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A COMPARATIVE STUDY OF PATIENT SATISFACTION WITH NURSING CARE IN PUBLIC AND PRIVATE HOSPITALS, ABBOTTABAD, PAKISTAN

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Abstract

Background: *Patient satisfaction is a critical indicator of healthcare quality, reflecting the effectiveness of care delivery and the patient- centeredness of services. In Pakistan, where healthcare is provided through both public and private sectors, understanding patient perceptions of nursing care is essential for quality improvement. Limited local comparative evidence exists on patient satisfaction with nursing care in public versus private hospitals in Abbottabad, Pakistan.*

Aim: *This study aimed to compare the level of patient satisfaction with nursing care between public and private hospitals in Abbottabad, Pakistan.*

Methodology: *A comparative cross-sectional quantitative design was employed, involving 200 patients (100 from a public hospital and 100 from a private hospital) selected through convenience sampling. Data were collected using a structured questionnaire covering demographic information, communication, caring attitude, nursing responsiveness, environment, discharge processes, and overall evaluation. Statistical analysis was performed using SPSS version 26, utilizing descriptive and inferential statistics.*

Results: *Overall, patients reported high satisfaction with nursing care across both settings. However, satisfaction levels were significantlhigher in private hospitals compared to public hospitals across multiple domains, including communication, responsiveness, empathy, and personalized care. Key strengths identified included nurses' communication skills, prompt responsiveness, and professional competence. A notable area for improvement was the clarity of discharge instructions, particularly in public hospitals.*

Conclusion: *quality.While nursing care is positively perceived in both public and private hospitals in Abbottabad, private hospitals demonstrate higher patient satisfaction. The findings underscore the need for targeted interventions in public hospitals–such as improved staffing, communication training, and structured*

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discharge protocols– to enhance patient-centered care and reduce disparities in healthcare

INTRODUCTION

Healthcare systems are increasingly influenced by intense competition across all sectors (Waddill-Goad, 2023). In this context, the quality of services delivered to patients has emerged as the primary advantage for healthcare organizations (Abu-Rumman et al., 2022). Consequently, patients' perceptions of healthcare are widely recognized as a key indicator of service quality and an essential factor in improving both performance and clinical effectiveness (Rehman et al., 2023). According to Donabedian, patient satisfaction is defined as an assessment based on feedback provided by patients regarding the care they receive (Rehman et al., 2023). Therefore, patient satisfaction remains a fundamental component of quality evaluation within healthcare systems. By collecting direct feedback from patients, healthcare providers can realign services toward a more patient-centered approach, enhance professional attitudes, and create a more supportive and welcoming healthcare environment based on patients' experiences (Rehman et al., 2023).

In Pakistan, a low-income country with a rapidly growing population—estimated at 180.71 million during 2011–2012—literacy rates are considerably higher in urban areas compared to rural regions and significantly higher among men than women. For instance, in Khyber Pakhtunkhwa, the literacy rate is approximately 50% (Ahsan et al., 2012). Despite this, patient satisfaction has been widely recognized as an important tool for quality improvement in healthcare. However, Pakistan continues to face numerous health-related challenges, largely because government expenditure on health remains among the lowest globally (Ahsan et al., 2012).

Patient satisfaction refers to the extent to which individuals perceive healthcare services, products, or the manner in which care is delivered as useful, effective, and beneficial. Moreover, the concept of patient satisfaction, as described by Wagner et al., is continuously evolving and encompasses multiple dimensions, including the art of care, technical quality, accessibility, financial aspects, physical environment, continuity of care, and health outcomes (Ahsan et al., 2012).

One important method for evaluating a health professional's performance is by assessing the degree of patient satisfaction with both treatment outcomes and provider behavior. In recent years, the importance of customer care and satisfaction has been increasingly recognized across various sectors, including healthcare. Modern healthcare, which emphasizes evidence-based practice and patient-centered care, prioritizes the patient's experience. As a result, patient satisfaction has become a key indicator of healthcare quality, reflecting how effectively care meets patients' needs and expectations (Jan et al., 2025).

Furthermore, Pakistan bears a significant burden of viral hepatitis, with over 15 million individuals affected by chronic hepatitis C and approximately 21 million living with chronic hepatitis B. Together with Egypt, Pakistan accounts for around 80% of the global disease burden, with an estimated 12 million people in the country affected by hepatitis B or C (Apex Report, 2018).

Healthcare services in Pakistan are delivered through three main sectors: informal, public, and private. Specifically, informal healthcare includes services provided by hakims, religious healers, and traditional practitioners (WHO, 2003). Meanwhile, public hospitals primarily cater to low-income populations and generally offer services free of charge. In contrast, private healthcare facilities provide services that vary in cost, ranging from high-end to medium, low, or occasionally free of charge. Moreover, public healthcare is structured across all levels of care—primary, secondary, and tertiary—ensuring nationwide access to medical services (Irfan & Ijaz, 2011). Nevertheless, most public tertiary care institutions are concentrated in major urban centers, limiting access for rural populations (Naz & Asgha, 2025).

Therefore, the purpose of this study is to examine patients' perceptions of nursing care in both public and private hospitals in Abbottabad, identify what is working well, and highlight areas where care can be improved.

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Problem Statement

Patient satisfaction is a key indicator of healthcare quality and an essential outcome of effective nursing care. In Pakistan, public and private hospitals operate under markedly different resource, staffing, and service delivery conditions, which may influence patients' experiences and perceptions of nursing care. Although international and national studies suggest that patients in private hospitals often report higher satisfaction than those in public hospitals, there is limited empirical evidence specifically comparing patient satisfaction with nursing care in public and private hospitals in Abbottabad, Pakistan. Furthermore, existing research frequently focuses on overall hospital services rather than nursing-specific dimensions such as communication, responsiveness, professionalism, and patient involvement. This lack of localized, nursing-focused comparative data limits the ability of healthcare managers and policymakers to identify gaps and implement targeted improvements. Therefore, a systematic comparison of patient satisfaction with nursing care between public and private hospitals in Abbottabad is necessary to inform evidence-based nursing practice, quality improvement strategies, and health policy decisions.

Research Objective:

compare the level of patient satisfaction with nursing care between public and private hospitals in Abbottabad, Pakistan.

Research questions:

What is the difference in the level of patient satisfaction with nursing care between public and private hospitals in Abbottabad, Pakistan?

Significance of the Study

Patient satisfaction is widely recognized as a critical indicator of healthcare quality and a key outcome of effective nursing care. Nursing services play a central role in shaping patients' hospital experiences, influencing treatment adherence, recovery outcomes, and overall perceptions of healthcare systems (Aiken et al., 2014; Batbaatar et al., 2017). By examining patient satisfaction with nursing care, this study contributes valuable evidence to evaluate and improve the quality of nursing services in both public and private healthcare settings.

This study is significant for nursing practice, as it identifies specific strengths and gaps in nursing care related to communication, responsiveness, professionalism, and patient involvement. Understanding these factors enables nurse managers and educators to design targeted training programs and promote patient-centered care practices that enhance patient satisfaction and safety (McCabe & Timmins, 2013; WHO, 2016).

From a healthcare management and policy perspective, the comparative findings between public and private hospitals provide evidence-based insights into how organizational and resource differences influence patient satisfaction. Such information is essential for hospital administrators and policymakers to allocate resources effectively, improve staffing strategies, and strengthen quality improvement initiatives—particularly in resource-constrained public hospitals (Batbaatar et al., 2017; WHO, 2020).

Academically, this study fills an important research gap by providing localized, nursing-specific comparative data from Abbottabad, Pakistan—an area where limited empirical research exists. Most previous studies in Pakistan have focused on overall hospital satisfaction rather than nursing care alone. Therefore, the findings of this study add to the existing body of nursing and healthcare literature and may serve as a reference for future researchers conducting similar studies in comparable settings (Rehman et al., 2023).

Finally, this study is significant for patients and communities, as improving nursing care quality directly enhances patient experiences, trust in healthcare institutions, and continuity of care. Improved patient satisfaction has been linked to better health outcomes and increased utilization of healthcare services, ultimately contributing to a more responsive and equitable healthcare system (Ausserhofer et al., 2013; Weiss et al., 2015).

Literature review

Introduction

This chapter presents a comprehensive analysis of existing literature, providing an in-depth understanding of the current research landscape on

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our topic. Through a review of relevant articles, we identify gaps in existing knowledge, critically evaluating areas that warrant further investigation. This examination enables us to pinpoint opportunities for future research, shedding light on unexplored aspects of the topic.

