



## Original Article



## Patient Satisfaction and Determinants of Nursing Care Quality in a Tertiary Care Hospital in Pakistan: A Cross-Sectional Study

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## ABSTRACT

The patient's satisfaction with the provided care is an indicator of healthcare quality. A significant part of the literature on patient satisfaction in healthcare is focused on the quality of nursing care. **Objectives:** To assess patients' satisfaction with nursing care quality and examine its association with sociodemographic factors at a tertiary care hospital in Swat, Pakistan. **Methods:** A cross-sectional design was implemented with a tool of Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) for data collection. A sample size of 225 was taken from the accessible population of medical wards, and questionnaires were included according to the inclusion criteria. All data were collected through interview-based questions for patient convenience. **Results:** On analysis of data, 136(60%) were male, and 89 (40%) were female participants of the study. A majority of Patients revealed high satisfaction as "Very Good 122 (54%)" and "Excellent 99(44%)". The nurses' response to the patient needs, and their skills and competence, were aligned with the highest patient satisfaction. **Conclusions:** Patients reported a high level of satisfaction with nursing care quality, largely attributed to nurses' skills, competence, and responsiveness. Strengthening the nursing workforce and enhancing professional development may further improve patient satisfaction and quality of care.

## INTRODUCTION

Patient satisfaction with healthcare quality is the Sustainable Development Goal of good health for all [1]. Its evaluation identified areas for retaining and revising care guidelines for better results. Given the results of worldwide scientific studies, universal health care acknowledges the best practices and policies for health [2]. In every healthcare facility, the patient is the key aspect of the system [3]. Patient satisfaction with the care provided is the primary indicator of the quality of health care [4]. "Patient Satisfaction" refers to the difference between the

patient's ideal care and the care they actually received [5]. Within this satisfaction of the patient, the nurses play a key role because of more exposure than any healthcare worker [6]. On looking back at the literature, patient satisfaction was documented in different regions and settings of the health system [7-9]. Within these, a systematic review and meta-analysis were also conducted in some countries [10, 11]. Nursing care quality was reported as an essential factor in patient satisfaction by the researcher in an integrative study [12]. Similarly, a study in Greece reported patient



satisfaction with nursing care quality in surgical patients [13]. Additionally, the same results in the same setting were reported by scholars in Turkey and Nigeria [14]. While in other settings, oncology units, the highest satisfaction has been reported in palliative care from the nurses [15]. Among these, most of the studies in the same domain used a descriptive cross-sectional design [16, 17]. Also, the PSNCQ (Patient Satisfaction with Nursing Care Quality Questionnaire) scale was utilized in the local and other regions [18, 19]. In addition to this, some studies were found where the public and private hospitals were compared to assess patient satisfaction [20]. In the Asian region, literature reported satisfaction at a moderate level by most of the participants (68.9%) during the COVID-19 pandemic [5]. Interestingly, the same result at different settings was reported within the region by other scholars [21, 22]. Contrary to this, a systematic review revealed gaps in factors that influence patient satisfaction and recommends sociodemographic association for further studies [23]. In Iraq, the same tool and study design of the present study were used in the literature review [20]. Also, in Pakistan, the study that was conducted in Karachi with the same tool and study design points out high patient satisfaction with the nursing care quality [24]. While the only literature here in the local region of Khyber Pakhtunkhwa reported bariatric patients' satisfaction with a positive judgment [17]. Yet, the same study showed high satisfaction from participants and summarized areas of improvement. Additional scientific studies with different methodologies were needed to document patient satisfaction with the nurses' care quality for better outcomes [25]. The study provided an overview of the effectiveness of Nurses' quality care on patients in a tertiary care hospital in Swat, Pakistan. The study covered the following primary objective: To assess the level of patient satisfaction with nurses' care quality in Saidu Teaching Hospital, Swat. The secondary objective was to identify the association between patient satisfaction and sociodemographic factors of the participants. The research questions of the study that were answered in the discussion were as follows: 1) What is the level of patient satisfaction with nursing care quality in a tertiary care hospital? And 2) Is there an association between patient satisfaction and the sociodemographic data of the patient? The findings not only helped to fill existing knowledge gaps but also provided valuable insights for both public awareness and professional practice regarding the quality of nursing care.

