

Quality Care Nursing at Masvingo Provincial Hospital in Zimbabwe

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Abstract: The economic decline and political instability in Zimbabwe has negatively affected healthcare budgets which ultimately affect resource mobilisation and allocation in most institutions of health care including the Public Health Sector. The research conducted at Masvingo Hospital in Zimbabwe in 2015 indicated a high level of quality nursing care suggesting that most complains from the public about the poor service from nurses might be attributed to over crowdedness found at the hospital and shortage of resources. Total quality management is an organisation wide intervention which may require hospitals like Masvingo to incorporate quality initiatives into strategic plans involving nurse leaders and key personnel to identify strategies that may be put in place to enhance nursing quality care. Measuring nursing quality care through interrogating nursing behaviour may not be a conclusive approach of managing quality issues in hospitals. Future research may look at an all inclusive approach to quality nursing care. All new recruits health workers may also be inducted in quality care values.

Keywords: Nursing Care, Patient Satisfaction, Quality from Patient Perspective, Environmental Factors, Nurses' Attitude and Behaviour

1. Introduction

In Zimbabwe, the largest provider of health care services is the Public Health Sector complimented by Mission and Private Hospitals. In recent years, economic decline and political instability have led to a reduction in healthcare budgets, affecting provision at all levels [40]. The reduction in healthcare budget resulted in the public health sector facing numerous challenges such as low wages, shortage of skilled professionals and health care staff and an eroded infrastructure due to inadequate financing [40]. This also led to reduced employee motivation due to low incomes thereby affecting performance and quality of service. Since healthcare is a critical and essential service function which deals with public health, the need to monitor and safeguard patient care becomes a necessity. Nurses' attitude and behaviour towards patients became a public concern.

The economic meltdown in Zimbabwe also affected the majority of the population and eroded their income such that very few can afford to seek medical care services from

private hospitals. Most patients therefore flood government hospitals where the service is cheaper and this act as a pull factor that leads to congestion at most government health institutions. This has led to an overwhelming demand for care services on public health staff resulting in poor quality of service. The quality of service given by nurses to patients have been acknowledged in literature and has been attributed to various reasons, which include the time spend by a nurse with patients, the intimate relationship between the nurse and the patient, high levels of trust and good communication [35]. The study looks into the assumed influences of quality service that are, attitude of nurses and nurses' reaction to patient problems.

Masvingo Provincial Hospital is a public health institution which is situated along the Harare-Beitbridge road which borders with neighbouring South Africa. It is one of the oldest hospitals in the country having been established in 1896, and then called Fort Victoria Hospital. The hospital is one of the busiest roads in the country thereby making it

prone to reception of victims of road accidents and other emergencies that might trigger seeking for medical assistance by travellers and natives to the city. There is also a very busy growth point, Ngundu, which provides a hive of activities for all professions, including the oldest profession, prostitution. Because of this, many end up being sick of various ailments and diseases and all cases are referred to Masvingo Provincial Hospital for treatment. This makes the hospital to be overwhelmed by the workload. The hospital's establishment does not tally with the demand hence leaving the few nurses being overwhelmed by work. As such, their performance has deteriorated leading to various complaints from patients and civic groups. Nurses at most hospitals seem not to be aware that patient care not only includes quality medical care but also involves respecting patient's goals, preferences and choices, their emotional, social and spiritual needs [23]. This has been lacking in most health institutions globally and Masvingo Provincial Hospital is one such public health facility where patient care has deteriorated resulting in the complaints. According to [39], communities, patients, their families and staff are the best placed to judge quality nursing care because of their personal and communal experiences. Ignoring this and failing to involve them may result in the health system not responding to the actual needs of the population. The current study involved patients in evaluating the quality of care which they receive at the provincial hospital.

2. Factors Affecting Quality Nursing

The structure of nursing care was first introduced by Florence Nightingale in the middle of the 19th century and her contribution is still relevant in today's hospitals worldwide. The aim of nursing according to Nightingale, was to position an individual in the best condition for nature to act [12] and with this her concern was the quality of care given to a patient. [12] further articulates that Nightingale at first was concerned with quality of care from the nurses perspective but later on developed interest on patients' reactions to the nursing care.

Sustaining quality of hospital care and how to improve it has emerged to be a global challenge. This has resulted in various measures being developed to measure quality and no single method can be said to be the best [8]. There is need to find out what constitutes quality care especially from the patient's perspective, together with views from healthcare managers and other groups [5]. The experience possessed by patients can offer alternatives of improving quality of service that may not be observed from other perspectives, for instance, the way of treatment, process or interaction [2]. Despite having various methods of quality measurement, the challenges always persist and there is a belief that measuring and acting on issues of quality raised by patients can provide solution to the problems. Table 1 outlines a number of factors that may contribute to quality care.

Table 1. Factors influencing the quality of healthcare.

