

Patients' Satisfaction with Nursing Care at the University of Abuja Teaching Hospital: A Cross-Sectional Study

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ABSTRACT Assessing the extent to which patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to adhere to treatment, actively participate in their own care, continue utilizing medical services, remain within a healthcare facility, and maintain loyalty to a specific healthcare system. This study aimed to (1) ascertain the level of patients' satisfaction with the quality of nursing services, (2) determine the relationship between patient satisfaction and the quality of nursing services, and (3) examine the factors influencing patient satisfaction with the quality of nursing services at the University of Abuja Teaching Hospital (UATH), Gwagwalada, Abuja. Additionally, the study explored associated factors related to nursing care at UATH. The specific objectives of the study were to assess the level of patients' satisfaction with nursing care and to evaluate patients' overall perception of nursing care. The study adopted a cross-sectional descriptive research design. The study population included all adult inpatients (both male and female) at UATH. The target population consisted of 1,967 individuals, and the sample size was determined using Taro Yamane's formula, resulting in a sample of 206 participants. A stratified random sampling technique was employed to select the study sample. Data were collected using a self-structured questionnaire and analyzed using the Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics, such as frequency distribution and percentage counts, were used to summarize the data. The study found that the majority of respondents were aged 30–40 years (30.1%), predominantly female (64.1%), and of Hausa ethnicity (28.1%). Most respondents (44.7%) had a hospital stay of less than one week, and confidence in medical personnel was the primary reason for choosing the facility (33%). Results indicated that the majority of respondents (62, 30.1%) were between 30 and 34 years old, most (132, 64.1%) were female, and the largest ethnic group represented was Hausa (58, 28.1%). Additionally, most respondents (44.7%) had been hospitalized for less than a week, and the majority (33%) chose the hospital due to confidence in its medical personnel. The findings revealed that most patients were generally satisfied with nursing care, particularly in areas such as clarity of information, perceived competence, teamwork, and discharge instructions. However, dissatisfaction was noted in aspects such as nurses' willingness to answer questions and responsiveness to patient calls. Despite these concerns, the majority of respondents expressed a willingness to recommend the hospital to family and friends, indicating a positive overall perception of nursing care. Statistical analysis showed a significant relationship between patient satisfaction and the duration of hospitalization ($p = 0.003$), but no significant relationship was found between patient satisfaction and medical history ($p > 0.05$). Furthermore, no significant difference in patient satisfaction was observed across different units of the health facility ($p > 0.05$). This study found that, while patients at the University of Abuja Teaching Hospital expressed overall satisfaction with nursing care, particularly in communication and respect, significant dissatisfaction with responsiveness to patient calls highlights the need for targeted improvements to enhance patient-centered care. Addressing these gaps in nursing responsiveness and attentiveness could significantly improve patient outcomes and satisfaction.

KEYWORDS: Patients, Satisfaction, Nursing, Care, Perception

I. INTRODUCTION

Nursing care plays a prominent role in determining patients' overall satisfaction with their hospitalization experience. Nurses are often the primary healthcare providers that patients interact with most frequently, spend the most time with, and rely on for their recovery during hospitalization. Consequently, dissatisfaction with nursing care may indicate poor healthcare quality and a failure to meet established standards Obi et al. (2018). A 2014 study conducted in Taiwan on patient satisfaction with nursing care revealed an overall satisfaction rate of 45% Ahmed et al. (2014). Similarly, a study in Canada identified physical comfort, emotional support, and respect for patient preferences as major determinants of patient satisfaction Sharew (2018), while research in Turkey found that factors such as ward type, gender, income, and education independently influenced satisfaction with nursing care Stephen et al. (2021). Nursing professionals are acutely aware of their responsibility to deliver high-quality care, adhering to institutional, ethical, legal, and professional standards. Their performance significantly contributes to the valuation of care and patient satisfaction Manzoor et al. (2019). In this context, listening to patients' feedback about the care they receive provides a valuable opportunity to develop outcome indicators. These indicators can guide managers in making informed decisions about necessary transformations and innovations. Patients are the best source of information regarding a hospital system's communication, education, and pain-management processes. They are also the only source of information about whether they were treated with dignity and respect Manzoor et al. (2019). Assessing patient satisfaction with health services is clinically relevant, as satisfied patients are more likely to adhere to treatment, actively participate in their care, continue using medical services, remain loyal to a healthcare facility, and maintain trust in the healthcare system Manzoor et al. (2019).

