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Exploring factors influencing patient satisfaction with nursing care in Hail City, Saudi Arabia: A self-reported study

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ABSTRACT

Introduction: The perception of patients concerning care services being delivered is perhaps the best measure of healthcare providers' performance. As such, satisfaction surveys were conducted to evaluate patients' overall attitudes toward the care provided in hospitals by healthcare personnel. This study aimed to evaluate the extent of nursing care as self-reported by patients, and to focus on the differences in patient satisfaction with care due to their demographic parameters.
Methods: This study employed a descriptive cross-sectional design. This involved 95 participants, who were selected through convenience sampling. This study was conducted across six primary healthcare centers in Hail City, the Kingdom of Saudi Arabia. Data were collected in March and April 2021 and analyzed using analysis of variance (ANOVA) and t-tests, respectively.
Results: The participants' perception of the nursing care delivered was very good (3.78 ± 0.715). Moreover, participants rated the quality of care and services (3.69 ± 0.900), nursing care that was rendered to them throughout the period of their hospital admission (3.84 ± 0.915), and their health (3.89 ± 0.818) as very good. Those aged 25 years or younger ($F = 2.523$, $p = 0.026$) were very satisfied with the overall nursing care provided to them throughout the hospital admission period. Additionally, those with different civil statuses reported having a very good perception of their hospitalization ($F = 1.601$, $p = 0.020$), particularly those who were single. Lastly, those who spent 15-30 minutes during their visit were more likely to recommend the hospital to their family and friends ($F = 4.687$, $p = 0.012$).
Conclusion: The participants were satisfied with the nursing care received, quality of care, and health status. Among younger patients, unmarried patients, and patients who received treatment within a shorter time span of approximately 15-30 minutes, a higher level of satisfaction was reported in some aspects of their healthcare experience.

***Keywords*:** nursing care quality, satisfaction, patient, primary healthcare, Saudi Arabia

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Introduction

The dynamism brought about by the industrial revolution compels health organizations to embrace change in any way possible. Sometimes, such surveys were also conducted to enable stakeholders of healthcare institutions to realize how their sentiments would influence the shaping of the institutions. Therefore, patient satisfaction has become a benchmark for performance measurement and facilitating total quality management (Goh et al., 2016). At present, patient satisfaction surveys are used to evaluate the

effectiveness of health services. Therefore, it can be argued that a dissatisfied patient is likely to ignore the instructions provided and may not present himself/herself for scheduled follow-up. Patients' adherence to prescribed treatment outcomes positively correlates with their care and improvement in health status (Buchanan et al., 2015; Dzomeku et al., 2013).

Patients' processes concerning the receipt of healthcare that they perceive as valuable are often referred to as their satisfaction, with the term 'patient satisfaction' coined by Schoenfelder et al. (2011). Lack of satisfaction among patients is generally interpreted as a serious socio-psychological or clinical setback, often authoritarian in nature, impeding the basic objectives of nursing practice (Schoenfelder et al., 2011). In particular, among the numerous heads that assess the productivity of healthcare providers, patient satisfaction with the services rendered ranks most crucially in terms of the focus on the output achieved (Abdel Maqsood et al., 2012). Surveys of this type evaluate the satisfaction of patients with specific aspects of health care through broad-based patient feedback. According to Merkouris et al. (2013), patient perspectives and desires are often evaluated through patient satisfaction surveys conducted by specialists. Consequently, in an attempt to improve care delivery, such usable insights into the healthcare system can be sought in partnership with administrators in hospitals, other healthcare providers, and regulatory authorities to re-establish quality benchmarks (Akhtari-Zavare et al., 2010). Thus, the performance of quality work includes conducting evaluations to gauge patients' satisfaction towards the care provided. With the help of all healthcare professionals, all patients and their relatives can be encouraged to participate in care, which focuses on the satisfaction of patients and their families' needs as well (Buchanan et al, 2015). Indeed, even during the diagnostic workup of patients, whenever possible, assisting them with the provision of the highest care possible is a plan that greatly enhances patient satisfaction. Indeed, this work is very significant, as members can recognize and control factors that lead to the deterioration of the quality of nursing care.

