

DETERMINING PATIENT SATISFACTION WITH NURSING CARE AT KHALIFA GULNAWAZ AND DISTRICT HEADQUARTER HOSPITAL BANNU PAKISTAN

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ABSTRACT

OBJECTIVES

The objective of this study was to determine the level of patient satisfaction with nursing care at Khalifa Gul Nawaz and District Head Quarter Hospitals in Bannu, Pakistan, and identify factors influencing satisfaction, such as communication, professionalism, and care environment. Additionally, the study aimed to compare patient satisfaction levels between the two hospitals to highlight areas for improvement in nursing care.

METHODOLOGY

A cross-sectional study was conducted using a structured questionnaire to collect data from 300 patients. The questionnaire included Likert scale items to evaluate various aspects of nursing care, including communication, patient education, and respect for privacy. Data were analyzed using descriptive statistics and inferential tests to compare satisfaction levels.

RESULTS

The results indicated a moderate level of satisfaction overall. KGN Hospital had slightly higher satisfaction levels compared to District Head Quarter Hospital. Key factors influencing satisfaction included nursing staff communication, attentiveness, and professionalism. Patients at Khalifa Gul Nawaz rated these factors more positively. However, both hospitals showed areas for improvement, particularly in patient education and responsiveness to patient needs.

CONCLUSION

Patient satisfaction with nursing care at Khalifa Gul Nawaz and District Headquarter Hospitals in Bannu is moderate, with notable differences between the two institutions. Improving communication, staff training, and patient education could enhance satisfaction levels. Continuous monitoring and quality improvement initiatives are recommended to address these issues and improve patient care outcomes.

KEYWORDS: Patient Satisfaction, Nursing Care, Healthcare Quality

INTRODUCTION

Patient satisfaction is a common measure for assessing the quality of healthcare, providing insights into patients' experiences and opinions. Globally, many organizations conduct patient satisfaction surveys to improve healthcare services by considering patients' views. For example, a landmark city-wide patient satisfaction survey in Hong Kong in 2010 provided a baseline for understanding patients' perceptions at a macro level. However, some studies, including those on ambulatory and audiology care, faced methodological challenges as their tools were often based on researchers' criteria rather than patients'. This discrepancy has sparked debates on the validity of survey instruments and suggests the need for assessment tools responsive to patients' values.¹ In the U.S., the American Nursing Association (ANA) defines patient satisfaction in nursing as patients' responses to nursing care received in hospitals. This measure reflects both the patients' experience and the

quality of hospital treatment. Patient satisfaction is influenced by multiple factors, including treatment quality, nursing communication skills, resource availability, and continuity of care. Nursing care quality has a significant role in shaping patient attitudes, as nurses' accessibility during hospital stays often directly impacts patients well-being and satisfaction. High patient satisfaction influences the hospital's reputation and is critical for patient retention and performance ratings.² Patient satisfaction also impacts healthcare policies and business strategies. Satisfied patients tend to have better health outcomes, adhere to treatment plans, and maintain long-term relationships with healthcare providers. Healthcare organizations and policymakers focus on quality service delivery to achieve high patient satisfaction levels, which are essential for healthcare success and sustainability.^{3,4} Quality healthcare services are particularly challenging in developing countries where resources are often limited, influencing patient satisfaction due to patients' reliance on healthcare

