Patient satisfaction on a Medical Day Ward: a Comparison of Nurse-led and Physician-led Services

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Patient satisfaction on a medical Day Ward at Worthing Hospital, England, was investigated using a self-report questionnaire. One-hundred and fifty-five respondents provided quantitative data on waiting times, patient information, anxiety, ward environment, and nursing care. Patients attending for physician-led, investigative procedures were found to be more anxious and generally far less satisfied than those attending for nurse-led, non-investigative procedures. Patients aged under 60 were similarly less satisfied. Regarding nursing care, respondents were most satisfied with “nurses’ technical skills”, and least satisfied with “concern for patients’ privacy”. The study allowed staff to systematically evaluate patient satisfaction and provided direction for service improvements. Future work should aim to identify the relative importance of aspects of care, and to further compare nurse-led and physician-led services. Copyright © 1996 Elsevier Science Ltd.

Key words: Patient satisfaction, nursing care, day medicine, quality of health care, nursing research.

INTRODUCTION

A combination of factors has, in recent years, led to an increasing emphasis on day surgical and day medical procedures in health care provision. Hospital expenditure on day cases in the National Health Service in England and Wales, for example, amounted to £100 million in 1988/89, double the amount for 1978/79, while expenditure on in-patients has remained constant [1]. The importance of day medicine has led, in the case of the Day Ward at Worthing Hospital, to a steadily increasing workload (Fig. 1) and expansion in the range of services offered (Table 1).

Surveys soliciting patients' perceptions of health care services have appeared with increasing frequency in the literature over the past 20 years (Fig. 2). In the United Kingdom, the need to actively seek and act upon the views of patients in planning and delivery of services has been repeatedly advocated in important Government documents [2,3]. Satisfaction work is valuable in understanding patients' experiences, in promoting co-operation with treatment, in identifying problems with services, and in evaluation, including quality assurance [4-8]. Studies may also be useful in comparing care programmes, with degree of patient satisfaction accepted as an important factor in defining standards [9]. This use increasingly is seen in the nursing context [10-12].
TABLE 1. Day Ward procedures

<table>
<thead>
<tr>
<th>Investigative procedures</th>
<th>N/P</th>
<th>Non-investigative procedures</th>
<th>N/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriogram/radiculogram</td>
<td>P</td>
<td>Ascitic tap</td>
<td>P</td>
</tr>
<tr>
<td>Blood test</td>
<td>N</td>
<td>Blood transfusion</td>
<td>N</td>
</tr>
<tr>
<td>Bone marrow biopsy</td>
<td>P</td>
<td>Captopril test</td>
<td>N</td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td>P</td>
<td>Epidural anaesthesia</td>
<td>P</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>P</td>
<td>FFP infusion</td>
<td>N</td>
</tr>
<tr>
<td>ECG</td>
<td>P</td>
<td>Gastrostomy tube insertion</td>
<td>P</td>
</tr>
<tr>
<td>Gastroscopy</td>
<td>P</td>
<td>General dressing</td>
<td>N</td>
</tr>
<tr>
<td>Liver biopsy</td>
<td>P</td>
<td>Hickman line-procedures</td>
<td>N</td>
</tr>
<tr>
<td>Mantoux test</td>
<td>N</td>
<td>IM injections</td>
<td>N</td>
</tr>
<tr>
<td>Pleural biopsy</td>
<td>P</td>
<td>Intrathecal chemotherapy</td>
<td>P</td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>P</td>
<td>Intravesical chemotherapy</td>
<td>N</td>
</tr>
<tr>
<td>Tensilon test</td>
<td>P</td>
<td>IV antibiotics</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV chemotherapy</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV factor VIII/factor IX</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV methylprednisolone infusion</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV pamidronate infusion</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV saline infusion</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV sandoglobulin infusion</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lymphoedema treatment</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nerve block</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pentamidine nebuliser</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Platelet transfusion</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Portocath procedures</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subcutaneous injection</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total iron infusion</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Venesection</td>
<td>N</td>
</tr>
</tbody>
</table>

N: Nurse-led, P: physician-led.

