AN EXPLORATORY DESCRIPTIVE STUDY: ORTHOPEDIC PATIENTS' PERCEPTIONS OF SATISFACTION WITH NURSING CARE IN THE EMERGENCY ROOM

by

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Abstract

The purpose of this exploratory descriptive study was to determine orthopedic patients' perceptions of satisfying and/or dissatisfying nursing care behaviours during their emergency room experience.

The conceptual framework selected for this study was based on Risser's (1975) criterion to evaluate patient satisfaction with nursing care. Risser's evaluative criterion consists of four dimensions which include: technical-professional behaviour, trusting relationship, inter-intrapersonal relationship, and educational relationship.

The study was conducted in a large metropolitan hospital in the Vancouver area. The sample consisted of seven men and three women. Their ages ranged from 23 to 81 years. All subjects were admitted to the emergency room and subsequently transferred to an orthopedic ward as a result of an orthopedic injury and/or illness.

An interview guide was designed by the researcher to collect retrospective data of subjects' perceptions of their emergency room experience. Data were collected through taped semi-structured interviews with all the subjects during their stay on the orthopedic ward. Data were analyzed by categorizing the identified nursing care behaviours under the four dimensions of Risser's (1975) evaluative criterion.

The findings indicated that subjects were able to
recall satisfying or dissatisfying nursing care behaviours. They appraised and/or commented on the nursing care behaviours which met their basic physical and psychosocial needs. The nursing care behaviours related to the trusting relationship dimension were an integral component of patient satisfaction. The role of the triage nurse was significant in influencing subjects' perceptions of satisfaction or dissatisfaction with nursing care. Overall, subjects expressed satisfaction with the nursing care behaviours in each of the four dimensions.
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CHAPTER ONE
Introduction

Background to the Study

In today's consumer oriented society it is important to convey to the consumers that their feedback on health care provides information on patients' concerns, needs, and perceptions of treatment to help improve the overall quality of health care (Davis & Hobbs, 1989). Donabedian (1988) stated that patient information which is received through interviews and questionnaires is indispensible when compliance and satisfaction are used as measures to assess the quality of health care.

Measurement of patient satisfaction is now recognized as a legitimate concern of quality assurance (QA) programs. According to the Canadian Council on Hospital Accreditation (CCHA), patient satisfaction is one of the key factors in assessing hospital quality assurance programs (Heffring, Neilsen, Szklarz, & Dobson, 1986). Evaluative health care literature reports that patients' perceptions of health care services are an integral part of assessing the quality of care (Donabedian, 1988; Lemke, 1987; McMillan, 1987; O'Sullivan, 1983; Prehn, Mayo & Weisman, 1989).

Doering (1983) defined patient satisfaction as "a measure of the degree to which health care providers have been successful in meeting patient-defined needs and expectations" (p.291). Spitzer (1988) stated that nurses need to look at whether they are really sensitive to the
nursing care needs and expectations of their patients. She claimed that patients' needs and expectations of nursing service depend on many factors. One important factor is the particular clinical setting in which the patient receives nursing care. O'Sullivan (1983) also pointed out that patient satisfaction has different implications depending on the setting in which the nursing care is delivered and the aspects of care being evaluated.

The emergency room in the hospital is one of the clinical areas where nursing care is given. The emergency room is often the entry point into the health care system for many patients (Miller, 1983). In the emergency room, one is likely to find a wide variety of patients, some hardly ill, others manifesting life-threatening emergencies (Donabedian, 1988). During the initial hour of care, before a diagnosis is made, most nursing interventions respond to problems associated with the nature and severity of the functional disturbance. Therefore, nursing care in the emergency room often involves complex, unpredictable, and emergent nursing decisions (Sides, 1986).

Nurses working in the emergency room are involved in the care of patients who perceive that their health problems are sufficiently acute to warrant seeking emergency care. Patients who are admitted to the emergency room are frequently faced with a sudden and unexpected health related experience (Clutter, 1988). Oftentimes, the patient's anxiety level is high, not only because of an
injury or illness but also as the result of being in an unfamiliar environment (Danis, 1984). If nurses are meeting patients' nursing care needs and expectations, the initial period of patients' hospitalization may be less anxiety producing.

Emergency room nurses work in a clinically specialized area, and emergency nursing differs from other types of nursing care delivery. The main differences are that nurse-patient interactions are usually of short duration, the climate is often stressful, and patients expect immediate attention. Also, the number of patients to be cared for at any given time is highly unpredictable (Sheehy & Barber, 1985).

Nurses must be aware that their attitudes and behaviours significantly impact on patient satisfaction with the nursing care that patients receive. Nurses play a vital role in reducing the anxiety level of many patients coming into the emergency room. Therefore, it is important that nurses working in the emergency room be knowledgeable about how patients perceive them and the nursing care they provide in this type of clinical setting. Through an exploratory descriptive study, the researcher anticipates gaining insight into what patients perceive as satisfying and/or dissatisfying nursing care behaviours of nurses working in the emergency room.
Conceptual Framework

Patients' perceptions of nursing care can be a rich source of information for generating improvement in the quality of patient care. The conceptual framework for this study is based on Risser's (1975) evaluative criterion which is a measure of patient satisfaction with nursing care. Risser (1975) stated that patient satisfaction may be conceptualized as the "degree of congruency between a patient's expectation of ideal nursing care and his perception of the real nursing care which he receives" (p.46). In this study, as patients describe interactions with nurses during their emergency room experience, patient satisfaction and/or dissatisfaction with nursing care will be categorized according to Risser's four dimensions of the criterion:

1. technical-professional behaviour
2. trusting relationship
3. inter-intrapersonal relationship
4. educational relationship.

The first dimension, technical-professional behaviour, includes the technical activities and knowledge base required by nurses to competently perform nursing care tasks. The second dimension, trusting relationship, relates to how nurses foster constructive and comfortable nurse-patient interaction and communication. Examples of trusting relationship behaviours include communication measures such as demonstrating an interest in, sensitivity
to, and/or listening to patients' problems. The third dimension, inter-intrapersonal relationship, is the expressive function of the nurse. The interpersonal quality, demonstrated by verbal behaviour, relates to how nurses successfully initiate, maintain, and direct social interaction with the patient. The intrapersonal quality, demonstrated by non-verbal behaviour, relates to personality characteristics of nurses such as appearance, friendliness, and confidence. The fourth dimension, educational relationship, is the information exchange between nurse and patient. These nursing care behaviours relate to nurses' ability to provide information for patients such as answering patients' questions, asking appropriate questions, and explaining procedures (Hinshaw & Atwood, 1982; Risser 1975). Risser's (1975) evaluative criterion will be used to provide direction for developing interview questions and categorizing patients' perceptions of satisfying and dissatisfying nursing care behaviours.

Problem Statement

Emergency room nurses must be cognizant of the perceptions of patients when evaluating the quality of nursing care delivered. Currently, there exists a paucity of published research concerning patients' perceptions of satisfying and/or dissatisfying nursing care behaviours of nurses in the emergency room.

Orthopedic patients are frequently seen in emergency rooms and are often admitted to hospital for further
treatment and care. This group of patients tends to experience common problems and requires similar nursing interventions. As their injuries are generally not life-threatening, they should be able to recall their perceptions of nursing care behaviours while in the emergency room.

**Purpose**

The purpose of this study was to determine, through an exploratory descriptive study, orthopedic patients' perceptions of satisfying and/or dissatisfying nursing care behaviours during their emergency room experience.

**Definition of Terms**

**Patient satisfaction** - "the degree of congruency between a patient's expectation of the ideal nursing care and his [or her] perception of the real nursing care which he [or she] receives" (Risser, 1975, p.46).

**Patient dissatisfaction** - discontent with nursing care or the lack of congruency between a patient's expectation of the ideal nursing care and his perception of the actual nursing care which he receives.

**Emergency room** - a health care department within a hospital providing a 24 hour service to patients experiencing an unforeseen health care event requiring urgent assessment and treatment. The emergency room serves as an entry point to the health care facility.
**Emergency nursing** - the nursing care which is provided to individuals of all ages by nurses working in an emergency room.

**Orthopedic patients in the emergency room** - those person(s) who are assessed and treated in the emergency department for injuries involving any aspect of the musculoskeletal system, which includes the muscles, tendons, bones, and joints.

**Assumptions**

This study was based on the following assumption:

Patient satisfaction was an indicator of how the patient had perceived the qualitative aspects of nursing care (Vuori, 1987)

**Limitations**

This study had the following limitations:

1. The findings of this study were based on the retrospective perceptions of the participants. Therefore, all nursing care behaviours which patients perceived as satisfying or dissatisfying may not be recalled.

2. The study was limited to orthopedic patients. Since this study did not encompass all types of patients who presented in the emergency room, the generalizability of the findings was limited.
Significance of the Study

Vuori (1987) stated that, "patient satisfaction is an attribute of quality per se: Without it there cannot be good care" (p.108). Harper Petersen (1989) stressed that soliciting feedback on patient satisfaction should be conducted by the caregivers within the same service such as nurses for nursing, because people from other departments may misinterpret the data. O'Sullivan (1983) noted that further research with patient satisfaction should involve an investigation of how patients define satisfaction. She suggested that this research include patient satisfaction with respect to the technical aspects of nursing care, the communication between health care provider and patients, especially under stress, and the way patients respond to information that achieves maximum understanding.

In the literature reviewed, no published research studies were found regarding patient satisfaction with nurses and nursing care in an emergency room setting. Sheehy and Barber (1985) emphasized that the nursing care provided in an emergency room is often brief and intense. They stated that a critical aspect of the nursing care in the emergency room is the nurse's ability to quickly assess, treat, and stabilize the patient's condition. However, more knowledge is needed to understand how nurses can evaluate the effectiveness of their nursing care in terms of patients' perceptions of satisfying and/or dissatisfying nursing care behaviours. This study has the
potential of providing data which when disseminated to emergency room nurses may improve the quality of their nursing care.

Organization of the Report

This research report is organized into five chapters. Chapter One has outlined the context of the problem and the purpose of the study. Chapter Two presents the literature review. Chapter Three describes the research methodology, including data regarding the sample, data collection, and analysis. Chapter Four presents the findings and interpretation of the data. Conclusions are presented in Chapter Five with implications for nursing education, practice, and research.
CHAPTER TWO
Review of Related Literature

Introduction

Patient satisfaction data are used as indexes to measure the quality of health care service in nursing and other health care fields (Doering, 1983; Eck, Meehan, Zigmund, & Pierro, 1989; Harper Petersen, 1988; Heffring, Neilsen, Szklarz, & Dobson, 1986). Patient satisfaction with health care services appears to influence whether an individual seeks medical care, complies with treatment, and maintains a continuing relationship with health care providers (McMillan, 1987).

In this chapter, the discussion on patient satisfaction will be organized into three main sections. The first section will present an overview of literature and research on patient satisfaction within the health care field. The second section will present current literature and research on patient satisfaction within the context of nursing. Lastly, the third section will discuss patient satisfaction as it relates to emergency nursing care standards and the dimensions of Risser's (1975) criterion.