Sources selection

A comprehensive search was conducted across multiple databases, including educational resources information center (ERIC), PubMed, and google scholar. This study focuses on comparing patient satisfaction with nursing care in public and private hospitals in Abbottabad, Pakistan, to assess and compare satisfaction levels and identify areas for improvement.

Articles selection through inclusion and exclusion criteria

The review included many different range of sources including the study which is quantitative or qualitative research design and published thesis. The articles which is published between 2009 to 2024. The study selected relevant to the .This study focuses on comparing patient satisfaction with nursing care in public and private hospitals in Abbottabad, Pakistan, to assess and compare satisfaction levels and identify areas for improvement.The exclusion criteria expelled the duplicate studies and the studies which is unclear methodologies. Furthermore, the study which is published before 2009 and the study irrelevant to the topic objectives are also excluded.

Patient Satisfaction with Nursing Care in Public and Private Hospitals

Patient satisfaction with nursing care is widely regarded as a fundamental indicator of healthcare quality and effectiveness. Nursing care plays a pivotal role in shaping patients' hospital experiences, influencing recovery outcomes, treatment adherence, and overall perceptions of health services (Alghamdi et al., 2021). In recent years, healthcare systems worldwide have increasingly emphasized patient-centered care, making patient satisfaction an essential measure for evaluating nursing performance in both public and private hospitals (Rehman et al., 2023).

Concept of Patient Satisfaction with Nursing Care

Patient satisfaction refers to the degree to which patients' expectations of healthcare services are met by actual care received. Donabedian's quality-of-care framework highlights patient satisfaction as a core outcome of healthcare delivery, reflecting structure, process, and outcomes of care (Donabedian, 2003). In nursing practice, satisfaction is influenced by factors such as communication, empathy, technical competence, responsiveness, and respect for patient dignity (Batbaatar et al., 2017).

Recent studies emphasize that effective nurse–patient interaction is one of the strongest predictors of patient satisfaction. Patients who perceive nurses as attentive, compassionate, and communicative are more likely to report higher satisfaction levels regardless of clinical outcomes (Sharma et al., 2024).

Comparison of Patient Satisfaction in Public and Private Hospitals

Numerous contemporary studies demonstrate notable differences in patient satisfaction with nursing care between public and private hospitals.

Research conducted in Pakistan revealed that patients admitted to private hospitals reported significantly higher satisfaction with nursing care compared to those in public hospitals, particularly in domains of communication, responsiveness, and individualized attention (Qurat-ul-Ain et al., 2025). Similarly, a comparative study in Peshawar found that overall patient satisfaction scores were substantially higher in private hospitals than public hospitals, with public hospitals facing challenges related to overcrowding and nurse shortages (Khan et al., 2024).

Studies from other developing countries show similar trends. In Erbil City, patients in private hospitals demonstrated higher satisfaction with nursing care than those in public hospitals, a difference attributed to better staffing ratios, improved infrastructure, and enhanced service delivery systems (Mohammedameen et al., 2024). Likewise, research in Bangladesh reported that patient satisfaction with nursing care was considerably higher in private hospitals, where patients experienced shorter waiting times and more personalized care (Rahman et al., 2023).

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However, not all studies report statistically significant differences. A comparative study conducted in Ethiopia found only a marginal difference in satisfaction levels between public and private hospitals, suggesting that contextual factors such as hospital management, nurse workload, and patient expectations may influence satisfaction more than ownership type alone (Amdemichael et al., 2022).

Determinants of Patient Satisfaction with Nursing Care

The literature consistently identifies several key determinants influencing patient satisfaction with nursing care across hospital settings:

Communication and interpersonal skills: Poor communication remains a common cause of dissatisfaction, particularly in public hospitals where high patient loads limit nurse–patient interaction (Khan et al., 2024).

Empathy and emotional support: Patients value nurses who demonstrate concern, respect, and emotional sensitivity, which are more frequently reported in private hospitals (Mohammedameen et al., 2024).

Technical competence and professionalism: Perceived nursing competence significantly enhances patient confidence and satisfaction (Batbaatar et al., 2017).

Environmental and organizational factors: Cleanliness, privacy, availability of nursing staff, and prompt response to patient needs strongly affect satisfaction levels (Amdemichael et al., 2022).

Research Gaps and Rationale for the Current Study

Although international literature strongly suggests that private hospitals generally achieve higher patient satisfaction with nursing care, limited empirical evidence exists at the local level in Abbottabad, Pakistan. Furthermore, many existing studies focus primarily on overall hospital satisfaction rather than nursing-specific dimensions. There is also a lack of comparative research that systematically examines patient satisfaction with nursing care using standardized tools in both public and private hospitals within the same geographic context.

Therefore, the present study aims to address these gaps by comparing patient satisfaction with nursing care in public and private hospitals in Abbottabad, Pakistan, providing evidence that may inform nursing management practices and healthcare policy decisions.

Research Methodology

Introduction

This chapter outlines the research methodology employed to investigate patient satisfaction with nursing care in a comparative study of public and private hospitals in Abbottabad, Pakistan.

The study aims to explore the relationship between these variables and their effects on the academic performance of nursing students.This chapter details the study's design, setting, population, sampling technique, sample, inclusion and exclusion criteria, data collection methods, and data analysis procedures. Furthermore, it discusses the ethical considerations, data confidentiality measures, and the steps taken to ensure the reliability and validity of the research findings.

Approach	Quantitative
Study design	Comparative cross-sectional survey
Study area	Abotabad, Pakistan
Study population	Public and private hospitals
Sampling technique	Convenient sampling technique
Sample size	200
Inclusion criteria	1.Patients admitted to selected public or private hospitals in Abbottabad.

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	2.Patients who have stayed in the hospital for at least 24 hours. 3.Patients who are mentally alert and able to communicate. 4.Patients who are willing to participate and provide written informed consent.
Exclusion criteria	1.Patients who are critically ill, unconscious, or unable to respond to the questionnaire. 2.Patients with psychiatric or cognitive impairments that affect their ability to provide reliable responses. 3.Patients who refuse to participate or withdraw consent at any stage of the study.
Data collection Toll	Questionnaries,
Data collection process	Institute principal aproval, approach to students, informed consent,questionnair distribution.
Data analysis	SPSS 26 version software
Duration	6 months
Validity and Reliability	Pilot testing, CVI above 0.8
Ethical consideration	Approval will be obtained from the Ethical Review Committee. Informed consent will be taken. Anonymity and confidentiality will be maintained.APA research Guideline (Beneficence and non maleficence, (Bereson,2017).

Approach:

Quantitative research is a methodology that focuses on gathering and analyzing numerical data to address research questions or test specific hypotheses (Creswell, 2014; Polit & Beck, 2017). Its main goal is to discover patterns, associations, and trends between variables, typically through the use of statistical techniques (Bryman, 2016). This study adopts a quantitative approach because it helps to determine relationships between variables and produces results efficiently. It also enables a systematic assessment of variable interactions, which can support evidence-based decision-making and guide policy formulation.

Study design

This research project employed a comparative cross-sectional quantitative design because it helps in determining associations between variables, is generally more cost-effective compared to longitudinal approaches, and provides results within a shorter time frame. A comparative study is a form of research that focuses on exploring and interpreting the connections between variables, highlighting patterns, and establishing correlations to reach meaningful conclusions (Kumar, 2019). As Creswell (2013) explains, comparative studies are valuable for identifying potential causes, effects, and relationships, which can further guide policy-making and informed decisions.

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A cross-sectional design, on the other hand, is an observational approach where information is gathered from participants at a single point in time (Kumar, 2019). Creswell (2013) notes that this method provides a "snapshot" of a population or phenomenon, making it useful for examining relationships among variables during a specific moment.

Study population

The study population included patients from both public and private hospitals in abotabad. A total of 200 patients were recruited, with 100 patients selected from each hospital (DHQ hospital and Jinnah hospital abotabad)

Study Setting

The study is being conducted in abotabad, Khyber Pakhtunkhwa, Pakistan.

Sampling technique

Participants were selected using a convenience sampling technique based on their availability and willingness to participate

sample size

This study comprises a total population of 400 beds (250 beds in DHQ Abbottabad and 150 beds in Jinnah Hospital). We use the Raosoft sample size calculator to determine the sample size, setting a confidence interval of 95% and a margin of error of 5%. The calculated sample size is 197, which is representative of the population and enables us to draw reliable inferences from the study's findings.

Inclusion criteria

1.Patients admitted to selected public or private hospitals in Abbottabad.
2.Patients who have stayed in the hospital for at least 24 hours.
3.Patients who are mentally alert and able to communicate.
4.Patients who are willing to participate and provide written informed consent.