Category	Themes
Patient related factors	Patient socio-demographic variables
	Patient cooperation
Provider related factors	Type of patient illness
	Provider socio-demographic variables
	Provider competency
	Provider motivation and satisfaction
Environmental factors	Healthcare system
	Resources and facilities
	Leadership and management
	Collaboration and partnership development

Adapted from Mosadeghrad (2013:212) Iran J Public Health, Vol. 43 No. 2.

Table 1 explains patient related factors that contribute to quality nursing care. These include demographic variables like age, gender, education and personality. It is possible that some patients are responsible and become cooperative with nurses, thus making the task easier and quality may be achieved. Types of illness may also influence the type of service as serious illness may overwhelm both the patient and the nurse. According to [39], quality is defined as the ability to consistently meet or exceed customer requirements or expectations. In the same literature quality 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. Patient experience of quality care helps to provide meaningful feedback that enables decision makers to focus on improving quality care [1].

The table also attribute factors for health care nursing to the provider's competency including the intrinsic motivation of the nurses and satisfaction that they are doing the right thing and are being appreciated. Nurses' demographic variables like age, sex and personality may also affect the quality of the service given. It should be noted that what constitutes quality care from the patient's perspective may differ with that of health care workers. Patients may perceive quality from a unique perspective such as the way of treatment, nurses' behaviours and attitudes and the process of interaction. It is also important to note that nurses are the key primary caregivers in hospitals and they may significantly influence the quality of care to be offered as well as the treatment and patient outcomes [13]. This therefore reflects that hospitals' pursuit of high quality care depends on the ability to utilise nursing resources effectively [13]. Quality nursing care is also affected by the environmental factors which include the health system, resources and facilities, leadership and management and collaboration and partnership development. The improvement and sustenance of hospital quality care is a persistent challenge confronting the health fraternity particularly the public health sector [39].

Quality care is the right of all patients and the responsibility of all nurses [13]. To make sure that quality care measurement reflects the exchange between nurse and patient, the patient needs to be included in the evaluation [24]. This is further explained by figure 1: Adapted from Mosadeghrad A. M (2013) pp 217, Iran J Public Health 43 (2).

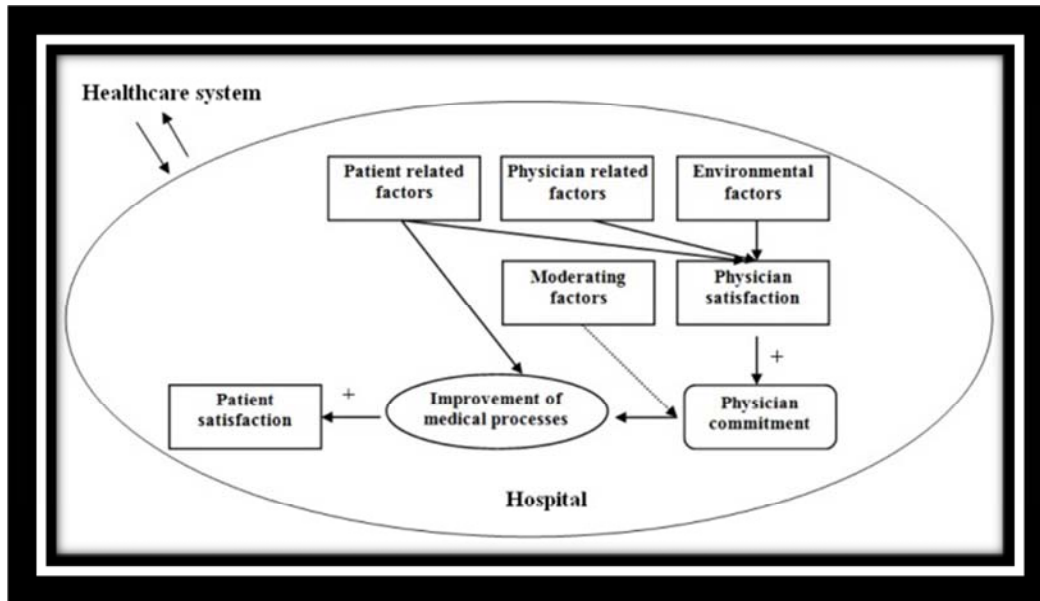


Figure 1. A model of factors affecting the quality of medical services.

