
● SUMMARY

SUMMARY ●

*PATIENTS' FEELING OF SATISFACTION WITH HOSPITAL NURSING SERVICE
AND ROLL EXPECTATION OF NURSES*

Reiko Kikuchi*

PURPOSE

The study was conducted to explore the degree of satisfaction of patients toward the nursing service provided for them during hospitalization and to identify what they expected their nurses to do for them in the settings of technologically advanced and highly specialized medicine.

METHOD

Nine collaborating hospitals (excluding psychiatric hospitals) were chosen for this study, and the ward supervisors and nurses of these hospitals were asked to hand in the questionnaires to the patients at the time of their discharge. The patients were asked to complete the questionnaires by themselves as a rule, and to return the forms to the JNA Survey and Research Section. The questionnaires were handed in to 768 discharged patients, ranging in age from 18 to 70, for the period from October 1987 to January 1988. 476 respondents (62% of those who received questionnaires) returned valid responses.

The questionnaire was prepared with the aim of obtaining the following information in the format of both multiple choices and open-ended questions.

General Characters and Backgrounds of Respondents—Sex, age, former experience of hospitalization, length of hospitalization, type of ward and room, physical condition after discharge, attitude as a recipient of health and medical care, adequacy of information given by consulting physician, degree of satisfaction with the treatment received.

Patients' Evaluation of Nursing Service—Elimination, eating food, comfortable positioning, bathing, ensuring rhythms in daily life.

Patient's Evaluation of Nurses' Assistance in Medical Treatment—Nurses' knowledge and skill about medical treatment, coordination of care among health care team.

Alleviation of Anxieties—Anxieties on admission, about examination, treatment, and operation, at times of sudden changes of conditions

Patient's Evaluation of Nursing Care—Attending patients at their bedside, impartial attitudes, tender touch, nurses' understanding and respecting of patients' feelings and physical conditions

Feeling of Satisfaction Towards Nursing Service in General

*Survey and Research Section, Japanese Nursing Association

RESULTS

The respondents' feeling of satisfaction towards nursing service in general was found to be very good, with 45.0% of them replied as "greatly satisfied" and 47.7% as "fairly satisfied". Those who replied as 'not satisfied' represented only 2-3% of the respondents.

Almost similar favorable results were obtained for all the questions asked to evaluate the quality of nursing service the patients received.

The expressed feeling of satisfaction towards "nursing service in general" was found to be closely related to that towards "given treatment". The patients always see the nurses assisting medical treatment given to them and expect them to perform their roles competently. Thus the satisfaction derived from "good" medical treatment was considered to contribute to the better satisfaction the patients felt about the nursing service rendered to them.

Strong relationship was also observed between "satisfaction with nursing service" and high rating of "nurses' understanding and respecting of patients' feelings and physical conditions". Patients want their nurses to understand and be sympathetic about their feeling and physical status, and to be able to relate to them positively and individually in such a way as to help betterment of their conditions and to support those who are suffering from anxiety and pain. The results of the study showed that when patients' expectations of nurses in these aspects were fulfilled, their feeling of satisfaction with nursing service was strong.

Open-ended questions were asked to the patients as to the impressive attitudes of nurses they experienced and the expectations they entertained with their nurses. The majority of them were impressed with cheerful, kind, sincere and gentle attitude of nurses, and said that they were greatly relieved of their anxieties and concerns. Their replies indicated that patients wanted their nurses to stay within the area where they could see their patients, and be tenderly responsive to expressed or unexpressed patients' needs for help at times of pain or suffering.

CONCLUSION

The discussion of the replies reveals that patients want to receive the benefits of technologically advanced well-managed medicine, and they expect nurses working in those settings to be sufficiently knowledgeable and skilled so as to be able to work in collaboration with physicians. At

the same time, patients want nurses to fill the gap created by the high-tech medicine , and continue to provide human care to patients who are in need of support to alleviate their anxieties and sufferings.

The role expectation of a nurse as knowledgeable and skilled professional in high-tech medicine is easily identified. The role of a nurse as provider of human care is something that is hard to be defined because of the peculiar nurse-patient relationship involved there. The respondents of the questionnaires seemed to have difficulties on finding suitable wording of their thoughts. Nurses are challenged to identify those hard-to-express needs of patients in the contemporary care settings.

