

Full Length Research Paper

Voices of Care: Inpatients' Perspectives on Quality Nursing Services in a Chinese Hospital

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The purpose of this study is to explore patients' perceptions of quality nursing care. Under the changing health care environment, more emphasis is placed on patient-centered care. To meet patients' needs and expectations, patients' perceptions of quality nursing care must be given more concern; thus, 440 patients (purposive sample) in 18 inpatient nursing units in a China hospital were selected. A questionnaire on the perception of quality nursing care scale was distributed to patients to find out the level of quality care perceived by them. Using descriptive statistics to analyze patients' data, the overall mean score and each category mean score of the quality of nursing care as perceived by patients were at a high level. Patients perceived the highest mean score in the category of progress of the nursing process, while they perceived the lowest in preconditions for care. Also, it was observed that quality nursing care presented a challenge for nursing administrators to develop strategies for improving nursing care in those categories where patients had lower quality nursing care than others, such as psychological support or the nurse's sense of humor.

Key words: Patients' perceptions, nursing care, quality nursing.

INTRODUCTION

As the economic and social climates continue to favor competition in health care, quality nursing care remains an important role for patients. Typically, patients express their requirements in terms of what they need, want, prefer, expect and demand with respect to the nursing service they receive. The requirements of patients could be considered as a demand for quality nursing care that nurses attempt to meet. There is a pressing need to understand patients' perceptions of their experiences in receiving nursing care (Rice, 1993), because the perceptions of the patients addresses how care should be provided in order for it to be consistent with their expectations.

Overall, reviews of studies in Western countries have demonstrated patients' perceptions by using different quantitative and qualitative research methods. Since there are cultural, social and economic differences between Western and Eastern countries, perceptions of quality nursing care among patients may also differ.

Studies of quality nursing care as perceived by patients in China were found between years 1990 and 2005. Only one recent study explored patients' perceptions using the qualitative method (Liu et al., 2004).

Theoretical framework

The good nursing care model developed by Leinonen et al. (2001) was used as a framework for this study. Quality nursing care is the degree of excellence observed in nursing care delivery to patients, and it comprises five categories, which are: staff characteristics, care-related activities, preconditions for care, environment and progress of the nursing process as perceived by patients.

LITERATURE REVIEW

Quality nursing care

Quality nursing care (QNC) is extremely important for health care organizations (Frost, 1992). Lang (1976) defined quality nursing as a process that sought to attain

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the highest degree of excellence in the delivery of patient care. A logical definition of QNC might be for it to benefit patients without causing harm, meet patients' needs for nursing care, and assist patients to reach their goals for health promotion, maintenance and recovery from illness (Brown, 1992). In China, quality nursing care has been defined as providing care in accordance with the established nursing care standards and job requirements (Lin and Hong, 1998). Determinations of QNC included in the hospital accreditation handbook are: adequate skills, caring attitudes, effective communication, efficient organizational and management system, and quality indicators (skin integrity, nosocomial infection rate and patient satisfaction) (Beijin, 2003). Based on the hospital accreditation handbook, nurses must provide quality nursing care to meet patients' needs.

Importantly, one of the most popular quality nursing care models is the good nursing care model in Finland (Leinonen et al., 2001). Five categories are covered in this model indicating quality nursing care: 1) staff characteristics, 2) care-related activities, 3) preconditions for care, 4) environment and 5) progress of the nursing process. Quality nursing care has been measured mostly with patients' appraisal of a specific situation and aspect of care. There are two research instruments measuring quality nursing care from patients' perceptions (Leinonen et al., 2001; Lynn and McMillen, 1999). The Lynn and McMillen's instrument for patients' perception of the quality scale-acute care version measured QNC with 90 items, while the Leino-Kilpi's good nursing care scale measured it with 67 items. In addition, the good nursing care scale is congruent with the features of quality nursing care from China hospital accreditation handbook.

In this study, the researchers used the perception of quality nursing care scale (PQNCS) of patients, modified by the questionnaires from the "good nursing care scale", to explore quality nursing care as perceived by patients in China hospitals.