The above model reflects that improvement of medical processes is affected by the interaction of the patient's views, the health personnel related factors comprising of satisfaction, commitment and the environmental factors. However the model emphasise that the outcome of the patient, nurse and environment interaction is the patient satisfaction. Due to global demands and pressures of improving patient satisfaction, components of quality control, quality of service and effective medical treatment become vital [13]. Quality health care is rapidly changing and customers know what they want. Patient satisfaction therefore acts as a catalyst for all changes in health care delivery. Patients perceptive of quality care are an important indicator of health care quality. It is also associated with health outcome and psychological wellbeing after hospital stay [12]. However, theoretical and methodical challenges have been encountered in measuring quality of care. Quality patient care may be an end in itself to some of the problems since it results in patient loyalty, long-term growth and survival [3]. The importance of quality nursing care is unquestionable since it is a right of all patients and the responsibility of all nurses [6]. In order for quality to reflect the expected care, patients need to be evaluated. Patients expect specific knowledge, attitudes and behaviours from nurses in general. If these expectations are used to evaluate nursing care, the evaluation will be beyond satisfaction and will also reflect genuine care. The greatest challenge facing the Ministry of Health and Child welfare in Zimbabwe is how to become more patient centred, offering high quality care as well as utilising the available resources more efficiently.

Complaints about ill-treatment and neglect of patients have increased in all spheres of the health fraternity globally [23]. Health professionals have been the subject of discussion in such scenarios and shouldering all the blame. Patients feel they are not treated with due care, hence dampening the

nurse-patient relationship. Nurses vary in their ability to understand the patient perspective and patient care. One possible explanation is the individual differences and personal characteristics of nurses which may account for at least some of this variation [22]. Quality of service depends on the skills, knowledge and competent health professionals which seem to be lacking at Masvingo Provincial Hospital as evidenced by the increase in complaints. Nurses are the backbone of health services but it seems they are overworked, demoralised and feel their efforts are not being recognised. There is need to find evidence about nurses' performance, behaviour and attitude towards patients as well as developing strategies to monitor and improve these in order to enhance quality of service at the institution.

Taking consideration of patients' perceptions in evaluating quality of care is important since it may reflect patients' perceptive of standards in hospitals (Crow et al, 2002 cited by [1], as well as clarifying how patients define quality [32]. Such information is useful to healthcare providers in their planning and prioritisation which makes them more focused towards patients' needs and wants [12]. It is a fact that patients can define good quality care as well as reporting their experiences that is why the Ministry of Health and Child Care emphasised the importance of involving patients in quality improvement. Patients who are satisfied with the quality of nursing care are more likely to follow treatment which might lead to better health [36]. Patient satisfaction also contributes to both physical and mental related quality of life as well as patients' willingness to revisit the same hospital again [15]. For the purpose of this study, quality of care is viewed from the patient's perspective.

What constituted quality of care from patients perspective was shaped by systems of norms, expectations and experiences as well as their encounters with the existing care structures [12]. Two basic conditions emerged as to what

shapes quality of care and these are resource structure of the care organisation and the patients' expectations [12]. The resource structure relates to person related qualities of care givers' physical and environmental qualities. The patient's preferences or expectations relates to national aspects that include patients' hope for order predictability and this is based on four dimensions, care givers competence, approach of caregivers, technical quality and socio – cultural atmosphere of the care organisation [12]. Assessing patient experiences is now a common approach used to monitor and improve quality of health care. By measuring patient experiences it helps to describe quality care from the patient's point of view and it also helps in problem identification and evaluate improvement efforts [28]. Efficient and effective medical help depends on the understanding of patient perspective. It is helpful for health care providers to get feedback from patients and the use of patient satisfaction questionnaires have proved helpful in the improvement of quality care [34].

3. Measuring Nursing Quality Care

Traditionally nursing quality care was evaluated by asking doctors and nurses what they perceive as important to admitted patients and what they thought about how patients feel from the care they received [12]. However in 1967, Raphael raised questions on whether health care personnel had knowledge of patients' thoughts and views considered to be important. As a way to strengthen patient rights in the health care system as well as focusing on patient centred care, questionnaires were developed that asked the experience of patients towards the quality of care they received [4].

Most healthcare models consider patient satisfaction as the outcome of quality care. However [33], in their study concluded that patients are incapable of evaluating the quality of care they receive. The main problem is what constitute patient satisfaction and what do patients value in nursing care. This lack of conceptual clarity has led to inadequate measures of the various scales used. It is therefore important for health professionals to identify what patients value in quality care and what their priorities are [13]. Despite such debate, the main beneficiary of good quality nursing care is the patient and is the one who determines quality care. Patient satisfaction levels may be used as a yardstick for assessing the quality of health care and nursing staff. This represents the capacity of nurses to meet patients' needs. Satisfied patients are more likely to continue using the health facility unlike the unsatisfied one. This creates a strong bond with service providers [33]. According to [39], communities, patients, their families and staff are the best placed to judge quality because of their personal and communal experiences. Ignoring this and failing to involve them may result in the health system not responding to the actual needs of the population.

