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NURSES' VIEWPOINT: THE QUALITY OF NURSING CARE

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ABSTRACT

Introduction: The main and ultimate purpose of nursing services is to provide high-quality care to patients. Studies show that health service provider organizations across the world are faced with the challenge of providing high-quality nursing care. Nurses' perspective can be a valid indicator of the quality of nursing care. This study was conducted to determine nurses' perspective on the quality of nursing care.
Materials and Methods: This descriptive cross-sectional study was conducted on 172 nurses employed in hospitals affiliated to Isfahan University of Medical Sciences selected through systematic random sampling. The data collection tool was the Quality Patient Care Scale (QUALPAC), which was completed by the nurses. The data obtained were analyzed in SPSS-16 using descriptive and inferential (the independent t-test, the ANOVA and Pearson's correlation coefficient) statistics for the demographic variables and the quality of care.
Results: The nurses had a mean age of 33.12±6.8. A total of 90.8% were female and 66.5% were married. The nurses' mean work experience was 9.21±6.4 years, and 93.1% of them had a bachelor's degree in nursing. According to the findings, the nurses had a positive assessment of the quality of nursing care in all its three dimensions, namely psychosocial, physical and communication dimensions. A significant relationship was observed between the score of the quality of nursing care in all three dimensions and the variables of the ward of service and the nurse's gender.
Discussion: The nurses assessed in this research rated the quality of nursing care as positive in all the three dimensions examined, namely psychosocial, physical and communication dimensions. Nonetheless, this positive assessment by nurses as primary health care providers can itself be a barrier to the improvement and modification of the quality of nursing care.

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Introduction

The main task and responsibility of healthcare provider organizations is to maintain the health of the society and ensure the survival of its members [1]. In recent years, given the great fluctuations in health care service provision, the continuous improvement of the quality of services has become a necessity for the survival and growth of health care institutions [2] and also a winning card that can distinguish organizations from each other and lead to increased productivity, reduced costs and increased patient satisfaction [3]. Given their high-risk nature, services should be provided with an acceptable quality in health service provider organizations with [4]. Since nurses are the largest group of health service providers in healthcare organizations, the main concern of these organizations evidently becomes securing a steady nursing workforce and high-quality nursing care [5] .High-quality nursing care is to meet the basic needs of the patient through attention and care, empathy,

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respectful interactions imbued with a sense of responsibility and an integrated support [6] and it is the patients' right and the nurses' responsibility [7].

Improving the quality of care in clinical fields aims mainly to provide clinical care to patients as efficiently as possible. If this goal is accomplished, the results will help not only the patients, but also the healthcare providers and the field of nursing [8]. High-quality nursing care is a means for evaluating organizations and ranking and accrediting hospitals [9] that has a significant effect on the overall outcome of patients and the overall efficacy of organizations [10].

Studies have shown that the care provided to patients in different places does not follow the same systematic approach; that is, nursing care is provided with distinct qualities in different countries. The quality of nursing care may be reduced at times and a large percentage of patients may not receive optimal care at all. In 2001, a medical institution released shocking figures of deaths due to preventable medical errors that were mainly rooted in poor-quality nursing care [11]. Some studies in the UK have also reported that poor-quality nursing care leads to extensive injuries in patients [12] and is a major challenge in health service delivery [13, 14]. Studies conducted in Iran also show that, in most cases, the quality of the nursing care provided is sub-optimal [15, 16] and ensuring the quality of nursing care has always been one of the main concerns of health system authorities [17].

Nurses' activities have different aspects that focus on the different dimensions of nursing care and nurses' role [18], and poor-quality services lead not only to distrust in nurses and the damage or destruction of the organization [19], but also to increased costs, hospital stays, pain and mortality and additionally make the patients have to follow up on their health and treatment problems even after their discharge [20].