Various studies assessing patient satisfaction with the provision of nursing care services have been conducted worldwide. Similar to studies conducted in Iraq (Mohammed et al., 2016), Brazil (Silva et al., 2014), and Egypt (Zahr et al., 2011) which reported high levels of patient satisfaction with nursing care, other regions have also reported similar but lower levels of satisfaction. For instance, Iran reported a nursing satisfaction of 69% (Farmahini-Farahani,2014) and Ghana at 33% (Ndambuki, 2013). A study by Schoenfelder et al. (2011) confirmed that the level of awareness of nursing care among many hospitalized patients was low. Westaway et al. (2003) established that waiting periods made patients more dissatisfied with their care. Patients who underwent surgery expressed particularly high levels of dissatisfaction with the information available to them by healthcare professionals, which is crucial in decision-making (Suhonen et al., 2004). Instead of looking at the nurse variables exclusively, the findings indicate that patient satisfaction and dissatisfaction should also consider organizational variables as well as how these factors relate.

Literature on the experiences of patients, in particular how they enjoy care delivered to them in a hospital, is scant. Previous investigations have pointed out some differences in these views (Lee, 2005), thus it is important to appreciate the elements that lead to

patient satisfaction. It is imperative that nurses establish factors that determine the level of patient satisfaction towards the nursing care administered to achieve continual forecast enhancements in care. It is also assumed that the location where patients are recuperated may contribute to overall patient satisfaction (Wagner & Bear, 2009). The perception of facilities by patients is likely to be influenced by the quality of care given, their willingness to recommend the facilities to others, and even their likelihood of using such facilities in the future (Lin et al 2004). This extends into simplified basic needs, the provision of adequate professional knowledge, appropriate nursing attitudes, and nursing skills, which guide nurses as they try to provide information, emotional, and practical help (Goh et al., 2016; Buchanan, 2015).

The compliance of patients with the care plan and satisfaction of patients is a challenge in nursing, as there is a strong relationship between how patients view nursing care and their overall perception of care. In the words of WHO (N.D.), 'the incorporation of patient testimonials regarding the care they have received, or are expected to receive, can assist in the formulation of outcome indicators that relay meaningful information to administrators with regards to managerial strategies and innovation'. The existing literature provides insights into the factors that influence patient satisfaction; however, there are still gaps in the researcher's understanding. To address these gaps, this study sought to assess the degree of satisfaction with the quality of nursing care as self-reported by patients and to focus on the differences in satisfaction levels of patients with care due to their demographic parameters.

Methods

Study Design

The research strategy used in this study was a descriptive cross-sectional design.

Participants

The participants were clients of primary healthcare centers in Hail City, Kingdom of Saudi Arabia. These clients visited primary healthcare nurses during the checkups. Participants were included based on the following criteria: (a) had been visiting primary healthcare centers for at least three months, (b) were willing to participate, and (c) were able to read and write English as the questionnaire was in English. A sample size calculator from Raosoft (http://www.raosoft.com/samplesize.html) was used to calculate the required sample size. The calculator was set with a 95% confidence level, 5% margin of error, and estimated population size of 125. Convenience sampling was employed and 95 patients participated in the study, resulting in a 90% response rate.

Setting

This study was conducted in Hail City, Saudi Arabia, specifically at primary health care centers. Given the importance of the health services delivered through these centers and the need to achieve healthcare goals and strategies, this study was conducted.

