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Study of Satisfaction of Inpatient Discharge Based on Nurses' Perceptions

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Satisfaction with Inpatient Discharge

Study of Satisfaction of Inpatient Discharge Based on Nurses' Perceptions

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Satisfaction with Inpatient Discharge

Abstract

Patient satisfaction plays an important role in providing quality health care, and discharge satisfaction is part of overall patient satisfaction since it reveals how patients feel about their stay. In this paper, we evaluated inpatient discharge satisfaction based on nurses' perceptions. An anonymous survey was used to evaluate how satisfied the patients were when being discharged from the acute care hospital with survey questions answered by nurses who work on medical-surgical floors. Data was collected from the questionnaires and analyzed using Excel.

Keywords: discharge satisfaction, patient satisfaction, questionnaire, nurses' perception, quality of care.

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Introduction

Consumer satisfaction is a core concept in the service business. Thus, patient satisfaction has become the core of quality assessment for the delivery of healthcare services. Improving quality of care is a key goal of healthcare services today, so patient satisfaction plays an important role in quality of care ratings evaluation (Vishal Kamraa, Harjot Singha and Kalyan Kumar De, 2016). Patient satisfaction data not only helps healthcare workers understand the needs of the patients, but also stimulates ideas for healthcare personnel to develop improved guidelines and policies for better care delivery.

Patient satisfaction data is essential for evaluating healthcare services and that data is highly affected by patients' satisfaction at acute care hospitalization discharge. Patient experiences are revealed effectively at discharge because patients have strong emotional feelings when being discharged from a hospital stay. They may feel excited, upset or calm, but no matter how they feel, they usually have something to say about their experiences for the days, weeks or even months in the hospital. The satisfaction data also provides information directly on patients' overall impressions of the hospital which affects their brand loyalty. If patients choose this hospital as their first choice, or if they would talk about positive experiences with their friends and neighbors, it helps bring more patients to that hospital. Thus, discharge satisfaction affects the hospitals' business success to some extent.

Nursing evaluation is an on-going process from a patient's admission to discharge. The nurse-patient relationship is primarily built through personal interactions during inpatient stay. Nurses spend the most time with patients during a hospitalization, and they provide care not only medically but also emotionally. Nurses provide comfort, nursing care, and attend to personal needs. Patients often reveal their feelings freely to their nurses and like to tell the truth. Thus, the

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nurse may be the best hospital employee to predict patient satisfaction (Alvisa Palese, Silvia Gonella, Anna Fontanive, Annamaria Guarnier, Paolo Barelli, Paola Zambiasi, 2017).

Research Goals

Assessing patient satisfaction is one of the most effective methods that healthcare facilities use to evaluate and improve their overall healthcare services assessment and public rating. Surveys are widely used to study how satisfied patients are with nursing care, healthcare providers, hospital dietary and nutrition services, Emergency Department waiting time, etc. Many recent studies focus on patient discharge satisfaction.

Commonly, patient satisfaction evaluation questions are answered by patients through a survey mailed to their home 1-2 weeks after discharge. In this study, the survey was answered at the time of discharge by Registered Nurses (RNs) who participated in direct patient care and provided education to patients and their families or caregivers upon discharge. The questions were answered based on the nurses' perceptions immediately after providing discharge education.

It should be noted that there are several different types of discharges, which include transferring to a different hospital, discharge to an acute/sub-acute rehabilitation facility or long-term nursing home, to patients' own home with self-care or home-care services, to an adult home or a nearby hotel, or the patient may have decided to leave AMA (Against Medical Advice).

In this study, the goal was to identify a convenience sample of patients with different types of discharges, assess their satisfaction, and compare the results between patients who had experienced either medical and surgical admissions.

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Methodology and Data collection

This survey was conducted in a teaching hospital with a level-one trauma center located in Long Island, New York. This survey was conducted by sending out anonymous questionnaires to RNs who worked on medical and surgical units and had patient discharges that day. A total of 50 questionnaires (25 each) were sent out and total of 30 came back after 4 weeks. The questionnaire was composed of seven questions, including six multiple choice and one Likert-scale question. See Table 1 for the actual questions.

Multiple choice questions collected data on types of discharges and the specific reasons for each patient. The Likert-scale question measured participants' attitude with equal number of favorable and unfavorable statements (Vishal Kamraa, Harjot Singha and Kalyan Kumar De, 2016).

Data were transcribed from the returned 30 questionnaires and entered into Excel. Visualizations, including a pie chart and bar charts, were created to yield clear visualization of the data.

