



**Arab American University
Faculty of Graduate Studies**

**Patients' perception of Quality Nursing Care and
Services in Emergency Department in West bank
hospitals**

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Approval form

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DECLARATION

I declare that the thesis was submitted for a master's degree and has not been submitted to another hospital for a higher degree. The work presented in this thesis is based on my own efforts

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DEDICATION

“I dedicate this work to the Almighty Allah for preserving my life”, to my parents and family, to all who support me in my life who give me the power, love, confident to go on ...

Finally, I dedicate this work to myself to achieve my dreams,

Omar Ahmad Majdoudah

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Omar Ahmad Majdoudeh

ABSTRACT

Background: “Nursing care in an emergency room varies from that in hospital wards. The quality of nursing care is a vital aspect for healthcare providers and patients who need improvement, making patient happiness a necessary goal. It is important to determine the quality of the services rendered by nurses. Emergency department patients are not always satisfied with the care delivered and nursing care is often characterized as instrumental and non-holistic in emergency departments. The perceptions of patients about the quality of care they receive are a significant and challenging problem in the development of health care services”.

Objective: “The purpose of the study was to assess the patients’ perception of the quality nursing care and services in an emergency department in West Bank governmental hospitals”.

Method: A descriptive cross-sectional study. The sample composed of 219 patients who attended to the emergency department in government hospitals at West Bank. The instrument of Patients' perception of quality nursing care and services was utilized.

Results: The study revealed that (52.1%) of the patients have good perception level of quality nursing care and services in emergency department in West Bank Hospitals. According to domains of the quality nursing care and services in emergency department, the study revealed that 73.1% of the patients have highest good perception level of Interpersonal relationship between patients and nurses, 67.1% of competency of nurses in caring for patient, 63.9% of the efficiency in serving patient, 63.0% of provision of general instructions by the nurses, 55.3% of Personal information, 47.5% of Physical environment in the ward, and finally 27.9%. of Sanitations. Also, the study revealed that there was no relationship between Patients’ perception on nursing care and

gender, age, level of education, monthly income, history of chronic illness, marital status, and number of patient' visits to emergency department ($p>0.05$).

Conclusion:

The study confirmed that half of the patients have good perception level of quality nursing care and services in ED in West Bank Hospitals. Also, the study confirmed that there was no relationship between Patients' perception on nursing care and gender, age, level of education, monthly income, history of chronic illness, marital status, and number of patient' visits to ED.

Keywords: quality nursing care, emergency, patients, perception

ABBREVIATIONS

Abbreviation	Explanation
SPSS	Statistical Package for Social Sciences
ANOVA	Analysis of Variance
t-test	t student statistical test
AAUP	Arab American University Palestine
ED	Emergency department
PMC	Palestinian Medical Complex
M	Mean
SD	Standard deviation

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Chapter One

Introduction

1.1 Background

Nursing care in an emergency department (ED) varies from that in hospital wards. Patients arrive in need of more or less immediate treatment in the ED, causing large differences in patient flow. The period of visits to the ED is always limited and decisions must be taken quickly (Muntlin et al., 2006). The structure of the emergency department is different from other hospital wards and unique skill requirements for healthcare professionals working in the emergency department are therefore critical for patient safety and quality of care (Muntlin, 2009)

A fundamental responsibility of every healthcare system is the maintenance of quality care. Providing high-quality care and achieving maximum satisfaction for patients is a challenge facing healthcare organizations globally (Dikmen & Yılmaz, 2016). A challenge that healthcare organizations face internationally is to provide high-quality care and ensure patient satisfaction. An important aspect of the quality of health care assessment has been to explore the quality of nursing care from the perspective of patients, including patient satisfaction (Zhao et al., 2009). An important element in quality evaluation is examining the quality of nursing care from the perspective of the patient (Muntlin et al., 2006). As competition in health care continues to be favored by the economic and social climate, quality nursing care remains an important role for patients. Patients usually express their requirements with respect to the nursing care they receive in terms of what they need, want, prefer, expect and demand, Patient requirements may be interpreted as a need for quality nursing care that nurses tries to

meet (Negussie, 2018). Increasing competition in all life areas reaches the health care delivery system.

The most advantage of health care institution is providing high-quality health care services that can appear on the patient's satisfaction and their relatives (Sise, 2013). Quality nursing care persists as an important aspect for perception of patients. Nurses are involved in approximately in each area of patient care in the acute setting. Nurses often stay and care patients more frequently than the other health care workers in the hospital (Muraleeswaran&Thenuka, 2016).

The quality of nursing care is a vital aspect for healthcare providers and patients who need improvement, making patient happiness a necessary goal. It is important to determine the quality of the services rendered by nurses (Zaho et al., 2009). The quality of care as defined by the Institute of Medicine (IOM) (1990, p.1) is "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". The American Nurses Association (2003) defined the Quality of nursing care is defined as "the measures to meet patients' ideas, which are necessary to meet their healthcare needs" (American Nurses Association, 2003).

Quality in service delivery is the most critical concern in hospitals, as patients demand higher levels of care and services. Quality nursing care remains an important role for patients, as nurses are involved in nearly every area of client care in the hospital. Perception can be described as a way of thinking about or understanding someone or something. Patient's perception is typically interpreted to be the patient's opinion of the care offered and the outcomes of the treatment. (Muraleeswaran, &Thenuk, 2016).

Health care professionals view the competent nurse as quality of nursing care, while patients have described quality of nursing care in terms of many aspects include interpersonal care, efficiently, competency, comfort, personal information physical environment, and general instruction (Gupta, Shrestha, &Hulung, 2014; Senarat&Gunawardena, 2011).

Emergency department patients are not always satisfied with the care delivered and nursing care is often characterized as instrumental and non-holistic in emergency departments (Muntlin, 2009). The perceptions of patients about the quality of care they receive are a significant and challenging problem in the development of health care services (Ogunlade et al., 2017). In countries at all levels of development, the evaluation of the opinions of consumers of health services is gradually being promoted as a vital part of quality evaluations (Gupta.et al., 2014).

Patient perception is a significant measure that provides an impression of the efficiency of nursing care. Also, it offers feedback to evaluate the quality of nursing care (Negussie, 2018). The provision of healthcare services is a significant issue that relies on the perception of the level of care provided to the patient (Törnvall&Wilhelmsson, 2010). Patients' perception of hospital nursing quality is considered to be an important factor in improving the quality of the hospital (Muraleeswaran &Thenuka, 2016).

1.2 Problem Statement

The main indicator of the quality of nursing care is the perceived patient. It also gives input on the consistency and evaluation of nursing care. Thus, patients should not be required to choose such parameters from experts but rather to specify their own

preferences and determine their condition appropriately (Hench et al., 2012). Professionals in healthcare and consumers see quality treatment from various perspectives. Professionals in health care see nursing competent care as quality care. Patients defined quality of care by personalized information, skillfulness, comfort, interpersonal care, the general instructions and physical environment, patients define quality care.

Emergency departments is one of the most loaded in health care setting and health care team have many stressors and responsibilities, there is also lack of time, resources and other facilities, the nature of cases arrives to emergency departments create obstacles related to ability of staff to provide quality of care.

The nurses in emergency departments consider the first line encounter with patients and spend much time with them compared with other health care providers.

The nursing in emergency departments deal with all of patients' simple, moderate and severe critical cases. However, nurses are required to provide best care for patients. This consider struggle for all nurses in emergency departments.

