

# Appraisal of Nursing Care Received and it's Satisfaction: A Case Study of Admitted Patients in Afe Babalola Multisystem Hospital, Ado Ekiti, Ekiti State

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## Abstract:-

### ➤ Background

Patients are the best recruiter of patients if given prompt treatment and comprehensive care. Patient satisfaction with nursing care has been strongly advocated to be an important indicator of the quality of nursing care delivery which raises concerns in many areas, including information communication, privacy, physical and psychological care, availability and accessibility of nurses, and emotional care. The aim of this study centred on identifying the domain of nursing care received by in-patients of Afe Babalola Multisystem Hospital (AMSH) and determining the level of patient satisfaction towards nursing care in AMSH.

### ➤ Methods

A hospital-based cross-sectional, descriptive design was employed. A convenience sampling technique was used to select 102 patients admitted to surgical wards (male and female), Medical wards (male and female), renal wards, accident and emergencies and maternity wards. The Qualipak nursing quality questionnaire (QUALPAC) was used to collect the required data. Data were analysed using SPSS software version 27. Pearson chi-square test and logistic regression analysis was used.

### ➤ Results

Patients received overall moderate nursing care (64.7%) in the framework of physical, communication and psychosocial care. Overall satisfaction with nursing care received was found to be 76.5%. Among the domains of nursing satisfaction, satisfaction towards communication care (89.2%) and physical care (80.4%) showed a high level and satisfaction towards psychosocial care (58.8%) care was lower compared to other dimensions. Respondents' between the ages of 18-25 years ( $P < 0.05$ , Odd ratio- 14.569, CI: 679.461– 0.312), male patients ( $P < 0.05$ , Odd ratio- 8.850, CI: 7.477– 0.097), single patients ( $P < 0.05$ , Odd ratio- 5.130, CI: 7.569- 0.035), primary education ( $P < 0.05$ , Odd ratio- 40.123, CI: 2021.829– 0.076), patients admitted to male renal ward ( $P < 0.05$ , Odd ratio- 2.328, CI: 196.160– 0.028) and patients who chose expert doctors as a reason ( $P < 0.05$ , Odd ratio- 4.900, CI: 25.509– 0.009) were associated with

patient satisfaction. Nursing care received was high among admitted patients in male medical wards, female medical ward and male renal ward.

### ➤ Conclusion

Patients in this study received moderate nursing care in the three domains of nursing care. A high nursing satisfaction was received. To increase satisfaction with nursing care, greater emphasis should be given to the psychosocial care of patients.

**Keywords:-** Patient Satisfaction, Nursing Care, Nurse, Domains.

## I. INTRODUCTION

Nurses have become central to many lives (Flaubert et al., 2021). They are responsible for providing holistic and quality care at every level of health service delivery (Flaubert et al., 2021). The aforementioned pertains to the contemporary human life cycle, wherein hospital births, treatments, and deaths occur under the supervision of nurses who maintain close contact with their patients (Olumodeji & Oluwole 2015). Concerns about how successfully nurses have met customers' expectations from all socioeconomic backgrounds are common (Kwame & Petrucka, 2021). Additionally, there is evidence of general dissatisfaction of patients and relatives with health organizations and the providers of health care particularly nurses (Skär & Söderberg, 2018; Gishu et al., 2019), having been criticized for lack of human touch, insults to patients amidst the use of abusive language by nurses, cases of negligence, poor interpersonal relationship and treatment errors (Konlan et al., 2020; Kwame & Petrucka, 2020; Skär & Söderberg, 2018). All of this further leads to lower utilization of nursing services by patients (Alharbi et al., 2023).

The degree to which a patient's expectations and their assessment of the nursing care they receive correlate is known as patient satisfaction (Sapkota & Bajracharya, 2023). It has specifically been viewed as a valid outcome measure of a healthcare delivery system (Githemo et al., 2018). The delivery of high-quality care by nurses results in patient satisfaction, which raises concerns in many areas, including information exchange, communication, nursing care, privacy,

physical and psychological care, the availability and accessibility of nurses, and emotional care (Sapkota & Bajracharya, 2023). Patients seek treatment for their illnesses when they visit medical institutions (Fatma & Ramamohan, 2023). These patients desire a precise diagnosis, prompt treatment, and a thorough recovery (Fatma & Ramamohan, 2023; Cosma et al., 2020). Patients who are not satisfied with their care will transfer to a different medical facility (Cosma et al., 2020). Hence, the assessment of patient satisfaction offers all the essential data on the performance and results of each healthcare provider, which ultimately supports the overall planning, management, and evaluation of quality in the healthcare system in any nation (Mobolaji-Olajide et al., 2020). As a result, when patients are satisfied with the care they receive in a healthcare environment, they are more likely to participate in their care; as a result, these patients will also become easy advocates, recommending the facility to friends and family when necessary. Over time, this directly impacts the institution's capacity to make money by influencing the health institution that consumers ultimately choose (Mobolaji-Olajide et al., 2020). Particularly, patients who are happier with their treatment are also more likely to adhere to doctor's orders, which improves health outcomes by promoting quick healing, early discharge, and lower patient-borne healthcare costs (Cosma et al., 2020).