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Table 1: Patient Discharge Satisfaction Survey

I am Hong Lin, RN, and I am conducting a survey as part of my Master's Degree in Healthcare Informatics at Harrisburg University. This is a brief survey to study patients' discharge satisfaction. It should take less than 5 minutes to complete. Please fill out **one survey for each discharge**. Thank you for your time.

1: Are you working on a medical or surgical care floor today?

- a. medical
- b. surgical

2. What kind of discharge is your patient?

- a. discharge to home self-care/ home care
- b. discharge to a post-acute facility
- c. discharge to another acute care hospital
- d. discharge to an adult home/hotel (or other similar replacement)
- e. AMA
- f. other, please specify _____

3. How satisfied is your patient regarding his/her discharge based your perception?

- a. very satisfied
- b. somewhat satisfied
- c. somewhat dissatisfied
- d. very dissatisfied

4. If you choose a or b from Q3, what satisfied the patient the most?

- a. treatment plan
- b. nursing care
- c. food services
- d. hospital environment/equipment
- e. friendly staff
- f. other, please specify _____

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Table 1: continues

5. If you choose c or d from Q3, why do you think they are not satisfied?

- a. does not feel ready to go medically
- b. not satisfied with the treatment received
- c. not satisfied with the nursing care
- d. not satisfied with the environment (e.g. noises, temperature)
- e. does not have a place to go to after discharge
- f. other reason, please specify _____

6. What is the main reason for your patient's discharge?

- a. medically stable/ needs following on care in other facilities
- b. insurance ran out
- c. patient requested to go home/do not want to be treated any more
- d. patient needs to be transferred to another hospital for higher level treatment
- e. patient requested to be transferred
- f. other, please specify _____

7. If the patient left AMA, do you think a psychological issue is the main reason?

- a. Yes
- b. No

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Results

Total number of 30 questionnaires were collected with 15 each from medical and surgical units. Although data was not being assumed to be equal between medical and surgical floor in advance, the coincidence of equal number data makes this study clearer to see and easier to compare. See Chart 1 for Question 1 data distribution.

Chart 1: *Q1: Are you working on a medical or surgical care floor today?*

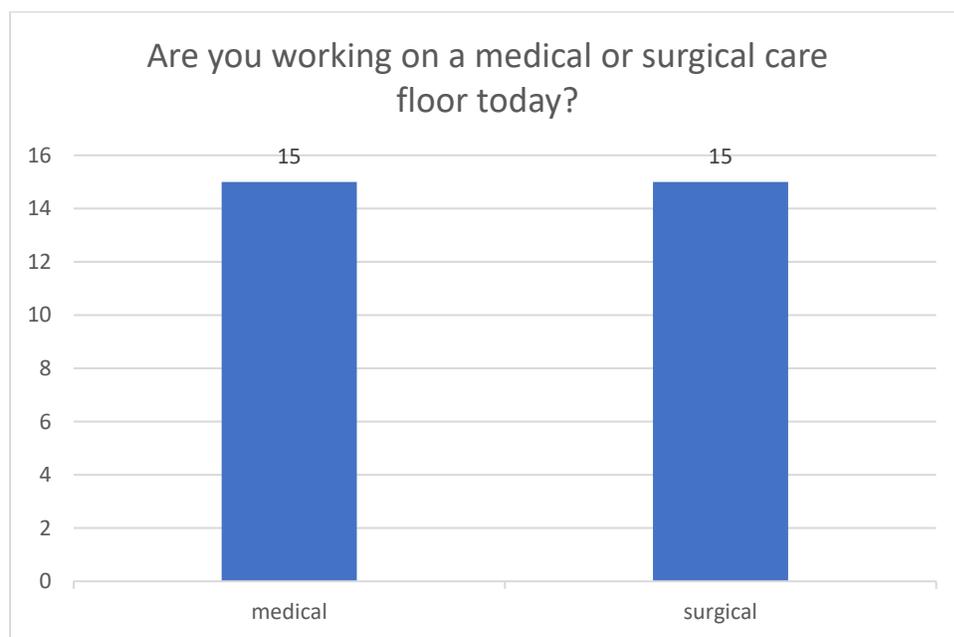


Chart 2a, a pie chart, illustrates the distribution of discharge types for both medical and surgical unit together. The most kind of discharge is discharge to home self-care or home-care services, followed by discharge to post-acute care facility. And the bar chart (Chart 2b) shows the distribution of each kind of discharge both medical and surgical separately. One AMA case is clearly captured also from medical unit.

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Chart 2a: Q2: What kind of discharge is your patient?

