 1.41  |                  |
|    | Others                     | -  | -     | -     |                  |
|    | Type of family             |    |       |       | t=3.277          |
|    | Joint                      | 10 | 61.60 | 9.59  | p=0.007          |
| 7  | Nuclear                    | 5  | 72.40 | 2.88  | S**              |
|    | Married                    |    |       |       |                  |
| 8  | Married                    | 15 | 65.20 | 9.45  | -                |
|    | Unmarried                  | -  |       |       |                  |
| 9  | Duration of stay           |    |       |       | F=6.242          |
|    | 1-5 days                   | 11 | 67.72 | 7.35  |                  |
|    | 6 – 10 days                | 3  | 52.67 | 6.03  |                  |
|    | 11 – 15 days               | 1  | 75.0  | -     |                  |
|    | >15 days                   | -  | -     | -     |                  |
|    | Previous admission to PIMS |    |       |       | t=0.010          |
| 10 | Yes                        | 4  | 65.25 | 12.42 | p=0.992N.S       |
|    | No                         | 11 | 65.18 | 8.87  |                  |

\*\*p<0.01, \*p<0.05, S - Significant, N.S - Not Significant

Table 11, shows that there was no significant Association betweenpost testlevel of satisfaction among patients with their selected demographic variables in the experimental group such as age in years, gender, religion, marital status level of education, occupation, income and previous admission to PIMS. There was significant association with the duration of stay in hospital and type of family at the level of p<0.01.

# Limitations

The most important limitations of the present study were absence of random assignment, nonequivalent control group, and interval between evaluating the control and experimental groups (which was inevitable due to the nature of the intervention).

The researcher tried to be present in the ward and supervise the appropriate implementation of the rounds. Accordingly, this could create a Hawthorne effect which remained as a limitation of the study. Besides, as this study was only conducted in an internal surgical ward, the generalizability of its results is also subject to this limitation. Therefore, similar studies in other wards are recommended for more generalizable results.

# **Conclusion:-**

As a communicative method, performing regular nursing rounds can play an important rolein increasing patient satisfaction with quality of nursing care. Accordingly, in order to enhance patient satisfaction, nursing managers are recommended to use the findings of the present study and design and perform regular rounds.

