

## Patients' Satisfaction Regarding Nursing Care Provided in Different Hospitals in Makkah AL Mukramah

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**Abstract: Background:** Patients' satisfaction has been used as a significant indicator of quality services provided by health care personnel. Consequently, the most important predictor of patients' overall satisfaction with hospital care is particularly related to their satisfaction with nursing care. Patient's satisfaction with nursing care is important for any health care agency because nurses comprise the majority of health care providers and they provide care for patients 24 hours a day. **Aim:** The aim of the current study was to measure the patients' satisfaction regarding nursing care provided in different hospitals in Makkah Al-Mukrama. **Subjects and Methods:** A descriptive study design, it represented in a convenient sample consisted of 150 patients, the study was carried out at three different hospitals affiliated to King Faisal, Al Noor Specialist and Al Ahly Hospitals, whereas 50 patients were taken from each hospital, the study was conducted at Medical & Surgical Wards and Hemodialysis Unit. **Tool of Data Collection:** It was an Interviewing Patients' Satisfaction Questionnaire (IPSQ), it was used to measure the patients' satisfaction regarding nursing care provided in different hospitals in Makkah Al-Mukramah. **Results:** The results of the current study revealed that more than half of patients in King Faisal Hospital were male and their age was 35 years and above, in comparison to Al- Ahly Hospital the majority of patients were female. The majority of patients were satisfied with nurses communication except for patients' participation in decision making regarding their treatment additionally, there was no statistical significant differences regarding nursing care provided among the three different hospitals. **Conclusion:** There was no statistical significant differences regarding nursing care provided among the three different hospitals in Makkah Al – Mukramah,. **Recommendations:** Further studies should be conducted concerning patients' satisfaction with nursing care provided in all hospitals.

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**Key words:** Patient's Satisfaction, Quality of nursing care provided.

### 1. Introduction

Patient satisfaction has been used as an indicator of quality services provided by health care personnel. The most important predictor of patient's overall satisfaction with hospital care is particularly related to their satisfaction with nursing care<sup>(1,2)</sup>. Patient satisfaction is defined as the extent of the resemblance between the expected quality of care and the actual received care. Patient satisfaction with nursing care is important for any health care agency because nurses comprise the majority of health care providers and they provide care for patients 24 hours a day<sup>(3,4,5)</sup>.

Studies of the quality of medical care are increasing in importance as a component of health care research. The consumer's opinion of services is being taken into account in assessments of quality. Thus, evaluating the quality of nursing care involves the measurement of its benefits to patients and the community at large<sup>(6,7)</sup>. The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Patient satisfaction

should be as indispensable to assessments of quality as to the design and management of health care systems<sup>(8,9)</sup>.

However, the patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services and stay within a health provider (where there are some choices) and maintain with a specific system. In addition, health professionals may benefit from satisfaction surveys that identify potential areas for service improvement and health expenditure may be optimised through patient-guided planning and evaluation<sup>(3,9)</sup>. Consequently, the nurse patient relationship has a powerful impact on patient satisfaction. Nurses spend the most time with patients. Patients see nurses' interactions with others on the care team and draw conclusions about the hospital based on their observations. Also, nurses' attitudes

toward their work, their coworkers and the organization affect patient and family judgments of all the things they don't see behind the scenes<sup>(4,10)</sup>. Patient's satisfaction is now a critical variable in any calculation of quality or value and therefore in the assessment of corporate/individual accountability. It is a legitimate and important measure of quality of care<sup>(5,6,11)</sup>.

Accordingly, patients want to be treated well, to know their nurse as knowledgeable, skilled and competent, to have high quality care every time and want nurses to have a caring and humane attitude, make them feel safe and comfortable – 'cared about' as well as 'cared for'. The attitude and approach of the nurse is the most important factor in securing this experience for patients, enabling them to be treated as a human being not a case with compassion, respect, empathy and by staff who are interested in providing patient care<sup>(6,7,11)</sup>.