Patient satisfaction with nursing care is a key indicator of healthcare quality; however, evidence regarding its determinants remains inconsistent across different healthcare settings. Although several international and national studies have assessed patient satisfaction using

standardized tools, limited data are available from tertiary care hospitals in Khyber Pakhtunkhwa, particularly examining the association with sociodemographic factors. Moreover, existing literature highlights variability in reported satisfaction levels and influencing factors across regions. This gap underscores the need for a context-specific assessment of patient satisfaction with nursing care quality in this setting. The present study employed a descriptive design to evaluate patient satisfaction with nursing care, generating up-to-date empirical evidence to support evidence-based nursing practice and inform theoretical frameworks in nursing care quality.

## METHODS

The study employed a descriptive cross-sectional design from non-experimental epidemiological methodologies. All admitted patients in tertiary care hospitals were counted in the study population. The study duration was from May 2025 to September 2025. Also, verbal permission and assistance were taken from the concerned ward in-charges for data collection. The study population consisted of patients admitted to the Medical Ward at Saidu Teaching Hospital, Swat. The sample data were acquired through the non-probability convenience sampling technique. The accessible population conforms to the average monthly patient admissions in the selected hospital medical units. The sample size was calculated through Raosoft Calculator as follows: Margin of error 05%, confidence level 95%, and population size 540. Through this, the sample size was calculated to be 225. The target population followed the mentioned sampling criteria: Inclusion criteria contained patients from the medical wards of the mentioned hospital. Age ranges from 18 to 47. Hospitalized for 2 or more days. Literate of at least matric and in good condition for response. Exclusion criteria included those not in the mentioned wards, critical patients, patients from other than the selected hospital, those not meet the age criteria, and those who refused to willingness with cooperate in data filling. For data collection, the tool, "Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQ)", was adapted for the study [26]. The PSNCQ has 22 items, of which 19 relate to patient satisfaction with nursing care quality, whereas the last 3 evaluate the overall quality of the healthcare facility during hospitalization. In addition, a hospital recommendation from the patient was also taken during data collection. The scale was adapted to the local context, and a sociodemographic section was added, including gender, age, educational level, financial status, and date of admission. The reliability was then reassessed for the study population and setting of the tool through Cronbach's  $\alpha$ , calculated as 0.89. After providing a detailed purpose of the data collection, written informed consent was taken from the data provider, and the questionnaire was filled out

by the participant through interview-based questions for convenience. After completion of the questionnaire, the invigilator proceeded to the next participant. All the data were analyzed through SPSS version 26.0 and MS Excel 2021. The result of the data analysis was then mentioned in tabulation and figures.

## RESULTS

The provided data was analyzed to assess the patient satisfaction with nursing care quality. After examining the 225 filled PSNCQQ Questionnaires, Results show the sociodemographic characteristics of the participants. Most of them were male, 136 (60%), while 89 (40%) female participants also had a great part in the study. The analysis showed the majority of the data providers were literate at the matric 88 (39%) and intermediate 85 (38%) level of education. The financial status revealed the middle-class as the majority, 88 (39%) of the willing participants of this study. Additionally, 71 (32%) participants marked their status as poor, and 66 (29%) called themselves in a state of better income. Furthermore, a greater part 105 (47%) of the participants were between 18 and 27 years of age (Table 1).

