

Patient Satisfaction with Nursing Care Quality in a Malaysian Private Hospital's Medical-surgical Ward

Arfah Kamaruddean¹, Annamma Kunjukunju^{2*}, Aini Ahmad³, Puziah Yusof⁴,
Roziana Abdul Rahman⁵ and Jeevasulochana Sinniah⁶

¹Undergraduate student, KPJ Healthcare University College, Nilai, Malaysia

²Senior Lecturer, KPJ Healthcare University College, Malaysia

³Post graduate coordinator, KPJ Healthcare University College, Malaysia

⁴Lecturer KPJ Healthcare University College, Nilai, Malaysia

⁵Lecturer KPJ Healthcare University College, Nilai, Malaysia

¹arfahkamal@hotmail.com, ²ann@kpjuc.edu.my, ³ucn.ainiahmad@kpjuc.edu.my,

⁴puziah@kpjuc.edu.my, ⁵ucn.roziana@kpjuc.edu.my, ⁶ucn.jeeva@kpjuc.edu.my

Abstract

Patient satisfaction is an indicator of the quality of care and is considered an outcome of healthcare services. This study assessed patients' satisfaction with nursing care, factors affecting quality care, and the association between selected demographic variables and patient satisfaction levels. This cross-sectional study was conducted on 70 patients using convenience sampling at a private hospital in Kuala Lumpur. The instrument Patient Satisfaction with Nursing Care Quality (PSNCQQ) (2005) was adopted and used to measure patients' satisfaction with nursing care. Data were analyzed using SPSS 26.0. The findings revealed that most respondents (61.4%) had high satisfaction with the quality of nursing care. 'Nursing staff response to call,' 'coordination of care, and 'privacy' had the highest satisfaction. 'Recognition of your opinions,' 'coordination of care after discharge, and 'informing family or friends about your condition' had the lowest satisfaction. There was a significant relationship between patient satisfaction and gender ($p < 0.05$). This study determined the level of patient satisfaction and its contributing factors, which can assist nurses in improving the quality of nursing care by identifying related strengths and weaknesses. According to this study, nurses must recognize patients' opinions when managing their healthcare and participate in decision-making to improve patient satisfaction.

Keywords: Patient satisfaction, Nursing care, Quality of healthcare, Quality indicators

1. Introduction

Patient satisfaction has gained the attention of global scholars. Researchers from developed countries such as the United States (US), the United Kingdom (UK), and Canada have stressed the importance of patient satisfaction as a critical component of meeting patients' needs, especially in the area of nursing care [1]. According to Sharew et al., [2], patient satisfaction is the difference between a patient's expectation of ideal nursing care and their

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*corresponding author

perception of the actual nursing care obtained. Hospitals providing similar services may differ in terms of their quality. Patient's views and expectations about the healthcare system can be used to identify the need for improved healthcare quality. Therefore, patient satisfaction acts as an indicator of the quality of healthcare services [3].

Nursing care is one of the significant components of healthcare services that impacts patient satisfaction. Nursing care encompasses autonomous and collaborative care of individuals of all ages, families, groups, communities, sick or well, and all settings [4]. Nurses comprise a majority of healthcare providers, caring for patients twenty-four hours a day. Patients will likely meet, spend most of their time with, and depend on nurses for recovery during their hospital stay [1]. Thus, nurses should improve the quality of care provided to patients admitted to the ward, as their interaction in such a setting would affect the outcome of the patient's illness. Since nurses are expected to provide holistic care, patients' perception of nursing care is a good indicator of the quality of nursing care.

Nurses should have attributes like focus, empathy, courtesy, skills, and competence to fulfill the needs of the patients, as each of these affects patient satisfaction. A study by Karaca and Durna [5] found that concern and care were the nurse-related items for which patients' satisfaction level was highest. Conversely, the nurse-related item with the lowest satisfaction level was information given to the patients. One empirical analysis covering 31 counties reported that patient satisfaction was strongly associated with the patient's age [6]. Therefore, assessing patient satisfaction levels and the factors contributing to it will help nurses improve nursing care.

