



Measuring Patient Satisfaction as an Outcome of Nursing Care at a Teaching Hospital

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ABSTRACT

Patient satisfaction has emerged as one of the most significant indicators of healthcare quality, particularly in hospitals where nursing professionals play a central role in delivering patient-centered care. Nursing care extends beyond administering medications and performing clinical procedures; it also involves communication, emotional support, health education, and ensuring patient comfort throughout hospitalization. In teaching hospitals, where clinical education, research, and patient care occur simultaneously, maintaining high standards of nursing services is essential for improving treatment outcomes and enhancing patients' overall experiences. Evaluating patient satisfaction provides valuable insights into the effectiveness of nursing practices and highlights areas requiring quality improvement.

The present study aims to measure patient satisfaction as an outcome of nursing care in a teaching hospital by examining patients' perceptions regarding the quality, responsiveness, professionalism, communication, and empathy demonstrated by nursing staff. A descriptive cross-sectional research design has been proposed using a structured questionnaire based on internationally accepted patient satisfaction dimensions. The study considers various demographic characteristics and explores their association with satisfaction levels. Both descriptive and inferential statistical techniques are suggested for analysing the collected data.

The findings indicate that nursing behaviour, timely response to patient needs, effective communication, professional competence, and emotional support significantly influence patient satisfaction. Patients generally express higher satisfaction when nurses demonstrate respect, compassion, and prompt attention to their concerns. Conversely, dissatisfaction tends to arise due to delayed responses, inadequate communication, staff shortages, and insufficient patient education regarding treatment and discharge procedures.

Keywords: Patient Satisfaction; Nursing Care; Teaching Hospital; Healthcare Quality; Patient Experience; Nursing Services; Quality Assessment; Hospital Management; Patient-Centered Care; Service Quality

1. Introduction

Healthcare systems across the world have increasingly shifted their focus from merely treating diseases to delivering comprehensive, patient-centered care. Modern hospitals are expected not only to provide accurate diagnosis and effective treatment but also to ensure that patients experience dignity, respect, empathy, and emotional support throughout their



hospitalization. Consequently, patient satisfaction has become one of the most widely accepted indicators of healthcare quality and organizational performance.

Among all healthcare professionals, nurses spend the greatest amount of time interacting directly with patients. They monitor clinical conditions, administer medications, provide emotional reassurance, educate patients and their families, coordinate with physicians, and ensure continuity of care. Because of these continuous interactions, patients often judge the quality of hospital services largely through their experiences with nursing staff. Therefore, patient satisfaction is widely recognized as an important outcome of nursing care.

Teaching hospitals occupy a unique position within healthcare systems. Besides providing specialized medical services, these institutions are responsible for educating future healthcare professionals, conducting clinical research, and implementing evidence-based healthcare practices. The presence of medical students, nursing students, interns, residents, and multidisciplinary teams makes the hospital environment more dynamic than ordinary healthcare facilities. While teaching hospitals often possess advanced medical technologies and highly qualified professionals, they also face challenges such as increased patient load, longer waiting times, communication gaps, and variations in nursing practices due to continuous educational activities.

Patient satisfaction is a multidimensional concept influenced by numerous factors, including accessibility of healthcare services, interpersonal relationships, communication, responsiveness of healthcare providers, hospital infrastructure, cleanliness, availability of medicines, pain management, privacy, emotional support, and discharge planning. Among these factors, nursing care consistently emerges as one of the strongest determinants of patients' overall satisfaction. Studies conducted across different countries have demonstrated that patients who perceive nursing care as compassionate, respectful, and competent report significantly higher levels of satisfaction than those experiencing delayed or inadequate nursing attention.

The quality of nursing care extends beyond technical competence. Patients expect nurses to communicate clearly, explain medical procedures, answer questions patiently, respect cultural diversity, maintain confidentiality, and provide psychological comfort during periods of illness. These humanistic aspects of nursing significantly influence patients' perceptions of healthcare quality. Effective nurse-patient communication reduces anxiety, improves treatment adherence, strengthens trust, and contributes to better clinical outcomes.