FIGURE 2. MEDLINE and CINAHL database entries for 'patient satisfaction' or 'consumer satisfaction'.

Although developments in both day treatments and patient satisfaction studies have been concurrent, there exists no satisfaction literature examining medical day patients as a group. The little satisfaction literature that exists concerning day procedures is mostly endoscopy related. Of these, papers regarding gastroscopy or bronchoscopy are concerned with patient
tolerance of sedation, while colonoscopy papers focus on satisfaction with purgatives. Burtin and colleagues, for example, reported that only 48% of patients undergoing gastroscopy with intravenous diazepam sedation tolerated the procedure well, and that 33% of the sample would not agree to have another examination without an anaesthetic [13]. In contrast, Solomon et al. found that sedation had no effect on patients' tolerance, and that 73% of unsedated patients did not want sedation for future examinations [14]. Discomfort and pain have also been found to relate to satisfaction with phlebotomy [15]. More attention perhaps should be paid to findings that colonoscopy patients' satisfaction was related not to distress or discomfort associated with the procedure, but to the perception that staff were warm, interested, and informative [16]. Dubois et al. [17] found that physicians' assessments of bronchoscopy patients' levels of comfort were, in any case, very inaccurate. Evidence from UK day surgery suggests that dissatisfaction relates to poor facilities (lack of privacy, absence of telephones, inadequate parking), patient information, and medical factors such as post-treatment pain control [18,19].

The Audit Commission study noted a grave lack of written information at all stages: for example, only 50% of patients received any explanation of their operation prior to admission. Greenwood [20] also highlighted the importance of communication for day patients, as much pre- and post-treatment care is patient regulated. The value of pre-admission information or preparation in reducing anxiety in day cases has been documented, as has evidence that stress and anxiety can prevent the patient understanding explanations and can inhibit coping [21].

To compound the lack of data on medical day patients, satisfaction with nursing care has been examined to a far lesser degree than satisfaction with physician care or hospital care as a whole. The importance of studies in the nursing context has, however, been long recognized, with Risser arguing the case for using patients' views as an evaluation instrument as early as 1975 [22]. Satisfaction recently has been identified as the primary outcome measurement in nursing care studies [23]. These studies suggest that satisfaction with nurses is an outcome primarily of the art of care—aspects such as communication, concern, compassion—rather than, for example, technical quality of care [22,24—26].

Day Ward staff felt an appraisal of patient satisfaction was important for reasons besides the lack of pertinent literature. Principally, patients' opinions had not previously been systematically sought—complaints were rare, and it was simply taken for granted that patients were generally satisfied. Staff were concerned that the rising workload might be causing fissures in the fabric of nursing care, and felt it important that this be assessed from the patients' perspective. Day Ward patients can be divided into two distinct groups: patients attending for non-investigative procedures, who generally attend repeatedly (some blood transfusion patients have attended weekly for several years), and patients attending for investigative procedures, who generally attend only once or twice. Most non-investigative procedures are nurse-led, meaning that nursing staff organize admission, treatment, and discharge of the patient, consulting physicians only if problems arise. Conversely, most investigative procedures are physician-led, meaning that a doctor organizes and delivers treatment assisted by nursing staff. These groups may be summarized as:

- Group A: non-investigative, nurse-led, repeated visits
- Group B: investigative, physician-led, one-off or infrequent visits.

The aims of this study were, therefore, to assess levels of satisfaction and identify needs in nursing care for these two patient groups.

SUBJECTS AND METHODS

A self-completion questionnaire was selected for data collection. Any on-site or group assessment would be difficult as many patients visit the ward for a short time, some receiving sedation. Since no previously validated, suitable questionnaire was available, a local instrument was developed. It was important that patients themselves "set the agenda" for the study, and so, in addition to a wide literature search, issues to address were generated through a number of unstructured interviews with patients and through two pilot studies.

