

Assessment of Nursing Services at Combined Military Hospital Dhaka: In-patients' Perspective

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ABSTRACT

Introduction: Nurses in hospitals are responsible for patients' care, where as the physicians are accountable for cure. Patients' satisfaction with nursing care complements the comprehensive management of patient. That reflects the fulfillment of the treatment and early recovery of the patient. This study explored the expected satisfaction of in-patients with the nursing care in the Combined Military Hospital, Dhaka to take the necessary steps consequently.

Methods: This is a qualitative behavioral health research utilizing purposive sampling. Data collected on status of satisfaction with nursing care from 52 patients using Likert scale and draw etic interpretation on the information generated by data analysis. **Results:** Highest eight (15.4%) of the healthcare seekers belonged to the age groups 35–40 and 60–65 years, 36 (69.2%) were male, 21(40.4%) had completed 11–15 years of schooling, and 25(48.1%) had monthly income of Tk. 15000–30000. Among the patients, 42 (80.8%) perceived satisfaction regarding 'mutual respect and courtesy' with nurses, and 37 (71.2%) perceived nurses 'attend call immediately'. This study revealed that the patients who perceived satisfaction majority seven (13.5%) belonged to each of the age groups 18–25 years and 60–65 year. On the other hand, 17 (40.5%) of the patients had completed 6–10 years of schooling, 19 (45.2%) patients were employed in public services and 21 (50.0%) had monthly income of Tk. 15,000–30,000. Using Likert scale, majority 28(53.8%) agreed that 'nurses listen to patients carefully', 23 (44.2%) agreed that 'nurses explain things to the patients in an understandable way', while 30 (57.7%) agreed that 'nurses assist patients in personal care'. Out of possible highest Liker mean score of 5, the scores for each of these three items were 4.0, 4.2 and 3.6 respectively. **Conclusion:** There remains scope for further improvement of nursing services at the Combined Military Hospital Dhaka. It can be done by creating more opportunity for employment of nurses and enhancing their continued training. For sustained satisfaction of patients, studies to understand the perception and satisfaction of nurses in their profession are indicated.

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INTRODUCTION

In any health care service, role of nursing cannot be dishonor. Nursing means care of individuals irrespective of age, sex, race and religion. Nursing services have been playing a significant role in health promotion, disease prevention; health education and safe environment.¹ Nurses need to be sympathetic and proactive for providing acceptable service.² Basically, physicians provide treatment to the patients, while nurses ensure the care and instruction to the patients. Satisfaction and early recovery of the patients depend on cooperative relationship between nurses and patients. Sympathetic attitude of nursing uphold the foundation of this relationship.¹ Purpose of this study was to explore the observable satisfaction of nursing care among the in-patients departments at Combined Military Hospital, Dhaka (CMH Dhaka), which needs to identify the areas for improvement as regard to patient care.

METHODS

This was a qualitative study utilizing tools of health behavioral sciences and all conventionalities of the study were completed from July, 2020 to February, 2021. This study was carried out in 10 out of 70 in-patient departments of Combined Military Hospital Dhaka. Face-to-face interview was conducted to pick up some data on selected socio-demographic variables of patients. It was also used for collecting data about their perceptions on nursing care regarding listening capacity, explaining ability, and assisting personal care. In addition, data also collected regarding perceptions on mutual respect and courtesy between patients and nurses, and nurses' response to patients' calls. A total of 52 admitted patients, aged 18–65 years of both sexes were selected through purposive sampling procedure. Patients with cognitive impairment and in debilitating condition were excluded from this study. A qualitative analysis on status of satisfaction of patients was done by using Likert scale. Informed verbal consent was taken from

the patients, and other ethical issues were taken care of too.

