

PATIENTS' SATISFACTION WITH NURSING COMMUNICATION (THERAPEUTIC COMMUNICATION) ON ADULT MEDICAL SURGICAL WARDS AT PROF.DR. MARGONO SOEKARJO HOSPITAL OF PURWOKERTO, CENTRAL JAVA, INDONESIA

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ABSTRAK

Dalam praktek keperawatan, komunikasi adalah suatu alat yang penting untuk membina hubungan terapeutik dan dapat mempengaruhi kualitas pelayanan keperawatan. Lebih jauh, komunikasi sangat penting karena dapat mempengaruhi tingkat kepuasan pasien terhadap pelayanan kesehatan yang diberikan. Dilain sisi, penyebab sumber ketidakpuasan pasien sering disebabkan karena jeleknya komunikasi yang terjadi dengan pasien. Oleh karena itu pengukuran kepuasan pasien terhadap komunikasi terapeutik perawat akan bermanfaat dalam memonitor dan meningkatkan kualitas pelayanan kesehatan, khususnya untuk meningkatkan pelayanan keperawatan.

Tujuan dari penelitian ini adalah untuk menginvestigasi persepsi pasien terhadap kemampuan komunikasi verbal dan nonverbal perawat, tingkat kepuasan pasien terhadap komunikasi keperawatan, dan tingkat kepuasan pasien terhadap komunikasi keperawatan berdasarkan kelompok demografis (*gender*, umur, dan tingkat pendidikan). Penelitian ini dilakukan di Rumah Sakit Prof. Dr. Margono Soekarjo Purwokerto, Prov. Jawa Tengah. Jumlah sampel dalam penelitian sebanyak 242 pasien yang dirawat di bangsal bedah dalam ($n = 242$).

Hasil penelitian ini menunjukkan bahwa komunikasi yang tidak efektif masih terjadi dalam praktik perawat sehari-hari di Rumah Sakit Prof. Dr. Margono Soekarjo Purwokerto. Namun, mayoritas pasien merasa puas terhadap percakapan yang mereka lakukan dengan perawat. Berdasarkan kelompok demografis, pasien perempuan cenderung merasa lebih puas dibandingkan pasien pria terhadap komunikasi keperawatan, pasien yang lebih tua memberikan respon kepuasan yang lebih dibanding pasien muda, dan pasien dengan pendidikan rendah cenderung memberikan respon yang positif dalam berkomunikasi dengan perawat.

Kata kunci : Kepuasan pasien, komunikasi terapeutik, dan keperawatan.

BACKGROUND

Every individual communicates constantly from birth until death. All life processes are said to be central to communication. In nursing practice, communication is the vehicle for establishing a therapeutic relationship and communication is the means by

which people influence another and thus is critical to the successful outcome of nursing interventions. Communication is very important because it could influence the level of patients' satisfaction with health care services (Ricketts, 1996).

In recent years, taking account of the views of the consumer has

permeated all public services and other organisations, which have a consumer - provider interface. Assessing patients' satisfaction with health care services has been widely adopted as a notable indicator of quality care and is monitored regularly in many facilities (Donaghy et.al, 2000). Yet, nursing therapeutic communication as a central concept of nursing activities in every area of nursing care services is incompletely monitored. Therefore, there is little evaluation of the therapeutic benefits of nursing communication and patients' satisfaction with interaction with nurses in many different health care settings including on adult medical surgical wards. Meanwhile, "poor clinician communication with patients has been recognised as one of the most important sources of dissatisfaction in-patients" (Macleod, 1985; Ley, 1988; Davies & Fallowfield 1991, cited by Caris-Verhallen et.al, 1999 p.1107). Whilst, "the one factor that is the biggest indicator of overall patient satisfaction with a hospitalisation experience has been identified as satisfaction with staff communication" (Ley, 1988 cited by Ricketts, 1996, p.481). Therapeutic communication is a very important issue in Indonesia. Anecdotal evidence suggests that the level of patients' satisfaction with nurses' therapeutic communication skills is still a predominant problem in day to day practice. In an unpublished study by Asrin et.al (1999), it was found that 51% of nurses used therapeutic communication inappropriately. In their training, Indonesian nurses are given tuition in therapeutic communication techniques. However, this training in communication techniques are not necessarily being transferred to the clinical setting. Patient satisfaction surveys are one means by which nurses'

communication skills can be assessed. Therefore, it is very important to conduct routine satisfaction surveys to minimise problems and maximise opportunities for quality improvement (Ricketts, 1996). This study aims to fill the gap in knowledge regarding the level of patient satisfaction with nurses' communication skills in Indonesia.