The bad perception about quality nursing care and services in emergency mean the need for improving quality nursing care and good perception mean high quality nursing care and services for patients and need to be maintained. Therefore, the assessing patients' perception in emergency departments according quality nursing care and services is one of main indicators of quality nursing care.

Previous studies have shown that patients' perceptions of quality nursing care are important, but the variables that influence perception are being debated, so this study will assess patients' predictors of quality of nursing care and ED services.

However, up to our knowledge, after searching different databases, there are no published research in Palestine on patients' perceptions of the quality of nursing care and ED services. This is also one of the first studies to evaluate patients' perception of ED and the variables associated with this perception.

1.3 Significant of the Study

Patients considered to be the key users of any hospital facility, particularly the Emergency Department (ED), hence the main and essential role of the hospital is to provide and support the overall care of patients during the period of their illness in the ED.

Patient perceptions rely largely on the quality of nursing care and associated ED services. Quality nursing care is also the pulse of the hospital, helping to keep the hospital running well and helping patients to minimize the average length of stay in the hospital.

In Palestine, healthcare institutions have an interest in improving the quality of patients and healthcare care. This research is important for hospital management, quality managers and ED nurses, as its results could help to establish effective interventions based on associated variables to enhance and improve the quality of nursing care and services. Results can also motivate and enrich hospital directors and hospital management to expand services and to work more on areas that need improving

1.4 Purposes of the Study

The purpose of the study was to assess the patients' perception of the quality nursing care and services in an emergency department in West Bank governmental hospitals.

1.5 Research Questions

To achieve the goal of the study, the research questions were:

1. What is the level of patients' perception of the quality nursing care and services in ED in West Bank Hospitals?
2. Is there relationship between demographic factors and patients' perception of the quality nursing care and services in ED in West Bank Hospitals?
3. Is there significant difference between certain demographic factors and patients perception of quality nursing care and services in ED in west Bank hospitals?

1.6 Variables of the Study

- **Independent variables:** socio-demographic data such as age, gender, marital status, monthly income, educational level, chronic disease, number of visits to emergency department.
- **Dependent variables:** Patients' perception of quality nursing care and services .

1.7 Conceptual Definition:

1.7.1 Quality of Care: "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (IOM, 1990, p.1).

1.7.2 Quality of Nursing Care: defined as “a process that sought to attain the highest degree of excellence in the delivery of patient care” (Negussie, 2018).

Quality of nursing care is defined as “the measures to meet patients’ ideas, which are necessary to meet their healthcare needs” (American Nurses Association, 2003).

1.7.3 Patient's Perception of Quality Nursing Care is defined as “the patient's feeling or view of the nursing care they received from nursing staff during hospital stay and is acknowledged as an outcome indicator of the quality of nursing care” (Negussie, 2018).

1.8 Operational Definition:

1.8.1 Quality Nursing Care Scale was used to measure the patients' perceptions of quality nursing care and emergency services

1.8.2 Emergency Department: to measure patients' perceptions of quality nursing care and emergency services in three major emergency department were performed. The hospitals were Rafedia hospital in the north, Medical complex in the middle, and Alia hospital in the south of West Bank.

1.9 Conceptual Framework

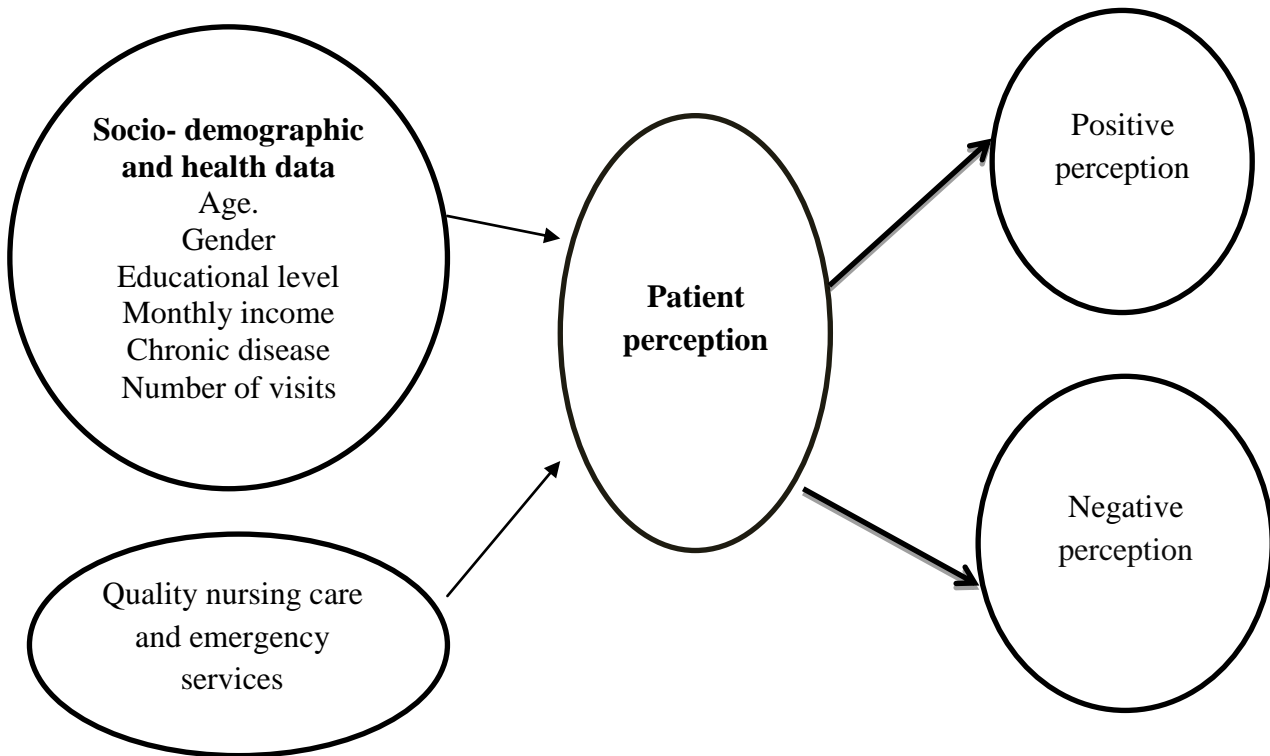


Figure 1-1 conceptual framework of the study

Chapter Two

Literature Review

2.1 Introduction

The literature review focused on quality nursing care, patient perception, factors that influence patient perception, and previous study recommendations. This chapter gathered and summarized a large number of researches relating to patient perception in quality nursing care.

2.2 Previous Studies

In a mixed quantitative and qualitative study conducted by Gupta (2014) to identify the Patient's Perception towards Quality Nursing Care in Nepal. The results showed that respondents' general view of nursing care was positive (91%), whereas negative perceptions (9 %). As a greatest proportion of people received positives, there is no significant difference in perception with respect to overall care by education, sex and employment.

The same results showed in across sectional study conducted by Dikmen & Yilmaz(2014) to examine the patients' perceptions of nursing care they receive and the variables that affect this perception in public hospital in Turkey. The sample of the study consisted of 160 patients. Results revealed that the patients had a positive view of nursing services. Also, it revealed that the factors such as the level of education of patients, chronic illnesses, duration of hospitalization, and the presence of a partner affected nursing perception. However, gender, age, and previous hospitalizations were not affected to the perception of patients of nursing care.

