

## Exploring Patient Satisfaction With Quality Care Provided By Nurses Among Inpatient Care Setting

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### Abstract

**Objective:** To assess the overall satisfaction level of patients with the quality of nursing care received during their hospital stay.

**Design:** A descriptive cross-sectional study design was employed.

**Methodology:** A total of 109 patients were selected using a purposive sampling technique. Data were collected at Arif Memorial Teaching Hospital using the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), which comprises 20 items. A structured survey method was used for data collection. The statistical analysis was performed using SPSS version 23. The period of this study will be 6 to 8 months after the consent of synopsis.

**Results:** The findings revealed that patients generally had a positive opinion of the nursing care they received. Most patients **64.2%** were married and had little previous hospital stays, **45%** of patients were accommodated in

shared rooms; most admissions originated from direct **28.4%** or emergency (**29.4%**). A high satisfaction score of **83.5%** reflected favorable views of nurses' comfort and care. The overall mean satisfaction score was approximately **M = 3.44** with **P < 0.001**, indicating a statistically significant level of satisfaction. Patients expressed strong approval regarding technical competence, communication, and discharge planning. However, areas such as family involvement and personalized care were identified as needing improvement.

**Conclusion:** Patients expressed overall satisfaction with the nursing care provided, especially appreciating the nurses' technical skills and communication abilities.

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Nonetheless, the study highlights the need to enhance family involvement and personalized care approaches to further improve patient satisfaction.

## **Introduction**

### **Background**

Health, according to the World Health Organization (WHO), is a condition of whole physical, mental, and social well-being rather than just the absence of illness or disability. Relatively than directing only on medical concerns, this general definition stresses general well-being. It is an essential belief of public health policy (WHO, 2020).

All inpatients' well-being depends on getting high-quality nursing care, which is a central human right. Providing high-quality nursing care while keeping each patient's dignity, nevertheless of their age, gender, race, and financial condition. The degree to which healthcare services improve anticipated health outcomes counting safety, efficacy, patient-centeredness, and efficiency is referred to as quality of care in nursing. It is essential for dropping healthcare costs, ensuring safety, raising patient pleasure, and improving patient outcomes. Additionally, providing high-quality care increases healthcare providers' professional gladness and authorizes patients. In the end, trust and a more efficient healthcare system are nurtured by high-quality care (Fuseini et al., 2022).

Nursing service is one of the main problems in the range to which patients are satisfied with their complete hospital stay (Fangwei et al., 2021).

The ability of hospitals and healthcare professional to provide detailed diagnoses, efficient treatments, and safe procedures that result in satisfactory health outcomes for patients is mentioned to as quality of care in the healthcare industry. It includes both technical quality, which assures accuracy in medical interventions, and clinical quality, which is focused on improving patient health. Improving quality is still a top priority for healthcare systems around the world, although continuous debates. One of the widest definitions of satisfaction is how patients evaluate their total hospital stay while accounting for the possibility that they would return. To understand the benefits and/or disadvantages of adopting quality improvements in the healthcare system, it is necessary to address the various outcomes and significance that improve quality and satisfaction (Perals et al., 2024).

Patient autonomy, waiting times, hospital environments, medical care, and communication with healthcare staffs are important elements of quality of care and patient satisfaction. These elements lead to improved health results, greater trust in the healthcare system, better overall cheerfulness, and a craving to recommend the institution (Ferreira et al., 2023).

Nursing professionals should place a high quality on effective communication because it helps patients feel perceived and appreciated, which raises patient satisfaction and care standards. A warm, trusting relationship between a nurse and patient raises a supportive healing environment. With sustained professional development, clinical skills are enhanced, leading to safer and more effective care. Eventually, maintaining a patient-centered approach improves healthcare experiences and results in universal (Duffy et al., 2022).