Although patient satisfaction with nursing care has been extensively studied in developed countries, there is a notable lack of research on this topic in developing countries Olowe and Folami (2019). Based on the observations of the Director of Nursing/Head of Department during the 2021 nurse internship program at the University of Abuja Teaching Hospital (UATH), a specialized team of nurses from various departments and the Quality Improvement Unit was formed. This team was tasked with supervising nursing activities and conducting Patient Focus Rounds to evaluate nursing staff performance and improve the quality of care provided to patients. However, patient satisfaction levels are not frequently measured or assessed, making it difficult to evaluate the quality of nursing care comprehensively. To address this gap, this study was initiated to assess the level of patient satisfaction and associated factors related to nursing care at UATH, Gwagwalada, FCT, Nigeria. The specific objectives of the study include evaluating patients' satisfaction with nursing care and their overall perception of nursing services.

Patient satisfaction is a key indicator of the quality of nursing care and directly influences patient outcomes, adherence to treatment, patient retention, and overall hospital reputation. Nurses play a crucial role in determining patient satisfaction, as they are the primary caregivers responsible for delivering holistic, compassionate, cost-efficient, and cost-effective care. Despite the critical role of nursing in patient well-being, there remains a persistent gap in understanding the factors that contribute to patient satisfaction across different healthcare settings. Existing studies suggest that factors such as communication, responsiveness, empathy, and technical competence significantly influence patients' perceptions of nursing care. However, variations in healthcare systems, hospital policies, and patient expectations lead to inconsistencies in reported satisfaction levels. Furthermore, limited research has been conducted using a structured, cross-sectional approach to assess these factors, particularly in diverse healthcare settings.

Studies have demonstrated a strong correlation between nursing care and overall patient satisfaction. For instance, a survey conducted at a private hospital in Kuwait revealed that 91.9% of patients rated their nursing care as excellent, with a positive correlation ($r = 0.31$, $p = 0.01$) between patients' perception of nursing care and their overall satisfaction Tarus et al. (2014b). Similarly, a study analyzing responses from over 66,000 patients in England's National Health Service (NHS) found that only 14% of patients who felt there were insufficient nurses rated their care as excellent, compared to 57% of those who believed there were adequate nursing staff Rajeswari (2019). These findings underscore the critical role of nursing care in shaping patient satisfaction. This study aims to evaluate patient satisfaction with nursing care using a cross-sectional design, identifying key determinants that influence patient perceptions. By addressing this gap, the research will provide valuable insights into areas for improvement in nursing care, ultimately enhancing the quality of patient-centered care at UATH. Patient satisfaction is a critical measure of healthcare quality and plays a significant role in improving patient outcomes, treatment adherence, and overall hospital performance. Among the various factors influencing patient satisfaction,

nursing care stands out as a fundamental component due to the direct and continuous interaction between nurses and patients. Despite its importance, dissatisfaction with nursing care remains a common concern in many healthcare settings, often leading to poor health outcomes, decreased trust in healthcare providers, and negative hospital ratings. Several studies have explored patient satisfaction with nursing care, but inconsistencies in findings highlight the need for a more structured and context-specific analysis. Factors such as communication, responsiveness, empathy, and technical competence vary across healthcare systems and cultural contexts, necessitating further research to identify key determinants of patient satisfaction. This study is motivated by the need to assess and understand patients' perceptions of nursing care through a cross-sectional approach. By identifying strengths and gaps in nursing care, the research aims to provide valuable insights for healthcare institutions to improve nursing practices, enhance patient experiences, and ultimately contribute to a better quality of nursing services. The findings will be useful for policymakers, hospital administrators, and nursing professionals in developing strategies to optimize patient-centered care.

II. LITERATURE REVIEW

Patient satisfaction is a subjective evaluation of a patient's cognitive and emotional response resulting from the interaction between their expectations and their perception of the actual nursing care received. Nursing care is defined as the assistance provided to patients when they are unable to meet their own needs Henderson (1966). The concept of patient satisfaction with nursing care was first defined by Risser in 1975, who described it as the degree of alignment between patients' expectations of ideal care and their perception of the care they actually receive. This definition has been widely adopted by researchers in subsequent years. Research on patient satisfaction and the development of satisfaction measurement instruments dates back to the 1950s. Risser (1975) developed one of the earliest tools to measure satisfaction with nursing care, focusing on three dimensions: technical-professional, interpersonal-educational, and interpersonal-trusting relationships. Donabedian (1988) emphasized that patient satisfaction reflects the patient's judgment of care quality, particularly in relation to interpersonal processes, where both technical and interpersonal aspects of healthcare must be considered. Further studies, such as that of Yildirim et al. (2005), examined the influence of demographic factors on patient satisfaction and found that previous perceptions of high-quality care influenced patients' choice of healthcare facilities, while long waiting times were a major source of dissatisfaction.