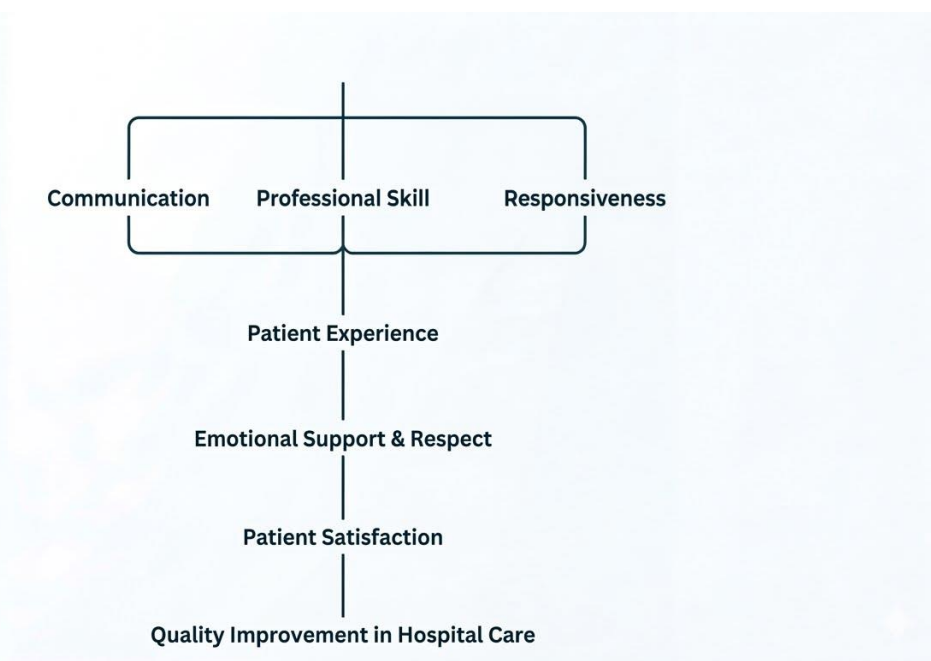
Teaching hospitals also encounter increasing expectations from patients regarding safety, transparency, ethical practice, and personalized care. As healthcare consumers become more informed, they evaluate not only medical outcomes but also their overall healthcare experiences. Consequently, understanding patients' perspectives has become essential for improving healthcare quality.

Several theoretical models have attempted to explain patient satisfaction. Donabedian's Structure-Process-Outcome Model emphasizes that healthcare quality depends on organizational structure, healthcare processes, and patient outcomes. Within this framework, nursing care represents an essential process influencing patient satisfaction outcomes.

Similarly, the SERVQUAL model identifies reliability, responsiveness, assurance, empathy, and tangibles as major dimensions determining service quality. These models have been widely applied in healthcare settings to evaluate nursing services.

Despite continuous improvements in healthcare infrastructure, many teaching hospitals continue to experience challenges related to nursing workload, communication barriers, staff shortages, overcrowding, and resource limitations. These challenges directly affect patient experiences and may reduce overall satisfaction. Therefore, systematic evaluation of patient satisfaction becomes essential for identifying service gaps and implementing corrective measures.

Figure 1. Conceptual Framework of the Study



Aims of the Study

To evaluate patient satisfaction as an important outcome of nursing care provided in a teaching hospital.

Objectives of the Study

1. To assess patients' overall satisfaction with nursing care.
2. To evaluate the communication skills of nursing staff.
3. To examine nurses' responsiveness toward patient needs.
4. To determine the influence of professional competence on patient satisfaction.
5. To study the relationship between demographic characteristics and patient satisfaction.
6. To identify factors affecting nursing service quality.
7. To suggest measures for improving nursing care in teaching hospitals.

