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Patient Satisfaction Toward Nursing Care in Public vs. Private Hospitals: A Comparative Study in Karachi, Pakistan

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Abstract

This research was conducted to make a comparison of the degree of patient satisfaction with nursing care at the public and the private hospitals in Karachi, Pakistan. The comparative cross-sectional research design was used and 311 hospitalized adult patients were taken as the sample where the data was collected in two purposely selected institutions, i.e. Dr. Ruth K.M. Pfau Civil Hospital Karachi as representative of the public sector and The Modern Hospital Karachi as representative of the private sector. The data were gathered by use of the validated Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQ), which is a 19-item self-administered questionnaire that is scored on a five-point Likert scale. The sampling was based on non-probability quota, and 156 workers who were in the hospital of the private category and 155 workers who were in the hospital of the public category were recruited. The SPSS version 22 was used in the analysis of data and the Mann-Whitney U test and Kruskal-Wallis test were used to test the differences between the groups. Findings indicated a significant difference in the rating of nursing care as Excellent where 51.9% of the patients in private hospitals rated it as such as compared to 20.6% in the public hospitals. The statistical significance of the difference in overall scores of satisfaction was established between the two settings ($U = 7455.500$, $p < 0.001$) with the median score of 77 in the private hospital being more than 71 in the public hospital. Marital status and gender played a major role in influencing satisfaction in the private hospital but not in the public hospital. These

results indicate some severe differences in the quality of nursing care in the Pakistani public and the private healthcare systems, and this situation demands a deep overhaul of the system, nursing workforce, and equitable resource distribution to facilitate patient-centered care, in both environments.

Keywords: Patient satisfaction, nursing care quality, public hospital, private hospital, PSNCQQ, comparative study, Karachi, Pakistan, healthcare quality.

Introduction

Healthcare service quality has become an issue of paramount importance in all parts of the world, and patient satisfaction has been found to be one of the surest tools of assessing the healthcare performance. Patient satisfaction is a major indicator of quality of healthcare as it indicates the expectations and the perception of the patients of the healthcare that they get, and it has turned to be a developed measure of the quality and efficiency of healthcare systems across the vast world (Obaidi et al., 2025). The role of nursing care in the patient experience cannot be substituted since it is core to the hospital setting. Nurses are assumed to be the first-point of contact of patients and have a central role in patient experiences due to their ability to communicate effectively, demonstrate empathy, and engage in care decision-making (Shah et al., 2025). The nursing care of high quality does not only increase the health outcomes, but also increases the patient loyalty and reputation of healthcare facilities, which is why the patient satisfaction with the nursing care becomes one of the foundations of quality management in the public and private hospitals (Shah et al., 2025).

Clinical, interpersonal, and institutional factors constitute a broad range of influencing relations between nursing care and patient satisfaction. Several dimensions of patient satisfaction with nursing care such as attentiveness, communication, responsiveness, and clinical competence can play a role in determining whether the expectations of a patient is met during hospitalization (Smerat et al., 2025). Research findings continually indicate that satisfied patients under nursing care are more apt to treatment adherence, improve health outcomes, and refer others, which subsequently adds to the overall performance and sustainability of the hospital (Kumar and Kumar, 2025). Moreover, it has been noted that the quality of nurse-patient communication is one of the critical sources of satisfaction as effective communication leads to less

anxious patients, trust, and a therapeutic relationship that has a positive impact on the recovery (Al-Hammouri et al., 2024).

One of the most meaningful aspects of patient satisfaction studies is the comparison of the results in the field of the public and private healthcare. Service excellence directly affects patient retention and institutional reputation in the private hospital setting, which puts patient satisfaction at the center of the operations strategy (Kumar & Kumar, 2025). Conversely, state hospitals, especially in developing countries, are usually short of resources, staffing, and infrastructure that adversely affect patient experiences and care quality. In Pakistan, in particular, the research has revealed that the healthcare system of the private sector performs better than the public one regarding the quality of services offered, the levels of patient satisfaction are high, and the population that the private health sector covers is around 70 percent (Majeed et al., 2024). A comparative study was carried out among six hospitals in Islamabad and Rawalpindi and the interpersonal features of care were rated the highest, and financial features and time spent with healthcare providers were the lowest-rated satisfied issues, which indicated the continuing gaps in service provision in both sectors (Majeed et al., 2024).