# **References:-**

- 1. Abu, N. A. I., Shahriar, M. D. A. and Suntu, K. G. (2006). Customer expectations and perceptions towards health services through Servqual Model, an evaluation of medical diagnosis services in Bangladesh, Prestige Journal of Management Research, 1: 61-72.
- 2. Adams, A. and Bond, S. (2000). Hospital nurses job satisfaction, individual and
- 3. Organizational characteristics, Journal of Advanced Nursing, 33: 541–543.
- 4. Afzal, M., Rizvi, F., Azad, A. H., Rajput, A. M., Khan, A. and Tariq, N. (2014). Effect of demographic characteristics on patient's satisfaction with health care facility, Serbian Journal of Experimental and Clinic, 1(1): 1-4.
- Agezegn, A., Tefera B., and Ebrahim, Y. (2014). Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia, Article, ID 909768, 1-26.
- Aiken, L. H., Sermeus, W., Van den Heede K., Sloane, D. M., Busse, R., Mckee, M. and Smith H. L.( 2012). Patient safety, satisfaction, and quality of hospital care: Cross sectionalsurveys of nurses and patients in 12 countries in Europe and the United States, British Medical Journal, 344(e17): 2–18.
- 7. Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A. and Shamian, J. (2001). Nurses' reports on hospital care in five countries, Health Affairs, 20(3): 40–54.
- 8. Al-Aameri, A. S. (2000). Job satisfaction and organizational commitment for nurses,
- 9. Saudi Medical Journal, 21(6), 231-235.
- 10. Al-Ajmi, R. (2001). The effect of personal characteristics on job satisfaction: a study among male managers in the Kuwait oil industry. International Journal ofCommerce & Management, 11: 81-90.
- 11. Alcântara, L.M., Leite L. J., Erdman. A.L., Trevisan, M.A., Dantas. C.C. (2005). Enfermagemoperativa: uma nova perspectiva para o cuidaremsituações de "crash", Rev Latino-am Enfermagem, 13(3): 322-31.
- 12. Alemshet, Y., Leja, H., Alima, H., Challi, J. and Morankar, S. (2011). Job satisfaction and its determinants among health workers in Jimma University Specialized Hospital, SouthwestEthiopia. 21: 19-27.
- 13. Al-Enezi, M. A. (2000). Job satisfaction among Kuwaiti managers and employees in the government sector-An empirical study, unpublished PhD Dissertation, University of Bradford, UK.
- 14. Al-Fadley, M. (1996). Factors determining the level of job satisfaction in police work: A case study of the police force in Cairo, unpublished PhD Dissertation, University of Exeter, UK.
- 15. Alhashem, A. M., Alquraini, H., Chowdhury, R. I. (2011). Factors influencing patient satisfaction in primary healthcare clinics in Kuwait. International Journal in Health CareQuality Assurance, 24: 49–86.
- 16. Antonovsky, A. (1987). Unrevealing the mystery of health: How people manage stress and stay well, San Francisco.
- 17. Arnetz, J. E. and Arnetz, B. B. (1996). The development and application of a patient satisfaction measurement system for hospital-wide quality improvement, International Journal of Quality Health Care, 8(6): 528-557.
- Arnold, E. and Underman-Boggs, K. (2011). Interpersonal Relationships: Professional Communication Skills for Nurses, 6<sup>th</sup> edition. St. Louis, Missouri: Elsevier Saunders.
- 19. Asika, N. (2000). Research Methodology in the Behavioural Science, Lagos: LongmanPublisher Ibadan.
- 20. Atkins, P. Mardeen, Marshall, Stevenson, B. and Javalgi, R. G. (1996). Happy employees lead to loyal patients, Journal of Health Care Marketing, 16(4): 19-20.
- 21. Auerbach, D., Buerhaus, P. and Staiger, D. O. (2014). Registered nurses are delaying retirement, a shift that has contributed to recent growth in the nurse workforce, Epub, 33:1476-1485.
- 22. Awases, M., Gbary, A. and Chatora, R. (2003). Report of migration of health professionals in six countries: A synthesis report, Brazzaville, Republic of Congo.
- 23. Bamgboye, E., Jarallah, J. (1994). Long waiting outpatients: Target Audience for Health Education, Patient Education and Counseling, 23: 49–54.
- 24. Banjoko, S. A. (2006). Managing Corporate Reward Systems, Lagos: EducationalPublishers.
- 25. Beaufort, B. and Longest, J. R. (1996). Health Professionals in Management, New Jersey:
- 26. Prentice Hall.
- 27. Beaufort, B. and Longest, J. R. (1996). Health Professionals in Management, New Jersey: Prentice Hall
- 28. Bender, K. A., Donohue, S. and Heywood, J.S. (2005). Job satisfaction and gender segregation, Oxford Economic Papers, 57(3): 469-499.
- 29. Bensing, J. M., Brink-Muinen, A. van, D,,Boerma, W. and Dulmen, S. V. (2013). The manifestation of

job satisfaction in doctor-patient communication: a ten- country European study, International Journal of Person-Centered Medicine, 45-48.

- 30. ertram, D. (2007). Likert scales, University of Calgary, Department of Computer Science, Educ Psychol Meas, 72(4): 533–546.
- 31. Bester, C. L., Richter, E. C. and Boshoff, A. B. (1997). Prediction of Academics JobSatisfaction Level. British Journal of Educational Psychology, 20(4): 47-69.
- 32. Betts, P. W. (1983). Supervisory studies, Third Edition, Great Britain: Macdonald and Evans.
- 33. Bleich, S, Özaltin, E., Murray, C. (2009). How does satisfaction with the health-care system relate to patient experience? Bull World Health Organ, 87(4), 273-276.
- 34. Booyens, S. W. (1998). Dimensions of Nursing Management, Kenwyn: Juta 2<sup>nd</sup> Edition, Paperback: Juta Academic.
- 35. Borrill, W. M., Carter, M. and Dawson, J. (2013). The Relationship between Staff Satisfaction and Patient Satisfaction: Results from Wolverhampton Hospitals NHS Trust, Aston Business School, Aston University, 10-14.
- 36. Bowie, I. (1996). Terms of address: Implications for nursing. Journal of Advanced Nursing, 23(1): 110 117.
- 37. Bowles, C. E. and Candela, L. E. (2005). First job experiences of recent RN graduates: improving the work environment, The Journal of Nursing Administration, 35: 110–32.