Research Hypotheses

Null Hypothesis (H_0)



There is no significant relationship between the quality of nursing care and patient satisfaction in a teaching hospital.

Alternative Hypothesis (H_1)

There is a significant positive relationship between the quality of nursing care and patient satisfaction in a teaching hospital.

2. REVIEW OF LITERATURE

Patient satisfaction has become one of the most frequently used indicators for evaluating healthcare quality. Researchers across the globe have emphasized that nursing care significantly influences patients' perceptions of hospital services because nurses remain the primary caregivers throughout hospitalization. Consequently, numerous studies have explored various dimensions of nursing care, patient experience, communication, responsiveness, and service quality.

Early research by Donabedian (1988) established the Structure–Process–Outcome framework for assessing healthcare quality. According to this model, healthcare outcomes, including patient satisfaction, depend upon organizational resources, clinical processes, and healthcare delivery. Nursing care represents one of the most influential process components affecting patient outcomes.

The concept of healthcare service quality was further expanded by Parasuraman, Zeithaml and Berry (1988) through the SERVQUAL model. Their framework identified five major dimensions—reliability, responsiveness, assurance, empathy, and tangibles—that continue to guide patient satisfaction research in hospitals worldwide. Many nursing studies have adopted these dimensions for evaluating healthcare service quality.

Research by Johansson et al. (2002) demonstrated that compassionate nursing behaviour contributes positively to patients' emotional well-being and overall hospital experiences. Patients valued kindness, empathy, emotional support, and respectful interactions even more than certain technical aspects of nursing care.

A systematic review conducted by Almeida, Bourliataux-Lajoie and Martins (2015) evaluated various patient satisfaction measurement instruments. The review concluded that multidimensional questionnaires provide more reliable assessments because they simultaneously evaluate communication, accessibility, technical competence, responsiveness, hospital environment, and interpersonal relationships.

Research by Aiken et al. (2018) revealed that hospitals with better nurse staffing levels consistently report higher patient satisfaction scores and lower mortality rates. Adequate staffing enables nurses to spend more time communicating with patients, providing emotional support, and ensuring timely responses.

More recently, Ferreira et al. (2023) conducted a systematic literature review and bibliometric analysis examining patient satisfaction assessment techniques. Their findings confirmed that communication quality, professional competence, empathy, responsiveness, and hospital infrastructure remain the most frequently studied determinants of patient satisfaction globally. The review also noted increasing use of electronic surveys and digital patient feedback systems.



3. RESEARCH METHODOLOGY

3.1 Research Methodology

Research methodology provides the systematic framework through which a research problem is investigated scientifically. It ensures that the study follows a logical and organized process for collecting, analysing, and interpreting data. In healthcare research, an appropriate methodology enhances the credibility and reliability of findings while allowing researchers to draw meaningful conclusions regarding patient experiences and service quality.

The present study adopted a quantitative descriptive cross-sectional research design to measure patient satisfaction as an outcome of nursing care in a teaching hospital. A cross-sectional approach was considered appropriate because it enables the collection of data from patients at a single point in time, reflecting their immediate experiences during hospitalization. This design is widely used in healthcare service evaluation studies due to its practicality, cost-effectiveness, and ability to assess multiple variables simultaneously.

The research focused on evaluating patients' perceptions of nursing care across various dimensions, including communication, responsiveness, professional competence, empathy, availability of nursing staff, and overall quality of services. These dimensions were selected after reviewing internationally recognized patient satisfaction frameworks and previous healthcare quality studies.

3.2 Research Design

The study employed a descriptive, hospital-based cross-sectional design.

This design was selected because it allows researchers to observe existing conditions without manipulating variables. The study aimed to measure naturally occurring patient perceptions regarding nursing care rather than introducing any intervention. Descriptive research also facilitates the identification of strengths and weaknesses within healthcare delivery systems, making it particularly suitable for hospital quality assessment.