Although patient satisfaction as a quality measure has increasingly been introduced, the research base in urban Pakistani context, like Karachi, is still small and disjointed. In a descriptive cross-sectional study conducted in Charsadda, KPK, to evaluate patient satisfaction with nursing care in a secondary-level public hospital, patient satisfaction levels were determined by different patient characteristics, expectations and interactions with nurses, with communication and empathy showing the strongest effects of satisfaction (Shah et al., 2025). Equally, a 2025 study that compared patient satisfaction in both public and private hospital environments has indicated that over fifty percent of the participants were moderately satisfied with nursing education and nursing care with the quality service indicators like nurse-to-patient ratio and patient request responsiveness being highly linked with excellent patient satisfaction ratings (Alsayed et al., 2025). These results show that there is a necessity of locally-based, comparative study that directly responds to the gap between the public and the private in terms of the quality of nursing care. Furthermore, a cross-

sectional study carried out in Palestinian hospitals based on the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQ) had found an overall mean patient satisfaction level of 64.50, only patient health status stood as a statistically significant demographic predictor of patient satisfaction, which highlights the complexity of variables that interact in a variety of health care settings (Smerat et al., 2025). It is against this background that this study will compare patient satisfaction levels with nursing care in both Karachi, Pakistan, with the help of the validated PSNCQ instrument to compare the level of patient satisfaction with nursing care in both the public and the private hospital in the country, with an aim of providing timely, regionally-specific, and evidence-based information that can guide the practice of nursing, the administration of the hospital, and the policy-level reformation of healthcare in the country.

Literature Review

Patient Satisfaction as an Indicator of Healthcare Quality

It is not a secret that patient satisfaction is considered to be one of the most significant and valid measures of assessing the overall quality of healthcare delivery in the hospital setting. It is indicative of how well the services offered to patients meet their expectations, needs, and perceptions of the care they get (Obaidi et al., 2025). The Joint Commission on Accreditation of Healthcare Organizations and the Agency for Healthcare Research and Quality have officially highlighted patient satisfaction measurement as one of the pillars of performance improvement and clinical performance in contemporary healthcare systems (Obaidi et al., 2025). Satisfaction measurements do not only help healthcare administrators to reveal the potential defects in the system but also allow them to implement change-focused interventions to improve the quality of patient-centered care and identify service gaps (Mohammed Alhussin et al., 2024). Institutionally, patient satisfaction questionnaires can be understood as a feedback tool that hospital administrators may apply to compare the performance, distribute the resources, and keep the quality improvement processes (Zhao et al., 2025).

In this context, nursing care will take a very special central role. In hospitals, 80 percent of the direct healthcare services are provided by nurses, whose professional skills, attentiveness, and human behavior are the primary factors behind patients finding

themselves in a caring, respected, and informed state (Argyriou et al., 2025). Research in Croatia including 350 hospitalized patients established a strong psychometrics and internal consistency of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), which further substantiated its application as a multidimensional instrument of obtaining patient experiences in the nursing care domains such as communication, attentiveness, and clinical competence (Ivić et al., 2024). Notably, patients receiving high-quality nursing care are much more likely to follow treatment regimens prescribed to them, stay in the hospital less, and improve their health outcomes, which makes the clinical and operational importance of monitoring and enhancing nursing care satisfaction a continuous process (Mohammed Alhussin et al., 2024). All these evidence points towards the fact that patient satisfaction measurement, especially when it comes to nursing care, should be addressed as a continuous institutional priority in both the public and the private sphere of the healthcare service.

Role of Nurse-Patient Communication in Shaping Satisfaction

The communication between nurses and patients is always mentioned in the modern literature as one of the most powerful and changeable factors of patient satisfaction in the hospital environment. Not only does this provide a correct diagnosis and proper treatment, but the communication process is the essential factor that predetermines the quality of emotional experience patients have during their stay in the hospital, which will determine their level of trust, confidence, and overall attitude towards the quality of received care (Alqousi et al., 2024). The research on nurse-patient communication in the EDs conducted in 2025 showed that there is a strong positive relationship between nurse communication quality and patient satisfaction scores, with the researcher concluding that nurses who empathize, communicate clearly, and actively listen receive a much higher rating of patient satisfaction irrespective of the demographic characteristics (Alshalawi et al., 2025). Equally, a quality improvement initiative based on the CICARE communication model, undertaken at an outpatient facility in October 2023 and continuing through to March 2024, showed that both the effectiveness of nurse communication and the subsequent patient satisfaction scores across a structured communication training of the nursing staff can be improved (Shen et al., 2025).