Exclusion Criteria:

1.Patients who are critically ill, unconscious, or unable to respond to the questionnaire.
2.Patients with psychiatric or cognitive impairments that affect their ability to provide reliable responses.
3.Patients who refuse to participate or withdraw consent at any stage of the study.

Data Collection Tool

This questionnaire consists of 7 different sections covering various aspects of patient satisfaction with nursing care.

Section A: Demographic Information (5 questions)

- Age Group (Under 18, 18–30, 31–45, 46–60, 61+)
- Gender (Male, Female, Other)
- Highest Level of Education (Primary to Postgraduate)
- Employment Status (Employed, Unemployed, Retired, Student)
- Length of Stay in Hospital (1–3 days to More than 2 weeks)

Section B: Information and Communication (6 questions)

Covers clarity of explanations, preparation for procedures, willingness to answer questions, communication with patient/family/team, and family involvement.

Section C: Caring Attitude and Respect (4 questions)

Includes courtesy, respect, attentiveness, patient involvement in decisions, and flexibility in care.

Section D: Nursing Care and Responsiveness (5 questions)

Focuses on routine adjustments, comfort provision, response time, skill competence, and care coordination.

Section E: Environment and Privacy (2 questions)

Evaluates restful atmosphere and privacy maintenance during care.

Section F: Discharge and Continuity of Care (2 questions)

Assesses discharge instructions and post-discharge care arrangements.

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Section G: Overall Evaluation (4 questions)
Rates overall quality of care, overall nursing quality, current health status, and likelihood to recommend the hospital.

Data Collection Procedure

Data Analysis
The collected data was entered into SPSS (Version 26) for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were calculated. Inferential statistics, including chi-square tests, were applied to examine associations between variables.

Validity and Reliability
Content validity was ensured through expert review and calculation of the Content Validity Index (CVI), which was above 0.8. Pilot testing of the questionnaire was conducted on a small group of 10 students (not included in the main study) to refine items and ensure clarity. Reliability was assessed using Cronbach's alpha to confirm internal consistency.

Duration
The study was carried out over a period of six months, including preparation, data collection, and analysis.

Ethical Considerations
Approval was obtained from the Ethical Review Committee. Participation was voluntary, with informed consent collected from all participants. Anonymity and confidentiality were maintained throughout the research process. The principles of beneficence and non-maleficence guided the study (Beauchamp & Childress, 2017).

Result:

hospital type

		Frequency	Percent	Valid Percent	Cumulative Per
Valid	public	101	50.0	50.5	
	private	99	49.0	49.5	
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	51	25.2	25.5	25.5
	female	146	72.3	73.0	98.5
	5.00	3	1.5	1.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	under 18	16	7.9	8.0	8.0
	18-30	74	36.6	37.0	45.0
	31-45	50	24.8	25.0	70.0

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	46-60	40	19.8	20.0	90.0
	61+	20	9.9	10.0	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

Employement ststus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	employed	49	24.3	24.5	24.5
	unemployed	108	53.5	54.0	78.5
	retired	13	6.4	6.5	85.0
	student	28	13.9	14.0	99.0
	5.00	1	.5	.5	99.5
	15.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

level of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	primary	56	27.7	28.0	28.0
	secondary/high school	83	41.1	41.5	69.5
	diploma/degree	49	24.3	24.5	94.0
	post graduate	9	4.5	4.5	98.5
	5.00	1	.5	.5	99.0
	12.00	2	1.0	1.0	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

Length of stsy in hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 days	97	48.0	48.5	48.5
	4-7 days	73	36.1	36.5	85.0
	8-14 days	14	6.9	7.0	92.0
	more than 2 weeks	13	6.4	6.5	98.5
	5.00	2	1.0	1.0	99.5
	24.00	1	.5	.5	100.0
	Total	200	99.0	100.0	

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Missing	System	2	1.0		
Total		202	100.0		

How clear and complete were the nurses' explanations about tests, treatments, and what to expect?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	8	4.0	4.0	4.0
	fair	51	25.2	25.5	29.5
	good	73	36.1	36.5	66.0
	very good	51	25.2	25.5	91.5
	excellent	17	8.4	8.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How well did nurses explain how to prepare for tests and operations?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	5	2.5	2.5	2.5
	fair	16	7.9	8.0	10.5
	good	100	49.5	50.0	60.5
	very good	68	33.7	34.0	94.5
	excellent	10	5.0	5.0	99.5
	22.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How willing were nurses to answer your questions and provide information when needed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	2	1.0	1.0	1.0
	fair	18	8.9	9.0	10.0
	good	80	39.6	40.0	50.0
	very good	67	33.2	33.5	83.5
	excellent	32	15.8	16.0	99.5
	33.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How well did nurses communicate with you, your family, and other healthcare professionals?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	3	1.5	1.5	1.5
	fair	23	11.4	11.5	13.0
	good	87	43.1	43.5	56.5
	very good	65	32.2	32.5	89.0

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	excellent	22	10.9	11.0	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How well did nurses keep your family or friends informed about your condition and care needs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	4	2.0	2.0	2.0
	fair	27	13.4	13.5	15.5
	good	78	38.6	39.0	54.5
	very good	69	34.2	34.5	89.0
	excellent	21	10.4	10.5	99.5
	43.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How much were your family or friends involved in your care, if you wished?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	3	1.5	1.5	1.5
	fair	23	11.4	11.5	13.0
	good	82	40.6	41.0	54.0
	very good	74	36.6	37.0	91.0
	excellent	17	8.4	8.5	99.5
	44.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How would you rate the courtesy, respect, kindness, and friendliness shown by nurses?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	5	2.5	2.5	2.5
	fair	20	9.9	10.0	12.5
	good	76	37.6	38.0	50.5
	very good	73	36.1	36.5	87.0
	excellent	25	12.4	12.5	99.5
	44.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

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How attentive were nurses to your condition (checking on you and monitoring progress)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	8	4.0	4.0	4.0
	fair	36	17.8	18.0	22.0
	good	71	35.1	35.5	57.5
	very goog	67	33.2	33.5	91.0
	excellent	17	8.4	8.5	99.5
	34.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

To what extent did nurses ask for your opinions and involve you in decisions about your care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	4	2.0	2.0	2.0
	fair	42	20.8	21.0	23.0
	good	64	31.7	32.0	55.0
	very good	72	35.6	36.0	91.0
	excellent	18	8.9	9.0	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How willing were nurses to be flexible in meeting your individual needs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	pooor	6	3.0	3.0	3.0
	fair	33	16.3	16.5	19.5
	ggood	71	35.1	35.5	55.0
	very good	75	37.1	37.5	92.5
	excellent	15	7.4	7.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How well did nurses adjust their daily routine to meet your needs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	poor	24	11.9	12.0	12.0
	fair	13	6.4	6.5	18.5
	good	71	35.1	35.5	54.0
	very good	71	35.1	35.5	89.5
	excellent	19	9.4	9.5	99.0
	44.00	1	.5	.5	99.5
	53.00	1	.5	.5	100.0
	Total	200	99.0	100.0	

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Missing	System	2	1.0		
Total		202	100.0		

How helpful were nurses in making you comfortable and reassuring you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	5	2.5	2.5	2.5
	FAIR	11	5.4	5.5	8.0
	GOOD	74	36.6	37.2	45.2
	VERY GOOD	69	34.2	34.7	79.9
	EXCELLENT	40	19.8	20.1	100.0
	Total	199	98.5	100.0	
Missing	System	3	1.5		
Total		202	100.0		

How quickly did nurses respond when you called for help?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	2	1.0	1.0	1.0
	FAIR	15	7.4	7.5	8.5
	GOOD	91	45.0	45.5	54.0
	VERY GOOD	69	34.2	34.5	88.5
	EXCELLENT	23	11.4	11.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How would you rate the skill and competence of nurses (e.g., giving meds, handling IVs)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	5	2.5	2.5	2.5
	FAIR	14	6.9	7.0	9.5
	GOOD	80	39.6	40.0	49.5
	VERY GOOD	80	39.6	40.0	89.5
	EXCELLENT	21	10.4	10.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

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How well did nurses coordinate care with doctors and other hospital staff?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	1	.5	.5	.5
	FAIR	33	16.3	16.5	17.0
	GOOD	72	35.6	36.0	53.0
	VERY GOOD	67	33.2	33.5	86.5
	EXCELLENT	27	13.4	13.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How would you rate the restful and calm atmosphere provided by nurses?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	8	4.0	4.0	4.0
	FAIR	26	12.9	13.0	17.0
	GOOD	82	40.6	41.0	58.0
	VERY GOOD	73	36.1	36.5	94.5
	EXCELLENT	11	5.4	5.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How well did nurses maintain your privacy during care and procedures?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	3	1.5	1.5	1.5
	FAIR	30	14.9	15.0	16.5
	GOOD	82	40.6	41.0	57.5
	VERY GOOD	68	33.7	34.0	91.5
	EXCELLENT	17	8.4	8.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