Quality of care encompasses many individual components. Two of the most significant include quality assessment and quality improvement. Where, as quality assessment represents the analytical measure of the important elements of quality of care in terms of patient satisfaction, quality assessment can be used to analyze the outcomes of interpersonal interactions between the physician and the patient throughout the care process. Measurement is an essential element of the assessment process<sup>(12,13,14)</sup>. Meanwhile, quality improvement is the process used to enhance the delivery of healthcare services provided to healthcare customers in order to best meet their needs and expectations. So, the quality improvement process logically follows quality assessment, and utilizes assessment results in order to develop techniques to address those customer concerns defined during the assessment process<sup>(15,16)</sup>.

In general, most quality measures can be placed into 2 general subject groupings. These include Process measures and Outcome measures. Process measure reflect the quality of activities (preparations, interactions, and interventions) that occur prior to and during care. The process of care thus includes the infrastructure as well as the direct delivery of care to patients. Process measures fall into 3 general categories:

Infrastructural processes (technical and organizational) that occur prior to contact with the patient; care delivery processes (technical and organizational) that occur during contact with the patient and patient satisfaction with the processes of care. Outcome measures reflect the result of care (whether intended or unintended). This result could manifest at any time during or after the patient's stay. Outcome measures fall into 3 broad categories: Adverse events or negative results of the technical

process; the desired (intended), documentable result of care; and Patient reports of healing<sup>(17,18)</sup>.

### **Significance of the Problem:**

Patients are the best source of information about a hospital system's communication, education, and pain-management processes, and they are the only source of information about whether they were treated with dignity and respect. Their experiences often reveal how well a hospital system is operating and can stimulate important insights into the kinds of changes that are needed to close the gap between the cares provided and the care that should be provide. There has been increasing interest in patients' satisfaction with nursing care in the past few decades. Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality.

### **Aim of the Study**

The aim of the study was to measure patients' satisfaction regarding nursing care provided in different hospitals in Makkah Al- Mukramah.

### **Research question:**

Is there a difference in the level of patients' satisfaction regarding nursing care provided in different hospitals settings.

### **2.Subjects and Methods**

This study aimed to measure patients' satisfaction regarding nursing care provided in different hospitals in Makkah Al- Mukramah.

#### **I. Technical design:**

##### **A. Research design:**

The study design was a descriptive study.

##### **B. Research settings:**

The study was conducted at Medical & Surgical wards, and Hemodialysis unit affiliated to King Faisal Hospital (Governmental), AL-Noor specialist Hospital (Institutional), and AL-Ahly Hospital (Private), they represented three different sectors.

##### **Research subjects:**

A convenient random sample composed of 150 patients. They were representative from the previously mentioned settings, 50 patients from each hospital, whereas the sample was elected under the following inclusive and exclusive criteria.

##### **Inclusive criteria:**

- Conscious, oriented, and stable patients.
- Age 15 years old and above.
- Both male and female gender.
- All available nationality.

##### **Exclusive criteria:**

- Critical patients, unconscious and comatose.
- Patients under 15 years old.

##### **C. Tool of data collection:**

• **An Interviewing Patient's Satisfaction Questionnaire (IPSQ):** It was adopted from

Newcastle Satisfaction with Nursing Scale (NSNS) Walsh and Walsh<sup>4</sup>. It was used to measure the patients' satisfaction regarding nursing care provided in different hospitals in Makkah Al-Mukramah. Some modifications were done by the researchers to suit the nature of the current study. IPSQ included three parts as the following:

**Part 1:** Patients' socio- demographic characteristics as regards their age in year, gender, level of education, nationality, and residence.....etc.

**Part 2:** Patients' satisfaction regarding nursing care provided through assessing nurses' communication with the patients, meeting the patients' needs, patients' physical environment, in addition to the assessment of patients' satisfaction as regards nurses' skills and their competences.

