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Patient satisfaction with nursing care quality in affiliated hospitals of an educational institution

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Abstract. The purpose of this study is to assess the patient satisfaction towards nursing care in a private and public hospitals affiliated to an educational institution in Santiago City. A descriptive cross-sectional survey design was used in the study. The analytical sample was composed of 210 participants from the two hospitals. Data were collected using the Patient Satisfaction with Nursing Care Quality Questionnaire with a total of 19 items and designed to record the demographic information of the participants. The results of the study on the level of satisfaction with nursing care quality of the hospitals indicated very satisfied ($M=3.53$, $SD=0.85$). There were significant differences on age, marital status and educational attainment but no significant difference on gender. Also, There were no significant difference on patients satisfaction with nursing care quality across the combined same wards of the private and public hospitals. But then, there was a significant difference on patients satisfaction with nursing care quality on private from public hospital wards.

Keywords. Nursing care delivery, Quality nursing care, Patient Satisfaction with quality nursing care

Introduction

Nursing care is one of the main health care services that contributes a lot to the patient healing process. Even though there are competent physicians present in a given health establishment, it would not be adequate without appropriate nursing care. Nurses are goodwill ambassadors and the frontline hospital representatives that work directly on longer hours, and still patients expect additional care from them and nurses should also fulfill patients' needs with competence and a compassionate approach. If the patient is denied appropriate care, the healing process is noticeably compromised. On this line, assessing the satisfaction of patients with nursing care is crucial in order to identify the area of discontentment and at constant time improve the nursing services (Shinde & Kapurkar, 2014). Factors such as lack of nursing standards, lack of appropriate policies, inadequate resources, including human and material resources in which nurses provide care to patients can affect the quality of patient care and hinder to deliver safe, efficient and effective care for patients (Darega, Dida, Letimo, Hunde, Hayile, Yeshitla & Amare, 2016).

Patient satisfaction with nursing care is an indicator of good patient prognosis and a definitive determinant of the quality of healthcare in hospital. Hence, assessing the level of patient satisfaction with nursing care is vital for improving the quality of care (Mulugeta, Wagnaw, Dessie, Biresaw & Habtewold, 2019). Patient satisfaction is an important strategy that makes the decision clear and concise about the practices of the care providers. It's a useful method that might be used to assess and evaluate the quality of the nursing management of all the nurses (Abed Al-Hussein & Khaleel, 2015). Furthermore, it is useful to understand the needs of patients by understanding the importance of satisfaction and determining its existing level (Shinde & Kapurkar, 2014). It is a highly desirable outcome of clinical care in the hospital to deliver high quality of nursing services and by doing so is to enhance patient satisfaction and is important to introduce modern managerial practices in the hospital (Cong & Mai, 2014).

A satisfied patient is a practice builder emphasized by Prakash (2010). Quality of nursing care services was traditionally based on professional practice standards (Dharmasivam, Selvaraj, Lakshminarayanan, Kar, & Kumar, 2017). That is why patient satisfaction should be measured constantly using valid, reliable assessment instruments to assess care quality (Karaca & Durna, 2019). It has been observed the effect of patient's satisfaction on the improvement of patient's treatment outcome on low-perceived quality of care that leads to poor compliance with treatment and advice, failure to pursue follow-up care and dissuading others from seeking care, while high patient's satisfaction leads, to better health outcome. (Banawol, Capuyan, Dela Cruz, Govindaraju, Hernal, Jonatas, Mil, Taccayan & Tomboc, 2014). It is commonly believed that satisfaction with health care may be dependent upon variable such as social class, marital status, gender and age. However, sociodemographic characteristics were concluded by some studies to be the best minor predictor of satisfaction (Shinde & Kapurkar, 2014).

Furthermore, in accordance to the Commission on Higher Education (CHED) Memorandum Order No. 14 series of 2009 (CMO 14 s. 2009), the competency standards must to be meet by every nursing students enrolled in Bachelor of Science in Nursing Program and be able to apply analytical and critical thinking in the nursing practice. The study targeted the safe and quality nursing care which considered as one of the key areas of responsibility which emphasized in the nursing program.

Also, in the new Policies, Standards and Guidelines for the Bachelor of Science in Nursing Program of the Commission on Higher Education (CHED) Memorandum Order No. 15 series of 2017 (CMO 15 s. 2017) stated the Nursing Program aims to develop a professional nurse that is capable of providing safe, humane, quality and holistic care in health facilities or community, specific to individuals in varying age, gender and health-illness status; healthy or at risk families; population group; and community; singly or in collaboration with other health care providers to promote health, prevent illness, restore health, alleviate suffering and provide end of life care. The program outcomes are the sets of competencies that nursing students are expected to demonstrate upon graduation to apply guidelines and principles of evidence-based practice in the delivery of care, provide safety, appropriate and holistic care to individuals, families, population group and community utilizing the nursing process.

Henceforth, a high level of satisfaction with the care provided may indicate that needs of the patients are being met which may serve as an indicator of the quality of nursing education and quality of care that will provide as an additional basis of every student nurse as they gain related learning experiences (RLE). Efficacy on the nursing service includes factor like patient's education which is vital to student nurses as they must teach relevant information and so that they may be able to deliver a safe quality nursing care. With this, the purpose of the study is to

assess the patient satisfaction towards nursing care in a public and private hospitals affiliated to an educational institution.

Research Questions

This study sought to evaluate the rendered nursing care through patient's satisfaction. Specifically, this attempted to answer the following questions:

1. What is the level of patient satisfaction towards the nursing care quality of the hospitals?
2. What is the difference of the patient satisfaction with the nursing care quality based on their demographic information?
3. What is the difference in the patient satisfaction with the nursing care quality across the different wards of the hospital?
4. What is the difference in the patient satisfaction with the nursing care quality of the two hospitals as to:
 - a. Pediatric Ward
 - b. Medical ward
 - c. Surgery ward
 - d. OB-gyne ward

Significance of the Study

This study gives insights to the readers and beneficiaries:

To the Nursing Administrators and the Institutions. This may be useful in contributing to the enhancement of quality nursing service of the hospital.

To the Staff Nurses. They are the one giving and rendering direct services to patients and will be able to identify their weakness and be able to improve their ways of taking care the patient.

