

Measuring Satisfaction with Nursing Care of Patients Admitted in the Medical Wards of the Philippine General Hospital

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ABSTRACT

Objective. The main aim of this study was to determine patient satisfaction with nursing care (PSNC) in the medical wards of the UP-Philippine General Hospital (UP-PGH) using a valid and reliable locally developed UP-PGH PSNC questionnaire.

Methods. The survey utilized a cross-sectional study design and was conducted in the medical wards of the UP-PGH in 2006. A total of 237 patients were included in the survey.

Results. Over a third or 34.3% (95% CI 28%, 40%) and 35% (95% CI 26%, 44%) were highly satisfied with their experience regarding the nurses' caring attitude and the nurses' skill/competence respectively. Fewer respondents were highly satisfied with the nurses as information providers, with only 17.2% (95% CI 12%, 22%) saying they were highly satisfied. A little over half or 57.8% (95% CI 52%, 64%) were highly satisfied in the overall evaluation of care.

Conclusion. The patients were satisfied with the nursing care provided in two dimensions: The nurse as a caring person and the nurse as a skilled and competent healthcare provider, although only about a third indicated that they were highly satisfied. Nevertheless, 57.8% were highly satisfied in the overall evaluation of care, but these patients may have considered other hospital services and cost. Other factors that might affect patient satisfaction need to be explored and the use of other evaluation tools to augment these findings is recommended.

Keywords: patient satisfaction, nursing care, quality of care

Introduction

Measuring quality of care in the hospital setting has become very important in evaluating healthcare services. The U.S. National Center for Health Services Research and Development (NCHSRD 1970), for instance, assessed the degree of system efficiency and effectiveness in meeting the demands and needs of patients. Their criteria for the evaluation of the performance of the healthcare system were classified into three categories: mortality, morbidity, and patient satisfaction.¹ Patient satisfaction is probably the most difficult to measure among the three, but its importance in determining quality of care cannot be set aside.² In fact, in Canadian hospitals, even though there are generally no standards for acceptable levels of satisfaction, knowledge gained from patient satisfaction surveys can set a direction for quality improvement as the focus is on outcomes that are

important to patients.³ Likewise, the Joint Commission of Accreditation of Health Care Organizations (JACHO, 1994) has also considered patient satisfaction as a valid indicator for accreditation.⁴

Patients are often generally satisfied with the healthcare they receive although they may not be uniformly satisfied with all aspects of care.⁵ Of all these aspects, a major service that hospitalized patients are exposed to is nursing care, with nursing personnel comprising the largest proportion of the health service community.⁶ It is also important to note that since most of the healthcare in hospitals is nursing care, nursing care most closely influences the patients' satisfaction with the overall quality of care.^{6,7} Therefore, the importance of measuring patient satisfaction with nursing care cannot be emphasized enough.

Patient satisfaction with nursing care was conceptualized by Risser (1975) as the degree of congruence between a patient's expectations of ideal nursing care and his perception of the real nursing care he receives.¹ Most definitions would definitely have certain elements of subjectivity including one definition which states that it is a measure of a patient's or a family's opinion of the care received from the nursing staff.^{6,8} In light of these definitions, it is therefore necessary to include patients' input on what is important to them when developing the measurement tool. In fact, patients' opinions in assessments of health services have been used greatly over the past 25 years.^{9,10} It is thus crucial that, in any patient satisfaction survey, the instrument should capture patients' expectations and perceptions, thereby providing accurate measures of their level of satisfaction with the service.

The UP-PGH PSNC Questionnaire

The UP-PGH PSNC questionnaire was developed as an attempt to create a valid and reliable tool that considers patients' views. It was made in two phases that included qualitative and quantitative methods. Dimensions were established at the onset based on a review of literature. These were identified as follows: (1) the nurse as a caring person, (2) the nurse as an information provider and (3) the nurse as a competent and skilled healthcare provider. These dimensions follow the themes similar to Risser's scale which had the following dimensions: (1) interpersonal-trusting, (2) interpersonal-educational, and (3) technical-professional.^{1,11}

The qualitative phase involved conducting key informant interviews with nine patients admitted in the medical wards including their watchers to determine what expectations and perceptions they had for nursing care that affect their satisfaction. As watchers are primary figures in the hospitalized life of Filipinos, their views were also explored to determine whether these were consistent with the patient's views. The key informants were carefully selected to reflect the characteristics of the group under study, that is, hospitalized patients. Therefore, patients in the medical wards with