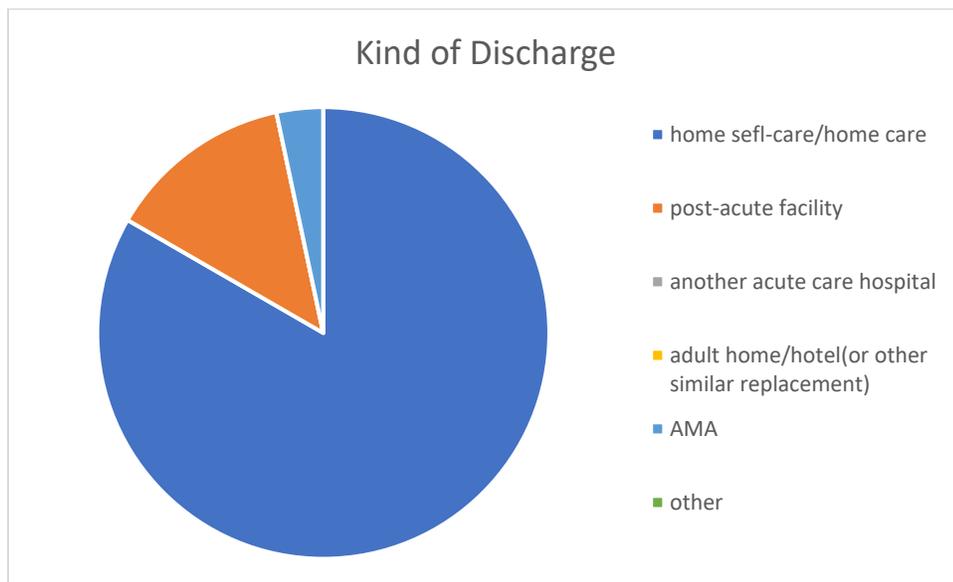
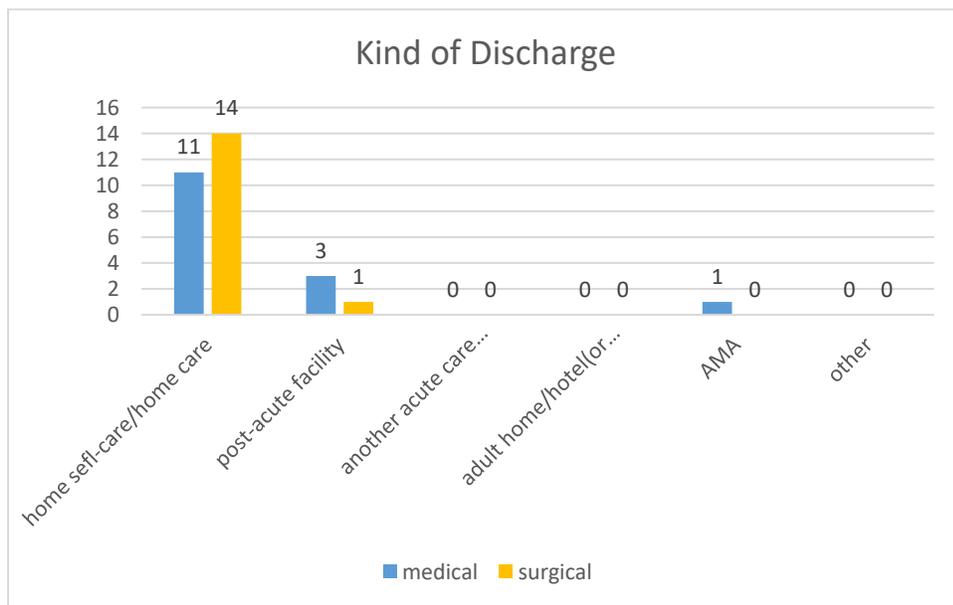


Chart 2b:



Question 3 is created to evaluate how satisfied the patients are regarding to their discharges based on the nurses' perception. The scale was based on Likert scale which includes Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied, and Very Dissatisfied. The bar chart (Chart 3a) clearly showed the distribution of each unit and patients' satisfaction level. Surgical

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unit has the most Very Satisfied patients and no one was Very Dissatisfied. Chart 3b shows both total number and each unit's number, and it is divided by Satisfied and Dissatisfied. The ratio of Satisfied and Dissatisfied is 24 to 6.

Chart 3a: Q3: How satisfied is your patient regarding his/her discharge based your perception?