**Table 1:** Sociodemographic Data of the 225 Participants

Variables	Frequency (%)
<b>Gender</b>	
Male	136 (60%)
Female	89 (40%)
Total	225 (100%)
<b>Educational Level</b>	
Matric	88 (39%)
Intermediate	85 (38%)
Graduate	47 (21%)
Master/MPhil	05 (2%)
Total	225 (100%)
<b>Financial Status</b>	
Poor	71 (32%)
Middle Class	88 (39%)
Better Income	66 (29%)
Total	225 (100%)
<b>Age</b>	
18-27	105 (47%)
28-37	82 (36%)
38-47	38 (17%)
Total	225 (100%)

The overall perception of the participants about the healthcare facility is shown. 119 (53%) marked the overall health care they received as "Very Good". While with the same suggestion of two group participants with slight changes, called the health care as Excellent 56 (25%) and Good 50 (22%). Patient revealed high satisfaction with overall nursing care quality ranges from "Very Good 122 (54%)" to "Excellent 99 (44%)". Only 4 (2%) of them

categorized nursing care quality as "Good" while none of them are seen to be "Fair" or "Poor" category. Likewise, patient perceived overall health condition "Very Good 126 (56%)" after 2 or more days of hospitalization and treatment (Table 2).

**Table 2:** Overall Perception of Health Care Facility by the study Participants

Items	Excellent	Very Good	Good	Fair
Overall Health Service Quality	56 (25%)	119 (53%)	50 (22%)	0 (0%)
Overall Nursing Care Quality	99 (44%)	122 (54%)	4 (2%)	0 (0%)
Self-Reporting of Health Perception	37 (16%)	126 (56%)	58 (26%)	4 (2%)

The mean and standard deviation of patient satisfaction with Nursing Care Quality are analyzed. The nurses' responded to the patient call ( $4.49 \pm 0.519$ ) and the nurses' skills and competence ( $4.45 \pm 0.589$ ) were considered the most satisfactory factors marked by the participants. Meanwhile, the nurses' coordination of patient care after discharge ( $3.75 \pm 0.605$ ), explanation regarding procedures to patients ( $3.39 \pm 0.63$ ), adjusting the schedule to patient needs ( $3.97 \pm 0.62$ ), and nurses' coordination of patient care within the hospital ( $3.99 \pm 0.52$ ) were categorized as good yet lack of standardization and protocol (Table 3).

**Table 3:** Nursing Care Mean and Standard Deviation

Item Summary	Mean $\pm$ SD
Nurses' explanation about the test and treatment	4.01 $\pm$ 0.559
Nurses explaining about tests and other procedures	3.93 $\pm$ 0.627
Nurses answering your questions	4.33 $\pm$ 0.612
Nurses' communication to you, attendants, and doctors	4.27 $\pm$ 0.641
Nurses giving information about your condition and needs	4.12 $\pm$ 0.667
Attendant allowing to provide you with care	4.43 $\pm$ 0.587
Courtesy and respect for you by nurses	4.13 $\pm$ 0.602
Nurses keep checking on you	4.07 $\pm$ 0.710
Nurses ask for opinions and value your choices	4.07 $\pm$ 0.701
Flexibility of nurses to meet your needs	4.11 $\pm$ 0.673
Nurses adjusting schedule to your needs	3.97 $\pm$ 0.622
Nurses make you comfortable and assure you	4.13 $\pm$ 0.645
Nurses' response to your call	4.49 $\pm$ 0.519
Skills and competence of nurses	4.45 $\pm$ 0.589
Nurses' coordination of your care	3.99 $\pm$ 0.526
Respectful atmosphere provided by nurses	4.18 $\pm$ 0.651
Nurses providing privacy to you	4.24 $\pm$ 0.614
Nurses instructing you about discharge	4.04 $\pm$ 0.577
Nurses' coordination of your care after discharge	3.75 $\pm$ 0.605

The relationship between patient satisfaction and sociodemographic factors is summarized. The independent samples t-test was applied to the gender variable, while the one-way ANOVA was applied to the educational level and income status variables. The gender ( $p$ -value=0.358) and income status ( $p$ -value=0.175) variables showed no significance in patient satisfaction. Also, the educational level ( $p$ -value=0.053) showed no

significance in patient satisfaction, yet the p-value was close to the significance threshold of 0.05 (Table 4).

