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Assessment of Patient Satisfaction with Nursing Care: A Comparative Study of Selected Private Secondary and Public Secondary Hospital in Onitsha Anambra State

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Received Date: March 27, 2025 | Accepted Date: April 10, 2025 | Published Date: April 18, 2025

Citation: Sibeudu Florence Tochukwu, Akpam, Monica, Agogbua, Amaka Gladys, (2025), Assessment of Patient Satisfaction with Nursing Care: A Comparative Study of Selected Private Secondary and Public Secondary Hospital in Onitsha Anambra State, *Clinical Trials and Case Studies*, 4(2); **DOI:**10.31579/2835-835X/105

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Abstract:

Patient satisfaction serves as a crucial metric for assessing the quality of healthcare, making it an indispensable commonly utilized indicator. It has a significant impact on clinical outcomes and the provision of timely, efficiently and patient-centered healthcare services. This study aimed to assess and compare the patient's satisfaction Nursing care in selected public and private hospitals. It is a comparative study using descriptive cross-secti survey design in one Public Hospital and one private hospital in Anambra state. Data were collected from in-pat who had stayed two days and above using questionnaire. Three hundred and seventy-three respondents administered the questionnaire including one hundred and seventy-eight patients from the public hospital and hundred and ninety-five patients from the private hospital. Descriptive statistics were applied for data analysis u SPSS Version 22. Results show that majority of the respondents are 41 years and above (33%) followed by 20years old (25.2%). Majority of the respondents 224(60%) and 194 (52%) are males and single respectively. result shows that patients in the private hospital were more satisfied with the nurses' explanations about tests examination (42.05%), nurses' willingness to answer questions (49.23%), nurses' friendliness (64.62%), nu explanation about procedure (40.51%), and informed consent before nursing care (59.49%). Patients atten private hospital reported higher percentage (52%) of satisfaction with care given by nurses. more satisfied wit care given by nurses (60%), nurses spent adequate time with them (51.28%), and nurses' make efforts to mini delay (50.77%) while those attending public said the contrary. A higher percentage (61.54%) of respond attending private hospital agreed that nurses give treatment without delay, 59.49% affirmed that they were treatment without delay. in the way that made them feel important, satisfactory care were given by nurses (57.44%), they felt better nursing care (63.08%), and 61.03% agreed that the nursing care contributed to the treatment outcome while t attending the public hospital gave contrary responses. It was also concluded that private hospitals provide satisfactory care than public hospitals.

Keywords: patient satisfaction; nursing care; comparative study; private hospital; public hospital; secondary health facility; anambra state

Introduction

Patient satisfaction serves as a crucial metric for assessing the quality of healthcare, making it an indispensable and commonly utilized indicator. It has a significant impact on clinical outcomes and the priovision of timely, efficient and patient-centred healthcare services [1]. As a care delivery institution, hospitals are always faced with challenges of providing the quality of care that meets the expectation of its clients [2]. Patient satisfaction is the degree to which patients believe that the services they receive are meeting their requirements and expectations because happy patients are more likely to refer the hospital where they received their care to others than unhappy ones. A subjective assessment of the

service obtained in relation to the individual's expectations is known as patient satisfaction. It is an essential component of client-centered care and important quality of care indicator. During hospitalization, patient satisfaction represents a balance between the patient's perception and expectation of their health care services [3]. Patient satisfaction is considered as patient's subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perceptions of actual nursing care. Patients' satisfaction in quality nursing care remains as an important role

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for patients because nurses are involved in almost every aspect of client's care in hospital [4]

It is expected that nurses provide their patients with quality of care they need, being a noble profession. Patients' satisfaction with nursing care has been reported as the most important predictor of the overall satisfaction with hospital care and an important goal of any health care organization [5] Therefore, dissatisfaction with the nursing care services may further lead to lower utilization of the nursing care services by the patients. Consumer satisfaction is playing an increasingly important role in the quality-of-care reforms and health-care delivery more generally. Yet, studies done by WHO showed that 46% of all the patients that visit different health care facilities, especially hospitals, are dissatisfied with the service they received. In essence, patients' expectations as a set of preconceived notions about types of care anticipated tend to be formulated around a variety of dimensions among which are the hospitals environment, administration of medication, admission, physical and nursing care [6]