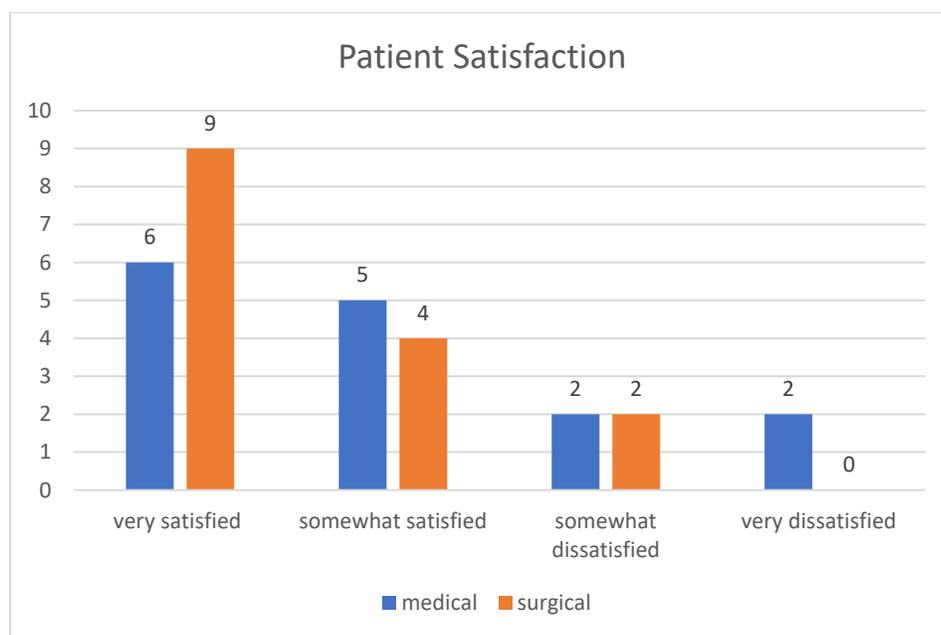
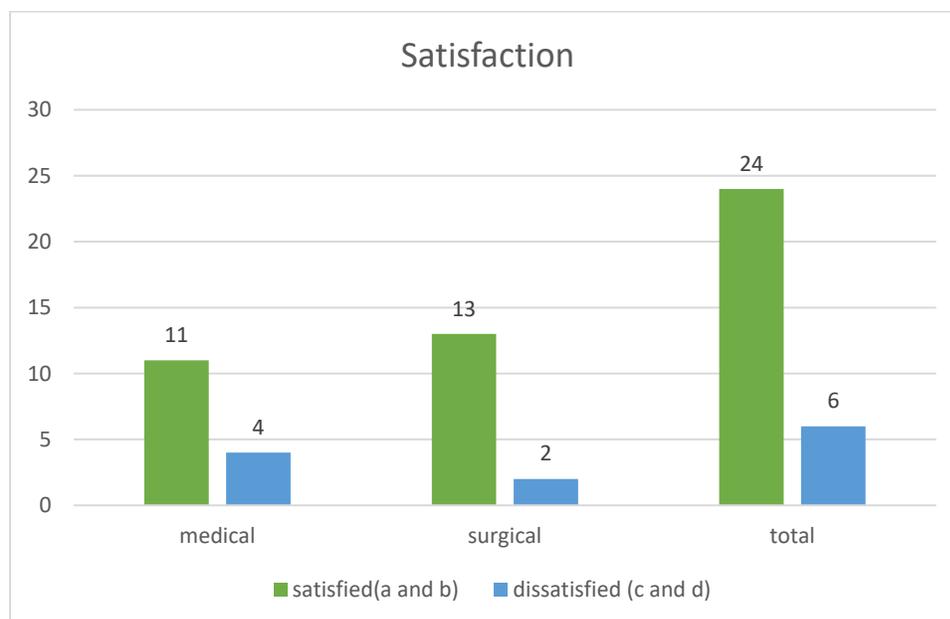


Chart 3b:

