

Impact of Nurses Self Compassion on Quality of Hospital Services of Selected Hospitals of Punjab: a pilot study.

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ABSTRACT

Background: Healthcare industry is a specific representative of the service industry that regards quality as a fundamental value of medical care. To manage quality within the healthcare settings is a challenging task due to its complexity. Self compassion of nurses is a essential component in providing quality health care services.

Objectives: This pilot study was aimed to determine the impact of nurse's self compassion on quality of services of hospitals.

Materials & methods: This descriptive study was carried out through cross sectional approach in August 2015. There were two populations in this study: namely the staff nurses and in-patients of Guru Teg Bahadur Hospital, Ludhiana, India. Data were collected from 50 staff nurses and 50 patients by convenient sampling technique and by using 2 valid questionnaires.

Results: The results of the study indicated that nurse's self compassionate nature greatly influences the quality of services delivered by nurses.

Conclusion: This paper reports the importance of nurses being compassionate in providing quality services.

Keywords: *self compassion, service quality, patient satisfaction, nurses.*

INTRODUCTION

Self compassion

Self compassion is the ability to acknowledge and be moved by the suffering of others; it encompasses a desire to help the suffering person and a willingness to be nonjudgmental. Self-compassion is having this same ability for oneself. Examining the compassion that nurses might feel for themselves is a significant nursing issue, because without ability for self-compassion, nurses might be ill prepared to show compassion to those for whom they care. Self-compassion requires that one has a fair and objective awareness of one's own emotions. It may be difficult to be an effective helper without the ability to be self-compassionate. (Neff KD, 2003).

Compassionate care in nursing is increasingly an international concern. While the literature to date has found compassion and care deficit across the nursing discipline. Without ability for self-compassion, nurses might be ill prepared to show compassion to those for whom they care.

Dalai Lama (2003) argues that: For someone to develop genuine compassion towards others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare. Caring for others requires caring for oneself.

It is found that compassionate care benefits patients with regard to elected treatment adherence, wound healing, satisfaction and well-being; it benefits physicians with regard to lowered depression rates, elevated meaning, lower burnout, and more diligent technical care; it benefits healthcare systems that establish reputational gains at no greater use of time or resources; it benefits medical students with regard to their diminished complaints of abusive clinical environments and maladaptive team interactions. There is no doubt that compassionate care has many dimensions of beneficial impact. **(Stephen G , 2011)**

Service Quality

In today's customer-driven market, it is being felt increasingly that it is quality that will ultimately decide the value of the services. With in-creasing awareness among consumers about their rights, the patient, as a consumer of health services, expect and demand quality health care. The study of service quality perceptions from the patient viewpoint provides a basic feedback to the hospitals in the light of their patient-oriented and patient-centric efforts in attracting and satisfying the patients.

Defining the notion of service quality, therefore, starts from customers, as quality is all that it implies for consumers, and the basis of their perceptions. This results in the fact that service quality is achieved if customer expectations are satisfied, or exceeded. Service quality is undoubtedly a significant element of service product design process, as it influences the volume of demand for a given service product, as well as customer profile of this service product. Is believed that service quality represents the most significant positioning tool of service providers and their offer on the contemporary service market. **(Seth Nitin, Deshmukh S.G., Vrat Prem, 2005).**

Quality is such an important issue that it is considered a really significant concept in our real life. It is regarded as a strategic organizational weapon. And the pressing need of developing service organizations and upgrading their services necessitates the measuring of service quality. This assets in checking the quality progress and providing bases for improving it. As a result of economic changes throughout history, the concept of 'quality' has changed. 'Quality' comes from the Latin word 'Qualitas', which refers to the nature of a person or the nature of an object. In the past Quality meant accuracy and perfection. **(Gilbert, G.R. and Veloutsou, C, 2006).**

Objectives:

This pilot study was aimed:

1. To calculate the sample size for the main study.
2. To find out the reliability coefficient of various questionnaires used.
3. To measure the relationship between self compassion and service quality.