professionals' skills and service management practices. In China, patient satisfaction played a crucial role in evaluating the success of healthcare reforms. The 2009 reform aimed to make public hospitals more accessible and efficient by reducing the burden on secondary and tertiary hospitals. However, issues like overcrowding and uneven distribution of healthcare resources between rural and urban areas continued to affect patient satisfaction, as patients in rural areas often have limited access to skilled providers and medical facilities.^{5,6} The past decades have seen an increasing focus on patients' opinions in healthcare systems worldwide. Measures of quality healthcare services are now often linked to patient satisfaction, especially in pay-for-performance programs. Effective measurement tools must differentiate between patient experience, satisfaction, and engagement to ensure patients' views are appropriately integrated into healthcare models. A case study in Lebanon suggests that incorporating patient satisfaction into healthcare initiatives can enhance pay-for-performance programs, helping providers align services with patients' needs and person-centered goals. This shift underscores the importance of patients' experiences and perspectives in achieving high-quality care.^{7,8} Patient satisfaction in mental health care has also been explored, especially regarding the effects of voluntary and involuntary admissions. Switzerland, with one of Europe's highest rates of involuntary admissions, investigated how these experiences influence psychiatric patients' perceptions of care. Findings suggest that both types of admissions impact patient satisfaction and highlight the importance of addressing coercive experiences in mental health treatment.^{9,10} In Saudi Arabia, patient satisfaction reflects not only clinical outcomes but also cultural expectations around communication, respect, and healthcare delivery. Cultural values like respect and trust significantly shape patients' evaluations of care, as seen in Ministry of Health hospitals where satisfaction levels mirror broader societal expectations.^{11,12,13} Despite the importance of patient satisfaction in healthcare quality, current tools often fail to reflect patients' values and cultural expectations. Many instruments are researcher-driven, limiting their validity. Resource-limited settings also face challenges like uneven resource distribution and inadequate patient-centered tools, highlighting the need for culturally sensitive assessment methods.^{8,9} Understanding patient satisfaction is key to improving care delivery, especially in resource-constrained environments. This study addresses gaps in current methodologies by identifying factors influencing satisfaction in tertiary care hospitals. It aligns with global efforts to promote patient-centered care and improve healthcare sustainability.^{9,13} This study helps

in understanding the satisfaction of patients with tertiary care settings, which may guide policymakers and providers in the improvement of services. It places an emphasis on nursing care, communication, and resources as essential elements in determining satisfaction, to design culturally appropriate tools and influence healthcare policies to improve outcomes.

METHODOLOGY

The convenience sampling method was adopted in this cross-sectional descriptive study, where a sample size of 300 was calculated using the WHO sample size calculator based on a 50% response rate, a 5% margin of error, and a 95% confidence level. Participants consisted of patients who were 18 years and older, admitted for at least 24 hours to tertiary care hospitals in Bannu, and could understand the language of the questionnaire, with care being provided by registered nurses. The exclusion criteria consisted of patients with cognitive or sensory impairments or communication challenges. Data were collected using a self-administered questionnaire available in English and Urdu, distributed via Google Forms. The questionnaire was pre-tested in a pilot study to ensure validity and reliability, yielding a Cronbach's alpha of 0.76. Informed consent was obtained from all participants prior to data collection. Descriptive statistics was used to present the demographic profile of the participants by frequencies and percentages. Satisfaction levels of the patients were assessed through the scores of satisfaction items in the questionnaire. The data, after being approved by the Government College of Nursing Bannu, were analyzed and presented graphically in Microsoft Excel to make it accurate and clear.

RESULTS

The target was 300 for the survey. However, a total of 99.7% consented to being involved in the survey. With respect to age, 22.3% were within 18-25 years, 18.3% were between 26-35 years, 26.7% between 36-45 years, 16.3% between 46-55 years, and the rest 16.3% are above 56 years of age. Therefore, this will bring about the required spread that could help trace how satisfaction differs during various phases of life. Majority of the participants were females, at 61.7%, and 38.3% males, a reflection of gender distribution among patients in the selected healthcare settings. Education level: there was a significant difference, as 62.7% of respondents had no formal education, while 23.3% had primary education, 6% had completed secondary education, 2.7% higher secondary education, 3% were graduates, and 2.3% had postgraduate qualifications. The largest group, 75.3%, was unemployed, followed by 11.3% employed individuals.

Students accounted for 9%, retired participants for 4%, and housewives for another 11.3%. These figures provide insights into the socioeconomic diversity of the respondents, helping to contextualize their satisfaction levels in relation to their backgrounds.