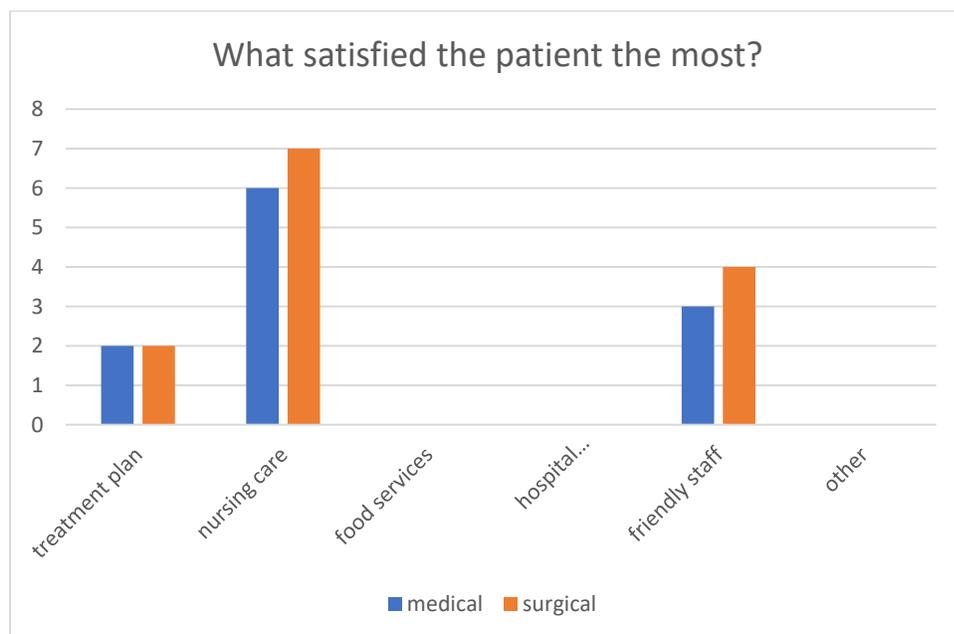
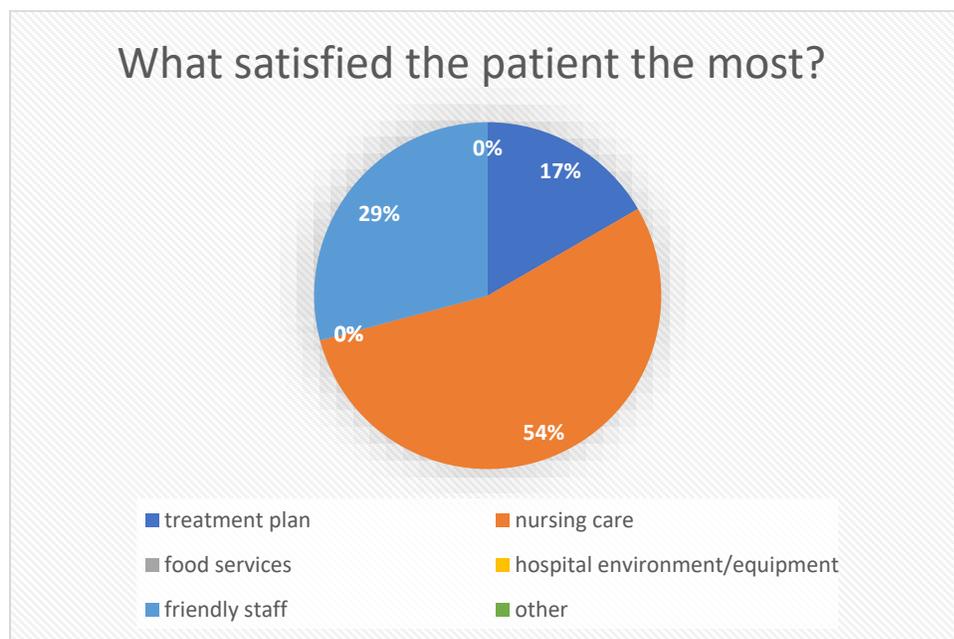


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Patient Satisfaction directly affects patient's loyalty. Customer loyalty commonly means the customers coming back for future services, it also indicates these loyal customers will refer other potential customers (G. Velmurugan, R. Shubasini, N. Saravana Bhavan, V. Selvam, 2019). Patients with higher satisfaction have higher chance to come back when they are seeking for quality care in the future, and they would spread good words to help hospital bring more potential patients.

According to Chart 4b, Nursing Care satisfied the patients the most, which is 54% among total. Chart 4a compares between medical and surgical floor. It shows both medical and surgical floor have chosen the same options and the distribution is similar. Nurses spend large amount of time with patients, which contributes to healthy nurse-patient relationship. Research shows adequate nurse-patient interaction is considered as the most important predictors of patient satisfaction. Adequate patient-to-nurse ratio gives nurses adequate time to spend with their patients, which reported higher levels of patient satisfaction and quality of care (Alvisa Palese, Silvia Gonella, Anna Fontanive, Annamaria Guarnier, Paolo Barelli, Paola Zambiasi, 2017). Also, psychologically, better interaction and effective communication with staff would give patients the most comfort during frustrated period of hospitalization, which could explain why nursing care and friendly staff are mostly selected as satisfied.