In the provision of healthcare, nurse-patient interaction predominates over those with either physicians or other hospital personnel. Nursing care is the most important factor for evaluation of patient's satisfaction with care. Nursing care occupies a critical position in molding patient's perception quality of care. Indeed, several research findings have pointed out that patient's perception of the quality of care tend to be related to their interpersonal interaction with the caregivers [7]

Materials and Methods

Research Design

The research design used in this research study is a descriptive comparative cross-sectional survey design

Setting

This study was carried out in General Hospital Onitsha, Anambra State and St. Charles Borromeo hospital Onitsha all in Onitsha metropolis of Anambra State to assess the satisfaction of patient with nursing care.

Ethical Considerations

The researcher collected Ethical approval from the Ethical committee at Nnamdi Azikiwe University teaching Hospital Nnewi.

Target Population

The target population for this study is made up of in-patient in the hospitals that have been in the care of nurses in the selected hospitals for a moderate period of time (that is 2 days and above) at the time of this study, and can give valid information about the nurses and their care.

Sampling Size Determination

Hospital	Population
General Hospital	2120
Borromeo Hospital	3300
Total	5420

Sample of 373 respondents was drawn from the target populations of 5420 patients through Taro Yamen formula for sample size calculation (Appendix II)

Sampling Technique

This study used stratified random sampling technique to select subjects from the target population to for the study. A sample of 373 respondents were randomly selected from a population of 5400 patients. Each sampling person in the population was given equal chance of being selected to avoid discrimination and bias. The technique used was paper balloting that provided 373 respondents (as sample size). The patients were drawn based on their willingness to participate and also the availability at the time of data collection.

Instrument for Data Collection

Patient satisfaction is treated as an outcome measure of healthcare providers. Satisfaction is a function of the discrepancy between what is expected and what is perceived to be actually occurring. Several studies have compared satisfaction with care received in public hospitals and private hospitals in some developing countries and however, such comparative studies are sparse in Nigeria [8]. Therefore, it is imperative for hospital managers and administrators for identify patient's perceptions and expectations of the quality of care, from time to time and to assess the extent to which these ideals are met by their institutions (Hospital). The poor perception of service quality in public hospitals compared to private hospitals can be adduced to explain the relative underutilization of public hospitals, particularly by those belonging to the high socio-economic class. This perception has led to poor public confidence in health care and made the government hospitals unattractive to the consumers of hospital services [9]

Since quality patients' care is considered essential to institutional survival, it is an attribute sought after by hospitals and emphasized by administration [10]. Various studies have concluded that satisfied patient, are likely to continue using the medical care services, to maintain the relationship with a specified provider and to comply with medical regimen Patients' satisfaction with nursing care was found to be an important predictor of overall satisfaction with hospital care.

The main instrument used for data collection was a self-developed structure, close-ended questionnaire. It comprises of twenty- five (25) questions. This contained some options each for the respondents to choose the most correct options, which answered the question. The questionnaire was used to interview illiterates and their responses recorded in their dialect.

The questionnaire contained four (4) sections: A. B. C. and D.

Section A: contained bio-data (personal information) of the respondents.

Section B: contained responses to the assessment of patient satisfaction with nurses care in the hospital.

Section C: contained the responses to the assessment of effect of waiting time on patient perception quality care.

Section D: contained responses to the determination the perception of treatment outcome on patient.

Validity of Instrument

A twenty-five (25) items questionnaire was set out for data collection. The questionnaire was given to the project supervisor and one research expert, for content and face validation. Their actions lead to the structuring of dome items after which the researcher effected corrections before the final version of the instrument was produced,

Reliability of the Instrument

A test and retest exercise was carried out, the researcher firstly gave the questionnaire to thirty-seven (37) respondent to complete. She collected it after two weeks; then she gave the questionnaire to the second different ten respondents to complete and collected each after two weeks.