METHOD

This study used a non-experimental cross sectional pilot study with a quantitative approach. A descriptive design was selected as it was considered an appropriate method to answer the study questions.

Two hundred and forty two patients (n = 242) who were hospitalised in medical surgical wards at the Prof. Dr. Margono Soekarjo Hospital of Purwokerto with the following criteria: age 18 years or over, able to read the questionnaire, hospitalised for three days minimum, and able to self-complete the questionnaire were invited to participate in this study. Although this sample size was intended to be a convenience sample, the researcher did examine the total number of patients that the hospital discharged from medical – surgical wards over a three-month period. This was considered to estimate a reasonable potential sample size. The population of this study came from areas of Western Central Java such as Banyumas, Purbalingga, Banjarnegara, Wonosobo, Kebumen, Cilacap, Pekalongan, Brebes, and Tegal regencies and some of them came from the Eastern area of West Java such as Cirebon, Ciamis, and Banjar regencies.

In order to collect data from participants, a questionnaire was developed by the researcher as a search of relevant literature failed to identify a

suitable instrument for this study. This was considered to be the most effective way to collect data from a large sample in a short period of time. The content of questionnaire was determined by themes identified from therapeutic communication techniques that were developed by Stuart and Sundeen (1995) and the researcher personal experience as a nursing lecturer and practicing nurse. The questionnaire was structured and contained sections regarding demographic information (gender, age, and level of education), the perceptions of patients on adult medical surgical wards of the therapeutic value of conversations they have had with nurses, and the level of patient satisfaction in relation to these communication. Although, there are a number of disadvantages associated with using a questionnaire, there are also some advantages that can be considered, such as a questionnaire is much less costly and require less time and energy to administer, a questionnaire can provide greater possibility of complete anonymity, and participants are able to fill in the questionnaire without the attendance of the researcher thus reducing the possibility of bias in the responses that reflect the respondent's reaction (Polit & Hungler, 1993). The participants were asked using a Likert scale to rate their experience of conversation with nurses on a scale of 1 being never (N) and 4 being always (A). They were also asked to rate their satisfaction level with these conversations by using a Likert scale on a scale of 1 being highly dissatisfied (HDS) and 4 being highly satisfied (HS). The questionnaire was translated from English into Indonesian. Burns & Grove (1997, p. 378) stated that "translating an instrument from the original language to

a target language is a complex process and the goal of translation is to allow comparisons of concepts among respondents of different cultures". To ensure in maintaining meaning and cultural content, two translators who are very familiar with both English and Indonesian were used to translate the questionnaire. Space was provided at the end of the questionnaire for the participants to make any additional comments.

The process of data collection had been started by advertising the study in all medical surgical wards and inviting potential participants to take part in the research. Those who wanted to participate in this study were suggested to contact the data collectors or researcher to request a questionnaire. The questionnaire had been given to them before they were discharged and it had been suggested that they completed the questionnaire away from the presence of any nursing staff, so, they could freely express their feeling without any interfere from other people. Then, the questionnaire can be placed by the participant into the locked boxes provided on their ward. All boxes will be taken and opened in one day by the researcher when 242 questionnaires have been handed out to the potential participants. The data collectors in this study were some of my colleagues from my office (the Nursing Academy of Purwokerto). They have a qualification as lecturers and they did not work as nurses at this hospital. The researcher had met with the data collectors prior to the commencement of data collection to advise them of the procedures and how to contact me on the days of data collection. The researcher on location upon the data collection period to supervise

them.

Data analysis for the purpose of this study was conducted to summarise the finding. Burns & Grove (1997) consider that data analysis of explorative or descriptive studies such as this research only require summary statistics.

In this study, the data from the questionnaire was analyzed using the computer, using summary statistic. Frequency distributions were conducted for each variable of the questionnaire. Cross tabulations were conducted between relevant variable to identify possible relationships and trends in the data. There were not any missing data of this study. All data has been reported in the findings.