Globally, delivering comprehensive nursing care and guaranteeing patient contentment have emerged as critical health performance metrics (Bogale et al., 2022). In Nigeria, notwithstanding, despite efforts by the government through the Ministry of Health to improve the quality of care through different approaches such as universal health coverage, and various health strengthening strategies such as the formation, analysis, and revision of policies, guidelines, protocols, and strategies for sustainable healthcare financing in Nigeria, health service provision, a reflection of subpar care by health workers, particularly nurses, seems insufficient (Ahmed et al., 2022; Ephraim-Emmanuel et al., 2018). There is frequently broad unhappiness among patients and family members with healthcare organisations and professionals, notably nurses (Skär & Söderberg, 2018; Gishu et al., 2019).

In Afe Babalola Multisystem Hospital (AMSH), the nursing department has undertaken reform efforts to improve the quality of nursing care and patient satisfaction recently. These include the launch of the Patient Compassionate, Respectful, patient centred and Caring (CRC) initiative, the development of a standard of practice for nurses and audit tools. With these efforts, there is anecdotal evidence that in-patients are not satisfied with the nursing care they receive. Furthermore, observations have shown that nurses' compassionate practices are not consistently used during hospital stays, which negatively impacts nursing care and leaves patients unsatisfied. Nevertheless, finding nursing interventions that the patient feels demonstrate care may be difficult (Babaei & Taleghani, 2019). This is because to satisfy patients, nurses must talk to them, dedicate time with them, explain what needs to be done, meet their needs promptly, support their friends and family, and be helpful, skilled, and qualified in their line of work. Despite providing these areas of care, nurses may find that their patients are still

not satisfied, which could indicate a patient-related issue affecting patient satisfaction (Alharbi et al., 2023).

Several studies have been developed in recent years to find out how hospitalized patients perceive the care they have received (Dinsa et al., 2022; Palese et al., 2017; Vinodkumar et al., 2018; Kol et al., 2018; Mulugeta et al., 2019; Cosma et al., 2020; Skär & Söderberg, 2018; Gishu et al., 2019; Mobolaji-Olajide et al., 2020). However, most of these researches analyze and measure patients' satisfaction without assessing if the nursing care was given to them in the first place. Patients have to receive the nursing care before they can be satisfied. The present study brings these two together and evaluates simultaneously the domains of nursing care received by in-patients and the assessment of the satisfaction with the care they received. Also, to the knowledge of the researcher, no study has documented patient satisfaction with nursing care in the study area. This study is therefore initiated to close the knowledge gap and gap in information on the status of care received by in-patients and patient satisfaction with nursing care in AMSH. The result of this study may provide feedback to nurses since they are the ones giving and rendering direct services to patients and will be able to identify their weaknesses and improve the quality of care rendered to consumers of different social backgrounds. It may also help to identify areas of strengths and weaknesses of consumers of nursing care in the hospital and to better understand what they are doing right and wrong, thereby creating room for improvement and corrections as the need may be. Therefore, it became necessary to assess the level of patient satisfaction with nursing care, particularly in AMSH, one of the major tertiary health facilities located in Southwest, Ado Ekiti, Ekiti State Nigeria.

## II. MATERIALS AND METHODS

The study was conducted in AMSH, Ado Ekiti, Ekiti State Nigeria. The study design adopted was a hospital-based cross-sectional, descriptive design. The study population consisted of admitted patients in surgical wards (male and female), medical wards (male and female), renal wards, accident and emergencies and maternity wards. A non-probability sampling method of the convenience type was used to select 102 in-patients who were willing to participate in the study. Inclusion criteria were willingness to participate in the study, being aged above 18 years, and must have spent at least 2 days (48hrs) admitted to the hospital. Exclusion criteria were patients admitted in children's wards, paediatric wards, Intensive care units and mental health units. Patient Demographic Information Questionnaire and QUALPAC (Quality Patient Care Scale (Yusefi et al., 2022) were used as data collection tools. QUALPAC contains 44 items examining the nursing care received in the domains of psychosocial (10 items), physical dimension (15 items), and communication dimension (10 items) dimensions. The reliability of the questionnaire was confirmed in previous studies (Fatehi et al., 2019; Gholjeh et al., 2015). The questionnaire was divided into 3 sections; Section A contained demographic characteristics. Section B detailed questions on the domain of nursing care received by patients.

Section C elicited questions on patient satisfaction with nursing care received.

Ethical approval was obtained from the research and ethics committee, AMSH with number AMSH/REC/AKP/206. The informed consent of each study participant was also obtained. Confidentiality, autonomy, respect, and dignity of all the participants were strictly observed throughout the study. The study was conducted over a period of 6 months, out of which data collection lasted for 4 months.

All the questionnaires were checked manually, coded and entered into SPSS version 26 software for analysis. Descriptive analyses were performed to describe variables using summary measure, frequencies, figures & tables. Domain of nursing care received by patients was evaluated by point summary. Percentage summary was calculated to evaluate the overall level of patient satisfaction. Pearson chi-square test was used to establish the association between independent variables and dependent variables at  $p$ -value  $\leq 0.05$ . Multivariate regression analysis was further calculated to evaluate the degree of association between dependent & independent variables using odds ratios within 95% confidence interval at  $p$ -value  $\leq 0.05$ .