**Part 3:** Patients' suggestions for improving the quality of nursing care provided.

Questions were in the form of open, close ended, and multiple choices. The time consumed to filled the questionnaire by the researcher for each patient in study was 15-20 minutes. Each questionnaire sheet was filled on spot individually and the average number of patients who interviewed per day was 5-10 for each hospitals.

**•Scoring system:**

The Interviewing Patient's Satisfaction Questionnaire (IPSQ): It comprised of twenty eight (28) statements in which the first ten statements were related to the Patients' satisfaction regarding nurses' communication and the second eight statements were concerned with patients' satisfaction regarding meeting their' needs and the last ten statements were concerned with patients' satisfaction as regards nurses' skills and their competences. All statements were scored on a four points Likert Rating Scale whereas,(strongly agree = 4, agree =3, disagree = 2 and strongly disagree =1). For analysis patient's responses were plotted under two main categories (Satisfied &Dissatisfied), Whereas if the patient responses were strongly agree or agree, i.e Satisfied and if the patients responses were disagree or strongly disagree, i.e Dissatisfied.

**Validity and reliability**

It was ascertained by a group of experts personnel in nursing. Their opinions were elicited regarding to the tools format layout, consistency and scoring system. The content tools were tested regarding to knowledge, practices accuracy, relevance and competence.

**II. Operational design:**

**1. Preparatory phase:**

A review of the past, current local & international related literature.

**2. Exploratory phase:**

**A. Pilot study**

A pilot study was carried out on 10% of patients (15 patients) at the previously mentioned settings to test the study tool for its clarity, validity and time required to fill the tool. The necessary modifications were done through omission of unneeded or repeated questions and improved prior to data collection according to the pilot study results. The patients included in the pilot study were excluded from the stud sample.

**B. Procedure:**

- An official permission was obtained to conduct the study. The actual filed work was carried out from 11-5-2012 to 28 -6-2012 for data collection. The researchers were available two days/ week in different shift and alternatively in different study settings for 6 weeks. The nature and the purpose of the study was explained by the researchers to all patients that were included in the study. The questionnaire was filled out by the researchers individually. The average time needed for the completion of each form was around (15-20 minutes). Patients' verbal agreement was obtained after that the researchers began to collect the data.

**III. Administrative design:**

An official approval to conduct the study was obtained from the director of Faculty of Applied Medical Sciences, Umm Al Qura University to the hospital managers of the previously mentioned study settings to collect the sample.

**IV. Statistical analysis:**

Data were collected, coded, tabulated and analyzed using the numbers and percentage distribution, statistical analysis. Proper statistical tests (t. test) was used to estimate the statistical significant differences. A significant P. value was considered when P. value was <0.05 and highly significant when P. value was nursing care provided in different hospitals <0.01.

**V. Ethical considerations and Human rights:**

- The aim of the study was explained to all patients.
- Obtaining a voluntary acceptance the study subjects to participate in the study.
- The required permissions were obtained through the appropriate channels.
- Code number for each patient was applied to protect their confidentiality rights of their personal data.

**VI. Limitation of the Study:**

Since patients had a number of different nurses caring for them, they were hesitant in answering questions that referred to all nurses. In addition, nursing occurs within a multidisciplinary context, patients' health difficulties are not solely available from the whole health-care experience.

**3.Results of the study:**

As shown in table (1) that less than half (42%) of patients' age in Al-Noor and Al Ahly Hospitals were ranged from 15- < 25 years and 60 % of them in King Faisal Hospital their ages were  $\geq 35$  years. As regards the level of education it was found that nearly one quarter of patients (24%, 22%, & 26%) had secondary education in the three hospitals (King Faisal, Al-Noor and Al-Ahly Hospitals) respectively. Also, regarding patients' nationality and their residence in King Faisal, Al -Noor & Al-Ahly Hospitals, it was observed that the majority (94%, 92% & 70%) and (100%, 96% & 100%) of them were Saudi & urban respectively.

Table (2) showed that nearly half (48%, 50%, & 60%) and (48%, 58% & 46%) of the study sample in King Faisal, Al-Noor, & Al- Ahly Hospitals were in surgical ward and for the third time of their hospital admission respectively.