The different responses obtained were crosschecked and analysed using Pearson Product Moment Correlation Coefficient to reveal that two results were the same. The reliability index obtained after the analysis was 0.77 showing that the instrument is reliable (Appendix III).

Method of Data Collection

A request for ethical approval was made to the ethical review committee, after which the researcher was granted approval to conduct the research. The researcher then went to the hospital with a copy of identification letter from Nursing Science Department of College of Health Science Okofia, and obtained permission from the Chief Nursing Officer (CNO) in-charge

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to have access to the patients in the hospital wards and units involved in the research and it was granted. During the researcher's visit to the hospital, she established a good relationship and social interaction with the respondents, where by the heard their views and observed their attitude towards the nursing care. A structure questionnaire was administered to the respondents and retrieved after two weeks.

Statistical Analysis

Data generated from the study were tallied and presented in tables and simple percentages. Descriptive statistics was applied in the analyzed and SPSS Version 22 was the package used for this.

Results

In this chapter the data collected were analyzed and tabulated in a way that it will serve as a viable tool for effective discussion of result. The analysis was based on research question formulated.

In this study, a total of 373 questionnaires were distributed among patient attending clinics at Saint Charles Borromeo Hospital (Private) and General Hospital (Public), Onitsha Anambra State. Of these, 373 questionnaires were completed and returned. There was therefore 100% response after distribution of questionnaires. The population studied comprised of 178 public hospital and 195 private hospital attendees.

Variables	Public	2	Privat	e	Tota	ı
	Frequency	%	Frequency	%	Frequency	%
Age (years)						
18-20	35	19.66	39	20.00	74	19.80
21-30	45	25.28	49	25.13	94	25.20
31-40	39	21.91	43	22.05	82	22.00
41 and above	59	33.15	64	32.82	123	33.00
					373	
Sex						
Male	109	61.24	115	58.97	224	60.00
Female	69	38.76	80	41.03	149	40.00
Marital Status						
Single	92	51.69	102	52.31	194	52.00
Married	44	24.72	49	25.13	93	25.00
Divorced	20	11.24	10	5.13	30	8.00
Widow	22	12.36	34	17.44	56	15.00
Educational Level						
Primary	43	24.16	58	29.74	101	27.00
Secondary	52	29.21	52	26.67	104	28.00
Tertiary	36	20.22	39	20.00	75	20.00
Others	47	26.40	46	23.59	93	25.00
Occupation						
Farming	31	17.42	21	10.77	52	14.00
Trading	47	26.40	61	31.28	108	29.00
Civil servant	63	35.39	71	36.41	134	36.00
Student	37	20.79	42	21.54	79	21.00
Ethnicity						
Igbo	161	90.45	167	85.64	328	88.00
Hausa	6	5.06	9	3.08	15	4.00
Yoruba	5	2.81	7	3.59	12	3.00
Others	6	3.37	12	6.15	18	5.00
Length of						
Hospitalization						
1-5 days	57	32.02	62	31.79	119	32.00
6-10 days	85	47.75	90	46.15	175	47.00
11-15 days	24	13.48	28	14.36	52	14.00
16 days and beyond	12	6.74	15	7.69	27	

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Income of Patient						
1,000 - 10,000	36	20.22	5	2.56	41	11.00
11,000 - 20,000	83	46.63	92	47.18	175	47.00
21,000 - 30,000	48	26.97	71	36.41	119	32.00
31,000 and above	11	6.18	27	13.85	38	10.00

Data was analyzed using SPSS Descriptive statistics.

