



RESEARCH PAPER

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Nurse-patient relationship in a tertiary level Public Hospital

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Abstract

Nurses play the most vital role in healthcare system and their demand is growing rapidly including increased emphasis on health promotion and illness prevention. A cross sectional study was conducted aiming to assess nurse patient relationship in Rangpur medical college hospital from January to December 2019. Among total 384 respondents 192 were patients and 192 were senior staff nurses. Data were collected with a semi structured questionnaire and analysis was done by SPSS. Patients were aging from 31 to 40 years with a mean 40.69 (SD±16.76) years and female were (52.1%) and housewives (43.8%). Patients' income range was 5001-10000 BDT and 96.9% visited the hospital willingly, whereas 65.1% respondents stayed hospital for one week. Most of the nurses routinely served the medicine (75%) and willingly communicated with the patients (84.4%), thus 88.5% patients were satisfied with nurses, 89.6% patients with nurses' behavior and 89.1% patients with the nursing care. Almost half of the nurses had work experience of 1-5 years. Maximum nurses had stated that self-introducing (65.1%), self-explanation (58.9%) and encouragement to self-explain the problem (95.8%) improve the nurse patient relationship. More than half of the nurses checked patients' health status and medicine (56.3%) and checked patients' history and quality symptoms (62.5%). Significant association was found between listening the health problem and patients' satisfaction ($\chi^2=30.515$, $p=0.002$), routine checkup of health and patients' satisfaction ($\chi^2=38.908$, $p=0.001$) and calling the doctor for patients' demand and patients satisfaction ($\chi^2=69.923$, $p=0.00$). Improved quality of nursing care can improve patients' satisfaction towards hospital services.

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Introduction

In health care system, nurses are considered as the front line fighters. Without any second thought about risk, they establish relationships with patients as health care experts. In improving a patient's overall health, nurses maintain a healthy nurse-patient relationship with trust and respect. The relationship plays a crucial part in determining the quality of care, patient satisfaction, and overall outcome of the patient's well-being. In a hospital setting, however, the relationship depends highly upon the institutional power structure, nurses, and patients in predefined roles for effective communication and relationship possible (Noyes, 2022). The rising strength of consumerism in society highlights the central role of patient's attitude in health planning and delivery. Furthermore, a satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical providers, leading to improved compliance, continuity of care, and better outcomes (Salem *et al.*, 2020).

Nurses take an important role as a front line to serve the patients spending the most time with patient (Tang *et al.*, 2013). To restore the emotional, spiritual and social health of the patients, nurses focus on the patient's health care need (Berman *et al.*, 2016). Globally, health system for high-quality care reflects on of health services provided by nurses (Aiken *et al.*, 2012). Nursing care has a prominent role in patient satisfaction that an important indicator of quality care in competitive in healthcare market (Wagner *et al.*, 2009).

Patient's perception and expectations of their nursing care represents a balance when they are hospitalized. Patient's satisfaction is accepted as standard measure of quality of care and steadily gaining popularity. In recent years, many studies have been conducted to determine quality care, develop strategies to improve quality nursing care but few studies have been conducted to determine the roles of nurses to provide care. To plan an effective and efficient health services for the people, it is important to determine nurse's roles in delivering care for the health care

organizations. So, it was needed to examine the roles of nurses in tertiary hospitals and their relation with patients. Hence, this study would highlight the importance of building a good relation with patients which could result in performance improvements and better decision making process. This study was aiming to assess the nurse patient relationship in tertiary hospital.

Materials and methods

Study population and design

This was a cross sectional study, conducted with the aim to assess the status of nurse patient relationship in a tertiary public hospital. This study was conducted at Rangpur Medical College Hospital, Rangpur, Bangladesh. Data was collected from 1st January to 31th December, 2019. After developing the questionnaire, data collection, data processing and analysis was performed. This study was conducted with senior staff nurse (both male and female) and admitted patients (both male and female) of various departments in at Rangpur medical college hospital. Purposive sampling method was used for this study. Data were collected by semi structured questionnaire and observational checklist. Data were checked and edited manually and verified for any omission, error or irrelevance before entering and analysis using SPSS (Statistical Package for Social Science) version 24 statistical software. The findings of the study were presented as frequency, percentage in tables and graphs. For continuous variables, means and standard deviations and for categorical variables frequency distributions were used to describe demographic characteristics of the total sample.