Similarly, a cross sectional study conducted by Twayana&Adhikari (2015) to assess the patients' perception regarding nursing care in Inpatient Department off Hospitals in Bhaktapur District. The study conducted by purposive sample on 140 patients. The findings found that 63.6 % of respondents had a positive perception of nursing care overall, whereas 36.4 % had a negative perception. 33.6 % of respondents had a negative perception of the Physical Environment and Facilities component. Furthermore, the data revealed that there was no correlation between demographic variables and levels of perception of nursing care.

Also, a cross-sectional study conducted by Muraleeswaran & Thenuka (2016) to assess the patients' perception regarding nursing care of Base Hospital Kalmunai (North) in Sri Lanka. The study conducted on 140 patients by self – interview questionnaire. According to the findings, 70.0% of respondents had positive perception, whereas 30.0% had negative perception on overall aspect of nursing care. In the physical environment and facilities, 37.6% of respondents had a negative perception. However, findings revealed that there was no association between demographic characteristics and level of perception with the nursing care as greatest percentage of respondents had positive perception.

In addition, across-sectional study conducted by Al-Hussami et al. (2017) to explore patients' perception of the quality of nursing care and related hospital services among Jordanian inpatients along with their intent to revisit the same hospital. The study conducted on 148 of current patients admitted to hospitals in Jordan. The study found that those intended for a hospital revisit had a higher overall perception rate than those that were not intended for revisit.

Moreover, a cross-sectional study conducted by Afaya et al. (2017) to explore patients' perceptions about nurses caring behaviors in Ghana. The study conducted on 183 patients admitted to the medical-surgical ward. The study utilized question developed by the researcher. The results revealed that overall, 89.5% of patients had a positive perception of nurses' caring behaviors, and the mean score of overall patient perception of nurses' caring behavior on the Caring Behaviors Inventory24 subscale was 4.68, reflecting a high score rate indicating a positive perception.

Furthermore, a cross sectional study conducted by Negussie et al. (2018) to assess patients' perception towards the quality of nursing care in inpatient department at public hospitals in north Ethiopia. The study conducted using a stratified random sample technique for selecting participants with 421 participants. The findings showed that the general perception was positive. The association between the patient's education levels, the duration of hospital stays, the status of a companion and room type was statistically significant .

However, there was no statistically significant association with overall patient perception between gender, age and past inpatient experiences. At the same time, the same previous studies results indicated in a descriptive cross-sectional study conducted by Khan et al. (2018) to assess patients' perceptions about the quality of nursing care at public and private hospitals in Lahore (Pakistan). The study conducted on 228 patients selected as convenient sampling collected from medical and surgical wards. This study adopted questioners as data collection. The results revealed that the perceptions of patients on the quality of care are good and that patients in all four hospitals have a positive response on the quality of care.

In a recent descriptive-correlational study conducted by Rajabpour et al. (2019) to investigate the relationship between the Iranian patients' perception of holistic care and overall satisfaction with nursing care in hospitals affiliated to Kerman University of Medical Sciences. The study conducted on 100 patients who admitted to oncology ward. The results revealed that there was a significant positive correlation between patients' perception of care and overall satisfaction with nursing care, which means that the higher the patients' perception of holistic care, the greater their overall satisfaction. According to the regression model, the type of hospital, the patient's perception of holistic care, education, past hospitalization experience, age, and marriage are all predictors of overall satisfaction with nursing care.

However, in a descriptive study conducted by Ogunlade et al. (2017) to examine adult patients' perception of emergency nursing care in southwestern Nigeria. The study conducted on 428 patients using purposive sample. The study utilized question developed by the researchers. The results revealed that 67% of the patients perceived the emergency nursing care in the selected hospitals as unsatisfactory (negative perception). However, the 18.5% of the patients exhibited positive or satisfactory perception.

Also, a cross-sectional study conducted by Gishu et al. (2019) to assess patient's perception of the quality of nursing care in a tertiary center in Ethiopia. The study conducted on 340 patients using systematic random sampling. Data was gathered by interviewing the patient at the bedside using a paper-based questionnaire. The nursing care performance was the greatest for nurse-physician relation and poor for education and home care preparation and physical care. The mean score for emotional care and nursing was 3.5 and 3.83 respectively. In both subscales, patients felt low quality of

care despite a greater mean score of emotional care and healthcare. While just 36% of respondents were satisfied with nursing care, patient education had the highest relationship with satisfaction.

2.3 Summary

Previous studies have shown that patients' perceptions of quality nursing care are important, a lot of previous studies focused on patient perception of quality nursing care inpatients in open wards, few studies focused in emergency departments in addition after searching to different databases, there are no published research in Palestine on patients' perceptions of the quality of nursing care and ED services. Also, conclude from previous studies the variables that influence perception are being debated, so this study assesses patients' predictors of quality of nursing care and ED services.

Chapter Three

Methodology

3.1 Introduction

The current study methodology is described in the following sections: study design, setting, population and sample, study instruments, data collection methods, data analysis, and ethical considerations.

3.2 Study Design

The current study was cross-sectional, descriptive study to assess the patients' perception of the quality nursing care and services in an emergency department in west bank governmental hospitals.

3.3 Setting of The Study

The study was conducted in the Emergency department of three governmental hospitals in west bank. Rafedia hospital/ Nablus in the North, Palestinian Medical Complex (PMC)/ Ramallah in the middle and Hebron Hospital (Alia)/ Hebron in the south west bank. The hospitals were selected as these hospitals considered the largest and referral hospitals.

3.4 Study Population

The population of this study consisted of all patients who admitted from emergency departments at targeted governmental hospitals.

3.5 Inclusion Criteria

The Inclusion Criteria included:

- a) Patients who 19 years to less than 70 years.
- b) Patients admitted to emergency departments (ED)
- c) Patients received treatments in emergency departments and admitted to ward from emergency.
- d) Participants willing to participate in the study.

3.6 Exclusion Criteria

- a) Patients suffering from severe mental or cognitive disorders.
- b) Unconscious patients
- c) Participants who refuse to participate in the study
- d) Patients who have been complaining about their discomfort or pain during collecting of data.

3.7 Study sampling and sample size

Non probability convenient sampling used to obtain the desired number of the patients.

“The sample size calculated by using G*power program with alpha of 0.05, effect size of 0.2, and power of 0.80 with correlation. The appropriate sample size was 218. To overcome the problem of missing or deficient data, additional 22 participants were added so that the final sample size was 240 patients”.

3.8 Instrument of the Study

The study was completed with self-administered questionnaire consists of the following parts (Appendix A):

1_ Demographic data. It includes age, gender, marital status, educational level, income/month, and number of emergency visits in the previous year, health status (presence of chronic disease).

2. Patients' perception of quality nursing care and services which was developed by Senarat and Gunawardena (2011). The instrument consists of 36 items covered eight dimensions including, interpersonal relationship between patients and nurses (12 items), efficiency in serving patient (7 items), comforts provided in the ward (4 items), sanitations (3 items), personal information (3 items), physical environment in the ward (3 items), the provision of general instructions by the nurses (2 items), and the competency of nurses in caring for patient (2 items). The questionnaire items score on 5-points Likert scale ranging from 1 (disagreed/dissatisfied) to 5 (fully agree/satisfied). The scoring system is classified into two groups: (1) high level of perception for domains and statements their mean scores are higher than the mean score of perception scale, and (2) poor level for domains and statements their mean scores are less than the mean score of perception scale. The instrument has high Internal consistency (Cronbach's $\alpha = 0.91$). The Arabic version of this instrument that is developed by Al-Hussami et al. (2017) was used. It has good psychometric properties, where internal consistency reliability using Cronbach's alpha coefficient is 0.979 for the total scale.