In Nigeria, Iioh et al. (2013) found that patient satisfaction levels varied across facilities, with communication and patient-staff relationships ranking highest in determining satisfaction, while environmental factors ranked lowest. This contrasted with findings from the Federal Medical Center in Bida, where satisfaction levels were reported as excellent (78.5%), comparable to studies in Kano by Iliyasu et al. (83%). A survey by Fahad (2005) revealed that overall patient satisfaction with hospital care was high (74.7% rated it as excellent, 23.7% as very good), with nursing care receiving the highest satisfaction ratings (91.9% excellent, 3.9% very good). A positive correlation was observed between patient satisfaction and the likelihood of returning to the hospital or recommending the facility to others. Similarly, Laschinger et al. (2005) conducted a psychometric analysis of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), confirming its validity as a practical tool for assessing satisfaction levels. The study found that total satisfaction scores with nursing care strongly correlated with overall satisfaction with hospitalization, providing a valuable tool for hospital administrators to identify areas for improvement Rajeswari (2021). Studies have identified several determinants of patient satisfaction with nursing care, including socio-demographic background, expectations of nursing care, organizational and physical environment, communication and information, participation and involvement, interpersonal relationships, and medical and technical skills. These factors include

- (a). Socio-demographic background: Characteristics such as age, gender, race, language, education level, anxiety levels, health status, and previous hospitalizations influence patient satisfaction. Older patients tend to report higher satisfaction than younger individuals, and men generally express higher satisfaction than women.
- (b). Communication and information: Effective patient-provider communication is crucial for satisfaction.
- (c). Professional-technical skills and competence: The technical expertise of healthcare professionals ensures trust and confidence in care delivery.
- (d). Interpersonal relationships: Positive interactions with healthcare providers significantly improve satisfaction.
- (e). Maintenance of dignity: Respect for patient autonomy and dignity is essential.

(f). Emotional support and empathy: Affective support plays a key role in influencing satisfaction levels.

A. THEORETICAL FRAMEWORK

The study is guided by the Interaction Model of Client Health Behavior (IMCHB) by Cheryl Cox (1982). This model consists of three main components: client singularity, client-professional interaction, and health outcomes. Client singularity: Represents patient background variables, including demographic characteristics, social influences, previous healthcare experiences, and environmental resources. Age, gender, and educational level fall under demographic characteristics, while marital status represents social influence. Previous hospitalization experience and insurance status are also included. Client-professional interaction: This consists of four domains influencing health outcomes:

Affective support: Addressing the emotional needs of patients. Health information: Providing knowledge to help patients understand their condition. Decision control: Enabling patient participation in healthcare decisions. Professional-technical competencies: Skills used by nurses to meet patients' health needs. This framework conceptualizes patient satisfaction based on these four domains of client-professional interaction. Satisfaction among medical ward patients is influenced by affective support, health information, decisional control, and professional-technical competencies. The model highlights the importance of understanding patient expectations and experiences to improve the quality of nursing care and overall satisfaction.

B. EMPIRICAL EVIDENCE

Empirical studies provide insight into the diverse nature of patient satisfaction with nursing care. Rajeswari (2011) examined satisfaction levels among 50 patients and identified a statistically significant relationship between patient age and satisfaction, though other demographic variables, including sex, marital status, education, income, and length of hospital stay, showed no significant association. Similarly, Tarus et al. (2014a) investigated patient satisfaction in a large public referral hospital in Kenya using a cross-sectional survey of 274 discharged patients. Their findings indicated that 87% of patients reported overall satisfaction with nursing care, with 81.8% acknowledging timely attention from nurses and 71.6% perceiving nurses as competent. Research conducted by Merkouris et al. (2013) in public hospitals in Cyprus revealed that while patients were generally satisfied with the medical care provided, they expressed concerns about the adequacy of information received and hospitalization conditions, particularly regarding food and resting arrangements. These findings highlight the multidimensional nature of patient satisfaction, suggesting that while technical competence is valued, environmental and communicative factors also significantly influence overall satisfaction.

A study at Lagos University Teaching Hospital by Olowe and Odeyemi (2019) reported that 77% of patients expressed excellent satisfaction with nursing care, indicating a predominantly positive perception of service quality. Conversely, research conducted in Northeastern Ethiopia by Edmealem et al. (2019) found that only 58.8% of patients were satisfied with nursing services, with those assigned a dedicated nurse reporting higher satisfaction levels (AOR = 2.01, 95% CI: 1.212 - 3.334). This suggests that continuity of care and individualized attention are crucial determinants of patient satisfaction. Further supporting these findings, Sharew et al. (2018) reported a satisfaction rate of 49.2% in their study, identifying educational status and previous hospital admissions as significant predictors. Patients with higher education levels were 80% less satisfied than those with no formal education ($p=0.01$, OR=0.2, 95% CI 0.1 to 0.7), implying that expectations may vary based on knowledge and prior healthcare experiences. Additionally, patients with prior hospital admissions were 2.2 times more likely to be satisfied ($p=0.02$, OR=2.2, 95% CI 1.2 to 4.2), suggesting that familiarity with hospital processes positively influences satisfaction.