Results

Table 1 showed that 189 (98.4%) of the respondents mentioned the importance to greet with patients' to make better relationship with the patients and only 3 (1.6%) of the respondents said that it was not important to make better relationship.

The Table 2 showed that 125 (65.1%) of the nurse said self-introducing required for making nurse patients relationship and 67 (34.8%) of the nurse says no need self-introduction for nurse patients relationship.

Table 1. Distribution of the respondents according to role of greetings to patient in making relationship (Nurse=192)

Role of greetings in making relationship with patient	Frequency	Percent
Yes	189	98.4
No	3	1.6
Total	192	100.0

Table 2. Distribution of the respondents according to necessity of self-introducing to the patient (Nurse=192)

Necessity of self-introduction	Frequency	Percent
Yes	125	65.1
No	67	34.9
Total	192	100.0

Table 3. Distribution of the respondents according to important of answering patient's questions and worries about problem (Nurse=192)

Answering patient's questions and about problem	Frequency	Percent
Yes	190	99.0
No	2	1.0
Total	192	100.0

Table 4. Distribution of the respondents according to necessity of asking patient's problem and disease by the nurse (Nurse=192)

Need to asking problem and disease	Frequency	Percent
Yes	140	72.9
No	52	27.1
Total	192	100.0

Table 5. Distribution of the respondents on the basis of the importance to listen to patients' problem without interruption (Nurse=192)

Listening of patients problem without interruption to the patients	Frequency	Percent
Yes	190	99.0
No	2	1.0
Total	192	100.0

The Table 3 showed that 99% nurses said that patients' question about problem and its explanation was important and 1% nurse said patients' question about problem and its explanation was not important. The Table 4 showed that were 140 (72.9%) of the

nurses replied patients' asking problem and disease necessary and 52 (27.1%) of the nurse replayed patients asking problem and disease not necessary.

The Table 5 showed that there were 190 (99%) of the nurse replied that listening to patients' problems without interruption is very important and 2 (1.0%) of the nurse replied that listening to patients' problems without interruption was not very important.

The Table 6 showed that there were 119 (62.0%) of the respondents replied that asking patients' health history was more important and 73(38.0%) of the respondents replied that asking patients' health history was not more important.

Table 6. Distribution of the respondents according to necessity of asking patient's health history (Nurse=192)

Asking patient's health history	Frequency	Percent
Yes	119	62.0
No	73	38.0
Total	192	100.0

In Table 7 showed that there were 56.3% of the nurse who checked patients' health status and medicine and 43.8% of the nurse did not check patient health status and medicine.

Table 7. Distribution of the respondents according to check patient health status and medicine (Nurse=192)

Check medicine and health status	Frequency	Percent
Yes	108	56.2
No	84	43.8
Total	192	100.0

Table 8. Distribution of the respondents according to nurses' responsibility to provide necessary guidance (Nurse=192)

Guidance nurse's responsibility	Frequency	Percent
Yes	178	92.7
No	14	7.3
Total	192	100.0

Table 8 showed that 178 (92.7%) of the nurse provided necessary guidance as responsibility and 14 (7.3%) of the nurse said that it was not necessary.

Table 9. The association between the availability of service and patients satisfaction

	Patients satisfaction					Statistic
	Completely dissatisfied	Almost not satisfied	Quite satisfied	Very satisfied	Totally satisfied	
Satisfied with nursing help during admission time	0	1	0	0	0	$\chi^2=22.264$ p=0.035
	1	2	6	3	0	
	1	26	36	105	2	
	0	0	1	8	0	
Satisfied on nurse behavior	0	0	1	0	0	$\chi^2=8.895$ p=0.351
	2	28	38	103	1	
	0	1	4	13	1	
	2	28	39	101	1	
Satisfied on nursing care	0	1	4	15	1	$\chi^2=5.640$ p=0.228
	0	1	4	15	1	

Table 10. The association between the patient's expectation and patient's satisfaction of the respondents