As shown in table (3) that the system is nursing at AL-Ahly Hospital had a greater capacity to communicate with patients, where the patients had the highest percentage of answers in the communications. However, there was no statistical significant differences (T. = 0.422 & P.>0.05) among the three hospital regarding patients' satisfaction toward nurses' communication.

Table (4) showed that nearly all patients were satisfied in Al-Ahly Hospital by meeting their needs & expectations, and also the patients' responses ratio was high in Al-Noor Hospital. Meanwhile, there was no statistical significant differences (T=0.388 & P.  $\gt$  0.05) among the three hospitals regarding patients' satisfaction toward meeting their needs and expectations.

Regarding patients' satisfaction related to nurses' skills and competences, Table (5) showed that the majority (80%, 88% & 90%) of patients were satisfied in king Faisal, Al-Noor & Al-Ahly Hospitals as regards nurses' hand washing before and after the procedures. Also, there were no statistical significant differences (T=0.33, 0.35, 0.32 & P.  $\gt$  0.05) among the three hospitals in patients' satisfaction toward nurses' skills and competences before, during & after the procedure.

Regarding patients' suggestions for improving the quality of nursing care provided table (6) clarified that 88% & 50% of patients in king Faisal Hospital and Al-Noor Hospital respectively were suggested that the nurse should be calm, while few (8%) of patients in Al-Ahly Hospital were suggested that the nurse should be more knowledgeable.

**Table (1): Distribution of the Study Sample According to Their Socio-demographic Characteristics.**

Patients' Characteristics	Total number =150(100%)					
	King Faisal Hospital No.= 50		Al-Noor Hospital No.= 50		Al-Ahly Hospital No.= 50	
I. Age in years:	No.	%	No.	%	No.	%
• 15- <25	13	26	21	42	21	42
• 25- <35	7	14	15	30	15	30
• $\geq 35$	30	60	14	28	14	28
II. Gender						
• Male	30	60	31	62	4	8
• Female	20	40	19	38	46	92
III. Education Level						
• Illiterate	8	16	8	16	12	24
• Reads and writes	6	12	5	10	6	12
• Primary & Intermediate	6	12	10	20	7	14
• Secondary	12	24	11	22	13	26
• University	18	36	16	32	12	24
IV. Nationality						
• Saudi	47	94	46	92	35	70
• Non Saudi	3	6	4	8	15	30
V. Residence						
• Urban	50	100	48	96	50	100
• Rural	0	0	2	4	0	0

**Table (2): Numbers and Percentage Distribution of the Study Sample According to Their Hospital Department and Frequency of Hospital Admission**

Items	Total number =150 (100%)					
	King Faisal Hospital No.= 50		Al-Noor Hospital No. = 50		Al-Ahly Hospital No. = 50	
I. Department:	No.	%	No.	%	No.	%
• Medical Ward	13	26	17	34	12	24
• Surgical Ward	24	48	25	50	30	60
• Dialysis Unit	13	26	8	16	8	16
II. Frequency of Hospital admission:						
• 1 <sup>st</sup> . time	12	24	8	16	13	26
• 2 <sup>nd</sup> . Time	14	28	13	26	14	28
• 3 <sup>rd</sup> . time & more.	24	48	29	58	23	46

