

The Patient Satisfaction to Nursing Round Implementation “*Matrons Round*” in A Hospital, Palembang

Yofa Anggriani Utama¹, Hema Malini², Vetty Priscilla³
{yofaanggriani@yahoo.co.id¹, hemamalini@nrs.unand.ac.id², vettypriscilla@nrs.unand.ac.id³}

Faculty of Nursing, Universitas Andalas, Padang, Indonesia

Abstract. In providing a high quality of nursing care, nurses need to communicate their care to their colleagues through a shift communication process named nursing round. During the nursing round, most of the data that valued to the nursing care is transferred. Nursing round benefits not only for nurses but also to make sure the quality standard of nursing care. However, in one hospital in Palembang, the nursing round is not adequate for the communication. There is still an unclear process in nursing round and did not appropriate with the rules so that the process of changing information in it was absent. This study is aimed to describe patient satisfaction with nursing care after the implementation of nursing round “matron round” in a hospital of Palembang. This study used a quasi-experimental design with post-test design only. This study used a purposive sampling technique with 59respondents. The result showed that there is an increasing score of patient’s satisfaction into maximum after nursing round implementation. The nursing round is essential in patient satisfaction to improve the quality of nursing services. Therefore, hospital management, especially in nursing, should do supervision to monitor the process of nursing round implementation.

Keywords: Health Service, Nursing Care, Patient Satisfaction.

1 Introduction

Nursing service as one indicator of health services can improve the service quality in hospitals. The hospital as a provider in health services must evaluate it by assessing patient satisfaction with nursing services. The patient satisfaction is one indicator in the evaluation of health services. It can be used by health professionals to improve the quality standard in health services, especially in nursing [1].

In order to improve nursing services with appropriate community, the nurses need to develop and implement a useful professional nursing model. It can be through by doing nursing round as the primary of care. By performing nursing rounds, nurse scan increases the ability in decision making. The study was conducted [2]. Showed the nursing round could also improve interpersonal relationships between doctors, nurses, analysis and other health care personnel. It also can be effective communication between health workers. It aims the patient feel comfortable with their’s health condition so that the patient feels satisfied with the quality of nursing services provided by the nurse.

The study which was conducted [3] showed the influencing of nursing rounds on service satisfaction. This study explained the nursing rounds could crease nurse-patient interaction;

shorten the length of hospitalisation; and increased satisfaction of patients and nurses. Besides, a study conducted [2] showed in perceptions and job satisfaction of ICU nurses in their work. It was found that nursing rounds using contemporary patterns of "bed-side" were able to increase the perception of nurse and also the job satisfaction of nurses. The nursing round is also beneficial for patients and nurses to increase client satisfaction because patients feel comfortable when nurses visit them.

The first nursing round which was developed in the UK is the *Matronsround* method. This method is proven to be used to improve nursing care because this method can increase the interaction of senior nurses, junior nurses and patients, and families; as a result, they feel comfortable and satisfy with nursing care provided. Nevertheless, in hospitals of Palembang, nursing rounds are still not widely implemented according to the rules, only limited to shift changing process between nurses who convey identity information and general conditions. This study is aimed to identify the effects of *Matrons round* in patient satisfaction related nursing care.

2 Material and Methods

This study used a quasi-experimental method with post-test design only. The sampling method used purposive sampling with 59 respondents appropriate with inclusion criteria, namely: patients are treated at least two days at the hospital, patients can communicate well, patients are available to be respondents at the time, aged 17 years. This study was conducted in the inpatient surgery room at Pusri Hospital Palembang on July 2017-2018. The *Matrons round* method was introduced to nurses for two-week training process, by providing material and simulating the matrons round process. The implementation was carried out for two weeks in the ward to the patient was treated at least two days — the measurement of patient satisfaction performed with a questionnaire of Donabedian's which assessed three items, namely input, process, and outcome. The researchers developed the questionnaire after being valid and reliable.

The questionnaire validity test which consisted of 30 questions was delivered to 20 patients. The questionnaire is valid as its validity test results obtained r value for each question item $> r$ table = 0.444. Moreover, it is also reliable since its reliability test results obtained alpha Cronbach's $0.969 > 0.600$. The round nursing guidelines were designed together with a management expert and declared valid by the nursing expert.