This empirical evidence highlights recurring trends in patient satisfaction with nursing care. Across various healthcare settings, communication, responsiveness, and emotional engagement consistently emerge as key determinants of satisfaction. Additionally, structural factors such as nurse staffing levels and hospital infrastructure influence patients' experiences with nursing care. However, several gaps remain in the literature. Notably, variations in patient satisfaction across different hospital settings, particularly in Nigeria, suggest that cultural, institutional, and economic factors may mediate patient experiences and perceptions. These insights will guide the current study in investigating the extent of patient satisfaction and evaluating how patients perceive the quality of

nursing care. By addressing these objectives, this study will contribute to evidence-based strategies for enhancing nursing care and improving patient satisfaction at the University of Abuja Teaching Hospital.

III. MATERIALS AND METHODS

This study adopted a descriptive cross-sectional research study to fulfill the objective of the study. The study was carried out among all male and female adult inpatients admitted at various wards in the University of Abuja Teaching Hospital, Gwagwalada. It is a tertiary institution in Abuja. UATH, formerly called Gwagwalada Specialist Hospital, is located in the Gwagwalada Area Council of the Federal Capital Territory (FCT). It is a 520-bed hospital and serves as a reference hospital for the FCT and surrounding states. On average, its bed occupancy rate hosts in its wards about 500 patients daily. It has an estimated total number of 510 nurses and 560 doctors. The hospital has several health professionals that render specialist and qualitative care to patients. Many patients with life-threatening and chronic conditions receive care in this hospital. Many of these patients are admitted into different units where care is rendered till full recovery or death. The target population of 1967 inpatients (homogeneous groups of male and female gender) made up the population with a sample size of 206. Taro Yamane's formula was employed to determine the sample of 206 respondents. The probability sampling technique (proportional stratified sampling) was used with a random selection method from each group. Inclusion criteria included individual patients that have spent at least one night in one of the hospital wards, parent/guardian of pediatric patients, and patients who are willing to participate in the study. Exclusion criteria included outpatients, newly admitted patients that have not spent at least one night in the hospital, patients on ventilators, and patients that are unconscious/disoriented or have altered mental status. A stratified sampling technique was used to obtain the required sample size for the study.

The researcher adopted a self-structured questionnaire from a previous study by Rajeswari (2011) from a similar study in India for the study. The instrument was formerly prepared by Laschinger et al. (2005) and titled Patient's Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ); it is a five-point rating scale consisting of nursing care during a hospital stay. The rating scales were excellent, very good, good, fair, and poor. The research instrument has been used in previous studies by different researchers and was rendered valid and reliable. However, due to the geographical variation from previous studies, the tool was examined by experts in the field of research at the University of Abuja Teaching Hospital and was finalized according to the experts' opinion. The collected data from this study was analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics were presented in simple statistical measures using frequencies, simple percentages, means, and standard deviations. Inferential statistics was employed to measure the degree of association. The level of statistical significance was set at $p < 0.05$. Ethical approval was obtained from the Health Research Ethics Committee of the University of Abuja Teaching Hospital to conduct the study. Informed consent was also obtained from each participant prior to the administration of the survey instrument. Respondents were assured that all information provided would be treated with confidentiality and used strictly for the purpose of the study.

The findings reveal key demographic characteristics and patient satisfaction levels with nursing care at UATH. The majority of respondents (30.1%) were between 30 and 34 years old, suggesting that individuals in this age group are more likely to seek hospitalization due to health conditions or socio-economic factors. Most respondents were female (64.1%), reflecting either a higher prevalence of health issues among women or a greater tendency for women to seek medical care. Over half of the respondents (53.9%) were single, indicating a younger or unmarried population seeking healthcare. Nearly half (47.1%) had attained secondary education, suggesting that most respondents had a basic level of education, which may influence their healthcare decisions and understanding of medical information. One-third (33.0%) were students, implying that the sample was drawn from an academic setting where students are more likely to seek medical care due to health issues related to their studies or the availability of healthcare resources. Ethnically, the largest group was Hausa (28.1%), followed by Gbagyi (15.5%) and Igbo (13.6%), with over one-fifth (20.4%) belonging to other ethnic groups, highlighting the facility's diverse patient population. The highest proportion of respondents (44.7%) were in their first week of hospitalization, reflecting acute or emergency conditions requiring immediate attention, and half (50.0%) were admitted through the emergency unit, further emphasizing the urgency of their health concerns. One-third (33.0%) chose the facility based on the reputation and competence of its medical personnel, while 25.2% were influenced by its success in