How clear and complete were the discharge instructions provided by nurses?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	23	11.4	11.5	11.5
	FAIR	15	7.4	7.5	19.0
	GOOD	87	43.1	43.5	62.5
	VERY GOOD	63	31.2	31.5	94.0
	EXCELLENT	11	5.4	5.5	99.5
	53.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

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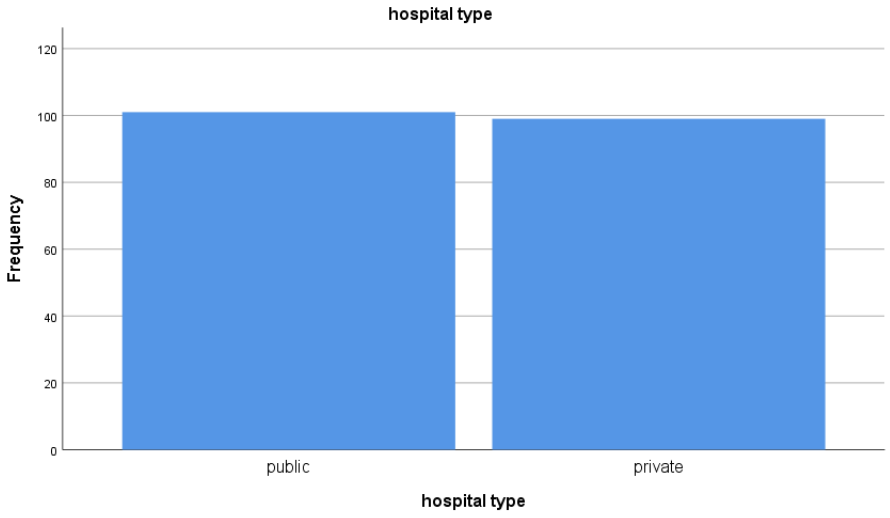
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In general, how would you rate your current health status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	POOR	7	3.5	3.5	3.5
	FAIR	15	7.4	7.5	11.0
	GOOG	80	39.6	40.0	51.0
	VERY GOOOD	77	38.1	38.5	89.5
	EXCELLENT	20	9.9	10.0	99.5
	55.00	1	.5	.5	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

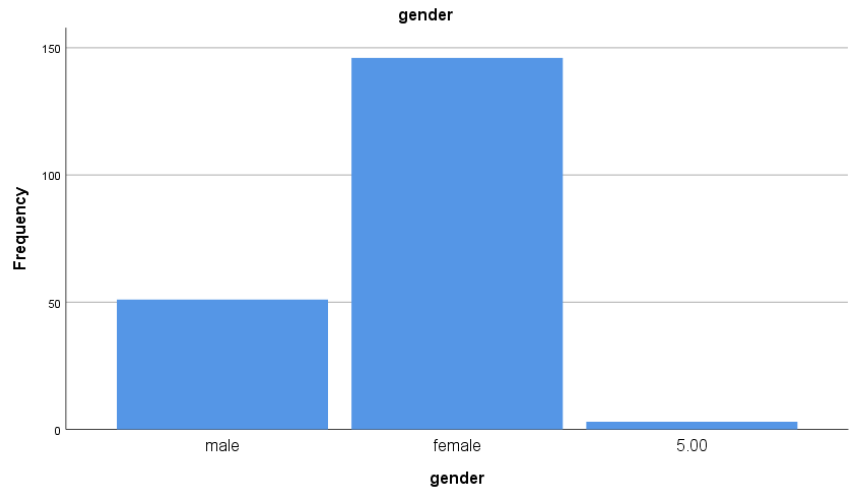
Based on the nursing care you received, would you recommend this hospital to your family and friends?

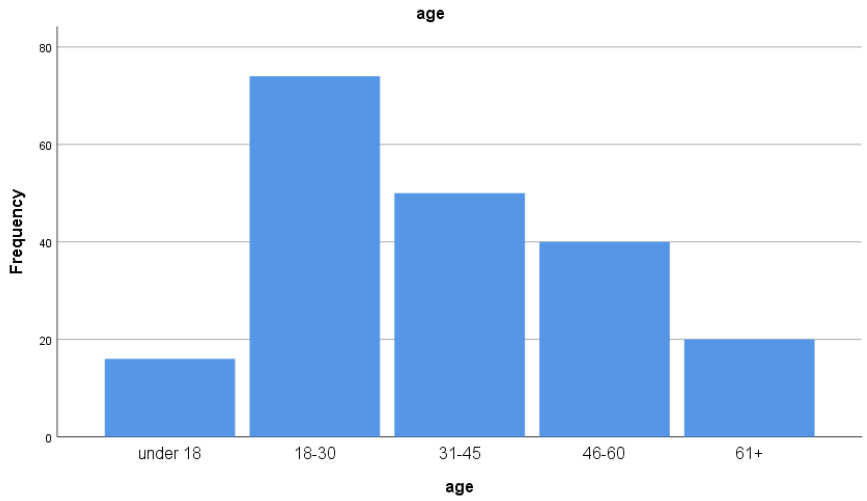
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FAIR	6	3.0	3.0	3.0
	GOOD	20	9.9	10.0	13.0
	VERY GOOG	114	56.4	57.0	70.0
	EXELLENT	60	29.7	30.0	100.0
	Total	200	99.0	100.0	
Missing	System	2	1.0		
Total		202	100.0		

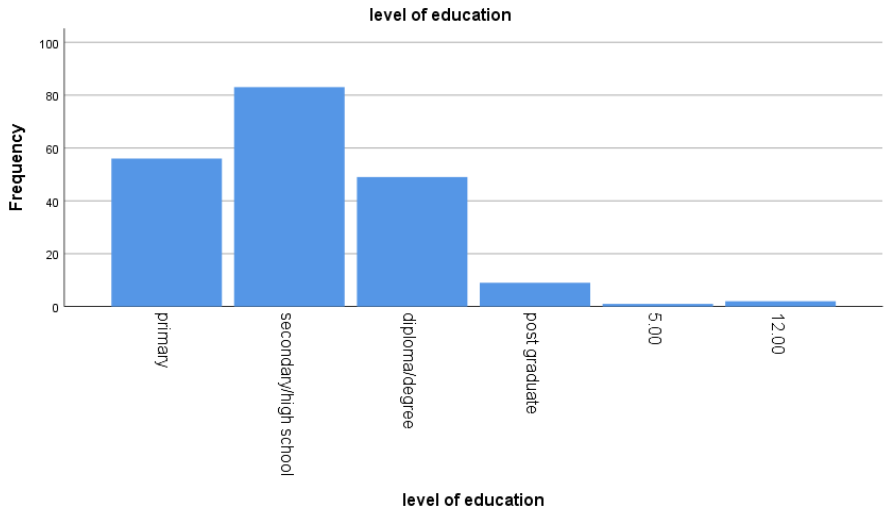


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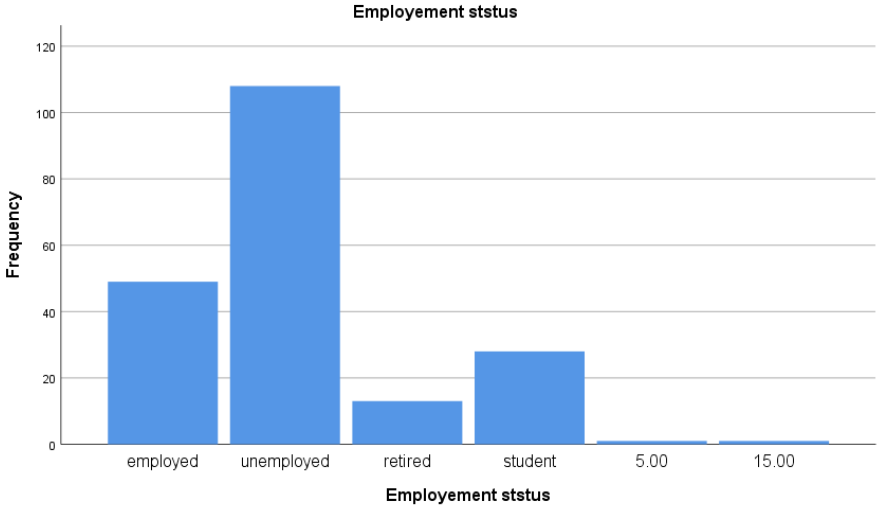