Questionnaire

The questionnaire used in this study was adapted from that of Laschinger et al. (2005). The Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) has items rated on a scale ranging from 1-5 (1= unsatisfactory, 2= poor, 3=Fair; 4Good, and 5= excellent). The PSNCQQ scores can be interpreted in two ways. The first is the total mean score generated from the summed scores over the rated items for every patient. The second approach is to analyze the item mean: it is the general mean of the items and their standard deviation, which will be very important in this target group and will provide useful information, even in pinpointing areas that would require more focus. In addition, the percentage of respondents providing a "strongly agree" for each item may be utilized not only to evaluate the effect of the quality improvement programs but also to observe changes over time and to look at comparative data between hospitals and units.

The validity and reliability of the questionnaire were established through expert review and statistical analysis. Content validity was established by three experts who agreed that the items were appropriate for assessing the intended constructs. A reliability test was conducted on the 15 participants who were not included in the final sample. The Cronbach's alpha coefficient was 0.84, indicating a high level of internal consistency among the items. This suggests that the questionnaire is reliable and valid for measuring constructs.

Data Collection Procedure

The research study commenced after receiving the required clearance from the authorities of the Primary Health Care Clinics. All participants were explained the aims of the investigation, the importance of the research, and their rights as subjects. For ease of data collection, paper-based questionnaires were administered to participants during their attendance at PHC centers. At least 15 minutes were given to the respondents to complete the surveys; more time was available if respondents wanted to go for more than 15 minutes. A request was made to the researcher for any queries. To ensure that participants provided informed consent, all respondents who completed the questionnaire were required to sign it.

Stringent procedures were put in place to enhance the confidentiality of the participants and their data. Information was kept safe, and only people with permission accessed the information. The data collection period was between March and April 2021.

Data analysis

The data were computed from the measurement scales using the SPSS version 25 software, and the response measure was the rating scale strategy. The research findings are presented in terms of means, standard deviations, frequencies, and percentages. The dataset was screened for missing data. A small fraction (5%) of the sample did not answer the scale questions. Overall, these data were assumed to be missing completely at random (MCAR) and, in this situation, were substituted with the calculated averages of the relevant variables. Prior to statistical analyses, continuous variables were examined for

appropriate parametric statistical assumptions. For inter-group comparisons, t-tests and Analysis of Variance (ANOVA) were employed.

Ethical considerations

This study adhered to the ethical principles outlined in the Declaration of Helsinki. During the course of gathering information, efforts were made to preserve the identity of the respondents to ensure their privacy and confidentiality.

Results

Participants' demographic characteristics are presented in Table 1. Of the 95 participants, the majority were aged between 26 and 34 years (46.3%), male (62.1%), Saudi (57.9%), and single (56.8). Moreover, half of the participants spent between 15 and 30 minutes during their visit. Most participants had white-collar jobs (63.2%).

Table 1

Characteristics of the participants (N= 95)

Demographic characteristics	Frequency (f)	Percentage (%)
Age		
25 years and below	14	14.7
26-34 years old	44	46.3
34 years old and above	37	38.9
Gender		
Male	59	62.1
Female	36	37.9
Nationality		
Saudi	55	57.9
Non-Saudi	40	42.1
Civil status		
Single	54	56.8
Married	38	40.0
Divorced/Separated	3	3.2
Time spent during visit		
15 minutes to 30 minutes	48	50.5
30 minutes to 1 hour	35	36.8

1 hour and above	12	12.6
Occupation		
White collared	60	63.2
Blue collared	35	36.8

Table 2 shows the level of patient satisfaction regarding the assessment of the quality of nursing care in healthcare facilities in Hail, Saudi Arabia. The data collected from the participants regarding their views of nursing care, overall care, and services; the quality of nursing care received during hospitalization; and their health and physical conditions were scored with mean values generally rated as very good 3.78±0.715, 3.69±0.900, 3.84±0.915 and 3.89±0.818, respectively.

Table 2

Perception of the participants on their satisfaction with nursing care quality at the primary health care centers of Hail, Saudi Arabia

	N	Minimum	Maximum	Mean	Std. Deviation
Perception	**95**	**1.00**	**5.00**	**3.7819**	**.71575**
"Overall quality of care and services you received during your hospital stay".	95	1	5	3.69	.900
"Overall quality of nursing care you received during your hospital stay".	95	1	5	3.84	.915
"In general, would you say your health is":	95	1	5	3.89	.818

Table 3 reveals that there was a significant difference in the perceived overall quality of care and services received during the stay (t = 0.236, p = 0.023), with males perceiving a higher quality (3.71 ± 0.929) than females.