**Table (3): Percentage Distribution of the Study Sample Satisfaction as Regards Nurses' Communication.**

Statements	King Faisal Hospital No.= 50		Al-Noor Hospital No.= 50		Al-Ahly Hospital No.= 50	
	Sat. %	Dissa t.%	Sat. %	Dissa t.%	Sat. %	Dissat .%
1. The nurse asks about the pt's condition frequently	88	12	100	0	80	20
2. The nurse listen to the pt's complaining carefully.	82	18	96	4	80	20
3. The nurse gives the patient chance for asking questions.	78	22	88	12	100	0
4. The nurse answers all the pt's questions.	82	18	76	24	92	8
5. The nurse explains the procedures to the patient before done.	80	20	88	12	100	0
6. The nurse gives the patient time to discuss the condition & treatment plan.	82	18	84	16	96	4
7. The nurse encourages pt's participation in decision making.	78	22	44	56	94	6
8. The nurse communicates with the pt. purposefully & therapeutically.	96	4	90	10	100	0
9. The nurse communicates with a clear tone of voice.	96	4	96	4	100	0
10. The nurse respond for the pt's calling immediately.	96	4	100	0	100	0
<b>T. test &amp; P. value</b>	<b>(T. = 0.422 &amp; P. &gt; 0.05)</b>					

Insignificant ( $P. > 0.05$ )

**Table (4): Percentage Distribution of the Study Sample Satisfaction as Regards Their Needs and Expectations**

Statements	King Faisal Hospital No. = 50		Al-Noor Hospital No. = 50		Al-Ahly Hospital No. = 50	
	Sat. %	Dissat. %	Sat. %	Dissat. %	Sat.%	Dissat. %
1.The nurse checks pt's ID, prior to administering medications.	92	8	100	0	100	0
2. The nurse maintains the patient's rights & needs.	92	8	100	0	100	0
3. The nurse promotes pt's respect and self - esteem.	90	10	98	2	100	0
4. The nurse promotes positive pt's self- image.	88	12	100	0	100	0
5. The nurse provides the patient with health education.	92	8	100	0	100	0
6. The nurse monitors the pt's safety & security.	90	10	100	0	100	0
7. The nurse provides pt. with clean& quite environment.	88	12	80	20	100	0
8. The nurse takes defective equipment from the pt's environment& reporting the defect.	86	14	88	12	98	2
<b>T. test &amp; P. value</b>	<b>(T. = 0.388 &amp; P. &gt; 0.05)</b>					

Insignificant ( $P > 0.05$ )

**Table (5): Percentage Distribution of the Study Sample Satisfaction as Regards Nurses' Skills and Competences**

Nursing Care	King Faisal Hospital No.= 50		Al-Noor Hospital NO.= 50		Al-Ahly Hospital NO.= 50		T Test	P. Value
	Sat. %	Dis. Sat. %	Sat. %	Dis. Sat. %	Sat. %	Dis. Sat. %		
<b>I. Before the Procedure</b>								
1.The nurse washes hands before the procedure.	80	20	88	12	90	10	0.33	γ 0.05
2. The nurse prepares all needed equipment.	76	24	88	12	92	8		
3. The nurse maintains pt's privacy.	84	16	84	16	92	8		
4. The nurse explains the purpose of the procedure to the patient.	90	10	100	0	80	20		
<b>During the Procedure</b>								
5. The nurse has self confidence.	96	4	100	0	100	0	0.35	γ 0.05
6. The nurse performs the nursing procedures skillful.	86	14	70	30	92	8		
7. The nurse understands what she offers to the patient.	92	8	100	0	100	0		
<b>II. After the Procedure</b>								
8.The nurse provides conclusion & takes feedback from the pt.	28	72	74	26	86	14	0.32	γ 0.05
1. The nurse documents &reports the pt's conditions.	32	68	64	36	94	6		
2.The nurse washes hands after the procedure.	80	20	88	12	90	10		
<b>Total</b>							0.33	γ 0.05

Insignificant ( $P > 0.05$ )

**Table (6): Distribution of the Study Sample as Regards Their Suggestions for Improving the Quality of Nursing Care Provided**

Pt's Suggestions**	Total number =150 (100%)					
	King Faisal Hospital No.= 50		Al-Noor Hospital No. = 50		Al-Ahly Hospital No. = 50	
	No.	%	No.	%	No.	%
• The nurse should be patience.	26	52	23	46	12	24
• The nurse should be calm.	44	88	25	50	2	4
• The nurse should be more knowledgeable.	13	26	8	16	4	8

\*\* Patients' numbers are not exclusive

**4.Discussion:**

Patient satisfaction is an important quality outcome indicator of health care in the hospital setting. The measurement of patients' satisfaction with nursing is particularly important since nursing service is often a primary determinant of overall satisfaction during a hospital stay<sup>(18)</sup>. Satisfaction studies can function to give providers of care some idea of how they would have to modify their provision of services in order to make their patients more satisfied.