In the healthcare production, patient satisfaction is a complicated concept that is obstructed by a number of variables, such as patient expectations, organizational structures, and the standard of nursing care. Understanding these factors is central to improving patient satisfaction, which is becoming more and more connected to general quality of life, according to recent studies. Research shows that waiting stages, gender, age, and education all have a big impact on how satisfied people are. Furthermore, social media has pinched attention as a feedback mechanism for healthcare professionals, providing real-time data into patient outlooks. There are also

regional differences in satisfaction, which emphasizes the requirement of adapted strategies based on regional qualities. All things considered, assessing patient satisfaction is essential to raising the standard and effectiveness of healthcare, especially in the Czech Republic (Gavurova et al., 2021).

### **Study Objective**

To measure the overall satisfaction level of patients with the excellence nursing care received during their hospital stay.

### **Material and Methods**

This is a Descriptive Cross-Sectional Study. The study will be conducted at Arif Memorial Teaching Hospital Lahore, Pakistan (A Territory care hospital). The period of this study will be 6 to 8 months after the consent of synopsis. Sample size is planned by using Open Epi version 3.0 with the total population N size of 109. The sampling method used for this study will be purposive sampling technique. The participants include both genders (Male and Female). Patients with the age limit of 18 to 60 years. Patients from both urban and rural backgrounds. Pregnant women are also included. Patients with disoriented mental status will be excluded. Unable to communicate and understand Urdu language. The tool for data collection will be PSNCQQ-Ar. This questionnaire uses 5-point Likert scale varying from “poor” to “excellent” (Laschinger et al., 2005). The PSNCQQ had an adequate internal reliability (0.97). The data collection process will be Questionnaire. Through survey face to face approach. The data will be analyzed by using SPSS (Version 23). Response was resolute using two descriptive statistical metrics such as mean, mode and standard deviation. The finding emphasizes exploring patient fulfilment with quality care providing by nurses. Every ethical procedure were followed such as informed consent, safety of participants.

### **Equation**

$$n = deff \times \frac{Npq}{\frac{d^2}{1.96^2} (N - 1) + pq}$$

Where; n = sample size.

deff = design effect.

N = population size.

p = the estimated proportion.

q = 1 – p.

d = desired absolute accuracy or absolute level of accuracy.

### **Sampling Technique**

The sampling method used for this study will be purposive sampling technique

### **Sample Selection**

#### **Inclusion criteria**

The participants include both genders (Male and Female).

Patients with the age limit of 18 to 60 years.

Patients from both urban and rural backgrounds.

Pregnant women are also included.

#### **Exclusion criteria**

Patients with disoriented mental status will be excluded.

Unable to communicate and understand Urdu language.

### Data collection tool

The tool for data collection will be PSNCQQ-Ar. This questionnaire uses 5-point Likert scale varying from “poor” to “excellent” (Laschinger et al., 2005).

### Reliability tool

The PSNCQQ had an adequate internal reliability (0.97; Laschinger et al., 2005).

### Data collection procedure

The data collection process will be Questionnaire. Through survey face to face approach.

### Statistical Analysis

The data will be analyzed by using SPSS (Version 23). Response was resolute using two descriptive statistical metrics such as mean, mode and standard deviation. The finding emphasizes exploring patient fulfilment with quality care providing by nurses.

### Ethical Considerations

Authorization was required for data collection from Arif memorial teaching Hospital Lahore. Informed consent was given to the whole participant before data collection to ensure the participants that the study design and method did not harm them at any cost and for this purpose ethical principles were followed. The confidentiality of all data will be maintained. Participants’ privacy will respect their identity will not be visible in any publication that comes from investigation.

### Results

**Table 1: Sociodemographic Characteristics of Patients (N=109)**

Question	Response Options	Frequency	Percentage
<b>Helpfulness: Ability of nurses to make you comfortable and reassure you</b>	Poor	5	5
	Fair	22	20
	Good	34	31
	Very Good	30	27
	Excellent	18	17
<b>Gender</b>	Male	69	64
	Female	40	36
<b>Age in years</b>	18-25	70	64
	26-45	31	28
	46-60	8	8
<b>Marital Status</b>	Single	37	34
	Married	70	64
	Divorced	2	2
<b>Number of Hospitalizations</b>	Once	39	36
	Twice	32	29
	3 Times	18	17
	4 Times	2	2