Table 3

Differences on the participants' characteristics and with their satisfaction of nursing care quality rendered

Gender	Characteristic	Mean	SD	t	df	Sig. (2-tailed)
Perception	Male	3.79	.722	.191	74.706	.849

		Female	3.76	.714			
1.	"Overall quality of care and services you received during your hospital stay".	Male	3.71	.929	.236	93	.023
		Female	3.67	.862			
2.	"In general, would you say your health is".	Male	3.92	.794	.311	93	.756
		Female	3.86	.867			
3.	"Based on the nursing care I received; I would recommend this hospital to my family and friends".	Male	3.83	.968	.381	93	.704
		Female	3.75	1.052			

	Nationality	**Characteristic**	**Mean**	**SD**	**t**	**df**	**Sig. (2-tailed)**
	Perception	Saudi	3.8485	.66258	1.064	93	.290
		Non-Saudi	3.6903	.78233			
1.	"Overall quality of care and services you received during your hospital stay".	Saudi	3.87	.883	.381	93	.704
		Non-Saudi	3.80	.966			
2.	"In general, would you say your health is".	Saudi	3.98	.757	1.219	93	.226
		Non-Saudi	3.78	.891			
3.	"Based on the nursing care I received; I would recommend this	Saudi	3.96	.962	1.904	93	.080
		Non-Saudi	3.58	1.010			

	hospital to my family and friends".						

Table 4 shows the demographic variations and satisfaction with nursing care in terms of quality were statistically different according to ANOVA. Nursing care for patients aged 25 years (F=2.523, p=0.026) during their stay was appreciated in most aspects. Moreover, marital status had an effect on attitudes toward the hospitalization process (F=1.601, p=0.020), since single patients were the most satisfied with the services provided. Finally, satisfaction with hospital services was higher among patients who stayed in the outpatient department for 15-30 minutes (F=4.687, p=0.012).

Table 4

Differences on the participant's characteristics and satisfaction with nursing care quality

	Age	Characteristics	Mean	SD	F	df	Sig. (2-tailed)
	Perception	25 years and below	4.01	.5003	1.221	93	.300
		26-34 years old	3.79	.6331			
		34 years old and above	3.67	.85655			
1.	"Overall quality of nursing care you received during your hospital stay".	25 years and below	4.14	.770	2.523	93	.026
		26-34 years old	3.95	.746			
		34 years old and above	3.59	1.09			
2.	"In general, would you say your health is".	25 years and below	4.29	.726	2.180	93	.119
		26-34 years old	3.89	.784			
		34 years old and above	3.76	.863			
3.	"Based on the nursing care I received; I would recommend this hospital to	25 years and below	4.29	.726	2.162	93	.121
		26-34 years old	3.77	.961			
		34 years old and above	3.65	1.08			

my family and friends".

Civil Status	Characteristics	Mean	SD	F	df	Sig. (2-tailed)
Perception	Single	3.86	.6568	1.601	93	.020
	Married	3.71	.7989			
	Divorced/ Separated	3.18	.2310			
1. "Overall quality of nursing care you received during your hospital stay".	Single	3.98	.858	1.681	93	.192
	Married	3.68	.989			
	Divorced/ Separated	3.33	.577			
2. "In general, would you say your health is".	Single	3.98	.789	2.232	93	.113
	Married	3.84	.855			
	Divorced/ Separated	3.00	.000			
3. "Based on the nursing care I received; I would recommend this hospital to my family and friends".	Single	3.83	1.02	.357	93	.701
	Married	3.79	.991			
	Divorced/ Separated	3.33	.577			