FINDINGS AND DISCUSSION

This part will discuss the most important findings of the study. The findings are presented in sections, with each section relating to the following research questions:

1. What is the population profile of patients hospitalised in adult medical surgical wards at Prof. Dr. Margono Soekarjo Hospital of Purwokerto, Central Java, Indonesia?
2. How beneficial do patients perceive the conversations they have with nurses to be during their hospitalisation?
3. How do patients rate their level of satisfaction with conversations they have had with nurses?
4. Are there any differences in levels of satisfaction between different demographic groups (gender, age, and level of education)?

This part will conclude by considering the strengths and limitations of the study and by making recommendations for further research, future educational needs of nurses and the implications for clinical practice.

Population Profile

The study participants were patients hospitalised in adult medical surgical wards at Prof. DR. Margono Soekarjo Hospital of Purwokerto, Central Java, Indonesia. The following section will discuss the findings related to the research question: "What is the population profile of patients hospitalised in adult medical surgical wards at Prof. Dr. Margono Soekarjo Hospital of Purwokerto, Central Java, Indonesia?"

The analysis of demographic data was conducted and there were no significant findings to be further discussed. However the demographic profile did assist the researcher in gaining an insight into the background of participants in the study and could be seen to be a typical demographic profile of an Indonesian population of hospitalized patients.

Patients' Perceptions of the Value of Nurses Verbal and Non-Verbal Communication Skills.

The following section will discuss the findings related to the research question: "How beneficial do patients perceive the conversations they have with nurses to be during their hospitalisation?".

It was obvious from the findings that although the majority of participants' (64.9%) perceived that nurses communication was positive (participants suggesting that the communication style occurred often or

always), over one third (35.1%) of their responses were never or rarely to receiving effective communication. This was a relevant finding supported by many studies. Much of the research about how nurses communicate suggests that poor communication skills are common (Bond, 1978; Macleod Clark, 1982; Wilkinson, 1991). This might be caused by the limited time spent with patients and conversations tending to concentrate on the physical tasks performed: emotional and psychosocial issues may hardly be mentioned at all (Macleod & Clark, 1982), minimum knowledge and experience (Wilkinson, 1991), and the amount of training and educational level of nurses (Caris-Verhallen et.al, 1999). Early work by Menzies (1961) demonstrated how nurses avoid close contact and emotional engagement with patients in order to reduce their exposure to upsetting and possibly damaging stressors. Menzies also observed how the institutional and professional cultures in which nurses work inhibit and devalue nurse-patient intimacy. Moreover, Burnard and Morrison (1991), sought to identify the key factors underpinning nurses' perceived failure to communicate. These include the organisational culture, a lack of time, the emotional cost to the nurse, a view of nursing as a practical task orientated profession and emphasis on communication solely as a means of providing information.

The Level of Patients's Satisfaction in relation to Nursing Communication.

The following section will discuss the findings related to the research question: "How do patients rate their level of satisfaction with conversation they have had with nurses?".

The majority of participants' responses rated their response to level of satisfaction with conversations they had with nurses as either satisfied or highly satisfied (88.4%). This was an unexpected finding not supported by other studies. McColl et.al. (1996), reported in their study of patient satisfaction with nursing care, that problems with information provision by nurses were indicated most frequently, with 23.6% of all patients feeling that nurses gave them insufficient information about their treatment, 13.1% stating that information was not given when needed and 11.2% perceiving that nurses failed to explain what was wrong with them. A literature review by Caris-Verhallen et.al (1999) focused on the patients' interaction level, and also presented findings about the amount and frequency of nurse-initiated communication. The main conclusion of these reviewed studies was that interaction between nurses and patients was low. Also, in surveys over the past two decades (Leino-Kilpin, 1993; Daniels, 1989; Hewitt, 1981), patients have consistently rated poor communication as the number one cause of dissatisfaction with hospital care. Furthermore, Ricketts (1996) explored general satisfaction and satisfaction with nursing communication on an adult psychiatric ward. He reported that of 50 participants, 23 clients were identified as being dissatisfied and 11 clients were very dissatisfied with nursing communication. All these researchers have found a paucity of discussion of satisfaction level with nursing communication in nursing research and indicate a low level of patients' satisfaction in relation to nursing communication.