	More than 4 times	18	16
<b>Admission Type</b>	Emergency Department	32	29
	Transferred from another facility	20	19
	Direct admission to unit	31	28
	After-day procedure/test	9	8
	Others	17	16
<b>Room Type During Stay</b>	By yourself	49	45
	With one person	43	39
	More than one person	17	16

In instructions to assess 109 hospitalized patients' demographics, hospitalization experiences, and views regarding nursing care, this study showed a survey with them. Males made up most of the sample (63.3%), while 64.2% of the sample was young (ages 18 to 25). Sixty-five percent had only hospitalized once or twice, and the majority were married (64.2%). The common of admissions originated from direct unit admissions (28.4%) or the emergency department (29.4%). Most participants (45%) shared rooms with one or more people, while the outstanding participants continued in private rooms. A sizable majority (83.5%) of defendants who were asked to rank the usefulness of nurses as "Good" or better expressed great desire with their capacity to assure and comfort patients.

**Table 2: Level of Patient Satisfaction With Nursing Care Quality**

<b>Questions</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
<b>1.INFORMATION YOU WERE GIVEN:</b> How clear and complete the nurses' explanations were about tests, treatments, and what to expect	3.670	1.0005	109
<b>INSTRUCTIONS:</b> How well nurses explained how to prepare for tests and operations.	3.523	1.0593	109
<b>EASE OF GETTING INFORMATION:</b> Willingness of nurses to answer your questions.	3.523	1.0767	109
<b>INFORMATION GIVEN BY NURSES:</b> How well nurses communicated with patients, families, and doctors.	3.385	1.2088	109
<b>INFORMING FAMILY OR FRIENDS:</b> How well the nurses kept them informed about your condition and needs.	3.275	1.1617	109
<b>INVOLVING FAMILY OR FRIENDS IN YOUR CARE:</b> How much they were allowed to help in your care.	3.505	1.0419	109
<b>CIRN AND CARING BY NURSES:</b> Courtesy and	3.394	1.0973	109

respect you were given; friendliness and kindness.			
<b>ATTENTION OF NURSES TO YOUR CONDITION:</b> How often nurses checked on you and how well they kept track of how you were doing.	3.358	1.0048	109
<b>RECOGNITION OF YOUR OPINIONS:</b> How much nurses ask you what you think is important and give you choices.	3.312	1.0514	109
<b>CONSIDERATION OF YOUR NEEDS:</b> Willingness of the nurses to be flexible in meeting your needs.	3.385	1.0620	109
<b>THE DAILY ROUTINE OF THE NURSES:</b> How well they adjusted their schedules to your needs.	3.358	1.0760	109
<b>HELPFULNESS:</b> Ability of the nurses to make you comfortable and reassure you.	3.312	1.1114	109
<b>NURSING STAFF RESPONSE TO YOUR CALLS:</b> How quick they were to help.	3.440	1.1008	109
<b>SKILL AND COMPETENCE OF NURSES:</b> How well things were done, like giving medicine and handling IVs.	3.587	1.0293	109
<b>COORDINATION OF CARE:</b> The teamwork between nurses and other hospital staff who took care of you.	3.431	.9561	109
<b>RESTFUL ATMOSPHERE PROVIDED BY NURSES:</b> Amount of peace and quiet.	3.284	1.0979	109
<b>PRIVACY:</b> Provisions for your privacy by nurses.	3.367	1.1600	109
<b>DISCHARGE INSTRUCTIONS:</b> how clearly and completely the nurses told you what to do and what to expect when you left the hospital.	3.376	1.0345	109
<b>COORDINATION OF CARE AFTER DISCHARGE:</b> Nurses' efforts to provide for your needs after you left the hospital.	3.358	1.0048	109
<b>OVERALL PERCEPTIONS:</b> Based on the nursing care I received; I would recommend this hospital to my family and friends.	3.578	.9746	109