● SUMMARY

SUMMARY ●

STUDY ON RECIPIENTS OF RESPITE CARE SERVICE: FAMILY STATUS AND EVALUATION OF SERVICE

Kiyoko Iwashita* Kikue Yokota** Hiroko Takahashi***

Respite care service for the elderly cared for at their own homes was started in 1988 as a part of the government welfare program. The service has become widely available all over the country, and in 1988 approximately 80,000 elderly people were taken care of in the homes for the aged for a short period up to two weeks at a time.

The program has, however, some problems in terms of accessibility and quality of service. This study was conducted to identify the problem areas of the current respite care service and to make recommendations for the improvement of the service.

Sample of Study

Elderly people and their family members who utilized the respite care service (short stay program) provided by three homes for disabled elderly after January 1985.

141 replies were returned (66.5% of the questionnaires sent). Valid replies were 139 (65.5%).

Analysis of Results

The results of the study were analyzed to identify:

1. Feeling of satisfaction with service and changes observed with the elderly after return to their own homes
2. Status and dynamism of families which utilized the service

PART 1 : FEELING OF SATISFACTION WITH SERVICE AND CHANGES OBSERVED AFTER IN THE ELDERLY RETURN TO THEIR OWN HOMES

Respite care service is now recognized as an indispensable support service for families to enable them to continue to care for their aged relatives at their own homes. Little attention has so far been paid, however, as to what positive and negative effects it has given to the elderly people themselves who experienced short stays with the home for the aged for certain period of time. The quality of care and the effect of such experience on the life of those elderly people after they return to their own homes have been overlooked, with the primary concern given to the necessity of relieving the burden of family members.

* Survey and Research Section, Japanese Nursing Association

** Kouseien, Home for the Disabled Elderly

*** Japanese Red Cross Musashino Junior College

The questionnaires were constructed so as to obtain information with regard to evaluation of service by the recipients of service, changes observed with the aged people who experienced such short stay, and the effects of those changes on the people who care for the aged people at home.

The discussion of the responses has revealed the following points.

1. The respondents who cared for the elderly relatives at their own homes highly evaluated the respite care program provided by the local governments, 80% of them being greatly satisfied and 16% fairly satisfied, and the majority of them (91%) indicated that they wanted to receive the benefit of this service again. 82% of them replied that it is a great relief for them that they have access to such service when they have difficulties in continuing the care of aged relatives at their homes. The short stay program is much welcomed by them to relieve their burden of caring aged people.

2. On the other hand, however, the evaluation of such service by the elderly people themselves who were cared for by institutions on a short stay program somewhat varied. About half of them were satisfied, but 17% were not satisfied and 28% of them were not able to express their feelings because of their senile conditions, etc.

It should be noted that their feelings of satisfaction or dissatisfaction were not the faithful reflection of their impression of the experiences at those caring institutions. Their personalities and their positions in their own homes were considered to influence their feelings. Those with unsocial characters tended to be unsatisfied with this service, but there were some cases where their attitude towards other people and things were somewhat changed for better.

Those who were sort of spoiled or thoroughly dependent on their care givers at their own home tended to feel uncomfortable with the institutional life. There were some cases, however, where they came back from the short stay with improved dependency and cooperative attitudes towards family members.

Those who were not comfortable at their own homes tended to express more satisfaction with the service of the short stay program. Some indicated that they liked and felt more at home with the respite care service, and became more demanding and hard to be satisfied after they returned to their own homes.

3. Effects of short stay with institutions on the physical aspects of the elderly people could be both positive and negative. Some showed improvements and others showed deterioration in appetites, body movements, elimination and bed sores, Short stay program is not intended to be rehabilitative or educational because much cannot be expected to be done within less than two weeks stay with the institution (74% of the total cases). The experience, however, sometimes proved to be stimulative enough to expand their ADLs, particularly for those who have had no chance of receiving care from professional care providers.

4. In case an aged person is sick and his/her conditions get worse because of the changes of environment, this might lead to deterioration of physical abilities. In spite of the best efforts made by the institution to avoid or minimize such ill effects, there are some aged sick people who show deterioration of conditions or lowering of will, especially when they come to the institution with great anxiety or without being well informed. They tend to be too close to each other because of their mutual love and trust, and this contributes to create great conflicts between them. Respite care service is usually recommended in such circumstances.