### III. RESULTS

The response rate was 100% (N = 102). Table 1 shows one-third (26.5%) were between the ages of 18-25yrs and a few (6.9%) were between the ages of 65yrs and above. The majority of patients within 18-25 years may connote that the patients were students, being the fact that the hospital is affiliated with the school (ABUAD). More than half (63.7%) were female and (61.8%) were single. The majority (87.3%) practised Christianity and a few (12.7%) practised Islam. Two-thirds (65.7%) were Yoruba and 2% belonged to other ethnicity. Regarding the level of education, the majority (76.5%) had tertiary education. In the context of the length of hospitalization, respondents who participated in this study stayed between 3 and 78 days. The majority (71.6%) of them had stayed in the hospital for seven days or less while 28.4% had stayed in the hospital for seven days and more. The mean hospitalization duration was 7.05 (SD= 9.142). More than half (63.7%) have not been admitted before. Also, 24.5% were in the female medical ward and a few, 2.9% were in the female renal ward and postnatal wards. Almost half (41.2%) choose better quality as reasons for utilizing the hospital and few (2.9%) choose designs and cheaper price.

As shown in table 3, more than half (64.7%) received nursing care and 35.3% did not receive nursing care.

According to table 4, a little above half (58.8%) were satisfied with the psychosocial care received, majority (80.4%) were satisfied with the physical care they received and majority (89.2%) were satisfied with the communication care they received. As shown in figure 1, the respondent with high satisfaction with nursing care was 76.5% and the respondent with low satisfaction with nursing care was 23.5%.

Table 6 shows that age, gender, marital status, level of education, admitted ward and reason for choosing hospital were significantly associated with patient satisfaction. As shown in table 7, respondents between the ages of 18-25 years were 14 times more likely to have high satisfaction with nursing care ( $P < 0.05$ , Odd ratio- 14.569, CI: 679.461– 0.312). Also, male patients were 8 times more likely to have high satisfaction with nursing care than female patients ( $P < 0.05$ , Odd ratio- 8.850, CI: 7.477– 0.097). Furthermore, single patients were 5 times more likely to experience high satisfaction with nursing care than others ( $P < 0.05$ , Odd ratio- 5.130, CI: 7.569-0.035). Regarding the level of education, patients with primary education were 40 times more likely to be satisfied with nursing care than others ( $P < 0.05$ , Odd ratio- 40.123, CI: 2021.829– 0.076). Also, patients admitted in the male renal ward were 2 times more likely to experience high patient satisfaction than patients in other wards. Also, patients who chose expert doctors as a reason for coming to AMSH were 4 times more likely to experience high satisfaction with nursing care ( $P < 0.05$ , Odd ratio- 4.900, CI: 25.509– 0.009). As shown in table 8, a significant relationship between respondents' ward and nursing care received was found ( $P = 0.001$ ). Furthermore, table 9 shows that patients in the male medical ward had 2 times more likelihood of receiving high nursing care than patients in other wards ( $P < 0.05$ , Odd ratio- 2.67, CI: 0.803– 0.089). Also, Patients admitted in female medical ward are 1 times more likely to receive high nursing care ( $P < 0.05$ , Odd ratio- 1.36, CI: 0.456– 0.041). Furthermore, patients in the male renal ward were 3times more likely to receive high nursing care ( $P < 0.05$ , Odd ratio- 3.33, CI: 3.205– 0.035).

Table 1: Socio-Demographic Characteristics of Respondents

VARIABLES	FREQUENCY(n=102)	PERCENTAGE (%)
Age		
18–25	27	26.5
26–35	16	15.7
36–45	21	20.6
46–55	22	21.6
56–65	9	8.8
65 & above	7	6.9
Gender		
Male	37	36.3
Female	65	63.7
Marital status	39	38.2
Single	63	61.8
Married		
Religion	89	87.3
Christianity	13	12.7
Islam		
Ethnicity	67	65.7
Yoruba	20	19.6
Igbo	13	12.7
Hausa	2	2.0
Others**		
Level of Education		3.9
Primary education	4	19.6
Secondary education	20	76.5
Tertiary education	78	
Occupation	51	50.0
Employed	51	50.0
Not employed		
Length of hospitalization	73	71.6
<7	29	28.4
≥7		
mean±SD (7.05±9.142) Min 3 days and max 78 days		
Previous Admission history	37	36.3
Yes	65	63.7
No		
Admitted ward		
Male medical ward	19	18.6
Female medical ward	25	24.5
Male surgical ward	16	15.7
Female surgical ward	23	22.5
Postnatal	3	2.9
Accident and emergency	9	8.8
Male renal ward	4	3.9
Female renal ward	3	2.9
Reasons for choosing this hospital		26.5
Close in distance	27	2.9
Cheaper in price	3	41.2
Better quality	42	10.8
Having acquaintance	11	2.9
Designs	3	11.8
Expert doctors	12	3.9
Advertisement	4	