Time spent	Characteristics	Mean	SD	F	df	Sig. (2-tailed)
Perception	15 minutes to 30 minutes	3.8796	.6557	1.651	93	.198
	30 minutes to 1 hour	3.7556	.5266			
	1 hour and above	3.4676	1.2374			
1. "Overall quality of	15 minutes to 30 minutes	3.79	.824	3.332	93	.080

	care and services you received during your hospital stay".	30 minutes to 1 hour	3.77	.646			
		1 hour and above	3.08	1.505			
2.	"In general, would you say your health is".	15 minutes to 30 minutes	4.06	.783	2.095		.129
		30 minutes to 1 hour	3.71	.667			
		1 hour and above	3.75	1.21			
3.	"Based on the nursing care I received; I would recommend this hospital to my family and friends".	15 minutes to 30 minutes	4.02	.812	4.687	93	.012
		30 minutes to 1 hour	3.74	.780			
		1 hour and above	3.08	1.73			

	Occupation	**Characteristics**	**Mean**	**SD**	**F**	**df**	**Sig. (2-tailed)**
	Perception	White collared	3.8056	.7755	.177	292	.675
		Blue collared	3.7413	.6092			
1.	"Overall quality of nursing care you received during your hospital stay".	White collared	3.88	1.01	.329	93	.568
		Blue collared	3.77	.731			
2.	"In general, would you say your health is".	White collared	3.95	.852	.741	93	.392
		Blue collared	3.80	.759			
3.	"Based on	White collared	3.83	1.04	.181	93	.672

the nursing care I received; I would recommend this hospital to my family and friends.	Blue collared	3.74	.919

Discussion

This study sought to assess the degree of satisfaction with the quality of nursing care as self-reported by patients and focused on the differences in satisfaction levels of patients with care due to their demographic parameters. The nursing care provided by the participants seemed to be perceived positively, thus eliciting an overall optimistic belief in quality. With respect to the evidence provided by Desta et al. (2018), when patients have good perceptions of nursing care, such perceptions are useful in assessing the quality of the services. Therefore, rather than being constrained by certain defined parameters, patients should be able to prioritize and rate their level of satisfaction with their care regimen. The patients' 'good' and 'bad' perceptions should also be understood to enhance service delivery functions at the operational, management, and strategic levels of the various types of hospitals. The evaluation of patients' focused quality nursing care includes defining their needs and examining the quality of care rendered (Gishu et al, 2019).

In the present study, a perceptual gap between compelling strategies and prescribed procedures is evident. When examining service experiences across males and females in terms of satisfaction, there were no significant differences, but it was observed that males had higher satisfaction than females. This corroborates the study by Eliot et al. (2012), in which most women found themselves less satisfied in seven out of eight experiences (other than communication with a doctor), including the general evaluation. According to Safran et al., (1997) male and female patients with similar pathologies may behave differently. Such divergence could be due to differences in patient expectations and staff behavior orientation. However, younger patients expressed great satisfaction toward care. This may be because the younger generation is more grateful towards the efforts made during nursing care. However, several other studies (Dzomeku et al., 2013, Fröjd et al., 2011, Milutinovic et al., 2012) have indicated that elderly patients tend to be more tolerant.

In one of their review studies, Sitzia and Wood (1997) stated that old age is associated with satisfaction, as individuals are often used in more healthcare institutions than younger people. In a different study, Shinde and Kapurkarkar (2014) reported that older respondents were more satisfied than younger ones, whose sociability, acceptability, and respect towards service providers were still weak. In contrast, in the current study, patients aged > 56 years were less satisfied than those in the younger age groups. This problem may be attributed to some of the causes, such as nurses' tendency to neglect elderly patients,

age and development dependency in which as a person matures, so do the tolerance and maturity levels towards events, as well as sociocultural considerations in expectations towards services and satisfaction.

