Perceptions and Expectations about Care in Hospitalized Patients over 75 Years of Age

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Abstract: ***Objective****:* To know the expectations and perceptions of patients over 75 years of age, regarding the quality of care provided to acutely ill geriatric patients admitted to the Hospital Virgen del Valle de Toledo Spain.

Methods: *Design*: An observational, descriptive, cross-sectional study.

Location of study: Geriatric Hospital Virgen del Valle Toledo (Spain).

Subjects: Patients older than 75 years of age admitted to the Acute Treatment Unit at Hospital Virgen del Valle de Toledo.

Sample size: 267 patients (p = 0.5, confidence interval 95%, e = 0.06).

Measures: Validated questionnaire based on the SERVQUAL model to measure the expectations and perceptions of care.

Results: The global assessment of overall satisfaction with the attention and care they received was "moderately good". Higher scores were obtained in the assessment of "care" than in "attention received", in general. The results highlighted the importance of empathy and information. The theory suggesting that satisfaction with the nursing staff is a good predictor of overall satisfaction with the hospital has found support in this study.

Conclusion: There exists an urgent need, when it comes to caring for older people, to increase the level of knowledge about the patient's preferences along with understanding their expectations, in order to help develop better care. Knowledge of the deficiencies of care provides professionals with information indicating where they should intervene to make favourable changes with a resultant increase in patient satisfaction.

Keywords: Expectations, Geriatric patient, Perceptions, Satisfaction, Quality of care.

INTRODUCTION

Patient satisfaction is a measure of the quality of health services. The majority of existing studies of satisfaction are not focused on the work of nurses, although previous research has shown that patient satisfaction with nursing care is strongly related to overall satisfaction with health services, suggesting their importance in efforts to improve quality [1-4]. The patient's opinion is an essential component of service assessment. If patients are dissatisfied, their care is far from ideal, regardless of how high the quality of that care can be indicated clinically or by a party unknown to the patient. For a nurse to provide high quality care, he/she must know what patients expect from him/her [5].

Human aging is a universal and inevitable phenomenon. The population over 65 years of age (inclusive) has already reached 380 million people worldwide, and by 2020 is expected to increase to 690 million [6-7]. Spain is one of the oldest countries in the European Union [8], with more than 7.5 million people over 65 years of age. The elderly now account for 17% of the entire population, and this percentage is not going to stop growing in the coming decades. According to the latest estimates this percentage could reach 37.85% by the year 2051 [9].

Old age is an important stage of life, because at age 65, a person still has more than a fifth of their life left (22%) [5]. various studies show that interventions/ models of attention developed by nurses, based on research with geriatric patients, improve not only satisfaction, but health outcomes as well [11-12]. This is an important finding because one of the main issues the progressively aging population faces is whether these gained years of life will be, or to what extent will be, lived without disability (or healthy).

If life expectancy free of disability (LEFD), in a population, grows faster than life expectancy (LE), then

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that population will not only live longer, but to a greater extent, the years of life gained will be years of good health [5]. The increase in the elderly population results in a greater demand for health care, since ~~at~~ this age group is more vulnerable than others to diseases and illness [10]. Approximately 80% of seniors have at least one chronic condition, and 50% have two. The average is 2.8 problems or chronic diseases in people between 65 and 74 years of age, reaching 3.23 in people over 75 years. These chronic diseases are largely the cause of disability and limitations in activity [10]. In people over age 85, hospital admittance is 10 times higher than in those aged between 15 and 34. Similarly, the average stay of each admittance increases in groups of elderly people [13]. Some studies show that in Spain, patients older than 85 years old have a co-morbidity index 95.1% [9]. The World Health Organization has estimated that chronic diseases (diabetes, cardiovascular diseases, mental disorders, etc.) will constitute the main source of disability by 2020 [13].

As a consequence of this new situation, we must change and adapt, using knowledge based on the population group being addressed. It is important to note that in Spain (though not only in Spain) there has never been a study of this type, since people aged over 75 are usually excluded from most forms of research. Based on the above, the present study aims to understand the expectations and perceptions of hospitalized geriatric patients regarding care. This study is used to evaluate the problems that patients perceive and the barriers that may exist in proper functioning between patients and care delivery. Once the needs are identified, it would be possible to implement appropriate corrective and innovative measures. Interventions based on the outcome of this project could be designed to raise the quality of care of the elderly and reduce negative outcomes.

METHODS

Design

Cross-sectional study

Location of Study

Geriatric Hospital Virgen del Valle, Toledo (Spain)

Subjects

Patients older than 75 years of age admitted to the Hospital Virgen del Valle de Toledo in the Acute Treatment Unit.