The quality of nursing care depends on the cultural context in which the services are provided [21], the health care system, the health values [22] and the political and economic atmosphere in the society [23]. The first step in maintaining and improving the quality of nursing care is to quantify its quality [24, 25]. The continuous assessment of the quality of nursing care is a top pursuit of nursing managers and one of their most fundamental undertakings [10]. Evaluating the quality of nursing care from the perspective of nurses as the largest group of healthcare providers offers a valid indicator that enables proper decision-making for the authorities [26, 27] and creates conducive conditions for providing high-quality care and evaluating nurses' performance and provides specialist nurses a basis on which to plan their care programs [28].

Although evaluating the quality of nursing care is important to nurses, the studies conducted on this subject have rarely examined the views of nurses and most of these studies have been limited to one or two hospital wards; and these limited studies have themselves yielded contradictory results. For example, in a study by Karimi Monaghi et al., most nurses in internal and surgical wards reported the quality of nursing care as optimal even before any interventions were performed [10]. In another study by Shannon et al., the group of ICU nurses examined rated the quality of nursing care as optimal [29]. Wichowski et al. also reported that the quality of nursing care was optimal according to the nurses examined [30]. In contrast, in a study by Ebrahimi et al., the quality of nursing care was deemed optimal by the majority of nurses in psychiatric wards in the physical and communication dimensions but medium in the psychosocial dimension [31]. Some other studies also reported a poor quality of nursing care in the view of their study population(8, 32).

Given the disparate findings on the quality of nursing care and the importance of the factors affecting the quality of care, this study was conducted to determine nurses' perspective on the quality of nursing care in different wards of select teaching hospitals affiliated to Isfahan University of Medical Sciences.

Materials and Methods

This descriptive cross-sectional study was conducted on nurses employed in three selected teaching hospitals from Isfahan University of Medical Sciences in 2015 who were selected through systematic random sampling. The inclusion criteria consisted of having an associate, bachelor's or master's degree, a minimum of one year of work experience in nursing, having worked in the current hospital ward over the past six months and a willingness to participate in the study. The wards in which communication with the patients was not adequately possible for any reason, such as due to the ward's conditions or the patient's disease or particular characteristics, were excluded from the study population –that is, the emergency department, the psychiatric and pediatric wards, the ICU and NICU and the dialysis department. Sample size was estimated as 172 using the sample size equation and the equation below after consultation with a statistician and by taking account of a potential attrition of 10% (n=172).

$$n = \frac{Nz^2 \times s^2}{Nd^2 + z^2 s^2}$$

where (Z) is 1.96 with a 95% confidence interval, S is the estimated standard deviation of the score of the quality of nursing care from the perspective of nurses, and (D) is accuracy and is estimated as 0.15 s.

The total number of nurses working in the three select hospitals was 1620; 1100 of them worked at Al-Zahra Hospital, 400 at Nor hospital and 120 at Shahid Beheshti Hospital. Proportional partitions of nurses were selected from the select hospitals through systematic sampling; that is, 107 nurses from Al-Zahra Hospital, 43 from Nor Hospital and 22 nurses from Shahid Beheshti Hospital. All the eligible nurses were assigned a code; codes 1 to 120 were assigned to nurses at Shahid Beheshti

Hospital, and since this hospital's share of the sample was 22, one out of every six nurses working there was included in the sample. For this purpose, one code was first selected from a table of random numbers and codes were then assigned with intervals of six, so that 22 nurses were selected from this hospital. Similarly, 107 samples were selected from Al-Zahra Hospital and 43 from Noor Hospital.

At first the researcher presented to the intended wards of the select hospitals and introduced herself to the ward's head nurse and explained the study objectives. The ward's head nurse was then given a list of the select nurses in order to facilitate the introduction of the researcher to the ward personnel so that the personnel would be informed about the researcher intending to contact them over the phone or through a text message. During the first contact with the personnel, the researcher first explained the study objectives to the nurses and ensured them about the confidentiality of their data and the anonymity of the questionnaires and arranged for the personnel to return the questionnaire in either the morning, evening or night shifts in a manner that would not at all interfere with any of their duties. The researcher then visited the hospital ward at the stipulated time and asked the nurses to complete the questionnaire individually and carefully; in case the respondents did not have enough time, they were allowed to complete the questionnaire in due time and put it in an envelope distributed to them and deliver it in future shifts after arrangement with the researcher. If one of the selected nurses was unwilling to participate in the study, they were replaced by another nurse through the random table of numbers until the required sample size was achieved.