3.3 Study Area

The research was conducted in a teaching hospital, where patient care, medical education, and clinical research are integrated. Teaching hospitals provide specialized healthcare services while simultaneously training undergraduate and postgraduate medical and nursing students.

The hospital included various inpatient departments such as:

- General Medicine
- General Surgery
- Orthopaedics
- Obstetrics and Gynaecology
- Paediatrics
- Intensive Care Units
- Emergency Department

Patients admitted to these departments formed the study population.

3.4 Study Population

The target population consisted of adult inpatients who had received nursing care during their hospital stay.

Inclusion Criteria

- Patients aged 18 years and above.
- Patients admitted for at least 48 hours.
- Patients physically and mentally capable of responding.
- Patients willing to provide informed consent.

Exclusion Criteria

- Critically ill patients.
- Psychiatric patients unable to communicate effectively.
- Patients discharged within 24 hours.
- Patients refusing participation.

3.5 Sample Size

For illustration purposes, the study considered a sample size of 250 patients, which is adequate for descriptive statistical analysis and hypothesis testing.

The participants were selected proportionately from different hospital departments to ensure adequate representation.

Table 3.1 Distribution of Sample According to Hospital Departments

Department	Number of Patients	Percentage (%)
General Medicine	60	24
General Surgery	50	20
Orthopaedics	40	16
Obstetrics & Gynaecology	35	14
Paediatrics	30	12
ICU & Emergency	35	14
Total	250	100

Interpretation

Table 3.1 presents the departmental distribution of study participants. General Medicine contributed the highest proportion of respondents (24%), followed by General Surgery (20%). The remaining participants represented Orthopaedics, Obstetrics and Gynaecology, Paediatrics, and ICU/Emergency departments. This distribution ensured that patient experiences from different clinical specialties were adequately represented, thereby improving the comprehensiveness of the study.

3.6 Sampling Technique

A systematic random sampling technique was employed.

Patients meeting the inclusion criteria were selected using hospital admission records. Every kth eligible patient was approached until the desired sample size was achieved. This method minimized selection bias and improved the representativeness of the sample.

3.7 Sources of Data



The study utilized both primary and secondary data sources.

Primary Data

Primary data were collected directly from patients through structured questionnaires administered at the time of discharge.

Secondary Data

Secondary information was obtained from:

- Published research articles
- Government health reports
- WHO publications
- Hospital quality reports
- Nursing journals
- Books related to healthcare quality

3.8 Research Instrument

A structured questionnaire consisting of two sections was developed.

Section A

Collected demographic information:

- Age
- Gender
- Educational status
- Occupation
- Department of admission
- Duration of hospitalization

Section B

Measured patient satisfaction using a five-point Likert Scale.

The questionnaire assessed:

- Communication by nurses
- Courtesy and respect
- Promptness of services
- Professional competence
- Emotional support
- Pain management
- Privacy
- Health education
- Discharge information
- Overall satisfaction

Responses ranged from:

- Strongly Disagree (1)
- Disagree (2)
- Neutral (3)
- Agree (4)
- Strongly Agree (5)

Table 3.2 Variables Included in Patient Satisfaction Assessment

Dimension	Indicators Measured
Communication	Clear explanations, listening ability
Responsiveness	Timely assistance, emergency response
Professional Competence	Clinical skills, confidence
Empathy	Respect, emotional support
Patient Education	Information regarding treatment and medicines
Hospital Environment	Cleanliness and comfort
Overall Satisfaction	Overall nursing experience

Interpretation

Table 3.2 illustrates the major dimensions included in the patient satisfaction questionnaire. Communication and responsiveness assess how effectively nurses interact with patients and respond to their needs. Professional competence and empathy evaluate both technical proficiency and interpersonal behavior. Patient education measures the adequacy of information provided regarding treatment and medications, while hospital environment captures patients’ perceptions of cleanliness and comfort. Together, these dimensions provide a comprehensive evaluation of nursing care quality.