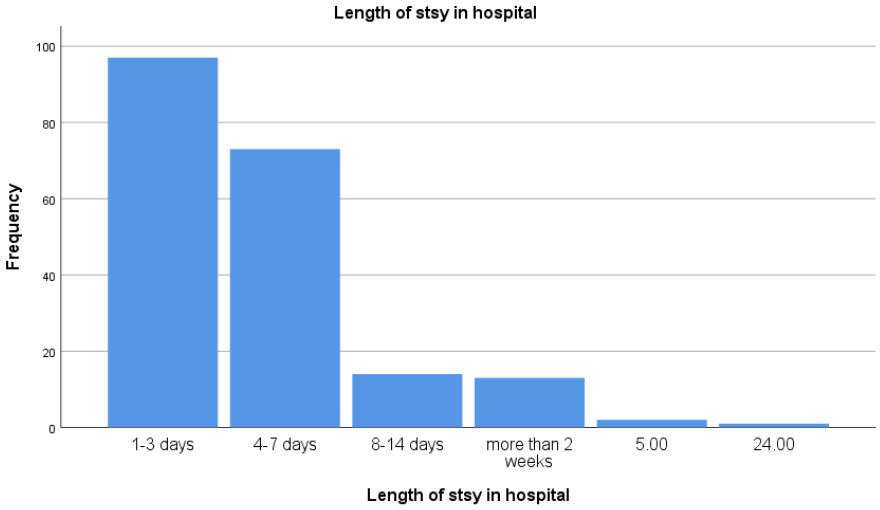




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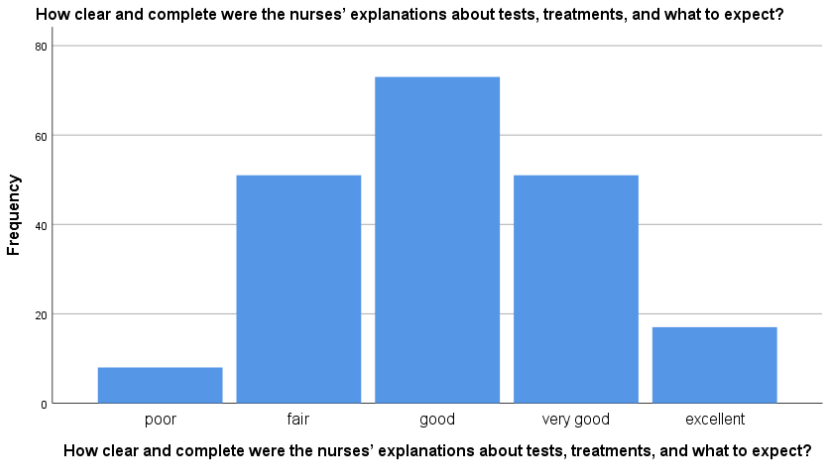
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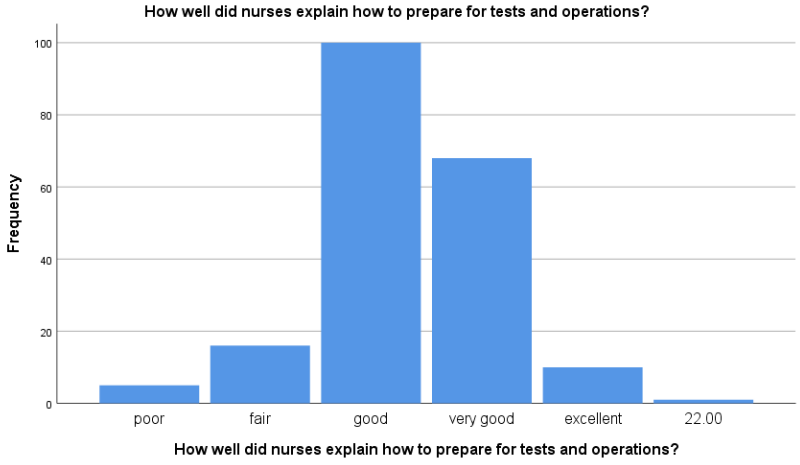


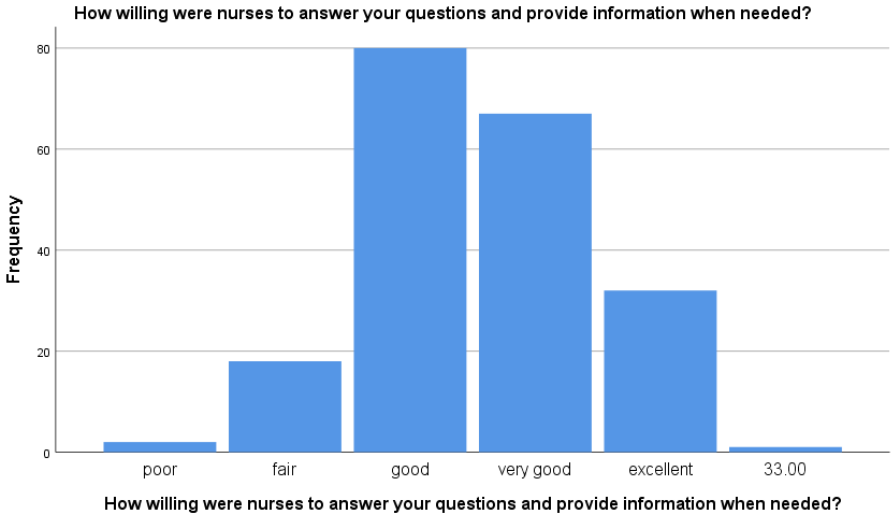


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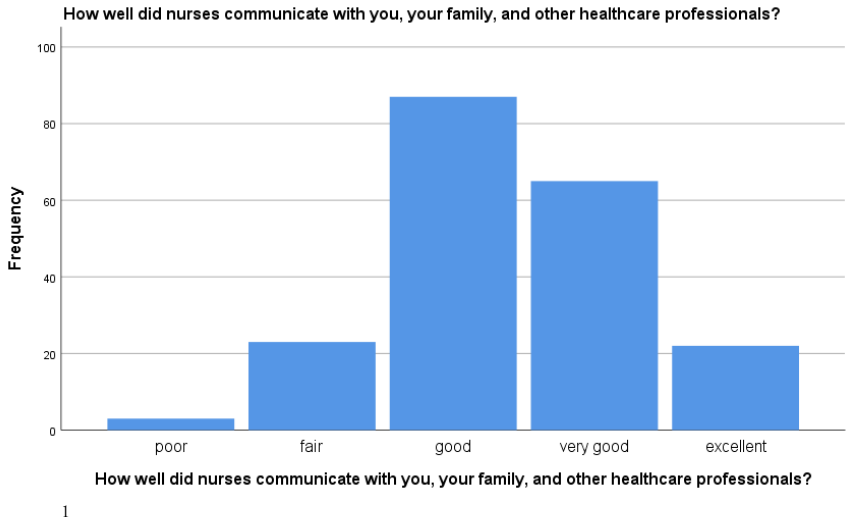






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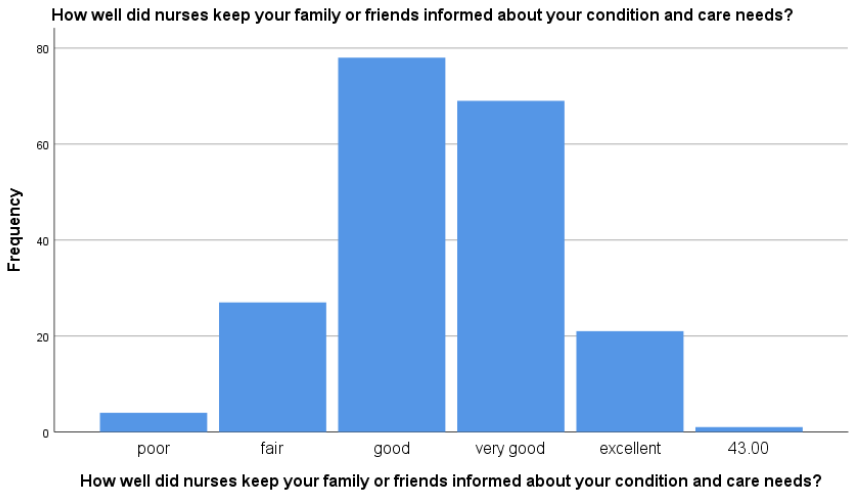