Healthcare managers should focus on achieving high patient satisfaction as an indicator of good service quality. The patient's perspective is the best data source for healthcare planning and evaluation [3]. The patient satisfaction data can assist nurses in identifying necessary steps to improve and rectify weaknesses related to delivering quality care to patients. High satisfaction with nursing care will lead to better relationships between patients and nurses. Failure to meet patients' needs will cause patients to switch to other hospitals for treatment and care. Satisfied patients are likelier to obey their treatment, continue with medical care services, and stay at the same hospital [7]. Besides, satisfied patients are more likely to refer their families and friends to the same hospital.

The healthcare delivery system in Malaysia comprises the public and private sectors. Patients who visit private hospitals are willing to pay more and have higher expectations for the best treatment services. Even though patient feedback upon discharge is being monitored in hospitals to measure their satisfaction with nursing care, more research still needs to be done in this area. Therefore, this study assessed patient satisfaction with nursing care and identified the strengths, weaknesses, and opportunities for improvement to provide excellent nursing care for patients following the organization's vision.

2. Methods

2.1. Study design

This hospital-based, cross-sectional study was carried out to explore patient satisfaction with the quality of nursing. A cross-sectional survey examines data at one point in time.

2.2. Settings

Respondents were recruited through convenience sampling of adult patients admitted to the medical-surgical ward at a private hospital in Kuala Lumpur.

2.3. Participants

According to Krejcie and Morgan's (1970) table for estimating sample size, the targeted sample size was 134. However, as the response rate was 52%, 70 patients who agreed to participate were included. Patients with the following characteristics were included in the study: (1) willing to give informed consent, (2) adult inpatients in the medical-surgical ward, (3) 18 years old and above, (4) hospitalized for at least two nights, (5) able to speak and understand English or Malay, and (6) alert and oriented. The response rate was low, which is understandable because the study was conducted between March and April 2020 during the emergence of the COVID-19 pandemic, a period with low bed occupancy rates. A pilot study was also conducted from 7th March to 15th March 2020, and amendments were made to improve the validity of the questionnaire.

2.4. Measurement and instrument

2.4.1. Personal information form

Section A was self-developed by the researcher and comprised of sociodemographic data of the respondents, such as age, gender, marital status, level of education, manner of admission, and history of admission.

2.4.2. Patient satisfaction with nursing care quality questionnaire (PSNCQQ) (2005)

Section B included the instrument adapted, the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) (2005). It consisted of 19 items about various nursing activities, including nurses' attention, kindness, respect, courtesy, skills, competence, and fulfilling patients' needs. The instrument also includes additional items about general perceptions. All items were identical to the original instrument except for 1 item that was removed in perception. The removed item was "Overall quality of care and services you received during your hospital stay," similar to item 20 in [Table 4]. This item was removed to avoid confusion. Responses are made on a 5-point Likert-type scale. The scale scoring was 1=poor, 2=fair, 3=good, 4=very good, and 5=excellent. In this study, the scoring was categorized into 1) low satisfaction, ranging from 19.0 to 32.49; 2) moderate satisfaction, ranging from 32.50 to 78.08; and 3) high satisfaction, ranging from 78.09 to 95.00. In this study, the questionnaire's Cronbach's alpha coefficient was 0.93. In Laschinger et al.'s study [8], Cronbach's alpha reliability estimates for PSNCQQ are excellent at 0.97, and correlations range from 0.61 to 0.89. Its construct validity ranged from 0.75 to 0.89. Therefore, the findings of this study were close to those of Laschinger et al. (2005).

2.5. Data collection and procedure

Data collection for this study was performed from March to April 2020. The researcher gathered data with the help of nurses due to the COVID-19 pandemic. Before the questionnaires were distributed, informed consent was explained and obtained. Participants took 15 minutes to complete the survey. They were given rewards for participation.

2.6. Data analysis

The collected data were analyzed using SPSS software version 26.0. The analysis included descriptive statistics such as frequencies, means, standard deviations, and percentages. Chi-

Square was used to examine the relationships between patient satisfaction with the quality of nursing care and patients' sociodemographic characteristics such as age, gender, marital status, level of education, and history of admission.

