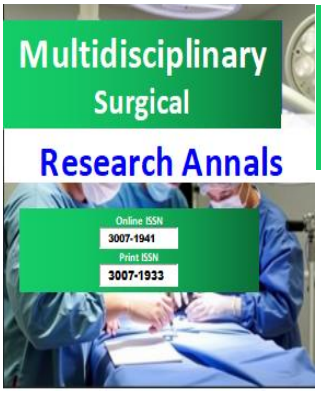

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Evaluating Patient Satisfaction with Nurse Care: A Case Study from Burn Wound Patients

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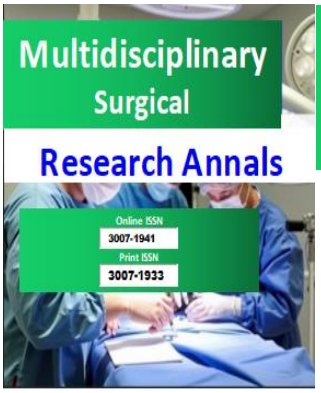
Abstract

Introduction: Patient with burn wound need specialized nursing care for the management of wounds Patients with burn injuries need special nursing services to meet their intricate emotional and physical requirements. One important measure of the caliber of medical providers is patient satisfaction with nursing care. Objective: The purpose of this study is to explore the impact of nurse care on the patient satisfaction that how wound care satisfy the patient

Methodology: The design of the case study was descriptive.360



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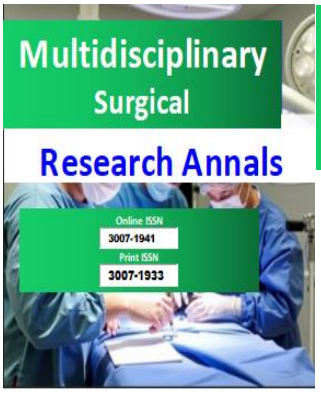
individuals with burn injuries were chosen as a random sample. For the data collection, a standardized questionnaire was used. The data was analyzed using correlation analysis and descriptive statistics. Results: The findings demonstrated that patients were generally satisfy with the care they received from nurses. Patients expressed great satisfaction with the technical expertise, interpersonal skills, and emotional support provided by nurses. However, some patients expressed concerns about pain management, wound care, and discharge planning. Conclusion: This study emphasizes how crucial nursing care is to the treatment of burn wounds. Although patients expressed great satisfaction with the treatment they received from nurses, there was room for development. To improve patient outcomes and satisfaction, healthcare facilities should give priority to nurses' continual learning and development.

Keywords: Patient Satisfaction, Nurse Care, Injuries, Wound Dressing, Skin, Infection Control, Wound Care, Burn Wound, Health Sector, Pakistan

Introduction

Around the world, burn injuries rank among the most upsetting traumas, which pose a serious public health concern. An estimated



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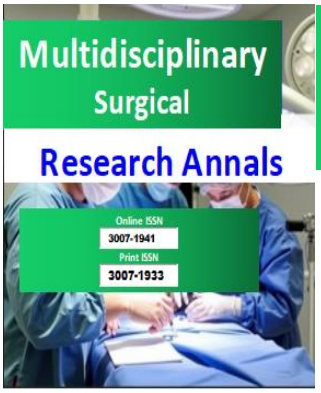
attack recorded by the World Health Organization (WHO) which estimates that 180000 burns in 2023, worldwide. Both low- and middle-income communities experience a high prevalence of these burn injuries, and their mortality rates are greater than those of high-income communities (Buksh 2019) . The WHO has recorded a significantly higher incidence in Pakistan, at around 1388/100000 per year, than the global incidence, which is round about 110/100000 per year for last five years (WHO 2018) . Burn patients are treated according to the extent, cause, and surface area of their burn injuries Several methods are used to treat burns based on their depth, including wound debridement, the use of contemporary hydrocolloid, silicone dressings, and traditional dressings covered in chlorhexidine for superficial burns (Buksh 2019).But, a variety of grafting techniques and dressings that promote epithelialization are part of the deep dermal burn therapy routine (Leseva, 2012) . Out of all the organs in the human body, skin is most vulnerable to damage such burns, scrapes, and injuries.