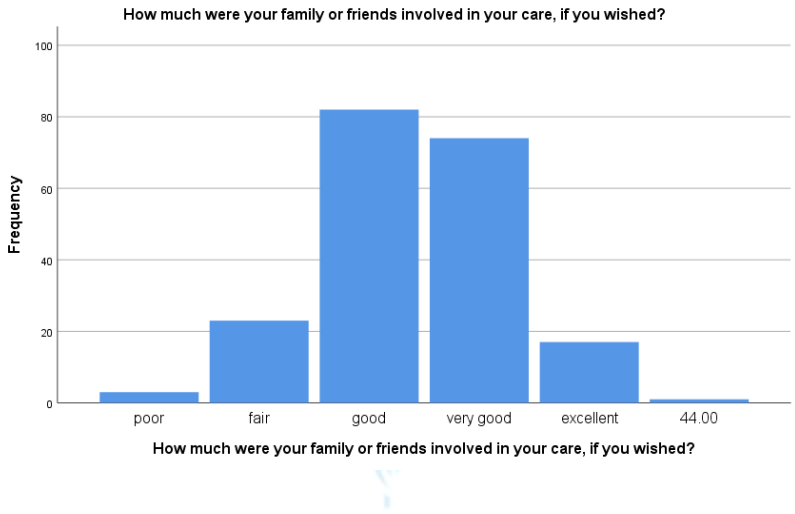
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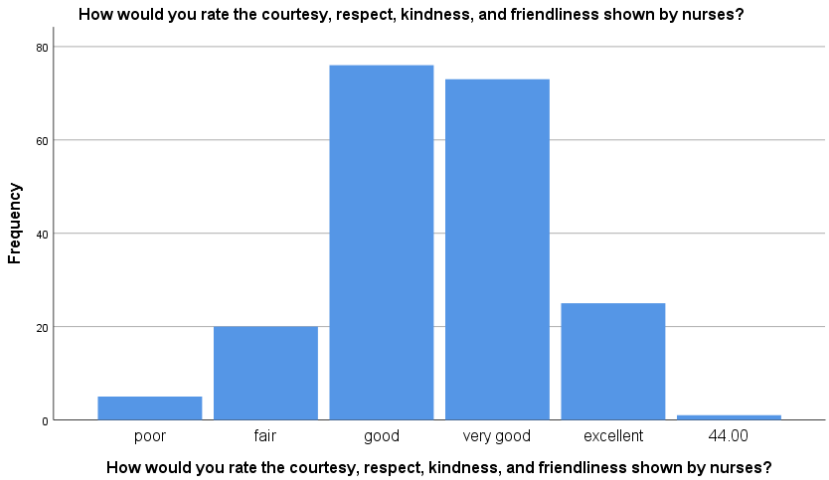
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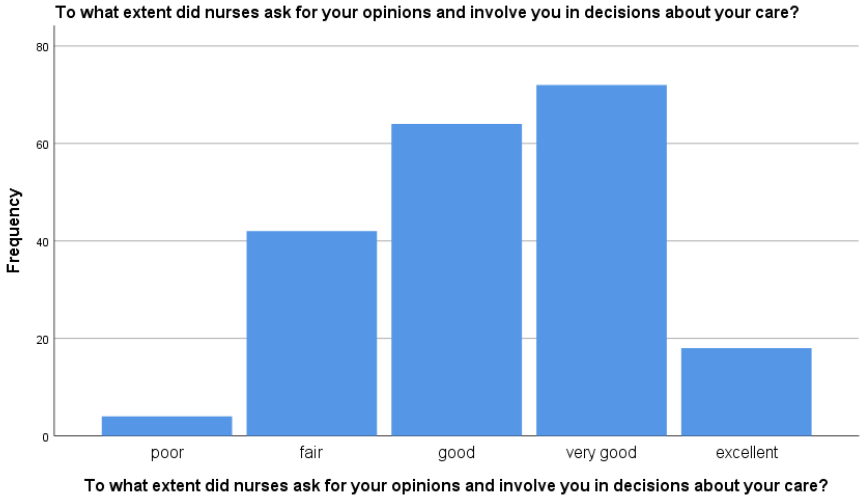


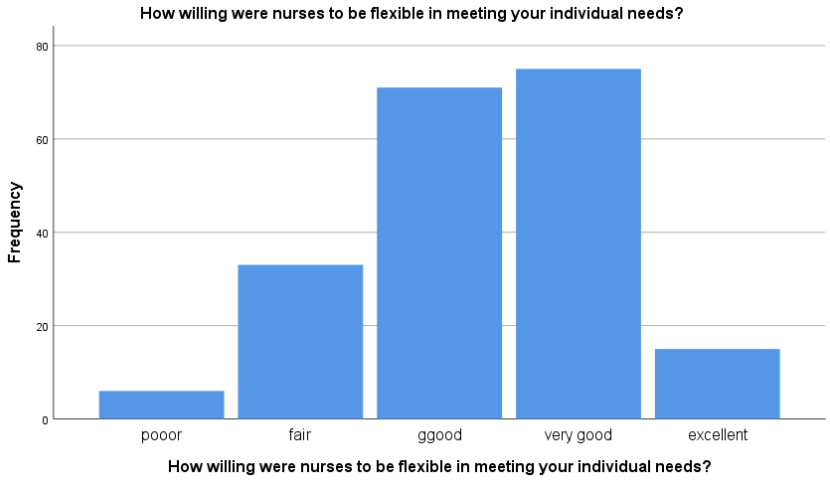


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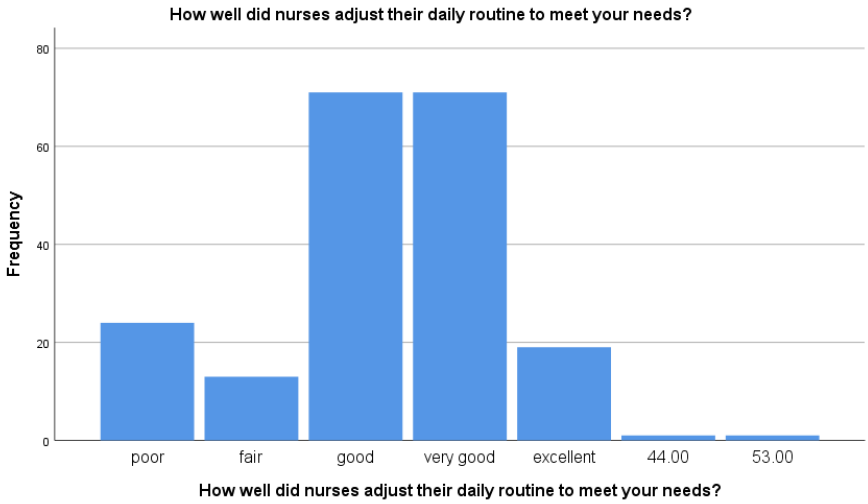