In recent years, the role of empathic communication and, specifically, has been increasingly the subject of scholarly interest. In a hospital-based study by 2025 in Uttarakhand, India, it was observed that perceived empathy increased the rating of the overall nursing care experience significantly with empathy being a statistically significant independent predictor of the patient satisfaction rating, even with a clinical care quality dimension adjustment (Rawat et al., 2025). One of the parallel studies that assessed nurse-patient communication in a Pakistani burn unit of the Nishtar Medical Hospital, Multan, showed a significant positive correlation between the level of communication and patient satisfaction, and poor communication was considered a primary factor causing patient dissatisfaction and poor care outcomes in specialized units (Pervaiz et al., 2024). These results are consistent with the Interpersonal Relations Theory advanced by Peplau and the Theory of Human Caring provided by Watson that focus on the therapeutic potential of meaningful, trust-based nurse-patient interaction as a core of effective and satisfactory care (Alqousi et al., 2024). Collectively, these researches prove that focused communication training and systematic interaction models are high-paying institutional investments in enhancing patient satisfaction rates both in the public and the private hospital setting.

Sociodemographic Factors Influencing Patient Satisfaction

An ever-growing amount of evidence supports the statement that the patient satisfaction with nursing care is not homogenous but differs significantly depending on demographic groups, where age, gender, marital status, education level, employment status, and type of hospital admission were all reported as significant moderating factors. A national-sample cross-sectional study, in which 6 hospitals in Jordan were involved, had statistically significant differences in patient satisfaction by hospital type, ward type, education level, employment status, monthly income, and self-rated health status, and no statistical differences by gender or the presence of a chronic illness (Al-Hammouri et al., 2024). These results demonstrate the multifactorial character of satisfaction and warn of the one-size-fits-all strategies in improving the quality of care. Similar surveys of patient satisfaction in China also established that demographic factors such as age, gender, health status, primary language and education level is always related to variation in satisfaction outcomes, although the nature and extent of these

associations vary significantly across healthcare contexts and cultural environments (Zhao et al., 2025).

The connection between the age and the satisfaction is especially well-documented. The patients of older age age groups are more likely to report having higher levels of satisfaction with nursing care than younger patients, which has been explained by higher levels of social tolerance, high levels of trust in healthcare providers, and lower comparative expectations associated with prior healthcare experiences (Mohammed Alhussin et al., 2024). Gender is more of a disputed variable, as some have discovered increased satisfaction in male patients and others have found the opposite, indicating mediation of the gendered differences by the cultural norms, the type of ward, and the institutional context (Al-Hammouri et al., 2024). A 2025 cross-sectional study with the Patient-Centered Care model among Indonesian hospital patients reported that the patient demographic significantly influenced satisfaction (including gender, marital status, educational level, month of treatment), whereas non-subsidized patients did not have any demographic predictors of satisfaction, which supports the assumption that the payment modality concept itself is a main contextual variable (Sari and Guntari, 2025). All these findings support the need to do locally based and contextual analysis when developing interventions aimed at enhancing patient satisfaction in various hospital settings.

Patient Satisfaction in Public vs. Private Hospitals in Developing Countries

A comparative study of patient satisfaction in the public and the private sector of hospitals has invariably shown significant difference that depicts the greater differences in the resource allocation, staffing, infrastructure, and institutional culture. Typically, in developing countries, the state of government hospitals is marked by the chronic lack of funding, significant shortage of nurses, lack of equipment, and overcrowding of the wards, and these issues directly affect their low patient satisfaction scores in comparison with the institutions in the private sector (Mahmood et al., 2024). In a comprehensive policy analysis of the dual healthcare system in Pakistan, it was observed that although the work of a public and a private hospital is parallel, the amount of healthcare spending of the population is grossly low compared to the population served, with Pakistan spending only 1.4 percent of its GDP on healthcare, which is only half of the 6 percent

recommended by the WHO, causing a continuous lack of quality in nursing workforce and patient care conditions (UK Home Office, 2024). This hierarchical imbalance makes comparative research on patient satisfaction not only scholarly but extremely policy-important, especially because cities such as Karachi represent the microcosms of the strength and weaknesses of both industries.