The opposite finding of this study from some earlier studies is probably due

to the environment of culture of participants. As mentioned by Dawes (1986) cited by Arthur et.al (1999, p. 30) "Culture, which is multifaceted and variable, is an important factor in communication" and "the culture from which individuals come affects the way they communicate" (Gudykunst, 1988 cited by Arthur et.al, 1999, p. 30). In their cultural life, Javanese people have positive attitude in appreciating something that they have received. Also, they have difficulty in saying "no" to refuse. Therefore, it could be these factors that influenced the participants' positive responses in this study.

The Differences in Levels of Satisfaction between Different Demographic Groups (gender, age, and level of education).

The following section will discuss the findings related to the research question: "

Are there any differences in level of satisfaction between different demographic groups (gender, age, and level of education)?".

The differences of satisfaction level between males and females.

A study by Rydman et al (1997) emphasized caution and careful planning of the type and method of measurement in the evaluation of patient satisfaction with health care, and found that women tend to be more satisfied with their health care. Uzun (2001) by using the SERVQUAL scale was able to determine patient satisfaction with nursing care. He found that females gave higher scores than did males. Similarly, in this survey, female (45.1%) respondents reported slightly higher levels of satisfaction than males (43.4%). However this study did not clarify the reasons for this perception.

The differences of satisfaction level in different age groups of respondents.

The study results provided evidence for the multidimensionality of patient satisfaction questionnaires that were specifically tailored to client characteristics.

Rydman et al (1997) assessed patient satisfaction with an Emergency Department Chest Observation Unit (CPOU). They found older patients to be more satisfied with their health care. Similarly, a study by Raper et.al (1999) measured patient satisfaction with Emergency Department Triage Nursing Care. They found that older, nonwhite patients treated at the academic medical center reported higher patient satisfaction and loyalty. A similar study (Young et.al, 2000) examined the extent to which a patient's satisfaction scores are related to both his/her demographic characteristics and the institutional characteristics of the health care organisation where care was received. The findings showed several demographic characteristics were significantly associated with satisfaction score. For example advancing age was significantly associated with higher satisfaction scores. Moreover, Uzun (2001) determined the level of patient satisfaction with nursing care at a University Hospital in Turkey. He found that patients between the ages of 18 and 34 gave the lowest rating on each dimension using the SERVQUAL scale, and patients aged between 50 - 64 and > 65 gave the highest ratings. Interestingly, all these studies were relevant to and supported this study findings that showed 43.4% of the responses of respondents of 18 - 40 years old

indicated satisfied or highly satisfied with nursing communication and 45.0% the responses of respondents of the more than 40 years old group indicated either satisfied or highly satisfied. An earlier study by Grob et.al (1978) also reported the relationships among demographic variables. Their study concluded that the older the patient, the better his/her level of functioning at follow-up and the more satisfied the patient and relative were with care received. It was obvious from the findings that elderly patients tended to be more satisfied with the nurses' communication. This could be related to a decrease in overall physical ability factor and/or the greater sensory deficit of patients arising from this age group. McColl et.al (1996) cited by Walsh and Walsh (1999, p.309) mentioned that "older people and those with less education may be less critical of care than better educated and younger patients". Greene et.al (1994) predicted that there may be barriers to communication due to sensory deficits.

The differences of satisfaction level between different educational background of respondents.

The relationship between satisfaction and variables such as gender, ethnic origin, social class, level of education, family size, income level, and other demographic characteristics have been explored by many studies and the results of these studies were relatively inconsistent (Staniszewska & Ahmed, 1999). This study showed that the respondents with a Primary School educational background indicated the highest levels of satisfaction with the therapeutic communication techniques used by nurses (911 [31.4%] felt satisfied or highly satisfied). This was a relevant study finding and supported by

the findings of Uzun (2001) that determined sociodemographic characteristics of patients (age, gender, and education level) would effect overall patient satisfaction. Uzun (2001) found that patient with college-level education had lower scores than did those who had lower levels of education such as primary school and high school. Uzun (2001) suggested that the higher the educational level of the respondent the more dissatisfied the respondent would be with the nursing care they received. This could be related to the supposedly greater critical ability that they have learnt. McColl et.al (1996) argued that people with less education might be less critical of care because they lack the knowledge of nursing which would allow them to make a judgement about quality according to the criteria.