A two-part questionnaire was used in this study. The first part contained items on the nurses' demographic characteristics, including gender, age, marital status, school, academic degree, work experience, employment status, ward of service and shift type. The second part contained the standard Quality Patient Care Scale (QUALPAC) with 28 items in the psychosocial domain, 24 items in the physical domain, and 13 items in the communication domain. This scale was scored based on a three-point Likert scale with responses including 'rarely' (0 points), 'sometimes' (1 point), and 'most of the times' (2 points) . The total score obtained ranged from 0 to 130, with a score of 0 to 43 indicating a sub-optimal quality, 44 to 87 indicating a relatively optimal quality and 87 to 130 indicating an optimal quality.

This scale was first used in the US in 1975 and was then also used in the UK and Nigeria [31]. In Iran, the original version of the scale was translated into Persian in two parts in 2007 in Tabriz by Zamanzadeh et al. who also examined the content validity and reliability of the scale using Cronbach's alpha and obtained a reliability coefficient of 0.8. The validity and reliability of the scale were calculated and confirmed another time in 2012 by Ebrahimi et al. [31 and 33].

The data collected were analyzed in SPSS-18 at a significance level of $P<0.05$ using descriptive (mean, frequency and percentage) and inferential (the independent t-tests, the ANOVA and Pearson correlation coefficient) statistics.

This article is derived from a master's thesis (No. 393888) written at the Nursing and Midwifery School of Isfahan University of Medical Sciences. At first the researcher presented to the intended wards of the select hospitals and introduced herself to the ward's head nurse and explained the study objectives. The ward's head nurse was then given a list of the select nurses in order to facilitate the introduction of the researcher to the ward personnel so that the personnel would be informed about the researcher intending to contact them over the phone or through a text message. During the first contact with the personnel, the researcher first explained the study objectives to the nurses and ensured them about the confidentiality of their data and the anonymity of the questionnaires and arranged for the personnel to return the questionnaire in either the morning, evening or night shifts in a manner that would not at all interfere with any of their duties. The researcher then visited the hospital ward at the stipulated time and asked the nurses to complete the questionnaire individually and carefully; in case the respondents did not have enough time, they were allowed to complete the questionnaire in due time and put it in an envelope distributed to them and deliver it in future shifts after arrangement with the researcher. If one of the selected nurses was unwilling to participate in the study, they were replaced by another nurse through the random table of numbers until the required sample size was achieved.

Results

The nurses examined had a mean age of 33.12±6.8; 90.8% female and 66.5% were married. Their mean work experience was 9.21±6.4 years. A total of 93.1% had a bachelor's degree in nursing and 24.1% were formally employed while the rest had contracts of different forms with their employing hospitals. Moreover, 76.4% worked in rotating shifts and the rest in fixed shifts. **[Table 1]**

A total of 75.9% of the samples described the quality of the nursing care they provided as optimal in the psychosocial dimension, with the mean score being 74.7±15.5 **[Table 2]**. In the physical dimension, the majority of the nurses (82.8%) described the quality of their nursing care as optimal, with the mean score being 82.2±16. **[Table 3]**.

The highest positive assessment of the physical and psychosocial dimensions of the quality of nursing care was obtained in the CCU (90.6%) and the lowest assessment of the physical dimension in the internal ward (71.1%). The mean score of the quality of nursing care was 78.2±15.3 in the communication dimension.

A significant relationship was observed between the quality of nursing care in the different dimensions and the total score obtained by gender ($P<0.05$). The independent t-test showed that the scores of the quality of nursing care in the psychosocial ($P=0.03$), physical ($P=0.017$) and communication ($P=0.026$) dimensions and the overall score ($P=0.016$) were significantly higher from the perspective of the female than the male nurses.

The independent t-test also showed the lack of a significant relationship between the quality of nursing care in the different dimensions by marital status (P=0.21), school (P=0.57) and shift type (P=0.69). The Spearman correlation coefficient showed no significant relationships between the level of education and the subjects' perspectives about the different dimensions of the quality of nursing care (P=0.68).