The human body's ability to defend itself adequately against outside dangers is weakened when epithelium and connective tissues are



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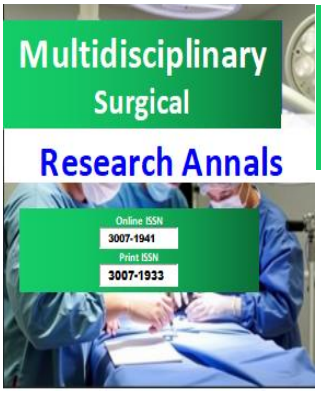
damaged (Chaudhary 2019) . As the most frequent causes, burns are described as skin damage brought on by extreme heat or caustic chemicals. (Jeschke M.G. 2020). Age, general health, depth and range of burns, exposure time, and mechanism of injury are all significant contributing factors. Elements that contribute to the illness are also important attributes for skins which damage to the skin layers (depth of burns) and the affected surface area of skin (usually expressed as a percentage of the body's total surface area) can be used to classify burns. (Buksh 2019) . With the potential to progress from acute to chronic wounds, nurses must possess a comprehensive awareness of external therapies to Re-introduce these scars into the healing process.

One of the most common and unavoidable challenges in the healing process of wounds, particularly chronic wounds, is the development of infection. When it comes to recovering from burn injuries, specific medical treatment is essential since domestic violence causes severe psychological. With the development of contemporary and extra medical attention to meet the needs, burn centers have been created. Burn patients have complicated needs that can be managed with the help of specialized trained medical staff, sophisticated



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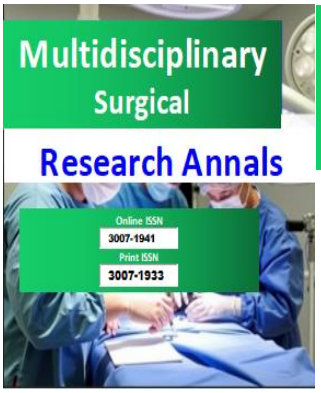
equipment, and a comfortable setting (BUZDAR and BASHIR 2023) . Inflammation, blistering, scarring, charring, and amputation fall under the most common outcomes of burn damage, which also include rubor, tumor, calor, dolor, and pain.

Inflammation is a normal part of the body response to injury and infection. Blistering is fluid filled sac in outer layer of the skin. Scarring is the body natural process of healing and replacing damage and lost sin with fibrous tissue. Charring is a type of tissue damage that occurs when the skin or tissue are exposed to high heat. Amputation is the surgical removal of a body part such as limbs, figures, hands, or legs. Rubor is the medical term that mean redness on skin. Usually because of inflammation. Calor is define as a bodily heat that is as sign of inflammation. Dolour mean is pain as a sign of inflammation. Broad range of physical impacts where doctors and nurses' diligent work can be particularly beneficial (BUZDAR and MIRZA 2023).

Patients with burn injuries are more susceptible to infection because of the negative effects of the immune system. Damage to the skin is the most obvious consequence, a vascular, protein-rich milieu that serves as a suitable habitat for microbial growth in place of the



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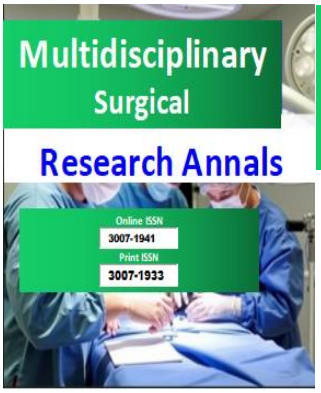
natural barrier. These infections are the primary cause of morbidity and death in burn patients. According to that, burn wounds grow infected due to the patient's immune compromised state and the ideal conditions surrounding the wound for the growth of microbes that cause infection. From standard first aid to specialized medical care, the treating remedies fulfill their roles appropriately. The level of tissue damage and the depth of burn injuries, which determine how far they go to induce total charring and extinction, are utilized to calculate the severity (BAIEZ and MOHAMMED 2022) . When it comes to providing fair and lawful remedies from the medico legal officer to the honorable courts within its authority, the emotional and psychological stress sometimes takes precedence over the physical stress and requires equal consideration.

In order to avoid problems and enhance wellbeing, burn injuries must be managed carefully and effectively. The performance requirements for dressings should be adjusted as the healing process progresses since wound healing is a very dynamic process. The goal of treating partial thickness burn wounds is to encourage healing, and there are many different types of bandages on the market right now. New dressings have been developed because of technological



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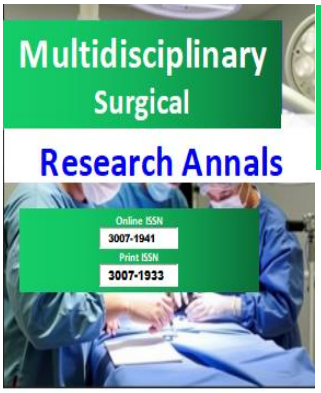
advancements and growing knowledge of wound healing. The choice of dressings should be determined by how they affect healing (Rehan 2023).