The ethical clearance of this study was approved by the Ethics Committee of the Medical Faculty of Sriwijaya University based on the ethical health guidelines issued by the National Commission on Ethics of Health Research with no.75 / kepkrsmhfkunsri / 2018. Furthermore, informed consent was used to explain the purpose and overall implementation of this study to respondents

The data has obtained the results of questionnaires distributed to the respondents. Afterwards, it was processed and analysed by researchers. The data processing was done through four steps of editing, coding, entry, and cleaning [4]. Then, the researchers analysed data by using computer software. The univariate analysis was organised to describe patient satisfaction on the implementation of the nursing round at Pusri Hospital in Palembang, South Sumatra.

3 Results

Table 1. The overview of patient satisfaction to nursing round implementation in the intervention group in Pusri Hospital, Palembang, 2018

Group	N	Mean	Standard Deviation	Minimum-Maximum
Intervention	59	114,98	3,57	108 – 120

Table 1 shows that mean score of patient satisfaction in the intervention group is 114,98 with score minimum is 108 and maximum is 120. The standard deviation for the intervention group is 3,57. The mean score almost reached the maximum score which is 120. Based on the table, it is evident that the implementation of the matron round is very efficient in increasing patient satisfaction with the quality of nursing services.

Table 2. The overview of patient satisfaction using Donabedian's model in Pusri Hospital, Palembang, 2018

Patient satisfaction	N	Mean	Standard Deviation	Minimum-Maximum
Input	59	38,11	1,52	34 – 40
Process	59	38,35	1,50	35 – 40
Output	59	38,50	1,89	32- 40

Table 2 shows that the mean score of patient satisfaction in the intervention group using the Donabedian's model at the input stage is 38.11 with the minimum score is 34 and maximum is 44. In process stage, the mean score is 38.35 with the minimum score of 35 and maximum score 40. Then, the mean score in the output stage is 38.50 with a minimum score of 32 and maximum score 40.

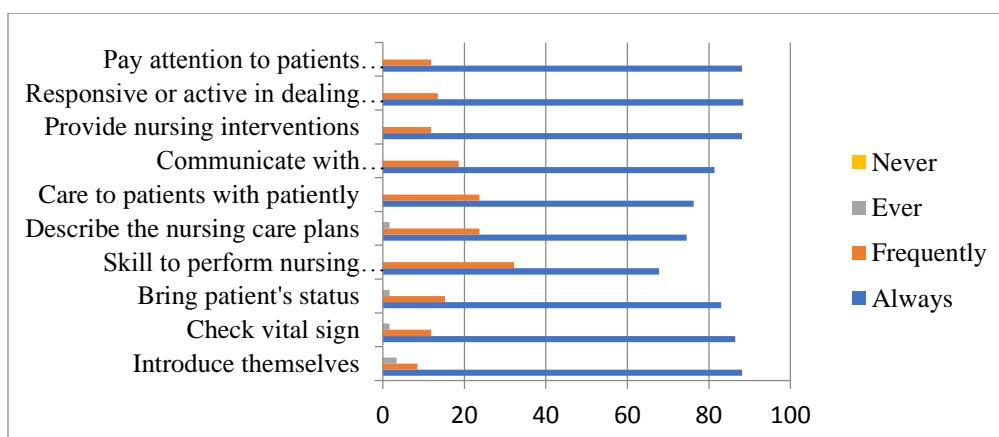


Fig. 1. The items of patient satisfaction in the intervention group at the input stage

Figure 1 shows that the majority of nurses introduce themselves in the nursing shift, check vital signs such as blood pressure, breathing, body temperature, and pulse, bring the patient's status when visit the patient, care to patients, communicate to the patient by using understanding

language, provide nursing interventions, response quickly in handling patients' complaints, and pay attention to patients' complaints. Then, more than half of nurses have the skills to perform nursing actions and explain the nursing care plans which will be received by patients every day.