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different backgrounds, ages, and affiliations were chosen. A panel of 10 nurses from the hospital's Department of Nursing Education and Training (DNET), well-versed in defining the roles and responsibilities of the UP-PGH nurse, were also approached to confirm whether what the patients considered nursing care activities were really part of a UP-PGH nurses' job description. This was done to ensure that the care that is important to the patients is the care that is actually given by the nurses in the wards. Patients and watchers views regarding nursing care were found to be consistent with each other and the panel of 10 nursing experts from DNET confirmed that these were indeed nursing care activities expected in the care of patients admitted at the medical wards of UP-PGH. Although this phase of questionnaire development was a lengthy process it was needed to ensure content validity.

The questionnaire was pre-tested using a quantitative method. The initial 60-item tool was fielded among 186 patients in the medical wards to determine the questionnaire's interpretability in terms of: comprehensibility, ambiguity, presence of double-barreled questions and length of items. The 186 patients were recruited consecutively as they were about to be discharged, using the method that was planned for the actual survey. Item analysis was conducted to establish the reliability of the instrument and to determine which items needed to be discarded. Patients' suggestions were also considered in determining what items to retain or remove. A final instrument was then generated containing 15 items and four questions on the overall evaluation of care as enumerated in Table 1.

Cronbach's alphas were computed for this final instrument. The alpha for the dimension "nurse as a caring person" was 0.54, while the dimensions "nurse as a competent and skilled healthcare worker" and "nurse as an information provider" had alphas of 0.74 and 0.62, respectively. Cronbach's alpha was also computed for the items on overall evaluation of care showing an alpha of 0.79. These values indicate that the items have an acceptable to a high degree of internal consistency.

The final UP-PGH PSNC questionnaire was further refined and had two versions, an English and a Tagalog version. The English version was translated to Tagalog and back translated into English independently to ensure that items in both versions would be understood in the same manner. This final tool contained 19 items, four of which were for assessing the overall evaluation of care. Responses were made on a five-point Likert scale that patients score from 1—totally disagree—to 5—totally agree—indicating a totally unsatisfying to a highly satisfying experience. A section on demographic details was also included.

On using the UP-PGH PSNC Questionnaire

Dozens of patient satisfaction instruments have been developed through the years; however, the literature offers comparatively few reports of patient satisfaction research in developing countries.¹² Issues related to feasibility and methodology may have caused the dearth in local patient satisfaction studies. Realizing that what patients say plays a crucial role in eventually improving their healthcare, the healthcare delivery system and possibly healthcare compliance, the Philippines can benefit greatly from such endeavors. As an initial step, the locally developed UP-PGH PSNC questionnaire was used to measure patient satisfaction in adult medicine wards not only to determine the level of satisfaction of these patients, but also to assess the experience of conducting a survey, find areas of improvement, and provide baseline information in the improvement of evaluation methods.

Methods

Study design & setting

This study utilized a cross-sectional, analytic study design to determine the level of satisfaction with nursing care of patients admitted to the medical wards using the locally developed UP-PGH PSNC questionnaire. The study took place in the adult medicine charity (wards 1 and 3) and pay wards (from 4th to 7th floor) of UP-PGH, Manila.

Since interviews obtain substantially higher response rates that may lessen worry about non-response bias,¹³ the UP-PGH PSNC questionnaire was administered with interviewer assistance.

Study subjects & sample size

Patients were included in the survey if they satisfied the following inclusion criteria: (1) adults, aged 18 years and above; (2) conscious, coherent, and oriented to time, person and place; (3) admitted in the medical wards for at least three days and ready for discharge; and (4) willing to give informed consent.

The sample size was based on the rule of 200 (Gorsuch 1983) where a minimum goal of 200 responses must be achieved.¹⁴ Utilizing a convenience sampling approach, patients for discharge were invited to the survey. As much as possible data collection was done to cover Mondays to Sundays. A list of patients for possible discharge was obtained once at 10AM and another at around 2PM. Only those on the list were approached consecutively. Patients discharged in the evenings were not included.

Description of the procedure/outcome measures

The UP-PGH PSNC questionnaire was primarily developed as a tool to use in the adult medical wards of the UP-PGH. Prior to the administration of the tool for the purpose of this research, technical and ethics approval was sought and permission to conduct the study in all the medical wards was also requested.

