QUALITY OF NURSING CARE AND DETERMINANTS OF PATIENTS' SATISFACTION IN PUNJAB INSTITUTE OF CARDIOLOGY IN LAHORE, PAKISTAN

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Abstract

Background: *Patient satisfaction with nursing care is a vital indicator of overall satisfaction with hospital services and a reflection of the quality of healthcare delivery. Despite its importance, the level of satisfaction with nursing care in teaching hospital in Lahore, Pakistan, remains underexplored.*

Aim: *This study aimed to evaluate the level of patient satisfaction with the quality of nursing care in surgical wards of Punjab Institute of Cardiology in Lahore.*

Methods: *The study was conducted in selected Punjab Institute of Cardiology (PIC) in Lahore from June to December 2024. A structured and culturally adapted version of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), originally developed by Dr. Laschinger, was used for data collection. The study included patients who had undergone various surgical procedures, excluding those with post-operative wound infections. The tool assessed nine key dimensions of nursing care.*

Results: *A total of 178 out of 180 surgical inpatients were successfully interviewed through structured questionnaires. In cases involving language or literacy barriers, attendants assisted in communication. Findings indicated that although many patients expressed overall satisfaction, several areas—particularly privacy and maintaining a restful environment—fell short of patient expectations. These gaps highlight the need for focused improvements in interpersonal and environmental aspects of care.*

Conclusion: *Nursing care plays a fundamental role in shaping the patient experience throughout the hospital stay. Strengthening nurse-patient communication and reinforcing patient dignity and comfort are essential to improving satisfaction levels in teaching hospitals of Lahore.*

INTRODUCTION

Patient satisfaction with nursing care is widely acknowledged as a key determinant of overall hospital quality and service perception (Karaca & Durna, 2019; Wagner & Bear, 2009). Within Pakistan's

public-sector healthcare framework—particularly in teaching hospitals of Lahore—nursing care constitutes the primary interface between patients and the medical system, making it a significant influencer of patient outcomes and institutional reputation (Saad Ahmed Javed et al., 2018). However, despite its importance, systematic assessments of nursing-driven patient satisfaction in Lahore's teaching hospitals remain limited, calling for focused research in this setting.

Regarding determinants of satisfaction, Pakistani studies suggest that factors such as nurse–patient communication, environment quality, and demographic profiles significantly predict satisfaction levels (Hussain et al., 2019; Nisa et al., 2012). For example, Hussain et al. (2019) found that over 50% of patients in Lahore tertiary hospitals reported nurses only "sometimes" treated them respectfully or responded promptly, underscoring the relevance of listening and responsiveness. Furthermore, comparative research indicates that teaching hospitals in Lahore often trail behind DHQ facilities in staff communication and support roles, such as pharmacy services (Tasneem et al., 2010), highlighting institutional-level disparities.

This study, therefore, explores the quality of nursing care and its determinants of patient satisfaction specifically in teaching hospitals of Lahore. By using validated tools like the PSNCQQ and analyzing relationships among demographic, institutional, and care-related variables, the research aims to fill a local evidence gap. It builds on foundational work by Karaca and Durna (2019) and others, contributing novel insights into how teaching-hospital environments can align nursing practice with patient expectations and quality benchmarks in Pakistan.

1. Methods

A cross-sectional study was conducted at the Punjab Institute of Cardiology (PIC), Lahore from June to December 2024, focusing on patients admitted for surgical procedures. In alignment with institutional protocols, ethical committee approval was not required for this questionnaire-based survey. The study sample comprised 180 surgical inpatients aged over 18 years, selected based on the absence of any current or prior wound infections. Patients who did not consent or submitted incomplete questionnaires were excluded.

Data were collected using the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), originally in English but explained to participants in their native language to ensure clarity and comprehension. Prior to participation, informed consent was obtained from all patients. In addition to satisfaction scores, demographic information such as age, sex, religion, education, occupation, income, marital status, duration of hospital stay, and frequency of prior admissions was gathered.

The data were analyzed using IBM SPSS Version 22.0. Descriptive statistics were employed, with categorical variables presented as frequencies and percentages, and continuous variables as means with standard deviations. Statistical significance was determined using a p-value threshold of <0.05.

2. Results

Table 1: Demographic Details

Variable	Subvariable	Number	Percentage
Age (Years)	18-35	27	15.17
	36-55	82	46.07
	56 and more	69	38.76
Gender	Male	115	64.61
	Female	63	35.39
Marital Status	Married	162	91.01
	Widowed	2	1.12
	Single	14	7.87
Locality	Urban	69	38.76
	Rural	109	61.24

The majority of patients (46.07%) were between 36 and 55 years of age, followed by those aged 56 years and above (38.76%), and a smaller proportion (15.17%) aged between 18 and 35. In terms of gender distribution, 64.61% were male, while 35.39% were female. Most respondents were married (91.01%), with single individuals comprising 7.87% and widowed participants 1.12%. Regarding locality, a significant majority (61.24%) of patients were from rural areas, while 38.76% resided in urban settings. This demographic breakdown provides context for understanding patient satisfaction patterns in relation to age, gender, marital status, and place of residence.

