
RESEARCH ARTICLE**Quality Of Care From The Patient's Perspective and Related Factors****Le Thi Thao Hien¹✉, Nguyen Thi Trang², Tran Thi Thanh Hien² and Tran Thi Sen²**¹Faculty of Nursing, Nguyen Tat Thanh University, 300A Road, Nguyen Tat Thanh, Ward 13, District 4, Ho Chi Minh City, Vietnam²Hoan My hospital, Vietnam**Corresponding Author:** Le Thi Thao Hien, **E-mail:** thaohien1410@gmail.com

ABSTRACT

This study will help clarify the current status of care quality at Hoan My Dong Nai International Hospital, from the patient's perspective, and identify influencing factors, in order to propose solutions to improve the quality of nursing services, better meeting the needs of patients. A cross-sectional descriptive study was conducted on 286 patients hospitalized for at least 72 hours at a private hospital in Vietnam. The participants were selected from the inpatient departments of the hospital. The quality of care was evaluated as very good, with an average score of 3.43 ± 0.55 . The technical capacity of healthcare and the material-technical conditions were rated as good. Aspects such as identity-oriented approach and the socio-cultural environment were assessed as very good. The length of hospital stay, cleanliness of the room and bathroom, quiet environment in the evening, and the patient's self-reported health status had a strong to very strong relationship with the quality of care. This study has provided important information about the current status and factors influencing the quality of care from the patient's perspective. This information will help healthcare managers develop and implement solutions to improve the quality of nursing services and better meet the needs of patients.

KEYWORDS

Quality of nursing care; patient expectations; patient outcomes

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1. Introduction

Quality of care is a critical issue in the healthcare field (Bernardo & Lucas, 2021; Who, 2024). It encompasses a complex structure that includes the values, beliefs, and attitudes of many individuals involved in the healthcare system. Healthcare is an essential component of medical services that includes technical, personal aspects, patient outcomes, organization, processes, and quality standards. (Hannawa et al., 2022)

Patient satisfaction, safety, person-centered care, staff competence, and patient involvement in decision-making are considered indicators of high-quality care in clinical environments (Huh & Shin, 2021; Janerka et al., 2023). However, nursing service quality still faces numerous challenges, and some studies indicate that this quality is relatively low in certain countries.

The role of nursing is crucial in improving service quality, as nurses are responsible for facilitating patients' access to high-quality healthcare (Sikorska, 2020). The recognition and rating of hospitals often depend on the quality of nursing services. Furthermore, nurses bear legal and ethical responsibilities for the quality of care they provide (Vaismoradi et al., 2020).

In the context of rising healthcare costs, enhancing nursing service quality and quality control is essential to meet patient satisfaction (Alharbi et al., 2022; Karaca & Durna, 2019). High-quality nursing care allows patients to access comprehensive care services while reducing recovery time and supporting their return home (Molina-Mula & Gallo-Estrada, 2020). Conversely, low quality can lead to severe consequences for patients.

Therefore, studying "Quality of Care from the Patient's Perspective and Related Factors" is necessary. This research will clarify the current state of care quality in healthcare facilities from the patients' viewpoint and identify influencing factors, aiming to propose solutions to improve nursing service quality and better meet patients' needs. Quality healthcare is a multidimensional

issue that requires the attention and efforts of all stakeholders, from healthcare providers to government and community, to ensure that patients can access and benefit from high-quality medical services.

Research Objectives: (i) To assess the quality of healthcare at Hoan My International Hospital in Dong Nai from the patients' perspective, (ii) To identify factors related to healthcare quality.

2. Research methods

2.1. Research Subjects: The subjects of this study include hospitalized patients admitted to the clinical departments of Hoan My Dong Nai International Hospital.

2.1.1. Inclusion Criteria:

Patients who have been hospitalized for at least 72 hours at the time of data collection.

Patients in stable health condition with discharge orders on the data collection day.

Patients aged between 18 and 59 years.

2.1.2. Exclusion Criteria:

Patients with dementia or intellectual disabilities.

Patients with serious illnesses or emergency cases.

Patients who are unable to hear, speak, or read.

2.2. Research Methodology:

Study Design: Cross-sectional descriptive study.

Study Location: Hoan My Dong Nai International Hospital.

Study Duration: From December 2023 to February 2024.

2.3. Sample Size:

Using Slovin's formula:

$$n = N / (1 + Ne^2)$$

Where:

n is the sample size.