Patient Satisfaction Within the Health Care Field

Health care literature suggests that patient satisfaction indicators are emerging as dominant and critical outcome measures for quality of care (Donabedian, 1988; Maxwell, 1986; Strasen, 1988; Vuori, 1987). The
Canadian Council on Hospital Accreditation recognizes patient satisfaction as one of the key factors in planning hospital quality assurance programs (Heffring, Nielsen, Szklarz, & Dobson, 1986).

While limitations have been recognized with the use of patient satisfaction data in assessing the quality of care (Donabedian, 1988; Nelson, Hays, Larson, & Batalden, 1989), they are frequently used by health care facilities as a quality assurance measurement (Prehn, Mayo, & Weisman, 1989; Weiss & Ramsey, 1989). O'Brien, Love and Rennebohm (1987) claimed that patients' dissatisfaction with care can often be prevented by deciding and recording what the patient wants and needs. These authors emphasized that the caregiver must understand the patient's perceptions of his or her needs.

The literature reviewed on patient satisfaction revealed that various factors must be considered when using patient satisfaction data as one of the key outcomes of quality of care. For example, Vuori (1987) pointed out that health care providers and patients have different goals for care and as well, patients lack the scientific and technical knowledge necessary to adequately assess the quality of care. He also stated that the concept of quality in relation to patient satisfaction, depends on many different factors such as the characteristics of age, gender, sex, education, and socioeconomic status. Given these factors, he stressed that these are the variables
which "bring the empirical validity of assessing patient satisfaction into question" (p.106).

In addition, both Cleary, Keroy, Karapanos, and McMullen (1989) and Nelson, Hays, Larson, and Batalden (1989) stated that data from patient satisfaction surveys are only meaningful for improving patient care to the extent that patient satisfaction measures are methodologically sound. These researchers claimed that patient satisfaction data should be interpreted within the parameters of the sample surveyed, the appropriateness of the aspects of care being evaluated, and the reliability and validity of the measures used to collect patient feedback.

Weiss and Ramsey (1989) also support the view that certain variables which influence patient satisfaction must be considered when patient satisfaction information is used to evaluate the quality of care. As well as the socio-demographic variables that Vuori (1987) identified, Weiss and Ramsey also identified that the caregivers' attributes and the type of health care setting are important variables that influence patient satisfaction. The caregivers' attributes included their personality traits and communication skills.

Another factor to be considered when using patient satisfaction data includes the interpersonal quality of the caregiver and their interaction with patients (Donabedian, 1988; Weisman & Nathanson, 1985). Specifically, Donabedian
claimed that health care practitioners' performance is assessed in relation to their technical performance and interpersonal skills. He pointed out that the practitioners' technical performance, which is based on their knowledge and use of current technology, is not as readily criticized as the practitioners' use of interpersonal skills. The interpersonal skills that patients used to judge care as satisfactory or dissatisfactory included such attributes as empathy, concern, and sensitivity.

Further, Donabedian (1988) revealed that the interpersonal aspect of patient care is often ignored in assessing the quality of care. He gave two reasons to argue his stance. The first reason was that patients' medical records are a poor source of subjective data and therefore, a lack of accessibility to patient satisfaction information exists in the medical records. The second reason was the lack of established criteria to measure the attributes of practitioners' interpersonal skill.

A review of research findings on patient satisfaction in the health care field other than nursing showed that the majority of patient satisfaction studies have been conducted within the American health care system. The majority of American health care facilities perceive patient satisfaction as equal to consumer satisfaction. Therefore, the business management process that integrates quality assurance programs, guest relations and marketing
programs (Melum & Sinioris, 1989) is the concern. Patients are generally seen as customers and their perceptions about the quality of an organization influences their decisions to select, use, and/or return to an organization (Louden, 1989).

In contrast, the nationwide health care plan in Canada ensures that all residents of Canada have access, on a prepaid basis, for medical and hospital care (Hastings, 1985). According to Coburn, D'Arcy, Torrance, and New (1987), the Canadian public or individual patient involvement is minimal in terms of the decision making with health care services. Consequently, it is important to note that the results of the following studies, unless specified, reflect an American health care perspective.

A study conducted on patient satisfaction by Inguanzo and Harju (1985) used five factors to obtain patient satisfaction data. Patients in this metropolitan hospital in the United States were given a satisfaction questionnaire to complete following their hospital stay. The five factors measured were nursing care, appearance of the room, attitudes of the hospital staff, quality of the food, and billing procedures. The results of this study indicated that 73.4% of the patients attached significant importance to the nursing care, 77.7% to the attitudes of hospital staff, 73.9% to the room appearance, 45.6% to the quality of food, and 52.8% to the billing procedures. Patient dissatisfaction with each of these five factors was
also examined. In relation to the nursing care aspect of hospital care, the findings indicated that patients' dissatisfaction related to discourteous nurses (35.7%), not enough nursing personnel (29.5%), not responding promptly (25.6%), and nurses not providing personalized care (9.1%). These researchers concluded that their findings influenced marketing strategies which in the end would promote the return of patients for care in the future.

Heffring, Neilsen, Szklarz, & Dobson (1986) conducted a study on patient satisfaction at a 1100 bed referral and teaching hospital in Alberta, Canada. These researchers used a research technique based on consumer service, product marketing, and American health care studies. Their study involved an ongoing telephone survey conducted by a core group of volunteer interviewers. Over a one year period 1,300 patients participated in this study. The purpose was to measure empirically, the level of patient satisfaction during hospital confinement. The researchers reported that 50% of the respondents gave the hospital a maximum rating of ten for the following determinants: open and approachable doctor, attentive and friendly nurse, the high quality of medical care, and respect for confidentiality. However, the key determinant of patient satisfaction was staff communicating information regarding the patient's condition and treatment. It was pointed out that ongoing and prompt communication required greater
attention in certain areas of the hospital such as the emergency and out-patient services, post-surgery and diagnostic testing.

Patient Satisfaction Within the Context of Nursing

Patient Satisfaction Related to Nursing Care

As quality assurance programs have become mandatory in evaluating hospital care for accreditation, more studies appear to be using empirical data from the consumer's point of view (Heffring, Neilsen, Szklarz, & Dobson, 1986). Studies which have been conducted to determine patient satisfaction in relation to nursing care behaviours are limited. However, the few American studies which were found clearly indicated that nurses played a primary role in meeting the needs and expectations of patients in hospitals (Hinshaw & Atwood, 1982; Ventura, Fox, Corley, & Mercurio, 1982; Oberst, 1984).

For example, a study conducted at a 900 bed American teaching hospital by Abramowitz, Cote, and Berry (1987) found that patient satisfaction with nursing care was a major determinant of patient satisfaction with hospital stays. The data collection in this study involved a telephone survey to a sample of 841 patients who were discharged from the hospital during a specified three month period. Patients were chosen randomly from the surgical, general medicine, pediatrics, and obstetrics/gynecology wards. The response rate was 91.3%. One of the
significant conclusions drawn about the nursing care in this study was that the nursing staff were identified as the key to patient satisfaction. Because nurses are most accessible during patients' hospital stays, the researchers claimed that nurses are the hospital's frontline representatives. Spitzer (1988) also viewed nurses to be frontline caregivers in the health care settings. Her review of recent studies found that patients' expectations with their hospitalization related mostly to their interactions with the nurses. Overall, the findings from her review were that health care consumers expected nurses to demonstrate a caring attitude, attentiveness, sensitivity to physical and emotional needs, a willingness to answer questions, and to have procedures explained.

Nurses' involvement with patient satisfaction was demonstrated in a study conducted by Cleary, Keroy, Karapanos, and McMullen (1989). The purpose of this study was to refine a method of collecting patient information in order to assess the quality of care. For a one month period, all medical (n=255), surgical (n=347), and obstetrical patients (n=329) were mailed patient satisfaction questionnaires, two to three weeks after being discharged from the hospital. A response rate of 56.9% for medical patients, 68.3% for surgical patients, and 65.0% for obstetrical patients was obtained. The findings indicated that patient satisfaction differed among the three patient groups. Satisfaction with physicians and
nurses was a stronger determinant of overall patient satisfaction with the medical patients. The surgical patient group focussed on nurses, hospital rooms, and the nurses' ability to control and minimize post-operative pain.

Satisfaction with physicians, nurses, and length of hospital stay were the best predictors of overall patient satisfaction for the obstetrical patients. Although based on the findings from this study, the researchers concluded that patient satisfaction surveys need to be individualized to address the concerns of each patient group, it was interesting to note that in each of the groups, patients repeatedly evaluated the nursing care.

Patients as Informants of Satisfaction with Care

The value of patients as informants in measuring the quality of nursing care continues to be addressed today. As early as 1957, Abdellah and Levine recognized the need to measure patient satisfaction with nursing care. One aspect of their research involved the development of a tool to measure patient satisfaction with nursing care. This data collection tool was used in a study conducted on nearly 9,000 patients in 60 hospitals. Of the 9,000 patients, 39% were males and 61% were females. Patients were asked to complete a 50 item checklist questionnaire intended to identify whether nurses were fulfilling patients' needs. Findings were categorized into aspects of nursing care which related to physical and emotional comfort measures. Nursing care...
behaviours consisted of nurses demonstrating courtesy, providing explanations to patients, and providing care that met the patients' needs for elimination, personal hygiene, and supportive care. The overall findings indicated that more than 70% of patients were satisfied with most nursing care behaviours and that patients tended to evaluate only those nursing care behaviours which they felt competent and comfortable to appraise.

Harper Petersen (1989) stated that patients are valuable informants in providing information about the quality of care they receive. She pointed out that all interactions between the caregivers and patients contribute to the patients' evaluation of the quality of care. Harper Petersen suggested that caregivers ask patients on a daily basis what they expect from the caregiver and how satisfied they are with the care given that day. She recommended that caregivers solicit information from patients regarding specific behaviours that would improve their care. She stressed that this ongoing process of soliciting feedback is essential in monitoring patient satisfaction while patients are receiving care.

Trussel and Strand (1978) conducted a study which compared the use of retrospective audits and concurrent audits on the same patients in order to determine the differences in patient satisfaction information. Based on the data from 17 patient interviews and a review of these patients' medical records, findings indicated that
concurrent audits produced more and different information. The concurrent audits provided better patient information than the retrospective audits and were consistently relevant for the purpose of improving nursing care. However, the time taken to collect the data and the cost of conducting a concurrent audit were significantly more than a retrospective audit. These researchers concluded that monitoring patient satisfaction or dissatisfaction data, during patients' hospital stays, is a valuable method to improve the quality of nursing care.

On the other hand, patients as valuable informants in evaluating nursing care were viewed differently by Leppanen Montgomery (1988). Although Leppanen Montgomery agreed that nurses would like to keep patients satisfied, she expressed her concern that the consumer approach to patient care has limitations and liabilities. She pointed out that patients expect nurses to apply their knowledge and experience to evaluate their requests in terms of their own best interests. She emphasized that nurses have a far more important obligation to set priorities in the care of their patients, which is based on assisting them to meet their needs and not in satisfying their demands.