The final questionnaire contained 27 items

(Sitziarta). Satisfaction was rated using 4- or 5-point adjectival scales [27], while nine aspects of nursing care were rated on a 6-point direct estimation scale, with the value “1” indicating “very poor” and the value “6” indicating “excellent” [22]. Patients' comments were also invited. It was stressed that responses should refer to the patient’s most recent visit.

Figure 3 presents Day Ward 1994 throughput in terms of both procedures carried out and actual individuals treated. These data differ because some patients attend the ward repeatedly and because some patients undergo more than one procedure on a single visit. Two-hundred and seventy-four patients were treated on the ward in May 1994, receiving 481 procedures. Twenty-nine of these patients attended for chemotherapy (102 procedures); these were excluded from this survey as they were involved in a separate study. The first 200 non-chemotherapy patients attending the ward formed the study sample. At some point in their visit, a nurse handed each of the participants a sealed envelope containing the questionnaire, a covering letter, and a stamped addressed envelope. The nurse clarified the nature of the survey, and asked the patient to return the questionnaire within one week. Questionnaires were anonymous, so no follow-up was possible. Data were analysed using SPSS 6.1 [28]. Statistical procedures used included Pearson's Chi-square test for comparing two independent groups, the Kruskal-Wallis test for more than two groups, and the Mann-Whitney test for questions that had ordinal response scales [29].

RESULTS

One-hundred and fifty-eight completed questionnaires were returned, a response rate of 79%. Three had been completed by chemotherapy patients, leaving 155 for analysis. Strong associations between nurse-led and non-investigative procedures, and between nurse-led procedures and repeated visits were found, confirming the Group A/Group B model ($\chi^2 = 130.7, \ p < 0.00001; \text{ and } \chi^2 = 23.9, \ p < 0.00001$).

Table 2 shows sample characteristics. No demographic variable was associated with group. Age ranged from 25 to 92 years, with a median of 69. Figure 4 shows that endoscopic investigation and blood transfusion are over-represented in the sample. Venesection and other oncology/haematology procedures are under-represented. Nine per cent of respondents did not answer the question “Which treatment did you have on this visit?”

Some pre-treatment anxiety was expressed by 58% of patients, with 10% of patients feeling “very” anxious. Anxiety was associated with investigative procedures ($\chi^2 = 11.1, \ p < 0.001$), though more strongly with physician-led procedures ($\chi^2 = 15.8, \ p < 0.0001$). Anxiety was not associated with the number of visits; some
TABLE 2. Sample characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Nurse-led</th>
<th></th>
<th>Physician-led</th>
<th></th>
<th>Row total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>28.1</td>
<td>44</td>
<td>30.1</td>
<td>58.2</td>
</tr>
<tr>
<td>Male</td>
<td>26</td>
<td>17.8</td>
<td>35</td>
<td>24</td>
<td>41.8</td>
</tr>
<tr>
<td>All</td>
<td>67</td>
<td>45.9</td>
<td>79</td>
<td>54.1</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>2</td>
<td>1.4</td>
<td>4</td>
<td>2.8</td>
<td>4.1</td>
</tr>
<tr>
<td>31-60</td>
<td>16</td>
<td>11</td>
<td>19</td>
<td>13.1</td>
<td>24.1</td>
</tr>
<tr>
<td>&gt;60</td>
<td>49</td>
<td>34</td>
<td>55</td>
<td>38</td>
<td>71.7</td>
</tr>
<tr>
<td>Number of visits*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>29</td>
<td>21.8</td>
<td>69</td>
<td>51.9</td>
<td>73.7</td>
</tr>
<tr>
<td>&gt;6</td>
<td>27</td>
<td>20.3</td>
<td>8</td>
<td>6</td>
<td>26.3</td>
</tr>
</tbody>
</table>

*\chi^2 = 23.9, p < 0.0001.

patients who had visited the ward several times, such as regular blood transfusion patients, still felt anxious.