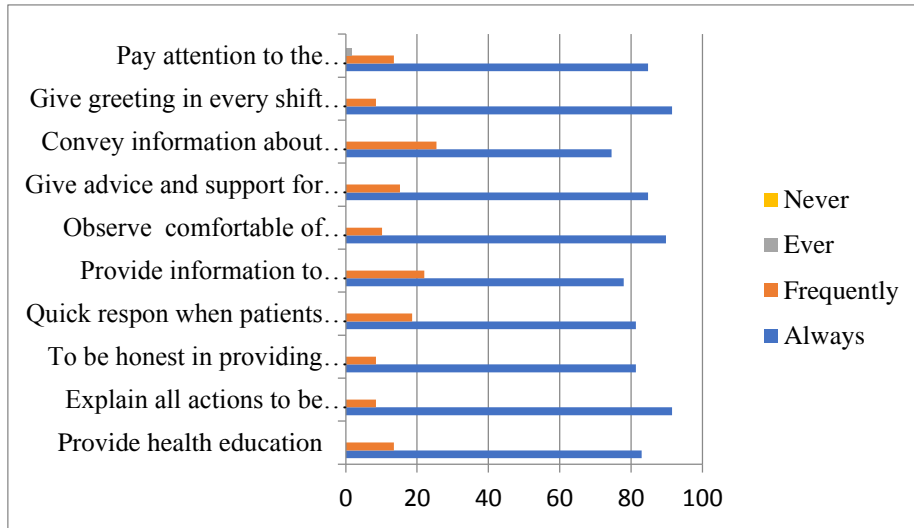


Fig. 2. The items of patient satisfaction in the intervention group at a process stage

Figure 2 shows that most nurses always pay attention to the environmental hygiene of patients. Then, more than half of the nurses were honest in providing information to patients.

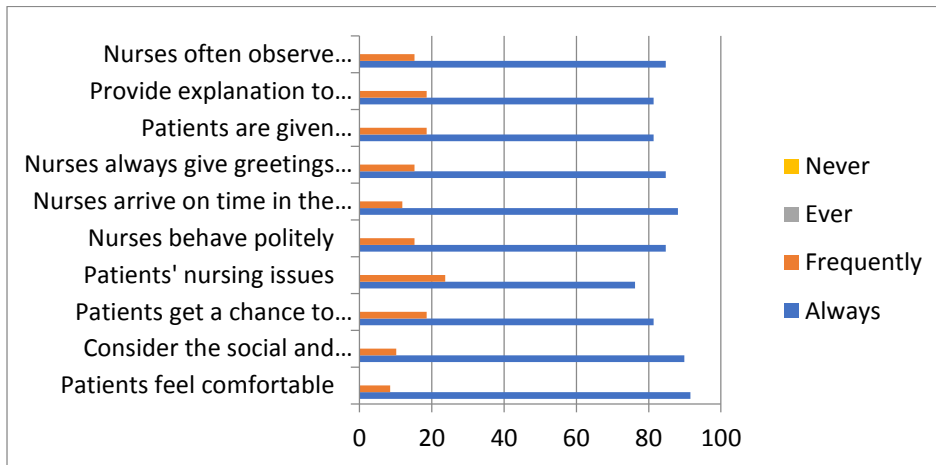


Fig. 3. The items of patient satisfaction in the intervention group at the output stage

Figure 3 shows that most patients feel comfortable during the hospitalisation. The services provided by nurses did not differ the social and cultural status, patients have the opportunity to discuss and ask questions about the treatment progress. Moreover, nurses can handle patients' nursing problem appropriately and professionally, be polite to patients during hospitalisation,

arrive on time when the patients need the nurses. Nurses always give greetings and smile when they come to the patient's room, provide information directly about changes in treatment therapy, provide information about care at home when discharge planning and check the patient's condition as well as they check the infusion fluid, catheter, and oxygen.

Table 3. The overview of patient satisfaction to nursing round implementation in the control group in Pusri Hospital, Palembang, 2018

Group	N	Mean	Standard Deviasi	Minimum-Maximum
Control	59	59,81	5,97	48 – 76

Table 3 shows that mean score of patient satisfaction in the control group is 114,98 with score minimum is 48 and maximum is 76. The standard deviation for the intervention group is 5.9.

Table 4. The overview of patient satisfaction using Donabedian's model in Pusri Hospital, Palembang, 2018

Patient satisfaction	n	Mean	Standard Deviation	Minimum-Maximum
Input	59	21,77	3,29	15 – 33
Process	59	19,10	3,35	12 – 25
Output	59	18,93	2,56	14- 24

Table 4 shows that the mean of patient satisfaction in the control group using the Donabedian's model at the input stage is 21,77 with minimum score is 15 and maximum is 33. In the process stage, the mean score is 19,10 with the minimum score is 12 and the maximum score is 25. Then, the mean score in the output stage is 18,93 with a minimum score is 14 and the maximum score is 24.