Instruments developed to measure more general surveys of nursing quality care and satisfaction includes the Norwegian Patient Experience Questionnaire (NORPEG) [11], the

[Patient Satisfaction Questionnaire (PSQ-111) [21], Quality from Patients' Perspective (OPP) [19] and the Emotional Stress Reaction Questionnaire (ESRQ) [19] among others. The NORPEG [11] was developed with the aim of gathering information about patient experiences while in hospital. It consists of eight questions thought to be indicators of quality care for adult patients. Of the eight questions, six of them focus on nurse – patient relationships. The questionnaire however does not ask questions concerning importance of these subjective experiences to the patients [12]. The PSQ 111 measures global satisfaction with medical care and patient satisfaction with specific dimensions of care [12]. From the three questionnaires, none is based on a theoretical model of quality nursing care which is of concern to most researchers using quality of care instruments [18].

The QPP questionnaire measures patients' perception of actual care and it is derived from empirically based theoretical model of patients perception of quality of care. [17] added that the items are evaluated in two ways, by patient's perception of the actual care received as well as the subjective importance of the care received. The ESRQ [19] considers the emotional aspects of stress reaction in the context of care. The questionnaire is derived from the coping theory and can make predictions of a patient's psychological coping potential [19]. In a hospital setup, the questionnaire measures how patients cognitively interpret care situations, strength of stress reaction to care situations as well as predicting psychological potential for coping with care situations [12]. For the purpose of this study, quality of care is viewed from the patient's perspective and patient satisfaction is viewed as an emotion. Quality of nursing care in the research was measured using QPP derived from IQ theoretical model of quality care. The QPP has an advantage of measuring patients' subjective importance of care episodes in addition to their perceptions of these episodes [12]. If the experiences are of little importance, quality improvement interventions should be directed towards other important patient experiences. The QPP has frequently been used as a reliable measure of quality care from patients' [26].

4. Methodology

The study was a descriptive quantitative survey targeting seven wards out of ten through stratified random sampling. The wards assessed were Labour Ward, Female Surgical Ward, Male Surgical Ward, Female Maternity Ward, Post Natal Ward and Neo-Natal Ward. Other departments and wards such as the High Dependency Unit (HDU), casualty, paediatric ward and the out patients department were left out since some of them did not serve admitted patients and the paediatric ward admit patients below the age of twelve which falls out of the scope of this study. From each ward 15 patients who have been admitted for more than four days were targeted. Out of a total of 105 patients 83 (79%) participated through simple random sampling. The study was carried out at Masvingo Provincial Hospital hence the findings from this research may not be generalised beyond

the study population. Quality of service was measured from the perspective of the patient using the QPP by [17]. Descriptive analysis was used to scrutinize the level of quality service from the perspective of the patient. A five

point Likert scale was used to measure the scores. The scores ranged from the lowest 1 (strongly disagree) to 5 (strongly disagree). The medium quality score was 3, the low score was 2< and high scores 4>.

5. Findings and Discussions

Table 2. Demographic Characteristics of Patients' Experience of Quality Nursing Care.

Demographic Characteristics		Frequency	Percentage (%)
Gender:	Male	34	41
	Female	49	59
	18-25	19	22.9
Age:	26-35	23	27.7
	36-45	14	16.9
	46-55	10	12.0
	Over 55	17	20.5
Marital Status:	Single	14	16.9
	Married	51	61.4
	Widow	8	9.6
	Divorced	10	12.0
No of days on admission:	3-5 days	29	34.9
	5-10 days	36	43.4
	More than 10 days	18	21.7
Educational Level:	Primary	23	27.7
	Secondary	37	44.6
	Tertiary	23	27.7
	Maternity Ward	14	16.87
Unit:	PNW	11	13.25
	NNU	9	10.84
	FMW	10	12.04
	FSW	15	18.07
	MMW	9	10.84
	MSW	15	18.07

The demographic characteristics of patients who participated in quality of nursing care survey indicated that 59% of the participants were females and 41% were males. 26 (27.7%) of the participants were in the 26-35 years age group, 51 (61.4%) were married and 36 (43.4%) had been on admission for 5-10 days. All the seven wards were fairly represented but though dominated by the FSW and MSW with a frequency of 15 (18.07%) apiece. The NNU and

MMW had both a frequency of 9 (10.84%). The numbers of participants were chosen as per the size of the ward.

5.1. Quality of Service Per Ward

A descriptive analysis was done to assess the level of quality care. Table 3 summarises the total scores of quality care from patients' perspectives per ward.

Table 3. Quality of Service Per Ward.