**Patient Satisfaction Related to Aspects of Nursing Care**

Patient satisfaction is a multidimensional phenomenon used in assessing the quality of nursing care. According to Oberst (1984), patients' subjective perceptions of care
vary according to the dimension of nursing care that is being examined. Oberst cited examples of various nursing care dimensions which included the art of care, the efficacy of care, the technical care, and the physical environment where the care is delivered. On the other hand, Risser (1975) concentrated on the dimensions of technical-professional behaviour, trusting relationship, inter-intrapersonal relationship, and the educational relationship with the caregiver, suggesting these as the areas most relevant to patient satisfaction with nursing care.

A study conducted by Rempusheski, Chamberlain, Picard, Ruzanski, and Collier (1988) identified a list of nine categories which defined the elements of care that patients and their families perceived as satisfying. This study was conducted at a 460 bed urban teaching hospital in the northeastern United States. Using a grounded theory approach, this retrospective study examined a total of 63 letters randomly selected over a three year period. The units, which patients' letters commented about, included: surgery (39%), medical (25%), obstetrical (12%), operating room (11%), recovery room (6%), emergency (3.5%), and other units (3.5%). The nine elements of care identified in this study included: qualities of the nurse, patient characteristics, hospital image, professional image, sense of caring, collaboration/teamwork, unconditional acceptance (accepting patients as individuals), nutrient power.
(nurse's ability to influence change), and service quality (patient/family as a consumer). From these categories, the concept of critical juncture was developed which indicated the highest level of perceptual ability required of professional nurses towards achieving patient satisfaction. Critical juncture was defined as the "vulnerable period in a patient's hospital stay, when the occurrence of particular events creates the most lasting impressions of the hospital experience and influences the course of the nurse-patient relationship" (p.17). These authors concluded that nurses can influence patient satisfaction by encouraging patients to express their needs and by allowing patients and their families to become actively involved in patient care.

The literature reviewed indicated that an important issue among health care providers is the patient satisfaction data used to determine the quality of nursing care (Doering, 1983; Ferguson & Ferguson, 1983; Prehn, Mayo, & Weisman, 1989). Prehn, Mayo, and Weisman's (1989) review of literature and research studies on the validity of patient satisfaction data concluded that patient satisfaction data are seldom used to develop health care protocols because patients do not have the technical knowledge to evaluate the quality of care they receive. However, these authors suggested that patient satisfaction data evaluating the affective content of care requires subjective appraisal and is therefore useful to assess the quality of care delivered. Conversely, the technical aspects of nursing care were not considered valid
patient satisfaction data because patients generally lack the clinical expertise to evaluate this aspect of nursing care.

Similarly, Spitzer (1988) stated that patients' satisfaction with nursing care is based on their experience with nurses' physical and psychological comfort measures. Specifically, Ferguson and Ferguson (1983) stated that patients were more likely to appraise the nursing care behaviours such as nurses' demonstration of courtesy and attentiveness rather than technical activities.

These views are congruent with Doering's (1983) findings in a study conducted on patient satisfaction. Doering's study occurred in a 1,070 bed American teaching hospital. In her study, the 1080 patients who were discharged from two divisions of the hospital within a specified period of time were mailed a patient satisfaction questionnaire. The response rate was 65% and 51% from the two hospital divisions. Doering reported that greater than 50% of the patients were satisfied with the overall care and that nursing care had a strong impact on patient satisfaction. The questionnaire also contained open ended questions used to elicit information regarding the quality of nursing care. The findings indicated that the interpersonal aspects of care were more important to patients than the technical aspects of care which patients did not feel qualified to judge.

Similarly, Morales-Mann (1989) conducted a study which
compared nurses' and patients' perceptions of nursing care in a post-partum unit of a large American hospital. A Likert scale questionnaire, consisting of 28 nursing activities, was given to 50 patients and 25 nurses. The response rate was 80% for both patients and nurses. The findings demonstrated that patient satisfaction with care in this post-partum unit consisted of nursing care activities related to patient teaching, physical comfort, and psychosocial care. For example, 60% of the patients felt that they could have benefitted from teaching activities. The findings also indicated that a discrepancy existed between the nurses' and the patients' perceptions of satisfying and dissatisfying nursing care activities. The nurses were more concerned about the provision of physical care and depended on the other health care professionals to provide the patients with ongoing and discharge teaching information. For example, patients were given breast feeding information by the nursery nurses and dieticians, and the post-partum exercises were taught by the physiotherapists. The researcher claimed that nurses in this study viewed the psychosocial aspect of nursing care to be an important activity. However, these nurses explained that time constraints and the emphasis of this particular unit on nurses' performance of physical care activities contributed to the lack of psychosocial care.

Finally, it was interesting to note that Morales-Mann's
(1989) study was similar to the findings of a small pilot study conducted on a geriatric ward by Forgan Morle (1984). This British study involved gaining elderly patients' perceptions of nursing care activities to determine patient satisfaction with nursing care. Data collection was conducted by the social worker who interviewed patients within two weeks of discharge from the hospital. The sample comprised twenty-two patients, seven men and fifteen women who were discharged over a six months period. The findings in her study revealed that elderly patients' satisfaction with nursing care pertained to how nurses met the patients' psychosocial needs. The findings also indicated that nurses' assessment of patients' emotional needs were not as well conducted as was the assessment of patients' physiological needs. This researcher concluded that equal importance should be attached to meeting both the emotional and physical needs in order to ensure that all patients' care needs are satisfied.

Emergency Nursing Care Standards in Relation to Risser's Criterion to Evaluate Patient Satisfaction with Nursing Care

Emergency nursing is a speciality area of nursing (Sheehy & Barber, 1985). Emergency nursing practice is unique in that it provides nursing care to patients of all ages requiring stabilization and/or resuscitation for a
variety of illnesses and injuries (Dains, Alexander, Jordan, Lyle, Schoerger, Rice, & Ingalls, 1991). In order to monitor and maintain a high quality of practice in this speciality area, nursing standards of care are developed to evaluate quality of care (Dains et al., 1991). Basically, standards establish the scope of clinical practice and serve as criteria for evaluating the quality of care (McAllister, 1990). For example, the Canadian Standards of Emergency Nursing Practice developed by the National Emergency Nurses' Affiliation (NENA) in 1986 is comprised of four standards to measure emergency nursing practice. Standard I outlines emergency nursing practice using a conceptual model, Standard II describes nursing care activities using the nursing process, Standard III focusses on nurse-patient interaction, and Standard IV relates to the professional behaviours of emergency nurses.


Tables One to Four (pp. 27-30), illustrate the congruency between the four dimensions of Risser's (1975) evaluative criterion and the Canadian Standards of
Emergency Nursing Practice (NENA, 1986). An example of a performance standard is also presented for further clarification.

Table 1

<table>
<thead>
<tr>
<th>Dimension: Technical-professional behaviour dimension includes the technical activities and knowledge base required by nurses to competently perform nursing tasks.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard I:</strong> Emergency nursing practice uses the nursing process method for carrying out the independent, interdependent, and dependent functions of emergency nursing practice.</td>
</tr>
</tbody>
</table>
Table 2

**Congruency Between the Trusting Relationship Dimension**

*(Risser, 1975) and Standard of Emergency Nursing Practice III (NENA, 1986)*

<table>
<thead>
<tr>
<th>Dimension:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusting relationship dimension relates to how nurses foster constructive and comfortable nurse-patient interaction and communication.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard III:</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1:</td>
<td></td>
</tr>
<tr>
<td>Emergency nursing practice a requires that the nature of the nurse-patient interaction be a facilitative relationship.</td>
<td>The nurse will provide a climate and environment which will reduce the initial anxiety and develop the beginning of mutual trust.</td>
</tr>
</tbody>
</table>
Table 3

**Congruency Between the Inter-intrapersonal Relationship Dimension (Risser, 1975) and Standard of Emergency Nursing Practice III (NENA, 1986)**

<table>
<thead>
<tr>
<th>Dimension:</th>
<th>Inter-intrapersonal relationship dimension is the expressive function of the nurse, both verbal and nonverbal behaviours.</th>
</tr>
</thead>
</table>
| Standard III: | **Performance Standard**  
| 1.2: | Emergency nursing practice requires that the nature of the nurse-patient interaction be a facilitative relationship. |
| | Nurses make verbal and nonverbal communication purposeful, timely, and appropriate to the patient's condition and situation. |
Table 4

**Congruency Between the Educational Relationship Dimension (Risser, 1975) and Standard of Emergency Nursing Practice II (NENA, 1986)**

---

**Dimension:**

Educational relationship dimension is the information exchange between the nurse and patient.

**Standard II:**

4.6:

Emergency nursing practice uses the nursing process as the method for carrying out the independent, interdependent and dependent functions of emergency practice.

**Performance Standard**

Nurses assist the patient and relevant others to acquire knowledge about illness, prevention of injury, and treatment.
Summary

A review of literature and research on patient satisfaction within the health care field and within the context of nursing has been presented. As well, the emergency nursing care standards in relation to Risser's (1975) criterion to evaluate patient satisfaction have been discussed. The approach to patient satisfaction within the American health care system is primarily focused on obtaining information for the purpose of enhancing marketing strategies and maintaining quality assurance programs. However, within the nursing field of both Canada and the United States, determinants of patient satisfaction are concerned with the nursing care activities that meet patients' physical and psychosocial needs. Based on the literature reviewed, it is evident that patient satisfaction as an index to measure the quality of care is a valuable evaluative tool.
CHAPTER THREE
Methodology

Introduction

This chapter describes the research design, sample selection, research setting, data collection procedure, data collection instrument, and ethical considerations of the study. A description of the pilot test and data analysis procedure is also included.

Research Design

This study used an exploratory descriptive design to determine subjects' perceptions of satisfying and/or dissatisfying nursing care behaviours, during their emergency room experience. Data were collected using a data collection instrument developed by the researcher. A pilot test consisting of two interviews, was conducted initially to test the data collection instrument. A total of 10 interviews were conducted for the actual study.

Research Setting

This study was conducted in a large metropolitan hospital in the Vancouver area. The number of patient visits to the emergency room in this hospital average 48,000 to 50,000 per year. This emergency room provides emergency care on 24 hour basis. Emergency care is given for a wide variety of injury/illness conditions, including patients presenting with musculoskeletal
injuries/illnesses.

Sample Selection

Subjects in this study were required to meet the following criteria:

1. stayed in the emergency room for a time period of at least one hour prior to their in-patient hospitalization.
2. received nursing care in the emergency room.
3. admitted to the hospital for a period of two to five days.
4. experienced an orthopedic injury or illness.
5. required to read and write English.
6. required to be over 21 years of age.
7. orientated to person, place, and time.