Sample Size

Assuming that the percentage estimation responds to only one characteristic of the dichotomous responses, and in the worst case of p=0.5, for a confidence interval of 95% and an accuracy of ± 6% (e = 0.06), a random sample of 267 patients was used.

Inclusion Criteria

Patient's clinical situation allows the conduction of an interview; patient does not have cognitive deficits; patient agrees voluntarily to participate in the study.

Exclusion Criteria

Refusing to participate in the study; patients under sedation effects; patients with language disorders.

Study Variables

Independent variables: A. control variables; Social - demographic variables (age, gender, share home with the caregiver, previous earnings, level of education, days of hospital stay), Patient's clinical variables (reason for admission, level of dependency, dependency on family caregivers before admission). B. Variables related to quality of care; Dimensions of perceived quality (tangibility, reliability, responsiveness, security, empathy).

Dependent variable: Overall satisfaction with the attention received in the unit and with nursing care.

Measures

A validated questionnaire, based on the SERVQUAL model, adapted to care was used. The questionnaire consists of 22 items, grouped into 5 dimensions (tangibility, reliability, responsiveness, assurance and empathy) in two blocks for perceptions and expectations. The items seek responses on a scale of 1-7. Subjects were also asked to order the importance (1 to 5) of the 5 aforementioned dimensions for caregivers. Finally, and following the pattern of most satisfaction questionnaires, one question about overall satisfaction with care and one question about overall satisfaction with the overall attention received were included, rated with a scale ranging from 0 to 10. A pilot was conducted (Cronbach's alpha 0.918).

Data Collection

Personal, anonymous, confidential interview. Data were collected on the date of admission concerning expectations and data on perceptions of treatment were collected on the day the patient was discharged.

Statistical Analysis

Quantitative variables were described as mean and standard deviation; the qualitative variables as absolute and relative. The frequency comparisons between quantitative variables were done using a mean comparison Student's t-test and analysis of variance (ANOVA). For small or non-normal distribution samples nonparametric test were used: Mann-Whitney U and Kruskal-Wallis. For comparisons between qualitative variables Pearson's Chi-square and Spearman's Rho or the Fisher exact test was used.

Ethical Considerations

The study was approved by the research committee of the ethics committee of clinical research at the Hospital of Toledo and by hospital management. Optional participation in the study was respected. The privacy of patients and their known pathological processes was always safeguarded (Organic Data Protection Act (LOPD) 15/1999 of 13 December) and all data were submitted to the regulatory legislation Law on Data Protection (LOPD) 15/1999 of December 13 and Law 41/2002, of November 14, regulating patient autonomy, rights and obligations regarding clinical information and documentation.

External Financing

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Study Limitations

Although a sample of 267 patients is enough to draw general conclusions, we must bear in mind that you cannot extrapolate the results nationally or internationally. Therefore, to draw conclusions on a global level would be speculative.

RESULTS

Sample Description

The sample consisted of 267 patients: 53.6% men and 46.4% women aged between 75 and 104 years (M 84.5 years; SD 4.88). Regarding the socio-cultural characteristics, most have not completed their studies (62.5%), and 44.2% were married or widowed (41%) and shared a home with the caregiver (50.6%). All had been admitted for acute illness (exacerbation), but 12% were admitted for chronic disease (see Table **1**). It can be confirmed that half required care prior to admission.

Table 1: Demographic Description of Patients

AGE and GENDER		**REASON FOR ADMISSION**	
Average age	84.5 years (SD 4.88)	Acute illness (flare-up)	88%
Gender	53.60% M 46.40% F	Chronic illness	12%
EDUCATION		**DEPENDENCE LEVEL (BARTHEL)**	
Cannot read or write	21.30%	Total dependency	5.24%
Have not finished studies but can read and write	62.50%	Severe dependency	5.92%
Primary school	12.70%	Modereate dependency	11.99%
Secondary school	2.20%	Minor dependency	68.16%
University	1.10%	Independence	8.61%
MARITAL STATUS		**SHARED HOME**	
Married	44.20%	Yes	50.60%
Single	12.70%	No	10.50%
Divorced	1.70%	Institucionalized without caregiver	15.00%
Widowed	41.00%	Institucionalized with caregiver	2.20%
		Without caregiver in hospital	21.70%
FAMILIAL DEPENDENCE PRIOR TO ADMISSION		**AVERAGE HOSPITAL STAY**	
Yes	55.10%		
No	44.90%	Illness	13.54 days 8.44 SD

Most had mild dependence (68.16%), and previous admittance; with an average stay of 13.54 days.