\*\*Ijaw

Table 2: Frequency Distribution of Domain of Nursing Care Received by Patient

Nursing care statement	Yes	No
<b>Psychosocial Domain</b>		
Responding to questions patiently	92 (90.2%)	10 (9.8%)
Interested in solving patients' problems and meeting patients needs	98 (96.1%)	4 (3.9%)
Addressed patient by name, not by bed number	99 (97.1%)	3 (2.9%)
Demonstrate rational behaviour in cases of inappropriate behaviours exhibited by you	59 (57.8%)	43 (42.2%)
Spend more time with patients when they feel lonely	48 (47.1%)	54 (52.9%)
Encourage patients to pursue treatment when they are tired of the treatment	88 (86.3%)	14 (13.7%)
Not getting angry or expressing impolite words when dealing with you	72 (70.6%)	29 (28.4%)
Reduce patient anxiety by staying with the patients if feel anxious and sparing efforts to decrease such a feeling	81 (79.4%)	20 (19.6%)
Allow one of the family members to stay with the patient if the anxiety level does not decrease	72 (70.6%)	30 (29.4%)
Explain once more with a happy face and without expressing discomfort to you	90 (88.2%)	12 (11.8%)
Explained medical care procedures and tests	87 (85.3%)	15 (14.7%)
Information about your recovery process	90 (88.2%)	12 (11.8%)
Provides an appropriate environment for patients to communicate with families	90 (88.2%)	12 (11.8%)
Built trust between patients and nurses	92 (90.2%)	9 (8.8%)
Pay attention to patients' opinions regarding the provided care and, if possible, observing them	92 (90.2%)	10 (9.8%)
Answer patients' questions with kindness and patience	87 (85.3%)	14 (13.7%)
Introduce patients with similar problems	35 (34.3%)	67 (65.7%)
Talk about topics of interest to patients during care procedures	60 (58.8%)	42 (41.2%)
Maintain privacy during care, communication and among other health professionals	94 (92.2%)	8 (7.8%)
<b>Physical dimension</b>		
Observe the personal hygiene by nurses	82 (80.4%)	19 (18.6%)
Make necessary equipment available for treatment	99 (97.1%)	3 (2.9%)
Meeting patient's daily health needs	92 (90.2%)	10 (9.8%)
Help the patient with activities of daily living in case of incapacity	93 (91.2%)	9 (8.8%)
Monitor patient environment to be free of harm	91 (89.2%)	11 (10.8%)
Provide psychological support for you	55 (53.9%)	47 (46.1%)
Adopt necessary care measures with appropriate skills	87 (85.3%)	15 (14.7%)
Pay attention to weight changes, dietary patterns,	64 (62.7%)	38 (37.3%)
Pay attention to sleep-rest pattern	74 (72.5%)	28 (27.5%)
Pay attention to patient dissatisfaction during therapeutic procedures and try to resolve it	54 (52.9%)	48 (47.1%)
Ask for patient names before giving medication	87 (85.3%)	15 (14.7%)
Explain the therapeutic effects of medicines, side effects and warnings of medicines before administration.	66 (64.7%)	36 (35.3%)
Routine check-up on you	74 (72.5%)	28 (27.5%)
Demonstrate availability and accessibility when you need them	93 (91.2%)	9 (8.8%)
Predict some of the patient's needs even before being requested by the patient	74 (72.5%)	28 (27.5%)
<b>Communication dimension</b>		
Tell patient about diagnosis easily	55 (53.9%)	47 (46.1%)
Demonstrate confidentiality during communication of diagnosis	85 (83.3%)	17 (16.7%)
Listen well to patient words amidst complaint	97 (95.1%)	5 (4.9%)
Inform the patient's family about your recovery process	70 (68.6%)	32 (31.4%)
Introduce necessary referral resources and organisations	62 (60.8%)	40 (39.2%)
Communicate well to patients before any therapeutic procedures	85 (83.3%)	17 (16.7%)
Communication of health information, recovery process to patient family member	78 (76.5%)	24 (23.5%)
Health educate patients about health status and modifications needed for their recovery	94 (92.2%)	8 (7.8%)
Received useful information during discharge planning from nurses	78 (76.5%)	24 (23.5%)
Maintain interpersonal relationship with you	89 (87.3%)	13 (12.7%)

Table 3: Summary of the Nursing Care Received

Overall Nursing Care Received (Scores) (on a 44-point rating scale)	Frequency	Percentage (%)
High	66	64.7
Low	36	35.3
Total	102	100
Mean ± Standard deviation; 22.50 ±12.84		

Table 4: Patient Satisfaction with Nursing Care Received

Patient Satisfaction	Yes	No
Psychosocial care	60 (58.8%)	42 (41.2%)
Physical care	82 (80.4%)	20 (19.6%)
Communication care	91 (89.2%)	11 (10.8%)