Patient's expectation		Patients satisfaction					Statistic
		Completely dissatisfied	Almost not satisfied	Quite satisfied	Very satisfied	Totally satisfied	
Listen the health problems	Very less attentively listen	0	2	1	3	0	$\chi^2=30.515$ p=0.002
	Less attentively listen	1	13	14	10	0	
	Attentively listen	1	14	28	100	2	
	Carefully listen	0	0	0	3	0	
Informed various facilities	Yes	1	4	8	33	1	$\chi^2=4.992$ p=0.288
	No	1	25	35	83	1	
Routinely check your health	Never check	1	18	24	30	0	$\chi^2=38.908$ p=0.001
	Occasionally check	1	5	12	35	0	
	Almost check	0	4	4	26	0	
	Almost every time check	0	1	3	19	1	
	Every time check	0	1	0	6	1	
Nurse called the doctor as the patients demand	Never called	1	17	23	33	0	$\chi^2=69.923$ p=0.000
	Rarely called	1	4	10	37	0	
	Sometime called	0	5	7	29	0	
	Often called	0	3	2	13	0	
	Always called	0	0	1	4	2	

Table 9 showed that the relation between the satisfied with nursing help during admission and patients satisfaction was statistically moderate significant ($\chi^2=22.264$, $p=0.035$). The satisfied on nurse behavior and patients satisfaction was not statistically significant ($\chi^2=8.895$, $p=0.351$). The satisfied on nursing care and patients satisfaction was not statistically significant ($\chi^2=5.640$, $p=0.228$).

Table 10 showed that the relation between listen the health problems and patients satisfaction was statistically moderately significant ($\chi^2=30.515$, $p=0.002$). The nurse informed various facilities to patients and patients satisfaction was not statistically significant ($\chi^2=4.992$, $p=0.288$). The routinely check health and patients satisfaction was statistically strongly significant ($\chi^2=38.908$, $p=0.001$). The nurse called the doctor as the patients demand and patients

satisfaction was statistically strongly significant ($\chi^2=69.923$, $p=0.000$).

Discussion

Demographic data showed that out of 192 patients, 14.1% were of age group 41-50 years and 23.9 % were of age group 31-40 years, their mean age 40.69 (SD±16.76). Most of the patients were female 52.1 % and male 47.9%. The male and female ratios were 23:25. There were 36.5 % of the patients had completed their primary level education and 8.9% passed college level. Among them 92.7% were Muslim and rest of the patients 7.3% were Hindu. This study found that majority (43.8%) of the patients was house wife and only 0.5% was government employee. Their monthly income 44.3% were in the range of 5001-10000 TK and mean income was 11841.15 (SD±6155.23). Among them 72.9% patients were

married and 14.6 % patients were unmarried. However, a study has shown that conscious attention to the patients leads to trust (Teng *et al.*, 2007). Nurses have to spend more time with patients and listen to them; in some studies, nurses have understood that listening to patients was the best caring behavior (Chris, 2002).

This study found 98.4% of the nurses that introducing with the nurse and patients' to make better relationship with the patients and only 1.6% of the nurses found that introducing with the nurse and patients' to make better relationship. There were 65.1% of the nurse found that self-introducing required for making nurse patients relationship and 34.8% of the nurse says no need self-introducing required for nurse patients relationship. When nurses correctly and clearly provide the health information they need in the form of information about their illness and how their care at home patients expressed their positive satisfaction (Ammo *et al.*, 2014). Patients feel comfortable with their chosen treatment as more active and clear health information given by nurse. For making decisions based on the information patients have to achieve regarding health status, nurses might help patients, either individuals or in groups.

According to Mathews *et al.* (2008) during hospitalization nurse-patient relationship can control to take positive decision by the patient. If flexibility is given to the patients in choosing the best treatment that will improve the coping and positive image for the health sector during treatment (Olomi and Mboya, 2017). There were 97.4% of the nurse who responded the patients' feedback by using verbal communication technique more effective and 70.3% of the nurse who responded the patients' feedback by non-verbal communication technique more effective. Patients' feedback play an important role in practitioner level were moderated by a number of factors, and improvement efforts rarely resulted in improved patient experience survey scores. There were 95.8% of the nurse felt that they need to encourage to self-explain the problems and findings

of the patients and 4.2% of the nurse felt that they do not need to encourage self-explained problems and findings of the patients. There were 99% of the nurse replied that listening to patients' problems without interruption is very important and only 1.0% of the nurse replied that listening to patients' problems without interruption is not very important. There were 62.0% of the nurses found to asking patients' health history was more important and 38.0% of the nurses found to asking patients' health history were not more important. There were 56.3% of the nurse checked patients' health status and medicine and 62.5% of the nurses checked patients' history and quality symptoms.