3.9 Pilot Study

The author conducted a pilot study in governmental hospital on a convenience sample of 20 patients before starting the actual study. The pilot study was intended to identify expected problems or obstacles to the data collection procedure, and the suitability of the items in the questionnaire. This step helped the author to evaluate and ensure the clarity and familiarity of the questionnaire's words and phrases from the participants' perspective. Their comments revealed that the items were clear, not confusing, comprehensive, suitable, and were easy to complete. The questionnaire took around 15–20 minutes to be completed. The pilot study participants were excluded from the actual study.

3.10 Ethical Considerations

The researcher committed to all ethical consideration required to conduct a research. Ethical approval was obtained from American University and Palestinian Ministry of Health (Appendix B). Each participant was given a detailed description of the study's objectives, as well as enough time to fill questionnaires. Patients are informed about voluntary engagement. There are no names or personal details about the participants. All information was kept confidential and was only used for research purposes.

3.11 Data Collection

The patients who admitted to the wards from emergency departments were chosen by the researcher for several reasons, the emergency wards at government hospitals are overloaded; there is no waiting area in the emergency ward to collect data

after patients have completed their treatments and most patients after completion of treatment in the emergency department are in a hurry to be discharged.

The researcher visited three government hospitals after receiving approval from the American University and the Palestinian Ministry of Health. The approval also was obtained from the hospitals' and the nursing managers. Then we contacted all patients admitted to wards from emergency departments who met the inclusion criteria. The researcher provided a complete description to the participants, and who agreed to participate assigned the informed consent. The researcher clarified to the participants that participation is voluntary and that they can withdraw from the study at any time. The data collection period lasted from 20 March 2021 to 29 May 2021.

3.12 Data Analysis

Data was analyzed using Statistical Package for Social Sciences 23.0 (SPSS-IBM Corp., Armonk, NY, USA) software program. Descriptive statistics including: Mean (M), frequency, percentage, range and standard deviation (SD). Also, independent t test, one way ANOVA, and Correlation were used. Finally, the $p\text{-value} < 0.05$ were considered statistically significant.

Chapter Four

Results

4.1 Introduction

This chapter deals with the data collected for analysis. The statistical method allowed the investigator to deduce, analyze, coordinate, measure, evaluate and convey the numerical information. The aim of data analysis is to provide answers to questions about the study. The data analysis strategy comes directly from the question, the design and the data collection process and the level of measurement of the data. This chapter edits, tabulates, analyzes and interprets the data collected.

This chapter expresses the findings concerning to assess the patients' perception of the quality nursing care and services in an emergency department in West Bank governmental hospitals. Statistical analyses were directed to explore three research questions:

1. What is the level of patients' perception of the quality nursing care and services in ED in West Bank Hospitals?
2. Is there relationship between demographic factors and patients' perception of the quality nursing care and services in ED in West Bank Hospitals?
- 3_ Is there significant difference between certain demographic factors and patients perception of quality nursing care and services in ED in west Bank hospitals?

4.2 Response Rate

Two hundred and nineteen participants out of 240 questionnaires (91.3% response rate) were completed and returned to be analysis.

4.3 Participants' Characteristics

The findings revealed that the mean age of participants was 47.6 (SD= 15.3) years. With regard to gender, the majority 137(62.6%) were males and remaining were females. Also, approximately 71(32.4%) had secondary education level and 66 (30.1%) had primary education level. Further, 161 (73.5%) of the participants were married. The analysis revealed that the visits to hospital mean were $3.4 \pm (3.5)$ and their monthly income average were $1949.8 \pm (1517.8)$. Table 4-1 showed these demographic characteristics of the participants.

Table 4-1: Demographic Characteristics Of The Participants (N=219)

Characteristics		M (SD)	n (%)
Age		47.6 (15.3)	
Gender	Male		137(62.6%)
	Female		82(37.4%)
Education	primary school		66(30.1%)
	secondary school		71(32.4%)
	Diploma		20(9.1%)
	Bachelor		59(26.9%)
	postgraduate studies		3(1.4%)
Marital status	Single		35(16.0%)
	Married		161(73.5%)
	Divorced		5(2.3%)
	Widowed		18(8.2%)
Number of visits		3.4 (3.5)	
Monthly income		1949.8 (1517.8)	

M= Mean, SD= standard deviation

Also, the analysis revealed that more than half of the participants' 120 (54.79%) reported that they had history of chronic illness, as seen in figure 4-1.

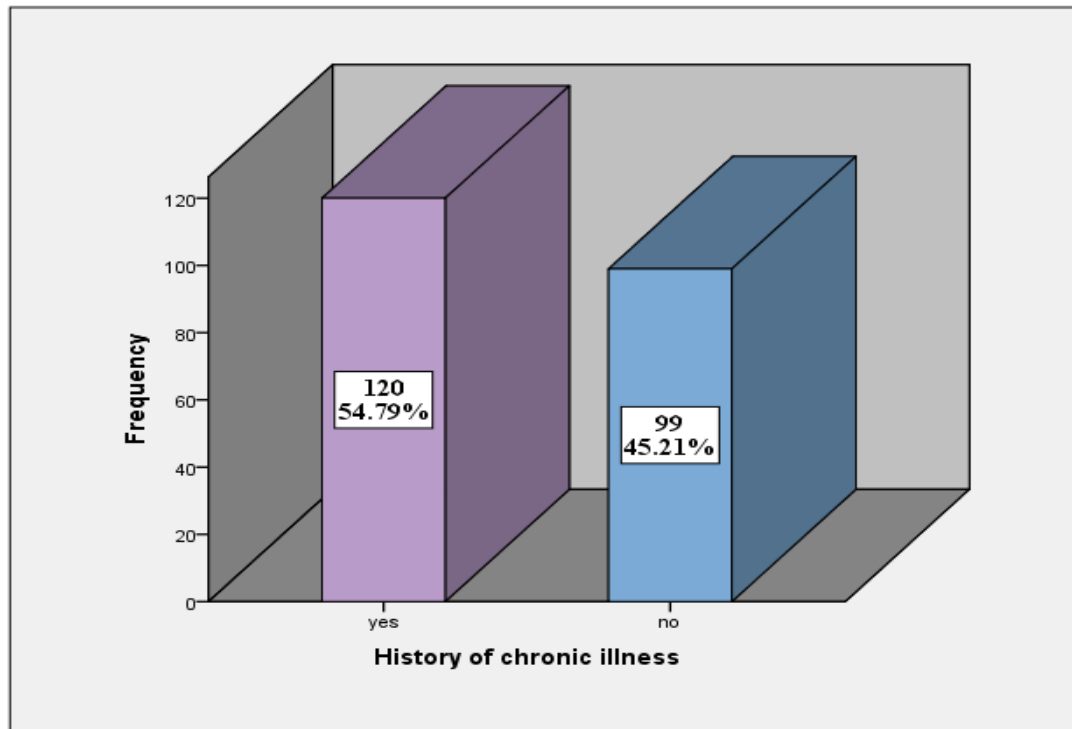


Figure 4-1: Distribution of the participants according history of chronic illness (N=219)

4.4 Testing Research Questions

Research question 1: What is the level of patients' perception of the quality nursing care and services in ED in West Bank Hospitals?