2.7. Ethical considerations

Ethical approval was obtained from the Research Management Centre (RMC) of University Affiliation dated November 29, 2019 (Approval No: XXXXX-RMC-SON-EC-2020-259). It was reviewed and approved by the Research Management Committee. The hospital management also approved on March 4, 2020. Written permission was obtained through email from Laschinger, who developed the scale used in the study. All patients provided informed consent for confidentiality.

3. Results

3.1. General characteristics of the respondents

Table 1. Demographic profile of the respondents

Patient Characteristics	Frequency (N)	Percentage (%)
Age (years)		
18-35	28	40.0%
36-55	37	52.9%
>56	5	7.1%
Gender		
Male	34	48.6%
Female	36	51.4%
Marital status		
Married	48	68.6%
Single	18	25.7%
Divorce	4	5.7%
Widowed	0	0%
Level of Education		
Illiterate	0	0
Literate	0	0
Primary School	6	8.6%
High School	20	28.6%
Undergraduate	24	34.3%
Postgraduate	20	28.6%
Manner of admission toward		
From emergency department	42	60.0%
Directly from the patient admission department	22	31.4%
Transfer from another healthcare facility	2	2.9%
Other	4	5.7%
Status of hospitalization in the last two years		
Once	37	52.9%
Twice	20	28.6%
Three-time	9	12.9%
Four times	1	1.4%
Five-time	3	4.3%

[Table 1] showed that 53% of the respondents were aged 36 to 55 years old. Most of the respondents are female (52.9%), married (68.6%), and undergraduates (34.3%). More than half of the respondents (60.0%) were admitted to the emergency department and had been hospitalized at least once in the previous two years (52.9%).

3.2. Satisfaction level with the quality of nursing care

Table 2. Patients level of satisfaction with the quality of nursing care

Low	N	%	Moderate	N	%	High	N	%	Mean	SD
19-32.49	0	0	32.50-78.08	27	38.6	78.09-95.00	43	61.4	81.89	12.1

[Table 2] showed that most respondents (61.4%) had high satisfaction, with 43 of them well pleased with the quality of nursing care. The remaining 27 (38.6%) had moderate satisfaction, and none had poor satisfaction. The total mean score of patient satisfaction with the quality of nursing care was 81.89 (SD=12.1).

3.3. Factors influencing patient satisfaction

[Table 3] showed the factors that could influence patient satisfaction. According to the study of PSNCQQ ratings, the items with the highest levels of satisfaction are: (1) 'Nursing staff's response to your calls: how quick they were to help' (M=4.44, SD=0.75), (2) 'Coordination of care: the teamwork between nurses and other hospital staff who took care of you' (M=4.39, SD=0.73), and (3) 'Privacy: provision of privacy by nurses' (M=4.39, SD=0.69). On the other hand, the respondents were least satisfied with (1) 'recognition of your opinions' (M=4.16 SD 0.81), (2) 'coordination of care after discharge' (M=4.17, SD=0.80), and (3) 'informing family or friends' (M= 4.19, SD= 0.79).

Table 3. Factors that influence patient satisfaction (n=70)

Characteristics	Poor	Fair	Good	Very Good	Excellent	M	SD
1. Information you were given: how clearly and thoroughly the nurses explained tests, treatments, and expectations.	-	2 (2.9%)	10 (14.3%)	23 (32.9%)	35 (50.0%)	4.30	0.82
2. Instructions: How well did the nurses explain how to prepare for tests and operations?	-	2 (2.9%)	12 (17.1%)	21 (30.0%)	35 (50.0%)	4.27	0.85
3. Ease of getting information: the willingness of nurses to answer your questions.	-	2 (2.9%)	7 (10%)	26 (37.1%)	35 (50%)	4.34	0.78
4. Information given by nurses: how well nurses communicate with patients, families, and doctors.	-	-	13 (18.6%)	21 (30.0%)	36 (51.4%)	4.33	0.78
5. Informing family or friends: how well the nurses informed them about your condition and needs.	-	-	16 (22.9%)	25 (35.7%)	29 (41.4%)	4.19	0.79
6. Involving family or friends in your care: how much they were allowed to help in your care	-	-	12 (17.1%)	26 (37.1%)	32 (45.7%)	4.29	0.74
7. Concern and caring by nurses: courtesy and respect you were given; friendliness and kindness.	-	-	11 (15.7%)	24 (34.3%)	35 (50.0%)	4.34	0.74