treating friends or relatives, indicating that trust and personal recommendations heavily influence healthcare choices. Interestingly, only 10.3% chose the facility due to the quality of the nursing staff, suggesting that while nursing care is important, it may not be as influential in decision-making as the competence of doctors or the hospital's overall treatment success. Regarding patient satisfaction with nursing care, the overall mean score of 2.8 (above the decision mean of 2.5) suggests general satisfaction, though some areas require improvement. The highest satisfaction levels were reported for statements (1), (12), (13), and (14), with a mean score of 3.2, reflecting positive perceptions of nurse professionalism, communication, and attentiveness. Moderate satisfaction was observed for statements (2), (6), (7), (9), (10), (15), (16), and (17), with mean scores ranging from 2.6 to 3.6, indicating appreciation for aspects such as compassion, competence, and bedside manners. However, lower mean scores for statements (3), (5), (8), and (11) of 2.1, 2.2, 2.4, and 1.8, respectively, highlight dissatisfaction with delayed response times, inadequate communication, and lack of attentiveness. Notably, statement (11), regarding nurses' responsiveness to patients' calls, received the lowest score (1.8), underscoring a critical area for improvement, as delays in responding to patient requests can significantly impact overall satisfaction and contribute to increased patient distress. The implications of the findings suggest that while patients are generally satisfied with nursing care, targeted improvements are necessary to address specific areas of concern. Key recommendations include: Enhancing Nurse Responsiveness: Implementing a more efficient call system or providing training to help nurses prioritize patient requests could improve responsiveness. Improving Communication: Training programs focused on effective nurse-patient communication may help address concerns related to dissatisfaction.

Workforce Management: Addressing nurse-to-patient ratios and ensuring sufficient staffing levels can reduce workload stress and improve overall patient care. A notable finding was the reason for choosing the healthcare facility. One-third of respondents (33.0%) selected the facility based on the reputation and competence of its medical personnel, indicating that trust in the medical team plays a critical role in healthcare decision-making. A significant portion of respondents (25.2%) also chose the facility because of its success in treating friends or relatives, suggesting that personal recommendations and past experiences heavily influence healthcare choices. Interestingly, only a small percentage (10.3%) chose the facility due to the quality of the nursing staff, suggesting that while nursing care is important, it may not be as influential in the decision-making process as the competence of doctors or the overall treatment success of the hospital.

IV. RESULTS AND DISCUSSION

As shown in Table 1, the respondents' ages range from less than 20 to 35 and above. The majority (30.1%) are between 30-34 years old, followed by 20-24 years old (23.3%). The least represented age group is less than 20 (10.7%).

Table 1: Information on the Age Distribution of the Respondents.

Variable	Frequency (%)
< 20	22 (10.7)
20-24	48 (23.3)
25-29	31 (15.0)
30-34	62 (30.1)
35 & above	43 (20.9)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 2 gives information on the gender distribution of the respondents; most respondents (64.1%) are female, while 35.9% are male.

Table 2: Information on the Age Distribution of the Respondents.

Gender	Statistics
Male	74 (35.9)

Female	132 (64.1)
Total	206 (100)

Source: Field Survey, 2024

Table 3 provides information on the marital status of the respondents. More than half (53.9%) are single, 37.4% are married, 5.8% are widowed, and 2.9% are divorced.

Table 3: *Marital Status of Respondents*

Variable	Frequency (%)
Single	111 (53.9)
Married	77 (37.4)
Widowed	12 (5.8)
Divorced	6 (2.9)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 4 The educational level of the respondents is shown below. The majority (47.1%) have secondary education, followed by tertiary education (27.2%). 20.4% have primary education, and 5.3% have no formal education.

Table 4: *Educational Level of Respondents*

Variable	Frequency (%)
None	11 (5.3)
Primary	42 (20.4)
Secondary	97 (47.1)
Tertiary	56 (27.2)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 5 gives information regarding the occupation of the respondents. It was observed that the largest group (33%) are students, followed by civil servants (29.1%), traders (22.3%), and housewives (15.3%).

Table 5: *Occupation of Respondents*

Variable	Frequency (%)
Housewife	32 (15.3)
Student	68 (33.0)
Civil servant	60 (29.1)
Trader	46 (22.3)
TOTAL	206 (100)

Source: Field Survey, 2024.

Table 6 shows the Ethnicity of the respondents. The ethnic distribution reveals a diverse representation, with Hausa being the most represented group (28.1%). Gbagyi follows at 15.5%, then Igbo (13.6%), Yoruba (11.2%), Fulani (11.2%), and others (20.4%). This diversity is essential for understanding cultural and regional influences on responses.