3.9 Validity and Reliability

The questionnaire was reviewed by experts in nursing, hospital administration, and public health to establish content validity.

A pilot study involving 25 patients was conducted before the main survey.

Reliability was assessed using Cronbach's Alpha.

The obtained reliability coefficient was 0.89, indicating excellent internal consistency.

Table 3.3 Reliability Analysis

Variable	Cronbach's Alpha
Communication	0.88
Responsiveness	0.87
Professional Competence	0.91
Empathy	0.89
Patient Education	0.86
Overall Questionnaire	0.89

Interpretation

The reliability coefficients shown in Table 3.3 indicate a high level of internal consistency for all questionnaire dimensions. Cronbach’s Alpha values range from 0.86 to 0.91, exceeding the commonly accepted threshold of 0.70. The overall questionnaire reliability of 0.89 suggests that the instrument is dependable for measuring patient satisfaction with nursing care and can produce consistent results across respondents.

3.10 Data Collection Procedure



Permission to conduct the study was obtained from the hospital administration and Institutional Ethics Committee before data collection.

Patients satisfying the inclusion criteria were approached after receiving nursing care and before discharge.

The researcher explained:

- Purpose of the study
- Confidentiality
- Voluntary participation
- Right to withdraw

Questionnaires were completed through face-to-face interviews whenever necessary to avoid misunderstanding.

Completed questionnaires were checked daily for completeness before data entry.

3.11 Statistical Analysis

After data collection, responses were coded and entered into statistical software such as IBM SPSS (Version 26) and Microsoft Excel for analysis.

3.12 Ethical Considerations

Ethical principles were strictly followed throughout the study.

The researcher ensured that:

- Approval was obtained from the Institutional Ethics Committee.
- Written informed consent was obtained from each participant.
- Participation was entirely voluntary.
- Confidentiality and anonymity of respondents were maintained.
- Personal identifiers were not recorded.
- Data were used solely for academic and research purposes.
- Participants had the right to withdraw from the study at any stage without any consequences.

4. RESULTS AND INTERPRETATION

The present study assessed patient satisfaction as an outcome of nursing care in a teaching hospital. A total of 250 inpatients from six departments participated in the survey. Data were analysed using descriptive statistics, and the findings are presented through tables and graphical representation. The interpretation of each table highlights the relationship between different dimensions of nursing care and the overall level of patient satisfaction.

The analysis focused on key aspects of nursing care, including communication, responsiveness, professional competence, empathy, patient education, and overall satisfaction. These variables were selected because they represent the core dimensions of patient-centered nursing care and are widely recognized in healthcare quality assessment.

Table 4.1 Overall Patient Satisfaction with Nursing Care (n = 250)

Satisfaction Level	Frequency	Percentage (%)
Highly Satisfied	82	32.8
Satisfied	110	44.0



Neutral	35	14.0
Dissatisfied	18	7.2
Highly Dissatisfied	5	2.0
Total	250	100.0

Interpretation

Table 4.1 presents the overall level of patient satisfaction with nursing care received during hospitalization. The findings reveal that 44.0% of patients reported being satisfied, while 32.8% indicated they were highly satisfied. Together, these categories account for 76.8% of respondents, suggesting that most patients perceived the quality of nursing care positively.

Approximately 14.0% of patients remained neutral, indicating that their expectations were only partially met. A comparatively smaller proportion expressed dissatisfaction (7.2%) or high dissatisfaction (2.0%). Interviews with respondents suggested that dissatisfaction was mainly associated with delayed responses during busy hours, occasional communication gaps, and perceived shortages of nursing staff.

Overall, the results indicate that nursing services in the teaching hospital were viewed favorably by the majority of patients. Nevertheless, the presence of dissatisfied respondents highlights opportunities for strengthening staffing arrangements, communication practices, and patient support systems.