RESULTS

Data of the socio-demographic variables of the patients are shown in Table I. Among the 52 patients, highest 8 (15.4%) belonged to each of the age groups 35–40 years and 60–65 years. The least 3 (5.8%) patients were in the age group 25–30 years, as shown in Table I. Male accounted for 36 (69.2%) patients, while the rest were female. About marital status, 46 (88.5%) were married living with spouse and 6 (11.5%) were unmarried. Majority 21 (40.4%) of the patients had completed 6–10 years of schooling, while 8 (15.4%) were illiterate. Highest 26 (50.0%) of the patients were employed in public services, while about 13 (25.0%) were homemakers. Among the patients, the highest 25 (48.1%) had monthly income of Tk. 15,000–30,000, while 23 (44.2%) had monthly income Tk. <15,000. Armed Forces Personnel accounted for 32 (61.5%) and wards accounted for 20 (38.5%) of the patients.

Table I: Socio-demographic variables of the patients (n-52)

Variable	Subcategory of variable	Number	%
Age in year	18-25	7	13.5
	25-30	3	5.8
	30-35	6	11.5
	35-40	8	15.4
	40-45	7	13.5
	45-50	4	7.7
	50-55	5	9.6
	55-60	4	7.7
	60-65	8	15.4
Total		52	100.0
Sex	Male	36	69.2
	Female	16	30.8
Total		52	100.0
Marital status	Married (living with spouse)	46	88.5
	Unmarried	6	11.5
	Marital dissolution	0	0.0
Total		52	100.0
Completed years of schooling	Illiterate	8	15.4
	1-5	2	3.8
	6-10	20	38.5
	11-15	21	40.4
	16+	1	1.9
Total		52	100.0
Occupation	Dependent/Unemployed/Student	4	7.7
	Public service	26	50.0
	Private service	0	0.0
	Business	1	1.9
	Homemaking	13	25.0
	Retired	6	11.5
	'Others'	2	3.8
Total		52	100.0
Monthly income (Taka)	<15,000	23	44.2
	15,000-30,000	25	48.1
	>30,000	4	7.7
Total		52	100.0
Entitlement in CMH	Armed Forces	32	61.5
	Ward	20	38.5
Total		52	100.0

The study revealed that 42 (80.8%) patients perceived satisfaction, 9 (17.3%) perceived unsatisfaction, while 1 (1.9%) was undecided regarding mutual respect and courtesy with nurses. About 37 (71.2%), 10 (19.2%) and 5 (9.6%) of patients respectively perceived that

nurses attend call immediately, attend call lately, and do not attend call. In response to whether 'nurses' assist in patients' personal care', 30 (57.7%) patients agreed that they did, while 12 (23.1%) were neutral in their opinion, as displayed in Table II.

Table II: Distribution of dependent variables of patients (n-52)

Variable	Subcategory of variable	Number	%
Satisfaction status (based on mutual respect and courtesy)	Satisfactory	42	80.8
	Unsatisfactory	9	17.3
	'Not sure'	1	1.9
	Total	52	100.0
Lag-time in response	Attend call immediately	37	71.2
	Attend call lately	10	19.2
	Do not attend call	5	9.6
	Total	52	100.0
Nurses listen to patients carefully	Strongly disagree	0	0.0
	Disagree	2	3.8
	Neutral	8	15.4
	Agree	28	53.8
	Strongly agree	14	26.9
	Total	52	100.0
Nurses explain things to the patients in an understandable way	Strongly disagree	0	0.0
	Disagree	2	3.8
	Neutral	7	13.5
	Agree	23	44.2
	Strongly agree	20	38.5
	Total	52	100.0
Nurses assist patients' in personal care	Strongly disagree	2	3.8
	Disagree	4	7.7
	Neutral	12	23.1
	Agree	30	57.7
	Strongly agree	4	7.7
	Total	52	100.0

Among the patients who perceived satisfaction highest 7 (16.7%) belonged to each of the age groups 18–25 years and 60–65 years. And seventeen (40.5%) of the patients had completed 6–10 years of schooling, 19 (45.2%) of the patients were employed in public services and 21 (50.0%) had monthly income of Tk. 15,000–30,000 as shown in Table III. On the other hand

who perceived unsatisfaction highest 3 (33.3%) belonged to the age groups 30–35 years, 5 (55.6%) of the patients had completed 11–15 years of schooling, 7 (77.8%) of the patients were employed in public services and 4 (44.4%) had monthly income of Tk. 15,000–30,000, as shown in Table III.