N is the population size.

e is the acceptable margin of error (commonly taken as 0.05).

In two months, the number of hospitalized patients at the hospital is approximately 1000.

$$n = 1000 / (1 + 1000(0.05)^2) = 286$$

2.4. Sampling Technique: The study employs a convenience sampling technique.

2.5. Data Collection Method: A self-administered questionnaire was used to collect data over 8 weeks. All completed surveys were coded, organized, and prepared for data analysis.

2.6. Research Instrument: The study utilized a questionnaire to collect data on the quality of nursing care. This questionnaire is a shortened version modified and translated into Norwegian by author Vigdis Abrahamsen Grøndahl (Grøndahl et al., 2011; Wilde Larsson & Larsson, 2002). It consists of 24 questions divided into four dimensions or scales:

(a) Medical-technical competence of care staff (4 questions)

(b) Person-centered approach of care staff (13 questions)

(c) Material-technical conditions of the care organization (3 questions)

(d) Social-cultural atmosphere of the care organization (4 questions)

In the original study, Cronbach's alpha coefficients were calculated to measure the internal consistency of the dimensions/scales. The results showed coefficients of 0.62 for medical-technical competence, 0.87 for the person-centered approach, 0.54 for material-technical conditions, and 0.73 for the social-cultural atmosphere.

The questionnaire was translated into Vietnamese following proper translation procedures and with the author's consent for use in this study.

2.7. Research Ethics: The study received approval from Hoan My International Hospital. It complies with ethical standards applicable in Vietnam to protect human rights. Participants will receive comprehensive information about the procedures, objectives, and any potential risks/benefits of the study. Participation is voluntary, and they can withdraw at any time without affecting their care.

2.8. Data Analysis: SPSS version 22 was used for data entry and analysis. Descriptive statistics were employed to summarize the quality of nursing care. Pearson correlation and Chi-square analyses were conducted to examine the relationships between independent variables and the quality of care variable.

3. Results

The study surveyed 286 healthy patients who were indicated for discharge, and the results obtained are as follows:

Table 1. Mean Scores of Questions in the Quality of Care Assessment (n=286)

Factors		Mean ±SD
Medical-technical competence		3.44 ± 0.53
1.	I received the best possible physical care: e.g. help to take care of my personal hygiene	3.34 ± 0.61
2.	I received the best possible medical care (as far as I can tell)	3.44 ± 0.67
3.	I received effective pain relief	3.37 ± 0.74
4.	I received examinations and treatments within an acceptable waiting time	3.47 ± 0.73
5.	I received useful information on how examinations and treatments would take place	3.43 ± 0.72
6.	I received useful information on the results on examinations and treatments	3.55 ± 0.69
7.	I received useful information on self-care, 'How I should take care of myself'	3.45 ± 0.69
8.	I received useful information on which doctors were responsible for my medical care	3.49 ± 0.69
9.	I received useful information on which nurses were responsible for my nursing care	3.52 ± 0.67
Identity-oriented approach		3.48 ± 0.53
10.	I had good opportunity to participate in the decisions that applied to my care	3.50 ± 0.69
11.	The doctors showed commitment, 'cared about me'	3.48 ± 0.69
12.	The nurses and assistant nurses showed commitment, 'cared about me'	3.49 ± 0.70
13.	The doctors seemed to understand how I experienced my situation	3.45 ± 0.70
14.	The nurses and assistant nurses seemed to understand how I experienced my situation	3.52 ± 0.68
15.	The doctors were respectful towards me	3.43 ± 0.67
16.	The nurses and assistant nurses were respectful towards me	3.51 ± 0.68
Physical-technical conditions		3.35 ± 0.67
17.	I received useful information on the effects and use of medicine*	3.42 ± 0.75
18.	I received food and drink that I like	3.35 ± 0.80
19.	I had access to the apparatus and equipment that was necessary for my medical care (as far as I can tell)	3.28 ± 0.81
20.	I had a comfortable bed	3.38 ± 0.82
21.	I talked to the doctors in private when I wanted to	3.34 ± 0.83
22.	I talked to the nurses in private when I wanted to	3.35 ± 0.82
Socio-cultural atmosphere		3.44 ± 0.56
23.	There was a pleasant atmosphere on the ward	3.45 ± 1.93

