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ORIGINAL RESEARCH

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## THE RELATIONSHIP BETWEEN CARING, COMFORT, AND PATIENT SATISFACTION IN THE EMERGENCY ROOM, RATU ZALECHA HOSPITAL, SOUTH KALIMANTAN, INDONESIA

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### ABSTRACT

**Background:** Emergency nursing service system requires the role of nurses who are able to pay attention to the behavior of caring and patient comfort. Caring in an emergency room is an important aspect in lifesaving procedures. It might impact the psychology of patients if nurses are not caring. Caring behavior and comfort given by nurses can also affect to patient satisfaction. Patient satisfaction is considered important as a bridgehead for the treatment of patients.

**Objective:** The purpose of this study is to determine the relationship between caring behavior and comfort with patient satisfaction in the emergency room, Ratu Zalecha Hospital, South Kalimantan, Indonesia.

**Method:** This was an analytic correlational study with cross-sectional approach involved 341 patients in the emergency unit using consecutive sampling. Four questionnaires were used to measure the characteristics of the respondent, the nurse caring behavior, comfort given by the nurses, and patient satisfaction. Data were analyzed using descriptive statistics for respondents' characteristic, and chi-square to analyze the relationship between variables.

**Result:** There were 285 respondents (92.8%) who received nurses' caring behaviors were satisfied, and 268 respondents (87.3%) stated that the nurses were able to provide comfort in nursing care in the emergency room.

**Conclusion:** This study revealed that there was a relationship between caring behavior, and comfort with patient satisfaction. It tells that caring and comfort are very important components that influence the satisfaction of patients. Therefore, the role of nurse to provide caring and comfort for the patients in the future should be developed along with the development of science and technology and society's demands.

**Keyword:** caring; comfort; satisfaction; emergency room

### INTRODUCTION

A nurse is one of the health professionals who is required to have a professional role in health care system,

especially in an Emergency Room (ER). This profession is able to address the needs of patients comprehensively by providing care and patient's comfort.<sup>1</sup> Caring for

patients in the ER is also an important aspect in life-saving procedures.<sup>2</sup> One part of caring behaviors is a humanistic principle that the management of patients during emergencies should consider the humanistic principles. Nurses and patients usually have verbal and non-verbal communication during activities in emergency.<sup>2</sup> Lack of caring behavior of nurses may impact to the psychological trauma of patients and negligence. In the United States, there are 27.6% of the 30,000 hospitals with negligence in providing care to patients for each year.<sup>2</sup>

Moreover, convenience is one part of the nursing intervention to the patient. If nurses could not do it properly, it can lead to negligence.<sup>3</sup> Nurses should also provide health services for physically and psychologically condition of patient.<sup>4</sup> Nurses stated that they have a desire for every patient to get satisfaction for each intervention that they provided. Caring and comfort can influence to patient satisfaction.<sup>5</sup> Patient satisfaction is important, particularly in ER because of deemed to act as a bridgehead for the treatment of patients. Thus the patient satisfaction needs to be considered.<sup>6</sup> Previous studies mentioned that the highest level of dimension of patients satisfaction was the friendly attitude and politeness of nurses (78%), and the lowest satisfaction levels were the lack of efforts to involve patients in decision making (26.5%), the waiting time in ER when they arrived (26.2%), and hygiene and care needs of the patients (22.2%).<sup>6</sup>

Based on the pilot study, of 70% patients said that behaviors are less satisfied with nurses caring and comfort. Fundamental aspects of caring in the nursing process are still lacking, including the attention to the patient, and the presence of nurses when the patient admits to ER for the first time. Aspects of caring are good enough to have professional

knowledge and skills. The good aspect of caring is the respect to the patient. In addition, there are other aspects of comfort that are provided by nurses. Comfort is given by nurses including aspects of relief and ease such as feel calm, feel safe, feel very grateful, and feel cared. Transcendence aspect is still low and some patients feel anxious and unrelaxed. Caring and comfort that are given by nurses could affect to tangibility, reliability, and assurance. Meanwhile, responsiveness and empathy are aspects of patient satisfaction that are still deemed less. Thus, the researchers would like to analyze the relationship between caring and comfort with patient satisfaction in the ER, a hospital in Indonesia.