Study Gap

The epidemiology pattern of burn wound infections in Pakistan has been the subject of very few studies, indicating that this field is still little understood. Isolating and identifying the bacteria recovered from patients with severe burn damage was the main goal of the current study. Patients' behavior regarding treatment is not measured in previous studies, which is focused in this study.

Literature Review

Burns are described as skin injury brought on by intense heat or caustic chemicals, which are the most frequent causes. According to the World Health Organization, burn injuries are one of the most serious injuries and cause over 180,000 fatalities globally each year (WHO, world health organization burn report 2023) , making them a serious public health concern. Hot water burns are the most frequent cause of hand burn injuries (Jeschke M.G. 2020) . A burn injury is a complicated and changing condition. Skin injuries present a special challenge because



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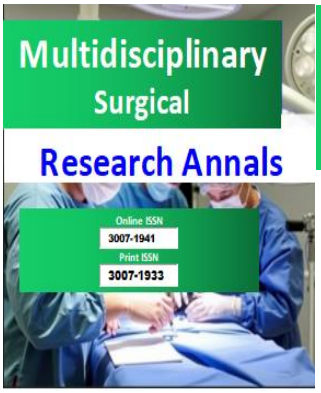
the healing process is delicate and complex. In order to restore acute wounds to the healing cascade, the nurse must possess a comprehensive awareness of external interventions. An acute wound has the potential to progress into a chronic wound (Aditya Sood 2015).

Burn injuries are complicated and constantly changing. Skin injuries present a special challenge. Wound healing is a difficult and complicated process. It is possible for acute wounds to progress to chronic wounds, so the nurse must be play comprehensive awareness in external therapies of the wound. An acute wound has the potential to progress into a chronic wound. One of the most common and unavoidable challenges in the healing process of wounds, particularly chronic wounds, is the development of infection. Despite the fact that there are already many commercially available bandages, new wound care treatment alternatives must be developed immediately to address the rising number of burn injuries (BAIE and MOHAMME 2022). Like other infections, burn wound infections can spread and follow the universal chain of infection, which consists of three elements: the patient's vulnerability to infection, the causative agents of infection, and the modes of transmission. Nearly every kind of pathogen, including



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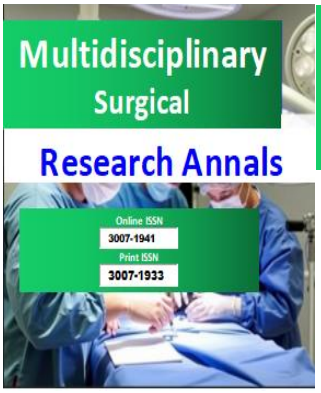
gram-positive and gram-negative bacteria as well as fungi, is discovered in burn patients. Gram-positive organisms predominate in the average burn wound, but within a week, gram-negative, more resistant species mostly replace them. The second is the spread of infection (Buksh 2019). Moreover, after falls on fire, traffic accidents, and interpersonal violence, burns are the fourth most common cause of injury worldwide. Anybody, wherever, at any time, can be impacted by burn injuries, an underappreciated trauma. A burn occurs when the skin and underlying tissues are damaged by exposure to a variety of heat sources, such as chemicals, electricity, friction, radiant energy, dry heat (like fire), or moist heat (like steam or hot liquids). Size and depth-based classifications of burn injuries help to forecast healing durations and guide treatment procedures. Burns of the first and superficial second degrees heal nicely in about two weeks, frequently producing good functional and cosmetic results. On the other hand, deep second-degree (half thickness), third-degree (full thickness), and fourth-degree burns typically take longer than two weeks to heal and are more likely to leave scar tissue behind (Ahmed, et al. 2024) , For burn patients, being released from the hospital is a crucial and challenging stage in their



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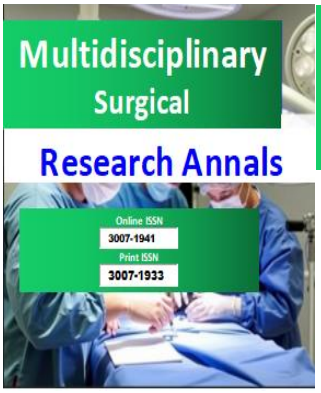
healing process. It is the moment when patients and their families must continue their rehabilitation on their own, without the direct assistance of medical professionals, rather than the conclusion of therapy. As early as admission, continuous discharge discussions should begin. Essential subjects like skin care, scar management, range of motion maintenance, splint use, and performing developmental or daily living activities are usually included in the training plan when patient is ready to be discharged (Ahmed, et al. 2024).