		WARD/UNIT							Total
		LW	PNW	NNU	FMW	MMW	FSW	MSW	
TOT QUAL	56	0	1	2	0	0	1	0	4
	58	0	0	1	1	0	0	0	2
	69	0	1	0	0	0	0	2	3
	71	0	0	0	1	0	0	0	1
	72	2	0	0	1	0	0	1	4
	73	1	0	0	1	1	0	0	3
	75	0	0	2	1	0	0	0	3
	78	0	1	0	0	0	0	0	1
	80	0	0	0	1	0	0	0	1
	85	0	1	0	1	0	2	1	5
	86	1	1	1	0	1	0	0	4
	87	0	0	1	0	0	0	0	1
	88	0	0	0	0	0	1	0	1
	89	0	0	0	2	1	0	0	3
	90	0	2	0	0	1	0	2	5
	91	0	1	1	0	2	0	0	4
	94	1	1	1	3	0	1	1	8
	95	1	1	0	1	1	0	0	4

	WARD/UNIT							Total
	LW	PNW	NNU	FMW	MMW	FSW	MSW	
98	0	0	0	2	0	0	0	2
102	0	0	2	0	0	2	0	4
121	0	1	0	2	0	0	0	3
123	1	0	0	0	0	0	0	1
124	0	0	0	0	0	0	1	1
131	0	0	2	1	1	1	0	5
147	0	0	0	0	1	1	0	2
153	0	0	0	1	1	1	1	4
156	1	0	0	0	0	0	0	1
159	0	0	0	0	1	0	0	1
Total	8	11	13	19	11	10	9	81

The total quality score from patient's perspective ranged from 56 to 159. The Labour Ward had 8 participants, 3 scored a total quality score of between 56 and 80, the same number (3) also scored between 81 and 100 while the remaining two had a total quality score of between 101 and 159. This was followed by the Post Natal Ward which had a significant frequency of 11 (12.9%). 3 participants had a total quality score of between 56 and 80, 7 of them had a total quality score between 81 and 100, while only 1 was in the 101 and 159 score.

The Neo Natal Ward had a frequency of 13 (15.3%), 5 participants had a total quality score of between 56 and 80. 4 had a total score of between 81 and 100 while the rest (4) had a total score of between 101 and 159. This was followed by the Female Medical Ward ($f=19$; 4%). This was the dominant ward where 6 participants scored a total quality score of not less than 80, 9 scored between 81 and 100, while 4 of them had a total score of above 100. In the Male Medical Ward

had a frequency of 11 (12.9%). Only one had of between 81 and 100 while the remainder of (4) and patients from Female Surgical Ward had the same frequency of 10 (11.8%). The Female Surgical Ward had one participant with a total score of less than 80, 4 had a score of between 81 and 100, and 5 had a total score of above 100. The Male Surgical Ward had 3 participants with a total score of less than 80, 4 were in between 81 and 100 while only two scored above 100.

5.2. Levels of Quality Nursing Care from Patients

Descriptive statistics were also used to analyse the data. Questions were grouped into four variables, patient satisfaction, nurse-patient satisfactory relationship, satisfactions with physical environment and satisfaction with nurses' attitude and behaviour. Results from the four categories were as follows;

Table 4. Patient Satisfaction.

Variable (Patient satisfaction) (n=83)	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
Admission conditions	27 (32.5%)	48 (57.7%)	5 (6%)	3 (3.6%)	0
Optimistic	26 (31.3%)	36 (43.4%)	14 (16.9%)	6 (7.2%)	1 (1.2%)
Hospital image	22 (22.9%)	44 (30.1%)	10 (18.1%)	2 (22.9%)	5 (6%)
Effective communication	21 (25.3%)	52 (62.7%)	3 (3.6%)	2 (2.4%)	5 (6.0%)
My hospital of choice	12 (14.5%)	41 (49.4%)	17 (20.5%)	3 (3.6%)	10 (12%)
Better services provided	5 (6%)	25 (30.1%)	28 (33.7%)	16 (19.3%)	9 (10.8%)
Mental & emotional stability	30 (36.1)	28 (33.7%)	6 (7.2%)	12 (14.5%)	7 (8.5%)
Gender service	5 (6%)	25 (30.1%)	28 (33.7%)	16 (19.3%)	9 (10.8%)
Accurate service	14 (16.9%)	51 (61.4%)	10 (12%)	7 (8.4%)	1 (1.2%)
Reliable help	14 (16.9%)	63 (75.9%)	2 (2.4%)	4 (4.8%)	0

Patient satisfaction reflected high levels of quality care delivered by Masvingo Hospital with 93% patients agreeing that they had reliable help from health personnel, 90% patients being happy with admissions conditions, 88% patients alluding to effective communication given by care givers among other factors which eventually gave an 80% on good hospital image. 92.8% assert that, they always get help whenever they need it. This is important in strengthening the nurse-patient relationship and this improves the healing process if patients know that nurses are there for them in times of need. This is supported by Wagner and Bear (2009) who postulate that patients who are satisfied with the quality of nursing care are more likely to follow treatment which might lead to better health outcomes. Patient satisfaction also contributes to both physical and mental related quality of life

as well as patients' willingness to revisit the same hospital again [19]. This creates a strong bond with service providers [24]. This finding was consistent with [20] who reported nurses' warmly greetings to patients when they were admitted as quality nursing care. However concerns were raised on gender services and types of services provided which both scored a mean of 64% and 30% on the low levels of quality. This mainly seemed to affect male nurses who seemed to shun away from female nurses. Such low scores indicated gender insensitivity, interfering with the perceptual experiences on quality nursing in most female patients. This raised a question on whether quality service meant the same thing to nurses and patients. This is supported by [12] who raised questions on whether health care personnel had the knowledge of patients' thoughts and views which are

considered important in determining quality.