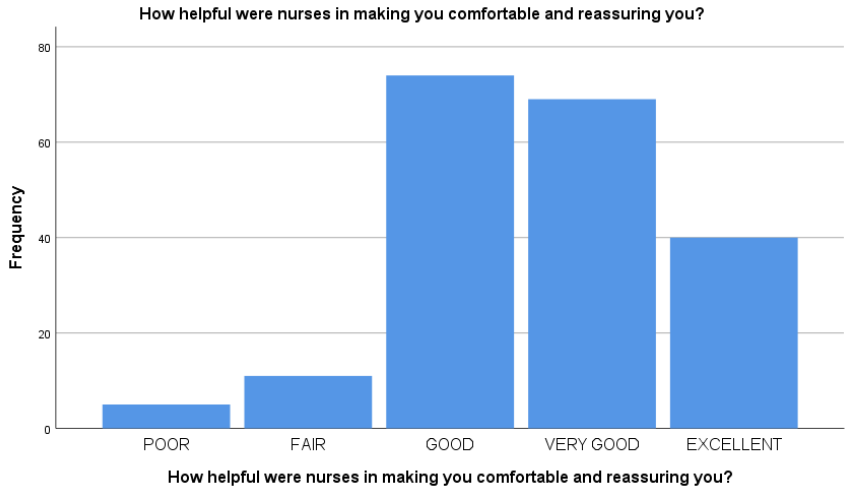




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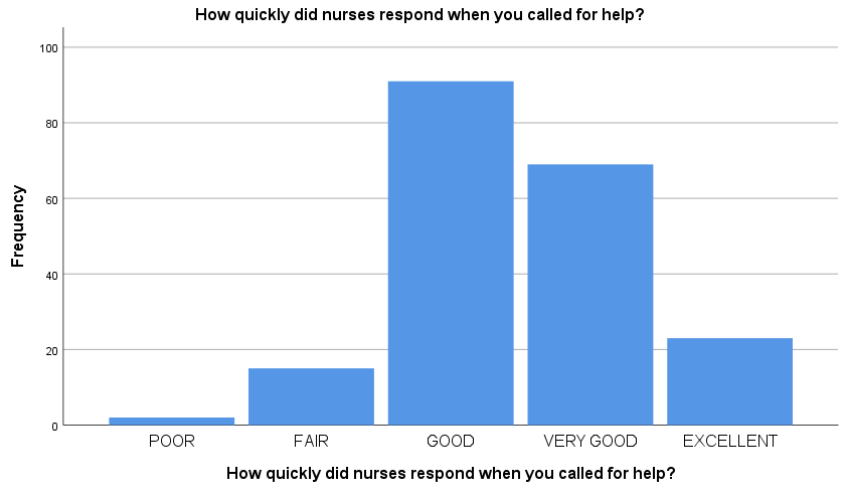
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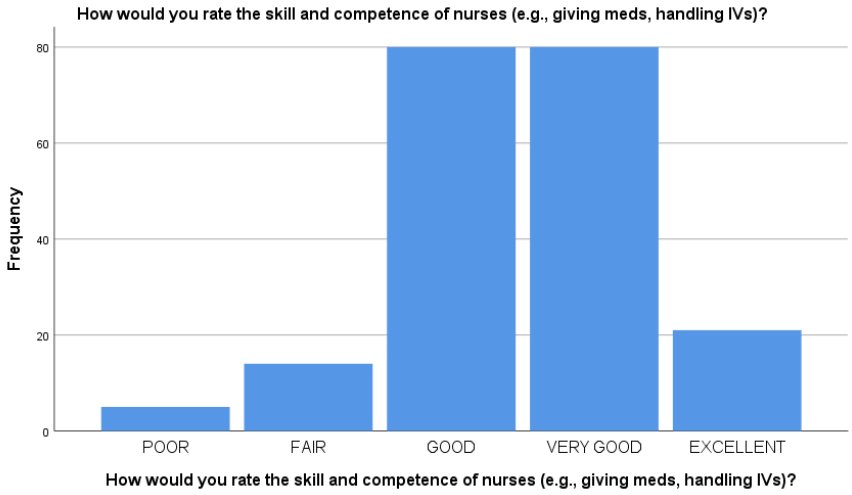


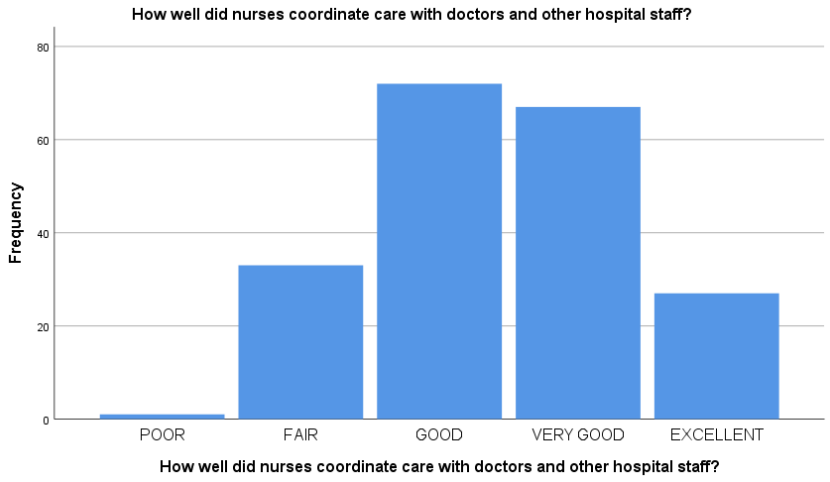


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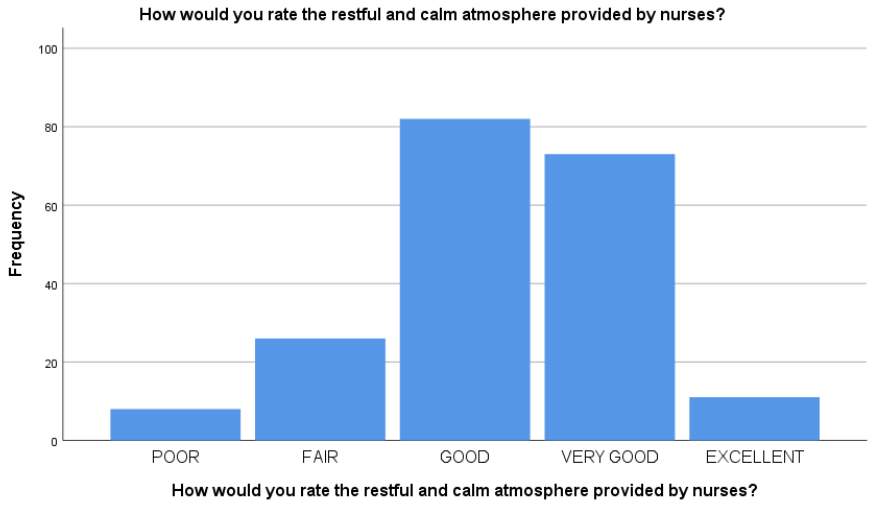


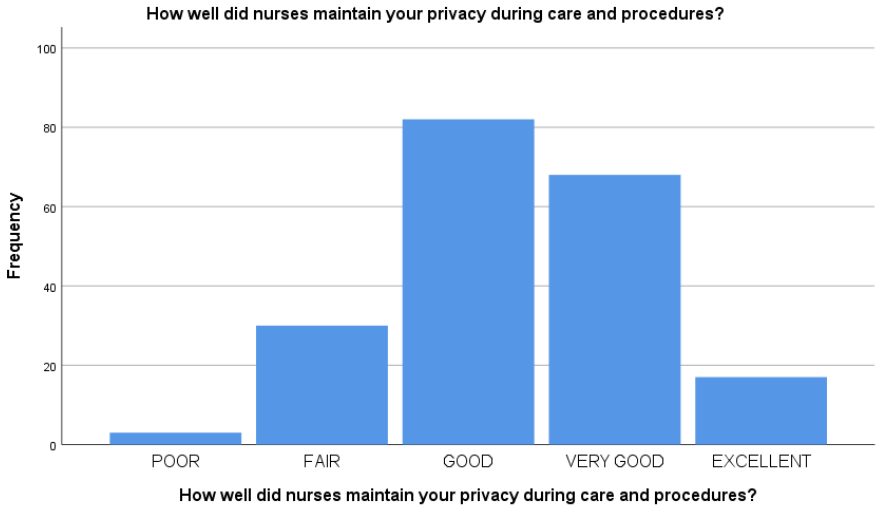




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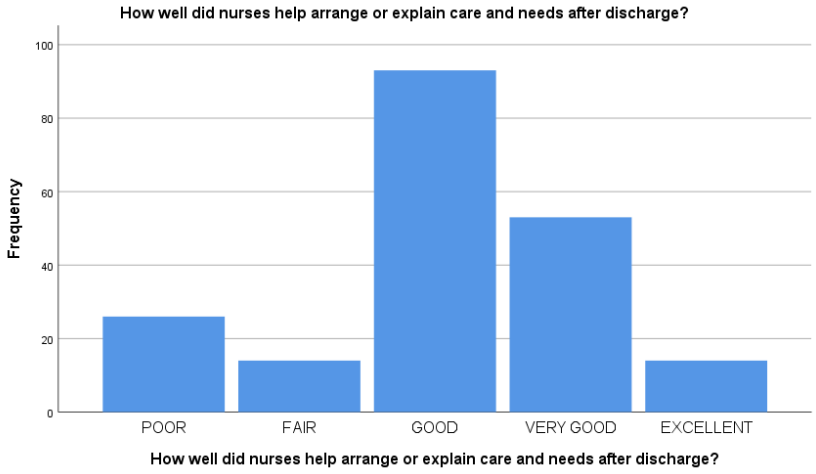