8. Nurses' Attention to your condition: how often nurses checked on you and how well they kept track of how you were doing.	-	1 (1.4%)	9 (12.9%)	25 (35.7%)	35 (50.0%)	4.34	0.76
9. Recognition of your opinions: how much do nurses ask you what you think is important and give you choices?	-	1 (1.4%)	15 (21.4%)	26 (37.1%)	28 (40.0%)	4.16	0.81
10. Consideration of your needs: the willingness of the nurses to be flexible in meeting your needs.	-	1 (1.4%)	10 (14.3%)	29 (41.4%)	30 (42.9%)	4.26	0.76
11. The nurses' daily routine: how well they adjusted their schedules to your needs.	-	-	10 (14.3%)	27 (38.6%)	33 (47.1%)	4.33	0.72
12. Helpfulness: the ability of the nurses to make you comfortable and reassure you.	-	1 (1.4%)	9 (12.9%)	22 (31.4%)	38 (54.3%)	4.39	0.77
13. Nursing staff response to your calls: how quick they were to help.	-	1 (1.4%)	8 (11.4%)	20 (28.6%)	41 (58.6%)	4.44	0.75
14. Skill and competence of nurses: how well things were done, like giving medicine and handling IVS.	-	2 (2.9%)	10 (14.3%)	18 (25.7%)	40 (57.1%)	4.37	0.84
15. Coordination of care: the teamwork between nurses and other hospital staff caring for you.	-	-	9 (12.9%)	24 (34.3%)	37 (52.9%)	4.40	0.71
16. Restful atmosphere provided by nurses: the amount of peace.	-	-	11 (15.7%)	25 (35.7%)	34 (48.6%)	4.33	0.74
17. Privacy: provisions for your privacy by nurses	-	-	8 (11.4%)	27 (38.6%)	35 (50.0%)	4.39	0.69
18. Discharge instructions: how clearly and completely the nurse told you what to do and what to expect when you left the hospital	-	-	11 (15.7%)	29 (41.4%)	30 (42.9%)	4.27	0.72
19. Coordination of care after discharge: nurses' effort to provide for your needs after you leave the hospital	-	1 (1.4%)	14 (20.0%)	27 (38.6%)	28 (40.0%)	4.17	0.80

3.4. Perception-related items

[Table 4] shows the distribution of the PSNCQQ scores for perception-related items. It was discovered that 30 (42.9%) of respondents rated “excellent,” 27(38.6%) rated “very good,” and 13 (18.6%) of respondents rated “good” for the overall quality of nursing care you received during your hospital stay. None of the respondents rated fair and poor. 24 (34%) respondents rated their health as excellent during hospitalization. Also, more than half of the respondents, a total of 45 respondents (64.3%), would recommend the hospital to their family and friends.

Table 4. Respondent’s responses on perception-related items

Variables	Overall Perceptions				
	Poor	Fair	Good	Very Good	Excellent
1. Overall Quality of nursing care you received during your hospital stay	0 (0%)	0 (0%)	13 (18.6%)	27 (38.6%)	30 (42.9%)
2. In general, would you say your health is:	0 (0%)	1 (1.4 %)	17 (24.3%)	28 (40%)	24 (34.3%)
Variable	Strongly disagree	Somewhat disagree	Agree	Somewhat agree	Strongly agree
3. I would recommend this hospital to my family and friends based on the nursing care I received.	0 (0 %)	0 (0%)	14 (20%)	11 (15.7 %)	45 (64.3%)

3.5. Relationships between satisfaction level and selected demographic variables

Chi-Square was used to analyze relationships between satisfaction levels and sociodemographic variables. [Table 5] shows the insignificant relationships between all sociodemographic variables and patient satisfaction level with the quality of nursing care, except for gender.