Table 1: Sociodemographics

Variables	Category	Frequency (%)
Age	18-25	22.3
	26-35	18.3
	36-45	26.7
	46-55	16.3
	56 Above	16.3
Gender	Males	38.3
	Females	61.7
Education Level	No Formal Education	62.7
	Primary Education	23.3
	Secondary Education	06
	Higher Secondary Education	2.7
	Graduate	03
	Postgraduate	2.3
Occupation	Employed	11.3
	Unemployed	75.3
	Students	09

Of the patients, 27.3% reported that nurses always explained procedures clearly, 35.7% sometimes, and 6% never. Regarding time spent addressing issues, 14.7% felt very satisfied, 32% satisfied, and 5.7% very unsatisfied. Comfort with asking questions was felt by 12.7% as very comfortable, 29.7% comfortable, and 4% very uncomfortable (Figure 1). Professionalism was rated as excellent by 14.3%, good by 23.3%, and poor by 6%. For privacy, 25.7% said it was always respected, 30.7% sometimes, and 5.7% never. Overall care satisfaction was rated very satisfied by 13%, neutral by 30.7%, and very dissatisfied by 5.3% (Figure 2).

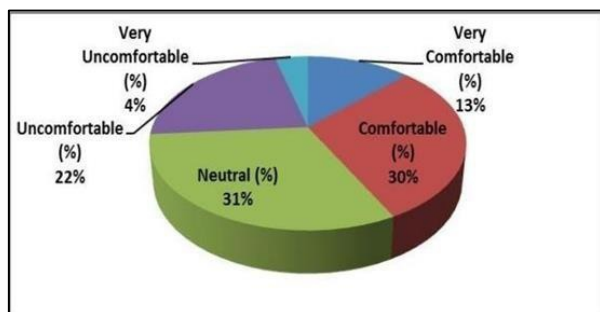


Figure 1: How comfortable did you feel asking questions to the nurse?

Pain management satisfaction was very high for 14.3%, average for 30.3%, and very low for 6%. Comfort during stay was always felt by 21.7%, sometimes by 34%, and never by 4.3%. Empathy was always felt by 20.7% and rarely by 22.7%. Drug explanations were

always provided for 21.7% and sometimes for 33.3%. Family communication was always effective for 23.3% and sometimes for 33.7% (Figure 3).

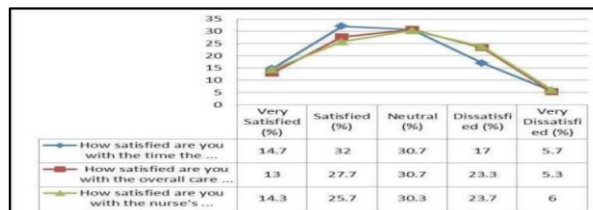


Figure 2: How satisfied are you with the overall care provided by the nursing practitioner?

Care expectations were exceeded for 16.3% and unmet for 12.7%. Overall nursing experience was rated excellent by 18%, average by 33.3%, and very poor by 6%. Nurse communication was excellent for 17.7% and fair for 41.1%. Diagnosis explanation was clear for 33.8% and unclear for 50.2%. Decision-making involvement was reported by 33.8% and not felt by 50.2%. Finally, technical skills were rated as excellent by 19.1% and poor by 10.4%.

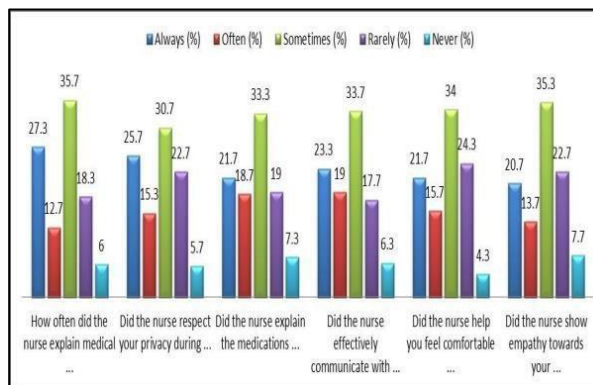


Figure 3: Did the nurse explain the medications and their side effects clearly?