STUDY CONCLUSION

This study has identified the patients' perceptions of the value of nurses' verbal and non-verbal communication skills, the level of patients' satisfaction in relation to nursing communication, and the differences in levels of satisfaction between demographic groups (gender, age, and level of education). There were no significant differences of this study findings and some previous similar studies. The findings arising from this study are supported by the larger body of literature. The finding showed an ineffective communication still occur in every day practice of nurses at the Prof. Dr. Margono Soekarjo Hospital of Purwokerto. However, the majority of participants felt satisfied with conversations they had with nurses. This was a surprising finding not supported by

other studies. It could be influenced by Javanese cultural situation, which is more appreciative of nurses' care. Moreover, female tend to more satisfied than male in receiving communication. The older people responded higher level of satisfaction with nursing communication than the younger people. Also, people who have low level of education tended to express the positive feeling for their communication with nurses. Although this study is one of the first that has focused upon the area of therapeutic nursing communication in Indonesia, it has indicated that there is a need for changes to the educational preparation of the Indonesian nursing student, supportive education for existing nurses and changes to practices especially in the area of time dedicated by nurses to individual patients. The study findings suggest the need for further study in this important area.

REFERENCES

- Arthur, D., Chan, H.K., Fung, K.Y., & Yeung, K.W., 1999, Therapeutic Communication Strategies Used by Hong Kong Mental Health Nurses with Their Chinese Clients. *Journal of Psychiatric & Mental Health Nursing*, 6(1), 29 – 36.
- Asrin., Santosa, P., & Prasetyo, H., 1999, *Dampak Komunikasi Perawat Pada Fase Kerja Dalam Komunikasi Terapeutik Terhadap Kepuasan Pasien Yang Dirawat di Rumah Sakit*. Unpublished research, The Academy of Nursing Purwokerto, Purwokerto.
- Bailey, D.A., & Mion, L.C. (1997). Improving Care Givers' Satisfaction with Information Received during Hospitalization. *Journal of Nursing Administration*, 27(1), 21 – 27.
- Beck, C.K., Rawlins, R.P., & William, S.R., 1988, *Mental Health Psychiatric Nursing: A Holistic Life-Cycle Approach* (2nd ed.), The C.V. Mosby Company, The United States of America
- Bond, S., 1978. *Nurses' Communication with Cancer Patients*. In: *Nursing Research: Ten Studies in Patient Care* (Wilson-Barnett J., ed.), Vol. 2. J. Wiley & Sons, Chichester, 57 - 59.
- Bond, S., & Thomas, L., 1992, Measuring Patients' Satisfaction with Nursing Care. *Journal of Advanced Nursing*, 17 (1), 52 - 63.
- Bruce, T.A., Bowman, J., & Brown, S., 1998, Factors that Influence Patient Satisfaction in the Emergency Department, *Journal of Nursing Care Quality*, 13(2), 31 – 37.
- Burnard, P., & Morrison, P., 1991, Nurses Interpersonal Skills: A Study of Nurses's Perceptions, *Nurse Education Today*, 11 24 - 29.
- Burns, N., & Grove, S.K., 1993, *The Practice of Nursing Research: Conduct, Critique, and Utilization* (2nd ed.), W.B. Saunders Company, The United States of America.
- Burns, N., & Grove, S.K., 1997, *The Practice of Nursing Research: Conduct, Critique, and Utilization* (3rd ed.), W.B. Saunders Company, The United States of America.
- Carmel, S., 1985, Satisfaction with Hospitalisation: A Comparative Analysis of Three Types of Services, *Social Science and Medicine*, 21, 1243 - 1249.
- Caris-Verhallen, W., Kerkstra, A., & Bensing, J.M., 1997, The Role of