Patients' perceptions of quality nursing care

Some patients have noted that nurses' affective activities are more important for quality nursing care than their technical skills. From the study of patients' perceptions (Williams, 1998), patients placed the most emphasis on nursing care that recognized them as a unique individual with a need to share feelings, to have someone listen to them and to be accepted as family members. Patients considered what nurses did, and they desired to be treated with attentiveness, gentleness and respect. Attree (2001) used a qualitative approach to explore patients' perceptions of QNC in England. By utilizing grounded theory, thirty-four acute medical patients were subjected to semi-structured interviews. The results illustrated that patients described QNC as being individualized, focusing on care and needs. Patients perceived that nurses should have a caring manner, attentiveness to patient's needs,

and involve patients and their families with their care.

In Thailand, Thorsteinsson (2002) studied eleven patients who felt that they had received high quality nursing care. Nurses who were perceived as giving quality nursing care had a good attitude and professional manner, showed kindness, trust and honesty, as well as clinical competence. Patients also perceived QNC as joyful, warm, tender, smiling, positive, polite and understanding. In Peoples Republic of China, Liu et al. (2004) study explored QNC from patients' perceptions. The results revealed that a nice attitude towards the patients, caring for the patients, teaching disease and nursing related knowledge to the patients, providing care as needed promptly, and having pleasant feelings during hospitalization were perceived as QNC.

In summary, quality nursing care as perceived by patients is an important objective for nurses to strive for. Patients tend to perceive QNC as being individualized, having a professional manner and caring attitude and giving education to them. These concepts provided the rationale and framework for this study to explore the perceptions of patients regarding quality nursing care.

Research question

The specific question that was answered in this study is: What is the level of perception on quality nursing care among patients in China hospitals?

METHODS

Sampling

To be eligible for this study, patients had to be admitted into one of the 18 inpatient nursing units, which include: 7 medical units (Cardiology, Endocrinology, Hematology, Nephrology, Neurology, Oncology and Rheumatology); 7 surgical units (Cardiac, ENT, General, Neurosurgery, Orthopedic, Thoracic and Urology surgery); and others, including Geriatrics (Geriatrics 1 and 2) and OB-GYN (Gynecology and Obstetrics). The patient participants must meet the inclusion criteria of having had a minimum of 3 days' hospitalization; not being seriously ill, but mentally alert; 18 years or older and can read and write Mandarin Chinese. The sample size was calculated according to the formula of Yamane (1967), and the number of patients' sample size was 440.

Study design

Instrument

In this descriptive study, the questionnaire used was divided into two parts:

Part I: Demographic data of patients, which consist of 11 items, including age, gender, marital status, clinical areas, educational background, type of health insurance, monthly family income and reasons for choosing the hospital.

Part II: PQNCS of patients, which is a modified instrument originally

developed by Leinonen et al. (2001) and was used to collect data. The original instrument known as good nursing care scale was constructed to identify quality nursing care. This comprised five categories, such as: staff characteristics, care-related activities, preconditions for care, environment and progress of nursing process.

PQNCS of patients was modified and translated into Chinese by the researcher. The 5-point Likert scale ranged from fully agree (5) to fully disagree (1), with an alternative one "do not know" (0). A high score meant high quality nursing care and was divided into three levels. However, the content validity index for PQNCS of patients was 0.91, while the Cronbach's alpha coefficient for PQNCS of patients was 0.81.

Procedures

After receiving approvals from the Research Ethics Review Committee of the Faculty of Nursing, Chiang Mai University, permission on data collection was obtained from the Nursing Department of the China hospital. As such, eligible patients were identified from each selected unit. The aims of this study were explained to them and they signed informed consent forms. The research package included a cover letter with a brief description of the study and its intention, and PQNCS was distributed to patients in sealed envelopes. The researcher asked patients to return the completed questionnaires to head nurses before they were discharged from the hospital. The researcher collected questionnaires weekly from head nurses in each nursing unit to ensure subject anonymity.

FINDINGS

Sample description

A total of 440 eligible patients were selected and 383 (87.05%) were valid patients' cases for data analysis. To some extent, over half of the patients (59.01%) participating in the study were male (Table 1). The ages of patients varied widely from 18 to 77 years, and it was observed that more than half of them (77.81%) were married. Although the majority of the sample (45.43%) came from medical units, more than half of the subjects (57.70%) chose the hospital for its quality reputation.