To the Nursing Students. They will know the importance and techniques of delivering safe and quality nursing care taught in school and apply to their Related Learning Experience (RLE) in taking care of patients. Also, the result of this study serves as a basis and guide to mould their ability in learning the practice of their profession which includes the significant aspects of cognitive, affective and psychomotor based on the nursing education and hospital standards.

To the Clinical Instructors. They are directly concerned in teaching, supervising and guiding the nursing students to uphold the scope of nursing profession in nursing education through quality checking of students performance in terms of their skills and competence. Moreover, to make Related Learning Experience (RLE) more effective, identify salient points to improve different areas of responsibility especially on the delivery of safe and quality nursing care. Also, there is a need to build new strategies, techniques and methods in teaching the student nurses to enhance knowledge about delivery of quality nursing care.

To other healthcare providers. They may contribute to the well-being of the patients and may help in raising the standards of quality nursing care through collaboration and cooperation.

Conceptual Background

Conceptual Framework

This study developed a framework based on Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) of Laschinger, Hall, Pedersen and Almost (2005). They also conducted a study on a psychometric analysis of patient satisfaction with nursing care quality questionnaire (PSNCQQ), an actionable approach to measuring satisfaction and an important indicator of quality of care provided in hospitals and patient-focused results that can be used by managers to address areas requiring improvement. Patient satisfaction with nursing care is determined by features that is important for nurses to continuously improve the quality of nursing care. Patient satisfaction with nursing care can be affected by numerous factors (Mulugeta, Wagnew, Dessie, Biresaw & Habtewold, 2019).

In addition, Rajeswari (2011) used PSNCQQ and categorized in 2 major parts, the information given by nurses and nursing care quality. Quality of nursing care refers to meeting the health care needs of patients with regards to caring attitude of nurses, adequate skill and competence. Information given by nurses is the effective communication, proper explanations before procedures and treatment, effective participation, organizational and management systems and involvement of patient and significant others in care.

Also the framework was designed to determine whether demographic characteristics of patients such as age, gender, educational status and marital status and the different wards have variance with different perceptions of the importance of satisfaction with various aspects of nursing care.

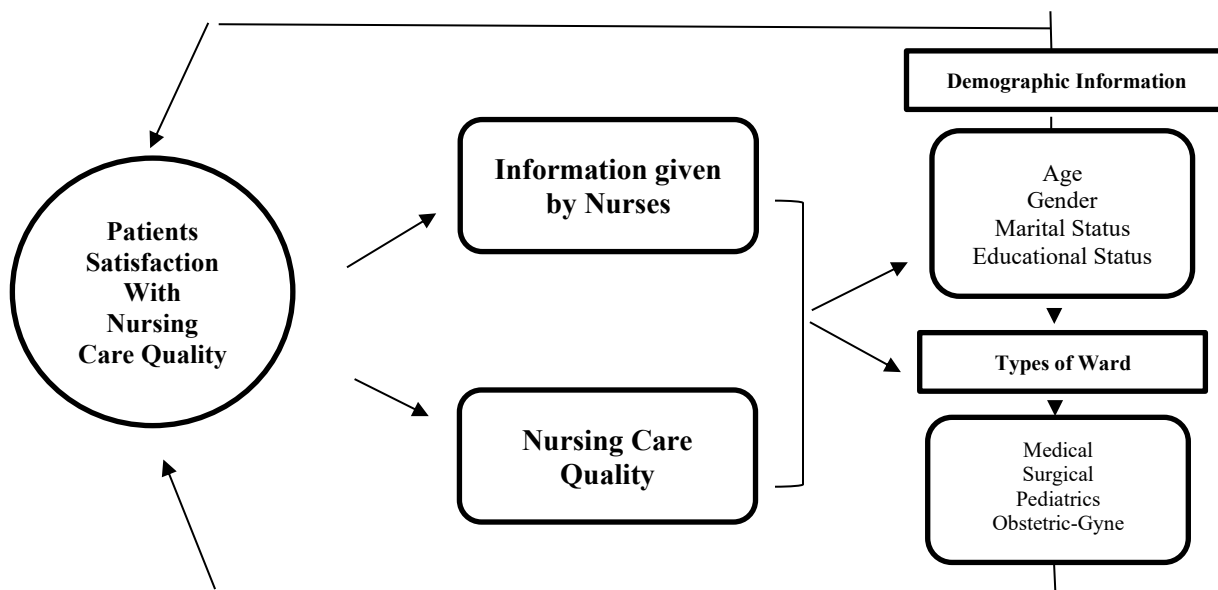


Figure 1. Conceptual Framework on Patient Satisfaction with Nursing Care Quality

Literature Review

A literature review was conducted using cumulative review of thematic presentation to articles and research journals. Keywords used includes assessing patient satisfaction, nursing care delivery, patient satisfaction with quality nursing care, assessing nursing care. Articles and previous researches for this study were from the last 5 years.

Patient satisfaction with nursing care quality

Patient satisfaction is the ultimate goal of any health care institution. Satisfied patients are more likely to comply with prescribed treatments, return to the facility for future medical needs and recommend the hospital to others (Gangai, 2015). Satisfaction of the patient is a major issue for providing healthcare services. It is an intricate attitude because a huge number of variables have been identified as its predictors (Mohanraj, 2015). Patient satisfaction survey, an important tool to get feedback from the people, is a means of measuring the effectiveness of health care delivery in a particular area. It reveals the strengths and weaknesses regarding the services provided in the health sector. The data gathered through measuring the patient satisfaction reflects care delivered by staff and health care providers and can serve as a tool in decision-making (Chakraborty, Bhattacharjee & Rahaman 2016). Patient Satisfaction studies can be used for three related but distinct purposes: as evaluations of the quality of care, as outcome variables, and as indicators of which aspects of a service need to be changed to improve patient response (Olowe, Folami & Odeyemi, 2019).