- Communication in Nursing Care for Elderly People: A Review of the Literature, *Journal of Advanced Nursing*, 25(5), 915 - 933.
- Caris-Verhallen, W., Kerkstra, A., & Bensing, J.M., 1999, Non-Verbal Behaviour in Nurse-Elderly Patient Communication, *Journal of Advanced Nursing*, 29(4), 808 - 818.
- Caris-Verhallen, W., de Grijter, I.M., Kerkstra, A., & Bensing, J.M., 1999, Factors Related to Nurse Communication with Elderly People, *Journal of Advanced Nursing*, 30(5), 1106 - 1117.
- Daniels, L., Rose, A., Wall, A., & Rees, C., 1989, Road to Recovery: The Effect of Successful Patient Education, *Intensive Care Nursing*, 5 (1), 19 - 24.
- Davies, H., & Fallowfield, L., 1991, Counselling and Communication in Health Care: The Current Situation. In Davies, H. & Fallowfield, L. (Eds.), *Counselling and Communication in Health Care* (pp. 3 - 22), John Wiley & Sons, Chicester.
- Dennison, S., 1995, An Exploration of the Communication that Takes Places between Nurses and Patients whilst Cancer Chemotherapy is Administered, *Journal of Clinical Nursing*, 4(4), 227 - 233.
- Donaghy, B., Gaziano, C., Petersen, D.E.B., VanAlstine, K., Katherine, L., & Molumby, M., 2000, The Role of Patient Characteristics in Pregnant Women's Satisfaction of Care, *Nursing Case Management*, 5(3), 120 - 128.
- Fallis, W.M., & Chewitt, M.D., 1997, The Patient Comment Line: An Innovative and Unique Tool in the Evaluation of Patient Satisfaction, *Journal of Administration*, 27(10), 49 - 55.
- Faulkner, A., 1986, Talking to Patients: Human Interest, *Nursing Times*, 82 (23), 33 - 34.
- Fortinash, K.M., Holoday, P.A., & Worret., 2000, *Psychiatric Mental Health Nursing* (2nd ed.), Mosby, Inc., The United States of America.
- Greene, M.G., Adelman, R.D., Friedmann, E., & Charon, R., 1994, Older Patient Satisfaction with Communication during an Initial Medical Encounter, *Social Science and Medicine*, 38, 1279 - 1288.
- Grob, M.C., Eisen, S.V., & Berman, J.S., 1978, Three Year of Follow-Up Monitoring: Perspectives of Formerly Hospital Hospitalized Patients and Their Families. *Comprehensive Psychiatry*, 19, 491 - 499.
- Haber, J., Krainovich-Miller, B., McMahon, A.L., & Price-Hoskins, P., 1997, *Comprehensive Psychiatric Nursing* (5th ed.), Mosby-Year Book, Inc., The United States of America.
- Hewitt, F.S., 1981, Getting It Across, *Nursing Times*, 77, 29 - 32.
- Hill, J., 1997, Patient Satisfaction in a Nurse-Led Rheumatology Clinic, *Journal of Advanced Nursing*, 25 (2), 347 - 354.
- Irurita, V., 1990, *Optimising as a Leadership Process: A Grounded Theory of Nurse Leaders in Western Australia*, Unpublished doctoral dissertation, University of Western Australia, Perth, Australia.
- Kangas, S., Kee, C.C., & McKee-Waddle, R., 1999, Organizational