Table 5. Satisfaction with Nurse-Patient Relationship.

Variable (Nurse patient relationship) (n=83)	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
Appropriate support	23 (27.7%)	45 (54.2%)	8 (9.6%)	5 (6%)	2 (2.4%)
Reliability of the doctor	9 (10.8%)	13 (15.7%)	23 (27.7%)	20 (24.1%)	18 (21.7%)
Moral and spiritual support	10 (12%)	50 (60.2%)	11 (13.3%)	9 (10.8%)	3 (3.6%)
Nurse attentiveness	10 (12%)	56 (67.5%)	15 (18.1%)	1 (1.2%)	1 (1.2%)
Considerate nurses	13 (15.7%)	49 (59%)	21 (25.3%)	0	0
Nurse availability	4 (4.8%)	50 (60.2%)	13 (15.7%)	12 (14.5%)	4 (4.8%)
Fairness of service	29 (34.9%)	44 (53%)	3 (3.6%)	7 (8.4%)	0

The nurse-patient relationship results indicated that the nurses at Masvingo Hospital were generally available to give service with a 65% score, 80% were attentive, 75% considerate and 88% tried to provide a fair service. Most patients 82% appreciated the service. A patient's expectation is influenced by confidence in the care givers, efficiency, helpfulness one gets from health personnel [33]. Nurses' availability, considerateness and attentiveness help the health professional in accurately diagnosing and following procedures [33]. The only concern raised in the nurse-patient relationship was the availability of doctors where 73.5%

scored mean and low quality level. The results reflect a huge disgruntlement from patients which calls for nurses to improve their contact with doctors. Patients feel comfortable to hear instructions from doctors and this leads to a speedy recovery. This however is not clear if it constitutes nurses' incompetence in encouraging doctors to assess patients on a daily basis as doctors to patient ratio may be small. Therefore, although the general experience of the relationship was positive at Masvingo Provincial Hospital, gender played a critical role in determining the extent of satisfaction with services patients had.

Table 6. Satisfaction with Physical Environment.

Variable (Physical environment) (n=83)	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
Conducive environment	16 (19.5%)	47 (56.3%)	11 (13.4%)	4 (4.9%)	5 (6.1%)
Services provided	10 (12%)	32 (38.6%)	7 (8.4%)	19 (22.9%)	15 (18.1%)
Availability of service information	16 (19.3%)	53 (63.9%)	1 (1.2%)	3 (3.6%)	10 (12%)
Feeling at home	25 (30.1%)	40 (48.1%)	8 (9.6%)	9 (10.8%)	1 (1.2%)

The physical environment offered by Masvingo Hospital had high scores with the 83% of patients reported availability of service information scoring, 78% of patients felt at home during admission and lastly 76% highlighted that the hospital had a favorable environment for patients suitable enough for the healing and rehabilitation of people in need of medical attention. According to [7] nurses require access to supports and resources in order to provide safe and appropriate care which includes effective nursing leadership and sufficient time to discuss client care needs with colleagues among others. This reflects that the environment allowed a lot of interaction of physical environment and health care givers related factors which gave patient satisfaction. However a 51% score was obtained on the services provided. It seems

patients were not happy with the services given at Masvingo Hospital. However what constitutes services and good services delivery at a hospital from patients' perspective remained a myth. [38] concluded that nursing care should be individualized, focusing on care and needs and giving education to patients. Shortage of nurses in hospitals cause situations where nurses neglect to focus more on less important tasks to focus more on the main task [14] and this may be viewed as poor quality care by patients. [29] concluded that patient care service involved informing and involving patients, eliciting and respecting patient preferences, treating patients with dignity and designing care processes to suit patient needs among other factors.

Table 7. Satisfaction with Nurse Attitude and Behaviour.