The study of the patient satisfaction with nursing care received is of paramount importance in the context providing quality patient care services (Rajkumari & Nula, 2017). Patient satisfaction deserves attention not only because it is basically valuable goal, but also because it is a potentially important mediator for a variety of essential outcomes. Satisfied patients may be more adhered with their treatment, promoting health and well-being (Eyasu, Adane, Amdie, Getahun & Biwota, 2016). Patient satisfaction is an integral part of the quality of services rendered by any nursing staff. It could be considered as an indicator of success or failure in rendering such services (Abyaneh & Rezaei, 2017). Patient satisfaction is based upon sufficiency of the provided service in meeting patients' expectations and perceptions of this service by the patients. In this regard, periodical measurement of patient satisfaction, which is an important indicator concerning nursing services, hence, health services, is important in determining the situations leading to dissatisfaction, finding appropriate solutions, making necessary regulations by nurses in practices concerning patient care and development of health care services (Akbas, 2019).

Despite many studies about patient satisfaction, Materla (2018) mentioned that patient satisfaction, poor quality of care and excessive medical cost happen when healthcare providers and medical professionals constantly face numerous challenges in understanding and meeting the needs, requirements, and expectations of customers.

Patient satisfaction is therefore of great value and it is useful to recognize the need of patient. By understanding the importance of satisfaction and determining its existing level, health care services can be made relevant to the requirement of people and patients. A review of related literature supports that assessment of level of patient satisfaction is the tool to determine the level of health care delivery, examine the existing situation and workout strategy to improve it (Shinde & Kapurkar, 2014). Likewise, there is a growing consensus that patient satisfaction is an important indicator of health care quality and many hospitals are searching for ways to change the delivery of patient care through quality improvement initiatives (Al-Damen, 2017). Satisfaction studies can function to give providers some knowledge about care how they would have to modify their provision of services in order to make their patients more satisfied. The extent to which consumer opinion can influence policy makers and health care staff is not only dependent upon gathering the right kind of data, it also requires that policy makers and health personnel accept the value of the consumer's point of view. (Shinde & Kapurkar, 2014).

Nursing Care Quality

Quality of care is a leading concept in quality assurance and quality enhancement programs in the healthcare sector. The importance of quality in the healthcare sector has remained recognized, but it has been increased over the last decade through the development of quality insurance, quality improvement programs and patients' agendas (Xesfingi & Vozikis, 2016). Moreover, Fatima, Shabbir and Malik (2018) confirmed that better quality of nursing care services inclines to build satisfaction and loyalty among patients. Furthermore, Contreras (2018) recommend that millennial nurses should rely more in implementing & adhering to protocols and principles of confidentiality in safekeeping and in demonstrating continued competence and professional growth. Filipino nurses have an excellent level of caring behaviors, with comforting care as the highest, followed by clinical care, humanistic care and relational care. The concept of caring has been embedded in the curriculum of nursing. Thus, caring has been a common language and innate to all nurses (Soriano, Aranas & Tejada, 2019).

On the other hand, the omission of nursing care can also be linked with the lack of or deficient organization and planning of managerial and scientific care demands. In this context, the Systemization of Nursing Care (SNC) is an instrument capable of guiding the nursing professionals in the technical and scientifically conscious and competent execution of care (De Freitas, Silva, Minamisava, Bezerra & Sousa 2014). The nurses practicing in varied work environments in the country rated the Physiologic and Safety Needs with the greatest potential for improvement. Dones, Paguio, Bonito, Balabagno and Pagsibigan (2016) emphasized that these low positive responses may have implications for patient safety and quality care if not met. In addition, positive patient outcomes associated with nurses' ability to maintain provision of quality care can be achieved with an optimum work environment sustained by continuous professional development, adequate number of competent staff, and presence of legislations that improve nursing care settings.

The construct of care and caring encompasses the delivery of nursing care and includes concepts that explore: self-care; functional improvement; quality of life; and reduction or relief from symptoms. This includes global satisfaction with nursing care as well as patient perceptions and / or satisfaction with pain management; education provided to patients; and support provided to family / next of kin. The construct of care and caring also includes family satisfaction with care. (Sim, 2015). Performing regular nursing rounds can play an important role in increasing patient satisfaction with quality of nursing care. (Negarandeh, Bahabadi & Mamaghani, 2014). Success of any country depends on its people. If they are healthy then they will be active and can do better for their country by actively participating in their work, but if they are not healthy they cannot actively participate in their work, so it is very important to upgrade hospitals and improve their quality of care in order to satisfy patients (Rehaman & Husnain, 2018). Whereas, Sharew, Bizuneh, Assefa and Habtewold (2017) explained patients who had high educational status may have a variety of expectations and may also be more aware of the standard levels of nursing care, leaving them less satisfied with the care they received. The possible explanation was that patients who had high educational status may have a variety of expectations and may also be more aware of the standard levels of nursing care, leaving them less satisfied with the care they received. Also, Alasad, Abu Tabar and AbuRuz (2015) claimed that quality nursing care should be systematically monitored.

Nowadays, they are searching for health care workers like staff nurses with the highest degree of competency. The study of Santos (2014) ensured the professional competency of an entire clinical staff is essential to the successful delivery of evidence-based, safe, effective, respectful, and appropriate nursing care. These efforts have the potential to improve quality outcome measures and enhance patient satisfaction.

Therefore, patients seek for the highest possible care in order to guarantee their well-being and the health. Lastly, competency always includes care that guard clients from injury in which the application of the nursing process is another indispensable characteristic of delivering safe patient care (Feliciano, Boshra, Mejia, Feliciano, Maniago, Alsharyah, Malabanan & Osman, 2019).

Information given by nurses

One of the major reasons of undermining the quality of nursing care practice is communication between nurses and patients. Coordination of care, amount of time available for care and patient educational level and quality of communication was another influencing factor of nursing role implementations. (Darega, Dida, Letimo, Hunde, Hayile, Yeshitla & Amare, 2016). Same idea was presented by Alsaqri (2016) and Sharew (2017) that patient satisfaction with nursing care may be affected by number of factors and further studies are recommended to include the communication of nurses to patients. Communication and giving information, participation and involvement, interpersonal relation and competence are components of patient satisfaction with nursing care.

