



Implementation of a Culturally Sensitive Caring-Based Nursing Service Model Increasing Patient Satisfaction in Hospitals

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Abstract

BACKGROUND: Culturally sensitive caring-based nursing services yield numerous benefits for patients, nurses, and hospitals. One of the advantages hospitals derive is enhanced patient satisfaction and loyalty, leading to financial benefits.

AIM: The aim of this study was to assess the impact of culturally sensitive caring-based nursing services on patient satisfaction in hospitals.

METHODS: Quasi-experimental pre-post-test control group design. The sample consisted of inpatients that were purposefully selected. The formula for the difference in proportions between the two groups was used to determine the sample size, yielding a total sample of 360 people, 180 in the intervention group and 180 in the control group. The intervention group received model socialization, module books, and 2 months of assistance with model implementation practices, while the control group only received module books without socialization and assistance. Data collection utilized a patient satisfaction questionnaire developed from the Swanson caring instrument, validated for reliability. Data analysis involved independent sample t-tests to ascertain differences in patient satisfaction between the intervention and control groups, and the general linear model repeated measure (GLM-RM) test to assess the development of patient satisfaction during the intervention and the model's contribution to its increase.

RESULTS: The independent t-test yielded a $p = 0.0001 < 0.05$, signifying a significant difference in patient satisfaction between the intervention and control groups. The GLM-RM test demonstrated a Partial Eta Squared value of 0.715, indicating that the model contributed to a 71.50% increase in patient satisfaction, with the remainder influenced by other variables.

CONCLUSION: Culturally sensitive caring-based nursing services enhance patient satisfaction in hospitals. Suggestion: This model can be implemented across hospitals.

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Introduction

Nursing services play an integral role in hospital health services, significantly influencing their success. Nurses, comprising the largest segment of hospital staff, occupy a strategic position. They engage in prolonged patient interaction [29] and prioritize caring as a core component to nursing services [13]. Caring constitutes the primary characteristic of nursing services. Nurses demonstrate caring through acts of dedicated attention, investing time, energy, and affection in addressing patients' bio-psycho-social-spiritual needs in alignment with their cultural background [17]. Cultural aspects such as cultural values, philosophy and religion, social conditions, family ties, and legal and political aspects should be considered by nurses. In addition, they must consider education, economics, and technological factors as these aspects influence health, illness conditions, and patient recovery [3]. By incorporating cultural considerations into their practices, nurses can

enhance the focus, innovation, and quality of nursing care [4], [5], [6].

The implementation of nursing care that is culturally sensitive and grounded in compassion is poised to bring about numerous advantages for patients. This approach can instill feelings of tranquility and serenity, empower patients to make informed decisions, bolster their understanding and motivation toward recovery, and facilitate acceptance of their limitations. Moreover, this model of care promotes therapeutic interactions between nurses and patients, thereby enriching the quality of nursing services and fostering higher levels of patient contentment [9]. As a result, such contentment may cultivate loyalty among patients and their families, ultimately leading to financial gains for the hospital [31].

The previous research revealed a consistent correlation between nurses' caring behavior and patient satisfaction [8]. This implies that higher levels of nurses' caring behavior in healthcare services

correspond to increased patient satisfaction [29]. Despite its proven effectiveness, the quality of nurses' implementation of caring behavior varies across Indonesia and other nations [31]. Several studies highlight that nursing services in numerous Indonesian hospitals still primarily emphasize curative aspects rather than caring ones [1]. Similar situations exist in various other countries [23], leading to inadequate satisfaction with nurses' implementation of caring behavior among patients. This observation is drawn from study reports conducted in hospitals in Bali [20], Padang [28], Banjarmasin [10], East Bekasi [19], and the NTT Province [5].

Afriliana *et al.*, have elucidated that patient satisfaction levels with nurses' caring behavior in several Indonesian hospitals exhibit a considerable variance, ranging from 40% to 100%. In the Java region, satisfaction levels range from 54.50% to 100%, while in Sumatra, they range from 40.50% to 66.10%. South Sulawesi records a satisfaction rate of 73.20%, while in Nusa Tenggara and Bali, it stands at 41%. According to these data, nurses must enhance their caring behavior to elevate patient satisfaction (Afriliana *et al.*, 2021). As a result, the urgent development of sensitive, caring-based nursing services is required [2].