## LITERATURE REVIEW

### *Caring*

Caring is the interpersonal relationship between nurses and clients, which indicates nurses caring through attention, interventions to maintain the client's health and positive energy to the client. The caring human process includes knowledge of human behavior, including the unity of mind, body and soul, one's strengths and weaknesses, response and knowledge about how to provide comfort, have a sense of compassion and empathy.<sup>4</sup> Caring consists of ten carative factors, as a framework to provide a form and focus on the phenomenon of nursing, including humanistic-altruistic system value, faith and hope, sensitive to self and others, helping-trusting, human care relationship, expression negative and positive feeling, creative problem solving caring process, transpersonal teaching learning, support, protection, improvement of physical, mental, social and spiritual (creating a healing environment), human need assistance, existential-phenomenological-spiritual).<sup>4,7</sup>

### *Comfort*

To make patients and families feel like home is one of the dimensions of comfort given by nurses.<sup>8</sup> Characteristic of comfort theory is more universally viewed. People who admitted to hospital with discomfort should get comfort care from nurses. Comfort enhancement that patient perceived from health workers does not just make them behave to seek health care, but also affect the integrity of the institution (health services) that provide the services.<sup>8</sup> There are three types of comfort, namely relief, ease, and renewal.<sup>9</sup> Relief is defined as a situation where the discomfort is reduced; this theoretical background together with Orlando's theory is philosophy of nursing based on need.<sup>9</sup> Ease is defined as the loss of a specific discomfort; theoretical background enriched by the writings of Henderson on basic human needs. To be in the level of ease, patient or family does not have to have specific experience discomfort.<sup>9</sup> Renewal is defined as a situation where someone rises from the inconvenience when the inconvenience cannot be avoided. At the end of the renewal term is changed to transcendence. Transcendence regard as reinforcing and reminding the nurse not to despair in helping patients and their families to feel comfortable.<sup>10</sup> Interventions in improving the transcendence aimed at improving the environment, improving social support or reassurance. Moreover, interventions to improve transcendence can be more effective if it comes from parents or family, although nurses can provide support or motivation for parents and families.<sup>9</sup>

### *Patient Satisfaction*

Patient satisfaction is the degree between patient expectations regarding the ideal service and perception of the services that they have earned. So the patients can determine the degree of satisfaction of

nursing care after they get an ideal. However, if patients get appropriate care there will be no patient dissatisfaction. So that patient satisfaction as the voice of the patient will be considered and responded to by all health professionals.<sup>11</sup> Components of satisfaction include technical quality of care, physical environment, the availability and continuity of service and successfully of the service.<sup>12</sup> Caring and comfort can influence to patient satisfaction.<sup>5</sup> Service Quality (SERVQUAL) is developed by Parasuraman, zelthaml and Berry to measure the quality of health care by using five-dimensional models including tangibles (physical facilities, equipment, the appearance of employees), reliability (reliability with respect to service time and accuracy), responsiveness (willingness to help patients, the impulse to provide services), assurance (manners, trust inspiration, and confidence), and empathy (people development for the welfare or wellbeing of the patients).<sup>13</sup>

### **METHODS**

This study employed a correlational analytic design to investigate the relationship between caring, comfort, and patient satisfaction in the emergency room, Ratu Zalecha hospital, South Kalimantan, Indonesia. There were 341 patients with confidence interval 95%<sup>14</sup> was recruited based on inclusion criteria as the following: partial level of helping to do an activity, fully conscious, able to read and write in Bahasa Indonesia, willing to be the research subject. A consecutive sampling technique was used in this study.

### *Instrument*

The researchers used four questionnaires to collect the data. The first questionnaire was constructed by the researchers to measure the demographic characteristics of the patients, such as gender, age, education background, and