The patient satisfaction in the case of the private sector is considered a competitive business requisite, not a clinical priority. To keep clients and ensure institutional image, private hospitals spend a lot of money on nursing education, procedures of patient communication, environmental comfort, and responsiveness of services offered (Kumar & Kumar, 2025). In comparison, nurses in community-based hospitals tend to work in high patient volume, little autonomy, and insufficient institutional support conditions that impair their capacity to deliver care that is customized and responsive even in instances where clinical competence is sufficient (Mahmood et al., 2024). In a 2025 study of patient satisfaction in public and private hospital settings in the Arab world, patient satisfaction with nurse communication, responsiveness, skill, and coordination of care in the private hospital setting had higher patient satisfaction reports with nurse communication, responsiveness, and skill, and healthcare coordination and care, than the corresponding variables in the public hospital setting, and hospital type was identified as one of the strongest independent predictors of patient satisfaction (Alsayed et al., 2025). These results are widely aligned with those reported in Pakistan, whereby surveys of tertiary care and secondary hospitals have reported moderate to high satisfaction in the private facilities and significantly lower ratings in the public ones, especially in areas of information provision, attentiveness of the nurses, and after-discharge coordination (Shah et al., 2025). Taken together, this literature base strengthens the key assumption of the present research and preconditions the comparison of patient satisfaction between the public and the private hospitals of Karachi as the needful and evidence-based research priority.

Methodology

The research design used in this study was comparative cross-sectional research design that compared and contrasted the level of patient satisfaction with nursing care provided in both the public and the private hospital settings. The cross-sectional design

was also considered to be the best suited approach to the study because it would allow collecting data of two different populations in two separate hospitals at one point in time and, therefore, directly and significantly comparing the two settings without a longitudinal follow-up. This method is of wide use in the area of healthcare satisfaction studies because of its efficiency, cost-effectiveness, and its ability to produce population level information within specific timeframes.

It was carried out in the two healthcare organizations in Karachi, Pakistan, which are Dr. Ruth K.M. Pfau Civil Hospital Karachi, a representation of the government sector, and The Modern Hospital Karachi, a representation of the business sector. The two facilities have been chosen on purpose so that there is meaningful and contextually relevant comparison between two quite different institutional settings which work within the same urban context. The research sample was constituted by all adult patients admitted in different general wards of the two hospitals at the specified time of the study. The data gathering was conducted between the period of three months, namely, between November 2023 and January 2024, which was enough to gather a sufficiently large and representative sample of both facilities.

Rao software was used to compute the sample used in this study by assuming a prevalence rate of 43, a 95% confidence interval, and 5% level of significance to come up with a desired sample of 320 respondents. Participants were recruited using a non-probability quota sampling method and equal quotas were used to balance the representation of all the hospitals in both settings. The main reason why this technique has been chosen is that it provided the researchers with the possibility of controlling the composition of the sample based on the predetermined institutional categories but operating within the realistic conditions of data collection in a hospital. The resulting obtained sample was 311 participants, of which 156 were patients of the privately owned hospital and 155 were patients of the publicly owned hospital that provides the company with a robust and practically full response rate that gives the findings of the study credibility.

The inclusion criteria were that the participants had to be 18 years old and above, conscious, sane, capable of communication orally and had to be in a general ward, and willing to engage in the voluntary participation. The patients were not to be included in

the study provided that they were in active labor or had a severe pain according to the standardized pain scale, in severe pain with a score of 7-10, critically ill or disoriented or with the altered level of consciousness. These inclusion and exclusion criteria were put to make sure that the data were obtained about participants who could focus on the satisfaction questionnaire and give reliable and reflective answers without their responses being unduly distorted by acute distress or mental disability.

The data were collected by the use of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), a validated and popular self-administered questionnaire that has been specifically constructed to measure patient satisfaction with the nursing care quality in a variety of aspects. The PSNCQQ has 23 items which are categorized into three parts, i.e., the nurses communication (8 items), nursing care (11 items), and patients perception (4 items). To suit the scope of this study, the perception aspect of the patients was omitted because it included general subjective questions that are not directly translated to nursing care quality, so the final version of the instrument was a 19-item measure with a five-point Likert scale of Poor (1) to Excellent (5), and a total of 19-95 score range. A scoring system was as follows: the range of 19 or less represented poor levels of satisfaction, the range of 20 to 38 was fair levels of satisfaction, the range of 39 to 57 was the good level of satisfaction, the range of 58 to 76 was very good level of satisfaction, and range of 77 to 95 was the excellent level of satisfaction. In summary of the findings in the past, the tool is highly valid and reliable, the Cronbach alpha coefficient of 0.97 indicates that the instrument is highly internal consistent to be used in research on nursing satisfaction. The participants took about 10 to 15 minutes to fill the questionnaire and all the questionnaires were checked by the investigator immediately after data collection was done to ascertain completeness and accuracy.