PART II : STATUS AND DYNAMISM OF FAMILIES WHICH UTILIZED RESPITE CARE SERVICE

This study was conducted to investigate the actual status of the families which utilized respite care service for the elderly provided by a nursing home for the aged which is run by a local government. The study results were analyzed with a view to explore the dynamics under which influence the families with elderly members needing care of other family members came to accept social service for the elderly.

In Part I, the backgrounds of the elderly people and their care providers who utilized the respite care service were analyzed. In Part II, the process which they came to utilize the respite service was analyzed, The following are some of the major findings of the study.

1. The elderly people who received respite care were very old, 77% of them being above 75 years of age. The persons who took care of them at home were also old, 38% of them being above 60 years of age.

2. 63% of those who received respite care were female, and 85% of care providers at their homes were also female. In 85% of all cases studied, women were caring for women. It should be noted that in 7% of the cases aged husbands were caring for their aged wives.

3. In 38% of the cases, married women cared for their fathers-in-law or mothers-in-law, and in 25% of the cases daughters cared for their own fathers or mothers. Women who cared for their own parents at home were found to utilize the respite care service comparatively more freely than other family members who cared for bedridden elderly members at their own homes.

4. 34 cases, or 25% of all cases studied, were married elderly couples. 19 couples lived by themselves separated from other family members. However, even in other cases where the elderly couples lived with younger generations, husbands or wives had to take care of their disabled spouses.

5. Elderly couples and daughters caring for their own parents were found to have some kind of network providing them respite care when necessary. In contrast, such networkings were not made available to wives caring for their husbands' parents. This may be attributed to the traditional way of thinking that it is the responsibility of sons' wives to look after elderly generations.

6. 14.4% of the care providers or 20 persons were found to be willing to care for the elderly. More than half of them (11 persons) were those who cared for their spouses. Those women who have lived with their parents-in-law ever since their marriage were found to be willing to care for their aged parents.

7. In 61% of the cases studied, the decision to utilize the respite care service was made by the care providers themselves. Out of 52 cases where the decision was made by other than care providers, the sons of the elderly persons were the decision makers in more than 40% of the cases. The right to make decision in this regard does not rest with the daughter-in-law or the son's wife who ordinarily takes care of their aged parent(s). The son, or the husband of the care provider must decide whether the utilization of respite care service is necessary or appropriate to relieve his family members of the burden of caring their aged parent(s).

8. The fact that the ratio of the elderly cared for by their daughters-in-law in the respite care service was lower than that of those in community in general deserves special attention. Efforts should be made to eliminate the biases, if any, against utilization of appropriate social service for the elderly. There may also be more aged wives caring for their aged husbands and needing respite care. The access to such respite care needs to be made more easy for the elderly persons in terms of application procedures with local governments.

●SUMMARY

SUMMARY●

NURSING ASSESSMENT OF ELDERLY PATIENTS FOR POSSIBLE DISCHARGE FROM HOSPITAL

Kazuo Fujita* Kana Kikuchi** Noriko Kofune** Tomoko Kimoto**

There are some elderly patients who cannot be discharged to their homes for various reasons other than medical problems.

The phenomenon has been called "social admission". Investigation was made to explore the status of those patients. Their patient records were studied to collect information on previous history of admission, diagnosis, activity of daily life [walking, eating, toileting], family relations, family members' respects for the elderly, house structure, and financial problems.

Study Findings: "Social admission" elderly patients tended to show difficulties in activities of daily living [cannot use toilet by himself] Moral degradation in younger generations leads to reduced respect and concern for elderly people

Appendix: Approach to Elderly Patients for possible Discharge: Assessment of Apoplexia Patients and Family Relationship

This assessment tool has been developed based on the field work on provision of care to apoplexia patients and assessment of their families.

It is important to begin advising apoplexia patient and his family on post-discharge life at the time when the patient is admitted to hospital, so that the patient will be better prepared for discharge. We should try to understand both the interrelationship of the apoplexia patients and their families as early as possible.

* Survey and Research Section, Japanese Nursing Association

**Saitama Chuoh Hospital