Ninety-one per cent of respondents received some pre-treatment information. Investigative patients were more likely to have received some information \(\chi^2 = 4.1, p < 0.05\), and to have received both written and oral information, as opposed to oral only \(\chi^2 = 8.2, p < 0.01\). Only 2% of those who received information thought it “not at all” useful. Thirty-three per cent of respondents received discharge advice following treatment. A further 55% felt no advice was necessary, leaving 12% without advice. As Table 3 shows, receipt of discharge advice was strongly associated to treatment \(\chi^2 = 19.9, p < 0.0001\). Receipt of discharge advice bore no relation to receipt of pre-treatment advice. Patients aged over 60 were more likely to receive discharge advice than those aged under 60 \(\chi^2 = 7.3, p < 0.01\).

Median overall waiting time (after arriving on the ward) was 23 minutes. Longer waits were significantly associated with physician-led procedures (median = 20 minutes), and shorter with nurse-led (median = 10 minutes) \(U = 1078, p = 0.001\).

FIGURE 4. Comparison of actual patient throughput and of study sample.
TABLE 3. Receipt of discharge advice

<table>
<thead>
<tr>
<th></th>
<th>Advice received (%)</th>
<th>No advice received (%)</th>
<th>Advice not necessary (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-investigative</td>
<td>16</td>
<td>7</td>
<td>77</td>
</tr>
<tr>
<td>Investigative</td>
<td>46</td>
<td>14</td>
<td>40</td>
</tr>
<tr>
<td>All</td>
<td>33</td>
<td>12</td>
<td>55</td>
</tr>
</tbody>
</table>

$\chi^2 = 5.35, p < 0.05$.

Six patients felt their waiting time to be "not acceptable": 4 gastroscopy, 1 colonoscopy, and 1 blood transfusion. The median waiting time for this group was 60 minutes.

Twenty patients, 13% of the sample, were less than "satisfied" with their privacy on the ward. Eleven of these were gastroscopy patients, 21% of the gastroscopy sample, but there was no significant association between type of treatment and level of satisfaction. Patients aged under 60 were significantly less satisfied with their privacy on the ward ($\chi^2 = 5.35, p < 0.05$).

The 6-point ratings for aspects of nursing care were severely skewed, with an overall mean score of 5.62. The element concern for patients’ privacy produced the lowest mean score ($\bar{x} = 5.34, SD = 1.15$), with nurses’ skill with treatments the highest ($\bar{x} = 5.72, SD = 0.66$). For all elements, both median and mode were 6. All significant associations are presented in Table 4.

DISCUSSION

The response rate of 79% is acceptable. As no distribution record was kept, it is impossible to know whether there was a differential return as Fig. 4 suggests. The data are further complicated by the fact that respondents were from all stages of the care programme—some on a first visit, others on a final visit. Non-response bias is difficult to judge, but we accept that these results are probably positively skewed [30]. As with previous investigations, this study found younger patients to be generally less satisfied with their medical care [31–33]. It seems unsatisfactory that approximately 10% of the sample could not accurately name the procedure undergone. However, it could be argued that responses such as "stretching of throat" or "gullet stretched and tube down" are encouraging, as they reflect an awareness of the actual mechanics of the procedure rather than an awareness of medical terminology.

The strong association found between pre-procedure anxiety and investigative procedures was to be expected. For some patients, anxiety may be related to the invasive nature of the procedure, but anecdotal evidence suggests that it is equally likely that patients are concerned that a serious problem—particularly cancer—will be diagnosed, as found elsewhere [34]. The positive role of reassurance and support in anxiety management is well documented [4,35]; the role of enhanced literature is less clear. Some patients—"blunters"—prefer not to have an abundance of information, enhanced information simply producing enhanced anxiety [36,37]. Only 41% of one sample of first-time gastroscopy patients, for example, wanted an information booklet [38]. Furthermore, given that this study found no association between pre-treatment information and pre-treatment anxiety, and the fact that some Group A patients also expressed anxiety, adequate support—rather than more information—seems to be the key to managing Day Ward patients’ anxiety. The association between heightened pre-treatment anxiety and lower scores for “caring” dimensions of nursing appears to support this.