Table 5. The association between satisfaction level and the sociodemographic variables

Variable	Satisfaction level						p-value
	Low		Moderate		High		
	n	%	N	%	n	%	
Age							0.288
18-35			8	11.4	20	28.6	
36-55			16	22.9	21	30	
56 and more			3	4.3	2	2.9	
Gender							0.043
Female			9	12.9	25	35.7	
Male			18	25.7	18	25.7	
Marital status							0.799
Married			19	27.1	29	41.4	
Single			6	8.6	12	17.1	
Divorce			2	2.9	2	2.9	
Level of Education							0.799
Primary School			2	2.9	4	5.7	
High School			6	8.6	14	20	
Undergraduate			9	12.9	15	21.4	
Postgraduate			10	14.3	10	14.3	
Manner of Admission to Ward			13	18.6	29	41.4	0.614
Emergency			11	15.7	11	15.7	
Directly from patient admission			0	0	2	2.9	
Transfer from another healthcare facility			3	4.3	1	1.4	
Other			3	4.3	1	1.4	
History of admission in the last year							0.575
Once			13	18.6	24	34.3	
Twice			8	11.4	12	17.1	
Three times			3	4.3	6	8.6	
Four times			1	1.4	0	0	
Five times			2	2.9	1	1.4	

4. Discussion

The first objective of this study is to assess the level of patient satisfaction with nursing care among adult medical-surgical ward patients. In this study, the researcher found that most respondents (61.4%) had high satisfaction with the quality of nursing care, 38.6% had moderate satisfaction, and none had poor satisfaction. A similar study in India by Konduru et al., [9] showed that 66% of patients had high satisfaction, 33% had moderate satisfaction, and none had poor satisfaction. However, a study conducted by Shirley et al. [10] in Malaysia found that the majority of patients had moderate satisfaction (82.7%).

The second objective of this study is to identify the factors contributing to patient satisfaction. Based on the findings, this study revealed that nurses' response to patients' calls was the domain that contributed the most to high satisfaction. This finding coincides with another study [11], in which high scores were given for skills and competencies, response to patients' calls, and maintenance of patients' privacy. Patients reported that the most crucial component of meeting their expectations was when nurses came immediately when called. The second highest rate of satisfaction was the coordination of care. In a meta-analysis, communication, relationship, and process strategies, especially those focusing on care coordination, were the most effective strategies for improving care transitions [12]. The third highest-rated satisfaction was the privacy provided by the nurses. Previous studies have reported that privacy provided by nurses was among those rated with the highest satisfaction [13][14]. Patient-centeredness is an essential aspect of quality. It is necessary because patients have the right to be handled with dignity and respect as they seek medical help. Patients and healthcare providers struggle to communicate because of a lack of privacy and confidentiality, particularly when discussing medical conditions and treatment options [15].

However, this study found that patients wanted more satisfaction with the quality of nursing care regarding recognizing their opinions. Patients were less satisfied in a previous survey when nurses did not acknowledge their views, supporting his study [1,16]. As a result, nurses must pay more attention to patients' decision-making abilities when providing care. A further study by Mohammed et al., [16] revealed that patients lacked autonomy in managing their health care. Therefore, allowing patients to make care decisions independently is essential, improving patient satisfaction. Patients were also dissatisfied with the coordination of care after discharge. This finding was consistent with the results of a previous study, where the dimension of treatment was rated very poorly [17]. When patients are discharged, the nurses tend to ignore or forget them.

Furthermore, informing family or friends about the patient's condition was among the domains with the lowest satisfaction. It is necessary to provide patients and their families with knowledge about their illnesses to help them conquer their fear of the unknown [13]. Therefore, measuring patient satisfaction can assist in addressing and identifying these weaknesses, thus improving patient satisfaction and the quality of care.

The third objective of the study is to investigate the association between the level of satisfaction and patients' demographic variables. This study revealed a significant association between satisfaction and gender ($p < 0.05$). This finding corresponds with previous studies where male patients were more satisfied than female patients [18][19]. However, previous studies reported that women were more confident with their treatment than men [15][20][21]. Meanwhile, in other studies, gender did not affect satisfaction [5].