The patient's overall health is included in the management of burn wounds, which goes beyond changing the dressing and controlling pain. The physical effects of burn injuries, including muscle strength and joint mobility, as well as the psychological and emotional effects, like anxiety and depression, have been found to be improved by exercise in all its forms. The discomfort from burn injuries is well known. Burns can be extremely painful, and patients frequently need strong analgesics and specific pain management methods. Throughout the healing process, pain may continue and develop into chronic pain, which can negatively affect survivors' quality of life and mental health. The most crucial factor between the people providing the services (patients) and the



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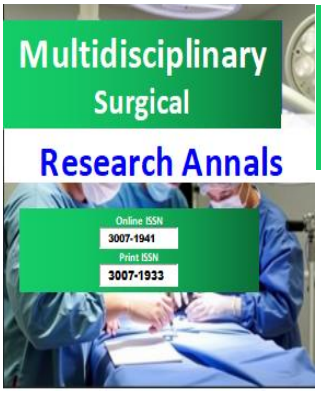
people receiving them (nurses and other staff) is communication. Patients who employ effective communication techniques can experience improvements in their status, psychological well-being, and level of satisfaction. In clinical settings, effective communication ensures that the patient receiving care will be in a better psychological state and that the disease will be treated, the pain will be managed, the patient's medical history will be remembered, and patient satisfaction will be increased (Lotfi, Zamanzadeh and Valizadeh 2019).

A burn is a type of injury or tissue damage caused by contact with extremely hot objects, such as fire, hot water, chemicals, electricity, radiation, or insufficient substances. Every year, burns effect the lives of 265,000 people globally. An estimated $486,000 is spent on burn injuries each year in the US health system; 3275, thousands of these are due to fires, and 2745 lead to the death of the victim. According to estimates, one million Brazilians are burned every year, with youngsters being the most at risk. These kinds of figures demonstrate that burns are a serious public health concern, especially in countries with low and intermediate incomes. Additionally, burns are a significant cause of morbidities, such as prolonged hospital stays and lengthy recovery times.



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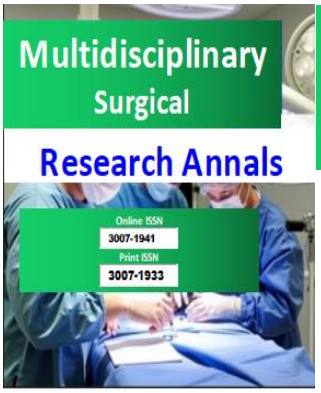
In Pakistan, burn injuries represent a significant yet understudied topic. Nonetheless, single-center studies conducted in specialist burn hospitals located in large cities provide the majority of the current knowledge regarding burn injuries in Pakistan. Compared to the predicted global yearly incidence of 110/100,000, Pakistan has a high annual incidence of burns, at about 1388/100,000 (Miri, Rashtiani and Zabihi 2023).

Even though all burns are painful, it has generally accepted that deeper, full-thickness burns hurt a little less than superficial and partial-thickness burns because they destroy sensory nerves. However, in clinical practice, this is not usually the case. Additionally, debridement, grafting, and dressing changes are eventually necessary for full thickness burns, all of which cause discomfort. The main cause of pain with a burn injury is tissue destruction. The severity of burn pain can also change significantly during the healing process. For burn pain to be effectively treated, a multimodal strategy that is customized for each patient and situation is necessary (Manuscript 2017) . Throughout all phases of burn treatment, inadequate and uneven pain control endures despite significant advancements in contemporary burn care. In addition to the acute pain experience itself, patients who do not



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receive aggressive pain management are at risk for secondary morbidities associated with increased pain levels, such as chronic anxiety. The distinct problem of burn pain is made more difficult by the relative lack of conventional methods. Moreover, pain management is frequently determined by custom and institutional/personal prejudices. Burn pain management can be particularly challenging due to the intricate interplay of anatomical, physiological, pharmacologic, psychological, and premorbid conditions (Manuscript 2017).