Variable (nurse attitude & behaviour) (n=83)	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
Medical attention	26 (31.3%)	38 (45.8%)	7 (8.4%)	4 (4.8%)	8 (9.6%)
Satisfactory treatment	27 (32.5%)	48 (57.8%)	5 (6%)	3 (3.6%)	0
Quick nurse response	15 (18.1%)	47 (56.6%)	8 (9.6%)	5 (6%)	8 (9.6%)
Attention to problems	14 (16.9%)	58 (69.9%)	10 (12%)	1 (1.2%)	0
Nurse character	11 (13.3%)	58 (69.9%)	10 (12%)	4 (4.8%)	0
Nurse behaviour	27 (21.7%)	43 (66.3%)	13 (7.2%)	0	0
Friendliness	18 (21.7%)	55 (66.3%)	6 (7.2%)	4 (4.8%)	0
Caring nurses	21 (25.3%)	41 (49.4%)	7 (8.4%)	11 (13.3%)	5 (3.6%)
professionalism	30 (36.2%)	38 (45.8%)	6 (7.2%)	9 (10.8%)	0

The nurse attitude and behavior was highly commended with nurses at Masvingo Hospital viewed as friendly with an 88% score, 82% were perceived nurses and doctors as

professionals, 75% had a perceptual experience of caring trait in nurses, 87% were satisfied with nurses as attentive and 75% believed nurses were quick at responding to patients concerns.

Patients indicated that they obtained good medical; attention 77% and were satisfied 75% with the treatment. This is inconsistent with [14] who postulate that the difference in the patient and nurse perceptions of caring behaviours may cause dissatisfaction among patients. Admitted patients at Masvingo hospital seemed to be happy with nurses' behaviors. Thus such findings imply that perceptual experiences of the attitudes and behaviours associated with the burden of caring and assisting patients was perceived as positive, patients were quite satisfied with the interaction between them and the nurses.

6. Conclusion and Recommendation

Results of the study indicate a high level of quality care was provided at Masvingo Hospital. The high rate of complains from the public about the poor service from nurses might be attributed to over crowdedness found at the hospital and shortage of resources. This may imply that measuring quality from a patient's perspective may not do justice to measuring nurse quality care as the environment in which nurses work may be attributed to poor nursing service. Masvingo Hospital is encouraged to incorporate quality initiatives into strategic plans through involving nurse leaders and key personnel and to ensure that the issue strategies that enhance quality service are formulated wholesomely. Efforts to provide resources and possibly expand health facilities may help in decongestion of patients which will improve the hospital environment. All new recruits health workers are to be inducted in quality care values and the need to improve nurse knowledge about the philosophy of nursing care should not be overemphasised.

References

- [1] Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social science & medicine*, 52 (9), pp. 1359-1370.
- [2] Beattie, M., Atherton, I., McLennan, B. and Lauder, W. (2012) Compassion or speed, which is a more accurate indicator of healthcare quality in the emergency department from the patients' perspective.
- [3] Birks, Y., Mc Kendree, J. and Watt, I. (2009). Emotional intelligence and perceived stress in healthcare students: a multi-institutional, multi-professional survey. *BMC medical education*, 9 (1), p. 61.
- [4] Castle, N. G. and Engberg, J. (2005). Staff turnover and quality of care in nursing homes. *Medical care*, 43 (6), 616-626.
- [5] Codier, E., Kooker, B. M. and Shoultz, J. (2008). Measuring the emotional intelligence of clinical staff nurses: an approach for improving the clinical care environment. *Nursing Administration Quarterly*, 32 (1), pp. 8-14.
- [6] Codier, E., Muneno, L., Franey, K. and Matsuura, F. (2010). Is emotional intelligence an important concept for nursing practice?. *Journal of Psychiatric and Mental Health Nursing*, 17 (10), pp. 940-948.
- [7] College of Registered Psychiatric Nurses of British Columbia (2007) Guidelines for a high quality practice environment for registered psychiatric nurses.
- [8] Ferlie, E. B. and Shortell, S. M. (2001). Improving the quality of health care in the United Kingdom and the United States: a framework for change. *Milbank Quarterly*, 79 (2), pp. 281-315.
- [9] Franzén, C., Björnstig, U., Brulin, C. and Lindholm, L. (2009). A cost-utility analysis of nursing intervention via telephone follow-up for injured road users. *BMC health services research*, 9 (1), p. 1.
- [10] Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L. and Thomas, H. (2002). *The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature*. Core Research.
- [11] Garratt, A. M., Bjærtne, Ø. A., Krogstad, U. and Gulbrandsen, P. (2005). The Out Patient Experiences Questionnaire (OPEQ): data quality, reliability, and validity in patients attending 52 Norwegian hospitals. *Quality and Safety in Health Care*, 14 (6), pp. 433-437.
- [12] Grondahl, V. A., Wilde-Larsson, B., Karlsson, I. and Hall-Lord, M. L. (2013). Patients' experiences of care quality and satisfaction during hospital stay: a qualitative study. *European Journal for Person Centered Healthcare*, 1 (1), pp. 185-192.
- [13] Kristy D, and Ponsford J. (2008). "Cognitive functioning ten years following traumatic brain injury and rehabilitation." *Neuropsychology* 22, no. 5: p 618.
- [14] Hajinezhad M E and Azodi P. (2014) Nurse caring behaviour from patients and nurses perspectives, a comparative study. European online. *Journal of Natural and Social sciences* vol 3 (4): p 1010-1017.
- [15] Hall, J. A., Horgan, T. G., Stein, T. S. and Roter, D. L. (2002). Liking in the physician-patient relationship. *Patient education and counseling*, 48 (1), pp. 69-77.
- [16] Larrabee, J. H. and Bolden, L. (2009). Defining patient perceived quality of nursing Care. *Journal of Nursing Care Quality*, 16 (2001), pp. 34-60.
- [17] Larson and Larson (2002) Family perspectives on the quality of pediatric palliative care. *Archives of pediatrics & adolescent medicine*, 156 (1), 14-19.
- [18] Larsson, B. W., Larsson, G. and Carlson, S. R. (2004). Advanced home care: patients' opinions on quality compared with those of family members. *Journal of clinical nursing*, 13 (2), pp. 226-233.
- [19] Lersson L. and Lersson W. (2010) *Community health committees as a vehicle for participation in advancing the right to health* (Doctoral dissertation, University of Cape Town).
- [20] Liu YL, Wang GL, Ren XY (2004). Indicators of quality of nursing care: Investigation of patients' perceptions (in Chinese). *Chinese Journal of Nursing* 39 (4): 641-643.
- [21] Marshall, G. N., Hays, R. D., Sherbourne, C. D. and Wells, K. B. (1993). The structure of patient satisfaction with outpatient medical care. *Psychological assessment*, 5 (4), p. 477.