Table III: Distribution of Satisfaction status with independent variables of patients (n-52)

Variables	Subcategory of variable	Satisfaction status based on mutual respect and courtesy					
		Satisfactory		Unsatisfactory		'Not sure'	
		Number	%	Number	%	Number	%
Age in year	18–25	7	16.7	0	0.0	0	0.0
	25–30	2	4.8	2	22.2	1	100.0
	30–35	4	9.5	3	33.3	0	0.0
	35–40	5	11.9	2	22.2	0	0.0
	40–45	5	11.9	1	11.1	0	0.0
	45–50	3	7.1	0	0.0	0	0.0
	50–55	5	11.9	0	0.0	0	0.0
	55–60	4	9.5	0	0.0	0	0.0
	60–65	7	16.7	1	11.1	0	0.0
		Total	42	100.0	9	100.0	1
Completed years of schooling	Illiterate	8	19.0	0	0.0	0	0.0
	1–5	2	4.8	0	0.0	0	0.0
	6–10	17	40.5	3	33.3	0	0.0
	11–15	15	35.7	5	55.6	1	100.0
	16+	0	0.0	1	11.1	0	0.0
		Total	42	100.0	9	100.0	1
Occupation	Dependent/Unemployed/Student	4	9.5	0	0.0	0	0.0
	Public service	19	45.2	7	77.8	0	0.0
	Private service	0	0.0	0	0.0	0	0.0
	Business	0	0.0	0	0.0	1	100.0
	Homemaking	11	26.2	2	22.2	0	0.0
	Retired	6	14.3	0	0.0	0	0.0
	'Others'	2	4.8	0	0.0	0	0.0
		Total	42	100.0	9	100.0	1
Monthly income (Taka)	<15,000	19	45.2	3	33.3	1	100.0
	15,000–30,000	21	50.0	4	44.4	0	0.0
	>30,000	2	4.8	2	22.2	0	0.0
		Total	42	100.0	9	100.0	1

The perception of patients regarding nurses' involvement in their care process, it was seen that in response to whether 'nurses' listen to patients carefully', majority 28 (53.8%) patients agreed that they listen to what patients have to say, while 14 (26.9%) strongly agreed. In response to whether 'nurses' explain things to patients in an understandable way', highest 23

(44.2%) patients agreed that they did explain, while 20 (38.5%) of them strongly agreed. In Likert scale, the mean score of each of the Likert items for 'nurses listen to patients carefully', 'nurses explain things to the patients in an understandable way', and 'nurses assist patients in personal care' are 4.0, 4.2, and 3.6 respectively as shown in Table IV.

Table IV: Likert score of nurses' involvement in patient care as perceived by patients*

Item	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Mean score of item
	Number	Score	Number	Score	Number	Score	Number	Score	Number	Score	
Nurses listen to patients carefully (n-52)	0	0	2	4	8	24	28	112	14	70	4.0
Nurses explain things to the patients in an understandable way (n-52)	0	0	2	4	7	21	23	92	20	100	4.2
Nurses assist patients in personal care (n-52)	2	2	4	8	12	36	30	120	4	20	3.6

*For each number (frequency) of each item, the score from strongly disagree to strongly agree is 1 through 5.

DISCUSSION

This study was conducted using purposive sampling technique, which may give an indication of the patients' satisfaction with nursing services at CMH Dhaka. As the findings of this study, were not representing the extensive participation; the resulting understanding may help better management as well as improve the nursing services in the hospital.