Selection Procedure

Initially, the researcher submitted a letter to the Nursing Research Committee of the hospital requesting permission to conduct the study (Appendix A). Once approval was received, the researcher met with each head nurse from the four orthopedic wards to discuss the study. The researcher asked each head nurse to distribute the information letters (Appendix B) to prospective subjects. The letter explained the purpose of the study and what would be required of the subjects. Each head nurse agreed to contact the researcher by telephone to inform her of
interested subjects. The head nurses also informed the staff of the study.

The actual sample for the study was obtained from two of the four orthopedic wards. After each of the prospective subjects read the information letter, they were asked to inform the head nurse if they were interested in participating. The researcher then visited the subject on the ward to introduce herself, and to confirm that the subject met the selection criteria. Using the information letter as a guide, subjects' questions were clarified.

If the subject agreed to participate in the study, the researcher proceeded to have the subject read and sign the consent form (Appendix C). Eight subjects agreed to an interview the same day and two subjects requested that the researcher interview them the following day.

Data Collection

The data regarding subjects' emergency room experience were collected using semi-structured interviews. The study design allowed the researcher the option of a second interview for clarification of subjects' perceptions of satisfying or dissatisfying nursing care behaviours. Second interviews were not required. The refinement of the data collection instrument may have influenced the need for clarification of the data.

Each interview lasted approximately 45 minutes. At the beginning of each interview, the researcher completed
Part A (Appendix D) of the data collection instrument.

Part A of the data collection instrument involved collecting demographic data and other data relevant to the study, including subjects' previous emergency room admissions, concurrent medical conditions, and presence of support people. The researcher completed this segment of the interview in writing.

After the completion of Part A, the researcher completed Part B (Appendix D) of the data collection instrument. Part B, the interview guide consisted of interview questions which assisted the researcher to elicit subjects' perceptions of satisfying and/or dissatisfying nursing care behaviours, during their emergency room experience. This part of the interview was audiotaped. Unless subjects were confined to bed, they were given the choice of where the interview took place.

Data Collection Instrument

The data collection instrument was developed by the researcher and consisted of two parts, A and B. Part A included a prepared set of questions to collect demographic data and specific data relevant to the study including the subjects' previous emergency room experience, concurrent medical conditions, and presence of support people. This part was completed in writing by the researcher.

Part B, the second section of the data collection instrument, consisted of the semi-structured interview
The interview guide was comprised of open and closed questions. This section of data collection instrument was audiotaped.

The researcher utilized three sources to formulate questions for the interview guide. The first source was the four dimensions of Risser's evaluative criterion (Risser, 1975), which included the technical-professional behaviour relationship, the trusting relationship, the inter-intrapersonal relationship, and educational relationship. The definitions of these dimensions primarily formed the basis of the interview guide questions. For example, the technical-professional behaviour relationship was defined as the technical activities and knowledge base required by nurses to competently perform nursing care tasks. The interview questions in this dimension pertained to how nurses demonstrated their ability to prioritize, assess, and perform nursing skills with respect to subjects' injury/illness. The trusting relationship was defined as nurses fostering constructive and comfortable nurse-patient interaction and communication. Interview questions in this dimension consisted of how nurses demonstrated interest in patients, sensitivity to patients and their feelings, and listening to patients' problems. The inter-intrapersonal relationship dimension was defined as the verbal and nonverbal expressive functions of the nurse. Thus,
interview questions in this dimension related to how nurses communicated both verbally and nonverbally with patients. Verbal communication questions pertained to how nurses initiated, maintained, and directed social interactions. Nonverbal communication questions pertained to how nurses presented themselves in relation to appearance and body language. The definition of the educational relationship was defined as the information exchange between nurses and patients. The interview questions in this dimension involved asking subjects to recall if nurses asked appropriate questions, answered questions, and explained procedures.

The researcher's nursing knowledge and 10 years of nursing experience in emergency nursing was the second source used to formulate the interview guide questions. The researcher's familiarity with the routine care for patients receiving nursing care in an emergency room provided the knowledge to organize the questions in the interview guide. For example, the first group of interview questions pertained to the initial assessment by the nurse on admission.

The researcher's review of a wide variety of literature related to the orthopedic emergency nursing care was the third source used to formulate the interview questions. The researcher structured the interview questions around the nursing care behaviours that would be demonstrated in nursing patients with an orthopedic injury/illness. For
example, the questions developed in relation to an orthopedic injury/illness included positioning, splinting, and pain management.

**Pilot Test**

A pilot test was conducted for the purpose of refining the data collection instrument. Two subjects participated in the pilot test. In reviewing the pilot test data, the researcher found that two changes to the data collection instrument were necessary.

The first change involved clarification of subjects' perceptions of nursing care behaviours. The nursing care behaviours which were elicited in the interview did not consistently clarify whether subjects perceived the nursing care behaviours to be satisfying or dissatisfying. Therefore, the addition of a summary statement at the end of each set of interview questions allowed the researcher to validate whether subjects perceived the nursing care behaviours to be satisfying or dissatisfying.

The second change in the data collection instrument involved the revision of the interview questions related to the inter-intrapersonal relationship dimension. Questions related to the interpersonal component in this dimension were not eliciting nursing care behaviours that demonstrated an interpersonal relationship. One example of a revision was the addition of a question that asked subjects whether nurses were courteous or polite in their
verbal interaction with the subjects. By integrating examples of interpersonal nursing care behaviours into the interview questions, the researcher was able to direct the subjects to elicit satisfying or dissatisfying nursing care behaviours in this part of the dimension.

**Data Analysis Procedure**

The audiotaped interviews were transcribed by the researcher. Data describing the nursing care behaviours were identified and listed under one of the four dimensions of Risser's evaluative criterion (Risser, 1975). If a nursing care behaviour related to more than one dimension, the researcher assigned the nursing care behaviour to one of the dimensions. The three sources from which the interview questions were developed guided this decision. These were Risser's criterion for evaluating patient satisfaction with nursing care, the researcher's emergency nursing knowledge and experience, and the researcher's review of literature on orthopedic emergency nursing, including the Canadian Standards for Emergency Nursing Practice (NENA, 1986).

Within each of the four dimensions, similar nursing care behaviours were sorted and grouped under broad headings. For example, in the technical-professional behaviour dimension, the nursing care behaviours of analgesic administration and intravenous insertions were grouped as technical activities. Concurrently, the nursing
care behaviours in each dimension were categorized as satisfying or dissatisfying.

**Ethical Considerations**

Prior to commencement of the study, the researcher received approval from the University of British Columbia Behavioural Sciences Screening Committee For Research and Other Studies Involving Human Subjects. During the course of this study, the researcher was employed in the emergency room of a Vancouver hospital. Therefore, the researcher purposely chose another emergency room as the research setting.

Each subject was given an information letter by the head nurse. The consent forms were explained by the researcher and subsequently signed in the presence of the researcher. A copy of the signed consent form was given to each subject. Subjects were also informed of the right to withdraw at any time during the course of the study without jeopardizing their health care.

Confidentiality was maintained through coding of the data. The subjects' names were known only to the researcher. The transcribed data were coded by the researcher and reviewed by the researcher and her thesis committee members. The audiotapes and transcribed data were destroyed after completion of the study.
Summary

This chapter described the methodology used in this study. The research design, setting, sample, data collection, and data analysis were discussed. The pilot test was described and the ethical considerations were outlined.
CHAPTER FOUR

Presentation of Findings and Discussion

Introduction

This chapter is organized into three sections. The first section describes the characteristics of the subjects, the second presents the findings, and the third discusses the results of the study.

Characteristics of the Subjects

Part A of the data collection instrument gathered data regarding the characteristics of the subjects. The subjects in this study consisted of seven men and three women. Their ages ranged from 23 to 81 years. All the subjects were high school graduates. Two subjects had a university education. Seven subjects were currently employed in a trade or professional work. Three subjects were retired.

Nine subjects experienced an orthopedic injury as a result of an accident at their home or workplace. Although each subject sustained an orthopedic injury, the type and severity of each injury varied. One subject's admission to the emergency room was related to a post-operative complication of an orthopedic injury. All the subjects were interviewed two to five days post-operatively.

Nine subjects had experienced past medical treatment in an emergency room. Four of these subjects stated that they had required hospitalization following previous emergency
room treatment. All the subjects stated that they had experience in accompanying someone else to an emergency room.

The subjects' length of stay in the emergency room varied. The shortest stay was one and a half hours while the longest stay was overnight. Eight subjects had a support person wait with them during their stay in the emergency room.

Presentation of the Findings

The findings present subjects' perceptions of nursing care behaviours in the emergency room. The identified nursing care behaviours were categorized according to the four dimensions of Risser's (1975) criterion to evaluate patient satisfaction with nursing care.

Technical-professional Behaviour Dimension

The technical-professional behaviour dimension was defined as the nursing care behaviours that include the knowledge and technical activities required by nurses to competently perform nursing care tasks (Risser, 1975). The findings in this study indicated that subjects (n=10) identified four nursing care behaviours which were perceived as satisfying or dissatisfying in relation to the technical-professional behaviour dimension. These were nurses demonstrating knowledge in the assessment of the injury/illness, prioritizing placement, performing
technical activities skillfully, and providing physical comfort. See Table 5, page 44.

Table 5

**Technical-professional Behaviour Dimension: Subjects’ Perceptions of Nursing Care Behaviours**

<table>
<thead>
<tr>
<th>Nursing care behaviours</th>
<th>Subjects’ perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=10</td>
</tr>
<tr>
<td></td>
<td>Satisfying</td>
</tr>
</tbody>
</table>

1. Demonstrating knowledge 7 3 0
   in the assessment of injury/illness.
2. Prioritizing placement 9 1 0
3. Performing technical activities skillfully.
4. Providing physical comfort 8 2 0

Nine of the ten subjects stated that they were satisfied with how the nurses were able to make a quick and accurate assessment on admission. Seven of the ten subjects were satisfied with the nurses' assessments of their injury/illness throughout their emergency room stay. These subjects (n=7) stated that the nurses appeared knowledgeable and experienced. However, three of the ten subjects stated that the nurses had inappropriately assessed their injury/illness after their initial
assessment by the triage nurse, which led to their dissatisfaction. Dissatisfied nursing care behaviours primarily related to nurses' assessment of subjects' discomfort.

Nine of the ten subjects were satisfied with nurses' prioritizations of their injury/illness in terms of appropriate placement in a treatment area. Four of these subjects received immediate treatment and commented that they were satisfied with the nurse's prompt attention and action in prioritizing the severity of their injury. Another subject, who was also taken immediately into the treatment area, commented that the nurse had recognized his discomfort and his need to lay down even though his case was not urgent. Five of the ten subjects stated that they were initially instructed to wait in the waiting area. Four of these subjects were satisfied with the nurse's instruction and perceived that the nurse had appropriately assessed and prioritized their injury/illness. One subject who was dissatisfied with the wait in the waiting room perceived that his injury/illness required immediate attention.

Seven of the ten subjects were satisfied with the nurses' performance of technical activities. Five of these subjects stated that they had an intravenous infusion started. However, only three could recall the nurse actually performing this technical skill. For example, one subject who had a medical background, stated that the nurse
demonstrated experience and skillfully performed the intravenous insertion. Another subject who had previously experienced several intravenous insertions, stated that the nurse was proficient at this skill.