The participants' perception of the quality nursing care level and the eighth domains are presented in Table 4-2. The level of the overall scale of the good perception was 114 (52.1%). Also, on average, the domain that scored the highest level of good perception was Interpersonal relationship between patients and nurses with 73.1%, followed by 67.1% the competency of nurses in caring for patient, then efficiency in serving patient 63.9%, the provision of general instructions by the nurses 63.0%, Personal information 55.3%, Physical environment in the ward 47.5%, and finally Sanitations with 27.9%.

Table 4-2: Patients' Perception on Nursing Care at ED in West Bank Hospitals
(N=219)

Domain	Good perception	Poor perception
	N (%)	N (%)
Interpersonal relationship between patients and nurses	160(73.1)	59(26.9)
Efficiency in serving patient	140(63.9)	79(36.1)
Comforts provided in the ward	106(48.4)	113(51.6)
Sanitations	61(27.9)	158(72.1)
Personal information	121(55.3)	98(44.7)
Physical environment in the ward	104(47.5)	115(52.5)
The provision of general instructions by the nurses	138(63.0)	81(37.0)
The competency of nurses in caring for patient	147(67.1)	72(32.9)
Total	114(52.1%)	105 (47.9%)

Research question 2: Is there relationship between demographic factors and patients' perception of the quality nursing care and services in ED in West Bank Hospitals?

The t test was performed to assess significant differences between the mean Patients' perception on nursing care score and the gender. The analysis revealed that there was no statistically significant difference between the mean Patients' perception on nursing care score and the gender ($P > 0.05$). However, there was significant difference between the mean of comfort and sanitation domain of Patients' perception on nursing care score and gender ($P < 0.05$), as seen in table 4-3.

Table 4-3: The Differences Between The Patients' Perception on Nursing Care And Gender (N=219)

	Gender	N	M	SD	t test	P-value
Nursing care	Male	137	3.4532	.87154	1.392	0.164
	Female	82	3.2829	.87908		
Interpersonal relationship	Male	137	3.7050	.95695	.159	0.874
	Female	82	3.6839	.94478		
Efficiency	Male	137	3.5746	.97976	1.027	0.306
	Female	82	3.4338	.98501		
Comfort	Male	137	3.2646	1.04967	2.444	.015
	Female	82	2.9116	1.00797		
Sanitations	Male	137	2.7445	1.25977	3.266	.001
	Female	82	2.1789	1.20720		
Personal information	Male	137	3.3650	1.10693	1.177	.240
	Female	82	3.1789	1.17378		
Physical environment	Male	137	3.2165	1.12502	1.379	.169
	Female	82	2.9959	1.17996		
General instructions	Male	137	3.3467	1.15930	0.627	.531
	Female	82	3.2439	1.19991		
Competency	Male	137	3.5511	1.21159	1.048	.296
	Female	82	3.3720	1.24427		

M= Mean; SD= Standard deviation.

The t test was performed to assess significant differences between the mean Patients' perception on nursing care score and the history of chronic illness. The analysis revealed that there was no statistically significant difference between the mean Patients' perception on nursing care score and the participants' history of chronic illness ($P > 0.05$). Also, there was no significant difference between the mean of patients' perception on nursing care domains and history of chronic illness ($P > 0.05$), as seen in table 4-4.

Table 4-4: The Differences Between The Patients' Perception on Nursing Care and The History of Chronic Illness (N=219)

	chronic illness	N	M	SD	t test	P-value
Nursing care	Yes	120	3.3565	.93438	-0.611	.542
	No	99	3.4293	.80309		
Interpersonal relationship	Yes	120	3.6674	1.03010	-0.509	.611
	No	99	3.7332	.84733		
Efficiency	Yes	120	3.4357	1.04337	-1.454	.153
	No	99	3.6263	.89580		
Comfort	Yes	120	3.0875	1.03441	-0.699	.485
	No	99	3.1869	1.06267		
Sanitations	Yes	120	2.4389	1.26061	-1.207	.229
	No	99	2.6465	1.27315		
Personal information	Yes	120	3.3389	1.14739	0.626	.532
	No	99	3.2424	1.11962		
Physical environment	Yes	120	3.1306	1.19390	-0.048	.962
	No	99	3.1380	1.09628		
General instructions	Yes	120	3.3583	1.18319	0.696	0.488
	No	99	3.2475	1.16359		
Competency	Yes	120	3.4917	1.26022	0.102	0.919
	No	99	3.4747	1.18531		

M= Mean; SD= Standard deviation.

One way ANOVA test was performed to assess significant differences between the mean Patients' perception on nursing care score and marital status. The analysis revealed that there was no statistically significant difference between the mean Patients' perception on nursing care score and marital status ($P > 0.05$). Also, there was no significant differences between the Patients' perception on nursing care domains score and marital status ($P > 0.05$), as seen in table 4-5.

Table 4-5: The Differences Between Patients' Perception on Nursing Care and Marital Status (N=219)

Variable		N	M	SD	F	P. Value
Nursing care	Single	35	3.4071	.90453	.208	.891
	Married	161	3.3825	.85557		
	Divorced	5	3.6778	1.19373		
	Widowed	18	3.3364	.97810		
Interpersonal relationship	Single	35	3.6143	.95488	.211	.889
	Married	161	3.6982	.93611		
	Divorced	5	3.8667	1.16905		
	Widowed	18	3.8009	1.07411		
Efficiency	Single	35	3.4653	.95035	.269	.848
	Married	161	3.5200	.98504		
	Divorced	5	3.8857	1.13119		
	Widowed	18	3.5476	1.03742		
Comfort	Single	35	3.2000	1.07409	.139	.936
	Married	161	3.1134	1.02924		
	Divorced	5	3.3500	1.40979		
	Widowed	18	3.1111	1.12205		
Sanitations	Single	35	2.7333	1.28795	.832	.478
	Married	161	2.5114	1.25722		
	Divorced	5	2.9333	1.78575		
	Widowed	18	2.2222	1.19367		
Personal information	Single	35	3.4857	1.04582	.411	.745
	Married	161	3.2609	1.12033		
	Divorced	5	3.1333	1.48324		
	Widowed	18	3.2778	1.36363		
Physical environment	Single	35	3.3619	1.10368	1.792	.150
	Married	161	3.1139	1.11623		
	Divorced	5	3.7333	1.23378		
	Widowed	18	2.7037	1.40442		
General instructions	Single	35	3.3571	1.04721	.820	.484
	Married	161	3.3012	1.16496		
	Divorced	5	4.0000	1.22474		
	Widowed	18	3.0833	1.45774		
competency	Single	35	3.3857	1.24313	.686	.562
	Married	161	3.5186	1.20142		
	Divorced	5	4.0000	1.22474		
	Widowed	18	3.2222	1.41652		

M= Mean; SD= Standard deviation.

One-way ANOVA test was performed to assess significant differences between the mean Patients' perception on nursing care score and level of education. The analysis revealed that there was no statistically significant difference between the mean Patients' perception on nursing care score and level of education ($P > 0.05$). Also, there was no significant differences between the Patients' perception on nursing care domains score and level of education ($P > 0.05$), as seen in table 4-6.