In the study of Fatima, Shabbir and Malik (2018), they keep clients very much informed as they recognise and listen to their issues in a sensitive and convincing way. Indeed, communication is an indicator of patient's satisfaction and loyalty of the patients as well. Study from Omorogbe and Amiegheme (2016) proved that when nursing care communication is friendly, patient satisfaction is enhanced but when it is unfriendly, patient satisfaction is doused. Information giving has the highest single effect on all health professional behavior in influencing patient satisfaction. Findings show that effective health communication is an important part of the patient ability to understand and act upon health information. Patient satisfaction is related to information giving especially the extent health professionals including nurses provide information. Moreover, the study of patient satisfaction with nursing care concluded that there was an accepted satisfaction among the nurses-patient's communication and majority of the study sample were satisfied with nursing care provided in medical and surgical wards at studied hospitals (Abed Al-Hussein & Khaleel, 2015).

In addition, Tarus, Mangeni, Nyariki and Simiyu (2014) study resulted to when asked whether they had been informed about their rights and responsibilities, over half 61.8% (n=267) of the patients said they had been informed about their rights and responsibilities. About three quarter of the patients 75.1% (n=261) said they had been given directions on the ward after admission. Almost all (93.8 %, n=268) participants said they had been informed about their plan of care always. However, 6.7% felt they were never informed about their plan of care. Slightly more than half of the participants (61.7%, n=263) felt the nurses were always approachable and only 1.9% (n=263) said they were never approachable. More than half of the patients (66.2%, n=263) stated that the nurses listened carefully to them always while 0.8% (n=263) said they were never listened to carefully. Furthermore, findings of the current study of Githemo, Karani and Gachoka (2018) revealed that Majority of the patients in both study groups were satisfied with the information received on admission, satisfied with orientation and with the overall quality of nursing care they received. While on Kasa and Gedamu (2019) study, there were 332 (57.2%) of the admitted adult patients agreed that nurses explain nursing procedures clearly to them before they perform it.

Patient satisfaction and demographic variables

In the study of Rajkumari and Nula (2017), female and older patients significantly higher satisfaction have level than males and younger age group. Also, the lower the educational level of the patients, the higher the satisfaction level. Likewise, Eyasu, Adane, Amdie, Getahun and Biwota (2016) revealed on the study, that female patients were about 2 times more likely to be satisfied with the nursing care as compared to male patients, quality of nursing care might be lower than males. Furthermore, patients in the age group of 18–30 years were 5 times more likely to be satisfied with the nursing care as compared to patients above the age of 6. This might be due to the increment of stressful situations like having chronic illness and being widowed in older age and also older patients might need support for their activity of daily living from nurses in relation to this expectation of care from nurses which might be higher in patients above the age of 60 than younger patients.

Moreover, educational status and history of admission were significant factors influencing patient satisfaction with nursing care. Patients who have higher educational status were 80% less satisfied compared with those who have no formal education ($p=0.01$, $OR=0.2$, 95% CI 0.1 to 0.7) (Sharew, Bizuneh, Assefa, & Habtewold, 2017). Moreover, the findings of this study of Alsaqri (2016), revealed that married patients were more satisfied with nursing care than singles patients, and patients who perceived themselves to be in excellent or good health are more likely to be satisfied with nursing care than patients with poor health. The study of Banawol, Capuyan, Dela Cruz, Govindaraju, Hernal, Jonatas, Mil, Taccayan and Tomboc (2014), showed that there was a significant positive correlation between respondent's level of satisfaction and their demographic profile in some parameters of the study. In addition, the relationship between the patient's satisfaction with nursing care, results indicate that there is a significant relationship between the patient's satisfaction and their gender and occupation, and there is a non-significant relationship with their age and residency (Abed Al-Hussein & Khaleel, 2015). Also, the study of Sen (2017) showed that there was statistically significant relation between age and satisfaction of patient ($p=0.031$) and no relation between other variables. Abed Al-Hussein and Khaleel (2015) concluded on their study the patients' satisfaction with nursing care is affected by their gender and occupation. Also, the study concluded that there was an accepted satisfaction among the nurses-patient's communication, also with nursing care domains.

Al-Damen (2017) found that patients are fully aware of levels of quality health services provided in government hospitals in Sudan & there were no statistically significant differences in the levels of quality of health services in government hospitals depending on the demographic variables of the sample of gender, age, education, income, place of residence. Likewise, Chakraborty, Bhattacharjee and Rahaman (2016) revealed that sociodemographic variables or previous exposure had no influential role in determining patient satisfaction.

Gangai (2015) reported that age and gender showed no statistically significant association in the present study, its prevalence in other work was noteworthy. Also, the present study showed a statistically significant inverse relationship between education and patient satisfaction with the level of care received at the hospital ($p=0.025$). Patients who were illiterate or had basic primary schooling were more satisfied than patients who received secondary and tertiary education. Another study became evident that the majority of those patients who were satisfied with the nursing services were 65 years of age and above, and the patient satisfaction with the nursing services according to age group were found to be statistically significant ($p<0.01$). It was concluded that older patients' expectations were lower, since they were found to be more satisfied with the nursing services. As for the influence of gender on the satisfaction with nursing care, no significant difference was found between satisfaction levels of male and

female patients with the nursing care ($p>0.05$). It was widely accepted that no stable correlation exists between gender and satisfaction and many studies have not found such a correlation (Ozlu & Uzun, 2015).

Patient satisfaction and type of ward

Study of Kewi, Tesema and Negussie (2018) showed the results from binary logistic analyses that there were relationship between type of admission room with patients' overall perception with nursing care quality. In multiple logistic regression analysis, type of admission room and hospital setting were found to be statistically significant predictors of patients' perception.

Shah, Ullah, Udin, Khan and Gul (2018) included in their studies that patient satisfaction in medical and surgical wards was moderate 69.4% and 66.2% respectively but patient's shows high satisfaction in gynecological ward.

Method

Research Design

This study utilized descriptive cross-sectional, survey design. The National EMSC Data Analysis Resource Center (NEDARC) (2010) implied that the study in which the condition and potential related factors are measured at a specific point in time for a defined population. This design is appropriate as it focuses on the assessment of the nursing care rendered by the nurse during the time of the patient's stay in the hospital at a certain point in time. Also, it is used to describe what is happening at the present moment.

(i) Study Site and Participants

The research study was conducted in a private and public hospitals affiliated with an educational institution in Santiago City. The private hospital is 50- bed capacity secondary level facility recognized as a center of excellence, the highest quality accreditation by the International Standard Operation (ISO) certification. On the other hand, the public hospital is a 100-bed capacity secondary level facility is known to deliver the highest possible quality health care services to achieve citizens satisfaction by adhering to requirements and standards and shall continually improve the quality management system.