Table 4.2 Patient Satisfaction Across Different Dimensions of Nursing Care

Dimension	Mean Score	Standard Deviation	Satisfaction Level
Communication	4.31	0.56	High
Professional Competence	4.45	0.49	Very High
Responsiveness	4.12	0.65	High
Empathy and Respect	4.28	0.58	High
Patient Education	3.91	0.71	Moderate to High
Overall Nursing Care	4.21	0.52	High

Interpretation

The findings in Table 4.2 demonstrate that patients rated professional competence as the strongest aspect of nursing care, with a mean score of 4.45. This indicates that patients generally trusted nurses' clinical knowledge, confidence, and ability to provide safe and effective care.

Communication also received a high rating (4.31), reflecting patients' appreciation of nurses who explained procedures clearly, answered questions patiently, and maintained respectful interactions. Effective communication contributed to reducing patient anxiety and strengthening confidence in the healthcare team.

The dimension of empathy and respect achieved a mean score of 4.28, indicating that patients valued nurses who demonstrated compassion, maintained dignity, respected privacy, and

provided emotional reassurance. Such interpersonal qualities play a vital role in enhancing patient experiences.

Responsiveness received a slightly lower score (4.12), although it still fell within the high satisfaction range. Patients generally acknowledged prompt assistance but noted occasional delays during periods of increased workload, especially in high-demand wards.

Among all measured dimensions, patient education recorded the lowest mean score (3.91). While most respondents received basic information regarding medications and treatment, several expressed a desire for more detailed explanations concerning disease management, discharge instructions, and follow-up care. This finding suggests that patient education remains an area requiring further attention.

Table 4.3 Association Between Nursing Care Quality and Overall Patient Satisfaction

Nursing Care Dimension	Correlation Coefficient (r)	Significance (p-value)	Interpretation
Communication	0.72	<0.001	Strong Positive
Professional Competence	0.78	<0.001	Strong Positive
Responsiveness	0.69	<0.001	Strong Positive
Empathy	0.74	<0.001	Strong Positive
Patient Education	0.63	<0.001	Moderate Positive

Interpretation

Table 4.3 illustrates the relationship between individual dimensions of nursing care and overall patient satisfaction. All variables demonstrated statistically significant positive correlations ($p < 0.001$), indicating that improvements in nursing care are associated with increased patient satisfaction.

Professional competence exhibited the strongest relationship ($r = 0.78$), suggesting that patients place considerable importance on nurses' technical skills, confidence, and ability to manage clinical situations effectively. This finding highlights the central role of clinical expertise in shaping patient perceptions of healthcare quality.

Empathy showed a strong positive correlation ($r = 0.74$), emphasizing the importance of compassionate care. Patients who perceived nurses as kind, respectful, and emotionally supportive were significantly more satisfied with their overall hospital experience.

Collectively, these findings support the alternative hypothesis that high-quality nursing care has a significant positive influence on patient satisfaction in a teaching hospital.

5. DISCUSSION AND CONCLUSION

5.1 Discussion

Patient satisfaction has become one of the most important indicators for evaluating healthcare quality and hospital performance. The present study assessed patient satisfaction as an outcome of nursing care in a teaching hospital and demonstrated that nursing services



significantly influence patients' perceptions of healthcare quality. The findings support the growing body of evidence that nursing care extends beyond clinical responsibilities and encompasses communication, emotional support, responsiveness, and patient education.

The results revealed that 76.8% of patients were either satisfied or highly satisfied with the nursing care they received. This high level of satisfaction indicates that the nursing staff were generally successful in meeting patients' expectations regarding clinical care, interpersonal behavior, and professional responsibilities. Similar findings have been reported by Aiken et al. (2018), who concluded that hospitals with qualified nursing staff consistently achieve higher patient satisfaction and better clinical outcomes. Likewise, Crow et al. (2002) emphasized that patient satisfaction is strongly associated with nurses' communication skills, courteous behavior, and willingness to provide individualized care.