Methods

This research design was a quasi-experimental approach: Pre-post-test with control group. The sample in this study was 360 patients, consisting of 180 people as the intervention group and 180 people as the control group. The sampling technique uses purposive sampling. Implementation of the model went through the model socialization stage, assistance with model implementation practice for 2 months, independent practice for 1 month, providing a culture-based caring behavior module book to the intervention group, while the control group was only given the module book. This research was carried out in 2 (two) hospitals in NTT Province, one provincial-level hospital as well as a referral hospital for district/city hospitals in NTT. Respondents were treated at this hospital as the intervention group and one of the district/city-level hospitals as the model implementation site. Respondents who were treated at this hospital were the intervention group. This research was conducted for 3 (three) months in 2023. Data were collected using a questionnaire developed by researchers based on Swanson's caring instrument. Data analysis used the general linear model repeated measures test to see the development of patient satisfaction scores in the 1st, 2nd, and 3rd months and an independent t-test to determine differences in patient satisfaction in the intervention group and the control group. The caring-based nursing

service intervention model is culturally sensitive as in Figure 1.

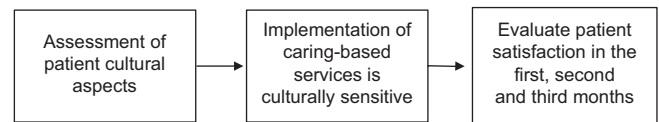


Figure 1: Model for implementing culturally sensitive caring-based nursing service

Results

Respondent characteristics

Table 1 illustrates that the majority of respondents are female; the intervention group is 50.60%, the control group is 60%, the majority of respondents are Protestant; the intervention group is 67.20%, the control group is 63.90%, most respondents had high school education; intervention group 42.80%, control group 40.60%, average age of respondents 39 years and 42 years; intervention group 39 years, control group 42 years, the majority of respondents Non-State Civil Apparatus; intervention group 86.70%, control group 85%, some respondents were Timorese; intervention group 35%, control group 43.30%.

Table 1: Respondent characteristics (n = 360)

Characteristics patient sociodemography	Intervention group (n = 180) f (%)	Control group (n = 180) f (%)
Gender		
Man	89 (49.4)	72 (40)
Woman	91 (50.6)	108 (60)
Religion		
Catholic	40 (22.2)	54 (30)
Protestant	121 (67.2)	115 (63.9)
Islam	19 (10.6)	11 (6.1)
Education		
Elementary school	58 (32.2)	57 (31.7)
Junior high school	10 (5.6)	11 (6.1)
Senior high school	77 (42.8)	73 (40.6)
College	35 (19.4)	39 (21.7)
Age	39.83	42.16
Work		
State civil apparatus	24 (13.3)	27 (15)
Non-state civil apparatus	156 (86.7)	153 (85)
Ethnic		
Timor	63 (35)	78 (43.3)
Sabu	25 (13.9)	27 (15)
Rote	52 (28.9)	39 (21.7)
Sumba	16 (8.9)	6 (3.3)
Flores	15 (8.3)	27 (15)
Alor	9 (5)	3 (1.7)

Patient satisfaction

Table 2 indicates a significant difference in the changes of patient satisfaction between the intervention group and the control group at 1 month, 2 months, and 3 months of model implementation ($p < 0.05$). The model's contribution to increasing patient satisfaction in the intervention group was 71.50%, whereas in the control group, it was 31.40%, with the remainder influenced by other factors/variables.

Table 2: The influence of implementing a caring-based nursing service model culturally sensitive to patient satisfaction

Patient satisfaction	Mean	Difference mean	Standard deviation	95% CI	p-value*	Partial Eta squared
Intervention group						
1 month of model implementation	81.88		6.61	80.16–83.58	0.0001	0.715
2 months of model implementation	87.88	6.000*	5.86	86.36–89.38		
3 months of model implementation	91.85	9.972*	5.49	90.47–93.26		
Control group						
1 month of model implementation	80.04		5.81	78.53–81.54	0.0001	0.314
2 months of model implementation	83.40	3.361*	6.37	81.75–85.05		
3 months of model implementation	86.15	6.111*	6.74	84.41–87.89		

*, statistically significant.