Formal approvals were allowed before data collection to the Chief Executive Officer of The Modern Hospital and the Medical Superintendent of Dr. Ruth K.M. Pfau Civil Hospital Karachi and the Advanced Health Sciences Institute of Nursing. Each participant gave voluntary informed consent regarding their participation upon the clear explanation of the purpose of the study and the procedures and voluntary nature of the study. The subjects were guaranteed that they could pull out of the study without

penalty. The entire information was treated with high confidentiality and hard copies were kept in a locked cabinet, and the electronic data were kept in a password-secured laptop in full compliance with the set ethical principles of autonomy, beneficence, and non-maleficence.

Data that were collected was inputted into and analysed using Statistical Package of Social Sciences (SPSS) version 22. Qualitative variables were reported as a frequency and percentage whereas the continuous variables were evaluated as normal through the Kolmogorov-Smirnov test. Since the continuous data did not follow a normal distribution, the quantitative variables were provided as median and interquartile range (IQR). The non-parametric statistical tests were accordingly used with Mann-Whitney U test used to analyze the differences in the satisfaction scores between the two hospital groups and the Kruskal-Wallis test used to analyze the differences across the demographic sub-groups such as gender and marital status. The statistical significance level of 0.05 was taken to be significant during the analysis.

Results

Table I: *Sociodemographic Characteristics of Study Participants*

Characteristics	Private Hospital N=156 (%)	Public Hospital N=155 (%)
Age ~ Median (IQR)	33 (17)	29 (12)
Gender		
Male	79 (50.6%)	78 (50.3%)
Female	77 (49.4%)	77 (49.7%)
Marital Status		
Single	66 (42.3%)	81 (52.3%)
Married	85 (54.5%)	47 (30.3%)
Separated/Divorced	4 (2.6%)	15 (9.7%)
Widow	1 (0.6%)	12 (7.7%)
Mode of Admission		
Emergency	66 (42.3%)	87 (56.1%)
OPD	48 (30.8%)	33 (21.3%)
Procedure	17 (10.9%)	24 (15.5%)
Transferred	25 (16.0%)	11 (7.1%)

Hospital Stay (Attendant)		
Alone	52 (33.3%)	35 (22.6%)
With 1 Attendant	73 (46.8%)	100 (64.5%)
With More Than 1	31 (19.9%)	20 (12.9%)

Table I shows the sociodemographic characteristics of the 311 participants of the study that were recruited in the private hospital (n=156) and the public hospital (n=155). The gender balance of the two settings was exceptionally equal with males representing 50.6% and 50.3 of the samples in the private and the public hospitals respectively and the remaining percentage comprising of females. This approximate gender balance is a positive factor as it makes sure to avoid over-representation of gender care preferences or expectations on the findings and, thus, the comparability of the available data on satisfaction in the two institutions remains intact.

There was a significant difference that was observed in the marital status profile between the two groups. Most of the participants in the private hospitals were married (54.5%), with the biggest proportion in the public hospital being single (52.3%). This deviation is clinically relevant since it has been known that the marital status determines the patient expectations, social support, and general healthcare utilization patterns. The median age of the patients was found to be more in the private hospital (33 years) than the public hospital (29 years), which seems to indicate that the patients of the private hospitals might be a little older and potentially wealthier segment of the population.

In terms of mode of admission, emergency admissions represented the majority of the public hospital (56.1%), whereas the private hospital admissions were more balanced in terms of emergency, OPD, procedure based and transferred cases. This trend represents the role of the public hospital as a critical access center in Karachi to acute and emergent care. In addition, most of the patients of public hospitals had an attendant (64.5) than in the private hospital (46.8), which means that more family support was needed in the public healthcare environment. In combination, these demographic differences give a crucial contextual basis to the interpretation of the results of satisfaction expressed in further tables.

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Table II: *Comparison of Patients' Overall Level of Satisfaction with Nursing Care*

Satisfaction Level	Private Hospital N=156 (%)	Public Hospital N=155 (%)
Excellent	81 (51.9%)	32 (20.6%)
Very Good	61 (39.1%)	74 (47.7%)
Good	1 (0.6%)	10 (6.5%)
Fair	13 (8.3%)	39 (25.2%)
Poor	0 (0.0%)	0 (0.0%)

Table II shows one of the most vivid and clinically significant results of this research a significant difference in the general level of patient satisfaction with nursing care in the private and the public hospital environment. Nursing care was rated at the highest possible level of Excellent (more than half 51.9) by the participants in the private hospitals as opposed to 20.6 of the participants of the public hospitals. This difference in the share of customers who reached the highest level of satisfaction is more than twofold and this quality gap between the two sectors is huge and this indicates the competitive edge that private institutions have in providing patient-centered nursing care.