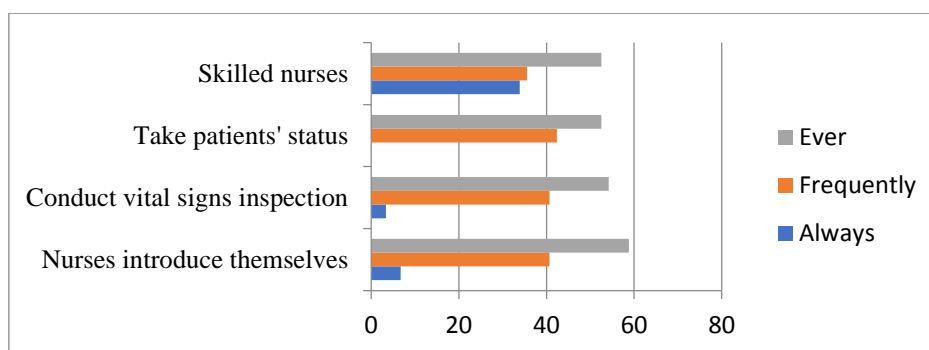


Fig. 4. The items of the patient satisfaction in the control group at the input stage

Figure 4 shows that more than half of the patients stated that the nurses have excellent skills, examine vital signs, and when they visit the patients, they brought the patient's status and introduced themselves.

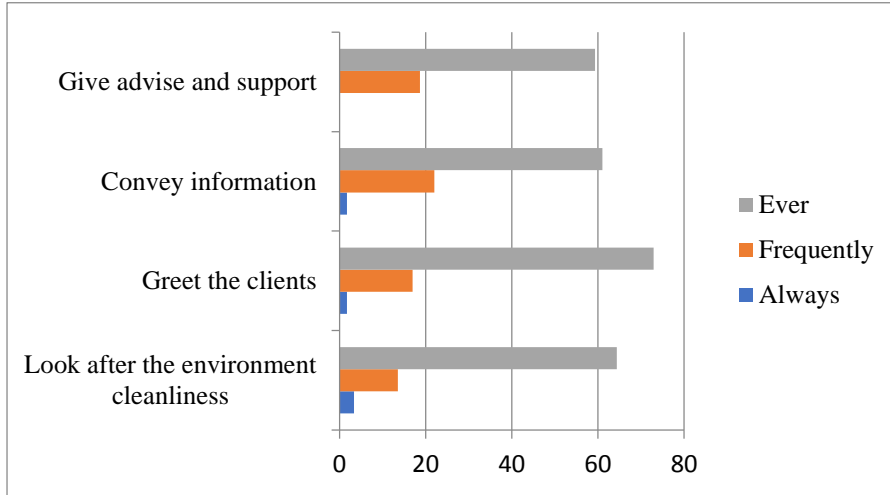


Fig. 5. The items of the patient satisfaction in the control group at a process stage

Figure 5 shows that more than half of patients said the nurses provide support and advice, convey information, give greeting to patients and pay attention to the hygiene of patient's and surroundings.

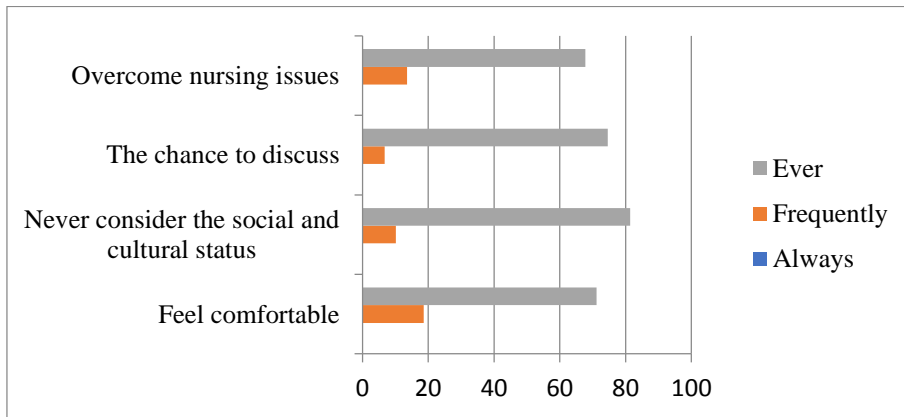


Fig. 6. The items of the patient satisfaction in the control group at a process stage

Figure 6 shows that more than half of patients stated that nurses overcome patient problems, discuss with patients, don't consider social status, and make patients comfortable.