Moreover, satisfied patients usually trust their health care providers, and as a return they comply with medical and nursing orders. Then, eventually, the patient's healing process is enhanced and at the same time, they disseminate their experiences to others which increase the number of patients who uses the services. If not satisfied the opposite may happen<sup>(19)</sup>.

The current study aimed to measure patients' satisfaction regarding nursing care provided in different hospitals in Makkah Al- Mukramah. This

was similar **Khan et al.**<sup>(26)</sup> who examined the level of satisfaction with specific dimensions of nursing care in an effort to provide quality improvement knowledge that will lead to understand and identify the principle drivers to patient satisfaction. Also, **Zavare**<sup>(27)</sup> conducted a cross-sectional study to determine cancer patients' satisfaction level and factors that contribute to patients' satisfaction towards the nursing care services provided at the selected teaching hospitals in Tehran, Iran. Accordingly, to evaluate and improve the quality of care provided, it is of vital importance to investigate the quality of care in the context of health care.

As regards the socio demographic characteristics of patients under the study, the results of the present study revealed that more than half of patients in King Faisal Hospital were male and had age 35 years and above, in comparison to Al- Ahly Hospital the majority of patients were female. These findings were similar to study findings of **Fang and Nazeemah**<sup>(21)</sup> stated that elderly patients were more likely to report themselves very satisfied, whereas 85% of those over 65 giving high rating compared to 52% of those aged 15 – 39 years. According to **Irurita**<sup>(22)</sup> that marked associations were found between satisfaction and gender, age and social class, older age was the strongest predictors of satisfaction and men tended to be more satisfied than women. Also, **Zavare**<sup>(27)</sup> reported that the majority of respondents were males (52.4%), married (66.4%) and with age group 45-54 year (26.4%). Furthermore, **El Awa et al.**<sup>(20)</sup> who reported that older patients are generally more satisfied than younger patients. This may be attributed to that patients at age fifteen years were at the stage of adolescent that is characterized by different reactions toward hospitalization and the role that the illness may play in their life depending on the quality of the support systems available to them, in addition to physical changes related to the transition from childhood to maturity and disease process may be responsible for psychological instability that reflects their dissatisfaction.

Meanwhile these findings were contradicted with **Mustard**<sup>(23)</sup> who studied for improving patient satisfaction through the consistent use of scripting by the nursing staff and pointed out that demographic characteristics such as sex and race seem to be unimportant. Patients reporting their health as poor are less satisfied than those who describe themselves as healthy. Satisfaction may also be influenced by the patient's mental state: psychological distress, depression and personality disorders have been associated with lower levels of satisfaction in addition to lower satisfaction has also been found among elderly.

Concerning patients' level of education, and patients' residence area, the results of the current study showed that nearly half of patients had secondary & university education and most of them were from urban area in King Faisal, Al-Noor, & Al – Ahly Hospitals respectively. These results were similar to **Jeffrey et al.**<sup>(24)</sup> who pointed out that Satisfaction was also related to social class, those from extremes (high social class) tending to be most satisfied than the intermediate groups. Also, **Zavare**<sup>(27)</sup> reported that the majority of respondents were secondary education level (44.8%) and they were working adults (52.6%), with family monthly income of US\$200-500 (60.9%), and hospitalized between 2 to 5 days (81.8%). In contrast, **Wallin et al. (2000)**<sup>(25)</sup> reported that as regards participants' educational status, less educated patients have higher satisfaction. 87% of respondents who were illiterate were fully satisfied compared to 56% who had diploma and above; this is similar with the **Quinn et al.**<sup>(14)</sup> study in which less educated patients tended to have high satisfaction. One study has also found that those attaining higher educational level were not satisfied with their care<sup>(18)</sup>.