The public hospital performed slightly better in the category of Very Good (47.7%), which is better than the private hospital (39.1%), which means that the patients of the public hospital perceive an average level of care, but they are not often ready to define it as excellence. The Good category also showed a distinct difference with 6.5 percent of the patients of the public hospital rating the care as Good in contrast with 0.6 percent of the patients of the private hospital. The most disturbing contrast perhaps is in the Fair category which had 25.2% of patients in a public hospital satisfied with it, and this is three times the amount registered in the 8.3% of the patients satisfied with a private hospital. Most importantly, no patients within either hospital considered the nursing care as Poor, which is an indication of a minimum amount of agreeable care delivery within the two types of institutions.

These findings create a clear picture of the disconnect that exists between the public and the private healthcare sector in Pakistan in terms of the quality of nursing care in the eyes of the patients. The fact that the private hospital is dominating both the Excellent category indicates that its nurses are not only performing to the expectations

of their patients, but going beyond this, which is a characteristic of high-quality patient-centered care. On the other hand, the fact that the proportion of patient population in the Fair and Very Good categories are high in the general public hospitals indicates that care is satisfactory, although the structured improvement is possible in the areas of communication, attentiveness, and responsiveness.

Table III: *Comparison of Patient Satisfaction Scores Between Private and Public Hospital (Mann-Whitney U Test)*

Hospital	Median (IQR)	Min-Max	Mann-Whitney U	p-value
Private Hospital	77 (16.0)	55 – 90	7455.500	< 0.001*
Public Hospital	71 (9.0)	41 – 87	—	—

Table III shows the findings of the non-parametric Mann-Whitney U test that was used to statistically compare the patient satisfaction scores with nursing care in the private and the public hospitals. The findings indicate that there is a statistically significant difference in both institutions with Mann-Whitney U value of 7455.500 and p-value of less than 0.001, which is very low compared to the standard 0.05. Such a result supports the hypothesis that the differences in the levels of satisfaction identified cannot be explained by the mere fact but rather indicate the true and significant differences between the quality of nursing care received by patients in the two types of hospitals.

The mean satisfaction score of the private hospital patients amounted to 77 with a range of interquartile of 16.0 and range of overall scores of 55 to 90. By comparison, the median of the patients of the public hospitals was 71, and the interquartile range measure was smaller at 9.0 and the range of scores was wider (41-87). These figures are especially disclosing on two accounts. First, the greater median of the private hospital confirms the fact that the average patient of the private hospital receives a much better quality of nursing care. Second, it can be seen that the broader scale of the score of the public hospital (41-87) implies much higher variability and inconsistency in the quality of nursing care throughout the environment.

The small range of interquartiles in the public hospital (9.0) against the private hospital (16.0) also indicate that care in the former is more homogeneous, but it is more homogeneous at a lower quality level overall, which points to systemic as opposed to

individual-level factors in causing dissatisfaction. This policy difference is of deep significance. Instead of explaining lower levels of satisfaction by individual action of the nursing as the cause, it posits that the lack of satisfaction is caused mostly by structural factors, including staffing ratios, resources, training, and the internal culture and only system level interventions can lead to a significant improvement in the quality of nursing care in a given public hospital.

Table IV: *Differences in Satisfaction Scores by Gender and Marital Status Across Both Hospitals*

Variable	Private Median (IQR)	Private p-value	Public Median (IQR)	Public p-value
Gender	U = 1759.000	**< 0.000***	U = 2015.500	**0.146**
Male	72 (12)	—	69 (9)	—
Female	84 (14)	—	75 (8)	—
Marital Status	χ^2 = 17.899	**< 0.000***	χ^2 = 5.378	**0.146**
Single	83 (14)	—	72 (11.50)	—
Married	75 (16)	—	69 (11)	—
	66.50 (11)	—	72 (8)	—
Separated/Divorced				
Widow	—	—	75 (1.75)	—

Table IV reviews the significant difference between patient satisfaction with nursing care, depending on gender and marital status in each hospital setting, in terms of Mann-Whitney U-test (gender comparison) and Kruskal-Wallis-test (marital status comparison). In the private hospital, it was statistically significant between male and female patients (U = 1759.000, p < 0.000) where female patients had a very high median level of satisfaction (84) than male patients (72). This result indicates that women patients in the private hospital might be experiencing more caring, patient-centered, or empathically provided nursing care or alternatively they have higher expectations of the baseline that can be easily met in the private care setting.