Table 4-6: The Differences Between the Patients' Perception on Nursing Care and Level of Education (N=219)

		N	M	SD	ANOV A	P. value
Nursing care	primary school	66	3.5463	.90537	1.523	.196
	secondary school	71	3.3873	.92244		
	Diploma	20	3.5167	.67601		
	Bachelor	59	3.1766	.84094		
	postgraduate studies	3	3.3241	.32434		
Interpersonal relationship	primary school	66	3.8270	.96933	1.369	.246
	secondary school	71	3.6761	.97372		
	Diploma	20	3.9125	.77255		
	Bachelor	59	3.4887	.95134		
	postgraduate studies	3	4.0000	.58333		
Efficiency	primary school	66	3.6688	.99549	1.073	.371
	secondary school	71	3.4909	.99671		
	Diploma	20	3.6929	.84614		
	Bachelor	59	3.3559	1.00259		
	postgraduate studies	3	3.1429	.28571		
comfort	primary school	66	3.3447	1.01125	1.437	.223
	secondary school	71	3.1232	1.16410		
	Diploma	20	3.1625	.86327		
	Bachelor	59	2.8983	.98493		
	Postgraduate studies	3	3.0833	.52042		
sanitations	primary school	66	2.6919	1.31696	.719	.580
	secondary school	71	2.4977	1.27600		
	Diploma	20	2.7167	1.22486		
	Bachelor	59	2.3446	1.23792		
	postgraduate studies	3	2.3333	.88192		

		N	M	SD	ANOVA	P. value
Personal information	primary school	66	3.5354	1.13209	1.571	.183
	secondary school	71	3.2676	1.20267		
	Diploma	20	3.3167	1.01725		
	Bachelor	59	3.0904	1.08071		
	postgraduate studies	3	2.5556	.19245		
Physical environment	primary school	66	3.2727	1.17802	1.491	.206
	secondary school	71	3.2676	1.19339		
	Diploma	20	2.9500	.91303		
	Bachelor	59	2.8644	1.11781		
	Postgraduate studies	3	3.4444	.83887		
General instructions	primary school	66	3.4470	1.21253	1.118	.349
	secondary school	71	3.3803	1.18160		
	Diploma	20	3.4000	.88258		
	Bachelor	59	3.0593	1.21444		
	Postgraduate studies	3	2.8333	.28868		
competency	Primary school	66	3.6439	1.25197	1.295	.273
	secondary school	71	3.5211	1.30504		
	Diploma	20	3.7000	.86450		
	Bachelor	59	3.1949	1.19992		
	postgraduate studies	3	3.3333	.28868		

M= Mean; SD= Standard deviation.

Research question 3: Is there significant difference between certain demographic factors and patients' perception of quality nursing care and services in ED in west Bank hospitals?

Pearson Correlation test was performed to assess the relationship between the mean Patients' perception on nursing care score and age, monthly income, and number of patient' visits to ED. The analysis revealed that there was no relationship between the mean Patients' perception on nursing care score and age, monthly income, and number of patient' visits to ED ($P > 0.05$). Also, there was no significant differences found

between the Patients' perception on nursing care domains score and age, monthly income, and number of patient' visits to ED ($P > 0.05$), as seen in table 4-7

Table 4-7: The Relationship Between the Patients' the Patients' Perception on Nursing Care and Age, Monthly Income, and Number of Visits to ED (N=219)

Variable	Age	Monthly income	Visit
	Pearson Correlation	Pearson Correlation	Pearson Correlation
Nursing care	.001	-.016	-.008
Interpersonal relationship	.000	-.048	-.045
Efficiency	-.005	-.043	-.019
comfort	-.004	.049	.071
Sanitations	-.015	.035	.027
Personal information	.015	-.005	-.040
Physical environment	-.029	-.017	.012
General instructions	.032	.012	.000
Competency	.040	.016	.037

4.5 Summary

The study revealed that half of the patients have good perception level of quality nursing care and services in ED in West Bank Hospitals. According to domains of the quality nursing care and services in ED, the study confirmed that 73.1% of the patients have highest good perception level of Interpersonal relationship between patients and nurses, 67.1% of competency of nurses in caring for patient, 63.9% of the efficiency in serving patient, 63.0% of provision of general instructions by the nurses, 55.3% of Personal information, 47.5% of Physical environment in the ward, and finally 27.9%. of Sanitations.

Also, the study confirmed that there was no relationship between Patients' perception on nursing care and gender, age, level of education, monthly income, history of chronic illness, marital status, and number of patient' visits to ED ($p > 0.05$).

Chapter Five

Discussion, Recommendations, and Conclusion

5.1 Introduction

In this chapter, discussion, conclusions, and recommendations will be explained. The conclusion will be formulated according to the purpose of the study. The purpose of this study was to assess the patients' perception of the quality nursing care and services in some emergency departments in West Bank governmental hospitals.

5.2. Discussion:

This study revealed that the overall proportion of patients who had good perception on the quality of nursing care was 114 (52.1%) and 105 (47.9%) who had negative perceptions. This finding was consistent with the study done in Nepal (63.6%) (Twayana&Adhikari, 2015). Also, this result was supported by another study conducted in Nepal by Gupta (2014), which found that respondents' positive perception of nursing care was (91%) whereas (9%) perceived negatively. Similarly results revealed in a study conducted in Turkey (Dikmen&Ylmaz, 2014) which revealed that patients had a positive view of nursing services. Another study conducted in Sirlinka supported the current study findings revealed that 70.0 % of respondents had positive perception and 30.0 % had negative perception on the overall aspect of nursing care (Muraleeswaran&Thenuka, 2016). In addition, the current findings are supported by recent study conducted in Lahore (Pakistan). The results revealed that patients' perception about quality of nursing care are good and patients have positive response about quality of nursing care in hospitals (Khanet al., 2018)

On the other hand, other studies contradict with current study results. In a study conducted by Ogunlade et al. (2017) in south western Nigeria revealed that 67% of the

patients perceived unsatisfactory (negative perception) of the emergency nursing care in the selected hospitals. However, 18.5% of the patients exhibited positive or satisfactory perception. Another study conducted by Samina et al. (2008) in

India revealed higher percentage of patients had a negative perception of nursing care regarding "explanation and information" and "caring attitude" (31% and 11.5%) respectively.

The current results showed that the domain of Interpersonal relationship between patients and nurses scored the highest level of good perception (73.1%), followed by (67.1%) of the competency of nurses in caring for patient, then (63.9%) of efficiency in serving patient the provision of general instructions by the nurses. However, the lowest domain scores (27.9%) was Sanitations.

Similarly results revealed in a study conducted by Twayana&Adhikari (2015) revealed that 33.6% of respondents who had negative perception was the dimension of Physical Environment and Facilities. Also, a study conducted in Sri Lanka by Muraleeswaran&Thenuka (2016) revealed that 37.6% of respondents had a negative perception in the category of Physical Environment and Facilities.

With regard to relationship between demographic factors and patients' perception of the quality nursing care and services in ED in West Bank Hospitals, the results showed in the current study that there was no relationship between them.

Similarly results conducted by Twayana&Adhikari (2015) showed no association between demographic characteristics with the levels of perception with the nursing care. Also, same results revealed by Gupta study (2014) which showed no significant difference of perception in relation to total nursing care by sex, education and occupation status of the respondents as highest percentage of respondents had

positive perception. In addition, similar results showed by Muraleeswaran &Thenukas (2016) study which revealed that there was no association between demographic characteristics and level of perception with the nursing care as highest percentage of respondents had positive perception

In contrast to our findings concerning the link between demographic variables and levels of perception with nursing care. Dikmen&Ylmaz (2014) found that factors such as the level of education of patients, chronic illnesses, and other factors influenced nursing perception. However, similar findings as the gender, age, and previous hospitalizations had no effect on patients' perceptions of nursing care.