The participants of the study were the ward patients who were admitted in the institution and satisfied the following criteria:

1. 18 years old and above, if minor (below 18) secure guardian's consent;
2. Atleast 2 days admitted to the institution;
3. Conscious and mentally alert; and
4. Willing to participate

The study used convenience sampling approach based on the number of census from the previous 6 months. The study's data collection run until the required number of participants are met.

Table 1. *The distribution of the participants based on the different wards in Private Hospital*

Wards	Census	
	Average total Population for 6 months	Sample Size
Pediatric	98	16
Medicine	235	39
Surgery	72	12
Obstetric-Gynecology	97	16
TOTAL	502	83

The private hospital has 4 wards the Pediatric, Medical, Surgery and Obstetric-Gynecology (OB-Gyne). It has an average total population for 6 months of 98, 235, 72 and 97, respectively. The number of participants from different wards were 16, 39, 12 and 16 with a total sample size of 83.

Table 2. *The distribution of the participants based on the different wards in Public Hospital*

Wards	Census	
	Average total Population for 6 months	Sample Size
Pediatric	133	22
Medicine	322	54
Surgery	119	20
Obstetric-Gynecology	188	31
TOTAL	762	127

The wards from the public hospitals named Pediatric ward, Medicine Ward, Surgery ward and Obstetric-Gynecology (OB-Gyne) ward. It has 133, 322, 119 and 188 average total population for 6 months. The study employed 22, 54, 20, 31 as the sample size with a total of 127, respectively.

Research Technique

The main tool of the study was a survey questionnaire, the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) with slight modification to suit the study. The PSNCQQ was developed and verified by Laschinger, Hall, Pedersen, and Almost (2005) and categorized by Rajeswari (2011) in its study.

The first part was composed of 19 questions about patient satisfaction with nursing care quality and divided in 2 major categories:

Information given by nurses (1, 2, 3, 4, 5, 6, 7, 8, 9, 10,18) and nursing care quality (11,12,13,14,15,16,17,19) based on a 5-point Likert scale.

The scoring of the scale is 5 = highly satisfied, 4 = very satisfied, 3 = satisfied, 2 = fairly satisfied and 1 = not satisfied.

The total score of each questionnaire was calculated by summing up all scores. Higher the total scores indicate greater satisfaction with nursing care.

Each item of the PSNCQQ consists of a phrase to designate the content of the question or “signpost,” followed by a more detailed question or “descriptor”. For example, in the first item of the instrument, “information you were given” is used as a signpost for the descriptor that follows, “How clear and complete the nurses' explanations were about tests, treatments, and what to expect.”

Previous Cronbach α reliability coefficients have been high, ranging from .90 to .94 that have been adapted from Laschinger, Hall, Pedersen & Almost (2015). Also, this survey questionnaire was used, evaluated the validity and reliability of the PSNCQQ through a test-retest was completed resulting intraclass correlation coefficient of the questionnaire and confirmed with 0.91 (Negarandeh, Bahabadi & Mamahani, 2014).

The second part of the study is the demographic information of the patients like gender, age, marital status and educational attainment needed in this study.

Data Gathering Procedure

Upon the approval of the letter to conduct the study, an actual distribution of the questionnaires to the chosen participants who stayed at least 2 days or before discharge was done by the researcher. Sufficient and upfront information was given to the participants about the research with the help of consent form and this was accomplished through a letter attached to the questionnaire. As an assistance, a complete instruction was specified to the participants about the questionnaire before they answer then enough time was given to reflect in answering on the best of their ability. After few minutes, questionnaires were retrieved from the different wards for further data analysis.

Data Analysis

The gathered data was analyzed based on the objective of the study. The analysis included descriptive and inferential statistics. The analysis was developed under the excellent direction of experts in the field of nursing and statistics with the use of Statistical Package for Social Sciences (SPSS). Tabulation and interpretation included in descriptive statistics such as frequencies, means and percentages. It is used to determine how satisfy the patients with the nursing care. The verbal interpretation in each category were based on the five-point likert rating scale:

Scale	Range-Value	Verbal Interpretation
5	4.50-5.00	Highly Satisfied
4	3.50-4.49	Very Satisfied
3	2.50-3.49	Satisfied
2	1.50-2.49	Fairly Satisfied
1	1.00-1.49	Not Satisfied

Moreover, One-way Analysis of Variance (ANOVA) with Post Hoc analysis using the Scheffe test to determine where the significant difference lies and t-test was utilized to determine if significant difference is present between the patient satisfaction with nursing quality care on age, gender, marital status and educational attainment. Similarly, to compare the significant difference of patient satisfaction with nursing care on the different wards of the private and public hospital.

Ethical Considerations

Ethical aspect was considered important to protect the participants and the involved hospitals. Informed consent regarding what was the survey questionnaire and appropriate permission from the participants was provided. Likewise, confidentiality of the participants was strictly maintain to ensure privacy of the data. Correspondingly, anonymity also upheld to secure the respondent's identity, it is strictly implied to names, age and other personal details. Moreover, participants was allowed to withdraw at any point of data gathering since the participation is voluntary by not signing the informed consent or not answering the survey questionnaire. Lastly, data that had been collected was kept in a private storage.

Result

The study's research questions being presented was answered meticulously and in exhaustive detail using appropriate statistical tools and techniques wherever applicable. For the purpose of clarity, the presentation are divided into five parts namely:

- A. Participants characteristics
- B. Descriptive summary of the level of patients satisfaction with the nursing care quality of the hospitals
- C. Significant difference of the patients satisfaction with quality nursing care based on their demographic information:
 - a. Age
 - b. Gender
 - c. Educational attainment
 - d. Marital status
- D. Significant difference of the patients satisfaction with quality nursing care across the different wards of the hospitals
- E. Significant difference of the patients satisfaction with quality nursing care of the two hospitals as to:
 - a. Pediatric wards
 - b. Surgery wards
 - c. Medical wards
 - d. OB-gyne wards

A. Participant Characteristics

Table 3. *Sociodemographic characteristics of study participants, Private Hospital and Public Hospital (N = 210)*

Characteristics	Category	f	%
Age	7-19	51	24.3
	20-32	42	20.0
	33-45	61	29.0
	46-58	31	14.8

	59-71	16	7.6
	72-84	9	4.3
Sex	Female	168	80.0
	Male	42	20.0
Educational Status	Elementary	43	20.5
	High School	65	31.0
	College	102	48.6
Marital Status	Single	70	33.3
	Married	105	50.0
	Separated/Divorced	5	2.4
	Widowed	30	14.3

Based on the obtained data, the total study population was 210. About 29.0% of the participants were under 33-35 years of age, female (80.0%), college graduates (48.6%) and married (50.0%).