DISCUSSION

The study results point out significant patterns in patient satisfaction with nursing care, which are consistent with previous research findings. The fact that 99.7% of the respondents who agreed to participate in the study indicates the importance of this topic for patients in the chosen healthcare settings. The demographic diversity of the respondents, with a predominance of females (61.7%) and a majority without formal education (62.7%), reflects the sociodemographic characteristics typical of the healthcare context in developing regions. Similar trends have been observed in other studies, emphasizing how cultural and educational backgrounds influence patient expectations and perceptions of

care.^{14,15} The findings on patient satisfaction with nurse communication and professionalism reinforce existing literature. For example, 27.3% of patients reported that nurses always explained procedures clearly, while 35.7% stated this was done sometimes. Clear communication is an essential element for patient-centered care, supported by Serrano-Guerrero et al., where effective communication is noted as an essential determinant of satisfaction.¹⁵ Yet, that only 6% of patients ever received clear explanations means there is a need for focused interventions in improving practices of communication. Privacy and empathy were the most common themes that appeared in this study. About 25.7% of the respondents said that their privacy was always respected, while 20.7% said that they always felt empathy from the nurses. This finding is consistent with Keshkar et al., who found a strong relationship between practitioner empathy and patient satisfaction.^{17,18} This calls for more empathetic care in nursing practices, especially in resource-poor settings. On the other hand, a number of respondents appreciated the management of pain and comfort while in the hospital with 14.3% and 21.7% rating very high, respectively. However, many patients reported that their experiences were just average or even poor, thus showing gaps in delivering consistent care. In the same manner, Christi et al. observed that the quality of nursing care varies significantly and largely depends on individual competencies of nurses and institutional support.¹⁴ A portion of the respondents reported that the overall care experience and technical skills of nurses were evaluated as excellent, at 18% and 19.1%, respectively. On the other hand, more than half of the patients reported that diagnoses and decision-making processes were not clearly explained, which represents a significant barrier to achieving optimal satisfaction levels. This is consistent with Brickner et al. findings, where professional values and technical competencies are noted to significantly shape perceptions of the quality of nursing care.¹⁶ The study also showed variations in satisfaction with nurse-patient communication, where 17.7% rated it excellent but 41.1% considered it fair. Effective communication not only impacts satisfaction but also influences treatment adherence, as highlighted in multiple studies.^{14,17} Addressing these gaps through tailored training programs and institutional policies could enhance satisfaction outcomes. The present study affirms other related literatures concerning patient satisfaction and provides unique features for challenges faced by a resource-constrained setting healthcare. This should provide more meaningful information, and empathy, communication, and privacy focus will likely greatly enhance the outcomes for both patients' satisfaction and health service providers.

LIMITATIONS

The study on patient perceptions of nursing care has limitations, including a small, potentially unrepresentative sample, self-reporting bias, and response bias. The questionnaire may not capture the full patient experience, and temporal bias could affect results. Other factors like past healthcare experiences, staff turnover, and medical complexity may influence satisfaction. Future research should address these factors for more accurate insights.

CONCLUSIONS

From the data above, it can be assumed that no matter what is happening in regards to nursing care, many things should be made better. Of any of the suggestions to better patient satisfaction and outcomes, nurses can make a difference by improving communication, empathy, and professionalism. For instance, the nurses should clearly explain medical procedures and medication to the patients, spend sufficient time communicating with the patients to answer their concerns, show pity and compassion towards the patients, give priority to patient comfort and dignity, and make decisions regarding their care involving patients. With an equilibrium on these aspects, nurses can increase the satisfaction and outcomes of their patients and provide care that meets the requirements of the patients and their families. Moreover, education and training of nurses need to be ongoing to enhance their communication with patients, empathy towards them, and technical knowledge.

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