Table 6: Ethnicity of Respondents

Variable	Frequency (%)
Hausa	58 (28.1)
Yoruba	23 (11.2)
Igbo	28 (13.6)
Gbagyi	32 (15.5)
Fulani	23 (11.2)
Others	42 (20.4)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 7 shows the duration of hospitalization of the respondents. The length of hospital stay varies, with most respondents (44.7%) staying less than a week. Others stayed 1-2 weeks (24.7%), 3-4 weeks (16.5%), or more than a month (14.1%). This distribution helps understand hospitalization patterns.

Table 7: Duration of hospitalization of the Respondents

Variable	Frequency (%)
Less than a week	92 (44.7)
1 to 2 weeks	51 (24.7)
3 to 4 weeks	34 (16.5)
More than a month	29 (14.1)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 8: shows the mode of admission of the respondents. Half (50%) of the respondents were admitted through the Emergency Unit, 34.5% through the Outpatient Clinic, and 15.5% after a day procedure/test.

Table 8: Mode of Admission of Respondents

Variable	Frequency (%)
Via Emergency Unit	103 (50.0)
Via Outpatient Clinic	23 (34.5)
After a day procedure/test	32 (15.5)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 9: shows the respondents' reason for choosing hospital. The majority of respondents (33%) chose the hospital due to confidence in medical personnel, followed by hospital success with relatives/friends (25.2%), availability of modern technologies (16%), nursing staff (10.3%), hospital cost (9.2%), and working at the hospital (6.3%).

Table 9: Respondents' Reason for choosing Hospital

Variable	Frequency (%)
Medical Personnel	68 (33.0)
Hospital cost	19 (9.2)
Working at the hospital	13 (6.3)
Modern technologies availability	33 (16.0)
Nursing staff	21 (10.3)

Hospital success in treating my relative/friend	52 (25.2)
TOTAL	206 (100)

Source: Field Survey, 2024

Table 10: Showing Patients' Satisfaction with Nursing Care Answering Research Question One

Table 10: Patients' Satisfaction with Nursing Care Answering Research Question One

Statements	E(5)	VG(4)	G(3)	F(2)	P(1)	Mean
	F(%)	F(%)	F(%)	F(%)	F(%)	
1. Clarity of information & explanation of test/treatment by nurses	41(19.9)	29(14.1)	86(41.7)	34(16.5)	16(7.8)	3.2
2. Clarity of instruction on preparation for tests/operation by nurses	21(10.2)	24(11.7)	86(41.7)	54(26.2)	21(10.2)	2.8
3. Willingness of nurses to answer questions	11(5.3)	19(9.2)	24(11.7)	125(60.7)	27(13.1)	2.1
4. Communication of nurses to patients, families & doctors	10(4.9)	17(8.2)	56(27.2)	104(50.5)	19(9.2)	2.5
5. Provision of information by nurses about condition/needs	31(15.0)	29(14.1)	46(22.3)	74(40.0)	26(12.6)	2.2
6. Involvement of family/friends in care by the nurses	21(10.2)	29(14.1)	71(34.5)	79(38.3)	6(2.9)	2.9
7. Courtesy and respect given by nurses	11(5.3)	57(27.7)	90(43.7)	38(18.4)	10(4.9)	3.1
8. Attention of nurses to your condition	8(3.9)	22(10.7)	28(13.6)	111(53.9)	37(17.9)	2.4
9. Nurses' recognition of your opinion	16(7.8)	27(13.1)	38(18.4)	103(50.0)	22(10.7)	2.7
10. Nurses' consideration of your needs	11(5.3)	19(9.2)	78(37.9)	81(39.3)	17(8.3)	2.6
11. Nurse staff response to your call	9(4.4)	11(5.3)	36(17.5)	34(16.5)	116(56.3)	1.8
12. Perceived competence of the nurses	31(19.9)	39(14.1)	82(41.7)	38(16.5)	16(7.8)	3.2
13. Teamwork of nurses and other hospital staff that took care of you	41(19.9)	34(16.5)	101(49.0)	28(13.6)	2(1.0)	3.2
14. Provision of privacy by the nurses	21(10.2)	57(27.7)	80(38.8)	38(18.4)	10(4.9)	3.2
15. Discharge instructions	55(26.7)	38(18.4)	99(48.1)	13(6.3)	1(0.5)	3.6
16. Coordination of care after discharge	41(19.9)	57(27.7)	62(30.1)	36(17.5)	10(4.8)	3.4
17. Perceived quality of nursing care during hospitalization	18(8.7)	42(20.4)	74(36.0)	46(22.3)	26(12.6)	2.9

Decision mean = 2.5; Overall mean = 2.8

Key- E- Excellent, VG- Very Good, G- Good, F- Fair, P- Poor

Table 10 shows level of patient's satisfaction with nursing care rendered in UATH, answering research question 1. It was shown that there is satisfaction among the majority with nursing care in the aspect of statements (1), (12), (13), (14) with each having a mean score of 3.2. There was also sense of satisfaction regarding statements (2), (6), (7), (9), (10), (15), (16) and (17) with mean scores of (2.8), (2.9), (3.1), (2.7), (2.6), (3.6), (3.4) and (2.9) respectively. However, there was no satisfaction with nursing care among the majority with regards to the aspect of statements (3), (5), (8) and (11) having a low mean scores of (2.1), (2.2), (2.4) and (1.8) respectively. The aspect

of nursing staff response to patient's call had the poorest satisfaction (1.8). The overall mean was calculated (2.8) and was found to be greater than the decision mean (2.5) which indicated that the patients were quite satisfied with the nursing care in general despite dissatisfied with some of the aspects of the nursing care.