B. Descriptive summary of the level of patient satisfaction with the nursing care quality of the hospitals

Table 4. The Mean and Standard Deviation of the Level of Satisfaction with the Nursing Care Quality of the Hospitals

Level of Patient Satisfaction	M	SD	Verbal Interpretation
Information You Were Given	3.69	.87	Very Satisfied
Instructions	3.66	.89	Very Satisfied
Ease of Getting Information	3.70	.94	Very Satisfied
Information Given by Nurses	3.67	.95	Very Satisfied
Informing Family or Friends	3.56	1.01	Very Satisfied
Involving Family or Friends in Your Care	3.50	1.00	Very Satisfied
Concern and Caring by Nurses	3.65	1.02	Very Satisfied
Attention of Nurses to your Condition	3.53	1.00	Very Satisfied
Recognition of your Opinions	3.43	.98	Very Satisfied
Consideration of your Needs	3.50	.98	Very Satisfied
The Daily Routine of the Nurses	3.38	.97	Satisfied
Helpfulness	3.51	1.00	Very Satisfied
Nursing Staff Response to your Calls	3.43	1.02	Very Satisfied
Skill and Competence of Nurses	3.60	.98	Very Satisfied
Coordination of Care	3.52	1.04	Very Satisfied
Restful Atmosphere provided by Nurses	3.34	1.25	Satisfied
Privacy	3.41	1.16	Satisfied
Discharge instructions	3.53	1.05	Very Satisfied
Coordination of Care After Discharge	3.52	1.09	Very Satisfied
WEIGHTED MEAN	3.53	0.85	Very Satisfied

N= 210

As shown on table 4, the level of satisfaction of ward patients with the quality of nursing care of the hospitals was very satisfied (M=3.53, SD= 0.85). The participants were

very satisfied and the small value of standard deviation in each item likewise indicates the consistency and homogeneity of the satisfaction of the participants.

The level of patient satisfaction on the Ease of getting information, (M= 3.70, SD= 0.94), Information you were given (M=3.69, SD= 0.87) and Information given by nurses (M= 3.67, SD= 0.95) were the three highest means and shown very satisfied. It indicated that foremost nurse's inform and explain well about the the preparation of test and operation, treatment, what to expect are clear and complete during the time of their stay in the hospital. Likewise, it also affirmed the fact the nurses were willing to answer any questions of the participants and communicated well with the patients, families and even to other healthcare providers about their condition and needs.

On the otherhand, the level of patients satisfaction on the daily routine of the nurses (M= 3.38, SD= 0.97), restful atmosphere provided by nurses (M= 3.34, SD= 1.25) and privacy (M= 3.41, SD= 1.16) were the three lowest means and interpreted as satisfied. It indicates the adjustments of schedules to meet the needs of the participants which dffer depending on the assigned number of tasks per patient and prioritization depending on the patient cases. Concerns on sleep and usage of basic commodities also affects the comfort of the participants since there were shared facilities like rooms, electric fans and lights.

C. Significant difference of the patients satisfaction with the nursing care quality based on their demographic information

Table 5. *One-Way Analysis of Variance on the patients satisfaction with the nursing care quality when grouped according to age*

Age bracket	N	M	SD	df	F	p-value
7-19	51	3.65	.80	5	2.767	0.19
20-32	42	3.68	.81			
33-45	61	3.46	.88			
46-58	31	3.50	.77			
59-71	16	3.62	.86			
72-84	9	2.63	.83			

To determine whether there is or no exist significant difference on the patient satisfaction with nursing care quality when group according to age. The F- computed value obtained was 2.767 which equivalent to a significant value of 0.19 which is less than the level of significance of .05 using the degree of freedom of 5. Therefore, it can be concluded that there is a significant difference in the patients satisfaction with the nursing care quality on different age bracket. It indicates that among these age brackets of participants, there is this group which felt the highest degree of fidelity to the patient satisfaction with nursing care quality enumerated therein. To find out where the significant difference lies, a post hoc analysis (Scheffe Test) was performed and presented in the next table (Table 6).

Table 6. *Post Hoc Analysis on the patients satisfaction with the nursing care quality based on age*

		Mean Difference	Critical Value of Scheffe	p-value
7-19	72-84	1.02	.30	0.04
20-32	72-84	1.06	.30	0.04

Since there is a significant difference on the patient satisfaction with nursing care quality when grouped according to age, the post hoc analysis of Scheffe test was used to pinpoint where the significant difference lies.

Age bracket 7-19 and 72-84 and age bracket 20-32 and 72-84 has significant difference found with a p-value of 0.04 which is less than the level of significance of 0.05.

The next table shows the t-test computation on the patient satisfaction with nursing care quality when group according to gender.

Table 7. *T-test computation on patients satisfaction with nursing care quality when group according to gender*

Gender	N	M	SD	Levene's Test for Equality of Variances		t-test for Equality of Means				
				F	p-value	t	df	p-value	Mean Difference	
Female	168	3.54	0.88							
Male	42	3.53	0.68	8.773	0.003	0.064	208	0.949	0.0093917	

When grouped according to gender, the patients satisfaction with nursing care quality of the participants data can be observed from the obtained t-value of 0.064. This value is equivalent to a p-value of 0.949 which is higher than the level of significance of 0.05. Therefore, between male and female there is no significant difference on their patients satisfaction with nursing care quality.