**Table 4:** Association between Patient Satisfaction and Sociodemographic Factors

Variables		Total	Mean $\pm$ SD	p-value
Gender	Male	136	4.1606 $\pm$ 0.28493	0.358
	Female	89	4.1141 $\pm$ 0.41611	
Educational Level	Matric	88	4.1459 $\pm$ 0.35000	0.053
	Intermediate	85	4.0768 $\pm$ 0.34298	
	Graduate	47	4.2464 $\pm$ 0.31120	
	Master/MPhil	05	4.2105 $\pm$ 0.32444	
Income	Poor	71	4.0815 $\pm$ 0.33391	0.175
	Middle Class	88	4.1585 $\pm$ 0.32645	
	Better Income	66	4.1858 $\pm$ 0.36850	

Significant threshold <0.050 Independent sample t-test and One-Way ANOVA applied

## DISCUSSION

The study summarized the literature and employed the cross-sectional observational scientific approach to patient satisfaction with the nursing care quality. Through analysis, the result reveals that the patient had high satisfaction with nursing care quality in Saidu Group of Teaching Hospital, Swat, Pakistan. The factors that were more attractive to the participants in nursing care were the nurses' responsiveness to patient needs and their skills and competence. On the other hand, lack of standardization and protocol are evaluated in the domains of nurses' care coordination after the discharge, as well as within the hospital, schedule adjustment for patient care, and procedure explanation to the patient. Furthermore, no such relationship is found between patient satisfaction and their sociodemographic variables. Going back to the existing literature to validate the interpreted findings of the study. The high satisfaction with nursing care was supported by a vast study in different regions [13, 19]. While the study in Turkey and Palestine reported a moderate level of patient satisfaction [21, 22]. The previous studies witness and support the point of no association between patient satisfaction and their sociodemographic variables [27]. Contrary to this, a Nigerian scholar documented a significant association between satisfaction and sociodemographic variables of the participants [15]. The high satisfaction factor of nurses' response to the patient's need is parallel to the previous study in Ethiopia [28]. In contrast, the comparatively low satisfaction of participants with the nurses' care coordination after discharge was reported with high satisfaction (2.31  $\pm$  1.33) in Saudi Arabia [29]. The high satisfaction of participants with the nursing care, yet nurses need to implement the best practices in the care coordination of patients. To improve standardization and protocol, the study findings suggest to maximize healthcare workforce to increase the effectiveness of

patient care coordination within the hospital as well as after their discharge. The hospital administration needs to reassess the nurses' allocation and nurse-patient ratio for better managing the scheduling of their patients' needs [30]. Additionally, when the nurse-patient ratio improves, it provides sufficient time to nurses to reassure patients about the procedure explanation and other healthcare implementations [31]. The present study generates the literature for the local context and policymakers to direct the resources and attention toward further improvement in nursing quality care for their patients.

This study is limited by its cross-sectional design and use of convenience sampling, which restrict causal inference and generalizability of the findings. Data were collected from a single tertiary care hospital and relied on patient self-reports, which may introduce response bias. Future studies should adopt multicenter and longitudinal designs to better explore trends and determinants of patient satisfaction over time. Additionally, interventional research evaluating nursing workforce optimization and care coordination strategies may further enhance nursing care quality and patient outcomes.

## CONCLUSIONS

In conclusion, the study demonstrates a high level of patient satisfaction with nursing care, with most participants rating their experience as "Very Good" to "Excellent." No significant associations were observed between satisfaction and patients' sociodemographic characteristics. Nurses' responsiveness, skills, and competence were identified as key strengths, while areas for improvement include time management, care coordination, and clear communication of procedures. These findings underscore the importance of supporting and optimizing nursing practices to enhance patient-centered care.

## Authors' Contribution

Conceptualization: SUR

Methodology: SUR, IU, BI

Formal analysis: SUR, SA, AUS

Writing and Drafting: SUR, IN, IU, SA, AUS, BI

Review and Editing: SUR, IN, IU, SA, AUS, BI

All authors approved the final manuscript and take responsibility for the integrity of the work.

## Conflicts of Interest

All the authors declare no conflict of interest.

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