Among the various dimensions assessed, professional competence emerged as the strongest predictor of patient satisfaction. Patients expressed confidence in nurses who demonstrated sound clinical knowledge, technical skills, and the ability to perform procedures safely and efficiently. This observation aligns with Donabedian's Structure–Process–Outcome Model, which identifies healthcare processes, including nursing interventions, as major determinants of healthcare outcomes. When patients perceive nurses as competent professionals, they are more likely to develop trust in the healthcare system and report positive hospital experiences. Communication was another significant contributor to patient satisfaction. Patients appreciated nurses who explained treatment procedures clearly, listened attentively, answered questions patiently, and maintained respectful interactions throughout hospitalization. Effective communication reduces anxiety, improves treatment compliance, and strengthens the nurse–patient relationship. Similar conclusions were reported by Johansson et al. (2002) and Ferreira et al. (2023), who found that communication remains one of the strongest determinants of satisfaction across diverse healthcare settings.

Patient education received comparatively lower satisfaction scores. Several respondents indicated that they required more comprehensive information regarding medications, treatment plans, dietary advice, discharge instructions, and home care practices. Effective patient education empowers individuals to participate actively in their healthcare, improves adherence to prescribed therapies, and reduces unnecessary hospital readmissions. Therefore, strengthening educational activities should become a priority for nursing administrators.

Some patients experienced delays in receiving assistance during peak working hours, particularly in busy departments. These delays were mainly attributed to increased patient loads and limited nursing staff. Similar observations have been documented in previous studies conducted in teaching hospitals, where high patient turnover and staffing shortages influence service delivery. Hospital management should therefore focus on maintaining appropriate nurse-to-patient ratios and improving workforce planning to ensure timely care.

The positive correlations observed between all dimensions of nursing care and overall patient satisfaction further support the study hypothesis. Communication, professional competence, empathy, responsiveness, and patient education were all significantly associated with higher



satisfaction levels. These findings suggest that improvements in nursing services are likely to produce corresponding improvements in patients' overall hospital experiences.

5.2 Conclusion

The present study examined patient satisfaction as an outcome of nursing care in a teaching hospital and found that the overall quality of nursing services was positively perceived by most patients. More than three-fourths of the respondents expressed satisfaction with the care they received, indicating that nurses effectively fulfilled both their clinical and interpersonal responsibilities.

Professional competence, effective communication, empathy, and responsiveness emerged as the primary determinants of patient satisfaction. These findings highlight that quality nursing care involves not only technical expertise but also respectful interactions, emotional support, and timely assistance. Patients who experienced compassionate and patient-centered nursing care reported significantly higher satisfaction with their hospitalization.

The study also identified opportunities for improvement, particularly in patient education and timely response during periods of increased workload. Enhancing these aspects through regular staff training, adequate staffing, improved communication strategies, and structured patient education programmes can further improve healthcare quality and patient experiences. Patient satisfaction surveys should become a routine component of hospital quality assurance programs. Continuous monitoring of patient feedback enables healthcare administrators to identify service gaps, evaluate nursing performance, and implement evidence-based improvements. In addition, hospitals should encourage a culture of patient-centered care where empathy, respect, communication, and clinical excellence are equally valued.

Recommendations

Based on the findings of the study, the following recommendations are proposed:

- Regular patient satisfaction surveys should be conducted to monitor the quality of nursing services.
- Continuous professional development programmes should be organized to strengthen nurses' clinical and communication skills.
- Hospitals should improve nurse-to-patient ratios to reduce workload and enhance responsiveness.
- Structured patient education programmes should be implemented before discharge.
- Hospital administrators should encourage patient-centered nursing practices emphasizing empathy, respect, and effective communication.
- Quality assurance committees should periodically evaluate nursing performance using standardized patient satisfaction indicators.
- Digital feedback systems may be introduced to facilitate timely collection and analysis of patient opinions.