Factors		Mean ±SD
24.	My relatives and friends were treated well	3,41 ± 0,84
Overall Quality of Nursing Care rating		3.43 ± 0.55

Note: 4.21 – 5.00: Excellent; 3.41 – 4.20: Very Good; 2.61 – 3.40: Good; 1.81 – 2.60: Fair; 1.00 – 1.80: Poor

The research results indicate that the quality of care is rated as very good, with a mean score of 3.43 ± 0.55 . Specifically, the technical competence of medical staff and the physical-technical conditions achieved good levels. Notably, aspects such as the person-centered approach and the socio-cultural atmosphere were rated as very good. This suggests that the hospital has focused on meeting the needs and expectations of patients, not only in technical terms but also in psychological and cultural aspects. These results are a positive signal, reflecting the hospital's efforts to enhance the quality of care, thereby contributing to increased patient satisfaction.

The aspects: "I received the best possible physical care"; "I received effective pain relief"; "I received food and drink that I liked"; "I have access to the necessary machinery and equipment for my medical care (as far as I can tell)"; "I had a comfortable bed"; "I was able to speak privately with doctors when I wanted"; "I was able to speak privately with nurses when I wanted," were rated at a good level, with mean scores ranging from 3.28 to 3.38. Other aspects of nursing care were rated as Very Good, with mean scores ranging from 3.41 to 3.55.

Table 2. The Relationship Between General Characteristics and Quality of Care

I. ĐẶC ĐIỂM	Cramer's V	Interpretation	P
Age	0.238	Strong relationship	0.19
Gender	0.154	Strong relationship	0.079
Marital Status	0.137	Moderate relationship	0.066
Number of Hospitalizations in 2 Years	0.147	Moderate relationship	0.101
Length of Hospital Stay	0.220	Strong relationship	<.001
Cleanliness of Patient Room and Restroom	0.235	Strong relationship	<.001
Quiet Environment in the Evening	0.283	Very Strong relationship	<.001
Self-Rated Patient Health	0.264	Very Strong relationship	<.001
Type of Hospital Room	0.173	Strong relationship	0.009

$P \leq 0.05$. The values of the Cramer V coefficient are as follows: [0.25; 1.00]: Very strong; [0.15; 0.25]: Strong; [0.10; 0.15]: Moderate; [0.05; 0.10]: Weak; [0; 0.05]: Very weak.

The age, gender, and marital status of patients do not have a statistically significant relationship with health care outcomes. The Cramer's V values for these characteristics are all below 0.2, indicating a weak relationship.

The length of hospital stay, cleanliness of patient rooms and restrooms, quiet environment in the evening, and self-rated health of patients have a strong to very strong relationship (Cramer's V ranging from 0.22 to 0.28) with health care outcomes, and these relationships are statistically significant ($p < 0.001$).

The number of hospitalizations in the past two years does not have a statistically significant relationship with health care outcomes, although there is a moderate relationship (Cramer's V = 0.147).

The type of hospital room has a strong relationship (Cramer's V = 0.173) and is statistically significant ($p = 0.009$) with health care outcomes.

Overall, characteristics related to the treatment process, such as length of hospital stay, cleanliness of patient rooms and restrooms, quiet environment in the evening, and self-rated health, have a strong relationship with health care outcomes, while personal characteristics such as age, gender, and marital status have a weaker relationship.

Table 3. The Relationship Between General Characteristics and Factors in Quality of Care

Characteristics		Medical-technical competence	Identity-oriented approach	Physical-technical conditions	Socio-cultural atmosphere
Length of Hospital Stay	Pearson's r	0.294	0.327	0.265	0.170
	p-value	< .001	< .001	< .001	0.004
Cleanliness of Patient Room and Restroom	Pearson's r	0.290	0.323	0.289	0.158
	p-value	< .001	< .001	< .001	0.007
Quiet Environment in the Evening	Pearson's r	0.371	0.346	0.341	0.168
	p-value	< .001	< .001	< .001	0.004
Self-Rated Patient Health	Pearson's r	-0.348	-0.366	-0.354	-0.232
	p-value	< .001	< .001	< .001	< .001
Type of Hospital Room	Pearson's r	0.070	0.103	0.143	0.171
	p-value	0.240	0.081	0.015	0.004

P ≤ 0.05. The values of r are as follows: ≥0.70: Strong correlation; ±0.40-0.69: Moderate correlation; ±0.30-0.39: Average correlation; ±0.20-0.29: Weak correlation; ±0.01-0.19: No correlation/not significant.