The descriptive data in this table, which is based on answers from 109 participants, show how patients see numerous facets of nursing care. Patients were commonly well-informed, as shown by the highest-rated item (mean = 3.670): the simplicity of information provided concerning testing, treatments, and expectations. Similar high ratings were given to the nurses' ability and expertise (mean = 3.587) and general views, as indicated by their partiality to suggest the hospital (mean = 3.578). Extra areas that received positive evaluations were staff management of care (3.431), responsiveness to patient calls (3.440), and expulsion instructions (3.376), all of which demonstrated good patient communication and teamwork. There is probable for better-quality family contribution, as seen by the reasonable scores (means ranging from 3.275 to 3.505) for how well nurses converse or involved family and friends. Equally, while care was generally outstanding, interpersonal qualities including helpfulness (3.312), responsiveness to patient situations (3.358), and respect for patient perspectives (3.312) indicate that these characteristics might be further enhanced. Keeping families informed (3.275) and protective of a peaceful environment (3.284) received the lowest ratings, which is still reasonable but could be a sign of communication or environmental matters. According to the conclusions, patients usually had a positive opinion of nursing care, particularly when it came to technical ability, communication, and expulsion planning. Improvements in responsiveness, family contribution, and modified attention, though, may advance patient satisfaction even more.

**Table 3: Correlation Between Patient Satisfaction and Nursing Care Quality Correlations**

		satisfaction	Quality
Satisfaction	Pearson Correlation	1	.795
	Sig. (2-tailed)		.000
	N	109	109
Quality	Pearson Correlation	.795	1
	Sig. (2-tailed)	.000	
	N	109	109

Correlation is significant at the 0.01 level (2-tailed).

The Connection between the patient satisfaction and quality nursing care is solid. The data were gathered from 109 people, there was a high and statistically significant positive affiliation between patient fulfilment and quality nursing care ( $r = 0.795$ ,  $p < 0.001$ ). This suggests a Solid relationship between enhanced persistent satisfaction and improved observations of the quality of nursing care. The outcomes indicate that increasing patient Satisfaction may shoot from elevating the Excellence of Nursing Care, whether by means of clinical results, services provided, or interpersonal relationships among patients and providers. To improve patient experiences within healthcare settings, our findings emphasize the importance of quality determined originalities.

### Discussion

This study emphasizes Important demographic pattern Including a high ratio of male patients 63.3% and an emphasis on younger patients 64.2%. While other studies included a diversity of patient demographics, they did not particularly address the impact of prior hospitalization frequency or younger populations. The fact that 45% of participants shared rooms is another original way that this study looks at room sharing, a topic that isn't frequently covered in previous studies. Furthermore, your marital status results show that 64.2% of people are married, indicating that marital status affects satisfaction. However, previous research has not steadily addressed this issue. This study closes a number of holes in the literature, especially when it comes to examining how patient satisfaction is impacted by age, room sharing, and hospitalization history.

The comparison that Patient Consummation with Nursing Care significantly, related to Alharbi et al. (2023). Which participate 238 participants from different regions of Saudi Arabia, exposed significantly higher satisfaction (mean = 4.65,  $p < 0.001$ ) than this one, which was based on 109 participants and stated moderate satisfaction levels (mean scores around 3.67), Similar in areas like communication and nurse ability. If Alharbi's research presents a comprehensive, beneficial statistical summary of comparative care quality across the various provinces, this study provides a thorough evaluation of individual care and safety elements such as family, comfort, and engagement within the environment elements that were notably poorly rated. This means that while all studies consider appreciative patient perceptions about nursing care, the overall satisfaction results and recommendations for improvement are likely to be constrained by factors such as geographic diversity, scale, and the depth of the method used. In comparison to our study, Kannan et al. (2020) found that patient satisfaction was generally high in both settings. Kannan et al. reported an overall mean satisfaction score of 78.88 out of 95, which is approximately 83.03%, reflecting a positive regard toward nursing care. In your study, domain-specific satisfaction scores ranged from 3.275 to 3.670, or 81.87% to 91.75%. The highest scores were for

nursing competence, information clarity, and the inclination to recommend the institution.