Table 11: Patients' Overall Perception of Nursing Care Answering Research Question Two

Statement	SA	SWA	A	SWD	SD
	F(%)	F(%)	F(%)	F(%)	F(%)
Based on the nursing care received, I would recommend this hospital to family/friends	23(11.2)	52(25.2)	77(37.4)	48(23.3)	6(2.9)

Key- SA- Strongly Agree, SWA- Somewhat Agree, A- Agree, SWD- Somewhat Disagree, SD- Strongly Disagree

Table 11 shows the relationship between patients' satisfaction with nursing care rendered in UATH. The table revealed that more than a third (37.4%) of the respondents will agree to recommend the health facility to their families and friends, only 6 (2.9%) of them were strongly against the decision.

A. STATISTICAL TESTING OF HYPOTHESES

H₀ (1): There is no significant relationship between patient's satisfaction with nursing care and their duration of hospitalization as well as their medical history.

H₀ (2): There will be no significant difference in patient's satisfaction across the different units of the health facility

Table 12 showing the relationship between patient's satisfaction with nursing care and their duration of hospitalization as well as their medical history using a chi-square

Table 12: Relationship between Patient's Satisfaction with Nursing Care and their Duration of Hospitalization

Variables	Patient's Satisfaction			χ^2 value	df	p-value
	Good	Fair	Poor			
Duration of hospitalization						
Less than a week	41	33	18	0.976	3	0.003*
1 to 2 weeks	16	28	7			
3 to 4 weeks	13	10	11			
More than a month	9	17	3			
Medical Condition						
Gastrointestinal	5	11	4	2.456		0.424
Cardiovascular	8	9	3			
Hepatobiliary	3	13	4			
Oncology	15	4	1			
ENT	8	8	4			
Infectious	5	7	8			
Ophthalmic	10	6	4			
Musculoskeletal	3	15	2			
Obstetric and Gynaecology	9	8	3			
Others	13	7	6			

Table 12 showed a relationship between patients' satisfaction with nursing care and their duration of hospitalization as the value ($p=0.003$) was found to be statistically significant ($p<0.05$). However, there was no relationship between their satisfaction and their medical history, as the value was found to be statistically insignificant ($p>0.05$). Table 13 showed that the calculated t-test value (t-cal) was found to be less than the critical value (t-crit) indicating

that there is no significant difference in patient's satisfaction across the different units of the health facility ($p > 0.05$), therefore the null hypothesis is accepted.

Table 13: Difference in Patient's Satisfaction across the different Units of the Health Facility using T-Test

Unit	Patient's Satisfaction			Mean \pm SD	t-cal	t-crit	df	p-value
	Good	Fair	Poor					
Medicine	31	23	11	21.6 \pm 2.3	1.318	1.860	8	0.112
Surgery	14	26	7	15.7 \pm 2.1				
O & G	13	9	11	11.0 \pm 2.1				
Orthopaedic	9	14	3	8.7 \pm 2.2				
Paediatrics	12	15	8	11.7 \pm 2.1				

B. SUMMARY OF FINDINGS

- Most patients were generally satisfied with nursing care, particularly in clarity of information, perceived competence, teamwork, and discharge instructions, but dissatisfied in aspects like willingness to answer questions and response to calls.
- Majority of the respondents agreed to recommend the hospital to family/friends, indicating a positive overall perception of nursing care.
- There is a significant relationship existed between patient satisfaction and duration of hospitalization ($p=0.003$), but no significant relationship existed between patient satisfaction and medical history ($p>0.05$).
- There is no significant difference in patient satisfaction was found across different units of the health facility ($p>0.05$).