Materials and methods

A descriptive design with cross sectional survey approach was used for this study. The study had two populations i.e. staff nurses and in-patients of medical ward, surgical ward, ICU & emergency. Permission was obtained from Guru Teg Bahadur Hospital, Ludhiana for conducting the pilot study. Convenient sampling technique was used to collect data from 50 staff nurses and 50 patients of Guru

Teg Bahadur Hospital, Ludhiana from 06/08/2015 to 09/08/2015, after obtaining informed consent from them. The SPSS 18 version was used to analyze the data. Descriptive statistics like mean, standard deviation, reliability coefficient and correlation was used.

Instruments

The data was collected by using following questionnaires:

1. Standardized self compassion scale.
2. Standardized Service quality scale

Prior permission was taken from standardized tool developers for using tools in this study.

The staff nurses and patients were also asked to respond to their demographic information questions.

1. Standardized self compassion scale.

After reviewing the literature, the self compassion scale developed by Kristine D. Neff in 2003 was found effective for assessing the self compassion of staff nurses. This likert scale consisted of 26 statements & assesses the self compassion in six dimensions i.e. self-kindness, self judgment, common humanity, isolation, & mindfulness with the rating of 1 to 5, where 1 represents almost never; 2 represents occasionally; 3 represents about half of the time, 4 represents fairly often and 5 represents almost always. The Staff nurses were asked to give their responses on the 26 statements from rating of 1 to 5.

2. Service Quality (SERVQUAL)scale

For this part of study, the 22 items SERVQUAL questionnaire developed by Parasuraman A, Zeithaml VA & Berry LL in 1988 was used. Some modifications and adaptations were made to select questions to make them more relevant to the study. This questionnaire consisted of 22 questions in five dimensions (tangibility, reliability, responsiveness, assurance and empathy), were given to in- patients of hospitals. The questionnaire contained an "expectations" section with 22 statements and a "perceptions" section consisting of a set of matching statements. The statements in both the expectations and perceptions sections were grouped into the above five dimensions each with a range of applicable statements. A seven points Likert scale was used for the scoring system with 1 representing "strongly disagree" and 7 representing "strongly agree". It examines SERVQUAL through comparing patient's expectations and perceptions. According to this scale, if the performance exceeds expectations the patient's will attain more satisfaction.

Results:

Highest Percentage (44%) of staff nurses were in the age group of 21-25 years, most (82%) of staff nurses were female, 52% of staff nurse's professional qualification was GNM, near about 20% of them were working in medical ward, surgical ward and emergency ward respectively, 32% of them had 1-3 years of experience, 52% of them were unmarried, 50% of those married had no children, 50% each belongs to joint and nuclear family, 60% of them belongs to urban area, 26% each having family monthly income between 10000-20000 & 20000-30000 rupees respectively, 50% of them had in-service education on self compassion& emotional intelligence and 80% of them had attended in-service education once and 48% of them had attended in-service education < 1 year back.

44% of patients were greater than 30 years of age, 70% of patients were female, 46% of patients had metric education, 62% of patients belong to urban area, 36% of them were laborer, 40% of them were admitted in hospital once and 40% of them were admitted in medical ward.

Calculation of sample size**Table 1: Determination of sample size**

Subjects	Variable	Anticipated mean/r	Anticipated SD	Absolute degree of precision	Confidence level	Power	n(sample size)
Nurses	SCS	88	20	5	95%	-	64
PATIENTS	SERVQUAL	120	21	4	95%	-	110
	Corelation (SCS vs SERVQUAL)	0.48	-	Effect size/SD = 0.5	95%	90%	92

Formula:

$$\text{Sample size} = \frac{4 \times \sigma^2}{d^2}$$

Here : σ = SD
d = Absolute degree of precision

So as per the statistical calculations minimum 110 patients and 64 nurses are required. After checking the feasibility, the researcher had determined the sample size of 500 staff nurses and 500 patients for the generalizations of the finding of the study.

Table 2: Mean, SD, and Chronbach alpha coefficient of Questionnaires

Sl.no.	Questionnaires	Mean	SD	Chronbach alpha coefficient
1	Self compassion scale	88.65	19.52	0.96
3	Service quality			
	➤ Expectations	125.37	19.08	0.93
	➤ Perceptions	114.68	24.17	0.95

The cronbach's alpha coefficient of self compassion scale was 0.96 and 0.93 & 0.95 for SERVQUAL expectation and perceptions respectively. The reliability coefficient for all questionnaires were very high, therefore suggesting the high internal consistency of all questionnaires.