A neutral person other than the researcher or a member of the nursing team was trained to obtain consent and administer the UP-PGH PSNC questionnaire privately and maintain confidentiality throughout the process. Before the interviewer left the area, all the questionnaires were checked for completeness.

After data collection, responses were encoded and quantitative analysis was done using descriptive statistics. Percentages were computed per response category and the level of satisfaction was computed per dimension as well as the overall evaluation of care.

Results

There were 237 patients included and analyzed in this survey. Mean age was calculated at 50 years old (SD 17), ranging from 18 to 93 years old. There was an almost equal distribution between males and females, two thirds of whom were married. A little over half had previous hospitalization but no specifics were obtained. Table 2 shows the socio-demographic characteristics in detail.

Patients were generally very accommodating of the interviewer and were more comfortable discussing their responses to the questionnaire with a neutral person. Because of the interviewer-assisted process, completeness of data was assured and non-response to items was basically due to patients not being exposed to that particular kind of care, e.g., wound care or injection administration. Even though a comments section was provided, none of the patients wrote

Table 1. Items in the UP-PGH PSNC Questionnaire per dimension

Dimension 1. The Nurse as a Caring Person
a. Nurses are always cheerful
b. Nurses give me less attention
c. Nurses are cranky
d. Nurses are always in a hurry
e. Nurses do not introduce themselves
Dimension 2. The Nurse as an Information Provider
a. Nurses tell me the side effects of my medications
b. Nurses tell my watchers the side effects of my medications
c. Nurses advice me on proper diet
d. Nurses advice me on what activities I can do at home after discharge
e. Nurses tell me immediately what my test results are
f. Nurses do not explain hospital policies, rules & regulations
Dimension 3. The Nurse as a Competent and Skilled Healthcare Provider
a. I feel only a little pain when nurses give injections
b. I feel only a little pain when nurses prick my finger to obtain blood for tests
c. Nurses dress my wounds carefully
d. Nurses assist doctors in procedures
Overall Evaluation of Care
a. If I get sick again & need hospitalization, I want to come back to UP-PGH or this ward
b. Overall, the nursing care I received met my expectations
c. Overall, I am satisfied with the nursing care I received
d. I will recommend UP-PGH to my family and friends.

any comments.

The distribution of patient responses across the scale of 1—totally disagree, 2—disagree, 3—uncertain, 4—agree, 5—totally agree, was computed for every dimension. The results are summarized in Table 3.

Patient responses are clustered more towards “agree” and “totally agree” in dimensions 1, 3, and the overall evaluation of care. This indicates that most of the patients were generally happy with their nursing experiences in these two dimensions and in their overall evaluation. However, more patients responded with “agree” than “totally agree” in the two dimensions, indicating just a satisfying experience. On the other hand, in the overall evaluation of care, the majority answered “totally agree”, indicating a highly satisfying experience.

Dimension 2 showed a different distribution altogether with only 17.2% highly satisfied respondents. Most of the patients responded with either “disagree” or “agree”. Patients seemed equally divided between a positive and a negative response to their experience with nurses as information providers. Although the trend showed more patients indicating a satisfying experience, the difference between the percentage of satisfied and dissatisfied patients in this dimension was small.

Discussion

There were several issues raised by this paper and these are as follows:

1. The use of the UP-PGH PSNC questionnaire as a survey tool for the hospital’s medical wards;
2. The tool’s sensitivity in obtaining satisfaction levels;
3. The concept of satisfaction among patients confined in UP-PGH.

The UP-PGH PSNC Questionnaire as a survey tool

This final questionnaire was generated from an original 60-item version which the patients had a very difficult time completing primarily because of its length. The 19-item version proved to be less intimidating even in short