The ANOVA, however, showed a significant relationship between the nurses' perspectives about the different dimensions of the quality of nursing care and their wards of service (P=0.001). The highest scores of the quality of nursing care in the physical dimension were obtained in the gynecology ward, and the highest scores in the communication and psychosocial dimensions in the gynecology ward and the CCU. The internal ward, however, had the lowest score in all three dimensions of the quality of nursing care. Overall, the lowest score pertained to the internal ward and the highest to the gynecology ward and the CCU. **(Table 4)**

Discussion

The results of this study showed that the nurses had a positive assessment of the quality of nursing care in its physical, psychosocial and communication dimensions as well as the overall quality of care. In other words, the nurses rated the overall quality of nursing care as good. In line with the present findings, Shannon et al. also showed that the quality of nursing care was deemed good by the majority of the nurses examined [29]. Contrary to these findings, some studies have reported a medium quality of nursing care in the view of nurses [33], and some studies have reported an overall poor quality [16]. This disparity of findings may owe to the different hospital wards, health systems and structures, data collection tools and social and cultural backgrounds as well as the patients' varying levels of knowledge, awareness and expectations in different countries and communities. As a matter of fact, the patient's culture, knowledge and expectations can affect the nurses' perspective about the quality of the care they provide.

This study showed that the quality of nursing care was optimal in the psychosocial dimension. Several studies yielded similar results [9, 30, 34]. Contrary to these findings, some studies revealed a medium self-assessed quality of nursing care in the psychosocial dimension. Ebrahimi et al. (2012) showed that, according to the majority of the nurses in psychiatric wards (51.3%), the quality of nursing care was partially optimal in the psychosocial dimension [31] Furthermore, according to the majority of the surgery nurses examined by Rastian et al. (2014), the mean quality of nursing care was medium in its psychosocial dimension before any educational interventions were performed [35]. Some studies have even suggested a poor self-assessed quality of nursing care in its psychosocial dimension [16] This disparity of findings may be due to the differences in the research environment, type of study and data collection methods.

In the present study, the quality of nursing care was deemed optimal by the nurses in the communication dimension; several studies yielded similar results [9, 30, 31]. Contrary to these findings, Rastian et al. (2014) and Akbari Kaji et al. (2011) reported the mean self-assessed quality of nursing care in the communication dimension as medium and sub-optimal before any educational interventions were performed [16, 35]. Unlike the present study, which used the QUALPAC, these two studies used the Quality Patient Care Checklist, which was completed by an observer rather than the care-providing nurse. Also unlike the present study, in which nurses were selected from different wards, Rastian and Akbari Kaji selected their participants only from surgical and psychiatric wards. This disparity of findings may thus owe to the different samples and data collection tools used.

The quality of nursing care was deemed optimal in its physical dimension by the majority of the nurses examined in this study. The quality of nursing care has also been assessed as optimal in its physical dimension according to nurses in many other studies (9, 30, 31, 34). Unlike the present study, Rastian et al. (2014) revealed a medium quality of nursing care in its physical dimension before any educational interventions were performed according to the majority of the surgery nurses examined (70.8%). Some studies, including the one by Akbari Kaji et al., have even revealed a poor quality of nursing care in its physical dimension. The results of Akbari Kaji's study revealed a poor quality of nursing care in its physical dimension as assessed by psychiatric nurses before any educational interventions were performed [16]. This disparity of findings may owe to the different data collection tools used, the different sample sizes examined and the different research environments. It should again be noted that both these studies used the Quality Patient Care Checklist instead of the scale (i.e. the QUALPAC).

Examining the results of different studies suggests that the assessment of the quality of nursing care is affected by the tool used to collect this data, as it seems that the mean score obtained has been higher in studies that have examined the nurses' perspectives as service providers using a questionnaire compared to studies in which the quality of care has been assessed by an observer using a checklist.