Conceptual Framework

This framework illustrates the relationship between the nurse care and patient satisfaction that how the nurse care satisfies the patient. On the right side, independent variable (nurse care) is explained while on the left side (patient satisfaction) the dependent variable is explained. Patient trust and patient perceived quality of care is act as a mediating variable.

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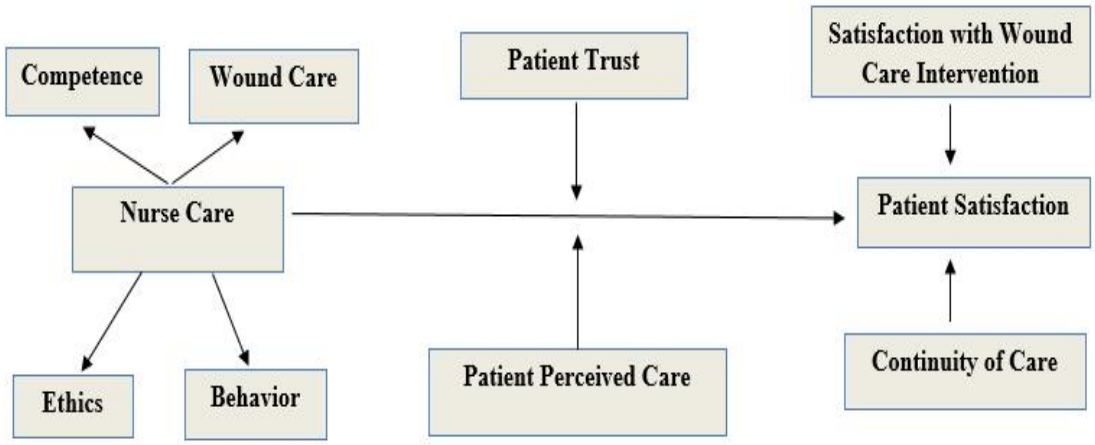


H1: There is significant relationship between nurse care and patient satisfaction.

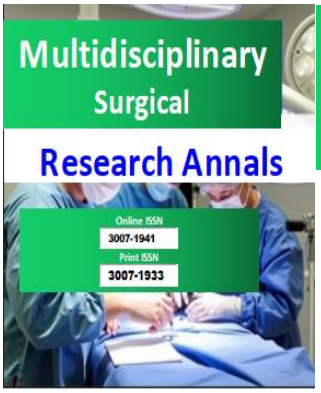
H2: There is significant relationship between nurse ethics and patient satisfaction.

H3: Patient trust has significant relationship between nurse care and patient satisfaction.

H4: Quality of care has significant relationship between nurse care and patient satisfaction.

Methodology

The descriptive cross sectional study is conducted in the burn unit of Nishter Hospital Multan to evaluate the relationship between the patient satisfaction and nurse care in at burn unit.



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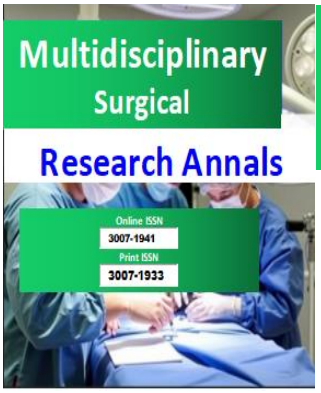
According to the Morgan table, 384 respondents were involved in my study in burn unit of Nishter Hospital Multan. The patients who were taken understudy were definitely exhausted, but they were partially recovered, conscious and able to response. The patients who were in the unconscious condition and not able to communicate were excluded from our research study. The data was collected from 360 patients by asking closed ended questions for a purpose a standardized questionnaire was used to collect the information from the burn unit of Nishter Hospital Multan. A questionnaire was setup according to the Likert scale method consisting of the 5 responses and 15 statements to collect the overview of the patients, family members and nurses. In this procedure, trained staff use the expertise to evaluate the information without any disturbance or irritation to patients and their attendants. Mainly the information that was collected including the demographic history of the patient, severity of the burn (depth and location of wounds), family history (same incidence with beloved once). The most important part of the research was the analysis of the data to attain results that our research was positive or negative.



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Results Discussion

Response Rate

As per table responses are discussed which are returned, unreturned and uncompleted questionnaires, qualification. Total 400 questionnaires were administered and collected from patients were 360 out of which 15 were unfilled. Total Response rate was 90% as per returned responses. The best response is 50% of total population. The total response of 50% is acceptable for the research, 60% response is best response, 70% and its above response of respondents is very good for effective research.