- Factors, Nurses' Job Satisfaction, and Patient Satisfaction with Nursing Care, *Journal of Nursing Administration*, 29 (1), 32 - 42.
- Kasch, C.R., 1996, Toward a Theory of Nursing Action: Skill and Competency in Nurse-Patient Interaction, *Nursing Research*, 35, 114 - 116.
- Kruijver, I.P.M., Kerkstra, A., Bensing, J.M., & Van de Wiel, H.B., 2000, Nurse-Patient Communication in Cancer Care: A Review of the Literature, *Cancer Nursing*, 23 (1), 20 - 31.
- Leinop-Kilpin, H., Lire, L., Suominen, T., Vuoreneimo, J., & Valimaki, M., 1993, Client and Information: A Literature Review, *Journal of Clinical Nursing*, 2 (6), 331 - 340.
- Ley, P., 1988, *Communication with Patients* (2nd ed.), Chapman & Hall, London
- Lewis, K.E., & Woodside, R.E., 1992, Patient Satisfaction with Care in the Emergency Department, *Journal of Advanced Nursing*, 17, 959 - 964.
- Macleod Clark, J., 1982, *Nurse-Patient Verbal Interactions: An Analysis of Recorded Conversations in Selected Surgical Wards*. Unpublished doctoral dissertation, Royal College of Nursing, London.
- Macleod, J., 1985, The Development of Research in Interpersonal Skills in Nursing, In Kagan, C. (Eds.). *Interpersonal Skills in Nursing* (pp. 9 - 21), Croom Helm Dover, New Hampshire.
- Mahon, P.Y., 1996, An Analysis of Concept 'Patient satisfaction' as it Relates to Contemporary Nursing Care, *Journal of Advanced Nursing*, 24, 1241 - 1248.
- Mangen, S.P., & Griffith, J.H., 1982, Patient Satisfaction with Community Psychiatric Nursing: A Prospective Controlled Study, *Journal of Advanced Nursing*, 7(5), 477 - 482.
- McColl, E., Thomas, L., & Bond, S., 1996, A Study to Determine Patient Satisfaction with Nursing Care. *Nursing Standard*, 10 (52), 34 - 38.
- McColl, E., Thomas, L., & Bond, S., 1996, A Study to Determine Patient Satisfaction with Nursing Care, *Nursing Standard*, 10 (52), 34 - 38.
- Menzies, I.M., 1961, Functioning of Social Systems as a Defence Against Anxiety, *Tavistock Pamphlet*, 3, 3 - 29, London, Tavistock.
- Monat-Taylor, C., 1990, *Mereness' Essentials of Psychiatric Nursing*, C.V. Mosby Company. St Louis.
- Polit, D.F., & Hungler, B.P., 1997, *Essentials of Nursing Research: Methods, Appraisals, and Utilization* (4th ed.), Lippincott-Raven Publishers, The United States of America
- Raper, J., Davis, B.A., & Scott, L., 1999, Patient Satisfaction with Emergency Department Triage Nursing Care: A Multicenter Study, *Journal of Nursing Care Quality*, 13 (6), 11 - 24.
- Ricketts, T., 1966, General Satisfaction and Satisfaction with Nursing Communication on an Adult Psychiatric Ward, *Journal of Advanced Nursing*, 24(3), 479 - 487.
- Rydman, R. J., Zalenski, R.J., Roberts, R.R., Albrecht, G.A., Misiewicz, V.M., Kampe, L.M., & McCarren, M., 1997, Patient Satisfaction with

- an Emergency Department Chest Pain Observation Unit. *Annals of Emergency Medicine*, 29(1), 109 – 115.
- Seibert, J.H., Brien, J.S., Maaske, B.L., Kochurka, K., Feldt, K., Fader, L., & Race, K., 1999, Assessing Patient Satisfaction Across the Continuum of Ambulatory Care: A Revalidation and Validation of Care-Specific Surveys, *Journal of Ambulatory Care Management*, 22 (2), 9 - 26.
- Sheppard, M., 1993, Client Satisfaction, Extended Intervention and Interpersonal Skills in Community Mental Health, *Journal of Advanced Nursing*, 18 (2), 246 – 259.
- Shields, P.J., Morrison, P., & Hart, D., 1988, Consumer Satisfaction on a Psychiatric Ward, *Journal of Advanced Nursing*, 13(3), 396 – 400.
- Staniszewska, S., & Ahmed, L., 1998, Patient Expectations and Satisfaction with Health Care, *Nursing Standard*, 12(18), 34 – 38.
- Stuart, G.W., & Sunden, S.J., 1995, *Principles & Practice of Psychiatric Nursing* (5th ed.), Mosby-Year Book, Inc., The United States of America.
- Uzun, O., 2001, Patient Satisfaction with Nursing Care at a University Hospital in Turkey, *Journal of Nursing Care Quality*, 16 (1), 24 - 33.
- Verbeek, J., van Dijk, F., Rasanen, K., Piirainen, H., Kankaanpaa, E., & Hulshof, C., 2001, Consumer Satisfaction with Occupational Health Services: Should It be Measured?, *Occupational and Environmental Medicine*, 58 (4), 272 - 278.
- Walsh, M., & Walsh, A., 1999, Measuring Patient Satisfaction with Nursing Care: Experience of Using the Newcastle Satisfaction with Nursing Scale, *Journal of Advanced Nursing*, 29 (2), 307 - 315.
- Wilkinson, S., 1991, Factors which Influence How Nurses Communicate with Cancer Patients, *Journal of Advanced Nursing*, 16, 677 - 688.
- Young, G.J.J.D., Meterko, M., & Desai. K.R., 2000, Patient Satisfaction with Hospital Care: Effects of Demographic and Institutional Characteristics. *Medical Care*, 38 (3), 325 - 334.