As well, four of the seven subjects were satisfied with nurses monitoring their vital signs and assessing their neurovascular status. These subjects commented that they were satisfied with how the nurses performed their assessments with dexterity and examined their condition skillfully for other injuries that could have resulted from their primary injury. The three dissatisfied subjects perceived that the nurses displayed nonverbal uncaring behaviours while performing the technical tasks. However, these subjects could not recall any fault with these nurses' technical skills.

Eight of the ten subjects were satisfied with nurses' provision of physical comfort measures. They identified that the nurses skillfully provided physical comfort through effective positioning, splinting, and administering pain medication. Two of the ten subjects stated that they were dissatisfied with how their nurse provided physical comfort. One stated that she asked the nurse for a pillow and ice to position and comfort her painful and swollen arm. As a result, this subject perceived that she had to ask the nurse to provide physical comfort. The second subject stated that the nurse was reluctant to administer the pain medication that he had
expected to receive. This subject also perceived that the nurse was uncaring about his discomfort.

**Trusting Relationship Dimension**

The dimension of a trusting relationship was defined as the nursing care behaviours which related to how nurses foster constructive and comfortable nurse-patient interactions (Risser, 1975). The findings indicated that the subjects (n=10) identified three nursing care behaviours which were perceived as satisfying or dissatisfying in relation to the trusting relationship dimension. These included nurses attending to subjects promptly on admission, using attending and listening skills, and providing reassurance to subjects and their support persons. See Table 6, page 48.
Table 6

Trusting Relationship Dimension: Subjects' Perceptions of Nursing Care Behaviours

<table>
<thead>
<tr>
<th>Nursing care behaviours</th>
<th>Subjects' perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=10</td>
</tr>
<tr>
<td></td>
<td>Satisfying</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>1. Attending to promptly on admission</td>
<td>10</td>
</tr>
<tr>
<td>2. Using attending and listening skills</td>
<td>7</td>
</tr>
<tr>
<td>3. Providing reassurance</td>
<td>7</td>
</tr>
</tbody>
</table>

The findings indicated that all the subjects (n=10), whether or not they were urgent cases, were satisfied with being met promptly on admission. Four of the ten subjects stated that they had very little interaction with the nurse who immediately directed them on arrival into the treatment area. The six other subjects stated that they were met promptly by a nurse who asked them questions pertaining to their injury/illness.

Seven of the ten subjects were satisfied with nurses' attending and listening skills. These subjects remarked on how the nurses checked on their condition regularly. Two of the seven subjects stated that the nurses were genuinely concerned about them. Five of the seven subjects stated that they felt satisfied with how the nurses listened to
both their physical complaints and emotional concerns.

Three of the ten subjects were dissatisfied with some of the nurses' attending and listening skills. One of these subjects was dissatisfied because the nurse had not performed the catheterization that she had said would be done. Consequently, this subject was feeling uncomfortable and perceived that she was either forgotten about or unheard. Another subject was dissatisfied because one of the nurses who performed a technical task lacked eye contact, and gave no verbal response. As a result, this particular subject perceived this nurse's behaviour as uncaring and mechanical. Data also indicated that three of the ten subjects stated that they became dissatisfied later due to the unexpected waiting time between the nurse's initial assessment and the examination by the physician.

Seven of the ten subjects had support persons who were present during their entire emergency room stay. They were satisfied with how nurses provided reassurance to the support persons. Four of the seven subjects also commented that the nurses' verbal encouragement provided emotional comfort and helped to alleviate their anxieties and fears. Seven of the ten subjects were satisfied and grateful that the nurses allowed the subjects and their support persons to wait together. Three of the ten subjects who did not have support persons present did not respond to this question. However, they felt satisfied because the nurses
inquired if the subjects' support persons had been notified.

Four of the seven subjects who had support persons present perceived that the visibility of the nurses provided reassurance. They stated that the visibility of the nurses provided them with the reassurance that they could depend on the nurses when help was needed. These subjects also commented that seeing the nurses nearby helped them to feel less alone. The other three subjects who had support persons present stated that observing the action in the emergency room prevented them from asking for help because they assumed the nurses were too busy.

Inter-intraperonal Relationship Dimension

The inter-intrapersonal relationship dimension was defined as the expressive functions of the nurse. These behaviours included both verbal and nonverbal nursing care behaviours (Risser, 1975). The findings in this study indicated that the subjects (n=10) identified both verbal and nonverbal nursing care behaviours in the inter-intrapersonal relationship dimension. These included nurses demonstrating a caring/helping attitude, introducing themselves by name and title, identifying themselves through uniform attire, and communication using body language, specifically, those of eye contact, facial expressions, gestures, and tone of voice. A caring/helping attitude within the context of this study was defined as
the words and mannerisms that create in another an impression of mutual trust (Blattttner, 1981; Wiendenbach & Falls, 1978). See Table 7, page 51.

Table 7

Inter-intrapersonal Relationship Dimension: Subjects' Perceptions of Nursing Care Behaviours

<table>
<thead>
<tr>
<th>Nursing care behaviours</th>
<th>Subjects' perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=10</td>
</tr>
<tr>
<td></td>
<td>Satisfying     Dissatisfying No response</td>
</tr>
<tr>
<td>1. Demonstrating a caring/helping attitude</td>
<td>9   1   0</td>
</tr>
<tr>
<td>2. Introducing self by name and title</td>
<td>4   1   5</td>
</tr>
<tr>
<td>3. Identifying through uniform attire</td>
<td>6   4   0</td>
</tr>
<tr>
<td>4. Communicating using body language</td>
<td>7   3   0</td>
</tr>
</tbody>
</table>

Nine of the ten subjects were satisfied with nurses' caring/helping attitudes through both verbal and nonverbal behaviours. Descriptive words such as concerned, courteous, friendly, kind, nice, and/or open were used to describe the nurses' behaviours. Two of the nine subjects stated that the nurses' polite responses made them feel respected. In addition, another subject commented that the nurses were courteous towards each other when communicating
instructions. Only one subject was dissatisfied with the nurses' verbal and nonverbal behaviours. This subject stated that his interactions with some of the nurses were very professional and businesslike, which he perceived as uncaring and unfriendly.

The subjects (n=9) who perceived the nurses to be friendly commented that the majority of nurses were open and easy to approach. One subject stated that he appreciated the nurses' sense of humor which helped him lessen his anxiety.

Of the ten subjects in this study, four were satisfied with the nurses' introductions of themselves and one was dissatisfied because the nurses had not introduced themselves. Although the five remaining subjects could not recall nurses' introductions, they all agreed that this would have been a nice gesture. Three of the subjects who were satisfied perceived the nurses to have acknowledged them as persons rather than injury/illness cases. Similarly, another subject commented that nurses were on first name basis which he perceived as personable. However, the subject who was dissatisfied because she did not receive an introduction commented that this led to her confusion with some information about her care.

Six of the ten subjects were satisfied with identifying the nurses by their uniform attire. However, this perception was confirmed by observing other characteristics of the nurses such as the conversations and the roles that
were being performed. Five of the six subjects stated that they could easily identify the nurses by their white or pastel colored uniforms. Four of the ten subjects were dissatisfied as they were unable to identify the nurses according to their uniform attire. These four subjects commented that they observed some of the staff wearing the conventional operating room uniforms, which added to their confusion of nurses' identities. One of these subjects assumed that the women were likely the nurses. Until it was clarified, another subject assumed that the male nurse dressed in the operating room uniform was an anesthetist. Three of the ten subjects also remarked that nurses should wear some identification which indicated their name and title.

Seven of the ten subjects were satisfied with their observation of nurses' body language. Five of these seven subjects perceived the nurses to demonstrate a caring/helping attitude through their body language. One of these subjects stated that the nurses had an openness about their approach to patients. Three of the ten subjects were dissatisfied with nurses' nonverbal behaviours. Dissatisfaction with these behaviours primarily related to the hurried mannerisms and businesslike attitudes of the nurses. One of these subjects stated that the nurses' hurried behaviours created a sense of "busyness" which resulted in her hesitancy to call for help. A second subject remarked that a few of the
nurses' tone of voice sounded professional and businesslike which was perceived as uncaring.

**Educational Relationship Dimension**

The dimension of an educational relationship was defined as the information exchange between the nurse and patient (Risser, 1975). The findings in this study indicated that subjects (n=10) identified four nursing care behaviours in the educational relationship dimension. These behaviours included nurses asking subjects appropriate questions, updating or keeping subjects informed, explaining procedures, and instructing how to call for help. See Table 8, page 54.

Table 8

**Educational Relationship Dimension: Subjects' Perceptions of Nursing Care Behaviours**

<table>
<thead>
<tr>
<th>Nursing care behaviours</th>
<th>Satisfying</th>
<th>Dissatisfying</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asking appropriate questions</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2. Updating information</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3. Explaining procedures</td>
<td>7</td>
<td>3</td>
<td>0</td>
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<td>4. Instructing how to call for help</td>
<td>6</td>
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<td>1</td>
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Eight of the ten subjects were satisfied that nurses had asked appropriate questions. Five of the eight subjects commented that the types of questions that nurses asked related to their injury/illness and their need for emotional support. Four of these five subjects stated that these nurses appeared knowledgeable and experienced. Two of the ten subjects were dissatisfied with nurses' questions. One subject stated that she had expected the nurses to question her about her chronic illness. As this questioning did not occur and because this subject felt that her chronic illness related to her emergency admission she perceived that the nurses lacked appropriate knowledge. The other subject who was dissatisfied commented on a few of the nurses' abruptness with their questions which he perceived as uncaring.

Eight of the ten subjects were satisfied that the nurses kept them informed or updated of their progress throughout their emergency room stay. These subjects stated that they were particularly interested to have information about their injury/illness, diagnostic tests, and the reasons for the delays which occurred with tests, operation time, and seeing their physician. For example, one subject was satisfied that the nurse informed him about his delay for surgery. As a result, he was able to inform his family and keep them updated. Two of the ten subjects were dissatisfied that the nurses had not provided ongoing information. These two subjects stated that the nurses
did not keep them informed regarding their long wait to see the physician.

Seven of the ten subjects were satisfied with nurses' explanations of nursing procedures performed in the emergency room. Although three of the ten subjects commented on the nurses' technical skills at starting intravenous infusions, only two of them stated that the nurse explained this procedure well. The other subject who received no explanation was a medical doctor. This subject stated that she was not dissatisfied and that an explanation was unnecessary in her case. Seven of the ten subjects who were sent to the operating room during their emergency room stay were satisfied with nurses' explanations of the pre-operative preparation. As well, all these subjects (n=7) were satisfied with nurses' clarification of physicians' information regarding their operation and condition.

Three of the ten subjects were dissatisfied with nurses lack of explanation. One of these three subjects commented that the nurse did not explain the reason for relocating her to another area which concerned her significant other when he returned and could not find her.