In addition, a significant relationship was observed between the score of the quality of nursing care in its different dimensions and the nurses' gender. Female nurses had a more positive assessment of this index in all its dimensions. This difference may be due to how female nurses have a better performance in their job [36]. It should be noted, however, that 90.8% of the nurses examined in this research were female and only 9.2% were male and the difference achieved could be due to the significant difference between the number of male and female nurses. Moreover, since it is mainly men who are responsible for their family's economy, and given the low wages of nurses, male nurses have to work long hours in order to support their family or even work in several departments or centers, which could affect their views about the quality of the nursing care they provide [37]. Unlike the present study, Esteki and Attafar found no significant differences in the nurses' perspective about the quality

of nursing care by gender [32]. This disparity of findings may be due to the differences in sample size and data collection tools used.

No significant relationships were observed in the present study between the nurses' perspectives about the quality of nursing care and their school of education, marital status, age, work experience, level of education, employment status and shift type, which is consistent with the results obtained by Miri et al. [38]. Jasemi et al. also found no significant relationships between the quality of nursing care and marital status or level of education [39]. Other studies have also shown that no significant differences exist between the personal accomplishments of nurses in fixed and rotating shifts [40] and have also reported that the concept of work and the nurses' age and work experience are not significantly related [37].

Another finding of this study was that there is a significant relationship between the nurses' perspective on the quality of nursing care in its different dimensions and their ward of service. The highest mean score in the psychosocial dimension pertained to the CCU, followed by the gynecology department. The highest mean scores in the physical and communication dimensions pertained to the gynecology department, followed by the CCU, and the lowest mean score in all three dimensions pertained to the internal ward.

In line with the present findings, Neyshabouri et al. also found the highest and lowest mean scores in the gynecology department and the internal ward [9]; the cited study examined the quality of nursing care according to nurses working in gynecology, pediatric, internal and surgical departments while leaving the CCU out of the study population. The nurses' positive assessment of the quality of their nursing care in the gynecology department appears to owe to the homogeneity and the mutual understanding between the nurses and patients in this department. In line with the present findings, Mrayyan also rated the quality of nursing care in internal wards as poor compared to that of surgical wards [41].The reason for the poor quality of nursing care in internal wards in the present study may be the unstable conditions in these wards, the different diagnoses made for the patients and their long hospital stays. According to some researchers, the large number of patients and the increased workloads contribute to the poor quality in these wards [42] Fatigue and not having enough time to perform the assigned tasks lead to negative views and emotional pressure in nurses, which then manifest themselves in the form of physical and emotional withdrawal from the patients and the lack of attention to the patients' needs [43] and thus reduce the quality of the nursing care provided.

The main limitation of this study may be that it evaluated the perspectives of nurses working at three hospitals of only one city of Iran; further studies with larger sample sizes and a wider selection of hospitals are needed to better examine the issue.

Conclusion

This study showed that the quality of nursing care is optimal in all three dimensions assessed according to the majority of the nurses. It is a widely-accepted fact that nurses make great efforts to provide the highest quality of care possible despite the many clinical contradictions and limitations, but it should also be noted that the all-round positive assessment of the quality of care by the care providers themselves can be a barrier to the improvement of this quality. The poor quality of nursing care according to the male nurses and the significant shortage of male nurses are serious issues that should be further addressed by the health authorities. The researcher recommends that a comprehensive qualitative and quantitative assessment of nursing care be performed from the perspective of nurses, patients, head nurses and patient families in different wards so as to help identify the shortcomings and their causes and solutions.The authors would like to express their gratitude to the Research Deputy of Isfahan University of Medical Sciences and the School of Nursing and Midwifery for funding the study and also all the participants who helped conduct this study.