Table 4.1: Socio-Demographic Data of the respondents (n=373)

From table 4.1 above, 74(19.8%) of the respondents are within the age range of 18-20years. 94(25.2%) of the respondents are within the age range of 21-30years. 82(22%) are within the age range of 31-40 years and 123(33%) are within the age range of 41 and above. Majority of the respondents 224(60%) are males and 149(40%) are females. Also, 194 (52%) of the respondents are single, 93(25%) of the respondents are married, 30(8%) of the respondents are divorced 56(15%) of the respondents are widowed. Many of the respondents 101(27%) are primary school holder, 104(28) of the respondents are Secondary school holder, 75(205) of the respondents attained tertiary level and 93(25%) of the respondents are completed other levels of qualification. Majority of the

respondents 134(36%) are farmers, 108(29%) of the respondents are traders, 52(14%) of the respondents are civil servants and 79(21%) of the respondents are students. Most of the respondents 328(88%) are Igbo, 15(4%) are Hausa, 12(3%) are Yoruba and others complemented 18(5%). More so, 119(32%) of the respondents have a length of hospitalization time ranging 1-5 days, 175(47%) have a range of 6-10days, 52(14%) have a range of 11-15days and 27(7%) have been hospitalized for 16 days and beyond. Also 41(11%) of the respondents are earn income range of \clubsuit 10,000- \clubsuit 10,000, 175(47%) earn income range of \clubsuit 10,000- \clubsuit 20,000, 119(32) earn income rage of \clubsuit 31,000 and 38(10%) of the respondents are earn income of \clubsuit 31,000 and above.

Variables	Public N (%)	Private N (%)	X ²	p-value
Were the nurses' explanations about tests and treatments clear and complete to you?				
Yes	64 (35.96)	82 (42.05)	116.991	0.000
No	114 (64.04)	113 (57.95)		
Were the nurses willing to answer your question?				
Yes	60 (33.71)	96 (49.23)	77.309	0.000
No	118 (66.29)	99 (50.77)		
Were the nurses' friendly and kind to you?				
Yes	74 (41.57)	126 (64.62)	52.270	0.000
No	104 (58.43)	66 (33.85)		
Does the nurse explain the procedure before carry them out?				
Yes	41 (23.03)	79 (40.51)	66.756	0.000
No	137 (76.97)	116 (59.49)		
Do they seek your consent before carrying out nursing care?				
Yes	82 (46.07)	116 (59.49)	81.264	0.000
No	96 (53.93)	79 (40.51)		
Are you satisfied with the care given to you by the nurses				
Yes	98 (55.06)	117(60.00)	113.684	0.000
No	80(44.94)	78(40.00)		
If YES how satisfied are you with the quality of nursing care?				
Moderately satisfied	25(25.51)	35(29.91)		
Highly satisfied	21(21.43)	25(21.37)	352.102	0.000
Highly dissatisfied	28(28.57)	30(25.64)		
Well satisfied	24(24.49)	27(23.08)		

Data was analyzed using SPSS Chi-square test of association. P-values <0.05 is significant.

Table 4.2: Respondents' satisfaction with nurses' care in the hospital.

The result in table 4.2 shows that patients in the private hospital were more satisfied with the nurses' explanations about tests and examination (42.05%), nurses' willingness to answering questions (49.23%), nurses' friendliness (64.62%), nurses' explanation about procedure (40.51%), and informed consent before nursing care (59.49%).

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Are you satisfied with the care given to you by the nurses?

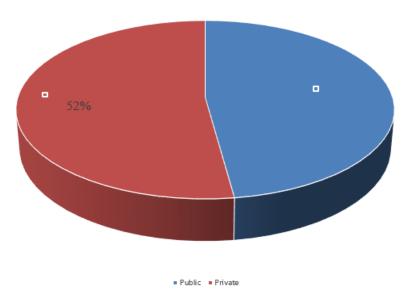


Fig. 4.1: Chart Showing Responses on whether the participants are satisfied with care given by nurses.

As shown in the chart above (fig. 4.1), a high percentage (52%) of satisfaction with care given by nurses was seen in the private hospital.

Variables	Public N (%)	Private N (%)	\mathbf{X}^2	p-value
Did the nurses spent adequate time with you on the bed side?				
Yes	90(50.56)	100(51.28)	141.995	0.000
No	88(49.44)	95(48.72)		
If "Yes" are you satisfy with the Frequency of the visits paid to you by the nurses				
Yes	55(61.11)	6565.00	234.808	0.000
No	35(38.89)	35(35.00)		
Were the nurses able to make efforts to minimize delay in performing investigations?				
Yes	90(50.56)	99(50.77)	145.269	0.000
No	88(49.44)	96(49.23)		
Have you experienced any delay in providing nursing care				
Yes	112(62.92)	88(45.13)	158.078	0.000
No	66(37.08)	107(54.87)		
If yes, like how long				
Less than 30 minutes	44(39.29)	54(61.36)	164.335	0.000
More than 30 minutes/	50(44.64)	30(34.09)		
Above 1 hour	18(16.07)	4(4.55)		

Data was analyzed using SPSS Chi-square test of association. P-values <0.05 is significant.