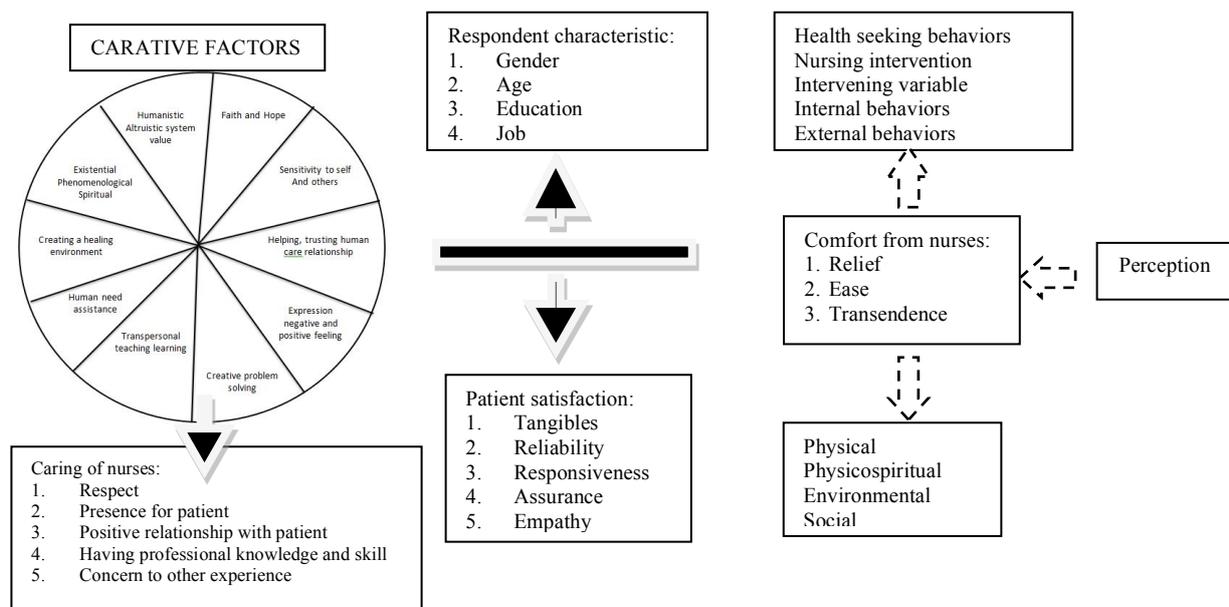
job. The second questionnaire was to measure the caring of nurses that consists of 42 items of questions. The researchers modified the second questionnaire from literature and had content validity from four experts who had experience in nursing education and hospital, and have expertises in caring. The third questionnaire was a comfort questionnaire adopted from Wright, A.<sup>10</sup> There were 15 items to measure comfort. The fourth questionnaire was to measure patient satisfaction adopted from service quality (SERVQUAL) questionnaire<sup>15</sup> that consists of tangibility, reliability, responsiveness, assurance, and empathy (22 items). Item content validity index (I-CVI) was conducted for the second questionnaire with four experts. Two experts were nurses from the hospital in Thailand and Indonesia, other experts are from nursing education in Thailand and Indonesia. The score of I-CVI was 0.89 (relevance  $\geq 0.78$ ).<sup>16</sup> Backward translation from English to Bahasa Indonesia and back translation to English was also conducted.<sup>17</sup>

The validity test result was 0.409 – 0.758 (the 2nd questionnaire), 0.346 –

0.751 (the 3rd questionnaire), and 0.276 – 0.694 (the 4<sup>th</sup> questionnaire). Reliability test for whole questionnaires was tested to 60 respondents at Anshari Saleh Hospital, which had the same characteristic with the study. Cronbach Alpha for caring of nurses' questionnaire was 0.906, for comfort questionnaire was 0.835, and for patient satisfaction was 0.836. This study used frequency and percentage for characteristic of respondents and chi-square to measure the correlation of variables. SPSS version 13.0 used to analyze the data.

#### Ethical consideration

This research got approval from an IRB of Faculty of Medicine, Universitas Lambung Mangkurat. An informed consent form was signed by each participant before collecting data. The form explained the aim of study in a simple and clear manner to be understood by common people. Participants also were informed about their right to withdraw from the study at any time without giving any reason. Data were considered confidential and not used outside this study without patient's approval.<sup>18</sup>



**Figure 1. Theoretical framework of caring and comfort with patient satisfaction**

## RESULTS

There were 341 respondents recruited based on the inclusion criteria.

Characteristics of them were grouped into gender, age, education, and job.