Table 5. The Differences in Patient 's satisfaction in the Intervention and Control Group of Nursing Rounds n Pusri Hospital, Palembang, 2018

Group	n	Mean	Standard Deviation	p-value
Control	59	59,81	5,97	
Intervention	59	114,98	3,57	0,000*

* $\alpha = 0.05$

Table 5 shows, there is a difference in patient satisfaction in nursing services between intervention and control group (p-value = 0,000). The score of patient satisfaction in the intervention group is higher than the control group.

4 Discussion

4.1 The patient satisfaction in the intervention group

This study found that respondents were generally satisfied with the process of nursing care that carried out by the hospital after implementation matron round. Three aspects of patients satisfaction namely input, process, and outcome.

In the input stage, patient satisfaction indicates that most nurses introduce themselves every shift; check vital signs; care to patients with gently; communicate to patients by using understanding language; response quickly in handling patient complaints. Also, more than half of nurses have the skills to perform a nursing action and explain the nursing care which will be received by patients every day.

Based on [5] stated that the warmth shown by nurses when performing nursing services, in this case, is nursing care, can improve patient satisfaction. Besides, to increase the quality of hospital nursing services, hospitals can develop a model of professional nursing care to improve the performance of nurses in providing nursing care to patients. Patient satisfaction can be enhanced [6].

In process stage, then that most of the nurses always pay attention to the environmental hygiene of patients such as helping the patient take a shower, clean rooms, and beds. They were greeting in every shift turn of nurses, convey information about the development of patients care, give advice and support for patient's disease, observe the comfort of patients all the times, provide information to patients' families related to nursing interventions. Then, more than half of the nurses were honest in providing information to patients.

Based on [7], the form of nursing services was psychological services. It was because of the psychological services related to sympathy and empathy nurse to patients when they were sick and took nursing interventions immediately such as asked the patient's complaint and helped the patient in the recovery process.

In the outcome stage, most of the patients feel comfortable during the hospitalisation, the services provided by nurses did not consider social and cultural status, patients have the opportunity to discuss and ask questions about the treatment progress. The nurses can handle patients' nursing problem appropriately and professionally, be polite to patients during hospitalisation, arrive on time when the patients need the nurses, always give greetings and smile when they come to the patient's room. The nurse also provided information directly about changes in treatment therapy, provide information about care at home nursing plan when

discharge planning and check the patient's condition as check the infusion fluid, catheter, and oxygen.

Based on the three stages namely the stages of input, process, and outcome, it is showing the patient satisfaction with nursing services provided by eligible nurses. The effect of implementation of matrons round was very influential on patient satisfaction because the matrons round method considers all aspects which were needed by the patient.

The results of this study were similar to the results of [8] whom explained the nursing round can improve the communication of nurses-patients and nurses can respond quickly to patient needs, matrons round is a round conducted by nurses as an effort to provide comfort to patients, prevent infection, pay attention to patient safety and provide professional nursing care.

The highest level of overall patient satisfaction was in nursing services provided at the hospital so that it can improve the experience and perception of patients to nursing services that are received by them. Based on the study of [9] stated the Donabedian's model which are input, process, and outcome are very useful for evaluating care in trauma patients, performing well regarding structure and process. Therefore, it has a good impact to the patient to increase patient satisfaction.

According to [10], the Donabedian's model approach can create a positive environment because of the communication between nurses and patients about patient's need. A positive environment affects the quality of nursing service so that patient satisfaction will increase nursing services [11].

Based on study [12] stated the process and outcome stratification stages to nursing quality with using the Donabedian's model shows the process factors which are the sympathy and empathy behaviour of the nurse to the patient related to patient satisfaction because the patients feel treated well.

Based on the results of study and theory, it can be analysed that the patients who received implementation matrounds round increase the patient satisfaction because a matround round can provide comfort for patients and families and improve the quality of nursing services provided to patients.

4.2 The patient satisfaction in the control group

This study found that respondents generally didn't feel satisfied with the process of nursing care conducted by the hospital. There are three aspects of patient satisfaction, namely: input, process, and outcome.

In the input stage, this research found that more than half of the patients stated that the nurses well perform, bring the patient's status when visiting them, check vital signs, and introduce themselves. In the process stage, it found that the nurses gave more than half the patient support and advice, the nurses convey information and give greeting every turn shift of the nurses also the nurses pay attention to the environmental hygiene of patient. Then in the outcome stage stated that more than half of the patients stated the nurses to cope with patient problems, discussed with patients, didn't consider social status, and patients feel comfortable.