Table 4.3: Effect of the waiting time on patients' perception of quality care

Results from table 4.3 shows that patients attending private hospital greed that they were more satisfied with the care given by nurses (60%), nurses spent adequate time with them (51.28%), and nurses' make efforts to minimize delay (50.77%) while those attending public said the contrary.

Variable	Public N (%)	Private N (%)	\mathbf{X}^2	p-value
Did the nurses give you treatment/ medicine without any delay?				
Yes	100 (56.18)	120 (61.54)	113.144	0.000

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				0
No	78 (43.82)	75 (38.46)		
Did the nurses treat you in a way that made you feel important?				
Yes	96 (53.93)	116 (59.49)	114.162	0.000
No	82 (46.07)	79 (40.51)		
Did the care given to you by the nurses very satisfactory				
Yes	92 (51.69)	112 (57.44)	112.211	0.000
No	86 (48.31)	83 (42.56)		
Did you feel better after nursing care?				
Yes	101 (56.74)	123 (63.08)	104.402	0.000
No	76 (42.70)	72 (36.92)		
Do you think nursing care contributed to the treatment outcome?				
Yes	99 (55.62)	119 (61.03)	110.594	0.000
No	79 (44.38)	76 (38.97)		

Data was analyzed using SPSS Chi-square test of association. P-values <0.05 is significant.

Table 4.4: Respondents' Perception of treatment outcome on patient

Result from the table 4.4 above indicated that 61.54% of respondents attending private hospital agreed that nurses give treatment without delay, 59.49% affirmed that they were treated in the way that made them feel important, satisfactory care were given by nurses (57.44%), they felt better after nursing care (63.08%), and 61.03% agreed that the nursing care contributed to the treatment outcome while those attending the public hospital gave contrary responses.

				Levene's Test for Equality of Variances		t-te	st for Equality	y of Means
		Mean	SD	F	Sig.	t-value	Sig. (2-tailed)	Mean Difference
Satisfaction	Private	52.65	21.14	0.774	0.38	6.317	0.000	13.42
Level (%)	Public	39.23	19.76					
Treatment	Private	60.51	22.10					
Outcome (%)	Public	54.83	22.51	1.475	0.225	2.458	0.014	5.681

Data was analyzed using SPSS Independent Samples T-Test. P-values <0.05 is significant.

Table 4.5: Comparism of Satisfaction Level and Treatment Outcome between Public and Private Hospital.

Result from the table 4.5 above compares the satisfaction level and treatment outcome in the hospitals. The Table value is P (0.05), while the Calculated Significant value is (0.000) for satisfaction level and (0.014) for treatment outcome

Discussion

Findings from the study revealed that, generally, patients' satisfaction about nursing care quality in the selected hospital was not so good or moderately poor, as the responses on satisfaction with nurses' care were fairly good. This was shown in table 4.2. This might be due to other factors such as, lack of clear explanation about treatments and nurses' unwillingness to answering questions. This finding is in line with the finding of the research carried out by [11], which revealed the dissatisfaction of patients towards nurses' lack of interest in their life situations, and lack of adequate self-care information. It disagrees with the findings of [12] which stated that there was a high level of patients' satisfaction with the quality of care rendered. This might be as a result of geographical locations as these studies were conducted in developed

countries while this research project was conducted in a developing country.

However, statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital in terms of overall satisfaction concerning nursing care. Patients in Private Hospitals are presented more satisfied (60.00%), than in the Public Hospital (50.06%) as displayed in Fig 4.1 and explained in table4.1. Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital in terms nurses' explanations about tests and treatments (Private Hospitals 42.05%, Public Hospital 35.96%). Patients in Private Hospitals are presented more satisfied (65.1%), than in the Public Hospital (47.5%). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital in termsnurses willingness to answer questions (Private Hospitals 61.54%, Public Hospital 56.18 %).