**Table 1. Respondent characteristics (n = 341)**

Respondent characteristic	Frequency	%
Gender		
Male	153	44.9
Female	188	55.1
Age (year)		
Young adult	97	28.4
Old adult	244	71.6
Education		
Elementary school	128	37.5
High school and university	213	62.5
Job		
Private employee	285	83.5
Public employee	56	16.4

**Table 2. Relationship between caring of nurses and comfort with patient satisfaction (n =341)**

No	Independent Variable	Patient satisfaction				Total		OR (95% CI)	P-value
		Satisfy		Unsatisfied		n	%		
		n	%	n	%	n	%		
1.	Caring of nurses:							14.574 (6.542-32.467)	.000
	Caring	285	92.8	16	47.1	301	88.3		
	Not caring	22	7.2	18	52.9	40	11.7		
2.	Comfort provided by nurses:							2.863 (1.273-6.440)	.008
	Comfort	268	87.3	24	70.6	292	85.6		
	Discomfort	39	12.7	10	29.4	49	14.4		
3.	Gender							.556 (.262 -1.180)	.122
	Male	142	46.3	11	32.4	153	55.1		
	Female	165	53.7	23	67.6	188	44.9		
4.	Age							1.299 (.575 – 2.629)	.595
	Young adult	221	72	23	67.6	244	71.6		
	Old adult	86	28	11	32.4	97	28.4		
5.	Education							.258 (.097– .685)	.004
	Elementary school	123	40.1	5	14.7	128	37.5		
	High school and university	184	59.9	29	85.3	213	62.5		
6.	Job							.195 (.092 – .414)	.000
	Private employee	266	86.6	19	55.9	285	83.6		
	Public employee	41	13.4	15	44.1	56	16.4		

Based on the analysis of the relationship between caring and patient satisfaction in ER (see table 2) shows that 285 respondents (92.8%) received nurse caring behaviors and felt satisfied. Statistical analysis shows that there was a significant relationship between caring and patient satisfaction in ER of Hospital Martapura (p .000). Respondents who received caring from nurses felt 14.572 times satisfied in ER (14.547 OR 95% CI 6.542-32.467) compared with nurses who were not caring. Analysis of the relationship of comfort provided by nurses with patient satisfaction in ER shows that 268 respondents (87.3%) stated that the nurses were able to provide comfort in ER. There was a significant relationship between comfort with patient satisfaction in ER (p .008). Respondents who get comfort were satisfied 2.863 times than nurses who provide less comfort in ER (2.863 OR 95% CI 1.273-6.440).

## DISCUSSION

The positive influence between caring with patient satisfaction is a model of the most basic system in providing care to patients from nursing assessment to evaluation. These results are supported by previous studies that caring leads directly to the well-being of the patient.<sup>19</sup> Patient satisfaction is one of the most fundamental assessments of an effectiveness and quality of service. It is defined based on the patient's opinion about nursing service provided by staff nurses who work in the hospital.<sup>20</sup> The statistical analysis showed that there was a positive influence between caring and patient's satisfaction, and all of the patients in ER were mostly satisfied.

A good quality of caring will affect the quality of the hospital, including the satisfaction of patients. Studies mentioned that patient who gets caring from nurses will be more satisfied than patients who do not receive caring.<sup>21</sup> Other studies said that

the lowest level of patient satisfaction can be achieved in nursing activities. The nurses would give empathy as well as to understand and implement the concept of altruism as basic of nursing care to achieve patient satisfaction.<sup>22</sup>

The results of this study also revealed the relationship between comfort and patient satisfaction, which is in line with the previous research<sup>23</sup> stated that full comfort is not as something that is able to give satisfaction to the patient, but with providing the comfort will able to provide satisfaction for many aspects that affect to patient satisfaction. Nurses are able to provide comfort to the patient and it would make a satisfaction for patients. Patient satisfaction will be achieved if they feel comfort during the treatment process, especially in ER.<sup>24</sup>

## CONCLUSION

There is a relationship between caring, comfort, and patient satisfaction. This study revealed that caring and comfort are very important components that influence the satisfaction of patients. Thus, the role of caring nurses and nurse's ability to provide comfort for patients in the future should be developed along with the development of science and technology and society's demands. Further research should be conducted to see the cause and effect of caring and comfort toward patient satisfaction.

## REFERENCES

1. King D, Ben-Tovim D, Bassham J. Redesigning emergency department patient flows: Application of lean Thinking to health care. *Emergency Medicine Australasia*. 2006; 18: 391-397.
2. Wirman E, Wikblad K. Caring and uncaring encounters in nursing in an emergency department. *Journal of Clinical Nursing*. 2004; 13: 422-429.