Table 3: Mean, SD, and Chronbach alpha coefficient of Self Compassion Scale

Sl.no.	Dimensions	Mean	SD	Chronbach alpha coefficient
1	Total scale	88.65	19.52	0.96
2	Self kindness	17.64	3.94	0.91
3	Self judgement	14.61	3.43	0.94
4	Common humanity	14.46	3.11	0.97
5	Isolation	13.22	3.41	0.93
6	Mindfulness	14.02	2.96	0.95
7	Over-identified	13.76	3.02	0.90

The Cronbach's alpha for the total SCS for this study was 0.96. The SCS has six subscales. Neff reported a Cronbach's alpha of 0.92 for the SCS.9 The Cronbach's alpha for the total scale for this study was high suggesting a high internal consistency of the scale. The Cronbach's alpha for the six dimensions of this study were as follows: self-kindness (0.91), self-judgment (0.94), common humanity (0.97), isolation (0.93), mindfulness (0.95) and over identification (0.95). Neff reported Cronbach's alpha for the

subscales as follows: self-kindness (0.78), self-judgment (0.77), common humanity (0.80), isolation (0.79), mindfulness (0.75) and over identification (0.81). The results are included in Table 3.

Table 4: Mean, SD, and Chronbach alpha coefficient of Service Quality (SERVQUAL) scale

Sl.no.	Dimensions		Mean	SD	Chronbach alpha coefficient
1	Tangibles	Expectations	24.17	3.23	0.89
		Perceptions	22.23	4.55	0.91
2	Reliability	Expectations	31.25	3.16	0.87
		Perceptions	28.22	6.17	0.94
3	Responsiveness	Expectations	20.16	5.23	0.92
		Perceptions	18.12	6.34	0.86
4	Assurance	Expectations	23.73	3.41	0.88
		Perceptions	21.63	4.55	0.97
5	Empathy	Expectations	25.79	9.51	0.95
		Perceptions	21.94	8.63	0.89
6	Total scale	Expectations	125.37	19.08	0.93
		Perceptions	114.68	24.17	0.95

Table 4 depicts the mean, SD & Cronbach's alpha coefficient of the total scale of SERVQUAL & its five dimensions. Overall the Cronbach's alpha for the expectations were 0.93 and for perceptions 0.95. The results are included in Table 4.

Table 5: Relationship between variables

Relationship	Self compassion & SERVQUAL
Correlation (r)	0.48
p value	0.05

Positive correlation was found between self compassion & SERVQUAL 0.48 at 0.05 level of significance. (Table 5)

Discussion

Self compassion and emotional intelligence of an employee can influence the service output of an organization. Self compassion is the ability of being compassionate toward oneself, without this ability one cannot be compassionate toward others. Similarly, emotional intelligence plays an important role in forming relationship with others. Both self compassion and emotional intelligence of staff nurses are the major contributing factors towards the deliverance of quality care to patients.

This pilot study was aimed to estimate the reliability coefficient of various questionnaires used in the study; to investigate the impact of nurses' self compassion on quality of hospital services and to calculate the sample size for the main study.

The results indicated that the reliability coefficient of self compassion was 0.96. **Neff (2003)** reported 0.93 reliability coefficient of self compassion scale. The reliability coefficient of SERVQUAL was 0.93 for

expectation & 0.95 for the perception. This was supported by the findings of **Parasuraman A, Zeithaml AV & Berry LL (1988)** reporting the total scale reliability of SERVQUAL 0.92.

The result of the study showed that self compassion of nurses is positively related (0.48) to the quality of services delivered to the patients. In this regards **Lown B (1996)** suggested that compassionate care benefits patients with regard to elected treatment adherence, wound healing, satisfaction & well-being and enhance overall quality of services.

Self compassion can affect patient satisfaction. Some literatures have been proposed that self compassion of the staff nurse's is a strong predictor of patient satisfaction with the delivered nursing care quality. (**Agency of health care research & quality, 2006 & Dalai Lama, 2003**)

Implications for practice

1. There is very few research on nurses self compassion therefore further research is needed on self compassion of nurses.
2. Identifying and supporting those registered nurses that have low levels of self compassion.
3. Providing interventions to nurses with low self compassion to enhance their relationship with patient and their families.

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Conflict of interest

None declared.

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