The length of hospital stay has a moderate positive correlation with "Technical Medical Competence," "Identity-Oriented Approach," and "Material-Technical Conditions," and a weak positive correlation with "Social-Cultural Atmosphere." The cleanliness of the patient room and restroom also shows a moderate positive correlation with the factors "Technical Medical Competence," "Identity-Oriented Approach," and "Material-Technical Conditions," and a weak positive correlation with "Social-Cultural Atmosphere." A quiet environment in the evening has a moderate positive correlation with "Technical Medical Competence," "Identity-Oriented Approach," and "Material-Technical Conditions," and a weak positive correlation with "Social-Cultural Atmosphere." Self-rated patient health has a moderate negative correlation with "Technical Medical Competence," "Identity-Oriented Approach," and "Material-Technical Conditions," and a weak negative correlation with "Social-Cultural Atmosphere." The type of hospital room has a weak positive correlation with "Material-Technical Conditions" and "Social-Cultural Atmosphere," but no significant correlation with "Technical Medical Competence" and "Identity-Oriented Approach."

4. Discussion

The research results are very positive regarding the quality of care. The average quality of care score was 3.43 ± 0.55, rated as very good, indicating that the hospital is providing high-quality care for patients. This result is lower than that found in Alharbi's study (4.65), but higher than Grøndahl's study (3.30) (Alharbi et al., 2022; Grøndahl et al., 2011).

Aspects such as technical medical capacity and physical-technical conditions both achieved good levels, which are fundamental and important factors in ensuring quality care. Particularly noteworthy are the aspects of patient-centered approaches and the socio-cultural atmosphere, which were rated very well, reflecting the hospital's focus on meeting the psychological and cultural needs of patients. Compared to several other studies, these results are relatively high and demonstrate the hospital's efforts to improve care quality, which may contribute to increased patient satisfaction and better treatment outcomes (Grøndahl et al., 2011). While there are many positive aspects of patient care being received, there are still areas that need improvement, such as optimal physical care, effective pain relief, food and beverages, use of medical equipment, comfortable beds, and communication with doctors and nurses.

The study indicates that the age, gender, and marital status of patients do not significantly affect health care outcomes. In contrast, some other studies suggest that age and marital status influence the assessment of care quality (Alharbi et al., 2022). However, in this study, factors related to the treatment process and care environment, such as length of hospital stay, cleanliness of patient rooms, quiet environment, and self-rated health, all had strong correlations with care outcomes. The number of previous hospitalizations did not accurately reflect the current condition. The type of hospital room also significantly impacted care outcomes. When compared to previous research, these findings align with studies that highlight the importance of environmental factors in patient care. While some studies report stronger correlations between hospital stay length and quality of care factors, this research suggests a balanced view where both the physical environment and patient self-assessment play critical roles (Azouz et al., 2020; Jamshidi et al., 2019). Overall, factors related to the treatment process and care environment play a more important role than the personal characteristics of patients.

5. Conclusion

The quality of nursing care is rated very positively by patients, with a mean score of 3.43 ± 0.55 . This indicates that the hospital is providing high-quality healthcare services that adequately meet patient needs.

Factors such as medical technical competence, physical-technical conditions, person-centered approaches, and socio-cultural atmosphere are rated by patients as good to very good. This shows that hospitals are paying attention to and focusing on improving these aspects to enhance the quality of care.

Factors such as length of hospital stay, cleanliness of patient rooms and restrooms, quiet environment in the evening, and self-rated patient health have strong to very strong relationships with quality of care. These factors need to be regularly monitored and improved to continue enhancing the quality of healthcare services.

This study has provided important information about the current state and factors affecting the quality of care from the patient's perspective. This information will help healthcare managers establish and implement solutions to improve nursing service quality, better meeting patient needs.

The study was conducted only at Hoan My Dong Nai International Hospital, which may not represent the broader healthcare situation in Vietnam. Results rely on patients' subjective perceptions, which could introduce bias. Future studies can be in various hospitals for comparison. To continuously monitor and improve factors affecting the quality of care, such as hospital cleanliness and patient engagement, to enhance overall patient satisfaction.

Statements and declarations

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- (b) Conflict of Interest: The author declares no conflicts of interest. This is the author's independent research.
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