### Overall Satisfaction With Nursing Care Received

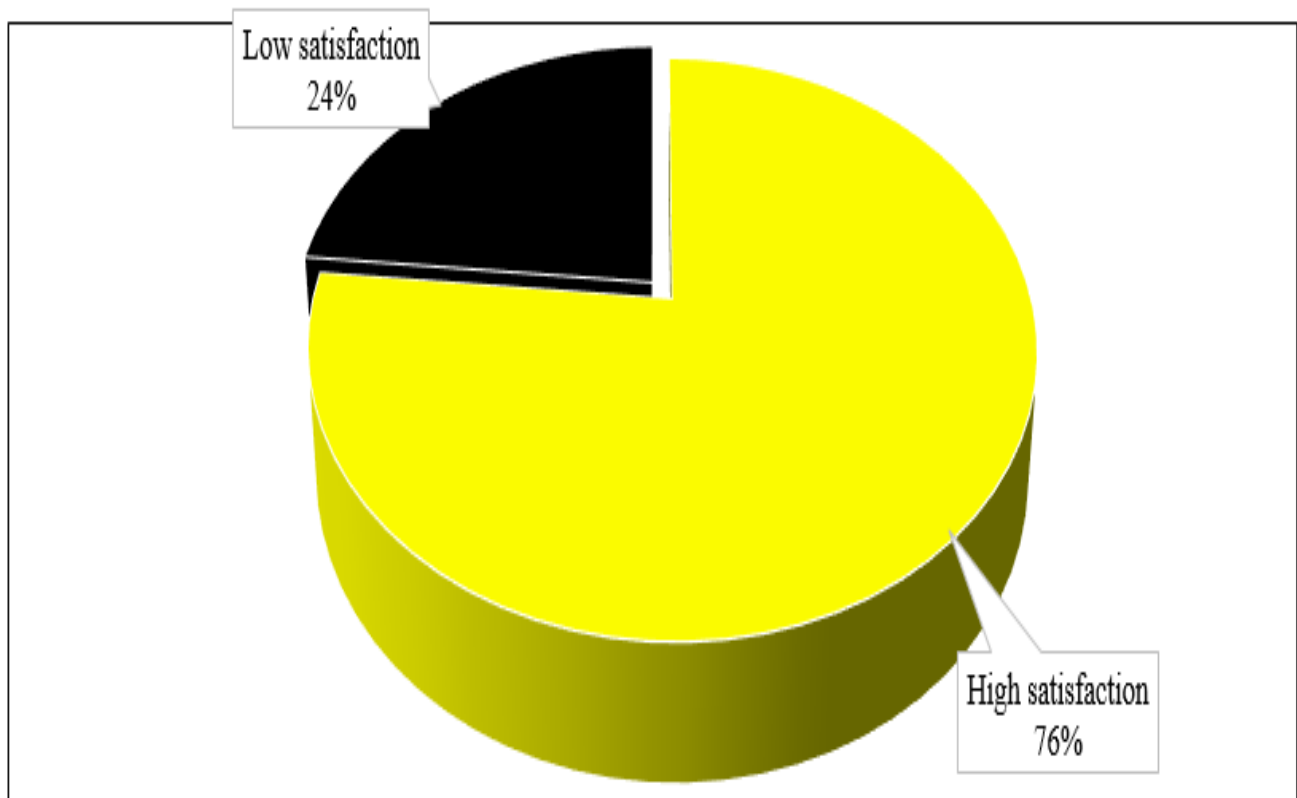


Fig 1: Satisfaction Summary

Table 5: Association between respondents’ sociodemographic profile and patient satisfaction

Sociodemographic profile	Patient Satisfaction		Statistics	Decision
	High	Low		
Age			$X^2= 10.982^a$ DF = 5 *P = 0.05	Significant
18–25	24(30.8)	3(12.5)		
26–35	15(19.2)	1(4.2)		
36–45	12(15.4)	9(37.5)		
46–55	15(19.2)	7(29.2)		
56–65	6(7.7)	3(12.5)		
65 & above	6(7.7)	1(4.2)		
Gender			$X^2= 0.395^a$ DF = 1 *P = 0.05	Significant
Male	27(34.6)	10(41.7)		
Female	51(65.4)	14(58.3)		
Marital status			$X^2= 6.182^a$ DF = 1 *P = 0.01	Significant
Single	35(44.9)	4(16.7)		
Married	43(55.1)	20(83.3)		
Religion			$X^2= 0.549^a$ DF = 1 P = 0.459	Not Significant
Christianity	67(85.9)	22(91.7)		
Islam	11(14.1)	2(8.3)		
Ethnicity			$X^2= 2.866^a$ DF = 3 P = 0.413	Not Significant
Yoruba	49(62.8)	18(75.0)		
Igbo	15(19.2)	5(20.8)		
Hausa	12(15.4)	1(4.2)		
Others	2(2.6)	0(0.0)		
Level of education			$X^2= 26.907^a$ DF = 2 *P = 0.01	Significant
Primary education	2(2.6)	2(8.3)		
Secondary education	7(8.9)	13(54.2)		
Tertiary education	69(88.5)	9(37.5)		
Occupation			$X^2= 0.218^a$ DF = 1 P = 0.641	Not Significant
Employed	38(48.7)	13(54.2)		
Not employed	40(51.3)	11(45.8)		
Previous Admission history			$X^2= 0.117^a$ DF = 1 P = 0.732	Not Significant
Yes	29(37.2)	8(33.3)		
No	49(62.8)	16(66.4)		
Admitted ward			$X^2= 17.660^a$ DF = 7 *P = 0.01	Significant
Male medical ward	18(23.1)	1(4.2)		
Female medical ward	23(29.5)	2(8.3)		
Male surgical ward	9(11.5)	7(29.2)		
Female surgical ward	14(17.9)	9(37.5)		
Postnatal	3(3.8)	0(0.0)		
Accident and emergency	7(8.9)	2(8.3)		
Male renal ward	3(3.8)	1(4.2)		
Female renal ward	1(1.3)	2(8.3)		
Reasons for choosing this hospital			$X^2= 26.907^a$ DF = 2 *P = 0.01	Significant
Close in distance				
Cheaper in price	26(33.3)	1(4.2)		
Better quality	3(3.8)	0(0.0)		
Having acquaintance	34(45.6)	8(33.3)		
Designs	1(1.3)	10(41.7)		
Expert doctors	2(2.6)	1(4.2)		
Advertisement	8(10.3)	4(16.7)		
	4(5.1)	0(0.0)		