Nine of the ten subjects responded to the question concerning nurses instructing patients to call for help. All these subjects (n=9) recalled having no instructions to call for help. However, seven of these nine subjects were satisfied with the visibility of the nurses' presence which
they perceived as a method to call for help. Two of the nine subjects were dissatisfied with nurses' lack of instructions to call for help. As these two subjects were located in private rooms the nurses were not as visible to them. They both stated that it was dissatisfying to "call out" for a nurse from their room.

Discussion

In following section the discussion of the findings is presented. The findings are discussed in relation to the four dimensions of Risser's (1975) criterion to evaluate patient satisfaction with nursing care.

Technical-professional Behaviour Dimension

On admission, nine of the ten subjects were satisfied that the nurses quickly assessed and prioritized their injury/illness. These subjects were also satisfied that they were assigned to an appropriate area to await treatment. Only one subject was dissatisfied because he perceived that the nurse had inappropriately assessed the severity of his injury. These findings indicated that the majority of subjects (n=9) were satisfied with the performance of the triage nurse. They perceived that the nurses had the training, skill, and experience necessary to quickly and accurately assess the chief complaint and assign the patient to the appropriate emergency room area to await treatment (Kitt & Kaiser, 1990).

The Canadian Standards of Emergency Nursing Practice (NENA, 1986), stated that the nurse continues the process
of clinical decision-making until the nurse-patient relationship is terminated. All the subjects (n=10) were aware of the ongoing monitoring by the nurses. It was evident from the findings that nurses' assessments of subjects' level of discomfort were perceived as satisfying or dissatisfying. Subjects' (n=10) comments relating to nurses' assessment skills were made in terms of how nurses accurately or inaccurately assessed their pain and provided or had not provided physical comfort. Orthopedic injury/illness pain is severe and patients require reassessment of their pain frequently, especially after manipulation or treatment (Herron & Nance 1990). Furthermore, patients' reactions to pain are primarily a physical problem and often result in anxiety if not assessed and treated appropriately (McCaffery & Beebe, 1989). It is interesting to note that the nurse's assessment of pain in this study was seen by the subjects as an important nursing care behaviour. Also noted is that, all the subjects had experienced an orthopedic injury/illness and this may explain why these subjects associated nurses' assessment skill with pain and physical comfort.

For example, one subject who had his leg manipulated was given a pain medication without having to ask. As a result, he was comfortable and satisfied that the nurse had made an appropriate assessment. On the other hand, another subject who did not receive a pain medication upon his
request, claimed dissatisfaction with his nurse's assessment of his pain. He perceived that the nurse had inappropriately assessed his pain which subsequently increased his level of anxiety and discomfort.

The findings also indicated that in this dimension, the physical comfort measures and specific technical activities which the subjects (n=10) identified as satisfying, were few in number and similar in terms of the kinds of activities. These nursing care behaviours were identified by Kerr (1980), Sheehy and Barber (1985), Sides (1986), and Rodts (1986) as important nursing interventions when caring for patients with orthopedic conditions in an emergency room setting. Given that all the subjects in this study had experienced an orthopedic injury/illness, this may have accounted for the narrow range of nursing care behaviours which were commonly identified by the subjects.

The findings in this study demonstrated that the actual techniques used by the nurses to perform various nursing activities were not always perceived in terms of a satisfactory or unsatisfactory performance. For example only three of the five subjects, who had an intravenous infusion started, commented on the nurses' skill at inserting the intravenous needle. These three subjects had previous knowledge and/or experience with this technical procedure. Overall, this study found that subjects (n=10) could not specifically recall and/or critique nurses' performance of procedures requiring specialized technical
skills. These findings were consistent with the authors who stated that the average patient did not have the expertise to evaluate the technical component of nursing interventions in the hospital setting (Doering, 1983; Ferguson & Ferguson, 1983; Spitzer, 1988).

One of the five subjects who had an intravenous infusion started remarked that she could only recall the experience of the nurse having to help her into a gown after the procedure was completed which she thought was inappropriate. Similarly, three of the ten subjects stated that they were satisfied with the nurses' efficiency in monitoring their vital signs but commented on their dissatisfaction with the uncaring behaviour displayed by the nurses during the procedure. For example, one subject perceived that the nurse was very dexterous at taking her vital signs but gave no eye contact throughout this procedure. Therefore, the subject perceived, the performance of this technical skill as a dissatisfying experience. According to Davis (1984), nonverbal messages have a stronger and more immediate impact. Similarly, Doering (1983) found that patients in her study evaluated the interpersonal aspects of care rather than the technical aspects. These findings emphasized the fact that patient satisfaction with nursing care involves patients' experiences with the physical and psychological comfort nurses provide. These findings also pointed out that patients tended to evaluate only those nursing care
behaviours which they felt competent and confident to appraise (Abdellah & Levine, 1957).

**Trusting Relationship Dimension**

Bradley and Edinberg (1986) and Hein (1980) stressed that in a nurse-client relationship, a positive first encounter with the client is critical as this provides the client with the belief that the nurse is a reliable and dependable person. In this study, all the subjects (n=10) expressed their satisfaction with the nurse meeting them promptly on admission. A factor that may have influenced patient satisfaction in this situation was the role of the triage nurse. In this study, the triage nurse who was stationed in the lobby of the emergency room sorted and allocated all arriving patients to specific areas of the emergency room. Therefore, it is possible that this routine nursing care procedure influenced patients to gain trust and feel satisfied with nurses' interaction immediately on admission. According to Kitt and Kaiser (1990), a nurse stationed in the lobby of the emergency room provided the patients with immediate contact with a professional person.

The findings in this study indicated that the nurses' attending and listening skills were effective nursing care behaviours which fostered a trusting relationship. The attending and listening skills used by some of the nurses were described by four of the seven subjects as being
genuinely concerned about the patients. This ability to communicate a genuine concern for patients is what Lewis (1973) defined as the communication of trust. Displaying gestures that the subjects (n=7) perceived as kindness was another nursing care behaviour that satisfied them. Wiendenbach and Falls (1978) stated that any gesture which indicates recognition and acceptance of the other may lay the groundwork to developing a trusting relationship.

On the other hand, three of the ten subjects who were dissatisfied about specific incidents which occurred during their emergency room stay related the situation to nurses' lack of attending and listening skills. One subject who expected to be catheterized perceived that she was forgotten or unheard. This situation may have promoted mistrust as building a trusting relationship requires dependability, consistency (Norton & Miller, 1986) and credibility (Egan, 1986). Another subject perceived a nurse to be uncaring and mechanical while performing a procedure. As well, this subject's response to the perceived uncaring and mechanical behaviours may have contributed to mistrust as building trust involves therapeutic communication (Davis, 1984). According to Bradley and Edinberg (1986), therapeutic communication fosters an atmosphere of trust and involves attending and active listening skills which are visual, auditory, and kinesthetic in nature.

According to Hein (1980), time takes on more meaning in
the hospital. She pointed out that waiting not only decreases an individual's self-esteem and evokes defensiveness, but it also lends to destroying the trust and rapport of the relationship. The findings in this study indicated that three of the ten subjects who were satisfied with the nurses' prompt attention on admission became dissatisfied over the unexpected waiting time to see the physician. Consequently, these subjects' trust with the nurses decreased as the waiting time increased. They remarked that the nurses were insensitive to the length of their stay in the waiting room. Given that the nursing care behaviours of attending, listening, and sensitivity help to build a trusting relationship (Norton & Miller, 1986; Wiendenbach & Falls, 1978), it is possible that these subjects perceived a lack of trust with the nurses.

All the subjects (n=10) arrived for emergency care on an unplanned and urgent basis. Therefore, building a trusting relationship with these subjects was an integral component of nursing care, necessary to facilitate emergency treatment (Miller, 1983; Sheehy & Barber, 1985). The findings indicated that nurses providing reassurance enhanced a trusting relationship. Seven of the ten subjects stated that they were satisfied with how the nurses reassured them. For example, one subject stated that he appreciated the nurse who helped the physician to apply the traction because she had reassured him throughout the procedure. This experience was similar for three other
subjects who also had some type of manipulation procedure. The implementation of these procedures required subjects' co-operation and trust in the nurses (Davitz & Davitz, 1981; Duldt, Griffin, & Patton, 1984; Kerr, 1980; Sheehy & Barber, 1985). Considering that all the subjects (n=10) in this study had undergone emergency treatment which involved splinting, traction and/or manipulation of their injury, the findings underscore the importance of nurses reassuring patients during any treatment or procedure.

In an emergency room setting where the environment is characterized by the brevity of patient interaction and where the stressful climate is created by lack of control over the numbers of individuals seeking care (American Nurses' Association, 1975), the emergency nurse is required to provide an environment and climate which will reduce the initial anxiety and develop the beginning of mutual trust (NENA, 1986). In this study seven of the ten subjects were satisfied with the reassurance that nurses provided them. These subjects (n=7) stated that the visibility of the nurses provided them with a sense of reassurance and thus, a feeling of being less alone. This concurs with French's (1983) view that even if a nurse is a stranger and does not communicate verbally, the mere physical presence of a nurse provides considerable reassurance and alleviates anxiety and loneliness for patients. The openness of the physical layout in this emergency room may have facilitated the visibility of the nurses, thus serendipitously contributing
to patient satisfaction or these subjects' perceptions of reassurance.

Further, the data in this study indicated that nurses provided reassurance by encouraging the presence of a significant other. Seven of the ten subjects who were accompanied by their support persons were satisfied when nurses allowed them to wait at the bedside. According to the Standards of Emergency Nursing Practice (NENA, 1986), nurses should facilitate patients' significant others to participate in patient care. As well, given that patients often wait for a long period of time to see a physician or receive treatment in the emergency room, it is possible that when patients share the wait with their support persons, this helps to alleviate the stressful experience (Hein, 1980).

Inter-intrapersonal Relationship Dimension

In the nursing literature reviewed by the writer, inter-intrapersonal communication was a salient feature in promoting a therapeutic nurse-patient relationship (Blattner, 1981; Bradley & Edinberg, 1986; Clark, 1984; Lewis, 1973; Sundeen, Stuart, Rankin, & Cohen, 1989). According to the Standards for Emergency Nursing Practice (NENA, 1986), the emergency nurse selects nursing actions based on the highest probability of effectiveness and acceptability by the patient. The effectiveness and acceptability of nurses' verbal and nonverbal behaviours
were clearly identified by seven of the ten subjects in this study. For example, these subjects used words such as concerned, courteous, friendly, kind, nice and/or open to describe nurses' caring/helping attitudes. Given that nurses' attitudes affect the degree of trust (Wiendenbach & Falls, 1978), it was interesting to discover that these findings were also consistent with behaviours in the trusting relationship dimension.

One of the seven subjects remarked on nurses' sense of humor. He found that the nurses' humor helped decrease his anxiety during his emergency room stay. Similarly, Robinson (1978) pointed out that one of the uses of humor in nursing situations serves to relieve anxiety, stress, and tension. Further, she stated that anxiety is one of the most common sources of discomfort which prompts the use of humor. However, Herth (1984) emphasized that humor cannot be effective unless it is timely.