The next table shows the ANOVA computation of the patients satisfaction with the nursing care quality when grouped according to educational attainment

Table 8. *One-Way Analysis of Variance on the patient satisfaction with the nursing care quality when grouped according to educational attainment*

Educational Attainment	N	M	SD	df	F	p-value
Elementary	43	3.64	.75			
High School	65	3.29	.84	2	4.090	0.18
College	102	3.65	.87			

To test whether or not there is a significant difference on the patients satisfaction with the nursing care quality when grouped according to educational attainment, the One Way Analysis of Variance is performed at 0.05 level of significance. The computed F-value is 4.090 which is equivalent to a p-value of 0.18. This indicates that the patient satisfaction with nursing

care quality of the participants are different when they are grouped according to educational attainment. To find out where the significant difference lies, the post hoc analysis of Scheffe test is immediately presented (Table 9).

Table 9. Post Hoc Analysis on the patients satisfaction with the nursing care quality based on educational attainment

		Mean Difference	Critical Value of Scheffe	p-value
High School	College	-.3572509	.1322347	0.28

It can be seen from the data that those who are High School and College have significance value of 0.28 and implies differences in terms of their educational status regarding their patients satisfaction with nursing care quality.

Table 10. One-Way Analysis of Variance on the patients satisfaction with the nursing care quality when grouped according to marital status

Marital Status	N	M	SD	df	F	p-value
Single	70	3.57	.83	3	6.565	0.001
Married	105	3.67	.80			
Separated	5	3.85	.67			
Widowed	30	2.94	.84			

The table above (Table 10) displays the One-way Analysis of Variance computation on the patients satisfaction with the nursing care quality when grouped according to marital status. The obtained F-value is 6.565 which is equal to the significance value of 0.001 and is lower to the set level of significance of 0.05. Therefore, there is a significant difference on the marital status of the participants. Thus, different levels of patients satisfaction are being exerted or extended by the different types of participants included in this study. To find out where particularly this significant difference lies, the post hoc analysis of Scheffe test is performed and presented successively.

Table 11. Post Hoc Analysis on the patient satisfaction with the nursing care quality based on marital status

		Mean Difference	Critical Value of Scheffe	p-value
Single	Widowed	.63	.18	0.01
Married	Widowed	.73	.17	0.01

At 0.05 level of significance, two of the comparisons yielded a significant value of 0.01 which indicates that there is a significant differences among the patients satisfaction of the group as far as their extent of the nursing care quality.

D. Significant difference of the patients satisfaction with the nursing care quality across the different wards of the hospital

Table 12. *One-Way Analysis of Variance on the patient satisfaction with the nursing care quality when grouped according to wards*

Wards	N	M	SD	df	F	p-value
Pediatric	38	3.57	.69	3	2.129	0.098
Medical	92	3.45	.78			
Surgery	33	3.34	.88			
OB-Gyne	47	3.66	1.02			

In the above analysis (Table 10), it shows the One Way ANOVA of the patients satisfaction with nursing care quality when grouped according to wards.

The computed F-computed value of 2.129 and it is equivalent to 0.098 of significant value which implies no significant difference in the said grouped of wards.

E. Significant difference of the patient satisfaction with the nursing care quality of the hospitals as to:

E.1 Pediatric Wards

Table 13. *T-test computation on patient satisfaction with nursing care quality when grouped according to pediatric ward*

Hospital	N	M	SD	Levene's Test for Equality of Variances		t-test for Equality of Means			
				F	p-value	t	df	p-value	Mean Difference
Private	16	4.25	0.77	.612	0.439	4.056	36	0.001	.9772727
Public	22	3.27	0.70						

The data (Table 13) above displays the t-test computation is used in analyzing the patients satisfaction with nursing care quality when grouped according to pediatric ward if there is a difference of the variable to two different hospitals.

Degrees of freedom at 36 with a computed t-value of 4.056 associated to a p-value of 0.001. Since, its lower to the level of significance of 0.05 there is a significant difference when grouped according to pediatric wards.

E.2 Medical Wards

Table 14. *T-test computation on patient satisfaction with nursing care quality when grouped according to medical ward*

Hospital	N	M	SD	Levene's Test for Equality of Variances		t-test for Equality of Means			
				F	p-value	t	df	p-value	Mean Difference
Private	38	4.0	0.735	1.533	.219	5.235	90	0.001	.9629630
Public	54	3.03	.950						

The analysis of table 14 shows the t-test computation of the patients satisfaction with nursing care quality when grouped according to medical ward to check if there is a difference of the variable on both hospitals.

The computed t-value of 5.235 equated to 0.001 p-value in a degrees of freedom of 90 and it is lower to the level of significance of 0.05. Therefore, there is a significant difference on the medical ward of the private and public hospitals.

E.3 Surgery Ward

Table 15. *T-test computation on patient satisfaction with nursing care quality when group according to surgery ward*

Hospital	N	M	SD	Levene's Test for Equality of Variances		t-test for Equality of Means			
				F	p-value	t	df	p-value	Mean Difference
Private	13	4.23	0.725	.301	.587	4.514	31	0.001	1.3807692
Public	20	2.85	.9333						

The t-test analysis was used to determined the patients satisfaction with nursing care quality when grouped according to surgery wards on table 14.

The degree of freedom is 31 and equivalent to 4.514 as the t-value. The p-value is 0.001 and it is lower than the set significance level of 0.05. Therefore, there is a significant difference on the group of hospitals according to surgery ward on private and public hospital.

E.4 OB-gyne ward

Table 16. *T-test computation on patient satisfaction with nursing care quality when grouped according to OB-gyne ward*

Hospital	N	M	SD	Levene's Test for Equality of Variances		t-test for Equality of Means			
				F	p-value	t	df	p-value	Mean Difference
Private	16	4.62	0.718	6.124	.017	4.348	45	0.001	1.3991935
Public	31	3.22	1.175						

The last data (table 16) illustrated the result of t-test computation on patients satisfaction with nursing care quality when grouped according to OB-gyne ward. It performs 45 degrees of freedom at t-value of 4.348 with p-value of 0.001 that is lower than the level of significance of 0.05. As per the result, there is a significant difference on the satisfaction of the participants grouped according to OB-gyne wards.