Perceptions, Expectations and the Gaps

If the perceptions are analyzed we can observe that the average of the items exceeds 4 (except for "the materials related to attention are visually appealing and informative") (Table **2**), *i.e*., they are in the range of positive assessments. The table shows the differences between the averages obtained in both perceptions and expectations on all items.

The highest scoring items with reference to perceptions were "The nursing staff has a good physical presence" (5.81), "Visiting hours are suitable for families and patients" (5.78), "The nursing staff inspires confidence" (5.45), and "You feel secure with the procedures carried out by the nurse" (5.42). The lowest: "The materials related to care (brochures) are visually appealing and informative" (3.20), "The equipment and appearance of the hospital" (4.19), and "The nurse explains thoroughly treatments or procedures performed" (4.83). Given that the response scale ranges from 1 to 7, it can be considered that the results are generally good.

With regard to expectations, it can be seen that in all items the expectations scored higher than perceptions. The range of expectations 6.01 - 6.31 indicates that patient expectations were very high. The items where patients had the highest expectations were "Nurses explain thoroughly treatments or procedures" (6.37), "The nursing staff attends in a

Table 2: Mean and Standard Deviation of the Scores of the Perceptions and Expectations Scales and the Corresponding Gaps

	Expectations		Perceptions		Gaps	
ITEMS* **	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**
1.The equipment and appearance of the hospital has the appearance of being modern	6.01	0.88	4.19	1.27	-1.82	1.34
2.Hospital facilities are welcoming	6.10	0.79	4.86	1.27	-1.24	1.46
3.The nursing staff has a good physical appearance	6.20	0.62	5.81	0.64	-0.39	0.75
4.The materials related to care are visually attractive and informative	6.03	0.99	3.20	1.10	-2.83	1.50
5.The nursing staff delivers what is promised in good time	6.26	0.55	4.88	1.02	-1.38	1.05
6.The nursing staff shows a sincere interest in solving your problems	6.28	0.58	5.18	0.94	-1.10	1.08
7.The nursing staff does the job correctly the first time	6.25	0.56	5.11	1.03	-1.14	1.01
8.The nursing staff delivers what is promised in the time promised	6.24	0.66	4.88	0.98	-1.36	1.09
9.Nurses and hospital keep records free of errors	6.08	0.97	5.34	1.10	-0.74	1.05
10.Nurses explain thoroughly treatments or procedures performed	6.37	0.74	4.83	1.15	-1.54	1.25
11.The nursing staff provides prompt care	6.19	0.65	4.87	1.01	-1.32	1.16
12.The nursing staff is ready to help	6.30	0.57	5.25	0.97	-1.05	1.16
13.The nursing staff is not too busy to help	6.10	0.86	4.22	1.36	-1.87	1.60
14.The nursing staff inspires confidence	6.24	0.72	5.45	0.91	-0.79	1.06
15.You feel secure with the procedures carried out by the nurse	6.28	0.68	5.42	0.97	-0.85	1.06
16.The nursing staff is always friendly and courteous to patients	6.23	0.72	5.27	1.07	-0.97	1.21
17.The nursing staff has enough knowledge to answer questions and doubts	6.24	0.79	5.29	0.91	-0.95	1.10
18.The nursing staff gives individualized attention	6.26	0.80	5.01	1.13	-1.25	1.27
19.Visiting hours are suitable for families and patients	6.25	0.81	5.78	1.06	-0.47	0.90
20.The nursing staff attends to patients in a personalized manner	6.33	0.66	5.21	0.98	-1.12	1.10
21.Nurses represent the interests of patients	6.24	0.82	4.90	0.99	-1.34	1.15
22.Nurses understand the specific needs of the patients	6.28	0.68	4.83	1.00	-1.45	1.10

***Dimensions: tangibility (items 1-4), reliability (items 5-9), responsiveness (items 10-13), security (items 14-17), and empathy (items 18-22).

personalized manner" (6. 33), and "The nursing staff is ready to assist" (6.30). The item where patients have the lowest expectation is "The equipment and appearance of the hospital has the appearance of being modern" (6.01).

In observing the gaps (perception - expectancy = gap), we can see that the greatest discrepancy between expectation and perception, and where we find the least satisfaction, is in "The materials related to care are visually appealing and informative" (- 2.83), "The nursing staff is not too busy to help (-1.87), and "The equipment and appearance of the hospital has the appearance of being modern" (-1.82).