Marital status has also come out as a statistically significant predictor of satisfaction at the private hospital (2 = 17.899, p = 0.000). The highest median score of satisfaction was registered at 83 on single patients in the privatised hospital followed by

the married patients with a median score of 75 and the separated or divorced patients with a median score of 66.50. This gradient can be an indication of the difference in social support networks and emotional conditions that different marital statuses are linked to and all this can affect the perception and evaluation patterns of the patient in relation to their interactions with care. Singles, who might also be more dependent on the nursing staff to provide informational and emotional support during their stay in a hospital, might be more sensitive and responsive to attentiveness in nursing behaviors.

The opposite is true in the case of the public hospital, where the difference in satisfaction on the basis of gender ($p = 0.146$) and marital status ($p = 0.146$) was not statistically significant. Such lack of difference implies that systemic factors dominate the individual demographic traits in the determination of patient satisfaction in the public sector that is, that all subgroups of patients receive an equal limited measure of care quality in spite of their personal histories. This result has great policy implications on the issues of public health, indicating that the intervention in the form of demographic targeting will not be enough to increase the satisfaction in the public hospitals, and that institutional changes in the form of staffing, communication training and resource allocation are urgent.

Discussion

This research was carried out to compare the degree of patient satisfaction with nursing care in the public and the private hospitals at Karachi, Pakistan. This research showed that there are substantial and statistically necessary differences between the two settings on various aspects of nursing care quality that give a clear overview of how institutional context influences the patient experience in the largest urban healthcare setting in Pakistan.

The level of overall satisfaction that was reported in this study heavily inclined towards the private hospital setting. Over 50 percent of the respondents in the private hospitals estimated their experience with the nursing care as Excellent with only about every five patients in the public hospital getting the same rating. This difference is an indication of a structural inequality that exists in profound disparity in the two industries. Pakistan Hospitality In Pakistan, the environment that the private hospitals are functioning in is highly competitive and revenue based, which encourages them to

invest towards training of their nurses in providing care with high flexibility and nurturing the communication skills of the nurses as well as developing patience-based care protocols. On the contrary, the public hospitals are weighed down with chronic underfunding, large volume of patients, poor staffing ratios and lack of institutional organization towards supporting the nursing professional growth. Such systemic limitations are bound to reflect in the low level of satisfaction scores in all the dimensions of nursing care quality, irrespective of the personal competence and commitment of the nursing employees laboring in such institutions.

The domain-level answers obtained with the help of the Patient Satisfaction with Nursing Care Quality Questionnaire shed more light on the main differences. In the private hospital, the participants rated the communication with nurses, responsiveness, coordination of care and clinical skill as very good to excellent. The coordination of care after discharge was the lowest-ranking dimension in the private hospital, and it indicates that despite the abundance of resources in the setting, post-discharge planning is one of the areas where patients have unmet needs. Conversely, domains of nursing care were most commonly evaluated by public hospital participants as good rather than very good or excellent, and significant proportions of fair ratings were observed concerning the area of nurse attentiveness, patient needs, and the day-to-day routine of nurse. These trends indicate that within the context of the public sector, the patients believe that nurses are there and working technically but not attentive, individualized, or proactive enough in care delivery.

The Mann-Whitney U test results indicated the difference in the scores of the two hospitals in terms of satisfaction was statistically significant, and the p-value was not more than 0.001. The private hospital has a higher median score of satisfaction with a larger interquartile range, which means that the quality of care was higher, and the range of patient experiences was also larger. The lower concentration of interquartile range of the public hospital around a lower median score indicates that the overall care experience is more consistent but always suboptimal to a greater number of patients. This difference means that enhancing the satisfaction of the population with the hospitals will have to be a systemic and institutional solution and not just a personal solution.

When it comes to the effect of sociodemographic factors, the study established that gender and marital status were significant predictors of satisfaction in the private hospital but not the public hospital. The satisfaction levels of female patients in the private hospital were significantly higher, as compared to those of male patients, and single patients had higher levels of satisfaction compared to those who were married or separated. The patterns can be a manifestation of disparities in communication-related expectations, emotional responsiveness, or individualized care responsiveness which are more easily accommodated in the resource-favorable setting of the private sector. The lack of demographic heterogeneity in the patient satisfaction scores within the public hospital supports the conclusion that the patient experience within the given setting is controlled by structural and systemic aspects, as opposed to the personalized care interactions.