Discussion

It is said that nursing care is one of the major components of healthcare services in the healthcare industry. Henceforth, every patients have the right to expect quality nursing care to be rendered. (Eyasu, Adane, Amdie, Getahun & Biwota, 2016). The present study was undertaken to determine the patients satisfaction with nursing care quality of the affiliated hospitals of an educational institution. The findings of the study suggested a very satisfied patients satisfaction on quality nursing care is somewhat related to what is being taught in nursing education highlighting the exposures of nurses in an affiliated hospitals for their related learning experiences (RLE).

The study had 210 as the participants for both hospitals. The findings ensures that the level of patients satisfaction with nursing care quality of the participants claimed a “very satisfied” verbal interpretation (mean= 3.53) results in terms of information being given to them and the quality of care they received. The items that ranked “very satisfied” under information given by nurses are items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 18 and quality nursing care item numbers 12, 13, 14, and 19. On the other hand, the items 11, 16 and 17 which interpreted as “satisfied”. This was admirable but has lesser satisfaction claimed by the participants compared to other categories that resulted in this study. Likewise, findings of study of Githemo, Karani and Gachoka (2018) revealed that most of the patients were contented with the information received on admission, satisfied with orientation and with the overall quality of nursing care they received. Also in congruent on Kasa and Gedamu (2019) study, half of the adult participants (57.2%) agreed that nurses explain nursing procedures clearly to them before they perform it.

Furthermore, in the present study, there is a significant differences on grouped according to age, educational attainment and marital status. The significant difference lies on the age bracket of 7-19 and 72-84 and 20-45 and 72-84 (0.04) with significance value of 0.04. While, educational attainment and marital status had a significance values of 0.18 and 0.01. The differences lies on College graduate and High school graduate (0.28), single and widowed (0.01) and married to widowed (0.01) participants according to the analysis that had been presented.

But then, patient satisfaction with nursing care quality when grouped according to gender has no significant difference (0.64) meaning, whether female or male, the patients satisfaction did not vary in terms of the nursing care being rendered. This demographic variable is then similar to the studies of Ozlu and Uzun (2015), Al-Damen (2017) and Chakraborty, Bhattacharjee and Rahaman (2016) that gender has no significant difference in patients satisfaction with nursing care quality. This is in contrast to the study Eyasu, Adane, Amdie, Getahun and Biwota (2016) that female participants likely to be satisfied with the quality nursing care as compared to the opposite gender.

Moreover, there is no significant difference on patient satisfaction with nursing care quality when grouped according to wards (significance value = 0.98). This means that any type of ward a patient is being admitted to, they received a standard treatment of nursing care by nurses in terms of information given and the quality of nursing care. Which is contradicted to the study of Kewi, Tesema and Negussie (2018) that type of ward admission have something to do with the satisfaction of the participants. Lastly, there is a significant differences on patient satisfaction with nursing care quality on a private and public hospital when grouped according to its different wards.

Conclusion

The findings of the current study revealed that affiliated hospitals of an educational institution were very satisfied with the categories of patient satisfaction with nursing care quality divided into information given by nurses and quality of nursing care being rendered. There is somewhat significant differences on age, educational attainment and marital status but no significant difference on gender for the demographic variables. Moreover, findings also confirmed that type of wards had no significant difference on patient satisfaction with nursing care quality. Also, private and public affiliated hospital has a significant difference as to there specific wards. This was due to the different aspects like the physical setting of the ward, available equipment, manpower during duty hours in the ward and hospital policies and administration.

The difference of the affiliated hospitals can be a basis for practicum of the educational institution offering Nursing program. Student nurses may practice flexibility of their skills in a given situation on taking care of diverse patients so that they could deliver safe, effective and quality nursing care in the future. Patients satisfaction is an indicator if standard of nursing care is carried and rendered to patients. Since, every patient admitted in the hospital has different perception about satisfaction on nursing care quality.

In the findings, it assures that affiliating hospitals involved in this study can be a training ground for the aspiring professional nurses for their related learning experience (RLE) and get enough knowledge and skills to meet the core competency standard of safe and quality nursing care set by the new Commission on Higher Education (ChEd) Memorandum 15 series of 2017.

Recommendations

In this study, the satisfaction level was very satisfied but need some recommendation to raise and/or atleast maintain patients satisfaction with nursing care quality in an affiliated hospitals of an educational institution to the highest possible level. The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research.

In nursing practice, it is mandatory for a need of regular evaluation of nursing care of nurses for better improvement. Appraising nursing audits to make the health care workers, especially nurses, to become aware of their performances and develop new ways and strategies to deliver a safe, standard and effective nursing care by means of regular in-service education programme (seminars, workshop trainings and conferences) can be conducted to refresh, enhance up-to-date knowledge and skill on different aspects of patients care. Since health promotion is one of the roles of nurses to play with accountability, an evidenced-based nursing practices can go along the way in improving the quality of nursing care delivered to the patients admitted in various wards of the hospital. Also, nursing staff should endeavor to manage their time to meet their patients needs like frequent visits, upgrade and improve proper interpersonal communication skills which includes listening to patient's worries carefully because in this sense, patients may understand and feel that they are being valued.

In addition, this study recommends an enlightenment and strengthening the nursing education to further focus the nursing students to practice the skills and application equated to the theories and knowledge gained in nursing school. A possible plan teaching programme can be organized and strategized to put an up-to date information and new techniques on how to improve a conducive teaching and learning environment in the different affiliated hospital settings for the supervising Clinical Instructors about nursing care quality based on the new ChEd Memorandum 15 s. 2017 to enhance the learning capabilities of the nursing students on

their related learning experience. Moreover, up to date trainings, conferences and seminars are necessary since change is inevitable. This is for the Clinical Instructors who may become source of new information they can share with their nursing students. Subsequently, this has a big factor to attain a good satisfaction on our patients.

Another important aspect is the nursing administration of hospitals, they should do on-going monitoring of patient satisfaction specific to nursing services to maintain the high standards of nursing profession. Lastly, to nursing research, this recommends to expand the study to all areas of nursing services like intensive care unit, out patient department, hemodialysis unit and other special areas to know if there are satisfaction or dissatisfaction and be able to enhance the services they can render as well.

This study has certain limitation since convenient sampling technique was used which may be a source of selection bias. Also, only selected affiliated hospitals and only in ward areas were used in the study, thus the findings were potentially limited.

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