Four of the five subjects were satisfied with nurses' introductions of themselves. One subject suggested that all nurses should wear an identification tag which states their name and title. These findings were consistent with the Standards for Emergency Nursing Practice (NENA, 1986) which states that all emergency nurses identify themselves by name and role.

Further, four of the five subjects perceived that an introduction by the nurse was a personable gesture. According to Sundeen, Stuart, Rankin, and Cohen (1989), an
introduction in any interpersonal relationship sets the tone for the rest of the relationship. As well, these authors stressed that an introduction is a reciprocal offering and friendly gesture which indicates an openness to relate to each other and share further. Wiendenbach and Falls (1978) also agreed that a verbal introduction can be a method of giving a broad opening to initiate interaction. In addition, she stated that this will also enable the clients to focus their thoughts more readily on the information and thus, adjust their minds to the nurse's presence and intent. Considering this fact, it provided some basis for the finding that one of the five subjects was dissatisfied because she did not receive an introduction from the nurse. Because the nurse did not introduce himself in this situation, the information given by him about this subject's care was confusing as she thought she was speaking to an anesthetist and not a nurse.

This study found that nurses' attire helped the subjects to identify the nurses in the emergency room. Six of the ten subjects were satisfied with nurses' uniform as a means to identify the nurses. For example, five of the six subjects stated that they could easily identify the nurses by their white or pastel colored uniforms. However, it was interesting to find that two of the four subjects who were dissatisfied with nurses' uniforms appeared to stereotype the nurses when they could not identify the staff wearing the conventional operating room uniform.
These findings concurred with Bradley and Edinberg's (1986) view that nurses in uniforms provided patients with a means of identifying nurses and a sense of security. Further, a review of research conducted by Duldrt, Griffin and Patton (1984), concluded that nurses also rely on uniforms and general appearance to indicate signs of status, authority, knowledge, and desired patterns of response behaviours. The findings indicated that a variety of nonverbal behaviours were communicated to all subjects (n=10) in this study. Seven of the ten subjects were satisfied and three of the ten subjects were dissatisfied with nurses' nonverbal behaviours. Since 55% to 65% of conveyed messages are received through nonverbal cues (Davis, 1984) it is possible that many of the subjects' (n=10) perceptions of their satisfaction or dissatisfaction with nonverbal behaviours may not have been communicated to the researcher. However, the subjects (n=7) were satisfied with nurses' use of body language specifically related to eye contact, facial expressions, gestures, and tone of voice.

The findings in this study indicated that the nonverbal behaviours did not occur alone. Seven of the ten subjects who were satisfied with nurses' nonverbal behaviours used more than one gesture to describe their responses. For example, seven of the ten subjects stated that the nurses' tone of voice, smiles, and open manners conveyed courteous, friendly, and kind responses. In contrast, the three
subjects who were dissatisfied with the nurses' nonverbal behaviours stated that some of the nurses conveyed a businesslike tone of voice, lacked eye contact, and moved about using hurried mannerisms which influenced these subjects to sense the busyness of the emergency room. Similarly, Duldt, Griffin, and Patton (1984) pointed out that nonverbal communications seldom occur alone, therefore, these authors suggested that perceived nonverbal behaviours should be judged within the context of more than one behaviour and the situation.

Educational Relationship Dimension

As a performance standard within the Standards for Emergency Nursing Practice (NENA, 1986), the emergency nurse collects data relating to the nature of the difficulty, the severity of the health problem, and the urgency needed for intervention. The urgency of decision making in emergency nursing involves gathering pertinent information quickly and accurately (Sides, 1986). The findings in this study indicated that eight of the ten subjects were satisfied with nurses' questions. According to Hein (1980) the purpose of nurses asking questions was to "invite, direct, and explore the verbal and nonverbal content offered by the patient" (p.42). It is possible that these subjects (n=8) had a satisfying experience with nurses' questions. The eight subjects stated they perceived the nurses to be knowledgeable and experienced
regarding their need to be asked questions concerning their injury/illness and their need for emotional support.

However, two of the ten subjects were dissatisfied with nurses' questions. One subject perceived that nurses should have asked more questions about her chronic illness condition as she felt this pertained to her presenting complaint. This subject perceived that this additional information would have made nurses more aware of her individual needs. The other subject was dissatisfied that the nurse had not asked the appropriate questions to determine the severity of his pain. As a result, he perceived this nurse to be lacking in knowledge and insisted on speaking with his physician. This subject also remarked about the nurse's abrupt manner with her questions which he again, perceived as uncaring. These findings appeared to reflect Fritz, Russell, Wilcox, and Shirk's (1984) view that seeking information is directly related to the patient's ability to understand the reasoning for the questions which can influence their compliance or noncompliance with treatment and care.

The findings indicated that eight of the ten subjects were satisfied that nurses kept them informed. These subjects (n=8) identified that nurses provided information concerning their condition, diagnostic tests, operation time, and the reasons for delays such as waiting to see the physician. The findings also indicated that of the nine subjects who responded to the question about instructions
to call for help, there were only two subjects who were dissatisfied that nurses left them with no information or instructions. Due to the open areas of the emergency room, this may have influenced subjects' satisfaction in this area or related to this aspect of care. This situation was similar to the findings in the trusting relationship dimension where subjects also perceived reassurance and thus, satisfaction with nurses' visibility in the emergency room.

Nurses providing information was also considered an important finding in Dennis' (1990) study which revealed that nurses played a central role in fostering the flow of information to patients. Her findings indicated that nurses acted as patient advocates and co-ordinators of patient care. In her discussion, Dennis stressed that nurses can communicate and reinforce the importance that patients attach to having information about their illness, care, and treatment. Faulkner (1984) also suggested that nurses were in the best position to communicate patient information because of their closeness and continuous contact with patients. As well, Arnold and Boggs (1989) stated that patients' level of education affects how they react to patient information. These authors also listed other factors which need to be considered before information is given to patients. These factors included the patient's level of anxiety, the meaning of the problem
to the patient, and the patient's previous life experiences.

According to French (1983), providing explanations is a skill. Kerr (1980) stressed the nurses' explanations to emergency patients are an important source of reassurance. The study found that seven of the ten subjects were satisfied that nurses provided explanations for procedures. It was interesting to note that nurses gave explanations for similar nursing situations that French (1983) had claimed as being appropriate. He stated that explanations should be given in response to patients' questions in order to provide clarification, alleviate anxiety, and/or gain their co-operation. In this study, seven of the ten subjects were satisfied with nurses' pre-operative explanations which alleviated their anxiety. These subjects were also satisfied that nurses clarified information regarding their condition. As well, two subjects stated they were satisfied with nurses' explanation of the intravenous infusion which gained their co-operation.

Summary

The findings and discussion were presented according to the four dimensions of Risser's (1975) criterion to evaluate patient satisfaction with nursing care. The discussion was supported by nursing literature and with the few nursing research studies that could be found by
The findings indicated overall satisfaction with the nursing care behaviours in the four evaluative dimensions. The findings revealed that subjects were able to recall and identify satisfying or dissatisfying nursing care behaviours. The nursing care behaviours identified related to the physical and psychosocial comfort and safety needs which subjects felt competent and confident to appraise. The nursing care behaviours in the trusting relationship dimension formed the foundation for patient satisfaction within the other three dimensions of Risser's evaluative criterion.
CHAPTER FIVE
Summary, Conclusions, and Implications for Nursing

Summary
The purpose of this exploratory descriptive study was to determine orthopedic patients' perceptions of satisfying and/or dissatisfying nursing care behaviours during their emergency room experience.

Nurses in the emergency room, work in a clinically specialized area and are involved in the management of patients, of all ages, requiring stabilization and/or resuscitation for a variety of illnesses and/or injuries. Emergency nursing differs from other types of nursing care delivery in that nurse-patient interactions are usually of short duration and occur in a stressful milieu. As well, patients expect immediate attention (Sheehy & Barber, 1985). These factors may influence how patients perceive satisfaction with the nursing care they receive in the emergency room.

In the health care literature reviewed, patient satisfaction data are identified as a key determinant, and a valuable evaluative tool, in the measurement of the quality of care. Knowledge of patient satisfaction with care will facilitate the delivery of quality nursing care within the stressful climate of an emergency room. Therefore, it is important for emergency room nurses to be cognizant of patients' perceptions of satisfying and/or
dissatisfying nursing care behaviours. No published nursing research related to patient satisfaction with emergency nursing care could be found by the researcher.

The conceptual framework which guided this study was based on Risser's (1975) evaluative criterion which is a measure of patient satisfaction with nursing care. Risser's evaluative criterion consists of four dimensions: technical-professional behaviour, trusting relationship, inter-intrapersonal relationship, and educational relationship.

The study population consisted of ten subjects who were admitted to the emergency room of a large metropolitan hospital in the Vancouver area. All subjects were admitted for treatment of an orthopedic injury/illness. A semi-structured interview guide, developed by the researcher, was used to ask subjects to recall their emergency room experience. The interview questions were based on three sources. These included Risser's evaluative criterion, the researcher's emergency room knowledge and experience, and knowledge gained from a literature review of orthopedic emergency nursing, including Standards of Care for Emergency Nursing Practice.

All the interviews were audiotaped and transcribed by the researcher. Data describing the nursing care behaviours were identified and categorized according to the four dimensions of Risser's (1975) evaluative criterion. The findings for each dimension indicated that subjects
were able to recall many of their interactions with the nurses in the emergency room. In the dimension of technical-professional behaviour, subjects indicated satisfaction with nurses demonstrating knowledge in the assessment of their injury/illness, prioritizing placement on admission, performing technical activities skillfully, and providing physical comfort. In the dimension of trusting relationship, subjects indicated satisfaction with nurses attending to subjects promptly on admission, using attending and listening skills effectively, and providing reassurance. In the dimension of inter-intrapersonal relationship, subjects indicated satisfaction with nurses demonstrating a caring/helping attitude, introducing themselves by name and title, identifying themselves through attire, and using effective verbal and nonverbal communication. In the educational relationship dimension, subjects indicated satisfaction with nurses asking appropriate questions, updating information, explaining procedures, and instructing subjects how to call for help. Subjects expressed dissatisfaction when nurses lacked these nursing care behaviours.

The study findings indicated overall satisfaction with the nursing care behaviours in each of the four evaluative dimensions. Subjects appraised and/or commented on those nursing care behaviours which they felt competent and confident to evaluate. These nursing care behaviours related to basic physical and psychosocial needs. The
study findings indicated that the behaviours related to the trusting relationship dimension formed the foundation for patient satisfaction within the other three dimensions. It was interesting to note from the findings that three subjects' comments related a satisfying nursing care behaviour to a "caring behaviour" and a dissatisfying nursing care behaviour to an "uncaring behaviour". This may indicate a possible relationship between satisfying and caring nursing care behaviours and as well, dissatisfying and uncaring nursing care behaviours.