Figure 2 illustrates that the average patient satisfaction score for the intervention group in the 1st month of model implementation was 81.88, compared to 80.04 for the control group. In the 2nd month, the average patient satisfaction score for the intervention group rose to 87.88, while for the control group, it was 83.40. By the 3rd month, the average patient satisfaction score for the intervention group further increased to 91.85, with the control group at 86.15. The difference in the increase of patient satisfaction scores between the intervention and control groups was six points in the 1st month and 3.36 points in the 2nd month (a difference of 2.64 points). In the 3rd month, this difference widened to 9.97 points for the intervention group and 6.11 points for the control group (a difference of 3.68 points).

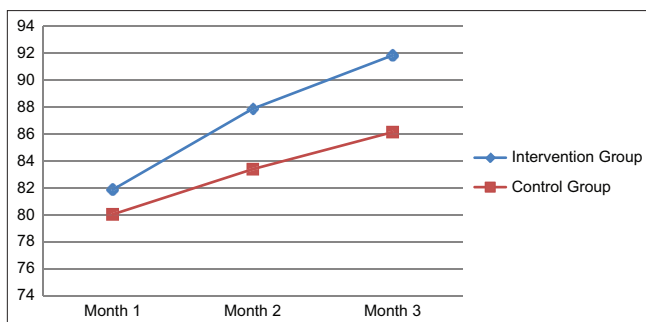


Figure 2: The level of patient satisfaction in both the intervention group and the control group during the 1st, 2nd, and 3rd months of model implementation

Discussion

The findings of this research are consistent with Swanson and Leinenger's theory, which states that nurses' implementation of caring behavior tailored to patients' cultural backgrounds, fosters positive nurse-patient relationships. When nurses communicate and deliver services in a culturally appropriate manner, patients and their families feel valued, respected, and understood. This approach helps mitigate conflicts arising from cultural differences between nurses and patients, encourages active participation in care from

patients and their families, supports the recovery process, and enhances satisfaction with nursing services [18], [34].

The findings of this study align with Berry *et al.*'s framework of quality service, comprising five dimensions: Responsiveness, reliability, assurance, empathy, and tangible evidence. Nurses demonstrate responsiveness by promptly attending to patient needs. Reliability is evidenced by nurses' effective actions in addressing patient concerns. Assurance is established through nurses providing care that ensures patient safety and security, and offering clear information on diseases, treatments, and care tailored to patients' cultural backgrounds. Empathy is demonstrated through nurses fostering caring relationships and understanding patient needs, employing therapeutic communication adapted to their cultural preferences to create a sense of comfort and closeness with patients and their families. Tangible evidence is exhibited by nurses through the provision of physical facilities and resources that support nursing care and prompt responses to patient complaints [7].

According to Suparman *et al.*, the development of culture-based excellent service in hospitals consists of three stages: First, exploring customer hopes and desires; second, developing a service model to address these hopes and desires; and finally, taking concrete actions to fulfill customer obligations. Meeting customer expectations requires adherence to certain basic principles, such as treating customers as esteemed guests and providing the best service that meets their expectations. Customers are regarded as individuals who can generate financial benefits for the hospital by recommending it to others after their recovery. A fundamental principle emphasized in hospital services is the interdependence of service and patients: Without patients, there is no revenue, and thus, the hospital's survival is jeopardized [27].

Patient satisfaction is determined by the patient's evaluation of nursing services, which compares their expectations to the actual care provided at the hospital. It is a crucial metric that reflects the quality of a hospital's services. Patient satisfaction not only serves as a benchmark for hospital excellence but it also influences patients' decisions to seek future care at the same hospital, which contributes to the hospital's financial sustainability. Conversely, low levels of patient satisfaction can erode public trust in hospitals, leading to a decrease in patient visits and ultimately reducing hospital revenue. This scenario poses significant challenges for hospitals, particularly as the number of health-care facilities increases, giving patients more options for their health-care needs [2].