Table 1 Response Rate

Response	Total	Percentage
Returned	360	90%
Unfilled	40	10%
Uncompleted	15	3.75%
Total	400	100%

Graph shows that blue color shows the number of male respondents and red color shows the number of female respondents of this research.

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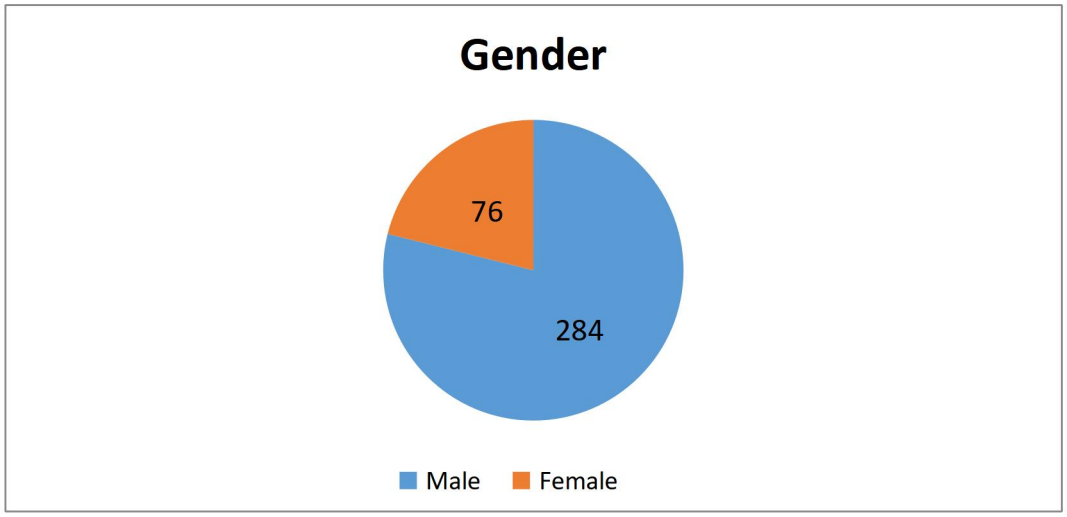

Male respondent patients are 284 (78.9 %) and female respondent patients are 76 (21.1%). These findings were taken through the patients of burn center of Nishter hospital Multan Pakistan. Total response is 100%.

Table 2 Gender

Gender	Frequency	Percentage
Male	284	78.9%
Female	76	21.1%
Total	360	100%

Patients of age 20-30 are 56 whose results are of (15.6%). Respondent

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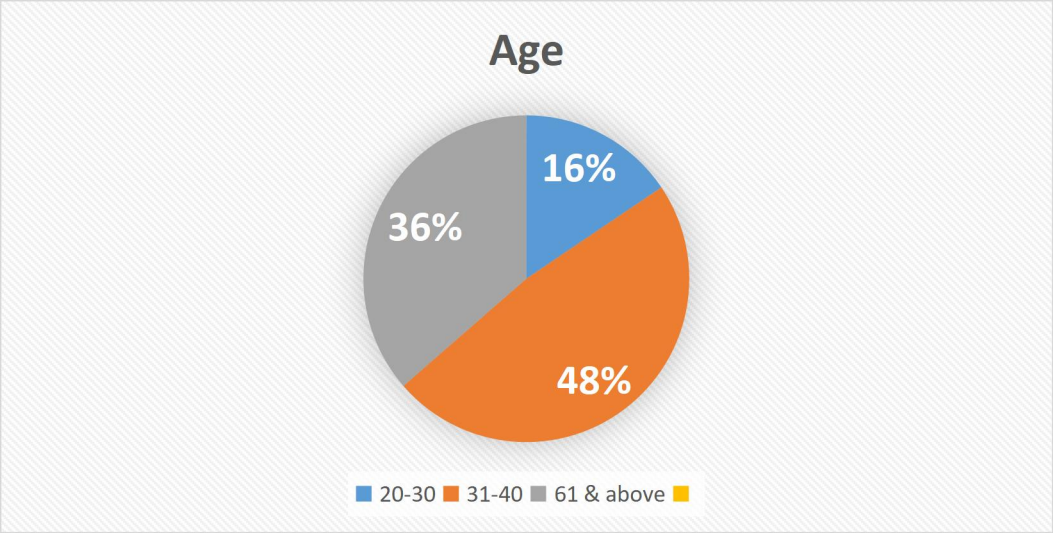
patients of age 31-40 are 173, which are of (48.1%). Respondent patients of age 41 and above are 131 which are of (36.4%).