3. Drew H. Ethical Issues In Conducting Research. 2007; [http://www.sagepub.com/upm-data/26094\\_3.pdf](http://www.sagepub.com/upm-data/26094_3.pdf). Accessed 20 August, 2014.
4. Watson J. Watson theory of human caring and Subjective Living Experiences: carative factors/Caritas Processes as a Disciplinary Guide to the Professional Nursing Practice. *Danish Clinical Nursing Journal*. 2007; 16(1): 129-135.
5. Hudak L, Johnson H, Bombardier C, McKeever P, Wright J. Testing a New Theory of Patient Satisfaction with Treatment Outcome. *Lippincott Williams & Wilkins*. 2004; 42(8): 726-739.
6. Soleimanpour H, *et al*. Emergency department patient satisfaction survey in Imam reza Hospital, Tabriz, Iran. *International Journal of Emergency Medicine*. 2011; 4(2): 1-7.
7. Bruton, Beaman. Nurse Practitioners Perception of Their Caring Behaviors. *Journal of the American of Nurse Practitioners*. 2000; 12(11): 451- 456.
8. Kolcaba K, Tilton C, Drouin C. Comfort Theory: A unifying framework to enhance the practice environment. *The Journal of Nursing Administration*. 2006; 36(11): 538-544.
9. Tomey A, Allogood M. *Nursing Theorists and Their Work*. USA. Mosby Elsevier; 2006
10. Wright A. Trauma Resuscitation and Patient Perceptions of Care and Comfort. *Journal of Trauma Nursing*. 2011; 18(4): 231-238.
11. Otani K. Patient Satisfaction: Focusing on 'Excellent'. *Journal of Healthcare Management*. 2009; 54(2): 93-103.
12. Johannessen G, Eikeland A, Stubberud D, Fagerstom L. A Descriptive study of patient satisfaction and the structural factors of Norwegian Intensive Care Nursing. *Intensive and Critical Care Nursing*. 2011; 27: 281-289.
13. Ndambuki J. The level of patient' satisfaction and perception on quality of nursing services in the Renal unit, Kenyatta National Hospital Nairobi, Kenya. *Open Journal of Nursing*. 2013; 3: 186-194.
14. Morris E. *Sampling for Small Population*. Sampling for Small Population. 2013; <http://uregina.ca/~morrisev/sociology/sampling%20from%20small%20populations.htm>. Accessed 20 August, 2014.
15. Ching Lin H, Xirasagar S, Laditka J. Patient perceptions of service quality in group versus solo practice clinics. *International Journal for Quality in Health Care*. 2004; 16(6): 437-445.
16. Polit DF, Beck CT. The content validity index: Are you sure you know what's being reported? Critique and recommendations. *Research in nursing & health*. 2006; 29: 489-497.
17. US Census Bureau. *Guidelines for translating surveys in cross-cultural research*. San Francisco: University of California; 2007.
18. Agianto. Understanding ethical principles in nursing research. *Belitung Nursing Journal* 2016; 2(2): 22-24.
19. Rafli, Hajinezhad, Haghani. Nurse caring in Iran and its relationship with patient satisfaction. *Australian Journal of Advanced Nursing*. 2007; 26(2): 75-84.
20. Kutney-Lee, McHugh, Sloane, Cimiotti, Flynn. Nursing: A Key To Patient satisfaction. *Health Affairs-Web Exclusive*. 2009; 28(4): 669-677.
21. Isaac T, Zaslavsky A, Clearly P, Landon B. The relationship between patient perception of care and measure of hospital quality and safety. *Health Service Research*. 2010; 45(5): 1024-1040.

22. Bahrapour A, Zolala F. (2005). Patient satisfaction and related factors in Kerman Hospitals. *Eastern Mediterranean Health Journal*. 2005; 11(5): 905-912.
23. Senarath U, Gunawardena N. (2011). Development of an instrument measure patient perception of the quality of the nursing care and related hospital services at national Hospital of Sri Lanka. *Asian Nursing Research*. Elsevier. 2011; 5(2): 71-80.
24. Chappells H, Shove E. Comfort: A review of philosophies and paradigms. The social organization of normality. Oxford, Berg; 2004.

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