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Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital in terms nurses' being friendly and kind (Private Hospitals 64.62%, Public Hospital 41.57%). Statistically significant difference (p < 0.005) appeared to exist between the Private and the Public Hospital in terms nurse explanation of the procedure before carry them out (Private Hospitals 40.51%, Public Hospital 23.03%). Statistically significant difference (p < 0.005) appeared to exist between the Private and the Public Hospital in terms of nurses seeking consent before carrying out nursing care (Private Hospitals 59.49%, Public Hospital 46.07%). This findings is in line with the studies conducted by [13] which revealed that patients attending private hospitals expressed more satisfaction than those attending public hospitals. It contradicts that conducted by [14] which stated that those attending tertiary teaching hospitals were more satisfied with the nurse-client relationship than those attending secondary mission hospitals. This might have resulted from the difference in the characteristics of the target population because the study was conducted on pregnant women while this study was conducted in no specific population.

Statistically significant difference (p < 0.005) appeared to exist between the Private and the Public Hospital regarding adequate time spent by nurses on patient's bed side, (Private Hospitals 51.28%, Public Hospital 50.56 %). Statistically significant difference (p < 0.005) appeared to exist between the Private and the Public Hospital regarding the frequency of the visits paid by the nurses(Private Hospitals 65.00%, Public Hospital 61.00 %). Statistically significant difference (p < 0.005) appeared to exist between the Private and the Public Hospitals regarding efforts to minimize delay in performing investigations (Private Hospitals 50.77%, Public Hospital 50.56 %). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital regarding delay experienced in providing nursing care (Private Hospitals 45.13, Public Hospital 62.92%). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital length of delay. The collective modes for length of delay were: less than 30 minutes (Private Hospitals 61.36%, Public Hospital 39.29%), greater than 30 minutes (Private Hospitals 34.09%, Public Hospital 44.64%) and above1 hour (Private Hospitals 4.55%, Public Hospital 16.07%). This is in line with study conducted by [15] which showed that Patient waiting times were found to be shorter in private hospital than those attending public hospital. This can be link it to increased nurse-patient ratios. This is also in line with the study conducted by [16] which showed that majority (about 55%) of patients are not satisfied with the care provided in the emergency department of public hospital due to lengthy waiting time. But contradicts the study by [17] who reports that respondents in the public hospital were more satisfied with the waiting time.

Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital regarding treatment/ medicine without any delay, (Private Hospitals 61.54%, Public Hospital 56.18%). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital regarding feeling important with nursing care (Private Hospitals 59.49%, Public Hospital 53.93%). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospitals regarding satisfaction with care given (Private Hospitals 57.44%, Public Hospital 51.69%). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital regarding feeling better with nursing care (Private Hospitals 63.08%, Public Hospital 56.74%). Statistically significant difference (p <0.005) appeared to exist between the Private and the Public Hospital regarding contribution of treatment outcome from

nursing care (Private Hospitals 61.03%, Public Hospital 55.62%). Treatment outcome of patients was positive as majority of the respondents agreed that they felt better after the nursing care rendered which they thought to have resulted from the quality of nursing care. This agrees with the work done by [18] who stated that the quality of nursing services was observed far better in private hospitals as compare to government hospitals. This also support the claim of [19] [20], in their study that compared the quality of healthcare delivered by the public and private hospitals to gain patient satisfaction in Pakistan indicated that private hospitals deliver better quality of services to patients as compared to public hospitals.

Conclusion

Based on the findings, the researcher concluded that nursing care to patients is not highly satisfactory which could be due to issues such as; attitudes of nurses, lack of education of the treatment given, lengthy waiting time, and others. Even though some patients have experienced the long waiting time before their treatment, it doesn't greatly affect their perception of quality nursing care. It was also concluded that private hospitals provide more satisfactory care than public hospitals.

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