Patient satisfaction stands as a pivotal indicator for determining service quality and ensuring the long-term viability of healthcare services within hospitals. It serves as a metric for evaluating the quality of nursing care provided to patients. According to previous

studies, essential elements of caring behavior desired by patients in hospital settings encompass nurses' proficiency in operating medical equipment, executing technical nursing procedures adeptly, promptly attending to patient needs, establishing meaningful personal connections with patients and their families, delivering informative patient education, and maintaining clean treatment environments with conducive lighting and air circulation to enhance patient comfort and safety. These factors align with evolving patient care needs and cultural considerations [17], [21], [22], [26]. Research indicates that nurses' adherence to caring behaviors tailored to patient needs and cultural backgrounds can amplify patient satisfaction by a substantial factor of 17 [30], [32], [33]. In addition, Wahyuni (2022) elucidates that heightened levels of nurse–patient rapport fostered through caring behaviors correlate with elevated patient satisfaction with nursing services within hospital inpatient settings [33].

Nurses frequently treat patients suffering from chronic and terminal illnesses, particularly cancer. In these situations, patients frequently experience psychological distress, such as anxiety, dependency, and hopelessness, which stem from feelings of burdening others, loss of social roles, and a sense of futility. Many cancer patients seek help to find hope and meaning amid their struggles. In such situations, nurses' expressive caring behavior becomes extremely valuable to both patients and their families. Expressing caring behavior manifests in various forms, including the nurse's attentive presence, active listening, and the provision of comprehensive support, which includes informational, psychological, and spiritual assistance. Nurse support instills a sense of calm in patients, increases their motivation to participate in therapy programs, fosters hope for recovery, and ultimately improves patient satisfaction [11].

According to Sulaiman *et al.*, factors influencing patient satisfaction in hospital inpatient rooms include nurses' attention to meeting patient needs, friendly greetings and smiles, communication styles, and empathetic attitudes toward patients. Furthermore, patient satisfaction is influenced by nursing service quality and the availability of facilities and infrastructure [16].

According to Lintresa *et al.*, the predominant factor influencing inpatient satisfaction is the disparity between the cost of hospital care and the quality of service received. The public frequently complains about the high costs associated with laboratory tests and other diagnostic procedures, medication purchases, and medical staff fees, as well as the perception that the services received during hospitalization do not justify the substantial expenses incurred [15].

In general, patient satisfaction with nursing services in inpatient rooms is associated with three main aspects: Therapeutic communication, nurse competence, and caring care of nurses. Communication

aspects encompass sincerity, empathy, and warmth, along with the application of culturally appropriate communication techniques. The higher the quality of the nurse's therapeutic communication, the greater the patient satisfaction [14], [12]. The competency aspect refers to nurses' knowledge, attitudes, and professional skills when providing nursing care. The caring behavior aspect is related to the nurse's ability to devote herself to her patients, demonstrating attention, empathy, compassion, and sincerity in their care [14].

Other factors that influence patient satisfaction in the ward include the nurse's attentiveness and assistance in meeting the patient's basic needs such as defecation and urination, eating and drinking, and walking. In addition, the nurse's willingness to prepare medication for the patient, attention to the patient's hygiene, cleanliness of the ward, cleanliness of the bathroom and toilet, arrangement of clean and adequately ventilated air circulation, and ensuring a quiet environment for the patient to rest comfortably all contribute significantly to patient satisfaction [25].

Sitorus and Panjaitan (2011) emphasized that patient satisfaction with nursing services is highly reliant on the role of the head of the room in effectively managing all resources within the inpatient room, as well as conducting individual and overall monitoring of the room. Resource management encompasses enhancing nurses' competencies and ensuring the availability of necessary equipment. Individual monitoring involves checking nurse attendance, arrival and discharge times, adherence to standard operating procedures (SOPs), ethical behavior standards, and practice standards, as well as excellence in providing and documenting nursing care, fostering teamwork among nurses, promoting professional growth, and exhibiting leadership qualities. Overall room monitoring includes tracking patient census, incidences of nosocomial infections, falls, pressure ulcers, and nurse injuries, managing relationships with other departments, controlling excessive costs, and ensuring adherence to SOPs and practice standards by nurses [24].

Conclusion

There was a significant difference in the level of patient satisfaction between the intervention group and the control group, with the intervention group experiencing a greater increase in satisfaction scores compared to the control group. Implementing a culturally sensitive caring-based service model has the potential to enhance patient satisfaction among those receiving treatment in inpatient rooms. This model can be integrated with nursing care standards within hospitals.

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