Regarding patient's departments in hospital settings and their frequencies for previous hospital admission, the results of the present study showed that half of the sample under the study in King Faisal, Al-Noor, & Al- Ahly hospitals were in surgical ward and for the third time of their hospital admission, these were in agreement of **Wallin et al.**<sup>(25)</sup> who pointed out that patients' satisfaction appears to be influenced by a number of factors, including patient characteristics and their previous experience of health care. Whereas, 74% of participants who had not had a history of previous hospital admission were fully satisfied compared to 66% of those who were admitted previously at least once to hospital. On this line we can conclude that previous hospital admission has got some effect on patients' satisfaction.

On assessing patients' satisfaction regarding communication of nurses with patients, the results of the current study revealed that the majority of patients were satisfied with nurses communication except for patients' participation in decision making regarding treatment, these findings were in accordance with **Jeffrey et al.**<sup>(24)</sup> who concluded that the communication of information about illness and treatment appeared to be the most frequent source of patients' dissatisfaction. Also, **Wallin et al.**<sup>(25)</sup> pointed out that there was a communication gap between nurses and their patients that lead to patient dissatisfaction. This is a common problem for hospitals under study which requires urgent attention to enhance patients' satisfaction at the same time to insure quality of nursing care.

On investigating patients' satisfaction regarding meeting their needs and expectations, the results of the present study revealed that nearly all patients were satisfied in Al-Ahly Hospital by meeting their needs & expectations, and the patients' responses ratio was high in Al-Noor Hospital. Also, there was no statistical significant differences ( $T=0.388$  &  $P. > 0.05$ ) between the three hospitals regarding patients' satisfaction toward their needs and expectations. However, **Jeffrey et al** <sup>(24)</sup> stated that to be able to meet patients' expectations, nurses should know the patients and understand their needs. However, many nurses have expressed difficulty in doing so due to insufficient manpower in their work place.

Meanwhile, **Mustard** <sup>(23)</sup> emphasized that patients' satisfaction appears to be influenced by a number of factors including patient previous expectations.

Concerning patients' evaluation as regards the quality of nursing care provided in the three different hospitals, the findings of the present study showed that approximately three quarters of patients in Al – Ahly Hospital reported that the level of nursing care provided was excellent compared with nearly half of them in King Faisal Hospital and Al-Noor Hospital. This could be due to that the public health implication related to patient dissatisfaction of care may be patient go to private health care providers that incur high cost to patients compared to government health care services. Patients should be allowed to define their own priorities and evaluate their care accordingly, rather than having those criteria selected by professionals <sup>(1)</sup>. Satisfaction studies can function to give providers of care some idea of how they would have to modify their provision of services in order to make their patients more satisfied<sup>(26)</sup>. The extent to which consumer opinion can influence Policy makers and health care personnel is not only dependent upon collecting the right kind of data, it also requires that policy makers and health personnel accept the value of the consumer's point of view<sup>(27)</sup>. Contradictory, some still feel that patients cannot really be considered good judges of quality, dismissing their views as too subjective<sup>(20,28,29)</sup>.

### Conclusion

The current study concluded that patients were satisfied regarding nursing care provided in the King Faisal, Al-Noor and Al- Ahly Hospitals in Makkah Al – Mukramah, and there was no statistical significant differences in the level of patients' satisfaction and their experiences in relation to the hospital settings.

### Recommendations

1. A communication skill is one of the major skills nurses require particularly interpersonal skills.

2. Nursing curriculums should give attention for developing the communication skills of their students side by side with cognitive and psychomotor skills and also nurses should practice these skills in their working places.
3. Replicated the study with large sample size to be generalized.
4. Patients' suggestions for improving the quality of nursing care provided should be taken into considerations through the use of the findings of this study to improve the quality of nursing care.
5. Establish an educational training program for nurses to upgrade their knowledge and practices.
6. Further studies should be conducted concerning patients' satisfaction with nursing care provided in all hospitals.

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