Major findings

PQNCS scores of patients were described in terms of frequency, percentage, mean, standard deviation and level of quality nursing care. Table 2 demonstrates a high level of quality nursing care with an overall mean score of 4.14 and SD of 0.62. Patients perceived the highest score in the category of progress of nursing process (Mean = 4.17, SD = 0.62), while the category with the lowest mean score was observed in preconditions for care (Mean = 4.11, SD = 0.69). Table 3 illustrates the highest and lowest mean score in each category, where about 82.19% of the patients perceived the overall scores of PQNCS at a high level, and the majority of the patients (83.69%) perceived the highest quality nursing care in the

Table 1. Sample demographics of patients.

Demographics of patient	{n (%)}
Age (years): Mean 39.24, SD 14.43	
Less than 20	7(9.66)
21-30	72(18.80)
31-40	1032(26.63)
41-50	90(23.50)
51-60	53(13.84)
More than 60	29(7.57)
Gender (male/female)	59.01/40.99
Marital status (single/married)	22.20/77.80
Hospital unit	
Surgical	169(44.12)
Medical	174(45.43)
OB-GYN	24(6.27)
Geriatric	16(4.18)
Reasons for choosing this hospital	
Close in distance	41(10.70)
Cheaper in price	60(15.67)
Better quality	221(57.70)
Designated	25(6.53)
Having acquaintance	31(8.09)
Others: Expert doctors	5(1.31)

category of staff characteristics. For preconditions for care, 2.51% of the patients had a low level of quality nursing care.

DISCUSSION

The result of this study indicates that subjects demonstrated a high level of quality nursing care. One possible explanation for the findings may be the patients' own expectations. In this study, more than half of the patients (57.70%) (Table 1) chose this hospital because of its quality reputation. After they experienced hospital care, their perceptions of quality nursing care were in accordance with their previous expectations. Secondly, it may be due to the Chinese culture (Tsai, 1999), which expected one not to openly express dissatisfaction, as it would disturb harmony among others. Therefore, patients in this study perceived quality nursing care at a high level. However, patients perceived the lowest mean score in their nurses using humor (Table 2) in the category of staff characteristics, even though this item was at the high level of quality nursing care. One possible explanation for it is that a sense of humor is not one of the traditional characteristics of Chinese nurses. Nurses perform their nursing duties in a careful and meticulous manner rather than telling jokes to their patients, since

Table 2. Mean, standard deviation (SD) and level of PQNCS scores of patients.

Category of PQNCS	Mean	SD	Level
Overall scores of PQNCS	4.14	0.62	High
Staff characteristics	4.14	0.58	High
Neatness and tidiness in nurses' appearance	4.24	0.69	High
Sense of humour	3.95	1.06	High
Care-related activities	4.12	0.56	High
The nurses were there when I need them	4.29	0.67	High
My care and treatment has been evaluated together with myself	3.82	1.10	High
Preconditions for care	4.11	0.69	High
Enough competent nurses in the ward	4.22	0.86	High
The nurses had enough time for me	3.97	1.10	High
Environment	4.16	0.61	High
My ward is peaceful	4.22	0.76	High
I have felt safety and security in the ward in every way	4.13	0.74	High
Progress of nursing process	4.17	0.62	High
The reception I got at the ward was friendly	4.25	0.69	High
I have received clear information and knowledge for self-care	4.09	0.85	High

Table 3. Percentage of patients categorized by level of PQNCS.

Variable	Percentage		
	High	Moderate	Low
Overall scores of PQNCS	82.19	16.11	1.70
Staff characteristics	83.69	14.62	1.69
Care-related activities	83.08	14.86	2.06
Preconditions for care	80.45	17.04	2.51
Environment	82.69	15.74	1.57
Progress of nursing process	81.98	16.97	1.05

laughing may not be beneficial to postoperative patients, in case the healing wound is impacted (Xiong, 2002). Patients experienced what the nurses did; thus, they also rated this item with the lowest mean score in this category. This finding is opposite to that of the study of Lynn and McMillen (1999), where patients rated nurse sense of humor higher as quality nursing care. They perceived that nurses used humor to show care and to lighten their atmosphere, though there may be some cultural diversity between the Western and Eastern world.