Also, another finding that contradicts our findings in study conducted by Negussie et al. (2018) in north Ethiopia which found that there was a statistically significant link between patient education and patient perception on quality nursing care. However, this study supports the current results in other demographic variables such as gender, age, or previous hospitalization. In addition, a study conducted in Ethiopia by Gishu et al. (2019) found that patient education has the strongest relationship with satisfaction.

5.2 Limitations of the Study

Every study has limitations, and the limitations of the current study was

1. The questionnaire was self-administered questionnaire
2. Convenience sample from the targeted hospitals

5.3 Strengths of the Study

One of the major strengths of our study that it concerned with patient perception which considered a reliable indicator for the quality of care, also this study considered the first to assess the quality of nursing care by patient perception in the emergency department, the strengths of the study also derived from the results which showed up positive perception about nursing care which considered very good indicators in governmental hospitals quality of care.

5.4 Recommendations

Based on the results of the current study, the researcher recommends the following:

- 1- More studies should be conducted concerning patient perception and viewpoints, as the patient is the center of nursing care and health indicators.
- 2- Nurses and health care teams should give more attention to improve the comfort needed in emergency departments.
- 3- More research should focus on conducting qualitative research to explore deeply the patient's concerns and perceptions.
- 4- Training courses should be provided for all health care teams especially the emergency team about handling emergency situations, improving the quality of services.
- 5- Infrastructure for the emergency department should be improved.

5.5 Conclusion

The study confirmed that half of the patients have good perception level of quality nursing care and services in ED in West Bank Hospitals. The study revealed that the highest domain of good perception of quality nursing care and services in ED among patients was interpersonal relationship between patients and nurses, competency of nurses in caring for patient, efficiency in serving patient, provision of general instructions by the nurses, personal information, physical environment in the ward, and finally Sanitations, respectively.

Also, the study confirmed that there was no relationship between Patients' perception on nursing care and gender, age, level of education, monthly income, history of chronic illness, marital status, and number of patient' visits to ED.

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Appendix A

Questionnaire

English Version of the Questionnaire

Statements	fully disagree	disagree	Neutral	agree	fully agree
Interpersonal relationship between patients and nurses					
1- The way the ward staff welcomed.					
2- Care given by the nurses.					
3- Respect shown by the nurses.					
4- Courtesy of the nurses.					
5- Willingness of nurses to help when asked for help.					
6- The way nurses understood emotions and gave comfort during stay.					
7- Opportunity given to express concerns leisurely.					
8- The nurses' response to needs.					
9- Concern shown by nurses towards illness.					
10- Friendliness of nurses.					
11- Nurses treated me in a way that made me feel important.					
12- Nurses spent adequate time with me.					
Efficiency in serving patient					
13- The nurses gave me treatment/medicine without any delay.					
14- The nurses maintained records efficiently.					
15- Efforts taken by nursing staff to provide peaceful environment in the ward.					
16- Frequency of visits paid to me by the nursing staff.					
17- Number of nurses available for my care.					
18- The nurses maintain good coordination with other staff.					
19- Efforts taken by the nursing staff to minimize delay in performing investigations.					

Comforts provided in the ward					
20- Efforts taken for ensuring privacy during examination.					
21- Provisions for an un-disturbed sleep.					
22- The quality of the bed.					
23- The quality and cleanliness of bed linen.					
Sanitations					
24- Number of bathrooms available.					
25- Quality of the bathrooms available.					
26- Cleanliness of the toilets.					
Personal information					
27- Information given on facilities available when first came to the ward.					
28- Information given by the nursing staff regarding the illness.					
29- Information given by the nursing staff on investigations.					
Physical environment in the ward					
30- Ventilation of the ward.					
31- Lighting condition of the ward.					
32- Condition of the area provided to eat at the ward.					
The provision of general instructions by the nurses					
33- Amount of information displayed at the entrance.					
34- The signs of direction for wards/labs.					
The competency of nurses in caring for patient					
35- Nurses are competent.					
36- Nurses are knowledgeable enough to answer my questions.					

1. البيانات الشخصية:

- المستشفى: ☐ مستشفى رفيديا ☐ مستشفى المجمع الطبي ☐ مستشفى الأميرة عالية (الخليل)
- الجنس: ☐ ذكر ☐ أنثى
- العمر:
- الحالة الاجتماعية: ☐ عازب/ عذباء ☐ متزوج/ متزوجة ☐ مطلق/ مطلقة ☐ أرمل/ أرملة
- المؤهلات العلمية: ☐ أساسي ☐ ثانوي ☐ دبلوم ☐ بكالوريوس ☐ دراسات عليا
- الدخل الشهري للأسرة بالشهر
- هل تعاني من أي أمراض مزمنة: ☐ نعم ☐ لا
- مع هذه المرة ، كم مرة قمت بزيارة قسم الطوارئ في المستشفى في السنة الماضية؟

2. إدراك المرضى لجودة الرعاية التمريضية و الخدمات في قسم الطوارئ

الرقم	البند	غير موافق / راض بشدة	غير موافق / راض	حيادي	موافق / راض	موافق / راض بشدة
1	الطريقة التي رحب بها أعضاء القسم بي					
2	الرعاية التي قدمها الممرضون					
3	الاحترام الذي أظهره الممرضون					
4	اللطف الذي أظهره الممرضون / المجاملة					
5	رغبة الممرضين بالمساعدة عند الطلب					
6	الطريقة التي يفهم بها الممرضون العواطف (المشاعر) وتقديم الراحة خلال بقائهم عندك					
7	إتاحة الفرصة للتعبير عن ما يقلقني بكل راحة					
8	استجابة الممرضين لإحتياجاتي					
9	الاهتمام الذي أظهره الممرضون بخصوص حالتي المرضيه					
10	المعاملة الطيبة من قبل الممرضين					
11	تعامل الممرضون معي بطريقة جعلتني أشعر أنني مهم					
12	قضى الممرضون وقتاً كافياً معي					
13	تقدم العلاجات/الأدوية لي من قبل الممرضين بدون تأخير					
14	يحافظ الممرضون على السجلات بكفاءة					
15	الجهود المبذولة من قبل الممرضين لتوفير بيئة سليمة داخل القسم					
16	عدد زيارات الطاقم التمريضي لي كمريض					
17	عدد الممرضين المتوفر للعناية بي					
18	يحافظ الممرضين على التنسيق الجيد مع غيرهم من الموظفين					
19	الجهود التي يقوم بها الممرضون للحد من التأخير في إجراء الفحوصات					
20	الجهود المبذولة لضمان الخصوصية أثناء الفحوصات					
21	إحكام العوائق لتوفير سبل الراحة					
22	نوعية السرير					
23	جودة ونظافة شراشف السرير					
24	عدد الحمامات المتوفرة					
25	جودة الحمامات المتوفرة					

					26	نظافة الحمامات
					27	المعلومات المعطاه في مايتعلق بالتسهيلات المتاحة عند دخولي الى الطوارئ
					28	المعلومات التي قدمها الممرضون فيما يتعلق بالمرض
					29	المعلومات التي قدمها الممرضين فيما يتعلق بالفحوصات
					30	تهوية القسم
					31	الإضاءة داخل القسم
					32	وضع المنطقة المخصصة للطعام او الانتظار
					33	كمية المعلومات المعروضة عند مدخل الطوارئ
					34	الشواخص الموجهة للأقسام والمختبرات
					35	الممرضون ذوو كفاءة
					36	الممرضون ذوو معرفة كافية للإجابة عن أي سؤال