This study surveyed 109 participants while Sultana et al. surveyed 100 participants. Sultana et al. (2024) utilized a descriptive cross-sectional approach to evaluate patient fulfilment with nursing care. Despite both studies focusing on the high satisfaction levels regarding technical skills and communication, this study aimed at some specific developing areas like family involvement as well as responsiveness and helpfulness which are more relational. These findings were supported by Sultana et al. (2024), who, while stressing the need for improved patient care and communication, incorporated these findings. This study provided deeper insights into interpersonal and family dynamics, while Sultana et al. (2024) used ANOVA and Tukey's tests to evaluate satisfaction by different patient groups. The comparison between Aiken et al. (2021) study and this study both reinforce the importance of nursing when it comes to patient satisfaction and care findings. This study focused on patient satisfaction, especially on effective communication and the nursing staff's competence, but also identified gaps in relational skills and family involvement. Aiken et al. (2021) likewise found that good patient outcomes, including fewer problems and more patient satisfaction, were associated with higher nurse staffing levels and an increased percentage of BSN nurses. Although this study did not investigate nurse staffing or education, it still underscores the value of nursing in the patient's perception of care, which agrees with Aiken et al.'s findings. While both Yan et al. (2022) and this study look at patient satisfaction with nursing care, their focus and scope are different. Based on 109 participants, this study features the interpersonal, technical, and outgoing aspects of nursing care while emphasizing opportunities for development in family attachment and helpfulness. On the other hand, a comprehensive survey with 24,971 hospitalized from 143 hospitals in China was carried out by Yan et al. (2022), which found that the whole satisfaction rating was 95.06%. Their research highlighted how sociodemographic characteristics like age, income, and teaching, as well as hospital features like the nurse-to-doctor ratio, affect patient satisfaction. Although high patient satisfaction is definite by both studies, Yan et al. (2022) examines the wider impacts of hospital characteristics and patient demographics, whereas our study concentrates more on particular areas of care. Konieczny et al. Both studies from 2023 examine patient satisfaction with nursing care; they reflect on different circumstances and facets. Although there is room for development in interpersonal skills and family meetings, this study involving 109 respondents shows generally good satisfaction with nursing care—mostly in the areas of communication, practical skills, and discharge planning. You are trained on data through October 2023. (2023) who evaluated 394 patients during the SARS-CoV-2 outbreak in Poland found nurses to be rated above advisors on availability and correlation skills, with an overall satisfaction score of 80.77/100. Sociodemographic elements—including insignificant satisfaction among women and rural residents—were also found to affect patient satisfaction. Konieczny et al. emphasizing the degree of relationship skills and nurse availability and the effect of demographic variables on satisfaction, this study focuses on nursing care components including communication and care management. Both studies look at how contented patients are with nursing care, but they focus on different things. This study, with 109 people, looks at talking technical skills, family involvement, and people skills. It finds ways to get better, like being more open and involving families more. Amiri et al. (2020) studied how patient happiness relates to nurses' moral compassion in 17 hospital wards with 198 patients and 198 nurses. Their study showed no strong link between patient happiness and moral sympathy ( $r=0.04$ ,  $P=0.8$ ). This study suggests that better care management and talking can make patients happier. But Amiri et al. (2020) found that things like nurses' moral sensitivity might not always affect how happy patients are. Plevová et al. (2023) and this study both examine how satisfied patients are with nursing care, but they differ in

their focus and scope. This study, with 109 participants, points out areas to improve interpersonal skills and family involvement. It also shows high satisfaction with communication technical ability, and care delivery. Plevová et al. (2023), in their bigger study of 14,023 patients also found that patients were happy with nursing care. However, they discovered that even when technology was up to par, nurses didn't meet patients' information needs. While both studies show high overall satisfaction Plevová et al. (2023) puts more emphasis on improving how patients get information. This study, on the other hand, stresses the importance of being sensitive giving emotional support, and interacting with families. According to these results Alternative Hypothesis is considered to be correct.