\*P value < 0.05;  $\chi^2$ : Pearson Chi square test

Table 6: Logistic Regression Analysis Predicting the Likelihood Factors That Influence Patient Satisfaction

Variables	Statistical significance	Odds ratio	Confidence Interval	
			Upper level	Lower Level
<b>Age</b> 18-25 26-35	0.02 1 (ref)	14.569	679.461	0.312
<b>Sex</b> Male	0.05	8.850	7.477	0.097
<b>Marital status</b> Single	0.02	5.130	7.569	0.035
<b>Level of education</b> Primary education Secondary education	0.05 1 (ref)	40.123	2021.829	0.796
<b>Admitted ward</b> Male renal ward	0.04	2.328	196.160	0.028
<b>Reason for hospital choice</b> Expert doctors	0.03	4.900	25.509	0.009

Table 7: Association Between Ward of Respondent and Nursing Care Received

Admitted Ward	Nursing care received		Statistics	Decision
	High	Low		
Male medical ward	15(22.7)	4(11.1)	$\chi^2 = 18.306^a$ DF = 7 *P = 0.01	Significant
Female medical ward	22(33.3)	3(8.3)		
Male surgical ward	9(13.6)	7(19.4)		
Female surgical ward	12(18.2)	11(30.6)		
Postnatal	1(1.5)	2(5.6)		
Accident and emergency	4(6.1)	5(13.9)		
Male renal ward	3(4.5)	1(2.8)		
Female renal ward	0(0.0)	3(8.3)		

\*P value < 0.05;  $\chi^2$ : Chi Square Test

Table 8: Logistic Regression Analysis Predicting the Likelihood of Admitted Wards That Influence Nursing Care Received

Wards	Statistical significance	Odds ratio	Confidence Interval	
			Upper level	Lower Level
Male medical ward	0.02	2.67	0.803	0.089
Female medical ward	0.01	1.36	0.456	0.041
Male renal ward	0.30	3.33	3.205	0.035

#### IV. DISCUSSION

##### A. Domain of Nursing Care Received by Patient

The present study revealed patients received overall moderate nursing care (64.7%) in the framework of physical, communication and psychosocial care. This finding is in agreement with Yusei et al. (2022) study which reported the average quality of nursing care from patients' perspectives was moderate. However, from the psychosocial domain, most nursing care received by patients in this present study was addressed by name, interested in solving patients' problems and meeting patient needs, and responding to questions patiently. This finding is at variance with Öztepe & Kanan (2021) results where it was identified that the domains of nursing care least received were the way the nurses made you feel at home, how nurses listened to your worries and concerns and the way nurses explained things to you. Furthermore, psychosocial care such as maintaining privacy during care, paying attention to patients' opinions regarding the provided care and building trust between patients and nurses were the topmost care received in the psychosocial domain. This finding corresponds with Mobolaji-Olajide et al. (2020) study that reported quick responses to patients'

needs and good nurse/patient relationships received by the patients. However, the least psychosocial domains of received care in this study were; demonstration of rational behaviour and the introduction of patients with similar problems. It is however important to notice that these results showed unmet needs of patients. A plausible reason for this may be that there were no patients with similar conditions making it difficult for nurses to fulfil this care domain. Uwayezu et al. (2022) asserted that nurses are in a unique position to monitor psychosocial care needs and distress. By building rapport, nurses can begin to understand how patients view themselves, what is important to them, and how their relationship with others may affect their decisions and their ability to live as they approach death. This is however not the case in this study as patients settled they received low psychological care in the aspect of nurses spending more time with them when they feel lonely and talking about topics of interest to them during care procedures. From the author's point of view, nurses have enormous workloads as there are usually more tasks expected of nurses to fulfil per each shift, thus, making it impossible to provide holistic care in this aspect of psychosocial care.