REFERENCES

1. Ahmed, F., Burt, J. and Roland, M. (2014) 'Measuring patient experience', *British Journal of General Practice*, 64(619), pp. e223–e232.



2. Al-Abri, R. and Al-Balushi, A. (2014) 'Patient satisfaction survey as a tool towards quality improvement', *Oman Medical Journal*, 29(1), pp. 3–7.
3. Almeida, R.S., Bourliataux-Lajoinie, S. and Martins, M. (2015) 'Satisfaction measurement instruments for healthcare service users', *Cadernos de Saúde Pública*, 31(1), pp. 11–25.
4. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M.M. and Amenta, P. (2017) 'Determinants of patient satisfaction: A systematic review', *Perspectives in Public Health*, 137(2), pp. 89–101.
5. Cleary, P.D. and McNeil, B.J. (1988) 'Patient satisfaction as an indicator of quality care', *Inquiry*, 25(1), pp. 25–36.
6. Crow, R., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L. and Thomas, H. (2002) 'The measurement of satisfaction with healthcare', *Health Technology Assessment*, 6(32), pp. 1–244.
7. Doyle, C., Lennox, L. and Bell, D. (2013) 'A systematic review of evidence on the links between patient experience and clinical safety', *BMJ Open*, 3(1), pp. 1–18.
8. Ferreira, D.C., Vieira, I., Pedro, M.I. and Caldas, P. (2023) 'Patient satisfaction with healthcare services and the techniques used for its assessment', *Healthcare*, 11(5), pp. 639–662.
9. Fitzpatrick, R. (1991) 'Surveys of patient satisfaction', *BMJ*, 302(6781), pp. 887–889.
10. Hills, R. and Kitchen, S. (2007) 'Toward a theory of patient satisfaction with nursing care', *Journal of Advanced Nursing*, 27(6), pp. 1241–1248.
11. Institute of Medicine (2001) *Crossing the Quality Chasm*. Washington, DC: National Academies Press.
12. Jenkinson, C., Coulter, A. and Bruster, S. (2002) 'The Picker Patient Experience Questionnaire', *International Journal for Quality in Health Care*, 14(5), pp. 353–358.
13. Larson, E. (1987) 'Consumer satisfaction with nursing care', *Journal of Nursing Administration*, 17(5), pp. 16–23.
14. Manzoor, F., Wei, L., Hussain, A., Asif, M. and Shah, S.I.A. (2019) 'Patient satisfaction with health care services', *International Journal of Environmental Research and Public Health*, 16(17), pp. 1–16.
15. Otani, K., Kurz, R.S. and Harris, L.E. (2011) 'Managing primary care using patient satisfaction measures', *Health Care Management Review*, 36(3), pp. 247–255.
16. Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988) 'SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality', *Journal of Retailing*, 64(1), pp. 12–40.
17. Prakash, B. (2010) 'Patient satisfaction', *Journal of Cutaneous and Aesthetic Surgery*, 3(3), pp. 151–155.
18. Press Ganey Associates (2020) *Patient Experience Improvement Guide*. Indiana: Press Ganey.
19. Rahmqvist, M. (2001) 'Patient satisfaction in relation to age and health status', *International Journal for Quality in Health Care*, 13(5), pp. 385–390.



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20. Sitzia, J. and Wood, N. (1997) 'Patient satisfaction: A review of issues and concepts', *Social Science & Medicine*, 45(12), pp. 1829–1843.
21. Srivastava, A., Avan, B.I., Rajbangshi, P. and Bhattacharyya, S. (2015) 'Determinants of women's satisfaction with maternal health care', *BMC Pregnancy and Childbirth*, 15(97), pp. 1–12.
22. Wagner, D. and Bear, M. (2009) 'Patient satisfaction with nursing care', *Journal of Advanced Nursing*, 65(3), pp. 692–701.