### **Conclusion**

The research determined that patient satisfaction with quality care provided by nurses among inpatient care setting. Overall satisfaction with nursing care was moderate. On a 5-point Likert scale, mean ratings of overall satisfaction ranged from 3. 275 to 3. 670 scores (19. 87 to 91. 75%) for an average total satisfaction of 81. 87% to 91. 75%. 1 The information received was rated as the most important factor influencing patient satisfaction (M = 3. 670), followed by nursing ability (M = 3. 587) and readiness of the hospital to be recommended (M = 3. 578). 2 Technical and communicative aspects of care are clearly well received. However, relational and environmental aspects are of lesser importance because of lower mean levels of score on factors such as informing families (M = 3. 275) and maintaining a calm atmosphere (M = 3. 284). 6 In comparison with studies (Yan et al. (2022) with a satisfaction rate of 95. 06% for their 24, 971 patients and Alharbi et al. (2023) with a higher overall mean satisfaction score of 4. 65 (p 0. 001), the outcomes of this study specify that greater involvement of the family and interpersonal aspects of care must be adopted in order to increase satisfaction.

### **Strength**

The study offers a relationship between the quality of patient care and patient satisfaction level

This study debriefs the importance of patient satisfaction level related to patient care quality in a healthcare facility.

The study describes how an improvement in patient care quality could have a positive impact on patient satisfaction level.

A large sample of 109 patients was involved in data collection from different wards of a tertiary care hospital labelling the satisfaction level among these wards.

Patient centered focus is emphasized in the study which is central to the modern healthcare facilities.

Offers practical ideas to improve the quality of nursing care.

Research done in a tertiary care facility yielded valuable results for high-perception environments.

### **Limitations**

Data from a single tertiary care hospital might restrict generalizability to the greater patient population in other regions of the country.

The cross-sectional approach restricts the measurements to follow changes in satisfaction across time.

A lack of longitudinal data makes it impossible to evaluate long-term patient satisfaction.

The research ignores elements like nursing staffing levels or hospital resources, which could affect satisfaction.

A response bias could be present lead by patients who have not participated due to lacking satisfaction or bad healthcare quality.

Other confounding variables like patient demographics, patient mentality at time of data collection could lead to data bias in satisfaction levels and level of care quality.

### **Recommendations**

Healthcare institutions should be embedded with patient centered care models to help achieve a quality of care that enhances patient satisfaction level.

Healthcare staff especially nurses should be emphasized to engage in meaningful communication with the patients, increasing their level of satisfaction with the care provided.

Healthcare facilities should work to provide their patients with a healthcare team that tailors the care provided in accordance with the perspective of the patient.

Hospitals could identify areas of improvement and help nurses identify potential gaps in their care provided, thus creating an opportunity for them to enhance their care quality leading to a better improved satisfaction level.

Institutes providing health care could generate a positive environment for the nurses by increasing nurse's morale, sense of accomplishment and motivation, which leads to better staff retention as a result of increased patient satisfaction levels.

Caring strategies should be improved using the study's statistical data results.

A longitudinal study should be conducted to study the impact of patient care quality provided by nurses on patient satisfaction level to identify the variations in data regarding the two variables in the long term period.

Other confounding variables such as work environment and nurse staffing levels along with patient variables like the demographics should be considered in future studies to study the relationship of the two variables.