Nurses' interaction can improve patient's health status. Moreover, patient's satisfaction will increase with the services provided by the nurse. Interaction with client about health behavior can affect their satisfaction. Optimal nursing process might be implemented by healthy nurse-patient interaction that is an important part health care system (Mathews *et al.*, 2008). Majority 92.7% of the nurse found that nurse think the nurse's responsibility should provide necessary guidance to patients. It should be mentioned that after discharged from hospital if the patient get information from health service providers or nurses might affect readmission rate. Another study suggested that the degree of patients' satisfaction with reception unit nursing care and medical care was higher than that with other units. In addition the correlation coefficient between hospital sectors in patient wards was a little more than outpatient departments (Hekkert *et al.*, 2009). Another study showed a significant difference between patients' and nurses' views about human presence, other's experiences, and totally, nurse caring behaviors ($t=2.559$, $P=0.011$) (Hajinezhad and Azodi, 2014). This difference may be due to various reasons. One of the reasons is unavailability of nurses. When nurses are available, patients potentially feel that nurses care for them. Most nurses consider physical aspects while caring, many of the patients prefer prioritization, information, cheerfulness and listening as important caring

behaviors which nurses may underestimate them (Chris, 2002). The relation between the Satisfied with nursing help during admission time and patients satisfaction was statistically moderate significant ($\chi^2=22.264$, $p=0.035$). Satisfied on nurse behavior and patients satisfaction was not statistically significant ($\chi^2=8.895$, $p=0.351$). Satisfied on nursing care and patients satisfaction was not statistically significant ($\chi^2=5.640$, $p=0.228$). Another study showed 76% patients reported information given by nurses was good and 68% patients reported quality of nursing care was not good. On the contrary, 70% patients reported overall nursing care was good and 30% were reported excellent and but there was not significant relation between satisfactions of patient with selected variables except age group, there was statistical difference in patient satisfaction and quality of nursing care ($p=0.031$). The relation between the listen the health problems and patients satisfaction was statistically moderate significant ($\chi^2=30.515$, $p=0.002$). The nurse informed various facilities to patients and patients satisfaction was not statistically significant ($\chi^2=4.992$, $p=0.288$). The routinely check health and patients satisfaction was statistically very strongly significant ($\chi^2=38.908$, $p=0.001$).

The nurse called the doctor as the patients demand and patients satisfaction was statistically very strongly significant ($\chi^2=69.923$, $p=0.000$). Based on (Noviana Ayu *et al.*, 2019), that effective communication begins with an introduction, the nurses introduction to patients is the basis of establishing further therapeutic relationships. Patient honesty is needed for healing process as this becomes the main reason for openness between nurses and patients. Without a nurse's honesty, it is impossible to have a trusting relationship between nurses and patients.

Conclusion

Study findings showed significant nurse-patient relationship. Ideal service was given by the nurses, thus majority of the patients were satisfied regarding help during admission time and nursing care. Though

majority of the patient were unacquainted with facilities like wash room, pathology, pharmacy and canteen which could be guided by the nurses. Almost half of the respondent stated that nurses should serve more carefully, talk nicely and behave compassionately. Hospital facilities and nursing care were stated well by the half of the respondents and less than half stated that supportive attitude and cooperation among staff was missing. Experienced nurses were more in numbers and almost all of the nurses introduce with the patients to make better relationship which helped them to give better nursing care. Majority of the nurses believed that self-introducing and self-explanation improves nurse patient relationship. Patients' privacy and patients' permission were always given priority during and before any medical intervention. There was no statistical significance of patients' satisfaction with hospital stay and nurses' length of service. There were significant association of patients' satisfaction with listening health problems, routine health checkup and calling the doctor as the patient demand. To validate these data, more comprehensive studies are needed to undertake.

Recommendation

On the basis of the finding of this study, the recommendations may be suggested that nurse should increase communication and interpersonal relationship to create and maintain nurse-patient relationship. Furthermore, betterment of nurses' behavior & attitude is needed. In order to provide quality nursing care in hospital, the standard nurse patient ratio should be maintained. Nursing care during patient admission procedure should be administered sincerely. Future studies in different hospitals in a larger scale may help to find out better scenario regarding nurse patients' relationship.

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Conflict of interest

The authors have no conflict of interest.

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