In the category of preconditions for care, 80.45% of the patients agreed that the variable of preconditions for care is at a high level (Table 3). The results indicated that in order to provide high quality nursing care, nurses must have technical skills, such as administering IVs and shots (Lynn and McMillen, 1999), and clinical competence (Hallstrom and Elander, 2001). In all, it was deemed

necessary that nurses were well prepared for patients' care. This finding was consistent with that of the previous studies of Thorsteinsson (2002), in which competence was found as foundational to quality nursing care. In the category of progress of nursing process, patients perceived QNC at a high level (Mean = 4.17, SD = 0.62) (Table 2). It was suggested that the implementation of systematic holistic nursing care in most hospitals in China during the last decade was beneficial (Tan et al., 1999). As such, patients felt that nurses provided a friendly reception to the ward (Mean = 4.25, SD = 0.69) (Table 2), in that health education was provided to hospitalized patients. Nurses in China hospitals recognize that the first impression (namely admission) is very important to patients' perceived QNC. Therefore, they orient patients about the ward and help them understand the daily routine through booklets, figures and pictures.

Consequently, patients felt the warmth and friendliness of the ward reception. This finding was consistent with that of the study of Liu et al. (2004), who reported nurses' warmly greetings to patients when they were admitted as quality nursing care.

Leadership implication

Nursing administrators can utilize the findings of this study to maintain quality nursing care which is already high. Also, the results of this study could suggest to nursing administrators to develop strategies for improving nursing care, which patients perceived to be lower in quality nursing care than in others, such as the nurses' sense of humor.

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REFERENCES

Attree M (2001). Patients' and relatives' experiences and perspectives of 'good' and 'not so good' quality care. *J. Adv. Nurs.*, 33(3): 456-466.
Brown DS (1992). A conceptual framework for evaluation of nursing service quality. *J. Nurs. Care. Qual.*, 6(4): 66-74.

Frost MH (1992). Quality: A concept of importance to nursing. *J. Nurs. Care. Qual.*, 7(1): 64-69.
Hallstrom I, Elander G (2001). A comparison of patient needs as ranked by patients and nurses. *Scand. J. Caring Sci.*, 15: 228-234.
Liu YL, Wang GL, Ren XY (2004). Indicators of quality of nursing care: Investigation of inpatients' perceptions (in Chinese). *Chin. J. Nurs.*, 39(4): 641-643.
Leinonen T, Leino-Kilpi H, Stalberg MR (2001). The quality of peri-operative care: Development of a tool for the perceptions of patients. *J. Adv. Nurs.*, 35(2): 294-306.
Lang NM (1976). Issues in quality assurance in nursing. Kansas: American Nurses Association.
Lin JY (1998). A future perspective of the development of nursing in China towards the twenty-first century. *Hong Kong Nurs. J.*, 34(7): 35-37.
Ministry of Health, People's Republic of China (2003). Hospital accreditation handbook. Beijing: The Ministry of Health, (in Chinese).
Lynn MR, McMillen BJ (1999). Do nurses know what patients think is important in nursing care? *J. Nurs. Care Qual.*, 13(5): 65-74.
Williams SA (1998). Quality and care: Patients' perceptions. *J. Nurs. Care Qual.*, 12(6): 18-25.
Rice PJ (1993). Parents' perceptions of the meaning of quality nursing care. *Adv. Nurs. Sci.*, 16(4): 33-41.
Tan JY, Zhou WL, Xiao CF (1999). Systematic holistic nursing in China (in Chinese). *News First Military Med.*, 3(5): 64.
Thorsteinsson LS (2002). The quality of nursing care as perceived by individuals with chronic illness: The magical touch of nursing. *J. Clin. Nurs.*, 11(1): 32-40.
Tsai DFC (1999). Ancient Chinese medical ethics and the four principles of biomedical ethics. *J. Med. Ethics*, 25(2): 315-321.
Xiong Y (2002). Nurses' multiple role in nosocomial infection control (in Chinese). *Chi. J. Pract. Nurs.*, 18(5): 68-69.
Yamane T (1967). Statistics: An introductory analysis. New York: Harper and Row.