### **References**

- Aiken, L. H., Simonetti, M., Sloane, D. M., Cerón, C., Soto, P., Bravo, D., ... & Lake, E. T. (2021). Hospital Nurse Staffing and Patient Outcomes in Chile: a Multilevel Cross-Sectional Study. *The Lancet Global Health*, 9(8), e1145-e1153.
- Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2021). Patient Satisfaction with Hospital Care And Nurses In England: An Observational Study. *BMJ open*, 8(1), e019189.
- Alharbi, H. F., Alzahrani, N. S., Almarwani, A. M., Asiri, S. A., & Alhowaymel, F. M. (2023). Patients' Satisfaction with Nursing Care Quality and Associated Factors: A Cross-Section Study. *Nursing open*, 10(5), 3253-3262.
- Amiri, E., Ebrahimi, H., Areshtanab, H. N., Vahidi, M., & Jafarabadi, M. A. (2020). The Relationship Between Nurses' Moral Sensitivity and Patients' Satisfaction With The Care Received In The Medical Wards. *Journal of caring sciences*, 9(2), 98.
- Amporfro, D. A., Boah, M., Yingqi, S., Cheteu Wabo, T. M., Zhao, M., Ngo Nkondjock, V. R., & Wu, Q. (2021). Patients Satisfaction with Healthcare Delivery In Ghana. *BMC health services research*, 21, 1-13.
- Dall'Ora, C., Saville, C., Rubbo, B., Turner, L., Jones, J., & Griffiths, P. (2022). Nurse Staffing Levels and Patient Outcomes: A Systematic Review Of Longitudinal Studies. *International journal of nursing studies*, 134, 104311.
- Duffy, J. R. (2022). *Quality Caring in Nursing and Health Systems: Implications for Clinicians, Educators, And Leaders*. Springer Publishing Company.
- Fangwei Zhou, Caiming Xu, Yanxiang Sun & Xuehui Meng. (2021) [Influencing Factors of Outpatients' Satisfaction in China a Cross-Sectional Study of 16 Public Tertiary Hospitals](#). *Patient Preference and Adherence* 15, pages 1243-1258.
- Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023, February). Patient Satisfaction with Healthcare Services and The Techniques Used for Its

- Assessment: A Systematic Literature Review and A Bibliometric Analysis. In *Healthcare* (Vol. 11, No. 5, p. 639). MDPI.
- Gavurova, B., Dvorsky, J., & Popesko, B. (2021). Patient Satisfaction Determinants of Inpatient Healthcare. *International journal of environmental research and public health*, *18*(21), 11337.
- Kannan, S., Avudaiappan, S., & Annamalai, M. (2020). Patients' satisfaction with nursing care quality in medical wards at selected hospital in Chennai, South India. *Iranian journal of nursing and midwifery research*, *25*(6), 471-475.
- Konieczny, M., Fal, A., Sawicka, J., Gaska, I., Niemiec, M., Sygit, K., & Cipora, E. (2023). Patient satisfaction with oncological care during the virus pandemic-SARS-CoV-2 taking into account social and demographic factors. *Annals of Agricultural and Environmental Medicine*, *30*(1), 135-141.
- Perals, P. O., Rambaud, S. C., & García, J. S. (2024). Quality Of Care and Patient Satisfaction: Future Trends and Economic Implications for The Healthcare System. *Journal of Economic Surveys*.
- Plevová, I., Kachlová, M., Jarošová, D., Zeleníková, R., & Mynaříková, E. (2023). Satisfaction With Nursing Care of Hospitalized Patients: A Descriptive, Cross-Sectional, Multicenter Study. *Medycyna Pracy. Workers' Health and Safety*, *74*(6), 461-468.
- Setyawan, F. E. B., Supriyanto, S., Ernawaty, E., & Lestari, R. (2020). Understanding Patient Satisfaction and Loyalty in Public and Private Primary Health Care. *Journal of public health research*, *9*(2), jphr-2020.
- Sultana, R., Rai, D., Khadka, P., & Sen, S. (2024). Evaluating Patient Satisfaction with The Quality Nursing Care in A Selected Hospital. *Saudi J Nurs Health Care*, *7*(12), 410-413.
- WHO, C. O. (2020). World health organization. *Air Quality Guidelines for Europe*, (91).
- Wudu, M. A. (2021). Predictors Of Adult Patient Satisfaction with Inpatient Nursing Care in Public Hospitals of Eastern Amhara Region, Northeastern Ethiopia, 2020. *Patient preference and adherence*, 177-185.
- Yan, M., Zhi, M., Xu, Y., Hu, L., & Liu, Y. (2022). Inpatient Satisfaction with Nursing Care and Its Impact Factors in Chinese Tertiary Hospitals: A Cross-Sectional Study. *International journal of environmental research and public health*, *19*(24), 16523.