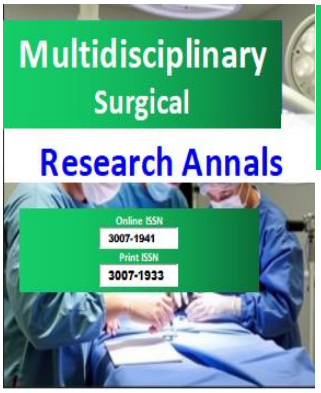


The Cronbach's Alpha value of independent variable of nurse care and patient satisfaction of 15 parameters is 0.784 which is acceptable because the values above 0.7 are positive.

Table 3 Reliability

Reliability Statistics	
Cronbach's Alpha	N of Items
.784	15

The Mean values of nurse care is 1.8924 and mean value of patient's satisfaction are 1.8673. Base value of mean is 1 which is statistically



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significant. It is used to measure the average data of research. Both values are above 1 so, it can be said that both variables are statistically significant in nature.

Table 4 Descriptive Statistics

	Mean	Std. Deviation	N
Nurse care.	1.8924	.44679	345
Patient Satisfaction.	1.8673	.52665	345

The relationship between nurse care and patient satisfaction is 0.7590. Both variables are significant at .0000 so their relationship is significant.

Table 5 Correlation Matrix

Correlations			
		Nurse Care	Patient Satisfaction
Nurse Care	Pearson Correlation	1	.7590**
	Sig. (2-tailed)		.0000

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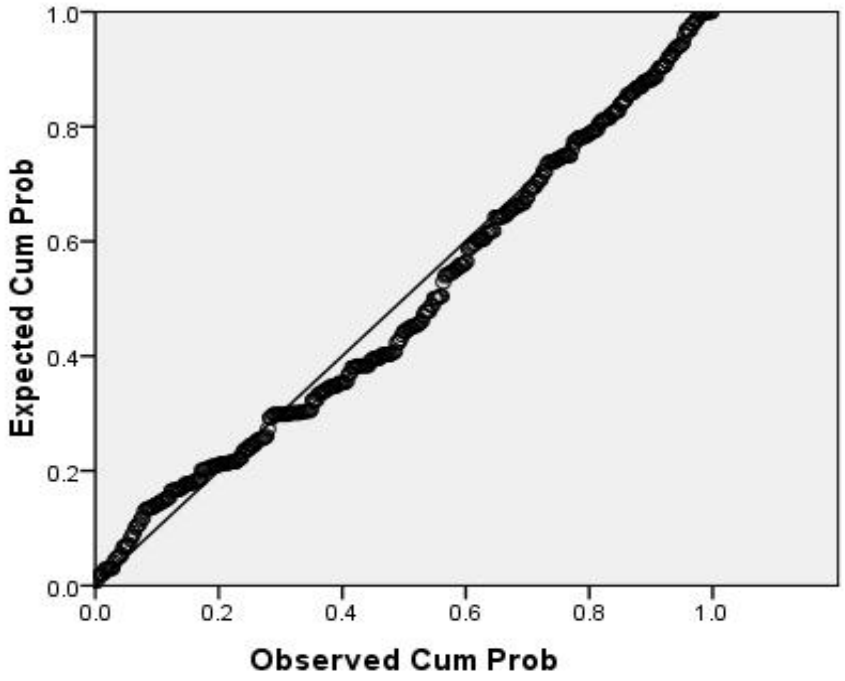
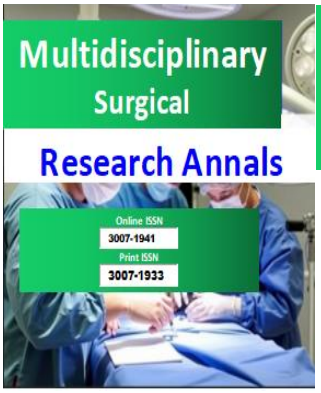
	N	345	345
Patient Satisfaction	Pearson Correlation	.7590**	1
	Sig. (2-tailed)	.0000	
	N	345	345

** Correlation is significant at the 0.01 level (2-tailed applicable).

P-P Plot Matrix

Probability –Probability Plot resulted that if the observed values are too closed about the standardized line then the results are significant. There are two axis in this graph. Y-axis is expected and X-axis is observed. The line is starting from (0,0) of both axis. If this line is not according to the path or lose its position in middle then the results are not significant. If the line indicating high and low model then research is not acceptable.