Table 2. Characteristics of surveyed patients

Characteristics	Mean (SD) or Percent	Median 52
Age	49.99 (16.94)	8
Hospital Days	11.14 (9.46)	24
Hours with Watcher	20.96 (5.46)	
Age Group		
18-30 years old	18.14%	
>30-50 years old	30.38%	
>50 years old and above	51.48%	
Sex		
Male	48.52%	
Female	51.48%	
Medical Condition		
Acute Illness/Conditions	42.19%	
Chronic Illness/Conditions	57.81%	
Ward Service Type		
Charity	45.30%	
Pay	55.70%	
Educational Attainment		
Elementary Graduate	24.47%	
High School Graduate	33.76%	
College Graduate	35.44%	
Vocational	3.80%	
None	0.84%	
Civil Status		
Single	19.41%	
Married	71.73%	
Widowed/Separated	8.86%	
Occupation		
Blue Collar (general/skilled laborers, & military)	21.94%	
White Collar (professionals & businessmen)	16.03%	
Vendors	4.22%	
Unemployed	56.12%	
Others (artists, events coordinators)	1.69%	
Income Group (in PhP)		
No income	54.43%	
1-5,000	9.28%	
5,001-10,000	24.47%	
10,001-15,000	6.33%	
>15,001	5.48%	
Relationship of Watcher to Patient		
Parent	10.13%	
Spouse	35.02%	
Child	25.32%	
Other Relatives	22.78%	
Unrelated	6.74%	
Hours with Watcher		
1-8 Hours	6.45%	
>8-16 Hours	18.82%	
>16-24 Hours	74.73%	
Previous Hospitalization		
PGH	21.94%	
Other Government Hospitals	0.84%	
Private Hospitals	23.21%	
None	54.01%	

hospital-stay settings and therefore more appropriate for use. The questionnaire was actually easy to administer and patients were able to fill up the forms quickly; however, it may be a different matter altogether if this was used as a self-administered instrument. The fact that the response and completeness rate was high was due to the presence of

a neutral person administering the instrument. This hiring of a neutral person might not be feasible in this government institution at this time. The possibility of using ward staff, on the other hand, is strongly discouraged, but there may be advantages as well. The disadvantage is that patients may feel pressured to answer positively and eventually might not complete and forward the form to the ward staff. An advantage is that nurses will feel involved in the process and will always be aware that they need to perform their best. Whether it is more feasible to have non-nursing staff involved in the

Table 3. Percent distribution of patient responses by dimension or category

Dimension / Category	1 Totally disagree % (95% CI)	2 Disagree % (95% CI)	3 Uncertain % (95% CI)	4 Agree % (95% CI)	5 Totally agree % (95% CI)
Dimension 1: The nurse as a caring person	0%	3.0% (0.8%, 5%)	14.8% (10%, 19%)	47.9% (41%, 54%)	34.3% (28%, 40%)
Dimension 2: The nurse as an information provider	6.2% (3%, 9%)	30.8% (25%, 37%)	0%	45.8% (39%, 52%)	17.2% (12%, 22%)
Dimension 3: The nurse as a skilled & competent health care provider	0.8% (0.8%, 2.5%)	2.5% (0.03%, 5%)	15.8% (9%, 22%)	45.8% (37%, 55%)	35% (26%, 44%)
Overall evaluation of care	0.4% (0.4%, 1.3%)	1.3% (0.2%, 2.3%)	5.1% (2.3%, 8%)	35.4% (29%, 42%)	57.8% (52%, 64%)

distribution and collection of the questionnaires or whether there is a need for additional time and effort to accomplish this task, may be subject to several discussions on different levels of management that goes beyond just determining patient satisfaction.

The sensitivity of the UP-PGH PSNC Questionnaire

The questionnaire was developed by gathering the perceptions, expectations and opinions of patients' on their nursing care experience. It was hoped that the instrument being more attuned to Filipino patients' views was able to truly capture how Filipino patients regard the nursing care they receive. Its uniqueness also lies in the fact that the tool was developed with the involvement of the receivers of care themselves—the patients.

A patient's relationship with a nurse characterized by understanding, respect, trust, honesty, cooperation personal attention, patience and humor was most often related to a high level of satisfaction.¹⁶ This was also mentioned quite often and emphasized by patients and their watchers in the initial phase of this study. It would not be surprising therefore that the patients would rate their experience with nurses who were less pleasant and did not provide much attention to them as average. This result was actually reflected in the survey.

Regarding competency and skill, a nurse that does work in a technically correct manner was an important factor to patient satisfaction¹⁶ with the absence of physical pain resulting in a higher level of satisfaction.⁹ Patients expected nurses to be able to assist doctors in procedures, give injections and prick fingers without much pain. Of course these skills need to be mastered over time and with constant practice, but with the high turnover rate of nurses in the wards, nurses keep changing regularly. Those who have mastered the skill have

sought jobs in higher paying countries and are replaced by neophytes. Nurses are required by the hospital to stay for at least two years, but not all nurses finish their contracts. This situation is not only present in UP-PGH but in other hospitals as well. Perhaps this can partly explain why more Filipino patients were just satisfied and not highly satisfied with their nurses in this area of care.