Based on [13] said that the quality of hospital services is assessed by using the Donabedian's model namely input, process, and output which is very influential on the perception of patient satisfaction to the nursing services. The quality of nursing services determined the management of nursing care, the better method of nursing care, the better quality of nursing services provided to patients[14].

The quality of services which can satisfy patients include hospital infrastructure, quality of hospital staff, clinical nursing process, administrative procedures, implementation of patient

safety, the image of the responsible hospital, trust in hospitals [15]. The nurse's ability to provide nursing care to patients can be used as indicators to assess the quality of nursing services where it can improve nurses' performance and patient satisfaction [15]. In addition, the factors can improve patient satisfaction during hospitalisation which is: the relationship between nurses and patients, service convenience, freedom of choice, service effectiveness services and secure intervention [16].

Based on the results of study and theory, it can be analyzed that the quality of nursing services provided by nurses to patients significantly affect the perception or experience of the patient during treatment, the nurse should improve performance in providing quality nursing care so can rise patient and family satisfaction.

4.3 The differences of patient satisfaction in intervention and control group

Based on the results, there were differences in patient satisfaction in nursing services between intervention and control groups. Nursing round is a feasible strategy used to increase nursing job satisfaction based on professional status, autonomy, task requirements and interactions [18]. Nursing rounds can increase the caring of nurses to patients, the caring behaviour of nurses is needed in nursing services, increasing caring behaviour, one of which is through the development of critical thinking skills which are essential components of care because nurses with the complex, which requires accurate assessment, decision making the right and continuous learning process [19]

The beneficial of matrons round which are can provide safety and comfort to patients, control infection education, provide advice and support to patients, provide comprehensive care and services and can overcome patient anxiety so that nurses should more care towards patients when implementing nursing care. Matrons round also has the benefit in leadership pattern that is between senior and junior nurses so that effective communication occurs between nursing teams. The heads of rooms have a role in giving a positive impact on the patient and patient satisfaction when the patient is treated. They lead the implementation of the nursing round. They explained and validated the patient's condition based on the data reported by the team leader during the round [20].

The implementation of the matron round will be able to improve the quality of nursing services so service health quality will also increase. Due to, matrons rounds provide quality nursing services to patients. It leadership method aims to improve effective communication between the head of the room, team leader, nurse and patients to increase satisfaction for patients as recipients of nursing services and nurses as providers of nursing services [21].

The application of nursing rounds can improve patient safety and satisfaction by improving the quality of nursing services through effective communication to patients, families, nurses and other clinical staff to overcome the patient's nursing problems [22].

Based on the results of study and theory, it can be analyzed that the application of the matrons round is needed because it can improve the quality of nursing services by providing optimal quality nursing care so that patients and families feel comfortable and satisfied with the nursing services received during hospitalisation.

5 Conclusion

The results of the study explained that patient satisfaction toward implementation of matron round was high, whereas in the control group stated low. It showed that the implementation of the matrons round was very influential on patient satisfaction in nursing services. Since the matrons round method can give patients comfort during treatment and increase the interaction between nurses and patients, it showed the benefits of this nursing round. Therefore, this study is beneficial for the scientific field to apply the matrons round in nursing services because it can increase patient and family's satisfaction. It is crucial for the management of Pusri Hospital, especially in the nursing field, to evaluate and monitor the provision of nursing care through the implementation of nursing rounds in order to improve the quality of patient satisfaction with nursing services. The results of this study are beneficial for the hospital, especially the heads of rooms, which can improve the quality of nursing services for patients and families.