Marital status had a positive effect on attitudes toward hospitalization, especially in the case of non-married patients. Nonetheless, previous studies on whether sex plays a role in patient satisfaction have provided inconsistent results. Sitzia and Wood (1997) and Arslan and Kelleci (2011) did not observe significant gender gaps, whereas Alhusban and Abualrub (2009), Milutinovic et al. (2012), and Shinde and Kapurkar (2014) reported variable satisfaction between the genders. These variations may be explained by sociocultural influences and women's and men's expectations of attending to hygiene and care differently. Patients who spent 15-30 minutes in the waiting area were willing to suggest the hospital to their relatives and friends more often. This corresponds with previous studies that have revealed that satisfied patients are more likely to endorse health institutions'services (Buchanan et al., 2015; Mohanan et al., 2010).

Patient feedback is essential for the formulation and evaluation of health care strategies. If a range of patients' views is understood, providers can recognize what issues need to be improved upon and how, in this case, the service delivery that involves nursing care can be improved. This study examined the role of patients in providing feedback on healthcare planning and evaluation. While a few such issues may not bring about changes immediately, patient concerns can suggest areas that need to be focused on and their possible remedies. The findings from the present study show that the experience of care or patient encounters with the system is positively influenced by shorter waiting and wrap-up times. These factors lead to better recommendations and patients' global preferences for healthcare services.

Study Implication

Caring is always an implicit value in providing services, not only in nursing practice but also in management and education. It follows that all health practitioners in all settings should aim to provide the best possible care to patients and their families because it matters. Such results can be important for nursing management because they facilitate the achievement of quality service objectives. Such an understanding helps organizations design and implement measures aimed at 'streamlining' patient interactions with the health system. A pervasive theme within the wide body of literature reviewed is the need for further development of nurses in patient-centered care.

This will enable nurses to acquire the competencies and knowledge required to deliver high-quality care in the changing dynamics of patients. This evidence may also help us to understand the nurse administration domain, particularly where there are issues concerning nurse staffing crises across the board. However, nursing management studies should primarily focus on assessing the performance of nursing care as it relates to patient outcomes and the development of nursing as a profession.

Limitation of the Study

The strength of this study is its use of a validated tool situated in a local context. However, this study also has limitations due to the self-report of participants or respondents, wherein one may exaggerate or underrate one's perceptions. In such cases, it is advisable to use reliable research approaches to address this issue more thoroughly.

Conclusion

Patients expressed a high level of satisfaction with the nursing care provided, the quality of care, and health. The most satisfied categories were younger patients, single patients, and those with shorter visits: 15-30 minutes. In this sense, measuring the quality of care cannot be completed without determining the factors that drive satisfaction among patients and ranking them such that areas with most patient complaints are ranked first. Routine follow-up of patient satisfaction with the care received and standardized, reliable measurement tools should be applied. To improve nursing care, a patient satisfaction measurement tool with proven reliability should be established.

Recommendations

A strategic and comprehensive idea must be employed to reduce the high stress levels experienced by nursing students. This includes minimizing the academic and clinical workloads for the students, perhaps through mentorship programs, set time scopes for the assignments, or any other resources that can help reduce stress. Stressors also constitute monotonous schedules, which can be altered by better simulation of the clinical skills and this at the same time should be followed by the feedback necessary for the professional growth of students. Moreover, intensive sources of psychological and emotional therapy in the form of stress management workshops, counseling, stress in the nursing peer groups, and self-care education are important. Also, for stress to be minimized and the overall health of the students to be improved, institutional support in the form of provision of faculty development, establishing a good learning environment, flexible time frames for clinical practice, and the routine monitoring of students' health must be provided within the institution.

Availability of data statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Authors' Contributions

All aspects of this study, including conceptualization, methodology, data collection, analysis, interpretation, and writing, were undertaken by the author.

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Declarations

Ethics Approval Statement and Consent to Participate

This study was conducted in accordance with the requirements of the Declaration of Helsinki. All participants provided informed consent to participate in the study.

Declaration of Conflicting Interests

The author declares that no conflict of interest exists.

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