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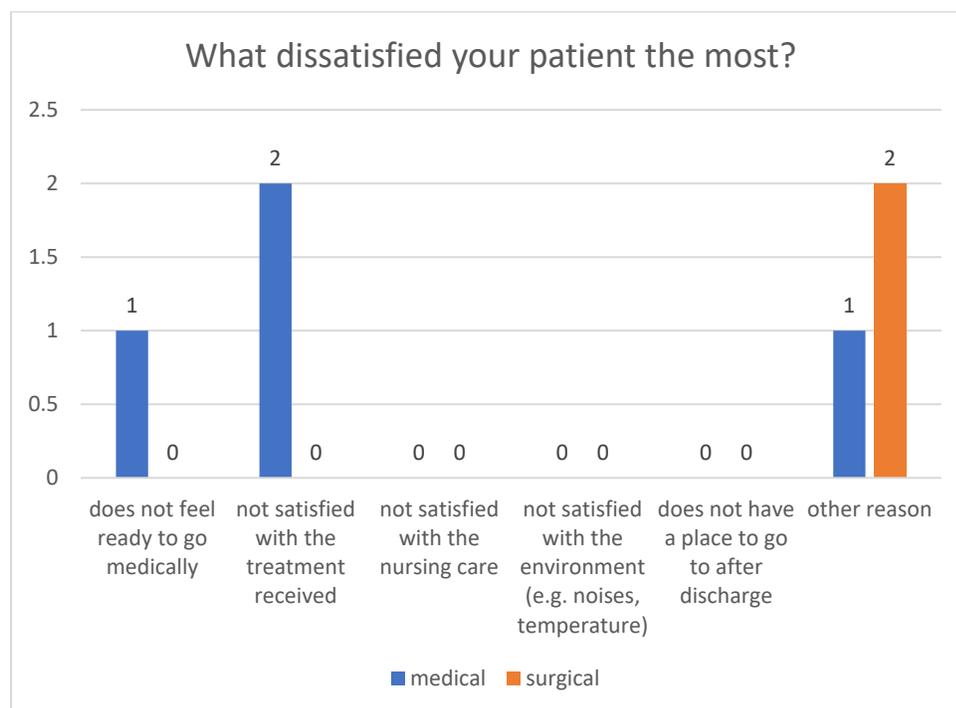
Chart 4a: Q4: If you choose a or b from Q3, what satisfied the patient the most?**Chart 4b:**

There 6 out of 30 are dissatisfied, and half of the dissatisfied patients specified their reason as “nothing was good during their stay” based on Chart 5a and 5b. The other half are not satisfied because they are not ready to be discharged but being asked to leave or they are not

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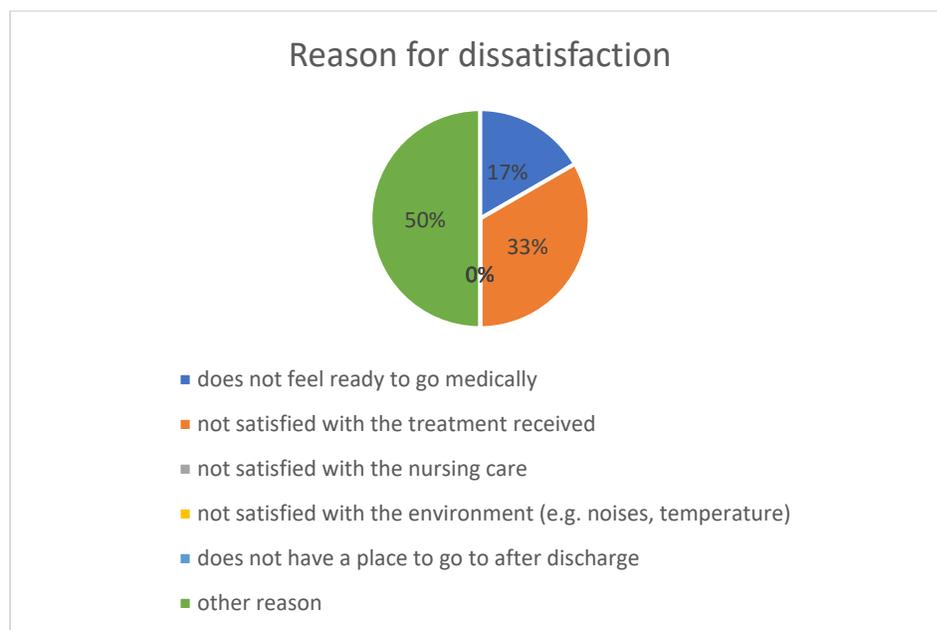
satisfied with the treatment they received. This data would be better presented with larger amount of data. Data on dissatisfaction can provide valuable information to healthcare professionals or managers to find out how to improve their patient satisfaction and quality of care. If patients are not satisfied with the treatment plan, healthcare providers should pay more attention to communicate to patient effectively. Effective communication is a skill that could be taught (Kumah, 2019). Hospital could conduct more in-service training to their healthcare providers. If the environment is the reason that upset the patients, more specified questions can be asked to find out what was the reason that make patients discomfort, such as air-conditioning, noises, medical equipment, etc. It could provide useful information and help the hospital make improvement.