Table 1. The frequency distribution of the nurses' demographic details in the select teaching hospitals of Isfahan

Detail		Nurses	
		Frequency	Percent
Gender	Female	158	90.8
	Man	16	9.2
Marital Status	Single	60	34
	Married	114	66
School	State University (Public)	98	52.3
	Islamic Azad University (Private)	76	23.6
Level of Education	Associate	5	3
	Bachelor's	162	93

	Master's	7	4
Employment Status	Project-Based	32	18.4
	Conventional	51	29.3
	Semi-Contractual	14	8.1
	Contractual	35	20.1
	Semi-Formal	15	8.6
	Formal	27	15.5
Hospital Ward	Internal	38	21.8
	Surgery	37	21.3
	CCU	32	18.4
	Gynecology	25	14.4
	Nephrology	26	14.9
	Orthopedic	16	9.2
Shift Type	Fixed	41	23.6
	Rotating	133	76.4
Duration of Service (in year)	Mean ±SD	6.8±33.12	
	Mean ±SD	6.4 ±9.2	

Table 2. The frequency distribution of the quality of nursing care in its psychosocial dimension from the nurses' perspective

Row	**Item on the quality of nursing care in its psychosocial dimension**	**Nurses' Perspective**					
		Sub-Optimal		Relatively Optimal		Optimal	
		Percent	Frequency	Percent	Frequency	Percent	Frequency
1	The nurses answer the patients' questions patiently and kindly	3.4	6	1.83	24	8.83	144
2	The environment is conducive to answering the patients' questions	5.2	9	4.63	75	5.21	88
3	The nurses talk to their colleagues only about the patients' care needs	7.6	13	4.31	71	5.21	88
4	The nurses' tone shows their willingness to solve the patients' problems	4.6	8	3.78	67	5.66	98
5	The nurses pay attention to what the patients say	4.6	8	2.66	46	6.88	119
6	Patient satisfaction is achieved after a conversation with the nurses	2.9	5	41	71	5.16	97
7	The nurses call the patients by their name rather than bed number	1.87	30	1.59	33	6.72	106
8	The nurses introduce themselves to the patients	4.7	8	4.90	70	5.44	93

9	The nurses deal with the patients with full composure even in their moments of mistreatment	1.8	3	3.36	62	62	106
10	When a patient feels lonely, the nurse spends more time with him	1.93	22	52	89	3.15	60
11	If the patient gets tired of his therapeutic process, the nurses encourage him to continue his treatment	3.5	6	2.66	46	6.99	121
12	The nurses refrain from using obscene and angry words while addressing the patients	2.9	5	1.44	25	8.82	144
13	The nurses try to reduce the patient's anxiety through staying by his side	4.6	8	4.61	72	5.83	93
14	When the patient's anxiety cannot be alleviated, the nurses allow a family member to stay with him.	5.2	9	26	45	6.88	119
15	If necessary, the nurses happily offer explanations to the patient again and again	4	7	2.59	51	6.56	115
16	The nurses explain the process of medical care and the necessary tests to the patient	4	7	3.92	57	63	109
17	The nurses inform the patient of his recovery	1.8	3	3.95	61	6.42	106
18	Treatment measures are performed in a way that they have the least interferences with the families' visit hours	1.2	2	2.22	38	7.66	131
19	Depending on the patient's physical conditions, the nurses help him perform his religious rituals if necessary	8.1	14	5.60	87	4.31	71
20	The nurses patiently answer the patients' questions about their illness	1.2	2	2.33	40	7.65	130
21	An environment of trust exists between the patients and the nurses	3.5	6	3.27	64	5.39	102
22	The nurses pay attention to the patients' care needs and do what they demand of them if possible	3.5	6	4.95	79	5.60	87
23	The nurses talk about the patients' subjects of interest while performing their care duties	1.82	22	5.53	92	3.73	58
24	The nurses introduce new patients to other patients	3.67	64	40	68	2.42	38
25	The nurses explain the reasons for the ward's rules	3.5	6	3.59	68	57	98
26	Patients with similar problems are introduced to each other	2.44	42	5.60	87	25	43
27	The nurses train the patients to perform their personal tasks alone if their physical condition allows	5.8	10	5.65	95	3.68	66

28	The nurses encourage the patient's family to participate in his care	4.1	7	4.91	72	5.14	93

Table 3. The frequency distribution of the quality of nursing care in its physical dimension from the nurses' perspective