Conclusions

The small sample size and the focus on orthopedic patients affects the generalizability of the study. However, the findings of the study suggest the following:

1. Subjects were able to recall and identify various satisfying or dissatisfying nursing care behaviours. Subjects felt competent and confident to appraise the nursing care behaviours related to their basic physical and psychosocial needs. Therefore, it is important for nurses to communicate with patients, in order to ascertain their perceptions of their physical and psychosocial needs. This information can then be used to individualize nursing care for patients. This will facilitate nurses providing satisfying nursing care
to patients.

2. Subjects' perceptions of satisfying nursing care behaviours in all of the dimensions demonstrated the importance of the triage nurse's role. In this emergency room, the location and role of the triage nurse was significant to patient satisfaction. Subjects' positive response to the triage nurse demonstrates the importance of this role in an emergency room setting.

3. The trusting relationship dimension significantly influenced subjects' sense of satisfaction within the other dimensions. This underscores the importance and the need for nurses to develop a trusting relationship with patients.

Implications for Nursing

Implications for Nursing Education

This study has several implications for nursing education. The findings reinforce the importance of teaching students effective communication techniques and therapeutic relationship skills. Because most basic nursing education programs do not provide students with clinical experiences in settings such as the emergency room, it is important that alternative learning experiences be provided to enable students to communicate effectively in these settings.

The urgent nature of the emergency room and the brevity
of nurse-patient interactions in an emergency room setting, often require emergency room nurses to utilize communication techniques which assist patients to cope with the stress or crises related to their health problem. Nurse educators in the classroom setting can impart to nursing students an understanding of the various communication techniques used in an emergency room setting. As an alternative learning experience, for example, the nursing care behaviours that patients perceived as satisfying in this study, can be demonstrated through teaching activities such as role playing simulated crises techniques. Nurse educators can also extend this teaching to the clinical setting by role modelling communication techniques that are required when crises situations occur.

Anxiety is often exhibited by emergency room patients. The findings in this study indicate that patients are less anxious, and more satisfied with the care when nurses provide them with information concerning their condition. Therefore, it is important for emergency room nurses to learn a repertoire of communication techniques in order to assess patients' anxiety and implement appropriate nursing interventions to alleviate it. Nurse educators in nursing staff development can provide learning experiences for emergency room nurses in crisis intervention, stress reduction, and patient teaching.

The findings in the technical-professional dimension,
demonstrated that patients expect the nurse to have technical competence, are supported by the literature. These findings emphasize the need for nurse educators to prepare graduate nurses to a level of proficiency that promotes patients' confidence and satisfaction with technical nursing care. In addition, it is important for nurse educators to play an active role in designing and coordinating post-graduate emergency nursing specialty programs.

In a highly technical environment such as an emergency room, not only do patients expect technical competence from nurses, but also value nursing care behaviours which promote trust such as compassion, warmth, support, and concern. Given that this study demonstrated the importance of building a trusting relationship with patients, it is important for emergency room nurses to display nursing care behaviours that establish and maintain trust. Nurse educators have a role in teaching and encouraging emergency room nurses to utilize selected nursing care behaviours which are focussed on establishing a nurse-patient trusting relationship.

Subjects in this study described various satisfying nursing care behaviours as caring and dissatisfying nursing care behaviours as uncaring. Thus, this finding indicated a possible relationship between satisfying nursing care behaviours and caring. If nurses are concerned about patients' perceptions of the nursing care they provide
and given this possible relationship between satisfying and caring nursing care behaviours, it is important for nurse educators to integrate the concept of caring in both basic and post-basic nursing education. Nurse educators can teach the concept of caring throughout the curriculum in both classroom theory and in the clinical setting.

**Implications for Nursing Practice**

Nurses involved in the care of emergency room patients can influence and/or promote patient satisfaction in relation to various aspects of nursing practice. The triage nurse's role in this study was significant in influencing subjects' perceptions of satisfaction or dissatisfaction with nursing care. It is important to consider the impact of the triage nurse's role, in terms of promoting patient satisfaction, when planning patient care assignments.

Given that subjects recalled and identified nursing care behaviours that they perceived as satisfying or dissatisfying, nurses must be cognizant of patients as valuable informants. Information could be collected from patients following discharge from the emergency room via a survey. This would provide nursing staff with valuable information regarding patients' perceptions of nursing care behaviours.

Subjects' perceptions of satisfaction or dissatisfaction with nursing care were based on the
formation of a trusting relationship. The importance of nurses building a trusting relationship with patients is also consistently documented in nursing literature. Given that the nurse-patient interactions in the emergency room are often brief in time, utilizing the nursing care behaviours of attending to patients promptly on admission, using attending and listening skills, and providing reassurance which were identified in this study may assist nurses to effectively respond to patients' physical and psychosocial needs. These nursing care behaviours may also apply to other nursing areas where nurse-patient interactions are brief, such as an ambulatory care or surgical day care setting.

**Implications for Nursing Research**

The findings of this study demonstrate the importance of patients as valuable informants in identifying satisfaction or dissatisfaction with the nursing care behaviours. Further research using a larger sample and random sampling could support the findings and/or yield more information.

Replication of this study using patients with other injury/illness conditions in an emergency room setting would contribute to the understanding of nursing care behaviours that patients view as satisfying and/or dissatisfying.

This study was conducted in an emergency room setting,
where nurses deliver highly technical and intensive nursing care. Further research would indicate whether the nursing care behaviours which patients identified as satisfying or dissatisfying in this study are similar when other nursing settings are used, such as the intensive care unit.
References


Appendix A

An exploratory descriptive study: Orthopedic patients' perceptions of satisfaction with nursing care in the emergency room

Addressed to Hospital

I am a Registered Nurse in the Masters of Nursing program at the University of British Columbia. I would like your co-operation in a study which I am conducting for my master's thesis.

My study concerns patients who had been in the emergency department prior to hospitalization for an orthopedic injury. The purpose of my study is to determine through an exploratory descriptive study what patients identify as satisfying and/or dissatisfying nursing care behaviours after their emergency room experience.

I would like permission to access prospective participants from the hospital for this study. The criteria for the study sample includes: 1) hospitalized patients who had more than one hour of nursing care in the emergency department, 2) are over 21 years of age, 3) have been 2 to 5 days into hospitalization, and 4) have experienced an orthopedic injury.

The participants will be asked to participate in one to two in-depth interviews lasting approximately 20 to 30 minutes each. Ethical considerations such as confidentiality, and informed consent will be adhered to. The results of this study will be reported in a thesis.

If this request is granted, please contact me at ______. This study will be approved by the University of British Columbia Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects. Thank-you for your co-operation.

Sincerely,

Irene Rohrer, RN, BSN.
University of British Columbia
School of Nursing
Appendix D

An exploratory descriptive study: Orthopedic patients' perceptions of satisfaction with nursing care in the emergency room

No.______
Date______

Interview Guide: Part A

The interview guide consists of the demographic questions and questions relating to nursing care behaviours. The interview will begin with the collection of demographic data.

Demographic Data:

Age_______  Education level______________________________

Occupation____________________________________________

Nature of injury________________________________________

Cause of injury________________________________________

Previous admissions to emergency room  Yes____  No____

Reason for admission__________________________________

Concurrent medical conditions  Yes _____  No____

If yes, please state____________________________________

Support person present in the emergency room  Yes____  No____

If yes, please state relationship_________________________
Interview Guide: Part B

Questions to Identify Nursing Care Behaviours

The questions in this interview guide relate to Risser's (1975) dimensions to evaluate patient satisfaction with nursing care. This guide will direct the conversation in exploring patients' perceptions of nursing care behaviours. Based on participants' responses clarification questions will be asked.

I'd like us to talk about the care you received from the nurses during the time you were in the emergency room. Most often, patients coming into the emergency room expect to be cared for as soon as possible.

. How long was it before you were seen by a nurse?
. Did you feel that this was soon enough for you?
   - If no, what were your reasons for needing to see the nurse sooner?
Summarize subject's response to validate satisfaction or dissatisfaction with the nursing care behaviours.

Most often patients who have had a bone or muscle injury suffer from pain. It is understandable that patients who are uncomfortable want immediate relief of their pain.

. Did you have pain from your injury?
   - If yes, would you describe the pain?
. Were you able to tell the nurse that you wanted help to relieve your pain?
   - If yes, did she appear to understand your concern.
. If your pain was not relieved, what do you think that the nurse could have done for you?
   - If suggestions given, did you mention these suggestions to the nurse?
. What ways did the nurse make you feel comfortable? (prompts if necessary: e.g. inform the Doctor, give medication, supporting the injury with pillows, and/or reassuring by staying with them)
. After the nurse took care of your pain, did s/he check with you regularly to make sure that you were comfortable?
Summarize subject's response to validate satisfaction or dissatisfaction with nursing care behaviours.

Many different health care workers are present in the emergency room at any given time, such as doctors, nurses, clerks and housekeeping staff.

. Were you able to easily identify who the nurses were in the emergency room?
   - If yes, how were you able to recognize the
nurses?
  - If no, what was confusing to you?
  . Was it clear to you which nurse in the emergency room was going to care for you?
  . Did you know the nurse by his or her name?
    - If no, was this important to you? Did your nurse give you any instructions on how you could call for help?
    - If yes, what instructions did s/he give to you?
  . If you did call for assistance, did someone come promptly?
  . How would you describe the nurses in their interaction with you? (prompts: were they courteous, polite, pleasant, easy to talk to?)
Summarize subject's response to validate satisfaction or dissatisfaction with the nursing care behaviours.

Many times patients have no previous warning of their admission to the emergency room. This disruption usually affects daily routine and plans. Therefore, it is understandable that patients feel afraid and anxious in the emergency room.

  . How did your injury affect you emotionally when you were in the emergency room?
  . Did you feel that the nurse understood how you felt?
    - If yes, how did the nurse make you feel less anxious and afraid? (e.g. verbal and nonverbal communication skills)
  . How did the nurse keep you informed of your condition?
  . If a support person was present, were you able to have them wait with you in the emergency room?
    - If no, did the nurse explain to you why s/he did not allow visitors?
Summarize subject's response to validate satisfaction or dissatisfaction with nursing care behaviours.

Given that people have expectations of most situations it is understandable that patients have opinions about the care they expect and the real care that they receive during hospitalization.

  . What do you think about the care you received from the nurses in the emergency room?
  . Do you feel that the nurse knew how to take care of your injury?
    - If yes, would you give me some examples of how the nurse showed his or her knowledge and ability to care for you?
    - If no, what concerned you about the nurse's ability?
. Do you feel that the nurse gave clear explanations and instructions when caring for you?
   - If no, what did you not understand?
   - How could the nurse have made his or her explanation clearer for you?
. What did you like about the nursing care you received in the emergency room?
   - Probe for examples.
. Was there anything that you disliked about the care you received from nurses in the emergency room?
   - Probe for examples.
. Ask for overall satisfaction with care received during emergency room stay.
Summarize subject's responses to validate satisfaction or dissatisfaction with nursing care behaviours.