In this study, age was not found to have any significant effect. This study agrees with previous studies, revealing that age did not affect patient satisfaction [1][22]. However, some researchers found a relationship between age and satisfaction. A study regarding the influence

of demographic determinants on patient satisfaction found that as age increased, the level of patient satisfaction increased [23]. Similarly, Shinde et al., [24] found that older respondents were more satisfied, likely due to being more social and welcoming or more polite and caring for providers.

In this study, marital status was found not to have any significant effect. This study is supported by Sen [25], Who showed no significant relationships between these two variables. However, a previous study found an association between marital status and patient satisfaction [5][26].

This study found that the level of education did not affect satisfaction level. Shah's study [22] supported this study, which revealed no significant association between the two because every patient is treated with equal quality of care. However, a previous study reported that patients with lower educational status were observed to have higher satisfaction, whereas patients with higher educational status had lower satisfaction [13][14]. This may be due to patients with a higher academic status being aware of the nurses' duties. Hence, if these responsibilities are carried out, they become satisfied.

In this study, there was no association between the manner of admission and the level of satisfaction. This finding is similar to Ahmed et al.'s study [27], which found no association between admission and satisfaction level, but contradicts Eyasu et al.'s study [26], which found a statistically significant association between the manner of admission and patient satisfaction.

This study revealed no association between the admission history and the satisfaction level. This finding is further supported by Mulugeta et al.'s study [7], which showed that even though it proved little significance, compared to patients who had already been hospitalized; those who had never been hospitalized had a higher chance of being satisfied with nursing treatment. However, previous studies have reported that patients with a history of admission had higher satisfaction than those without [2][14][23][27]. This may be due to past supportive interactions with staff, good quality treatment, and low-cost delivery, which strengthen their opinion of current nursing care. On the other hand, patients who had already been admitted were more likely to be dissatisfied [27]. This may be due to the costs associated with hospitalization, poor quality of care during their previous stay, and bad experiences during their last admission.

However, this study had some limitations. Convenience sampling was used in this study. As a result, the sample was only obtained from adult patients in the medical-surgical ward. The research was also carried out in a private hospital in Malaysia. Future research should involve many hospitals from both the private and public sectors, allowing for a comparison of nursing services in private and public hospitals. Time constraint was another limitation as data collection occurred during the COVID-19 pandemic when the Movement Control Order (MCO) was implemented. Therefore, the sample size was affected, potentially reducing the study's reliability and validity.

5. Conclusion

In the current study, the satisfaction level was 61.4%. However, some improvements can still be made, such as nursing managers should monitor patient satisfaction specific to nursing services. Patients' suggestions for improving the quality of nursing care should be considered through these findings to improve the quality of nursing care. Annual mandatory educational programs for nurses should be established to update their knowledge of patient satisfaction.

Nursing response to calls from nurses was the most significant contribution to their satisfaction, followed by the privacy nurses gave. Nurses should recognize patients' opinions in managing their healthcare and allow the patient to improve patient satisfaction. Besides that, the nurses should inform the condition not only to patients but also to family and friends. The nurses should also call the patients after their discharge to know the condition and progression of the patient at home. Nevertheless, the patients were satisfied with the quality of nursing care for all the characteristics.

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Authors



Arfah Kamaruddean
Undergraduate Student,
KPJ Healthcare University College, Negeri Sembilan, Malaysia



Dr. Annama Kunjukunju
Senior Lecturer cum Research and Development Coordinator,
KPJ Healthcare University College,
Negeri Sembilan, Malaysia



Dr. Puziah Yusof
Dean School of Nursing,
KPJ Healthcare University College, Negeri Sembilan, Malaysia



Mdm. Roziana Abdul Rahman
Programme Coordinator
School of Nursing
KPJ Healthcare University College, Negeri Sembilan, Malaysia



Assoc. Prof Dr. Aini Ahmad
Post Graduate Supervisor,
School of Nursing
KPJ Healthcare University College, Negeri Sembilan, Malaysia



Mdm. Jeevasulochana Sinniah
Lecturer,
School of Nursing,
KPJ Healthcare University College, Negeri Sembilan, Malaysia

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