Row	**Item on the quality of nursing care in its physical dimension**	**Nurses' Perspective**					
		Sub-Optimal		Relatively Optimal		Optimal	
1	The nurses inform the patients about their test results	5.8	10	40.5	70	53.8	93
2	The nurses offer the patients whatever they need	4	7	25.9	45	70.1	122
3	The nurses lift the curtain from the patient's bed to explain different things to him	3.4	6	8.6	15	87.9	153
4	The nurses take care of the patient's daily hygiene	8	14	33.9	59	58	101
5	If necessary, the nurses help the patient change his clothes and wash his hands and face	12.1	21	36.4	63	51.4	89
6	The nurses control the patient's environmental health on a daily basis	4.1	7	26.2	45	69.8	120
7	If required, the nurses use air freshener	13.9	24	39.3	68	46.8	81
8	When carrying on painful procedures on the patient, the nurses provide their emotional support to the patient	1.2	2	26.2	45	72.7	125
9	The nurses ensure the patient has everything required for his therapeutic measures	1.2	2	19.1	33	79.8	138
10	The nurses pay attention to the patient's diet	1.7	3	20.8	36	77.5	134
11	The nurses pay attention to the patient's sleep pattern	2.9	5	26.4	46	70.7	123
12	The nurses pay attention to the patient's bowel movement pattern	1.7	3	20.3	35	77.9	134
13	The nurses seek to resolve and reduce any pain that afflicts the patient	1.1	2	10.3	18	88.5	154
14	The nurses take note of the pain of injection and seek to alleviate it	3.4	6	12.6	22	83.5	146
15	If necessary, the nurses train the patients on how to properly exercise	6.3	11	35.6	62	58	101
16	If necessary, the nurses train the patients on the correct way of breathing in and out	1.7	3	24.1	42	74.1	129
17	The nurses help the patient get out of bed and start walking	5.8	10	28.9	50	65.3	113

18	To maintain their energy, the nurses train the patients to rest between their activities	6.8	12	28.9	50	64.2	111
19	The nurses teach the patients the importance of getting out of bed after a surgery	5.2	9	16.8	29	78	135
20	If required, the nurses explain to the patients why they have to follow a certain diet	2.9	5	19.7	34	77.5	134
21	Before giving them their medications, the nurses ask for the patient's name	2.9	5	17	29	80.1	137
22	The nurses explain the therapeutic effects of medications to the patients	5.2	9	41	71	53.8	93
23	The nurses explain the complications and side-effects of the medications to the patients	9.2	16	40.5	70	50.3	87
24	On admission, the nurses ask questions about the patients' food and drug allergies	4.6	8	26	45	69.4	120

Table 4. The frequency distribution of the quality of nursing care in its communication dimension from the nurses' perspective

Row	**Item on the quality of nursing care in its communication dimension**	**Nurses' Perspective**					
		Sub-Optimal		Relatively Optimal		Optimal	
1	The patients easily share their feelings with the nurses	6.9	12	58.6	102	34.5	60
2	The patients easily ask the nurses questions about their illness	4	7	35.8	62	60.1	104
3	The nurses calmly listen to the patients	2.3	4	31	54	66.7	116
4	The nurses spend ample time explaining different things to the patient's family as well	6.3	11	53.4	93	40.2	70
5	The patient's family is satisfied with the nurse's responses	1.7	3	25	43	73.3	126
6	The nurses understand the anxiety the patient's family is experiencing and give them as much information as possible to help reduce it	2.3	4	35.6	62	62.1	108
7	The nurses inform the patient's family about his recovery	4.6	8	35.6	62	59.8	104
8	The nurses reassure the patient that his secrets will remain confidential	2.9	5	17.3	30	79.8	138
9	The nurses automatically meet the patients' needs before they are asked to by the patients	5.7	10	40.2	70	54	94
10	The nurses establish a good relationship with their colleagues	2.9	5	20.1	35	77	134

11	The nurses refer patients in need to financial resources	8.1	14	39.3	68	52.6	91
12	The nurses meet the patients' needs in a peaceful environment	5.7	10	27	47	67.2	117
13	The nurses use words that show they care about the patient's well-being	4.6	8	29.3	51	66.1	115

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