Regarding the physical dimension of care, respondents in this present study settled they received high care on personal hygiene, availability of necessary equipment for treatment, helping to do activities of daily living in case of incapacity, meeting daily health needs, monitoring of the environment to be free of harm, demonstrate availability and accessibility when in need of them. These findings align with Bogale et al. (2022) study where it was highlighted that care such as availability of a nurse when needed and willingness of nurses to respond to patients' requests were the highest nursing care satisfaction parameters. Findings from this current study also corroborate with findings of Odeyemi (2019) study where it was revealed that nurses were found to be very helpful, and nursing staff response time was also rated very highly. Conversely, low care received on the physical dimension was the provision of psychological support, paying attention to weight changes, paying attention to dissatisfaction during therapeutic procedures and trying to resolve it and explaining the therapeutic effects of medicines, side effects and warnings of medicines. These findings corroborate with Muhammad et al. (2020) study results where participants were not satisfied with information regarding action, side effects of medication and relaxation therapy. Low psychological support received by nurses even in the physical dimension of care in this study further reflects that nurses caring for patients in this study are not adequately providing psychological care to patients, which echoes the potential basis for educational programs in this facet of care.

Effective communication between patients and healthcare providers is essential for the provision of patient care and recovery (Kwame & Petrucka, 2021). Patients in this present study received high nursing care in the communication domain such as demonstration of confidentiality during communication of diagnosis, listening well to words amidst complaints, health education about health status and modifications needed for recovery. This finding is closely related to Molina-Mula & Gallo-Estrada (2020) results where it was stated that nurses communicated well with the patients, families and even other healthcare providers about their condition and needs. On the other hand, low care received by patients in the communication dimension in this study was introducing necessary referral resources and organizations to patients and telling patients about their diagnosis easily. This finding implies that nurses communicate diagnosis, and demonstrate confidentiality during the communication of diagnosis, but do not communicate the diagnosis easily. A possible explanation for this may be that nurses caring for patients in this study were cautious of unwarranted disclosure of patients' confidential information hence why they were reportedly unreceptive about communicating diagnosis easily. Regardless, nurses should communicate patients' diagnoses to them without restrictions.

#### *B. Patient Satisfaction with Nursing Care Received*

In this study, the majority had a high level of satisfaction with nursing care. A finding which is consistent across studies (Suthar & Parihar 2023; Alharbi et al., 2023; Mobolaji-Olajide et al., 2020; Edmealem et al., 2019; Odeyemi, 2019). This finding only points to the fact that nurses caring for

patients in this study are providing healthcare services that meet the patients' requirements, a reflection of positive care outcomes and a positive perception of quality of care reported in this study.

In this study, communication care was the highest nursing care satisfaction parameter. This finding is closely related to Alharbi et al. (2023) findings where it was reported that patients were more satisfied with the information given. This finding is however anticipated because almost all of the communication dimension of care was received by patients in the facet of nursing care received. Furthermore, respondents in this study were also satisfied with the physical care received from nurses. The possible explanation for this may be that patients received all the essential physical care and comfort measures expected of them such as personal hygiene, availability of necessary equipment available for treatment, help in activities of daily living in case of incapacity, meeting daily health needs, monitoring environment to be free of harm and demonstrating availability and accessibility when in need of them. On the contrary, psychosocial care was the lowest nursing care satisfaction parameter in this current study. This finding is in agreement with Sapkota & Bajracharya (2023) results where it was reported that patient satisfaction towards nursing services was limited to emotional care and information provided by nurses. As alluded to above, these findings reflect a point of action for nurses caring for patients in this study. Fundamental nursing care highlights the needs for physical and emotional needs of patients to be met. More so, improvements in overall patient health require psychological, social, and environmental interventions in addition to biomedical ones. Patients who have a good understanding of their situation and feel empowered usually can cope more effectively with their disease condition, hence addressing the psychosocial care needs of patients is a crucial role for nurses.

#### *C. Association between Respondents' Sociodemographic Characteristics and Patient Satisfaction*

Inferential findings from this study demonstrated a significant association between demographic characteristics and patient satisfaction on total scores of nursing care; age ( $p=0.05$ ), gender ( $p=0.05$ ), marital status ( $p=0.01$ ), level of education ( $p=0.01$ ), ward ( $p=0.01$ ), and reason for choosing hospital ( $p=0.001$ ).

Respondents aged 18-25 years were 14 times more likely to have high satisfaction with nursing care than their counterparts ( $P < 0.05$ , Odd ratio- 14.569, CI: 679.461–0.312). This finding is supported by Razia et al. (2019) results which highlighted a significant relationship between age and patient satisfaction with nursing care. The possible explanation might be that the age group of 18-25 years in this current study were the most prevalent hence why they had higher satisfaction rates than patients in other age groups.

Regarding marital status, single patients were 5 times more likely to experience high satisfaction with nursing care than patients in other marital categories ( $P < 0.05$ , Odd ratio- 5.130, CI: 7.569-0.035). This finding agrees with Akbas's (2019) result where it was reported that single patients had

higher mean satisfaction scores compared to those who were married.

About the level of education, multivariate regression analysis found that patients with primary education were 40 times more likely to be satisfied with nursing care than other patients in the educational category ( $P < 0.05$ , Odd ratio-40.123, CI: 2021.829–0.076). This study results is consistent with Zarzycka et al. (2019) assertion that patients with low expectations and insufficient knowledge have higher levels of satisfaction in terms of nursing, whereas patients with high expectations and more knowledge of health have lower satisfaction levels. This may be attributed to the fact that patients with primary education may had fewer expectations, were less aware of healthcare services, and had less knowledge about nursing care than educated patients or patients with tertiary education. Structured education enables the patient to contrast their own needs and expectations of care and service with the services they are receiving. In this study, the relatively high satisfaction scores of primary education suggest that the expected level of expectation from nurses may increase with the increase in the education level of patients.