Procedures for discharge advice appear less satisfactory, with lack of advice associated with dissatisfaction with every aspect of nursing care. One in seven Group B patients failed to receive adequate advice. Advice for endoscopy patients is particularly problematic: almost all gastroscopy patients receive diazepam sedation, and so advice is given to an accompanying relative or friend; colonoscopy patients recover on another ward (where they stay overnight), making follow-up difficult. The provision of written, in addition to oral, advice, is a policy which should be explored. The association between younger
## TABLE 4. Significant associations for aspects of nursing care

<table>
<thead>
<tr>
<th>Aspects of nursing care</th>
<th>Investigative procedures</th>
<th>Physician-led procedures</th>
<th>Aged 60 or under</th>
<th>Anxious before treatment</th>
<th>No discharge advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation of procedures and treatment</td>
<td>ns</td>
<td>ns</td>
<td>$U = 16431$</td>
<td>ns</td>
<td>$U = 524$</td>
</tr>
<tr>
<td>Concern for your privacy</td>
<td>$U = 1947$</td>
<td>ns</td>
<td>$U = 1480$</td>
<td>ns</td>
<td>$U = 580$</td>
</tr>
<tr>
<td>Appreciation of your individual needs</td>
<td>$U = 2089$</td>
<td>$U = 2059$</td>
<td>$U = 1710$</td>
<td>$U = 2187$</td>
<td>$U = 618$</td>
</tr>
<tr>
<td>Easy to obtain nurse when needed</td>
<td>ns</td>
<td>$U = 1995$</td>
<td>$U = 1699$</td>
<td>ns</td>
<td>$U = 633$</td>
</tr>
<tr>
<td>Nurses' skill with treatments</td>
<td>$U = 1982$</td>
<td>$U = 1964$</td>
<td>$U = 1734$</td>
<td>ns</td>
<td>$U = 558$</td>
</tr>
<tr>
<td>Watchful and attentive to your condition</td>
<td>$U = 1954$</td>
<td>$U = 2007$</td>
<td>$U = 1616$</td>
<td>ns</td>
<td>$U = 412$</td>
</tr>
<tr>
<td>Medical knowledge of your problem</td>
<td>$U = 1932$</td>
<td>ns</td>
<td>$U = 1424$</td>
<td>ns</td>
<td>$U = 518$</td>
</tr>
<tr>
<td>Reassurance and support</td>
<td>ns</td>
<td>$U = 2201$</td>
<td>$U = 1892$</td>
<td>$U = 2375$</td>
<td>$U = 626$</td>
</tr>
<tr>
<td>Concern for your relatives/friends/carers</td>
<td>ns</td>
<td>ns</td>
<td>$U = 1261$</td>
<td>ns</td>
<td>$U = 377$</td>
</tr>
<tr>
<td>Mean</td>
<td>ns</td>
<td>ns</td>
<td>$U = 1407$</td>
<td>ns</td>
<td>$U = 444$</td>
</tr>
</tbody>
</table>

ns: not significant.
patients and lack of advice was most unexpected, but may reflect unintentional discrimination on the nurses' part: there may be a presumption that younger patients are more knowledgeable regarding health, have more self-care ability, are generally fitter and are therefore more able to recover. Moreover, older patients are often accompanied by a carer who will specifically seek advice.

The shorter waiting times associated with nurse-led services are encouraging. A key factor is that all nursing staff are trained to an equally high standard, and so a patient attending a nurse-led service can be treated by any one of the team on duty, whereas physician-led procedures are carried out by a sole specialist and so queues can build up. It is interesting that "nurses' skill with treatments" received the highest scores. We feel that this reflects the high standards which can be achieved when nurses take responsibility for their own role development rather than having change imposed from above; nursing staff are more motivated, and take pride in their achievements. Less encouraging are the significant differences in satisfaction between groups for several aspects of nursing care, particularly as satisfaction with nursing has been repeatedly found to be the strongest predictor of overall satisfaction [30,39]. The dissatisfaction of Group B patients is a real concern, and must be addressed. Findings that nurses in similar "supportive" roles have been previously found to rate poorly in satisfaction studies [20], and suggestions that patients attending infrequently as out-patients may have less interest in satisfaction issues as they have little allegiance to the hospital or ward [40] provide little comfort.