References

- [1] Batbaatar E, Dorjdagva J, Luvsannyam A, Savino MM, Amenta P. Determinants of patient satisfaction: a systematic review. *Perspect Public Health* [Internet]. 2017;137(2):89–101. Available from: <http://journals.sagepub.com/doi/10.1177/1757913916634136>
- [2] Aitken LM, Burmeister E, Clayton S, Dalais C, Gardner G. The impact of Nursing Rounds on the practice environment and nurse satisfaction in intensive care: Pre-test post-test comparative study. *Int J Nurs Stud* [Internet]. 2011;48(8):918–25. Available from: <http://dx.doi.org/10.1016/j.ijnurstu.2010.10.004>
- [3] Negarandeh R, Hooshmand Bahabadi A, Aliheydari Mamaghani J. Impact of regular nursing rounds on patient satisfaction with nursing care. *Asian Nurs Res (Korean Soc Nurs Sci)* [Internet]. 2014;8(4):282–5. Available from: <http://dx.doi.org/10.1016/j.anr.2014.10.005>
- [4] Setiadi. *Konsep dan praktik penulisan riset keperawatan*. 1st ed. Graha Ilmu; 2013. 103-142 p.
- [5] Fenny AP, Enemark U, Asante FA, Hansen KS. Patient Satisfaction with Primary Health Care – A Comparison between the Insured and Non-Insured under the National Health Insurance Policy in Ghana. *Glob J Health Sci* [Internet]. 2014;6(4):9–21. Available from: <http://www.ccsenet.org/journal/index.php/gjhs/article/view/34032>
- [6] Hidayah N. Manajemen Model Asuhan Keperawatan Profesional (MAKP) Tim Dalam Peningkatan Kepuasan Pasien Di Rumah Sakit. *J Kesehat* [Internet]. 2014;VII(2):1–17. Available from: <http://journal.uin-alauddin.ac.id/index.php/kesehatan/article/view/60>
- [7] Rusdiana. Studi Tentang Pelayanan Perawat Terhadap Kepuasan Pasien di Ruang Rawat Inap Mawar Rumah Sakit Umum Abdul Wahab Sjahranie Samarinda. 2014;2(4):13–25.
- [8] Daniels JF. Purposeful and timely nursing rounds: a best practice implementation project. *JBHI database Syst Rev Implement reports*. 2016;14(1):248–67.
- [9] Moore L, Lavoie A, Bourgeois G, Lapointe J. Donabedian's structure-process-outcome quality of care model: Validation in an integrated trauma system. *J Trauma Acute Care Surg*. 2015;78(6):1168–75.
- [10] Urisman T, Garcia A, Harris HW. Impact of surgical intensive care unit interdisciplinary rounds on interprofessional collaboration and quality of care: Mixed qualitative–quantitative study. *Intensive Crit Care Nurs* [Internet]. 2017;1–6. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S0964339717302148>
- [11] Kash B, Mckahan M. *Journal of Primary Health Care and General Practice*. 2017;1(1):2015–8.
- [12] Kajonius PJ, Kazemi A. Structure and process quality as predictors of satisfaction with elderly care. *Heal Soc Care Community*. 2016;24(6):699–707.
- [13] Dowd SB. The Hospital Manager and Game Theory. *Healthc Manag*. 2017;22(4):305–10.
- [14] Kasim M, Muh. Abdurroul. Peningkatan Kualitas Pelayanan dan Pendokumentasian Asuhan Keperawatan dengan Metode Tim. 2016;1(1):62–73.

- [15] Irbantoro D, Dewanto A. Rawat Inap di Rumah Sakit Kota Batu. 2015;158.
- [16] Dawn Connolly FW. The Nursing Quality Indicator Framework tool. 2017;(7):1–2.
- [17] Ayuningtiyas KR, Mustayah, Tri Nataliswati. Tingkat Kepuasan Pasien Pada Pelayanan Keperawatan di Rumah Sakit. Skripsi. 2015;4(2):83–90.
- [18] Saleh Z. Pengaruh Ronde Keperawatan Terhadap Tingkat Kepuasan Kerja Perawat Pelaksanaan DI Ruang Rawat Inap RSUD Abdul Wahab Sjahranie Samarinda. 2013;16–27.
- [19] Mulyaningsih. Peningkatan Perilaku Caring Melalui Kemampuan Berpikir Kritis Perawat. 2013;1(2):100–6.
- [20] Randall S, Crawford T, Currie J, River J, Betihavas V. Impact of community based nurse-led clinics on patient outcomes , patient satisfaction , patient access and cost e ff ectiveness : A systematic review. *Int J Nurs Stud* [Internet]. 2017;73(March):24–33. Available from: <http://dx.doi.org/10.1016/j.ijnurstu.2017.05.008>
- [21] Drennan V. The district nursing and community matron services workforce : A scoping review in South London for the South London Nursing Network. 2014;(March).
- [22] Taylor JS. Improving Patient Safety and Satisfaction With Standardized Bedside Handoff and Walking Rounds - *ProQuest*. 2015;19(4).