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Co-linearity is a condition in which some of the independent variables are highly correlated. Co linearity diagnostics is applied to measure the condition index of Patient satisfaction, which is 1.00. Condition index dimension is acceptable which is greater than 1 and is also significant. The analysis shows that both condition indexes are above 1 and near 15 are more acceptable.

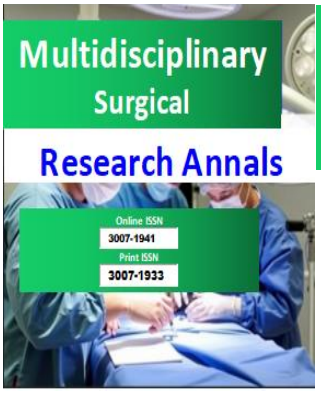
Table 6 Co-Linearity

Co- linearity					
Model	Dimension	Eigenvalue Factor	Condition's Index	Variance Proportion (Const)	Nurse care
1	1	1.974	1.000	.001	.001
	2	.027	8.610	.099	.099

a. Dependent Variable: patient satisfaction

Conclusion

During this study, nursing care appeared as an organizational challenge, coupled with the way nurses view environmental limits of performing their profession and it is directly proportional with patient outcomes



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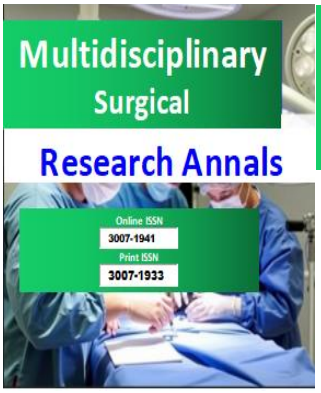
such as impact of nursing care on the patient satisfaction. Crucial factor that influences patient happiness is communication. The patients' recuperation process may also be effected if they felt misinformed, distant from the physicians, or unsure of their current state of health. Some patients, such as those with poor educational attainment, lack the capacity to make comprehensive judgments on nursing care. In order to assess nursing care, we advise that future studies concentrate on patients who possess strong judging abilities, such as nurses or other individuals with professional credentials. Increasing patient satisfaction not only improves the patient experience but also results in improved health outcomes, more devoted patients, and favorable word-of-mouth recommendations. By doing this, medical professionals may establish a constructive and encouraging atmosphere that encourages patient involvement, self-determination, and eventually improved health results. The idea of patient happiness is complex and essential to assessing the caliber of medical care. Healthcare professionals must understand the value of patient happiness and aim for excellence in providing high-quality, patient-centered treatment as the healthcare industry changes. The information gathered from this systematic review may be viewed as



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a crucial starting point for subsequent study and utilized to advance understanding among researchers, educators, and healthcare professionals.

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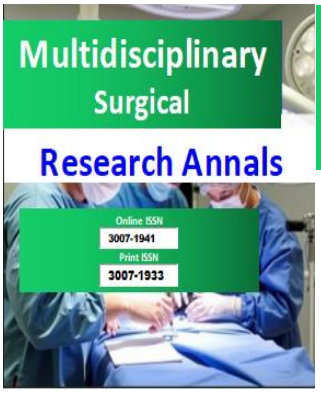

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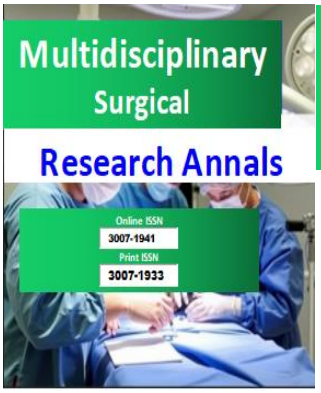

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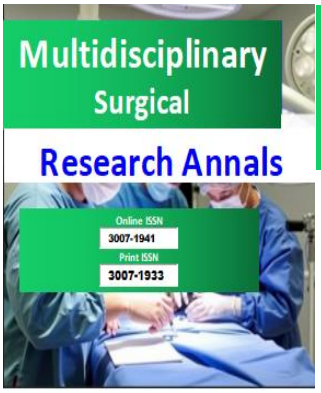

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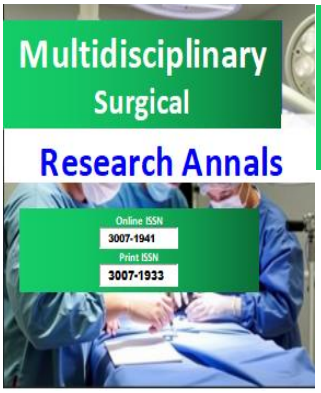

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