Based on the findings of this study, there was a significant relationship between the admitted ward and patient satisfaction; patients admitted in the male renal ward were 2 times more likely to experience high satisfaction with nursing care than patients in other wards. The author believes that nurses working in the male renal ward might have carefully performed their duties probably because renal patients are critically ill patients who require holistic care. Additionally, the majority of patients admitted to the renal ward may have had a previous history of admissions and may have previously experienced comforting events like soothing therapeutic procedures and care meeting their physical and psychological needs.

Also, patients who chose expert doctors as a reason for coming to AMSH were 4 times more likely to experience high satisfaction with nursing care ( $P < 0.05$ , Odd ratio- 4.900, CI: 25.509– 0.009) than patients who chose other reasons for coming to the hospital. This finding is in agreement with Aydin & Gokcen (2019) who found the most significant factor for selecting an institution was physician selection followed by professional experience.

#### *D. Association between Ward of the Respondent and Nursing Care Received*

Inferential statistics from this study revealed a significant association between the admitted ward of the respondents and the nursing care received ( $p=0.01$ ). Multivariate analysis further revealed that patients in the male medical ward had 2 times more likelihood of receiving high nursing care than patients in other wards ( $P < 0.05$ , Odd ratio-2.67, CI: 0.803– 0.089). Also. Patients admitted in female medical ward were 1 times more likely to receive high nursing care ( $P < 0.05$ , Odd ratio- 1.36, CI: 0.456– 0.041). Furthermore, patients in the male renal ward were 3times more likely to receive high nursing care ( $P < 0.05$ , Odd ratio-3.33, CI: 3.205– 0.035). Since all these wards are medical

wards, a possible explanation is that patients who are admitted to the medical ward typically have more serious illnesses and a worse prognosis which may have contributed to the high nursing care they receive than patients in other wards.

## V. CONCLUSION

This study aimed to assess patient satisfaction with nursing care provided to them during their hospital stay in Afe Babalola Multisystem Hospital. The results showed that patients were highly satisfied with the overall nursing care received. Of the satisfaction level, satisfaction towards two dimensions of nursing care; communication and physical care, showed a high level of satisfaction, and lower satisfaction in the dimension of psychosocial nursing care being compared to other dimensions of care.

Besides this, the results also showed that patients received moderate nursing care in the framework of physical, communication and psychosocial care. A significant association between patient satisfaction and sociodemographic characteristics; age (18-25yrs & 26-35yrs), gender (male), marital status (single), level of education (primary education and secondary education), admitted ward (male renal ward) and reason for choosing hospital (Expert doctors) was found. Also, nursing care received was high among admitted patients in male medical wards, female medical ward and male renal ward.

## RECOMMENDATION

To increase satisfaction with nursing care, nurses should improve the psychosocial care given to patients. Nurses can refer to the psychosocial book written by Ali et al. (2023) to further guide nurses on psychosocial caregiving in health care.

The nursing administrators of AMSH should undertake regular in-service training programs for nurses to refresh, and provide up-to-date knowledge and skills on different aspects of patient care.

To improve the nursing care discharged by nurses, dimension of care where patients settled they received low nursing care such as demonstration of rational behaviour in cases of inappropriate behaviours exhibited by you, introducing patients to another patient similar problems, provision of psychological support, paying attention to patients' weight changes and dietary pattern, paying attention to patient dissatisfaction during therapeutic procedures and trying to resolve it, explaining the therapeutic effects of medicines, side effects and warnings of medicines, introducing necessary referral resources and organizations to patients and telling patients about their diagnosis easily, should be emphasised upon by the nursing administrators of AMSH for nurses to meet the patient needs in these care domain.

The availability of standard procedures/practices (SOP) for nurses will further improve the scope of nurses' practice and may help to maintain the high satisfaction with nursing care recorded in this study.

Nurses working in the admitting wards where patients rated nursing care highly can serve as a point of motivation to nurses in other wards. The nursing administrators can leverage these nurses to lead the regular in-service training program for nursing to refresh, up-to-date knowledge and skills on different aspects of patient care.

Furthermore, to obtain a better estimate of satisfaction with nursing care, it is important to conduct a large-scale study inclusive of both private and public hospitals to assess the experience and satisfaction of nursing care in several hospitals using an exit-interview method.

#### ➤ *Limitation of the Study*

Since the data were collected in the wards of the hospital, social desirability bias may have an impact on the patient's responses, leading them to report more positive experiences to preserve their relationships with nurses.

In addition, this study is a case study, therefore, the results cannot be generalized to all hospitals. Readers should also interpret the results cautiously because the satisfaction scores were dichotomised, which possibly contributes to the loss of specificity and power. In addition, potentially relevant variables such as medical diagnosis, severity and duration of illness, and medication history which may have influenced satisfaction level were not included.

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