C. DISCUSSION OF FINDINGS WITH LITERATURE SUPPORT

The study assessed patients' satisfaction with nursing care at the University of Abuja Teaching Hospital, Gwagwalada, FCT-Abuja. Regarding the level of patients' satisfaction with nursing care, the findings revealed that patients were generally satisfied, particularly with clarity of information, perceived competence, teamwork, and discharge instructions. However, dissatisfaction was evident in areas such as nurses' willingness to answer questions, attention to patients' conditions, and responsiveness to calls. Patient satisfaction with the timeliness of nursing responses was also examined, and respondents generally valued prompt responses, especially during urgent situations. This result aligns with findings by Akhtari-Zavare et al. (2010), who identified timely nursing responses as a crucial determinant of patient satisfaction, particularly in acute care settings. This highlights the importance of enhancing response times during high-traffic shifts to improve patients' perception of nursing quality. Addressing response consistency, especially during evening and night shifts, could further elevate overall satisfaction scores. Another key finding was that patients who had a specific nurse assigned to them expressed higher satisfaction, likely due to the continuity and consistency of care provided by a dedicated caregiver. This finding is supported by Edmealem et al. (2019), who reported similar results in their study in Ethiopia, where patients with an assigned nurse were more satisfied with their care. This suggests that consistent, individualized attention may enhance patients' sense of trust and comfort, ultimately contributing to better health outcomes. Additionally, satisfaction did not significantly vary with demographic factors such as sex, education, or prior hospital admission, aligning with Rajeswari's (2011) study, which found no statistical differences in satisfaction based on sex, marital status, education, income, or length of stay. This indicates that, regardless of background, patients generally prioritize the quality of interpersonal interactions and the responsiveness of care.

Regarding patients' overall perception of nursing care, the study found that 37.4% of respondents agreed to recommend the hospital to family and friends, indicating a positive overall perception. This finding is significant, as word-of-mouth recommendations play a crucial role in influencing healthcare choices. However, this result contrasts with that of Sharew et al. (2018), who identified educational status and history of admission as significant predictors of patient satisfaction with nursing care. This discrepancy may be attributed to differences in study settings, population characteristics, or measurement tools. The contrast between these findings underscores the complexity of patient satisfaction and perception, highlighting the need for healthcare institutions to consider multiple factors when striving to enhance nursing care quality. Each hypothesis in this study was tested on a null basis, with the expectation that there would be no significant difference in the level of patient satisfaction under various demographic conditions. For the first hypothesis, "There is no significant relationship between patients'

satisfaction with nursing care and their duration of hospitalization as well as their medical history," statistical testing revealed a significant relationship between patient satisfaction and duration of hospitalization. This implies that patients' satisfaction varies depending on their length of stay. For the second hypothesis, "There will be no significant difference in patients' satisfaction across the different units of the health facility," the results indicated no significant difference. This suggests that nursing care quality is relatively consistent across units.

V. CONCLUSION

In this study, we sought to evaluate patient satisfaction with nursing care at the University of Abuja Teaching Hospital (UATH) and examine the relationships between satisfaction levels and patient demographics, duration of hospitalization, and unit of care. The findings revealed that, overall, patients were fairly satisfied with the nursing care they received. Key aspects of nursing care, including clarity of information and communication, respect, perceived competence, and discharge coordination, received relatively high satisfaction ratings. This suggests that most patients experienced a positive level of engagement and support from the nursing staff, aligning with the central tenet of patient-centered care. However, areas such as responsiveness to patient calls, willingness to answer questions, and general attentiveness to patient needs emerged as significant sources of dissatisfaction. The lowest mean score (1.8) was recorded for nursing staff responsiveness to patient calls, highlighting a critical area for improvement in nursing practice and underscoring the need for initiatives to enhance timely responses to patients. These variations in satisfaction levels across different aspects of care indicate that while certain domains meet patient expectations, others require targeted interventions to improve the overall patient experience. Statistical analysis further supported the relationship between patient satisfaction and the duration of hospitalization, with significant differences in satisfaction levels observed among patients with varying lengths of hospital stays. This suggests that extended hospitalization may influence patients' perceptions of care, potentially due to increased interactions with healthcare staff over time. Conversely, satisfaction levels did not significantly differ across units of care or vary based on patients' medical history, indicating that the type of health condition or hospital department did not substantially impact perceived nursing care quality. Overall, this research highlights the complexity of patient satisfaction with nursing care, revealing both strengths and areas in need of improvement within UATH's nursing services. The study identified specific aspects of care that impact patient satisfaction and provides insights for developing targeted strategies to enhance patient experiences. Addressing identified gaps in nursing responsiveness and attentiveness could significantly improve patient outcomes and satisfaction. Key recommendations include enhancing nursing staff responsiveness by implementing an efficient call system and training nurses to prioritize patient requests. Similarly, training programs focused on effective nurse-patient communication skills may address concerns related to dissatisfaction. Additionally, addressing nurse-to-patient ratios and ensuring adequate staffing levels can reduce workload stress and improve overall patient care. Further research exploring additional factors that influence patient satisfaction across diverse healthcare settings would offer a more comprehensive understanding of effective nursing care practices, thereby contributing to improved patient-centered care in similar clinical environments.

VI. REFERENCES

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