The general results of the present study are widely congruent with the existent comparative research performed in other developing nations, which also records an elevation in patient satisfaction in the private healthcare establishment. Nevertheless, they are also indicative of a distinctly Pakistani dynamic, dictated by dual healthcare system in the country, urban congestion, and the problem of nursing workforce. It is positive that in both hospitals, there are no patients who indicated nursing care as bad, which is the encouraging baseline to strive and provides the understanding that both institutions have the lowest level of quality care. However, the gap in the two sectors is so great that the tight necessity of evidence-based policy reform, specific nurse training programs, and better resource distribution in the framework of the Pakistani state healthcare system is unveiling the necessity to provide high-quality nursing care to all patients, irrespective of whether they can afford it or not.

Practical Implications

The results of this research have significant and practical implications on the nursing practice, the management of the hospital, and healthcare policy in Pakistan. At the clinical level, nurses who work in the environment of the public hospitals should be provided with systematic, continuous communication and training as interpersonal skills to overcome the gaps in attentiveness, patient-centered interaction, and responsiveness. The administrators of both hospitals must think of introducing regular patient

satisfaction monitoring systems based on validated measures like the PSNCQQ, which will allow tracking gaps in quality of care and addressing them in a timely manner. The implications of the findings as it relates to the public hospital leadership are realistic nurse to patient ratios, better-designed ward infrastructure, and mentoring programs designed to help the junior nursing staff provide personalized and compassionate care. On the policy front, both the provincial and federal governments should make nursing workforce development a national security issue related to health and make sure that the public hospitals are adequately funded, and provide staffing opportunities and further educational opportunities to reduce the gap in satisfaction between both systems. Although private hospitals are doing well, it is more prudent that they pay attention to the post-discharge coordination, as well as to the family communication, as areas, in which improvement will make the patient care experience complete.

Limitations and Future Directions

Although this is a well-conducted study, the research has various limitations, which one should consider when explaining their findings. To begin with, the research was only done in one public and one private hospital in Karachi, which prevents the generalization of the results to the rest of the Pakistani health care structure or to other healthcare settings in urban and rural settings. The variety of types of hospitals, sizes, and models of ownership in Pakistan implies that the experience of the patients in other facilities can be very different than those that are recorded here. Second, non-probability quota sampling method used is not the most effective but applied in the same studies and may create the threat of selection biasness, as the sample was not chosen randomly among the entire population of admitted patients. Third, the research used only self-reported patient satisfaction data, which is subjective by nature and can be affected by the immediate feelings of the patients, social desirability bias, or unwillingness to document unpleasant experiences in the clinical environment as they still rely on the nursing staff in the continuous treatment. Fourth, the study design is cross-sectional, which only measures patient satisfaction, but does not consider the longitudinal changes in patient care quality or seasonal changes in workload in hospitals which can affect patient satisfaction levels.Future research can overcome the limitations by implementing multi-site comparative studies of a larger sample of public and private

hospitals in city and rural areas across various regions in Pakistan. Longitudinal study designs would give a more finer picture of how patient satisfaction changes through time and how it reacts to certain nursing practice intervention measures. Also, qualitative research designs, such as in-depth interviews with patients and focus groups would be used to supplement the quantitative data of this study by providing the deep, context-specific aspects of the patient experience that cannot be completely uncovered through structured questionnaires. The views of nursing personnel themselves should also be investigated in the future, including workload, burnout, and professional development as predictors of the quality of care a patient receives, which will contribute to a more comprehensive picture of the structural factors that contribute to satisfaction differences in the Pakistani system of healthcare, both public and private.

Conclusion

This research establishes that there are considerable differences in patient satisfaction of nursing care between the public and the private hospitals in Karachi, Pakistan. The level of satisfaction among the patients of the privately operated hospitals was significantly higher and over fifty percent of the population rated the nursing care as Fantastic unlike only 20.6% in the publicly operated hospitals. These differences were statistically significant ($p < 0.001$) as demonstrated by the Mann-Whitney U test and they are a demonstration of deep structural and institutional inequalities between the two sectors. Analysis of domain showed that in the private setting, communication, attentiveness, and coordination of care were always more intense. Gender and marital status had a significant impact on satisfaction at the private hospital but had no impact on the public one indicating that the systemic constraints are more important than the demographic differences within the public sector. These results support the necessity of an immediate evidence-based policy change, nursing human resource development, and resource allocation improvement in the public healthcare system of Pakistan to provide equitable access to high-quality nursing care to the population.

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