Analysis of Dimensions: Tangibility, Reliability, Security, Responsiveness and Empathy Dimensional Distribution According to Attributed Importance

According to the scale of 1 to 5 (1 most important, 5 least important), the dimension that patients attribute the most importance is responsiveness (Table **3**), followed by empathy and security. These ratings represent an average importance. It is noteworthy that the tangibility dimension has been attributed low importance.

Table 3: Averages of the Importance Attributed to Dimensions

DIMENSIONS	Mean	SD
Tangibility	4.71	0.87
Reliability	2.95	1.10
Security	2.81	1.09
Responsiveness	2.19	0.98
Empathy	2.28	1.35

When analyzed, the averages of the importance that patients attributed to dimensions show that 44% said empathy was the most important attribute; 33% said responsiveness should be placed second and 85% of respondents said tangibility was of the lowest importance (Table **4**).

Analysis of the Mean Gaps Obtained in the Set of Items that Make Up Each of the Dimensions

In analyzing the gaps (P-E) for all items that make up each dimension (Table **5**) the dimension where patients note a larger difference between what is desired and what is perceived is tangibility (-1.57) and the dimension with the lowest mean gap, and therefore most acceptable differences, is responsiveness (-0.89)

Table 5: Absolute Mean of the Gaps in each Dimension

DIMENSIONS	Media	DT
Tangibility (4 items)	-1.57	0.83
Reliability (5 items)	-1.15	0.79
Security (4 items)	-1.45	0.91
Responsiveness (4 items)	-0.89	0.91
Empathy (5 items)	-1.13	0.74

Satisfaction with Care and Satisfaction with overall Attention Received

Overall satisfaction with care: mean 7.91 (SD.1.002). Overall satisfaction with attention received: mean 7.67 (SD.1.031). From these results we can say that patients are very satisfied both with care and with the attention received.

An analysis of correlations between items and variables of satisfaction with care and overall satisfaction with the attention received was done. The obtained correlation between the questions on overall satisfaction with the attention received and the satisfaction with care was 0.623.

Table 4: Relative Importance of the Results of the SERVQUAL Dimensions (% Importance Attributed to Dimensions)

Importance	Tangibility	Reliability	Security	Responsiveness	Empathy
	%	%	%	%	%
1	4	3	5	3	44
2	1	20	29	33	16
3	3	29	28	27	13
4	7	35	26	9	22
5	85	3	5	28	5

The analysis of the relationship between each of the aspects measured within overall satisfaction with the attention received showed that all correlations are medium-low and positive, with a range of 0.122 to 0.331. No correlation was observed in the aspects: “materials related to care are visually appealing and informative” and “the equipment and appearance of the hospital has the appearance of being modern”.

Regarding the relationship between satisfaction with care and the various associated aspects, medium-low positive correlations with a range of 0.150 to 0.267 were observed. No correlation was observed in the aspects: “equipment and appearance of the hospital has appearance of being modern” and “nursing staff is too busy to help”.

DISCUSSION

The results of this study show that expectations receive higher scores than perceptions. In a perfect world expectations and perceptions would be identical, but the reality is different as these concepts are generally separated. This means that patients perceive lower nursing care than they expect. This finding is in line with the results of similar studies where the perception of nursing care is also seen to be below the expectations of patients [3].

The highest expectation was observed in the item "The nurse explains thoroughly treatments or procedures". This result indicates that information is the most important element to study participants. Proper information received during hospitalization, appears in the literature as one of the needs that should be given greater attention by professionals [3, 14]. The expectations item with the lowest rating was: "the equipment and appearance of the hospital has the appearance of being modern". Therefore, it can be considered that users expect much of nurses but not much of the environment or the fixtures and furnishings.

The average of the perception items, exceeds 4 (of 7), except for "The materials related to care are visually appealing and informative" (brochures and information materials); this is the least valued item. This aspect can be important and should be improved, as indicated by other authors who stress the importance of patients receiving satisfactory information from the nursing staff about their treatment and they relate the lack of said information with a limited capacity of the nurses to provide it as a result of or an unwillingness or an overload of work (as in this case, which is also negatively valued) "The nursing staff is not too busy to help" [3, 14-15].

The item with the highest score in perceptions is "The nursing staff has a good physical appearence". Although in this questionnaire physical appearance belongs to the dimension of tangibility, to some extent, good physical appearance is also important to being likeable. According to Paul Watzlawick, "it is impossible not to communicate" and a type of communication is physical appearance [16].