Chart 5a: Q5: *If you choose c or d from Q3, why do you think they are not satisfied?*



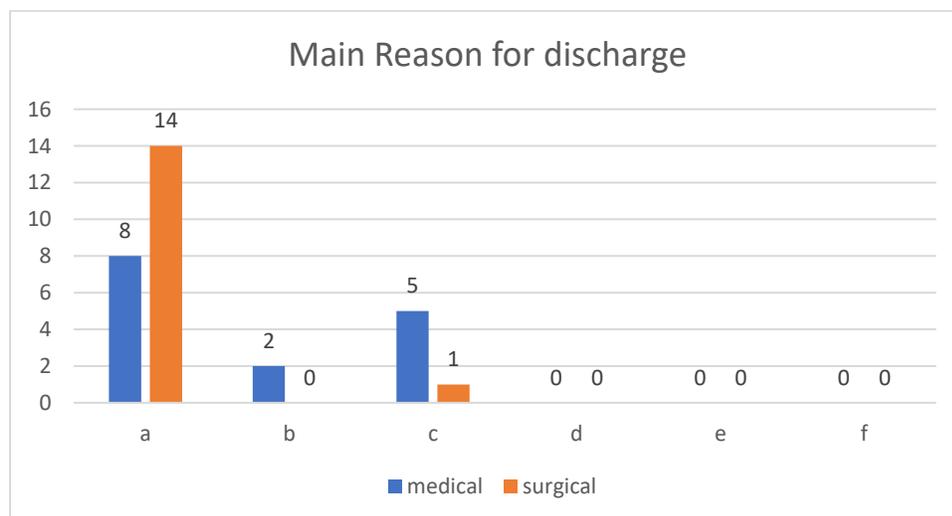
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Chart 5b:



According to Chart 6a and 6b, most of patients are discharged due as medically stable or going to other facilities for following care according to the pie chart, followed by patient requested to go home/do not want to be treated any more. There are 2 out of 30 cases are discharged because of running out of insurance. Compared to option a, option b and c has the higher chance that the patient was dissatisfied with the hospital.

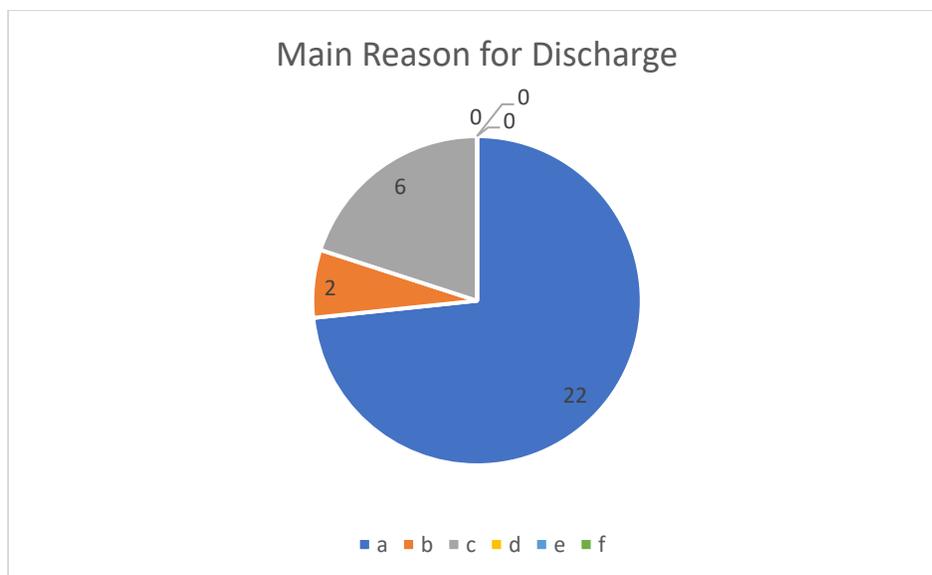
Chart 6a: Q6: What is the main reason for your patient's discharge?