Appendix B

Arab American University

Faculty of Graduate Studies



الجامعة العربية الأمريكية

كلية الدراسات العليا

التاريخ 2021-1-30

حضرة د. عبد الله القواسمي المحترم

رئيس وحدة التعليم الصحي والبحث العلمي في وزارة الصحة الفلسطينية

تحية طيبة وبعد،

الموضوع: "تسهيل مهمة بحث لطلاب الدراسات العليا – تخصص ماجستير تمرير الطوارئ"

تهديكم الجامعة العربية الأمريكية أطيب تحياتها، وبالإشارة إلى الموضوع أعلاه وتماشياً مع سياسة دائرة التمرير في كلية العلوم الطبية المساندة / الجامعة العربية الأمريكية المتعلقة بتعزيز التعاون بين المؤسسات و وزارة الصحة الفلسطينية الموقرة بأتاحة فرص الثراء العلمي للطلبة والخريجين في المؤسسات الوطنية وإسهامها في تنمية قدراتهم وخبراتهم ونرجو من حضرتكم التكرم بالإيعاز للجهات المعنية لتسهيل مهمة الطالب عمر أحمد عبد الرحمن مجذوبه في الدراسات العليا حسب المجموعة المبينة أدناه لاستكمال بحثه العلمي بعنوان " ادراك المرضى لجودة الرعاية التمريضية والخدمات في قسم الطوارئ في مستشفيات الضفة الغربية ". تحت إشراف د. لبنى حرازنة ود. أحمد العايدى. وذلك لغرض البحث العلمي حيث سيكون الهدف من الدراسة تقييم تصور المرضى لجودة الرعاية التمريضية والخدمات في قسم الطوارئ في مستشفيات الضفة الغربية. " . عن طريق استمارة يتم تعبئتها من قبل المرضى المتواجدين في اقسام الطوارئ في مستشفيات وزارة الصحة (مستشفى رفيديا الجراحي_ نابلس، مستشفى المجمع الطبي_ رام الله، ومستشفى الأميرة عالية الحكومي).

نأمل من حضرتكم الإيعاز لمن يلزم لمساعدته في الحصول على المعلومات اللازمة للدراسة. علماً ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبه.

مع فائق الشكر والتقدير،،

د. أشرف الميمي

عميد كلية الدراسات العليا



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State of Palestine
Ministry of Health - Nablus
General Directorate of Education in Health



دولة فلسطين
وزارة الصحة - نابلس
الإدارة العامة للتعليم الصحي

Ref.:
Date:.....

الرقم: ٢٠٢١/٣٨/١٠
التاريخ: ٢٠٢١/٣/٨

الأخ مدير عام الإدارة العامة للمستشفيات المحترم،،
الأخ مدير مجمع فلسطين الطبي المحترم،،
تمية واحترام،،

الموضوع: تسهيل مهمة بحث

لاحقاً لموافقة معالي وزيرة الصحة، يرجى تسهيل مهمة الطالب: عمر احمد عبد الرحمن
مجدويه، دراسات عليا ترميز/ الجامعة العربية الامريكية، لعمل بحث بعنوان:
"ادراك المرضى لجودة الرعاية التمريضية والخدمات في قسم الطوارئ في مستشفيات الضفة
الغربية"

وذلك بالسماح له بالحصول على المعلومات من خلال تعبئة استبانة من قبل المرضى في قسم
الطوارئ (بعد اخذ موافقتهم)، مع العلم ان مشرفي الدراسة د. لبنى حرازنه ود. أحمد العايدى،
وذلك في:

- مستشفى رفيديا - مستشفى عاليه - المجمع الطبي
- على ان يتم الالتزام بجميع تعليمات واجراءات الوقاية والسلامة الصادرة عن وزارة الصحة
بخصوص جائحة كورونا، وتحت طائلة المسؤولية.
- على ان يتم تزويدنا بنسخة من نتائج الدراسة، والتعهد بعدم النشر.

د. عبد الله القواسمي
مدير التعليم الصحي والبحث العلمي


نسخة: مشرف الدراسة المحترم/ الجامعة الامريكية

الملخص

الخلفية: تختلف الرعاية التمريضية في غرفة الطوارئ عن تلك الموجودة في أجنحة المستشفى. تعد جودة الرعاية التمريضية جانبًا حيويًا لمقدمي الرعاية الصحية والمرضى الذين يحتاجون إلى التحسين ، مما يجعل سعادة المريض هدفًا ضروريًا. من المهم تحديد جودة الخدمات التي يقدمها التمريض والممرضين . لا يشعر مرضى قسم الطوارئ دائمًا بالرضا عن الرعاية المقدمة وغالبًا ما توصف الرعاية التمريضية بأنها مفيدة وغير شاملة في أقسام الطوارئ. تعتبر تصورات المرضى حول جودة الرعاية التي يتلقونها مشكلة كبيرة وصعبة في تطوير خدمات الرعاية الصحية.

الهدف: كان الغرض من الدراسة هو تقييم تصور المرضى لجودة الرعاية والخدمات التمريضية في قسم الطوارئ في المستشفيات الحكومية في الضفة الغربية.

المنهج: دراسة مقطعية وصفية. تكونت الدراسة من مائتين وثمانية عشر مريضاً حضروا إلى قسم الطوارئ في المستشفيات الحكومية في الضفة الغربية. تم استخدام أداة تصور المرضى للرعاية والخدمات التمريضية عالية الجودة.

النتائج: أظهرت الدراسة أن (52.1%) من المرضى لديهم تصور جيد بمستوى جودة الرعاية والخدمات التمريضية في قسم الطوارئ في مستشفيات الضفة الغربية. وبحسب مجالات جودة الرعاية والخدمات التمريضية في قسم الطوارئ ، كشفت الدراسة أن 73.1% من المرضى لديهم أعلى مستوى إدراك جيد للعلاقة الشخصية بين المرضى والممرضين ، و 67.1% من كفاءة الممرضين في رعاية المرضى ، و 63.9% من المرضى. الكفاءة في خدمة المريض ، 63.0% من التعليمات العامة من قبل الممرضين ، 55.3% من المعلومات الشخصية ، 47.5% من البيئة المتوفرة في القسم ، وأخيراً 27.9% من الصرف الصحي وجوده ونظافة الحمامات . كما كشفت الدراسة أنه لا توجد علاقة بين تصور المرضى للرعاية التمريضية والجنس والعمر ومستوى

التعليم والدخل الشهري وتاريخ الأمراض المزمنة والحالة الاجتماعية وعدد زيارات المريض
لقسم الطوارئ ..

الاستنتاج:أكدت الدراسة أن نصف المرضى يتمتعون بمستوى إدراك جيد للرعاية والخدمات
التمريضية الجيدة في قسم الطوارئ في مستشفيات الضفة الغربية. كما أكدت الدراسة أنه لا توجد
علاقة بين تصور المرضى للرعاية التمريضية والجنس والعمر ومستوى التعليم والدخل الشهري
وتاريخ الأمراض المزمنة والحالة الاجتماعية وعدد زيارات المريض إلى قسم الطوارئ.