Patients gave higher scores on expectations than the perceptions which, of course, mean that a gap in quality exists between them. The highest level of dissatisfaction was observed in the assessment of information materials and facilities of the hospital, followed by the degree of occupation of the nurses and the explanations given for treatment or evaluation procedures. The first two items, refer to tangible hospital services, while the latter two refer to the attention given by nurses. The view on the appearance of the hospital may be important and should be improved; improvements in comfort are also required. Small spaces and facilities not adapted to older patiens needs make the hospital stay difficult. Studies about the tangibility of the centers where the elderly are attended to show that patients are more satisfied with care in new and bright buildings [17]. In the hospital environment, the physical structure of the building, as well as the furniture, should be of good form and pleasing appearance [18-19]

The lowest level of dissatisfaction is observed in the assessment of the physical appearance of nurses (which obtained the highest score in perceptions), followed by visiting hours. In the Hospital Virgen del Valle (Spain), visiting hours are until 10 PM, but a family member is allowed to stay overnight [19].

As for the assessment of the absolute gaps of the 5 dimensions: the aspect where the most marked difference between what is expected and what is perceived appears, corresponds with tangibility Similar studies conducted in Spain have found similar results [4]. This clearly shows that the dimension of tangibility is the most sensitive issue in the hospital, indicating that the habitat of the center is unwelcoming and the available written information is not good. However, the appearance of nurses seems to be very acceptable. These results imply the need for management and interventions to improve the physical environment in

the hospital. It must be kept in mind that, in assessing the importance of tangibility (between 1 and 5), this dimension is of the lowest importance to the sick. On the other hand, when the importance that patients give to the dimensions is analysed, it can be seen that the empathy is highlighted; in the same way as they value the relative importance of these dimensions (Table **3** and **4**).

Some authors report that the individualized attention, empathy and respect for the dignity of the elderly, are favorable items to maintain autonomy, personal identity and a good self-concept [20]. According to the literature, the type of treatment and other information required during hospitalization is one of the needs that should be given greater attention by professionals. Frequent contact and communication with patients is perceived as one of the guarantees of quality of care [3]. Humane treatment by health personnel, an emphasis on empathy, transmitting information in an understandable way and the time spent by the professional developing a personal relationship with the patient, are the main factors influencing satisfaction with the care provided, long as that the interests and expectations of the person [14] are taken into account.

An analysis of the relative importance to elderly patients of the five dimensions places "responsiveness" in second place (33%), behind empathy (44%). This suggests that the sick are concerned by "responsiveness". The gap between expectation and perception in this dimension is lower than for the other dimensions. It is true that "responsiveness" is a highly valued aspect of nursing, but its importance varies according to the area of care where the study is performed [3]: the same valuation would not be obtained in critical care as among geriatric patients, as in this case [3]. The values in this dimension can also be influenced by the shortage of nurses, work overload (nurse to patient ratio) [14]. It is true that in Europe at this time, Spain [21] is one of the countries with the lowest nurse to patient ratio, but in this study, the results show that the main concern of patients is empathy.

The differential SERVQUAL scale score showed positive and statistically significant correlations between scores on questions pertaining to overall satisfaction and the attention received, this finding affirms the theory of some authors, that satisfaction with nurses is a predictor of overall satisfaction with the hospital [3-4, 22]. The second highly significant correlation was obtained between the "overall satisfaction with care" variable and the "nurses look after the interests of patients" variable. This correlation could represent a very important finding because currently the subject of whether nurse has a role as a patient advocate or not is a matter of great interest, not only in Spain, but also in the UK and the USA [23-27].

CONCLUSIONS

Patient satisfaction with nursing care is reasonably high. In order to provide a higher quality service, the differences between expectations and perceptions must be reduced. This will allow for attention of higher quality for patients in hospitals. Although users identify high satisfaction and value good nursing attention, it would be very important to improve and optimize the attention factors that are identified as deficiencies in the quality of care and to achieve care that aligns with user demand. To improve the perception of care, we must increase information and improve care-related materials. This study could provide tools to achieve this. Knowledge of the deficiencies of attention received provides the nurses with specific areas where intervention is necessary to achieve favorable changes in order to increase the perception of quality.

According to the results of this research, it is believed that the SERVQUAL questionnaire is appropriate for evaluating the quality of service of geriatrics. The SERVQUAL scale used to measure satisfaction with nursing care is acceptably reliable and valid. Although it is considered that this study provides important conclusions, in relation to the objective pursued, its application has been tested for a specific case, which is a limitation of the investigation to justify the desirability of replicating the analysis in other hospitals.

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