- [22] Mayer, J. D., Salovey, P., Caruso, D. R. and Sitarenios, G. (2001). Emotional intelligence as a standard intelligence. *Journal of Psychology*.
- [23] McQueen, A. C. (2004). Emotional intelligence in nursing work. *Journal of advanced nursing*, 47 (1), pp. 101-108.
- [24] Mohamed, 2011. Corporate Governance: *The international journal of business in society*, 13 (4), 365-383.
- [25] Mosadeghrad, A. M (2013). Healthcare service quality: Towards a broad definition. *International journal of health care quality assurance*, 26 (3), pp. 203-219.
- [26] Muntlin, Å., Gunningberg, L. and Carlsson, M. (2006). Patients' perceptions of quality of care at an emergency department and identification of areas for quality improvement. *Journal of clinical nursing*, 15 (8), pp. 1045-1056.
- [27] Persson, E., Gustavsson, B., Hellström, A. L., Lappas, G. and Hultén, L. (2005). Ostomy patients' perceptions of quality of care. *Journal of advanced nursing*, 49 (1), pp. 51-58.
- [28] . Petersen, P. E. (2008). World Health Organization global policy for improvement of oral health - World Health Assembly 2007. *International dental journal*, 58 (3), pp. 115-121.
- [29] Robb, G. and Seddon, M. (2006). Quality improvement in New Zealand healthcare. Part 6: keeping the patient front and centre to improve healthcare quality. *The New Zealand Medical Journal (Online)*, 119 (1242).
- [30] Salovey, P and Mayer, J. D (1997) *What is Emotional Intelligence?* In P Salovey and D, J
- [31] Sluyter (Eds) *Emotional Development and Emotional Intelligence New York, Basic Books*.
- [32] Sofaer, S. and Firminger, K. (2005). Patient perceptions of the quality of health services. *Annual. Review. Public Health*, 26, pp. 513-559.
- [33] Sreenivas, T. and Babu, N. S. (2012). A study on patient satisfaction in hospitals. *International journal of Management Research & Bussiness Strategy*.
- [34] Steine, S., Finset, A. and Laerum, E. (2001). A new, brief questionnaire (PEQ) developed in primary health care for measuring patients' experience of interaction, emotion and consultation outcome. *Family practice*, 18 (4), pp. 410-418.
- [35] Thom, D. H., Hall, M. A. and Pawlson, L. G. (2004). Measuring patients' trust in physicians when assessing quality of care. *Health affairs*, 23 (4), pp. 124-132.
- [36] Wagner, D. and Bear, M. (2009). Patient with nursing care: a concept analysis within a nursing framework. *Journal of advanced nursing*, 65 (3), pp. 692-701.
- [37] Zhao Shi H and Akkadechanunt T (2011) Patients' perceptions of quality nursing care in a Chinese hospital. *Internationa Journal of nursing and midwifery vol 3 (9) p 145-149*.
- [38] Zhao, S. H., Akkadechanunt, T. and Xue, X. L. (2009). Quality nursing care as perceived by nurses and patients in a Chinese hospital. *Journal of clinical nursing*, 18 (12), pp. 1722-1728.
- [39] Zimbabwe National Health Strategy 2010-2013.
- [40] Zimbabwe National Health Strategy 2010-2015.