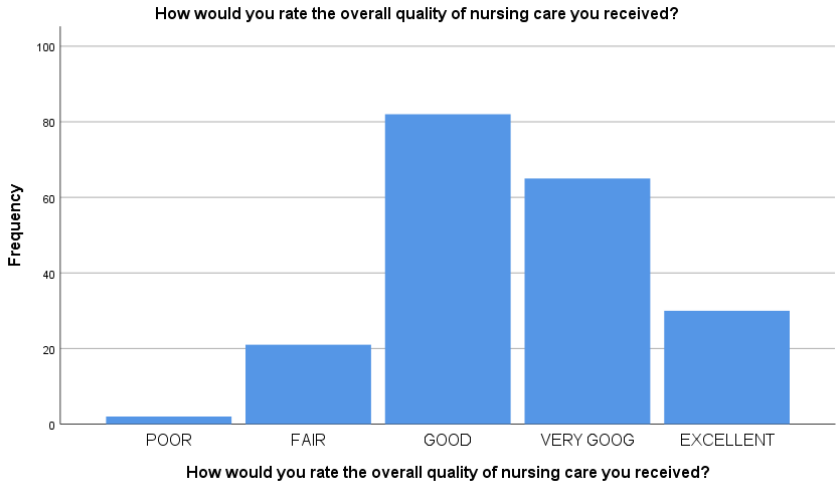


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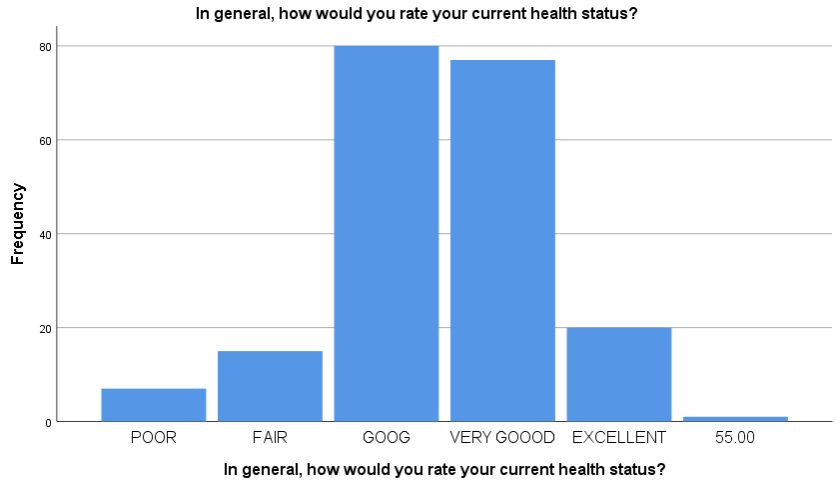


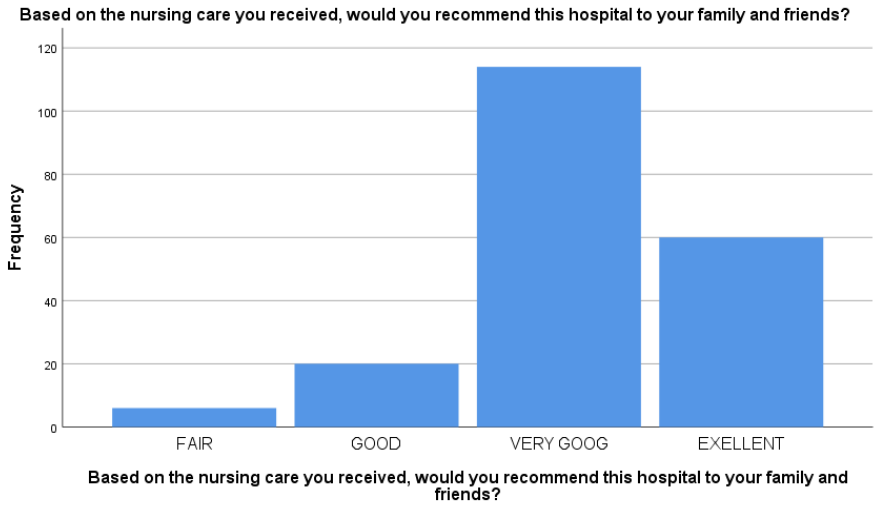




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Discussion

The present study assessed patients' perceptions of nursing care quality in both public and private hospital settings, with emphasis on communication, responsiveness, professionalism, and patient involvement. Overall, the findings indicate a high level of patient satisfaction with nursing care, which is consistent with previous studies highlighting the central role of nurses in shaping patients' hospital experiences (Aiken et al., 2014).

The demographic distribution showed an almost equal representation of public (50.5%) and private (49.5%) hospitals, allowing a meaningful comparison between the two healthcare sectors. The majority of respondents were female (73.0%) and belonged to the economically active age group (18–45 years), which aligns with earlier research reporting higher hospital utilization among females and middle-aged adults (Batbaatar et al., 2017).

Nurse–Patient Communication

Effective communication was positively rated, with more than 70% of patients reporting good to excellent explanations regarding tests, treatments, and expectations. This finding supports previous literature suggesting that clear and empathetic communication by nurses improves patient understanding, reduces anxiety, and enhances satisfaction with care (McCabe & Timmins, 2013). Similarly, explanations related to preparation for procedures were rated good to excellent by

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approximately 89% of respondents, indicating strong informational support.

Patient Involvement and Responsiveness

The majority of participants (nearly 90%) rated nurses' willingness to answer questions as good to excellent. Patient involvement in decision-making was also positively perceived, with over 75% of respondents reporting good to very good involvement. These findings are consistent with patient-centered care models, which emphasize shared decision-making as a key determinant of satisfaction and trust in healthcare providers (WHO, 2016).

Prompt responsiveness was another strength identified in this study. Over 90% of patients reported that nurses responded quickly when help was needed. Previous studies have demonstrated that timely nursing responses are strongly associated with patient safety, reduced complications, and improved perceptions of care quality (Ausserhofer et al., 2013).

Courtesy, Emotional Support, and Professional Competence

Most patients rated nurses' courtesy, kindness, respect, and friendliness as good to excellent. Emotional support and reassurance were also highly rated, reinforcing the importance of compassionate care in clinical practice. These findings align with earlier research emphasizing that respectful and empathetic nurse behavior significantly enhances patient satisfaction and emotional well-being (Papastavrou et al., 2012).

In terms of technical competence, more than 90% of respondents rated nurses' clinical skills as good to excellent. This reflects strong professional competency and adherence to safe nursing practices, which are critical components of quality healthcare delivery (Aiken et al., 2014).

Comparison Between Public and Private Hospitals

An important finding of this study was that patients admitted to private hospitals were more satisfied than those in public hospitals. Private hospital patients more frequently rated nursing care as very good or excellent across multiple domains. Similar findings have been reported in previous studies, which attribute higher satisfaction in private hospitals to lower patient-to-nurse ratios, better infrastructure, and more personalized care (Batbaatar et al., 2017).

Although satisfaction levels were slightly lower in public hospitals, the majority of public hospital patients still reported good overall experiences. The comparatively lower satisfaction may be influenced by system-level challenges such as high patient load, staffing shortages, and limited resources rather than deficiencies in nurses' skills or commitment (WHO, 2020).

Discharge Information and Areas for Improvement

Despite overall positive findings, discharge instructions were rated comparatively lower, with nearly one-fifth of patients reporting poor or fair satisfaction. Similar gaps have been identified in other studies, emphasizing the need for structured discharge education to improve continuity of care and reduce hospital readmissions (Weiss et al., 2015).

Overall Satisfaction

The high proportion of patients willing to recommend the hospital to family and friends reflects strong overall satisfaction with nursing care. Recommendation intent is widely regarded as a reliable indicator of healthcare quality and patient trust (Batbaatar et al., 2017).

Conclusion

In conclusion, this study demonstrates that nursing care was positively perceived across both public and private hospitals, with higher satisfaction reported among private hospital patients. Strengthening staffing levels, communication training, and discharge planning—particularly in public hospitals—may further enhance patient satisfaction and promote equitable healthcare delivery.

Recommendations

1. Hospitals should prioritize ongoing training programs to enhance nurses' communication and patient education skills, ensuring effective information exchange and patient empowerment.
2. Standardized discharge protocols should be developed and implemented to promote clear instructions and seamless care transitions.

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3. Patient-centered care practices, including active patient and family engagement in decision-making, should be reinforced to foster a culture of inclusivity and respect.
4. Adequate nurse staffing levels should be maintained in public hospitals to mitigate workload pressures and ensure high-quality care.
5. Regular assessments of patient satisfaction should be conducted to inform quality improvement initiatives and optimize healthcare services.

Limitations of the Study

1. The convenience sampling method employed in this study may limit the generalizability of the findings to broader populations.
2. The reliance on self-reported questionnaires may introduce response bias, potentially influencing the accuracy of the results.
3. The study's focus on selected hospitals may restrict the applicability of the findings to other healthcare settings.
4. The cross-sectional design of the study, measuring patient satisfaction at a single point in time, may not capture long-term perceptions or changes in patient experiences over time.

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