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a	medically stable/needs following on care in other facilities
b	insurance ran out
c	patient requested to go home/do not want to be treated any more
d	patient needs to be transferred to another hospital for higher level treatment
e	patient requested to be transferred
f	other

Chart 6b:

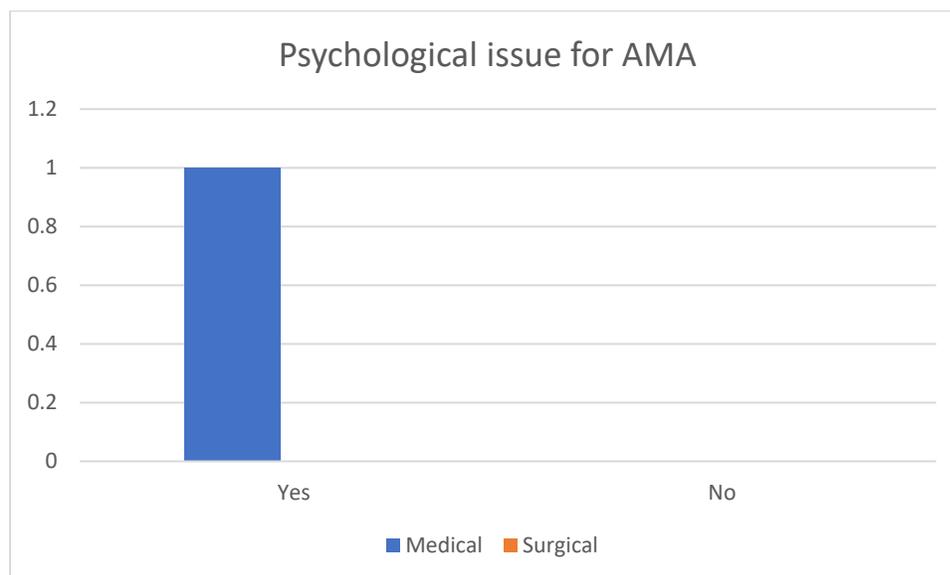


Patients' dissatisfaction can be influenced by their psychological conditions. Research shows patient with both MDD (Major Depressive Episode) and personality disorder has lower level of patient satisfaction. Also, the higher severity of MDD, the lower patient satisfaction (Stephan Kohler, Theresa Unger, Sabine Hoffmann, Bruno Steinacher & Thomas Fydrich, 2015).

Moreover, patient leaving hospital against medical advice (AMA) also influence patient satisfaction. In this study, there is 1 case out of 30 is AMA. The patient left AMA due to psychological issue (Chart 7). Meanwhile, in the same questionnaire, Very Dissatisfied was chosen in Question 3 and Other was chosen in Question 5. The main reason for dissatisfaction was specified as "nothing satisfied" for the case from medical unit.

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Chart 7: Q7: If the patient left AMA, do you think psychological issue is the main reason?



Research shows that the AMA rate could be measured regularly to evaluate patient satisfaction. Evaluating AMA rate can help finding out current issues in providing healthcare, even potential problems. If patient survey cannot be conducted successfully, the AMA rate could be an effective way to measure satisfaction and capture issues (Tommaso Grillo Ruggieri, Paolo Berta, Anna Maria Murante and Sabina Nuti , 2018), to help reach the goal of improved patient satisfaction and improved quality of care.

Discussion and Conclusion

The analysis shows most of the patients are discharged to home with some satisfaction, and most patients are medically stable or have been scheduled for follow-up care. According to the data, more patients from the surgical unit are satisfied than those from the medical unit, and most patients are satisfied with their nursing care.

The major limitation in this study is the small volume of responses. Differences between medical and surgical units are present, but not enough data is available to draw substantive

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conclusions. A larger study is needed to further explore this topic. Also, questionnaires can be collected hospital-wide with more extended collection periods to avoid temporal bias.

In a real-life setting, patients pay a lot of attention to hospital food services. In future research, in-depth questions about hospital dietary services would also be of interest to add to questionnaires in order to better evaluate patient satisfaction.

Furthermore, comparison can be made between Discharge Satisfaction and Patient Satisfaction after Discharge. Data should be collected and compared within the same discharge period with a larger volume of data. Results can be compared between nurses and patients. This could be used for future changes in methodology for improving patients' satisfaction at discharge. (Meera Burney, Margaret Purden, Lynne McVey, 2002).

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