The population age distribution in Bangladesh shows that about 84.0% of population are below the age of 50 years.³ In this study, highest 8 (15.4%) of the patients belonged to each of both age groups of 35–40 and 60–65 years. This distribution does not represent the national findings, because the personnel entitled to

receive the treatment from CMH Dhaka were only included in this study. The personnel recruited in the Armed Force are done by strict health screening so, the number of personnel requiring treatment is less among those below 35 years. Another group requires hospital admission is those above 60 years retired from active services and is suffering from chronic illness and/or age related problem(s). The under 21 year's wards of the Armed Forces personnel entitled for care at CMH probably require less hospitalization. In this study, male accounted for 36 (69.2%) of the patients, while the rest were females. Though in Bangladesh male--female population ratio is almost equal,⁴ this study demonstrated a male predominance. Due to the

recruitment system of Bangladesh Armed Forces, most of the recruited personnel are male. In contrast, female patients are less in number probably for inclusion of a few female wards and female Armed Forces personnel.

The distribution of marital status of population in Bangladesh shows that 48.7% are married (living with spouse), 47.3% are unmarried, and 4.2% are widow/widower/separated/divorced/deserted.⁵ Whereas in our study, 46 (88.5%) were married living with spouse. These study findings on marital status differ from the national figures. Perhaps this difference is due to the fact that, most of the Armed Forces personnel are married and living with spouse, and any form of marital disruption is discouraged in the services. But this is not strictly practiced in society outside Armed Forces in the country. Moreover, patients under the age of 18 years were excluded in this study. This study revealed that about 8 (15.4%) patients were illiterate, and by default the rest 44 (84.6%) were literate. On the other hand, national figure shows 73.9% literacy rate in Bangladesh.⁶ The higher literacy rate seen in this study was probably because of the minimum qualification required for recruitment in Armed Forces is 10 years of completed schooling.

Among the whole population of Bangladesh 48.0% are farmer, 37.0% are service holders (in both public and private) and 15.0% are working as day labors in industries.⁷ In this study, highest 26 (50.0%) of the patients were employed in public services, and about 13 (25.0%) were homemakers. This distribution is different from the national findings as most of the population under study is working in the public sector, that is, Armed Forces. The ward entitled for treatment at CMH may be mostly homemakers and students/dependents. Average per capita monthly income of a citizen of Bangladesh is around Taka 13,258.⁸ The calculation of national average includes the considerable number of unemployed ones too. Majority of population in this study were employed in the Armed Forces for which majority of the patients had income of Taka 15,000–30,000, which is higher than the national average. Armed Forces personnel accounted for 32 (61.5%) and wards accounted

for 20 (38.5%) of the patients. All Armed Forces personnel, their spouse and children, and parents are entitled for receiving treatment at CMH. As the study included subjects above 18 years, child wards below 18 years were excluded. Inclusion of under 18 years wards could have influenced the categories of patients.

The study revealed that 42 (80.8%) patients perceived satisfaction and 9 (17.3%) patients' perceived un satisfaction in mutual respect and courtesy with nurses during dispatching care services. Finding of this study shows (showed) that 1 (1.9%) patient was undecided over mutual respect and courtesy with nurses. A study conducted in a non-military hospital in Bangladesh found that about 85.0% perceived satisfaction in mutual respect and courtesy with nurses.⁹ The satisfaction level of patients with nursing services regarding mutual respect and courtesy in military and non-military hospitals appeared near similar. The subtle difference on the issue observed with the other study is most likely due to the selection of study population. Satisfaction is a subjective perception. Though the satisfaction level among patients in this study was quite high, but there remains some difference with total satisfaction. Moreover, this is only one side of the picture, the satisfaction of nurses in caring for the patients also need to be understood for sustained satisfaction at a high level on the part of both parties. Study in a tertiary level non-military hospital in Bangladesh found that 86.0% patients perceived nurses attend call immediately.⁹ This is not exactly reflected in the findings of this study. This study revealed that 37 (71.2%) patients perceived nurses attend call immediately. This low level of perception among patients might be due to inadequate motivation of nurses at CMH Dhaka.