Table 2: Patient Satisfaction Questionnaire Output

Variable	Sub-variable	Mean	SD	Min	Max
Including this most recent hospital stay. How many times were you (the patient) hospitalized in the past 2 years		1.3	0.63	0	4
Overall, how would you rate your (the patient's) health before this most recent hospital stay?		3.97	0.88	2	5
Admitted through	Emergency admission	0.27	0.45	0	1
	Normal	0.34	0.48	0	1
	OPD visit and admission	0.39	0.49	0	1
Admitted	After day procedure or Test	0.5	0.51	0	1
	Admitted on same day After procedure or test	0.5	0.51	0	1
Information you were given		4.11	0.71	2	5
Ease of getting information		4.04	0.87	2	5
Informing family or friends		4.17	0.84	2	5
Admitted		4	0.85	2	5
Concern and caring by nurses		4.16	0.82	2	5
Attention of nurses to your condition		4.08	0.76	2	5
Recognition of your opinions		4.03	0.76	1	5
Consideration of your needs		4.03	0.85	1	5
Helpfulness		4.05	0.89	1	5
Nursing staff response to your calls		4.16	0.74	2	5
Restful atmosphere provided by nurses		3.95	0.71	2	5
Privacy		3.94	0.83	2	5
Discharge instructions		4.01	0.8	1	5
Coordination of care after discharge		4.06	0.84	2	5
		4.08	0.85	2	5
Overall quality of nursing care and services you received during your hospital stay		4.06	0.94	2	5
In general, would you say your health is		4.03	0.96	2	5
Based on the nursing care I received, I would recommend this hospital to my family and friends		4.28	0.91	2	5

Table 2 presents a comprehensive summary of patient satisfaction related to nursing care quality during hospitalization. The average number of hospitalizations over the past two years was 1.3, with

patients rating their health prior to admission at 3.97 out of 5. Regarding admission methods, 27% of patients were admitted through emergency, 34% through normal procedures, and 39% via outpatient departments. Patients reported high levels of satisfaction across various dimensions of nursing care. Information provision (mean score 4.11), attention and concern from nurses (4.16–4.08), and responsiveness to patient needs received consistently positive feedback. While privacy (3.94) and restful atmosphere (3.95) received slightly lower ratings, they still indicated generally favorable experiences. Post-discharge coordination and instructions were also well-rated, with scores ranging from 4.01 to 4.08. Overall, patients expressed a strong willingness to recommend the hospital based on the care received, with the highest rating of 4.28. These findings highlight a high level of patient satisfaction with nursing care across the continuum of hospital experience.

Table 3: Analysis of Variance for Demographic Characteristics

Variable	Mean	SD	f/T	P-value
Age (years)	4.25	0.5	2.365	0.097
Marital Status	4.38	0.52	3.271	0.023
Locality	4.06	0.53	0.964	0.429
Gender	4.14	0.51	1.43	0.155

Table 3 summarizes the analysis of variance examining patient satisfaction across demographic characteristics. The highest mean satisfaction score was observed among the 17–35 age group (Mean = 4.25, SD = 0.5), though the difference across age groups was not statistically significant (p = 0.097). Marital status showed a significant variation in satisfaction levels (p = 0.023), with single individuals reporting higher satisfaction (Mean = 4.38, SD = 0.52). No significant differences were observed based on locality (p = 0.429) or gender (p = 0.155), although females had a slightly higher mean score (4.14) compared to males (4.03).

3. Discussion

The findings of this study demonstrate a generally high level of patient satisfaction with nursing care, with several patterns consistent with existing literature. Most patients were middle-aged, male, married, and residing in rural areas—demographics that may influence care expectations and perceptions. The mean satisfaction scores across key nursing care domains, including information provision, attentiveness, concern, and responsiveness, were all above 4.0 on a 5-point scale, reflecting strong approval. This aligns with previous research by You et al. (2013), which emphasized that patients consistently value informative and responsive nursing interactions in hospital settings.

Despite slightly lower ratings in privacy and restful atmosphere, these areas still indicated favorable perceptions, suggesting the need for marginal improvements. Similar trends were observed by Freitas et al. (2014), who reported that structural and environmental factors often lag behind interpersonal aspects of care in satisfaction ratings.

The ANOVA results further revealed that marital status significantly influenced satisfaction, with single patients expressing the highest mean scores. This supports findings by Alhowaymel et al. (2022), which indicated marital status as a potential determinant of patient satisfaction due to differing expectations and emotional support needs. However, no statistically significant differences were found based on age, gender, or locality. This is consistent with Sitzia and Wood (1997), who concluded that while demographics can influence satisfaction, their effects are often modest or context-dependent.

Overall, the consistently high satisfaction levels, particularly in communication and care coordination, reaffirm the critical role of nursing care quality in shaping patient experiences and trust in healthcare institutions.

4. Conclusion

This study highlights a high level of patient satisfaction with the quality of nursing care across multiple domains, as reflected in consistently strong mean scores for communication, attentiveness,

emotional support, and discharge coordination. The demographic profile—dominated by middle-aged, male, married, and rural-residing patients—provides important context for interpreting these satisfaction patterns.

Statistical analysis revealed that while satisfaction levels did not significantly vary by age, gender, or locality, marital status was a notable factor, with single patients expressing higher satisfaction. These results align with existing literature emphasizing the importance of personalized and responsive nursing care, and suggest that marital and social support contexts may shape patient expectations and evaluations.

Although certain areas like privacy and the restful environment scored slightly lower, the overall findings affirm that nursing care remains a cornerstone of the inpatient experience. Targeted improvements in environmental aspects, coupled with the continued emphasis on communication and empathy, can further strengthen patient-centered care delivery.

These insights offer valuable direction for nursing leadership and hospital administrators to reinforce areas of strength and address specific service gaps—ultimately enhancing quality of care and patient trust in the healthcare system.

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