Several studies have shown the importance of providing communication and adequate information to patients and also citing the most common cause of dissatisfaction as the nurses' inability to provide sufficient information.¹⁵ In the development of the instrument, patients often verbalized their need to know hospital policies, vital signs, test results, diet and discharge plans. Though they did not expect much information from their nurses regarding their medical condition and even their management plan, they felt additional information from the nurse about these were still important and helpful. Obviously, nurses have failed in providing them with much needed information as only a few were highly satisfied. A third of the patients responded towards the negative side of the scale. This is probably the most neglected duty of nurses in UP-PGH. It is not, however, an impossible or time consuming task. Once a nurse has established rapport with the patient, the nurse can always bring a little piece of information at every bedside visit. Whether these bedside visits are frequent or few, depending on how sick or well a patient has become, imparting information may well improve a nurse-patient relationship.

Even though patient responses to their nursing experience were more on the "agree" portion of the scale signifying average satisfaction levels, more than half of the patients responded as highly satisfied in terms of their overall evaluation of care. Upon reviewing the items in this global evaluation, it was noted that the focus shifted to more general questions like willingness to come back to the hospital and recommending the hospital to family and friends. Patients, when responding to these questions may have also considered other aspects of hospital service, such as the doctors, the environment, and other services including assistance from social workers. Cost may have also played a part in the evaluation since it is still cheaper to be hospitalized in UP-PGH than a service ward in a private hospital. Also, it seemed that the more broadly a question was phrased, the more likely a positive response was given. In a way, the details of nursing care as reflected in the rest of the items in the questionnaire provide a more explicit review of the experience and thus patients can adequately judge each experience.

Looking at the results, one would immediately see that patients were generally happy with the nursing care they received from UP-PGH nurses. Upon closer inspection of the results of each dimension, however, more meaningful results were seen, and this reflected well upon the usefulness and sensitivity of the tool in discriminating between less satisfied and more satisfied. Also, other factors need to be explored as well to explain the trends of the responses.

The UP-PGH patients' concept of satisfaction

Filipino patients who have health insurance or have a little saved up for medical emergencies will probably not seek help in a government hospital. The predicaments of patients confined in the UP-PGH are obvious. One need only walk by the medical wards to realize how dire circumstances are among those confined. Filipino patients are known for their humor even in the face of adversity and thus may be pleased with just a little attention or an ounce of hope. It is not surprising that most patients would be most understanding

when it comes to their nurses by just observing the load their nurses are faced with everyday.

Determining how satisfied patients are who are perhaps already at a low point in their lives may be inappropriate after all. Patients know that they are entering an institution catering to hundreds of people a day, training hundreds of students, with just the basic equipment, with overflowing wards and with staffing problems. They probably consider these things as they respond to questionnaires on patient satisfaction and would probably have pre-formed opinions in light of the situation. Patients may have the tendency to adjust their baseline scores accordingly. Their concept of satisfaction may indeed change by the mere fact that they are in UP-PGH. Another matter that needs to be explored further, especially in the hospital setting, includes the primary caregiver or the watcher. Their opinions may probably exert some influence on the patient's concept of satisfaction and their views and opinions are also affected by their predicaments.

The development of the tool based on the perceptions of patients facing similar predicaments helped identify what matters most to these patients and what adds to their quality of life. These concerns need to be addressed by the healthcare community. This tool was developed specifically for patients in the medical wards of UP-PGH and will need to be adapted if administered elsewhere. Other hospitals will have a different population base and their patient concerns may be different altogether. This needs to be verified through another study.

However dire the situation is, healthcare has to be provided in the best possible way even in the presence of limitations. Nursing care need not suffer considerably knowing that patients still appreciate the nurses' fulfillment of their simplest caring roles. Whatever helps in improving the service for this already disadvantaged group of people will matter. Therefore, it is extremely valuable to evaluate quality of care and always offer some form of improvement or even show attempts to improve service.

The UP-PGH PSNC questionnaire is just one evaluation method that might be useful in assessing basic nursing care services, but it must not be the only tool used for evaluation. Although it has shown that patients in the medical wards were generally satisfied with the nurses' care and competency or skill and that there may be a need to further improve the nurses' role as an information provider, a combination of several assessment methods may be warranted to provide a more accurate picture of the hospital's nursing care service.

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