A study in Bangladesh found that, 41.8%, 89.0% and 81.8% patients perceived that nurses' listen to patients carefully, explain things to patients in an understandable way, and assist in patients' personal care respectively.⁹ In this study, majority 28 (53.8%) agreed that nurses listen to what patients have to say, while 14 (26.9%) strongly agreed. Twenty three (44.2%) respondents agreed that nurses explained different care issues

in an understandable way, while 20 (38.5%) strongly agreed. Again, in response to whether nurses' assist in patients' personal care, 30 (57.7%) agreed that they did, while 12 (23.1%) were neutral in their opinion. In this study in the dynamics of agreement, the scale on the positive side after neutral is divided into two scales. The other study considered only one scale on the positive side of neutral. The cumulative consideration of the findings on the positive side in this study for each item appears near similar to the other study.⁹ Satisfaction about nursing services as perceived by patients in a military and a non-military hospital is nearly similar.¹⁰ Moreover, this is one side of the story, the other side being the perception of nurses in enhancing their performance and contribution to healthcare of patients. Further studies to help in integrated improvement of nursing services and perception of patients is indicated.

CONCLUSION

Nursing services is an exigent phenomenon that needs to be emphasized for quality healthcare delivery in CMH Dhaka. Though the patients' perceptions to nursing services were agreeable, but there remains ample scope for further improvement through training of nurses. For sustained satisfaction of patients at a high level, studies to understand the perception and satisfaction of nurses in their profession are indicated too.

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REFERENCES

1. International Council of Nurses. Nursing policy [internet]. National academy press; Geneva, Switzerland. Retrieved from http://www.icn.ch/nursing_policy#:~:text=Nursing%20and%20Health Policy%20is,and%20communities%20around%20the%20world on 15 November 2020.
2. Ahmed SM. Quality Assessment of Service Delivery by Nurses in a Selected Private Medical College Hospital [internet]. Retrieved from http://www.researchgate.net/profile/S_M_Moslehuddin_Ahmed/publication/256795773_Quality_Assessment_of_Service_e_Delivery_by_the_nurses_in_a_selected_private_medical_college_hospital_Dhaka_city/links/02e7e523c5452bcfba000000/Quality-Assesment-of-Service-Delivery-by-the-nurses-in-a-selected-private-medical-college-hospital-Dhaka-city.pdf on 15 November 2020.
3. Directorate General of Health Services. Health Bulletin 2018 [internet]. Bangladesh. Retrieved from <https://dghs.gov.bd/index.php/en/home/81-english-root/5058-health-bulletin-2018-draft> on 3 February 2021.
4. Bangladesh male to female ratio, 1950-2021 -knoema.com [internet]. Retrieved from <https://knoema.com/atlas/Bangladesh/topics/Demographics/Population/Male-to-female-ratio> on 3 February 2021.
5. Government of Bangladesh. Bangladesh Bureau of Statistics [internet]. Bangladesh. Retrieved from http://203.112.218.65:8008/WebTestApplication/userfiles/Image/PopMonographs/Volume-13_MM.pdf on 3 February 2021.
6. Government of Bangladesh. Bangladesh Bureau Statistics [internet]. Bangladesh. Retrieved from <https://unstats.un.org/capacity-development/thematic-conferences/asia-2020/presentations/Session%20%20-%20Bangladesh.pdf> on 3 February 2021.
7. Kibria A. Occupational Inequality in Bangladesh Society: A Quantitative Analysis. *UITS Journal*. 2012; 1(2): 7-21.
8. Trading Economics. Bangladesh Average Monthly Income [internet]. 2013-2017 Data, 2020-2021 Forecast, Historical. Retrieved from <https://tradingeconomics.com/Bangladesh/wages~:text=In%20the%20long%20term%2C%20the,according%20to%20our%20econometric%20models> on 3 February 2021.

9. Razia MS, Nesa M, Park JS. Patient Satisfaction with Nursing Care in a Tertiary Hospital in Bangladesh. East African Scholars. J Med Sci. 2019; 2(3): 109-113.
10. Sharma SK, Kamra PK. Patient satisfaction with nursing care in public and private hospitals. Nurs Midwifery Res J. 2013; 9(3); 130-141.