Study design was limited in several respects. Information collected via the questionnaire was fairly basic; more complex information is available through well-conducted interviews, and a qualitative approach could be of value in future work [41]. The 6-point scales for nursing care proved completely insensitive; a continuous scale, such as a Visual Analogue Scale, could be more appropriate. The study allowed no ranking of dimensions; it would be useful for future work to clarify which factors are most important to day patients, and also to examine how these compare with other hospital patients' concerns. Finally, apart from a good attempt at content validity, the questionnaire was not subjected to psychometric testing; this will have to be addressed if the instrument is developed further.

We feel the study was worthwhile, despite its limitations. Most importantly, the study highlighted the very different experiences of care and levels of satisfaction between different patient groups. Preliminary changes in the nursing management of Group B patients have since been made—communication between the endoscopy suite and recovery area has been improved, for example—and a thorough revision of pre-treatment and discharge information is under way. As part of a programme of work as a Department of Health-funded Nursing Development Unit, the study allowed nurses to develop research awareness and skills. Above all, the project provided an opportunity for patients to have a voice and contribute to hospital practice.

REFERENCES

Patient satisfaction on a medical day ward


APPENDIX

Patient Questionnaire

The Day Ward is keen to collect patients' views and monitor patients' satisfaction with the treatment received on the ward. This questionnaire asks about various aspects of your visit to the ward, and most answers are given by simply ticking a box. At the end of the questionnaire is a space for any further comments or suggestions: any comment will be most welcome.

1. Age: ______

2. Sex: □ female □ male

3. How many times have you visited the Day Ward? ______

4. Which treatment did you have on this visit? ____________________________

Please tick one box for each of the following questions:

5. Is the Day Ward easy to find? □ yes □ no □ don't know

6. Is the reception desk easy to find? □ yes □ no □ don't know

7. Did you feel anxious before arriving at the hospital?
   □ not at all □ a little □ moderately □ very

8. Did you receive any written information about your treatment prior to your visit?
   □ yes □ no

   9. If you did, was this useful?
      □ not at all □ a little □ moderately □ very

10. Did anyone explain your treatment verbally to you before you came to the Day Ward?
    □ yes □ no

   11. If so, was this useful?
       □ not at all □ a little □ moderately □ very

12. Who provided the information or explanation? ____________________________

13. After arriving on the ward, how long did you wait to be treated? ______ minutes
14. Do you feel this waiting time is acceptable?  □ yes  □ no

15. When being treated on the ward, were you satisfied with the level of privacy you had?

□ very dissatisfied  □ dissatisfied  □ neutral  □ satisfied  □ very satisfied

16. Do you feel the ward environment (noise, privacy, television etc.) had any effect on your visit? (tick one box)

□ made visit more distressing  □ had no effect  □ made visit less distressing

Please rate the following aspects of the nursing care you received, using the scale of one to six where 1 = very poor and 6 = excellent. (please tick one box for each statement)

17. explanation of procedures and treatment

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

18. concern for patients' privacy

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

19. appreciation of your individual needs

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

20. easy to obtain nurse when needed

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

21. nurses' skill with treatments

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

22. watchful and attentive to your condition

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

23. medical knowledge of your problem

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

24. reassurance and support

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

25. concern for your relatives / friends / carers

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6

26. When leaving the ward, did a nurse give you advice and instructions on how to take care of yourself at home?

□ advice given  □ no advice given  □ advice not necessary

27. If advice was given, how satisfactory was this?

□ very unsatisfactory  □ unsatisfactory  □ neutral  □ satisfactory  □ very satisfactory