



Patient Perceptions and Satisfaction with Quality of Post-operative Nursing Care: Insights from Surgical Wards in a Tertiary Healthcare Institution, Benin City, Nigeria

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ABSTRACT

Background: Patients' perceptions and satisfaction regarding nursing care are thought to be the main determinants of the quality of nursing care. **Purpose:** The study examines patients' perceptions and satisfaction with post-operative nursing care in the surgical wards of a tertiary hospital in Benin city, Edo State, Nigeria. **Methods:** This study employed a descriptive cross-sectional survey design with 139 participants selected through simple random sampling. Data was collected using a researcher-developed, validated questionnaire. Descriptive statistics were used for data analysis, and hypotheses were tested using multiple logistic regression at a 5% significance level. SPSS version 28 was used for analysis. **Results:** The study found that most patients 125 (89.9%) had a positive perception of the quality of nursing care, while 122 (87.8%) were satisfied with their post-operative care, and 12.2% were dissatisfied. The key factors contributing to patient satisfaction were the availability of family and support persons (Mean = 3.72) and maintenance of safety and comfort (Mean = 3.68), whereas staff attitude and teamwork (Mean = 3.51) had the least impact. Further analysis showed that females (OR = 4.90, $p = 0.479$), patients aged 31-40 years (OR = 7.03, $p = 0.298$), and those with a hospital stay of less than seven days (OR = 4.69, $p = 4.174$) had higher odds of being satisfied with their care. Similarly, females (OR = 2.31, $p = 0.851$), patients aged 31-40 years (OR = 4.06, $p = 0.476$), and those hospitalized for less than seven days (OR = 4.16, $p = 0.011$) were more likely to have a positive perception of the quality of care received. **Conclusion:** The study concluded that patients generally had a positive perception of nursing care, with most of them expressing satisfaction. Contributors to satisfaction included family and support and, safety protocols, adequate staffing, and nursing expertise, highlighting their importance in maintaining patient satisfaction. **Implication for Nursing:** Since safety and comfort were among the highest contributors to patient satisfaction, prioritizing strict safety protocols, pain management, and a supportive recovery environment is crucial. Ensuring that patients feel safe and well-cared for directly impacts their perception of the quality of nursing care and overall satisfaction.

Keywords: Perception, post-operative nursing care, Satisfaction, Quality of nursing care, Patients.

What does this paper add?

1. Cultural and Religious Considerations - With a high

proportion of Bini ethnicity and Christianity, the study underscores the importance of culturally

sensitive care in improving patient satisfaction.

2. Impact of Hospital Stay and Surgical Experience - The study adds to the body of knowledge that past experiences and hospital stay duration may influence patient expectations and satisfaction levels.
3. Workforce and Economic Implications - The study suggests that economic factors and time constraints may affect patients' satisfaction with nursing care, emphasizing the need for efficient, patient-centred care delivery.
4. Overall, this study adds to the growing evidence that demographic factors influence patient perceptions and satisfaction, reinforcing the need for personalized, culturally competent, and efficient nursing interventions to enhance post-operative care experiences.

Introduction

Surgical procedures are a critical component of healthcare, with an estimated 4,511 operations performed annually per 100,000 people globally, equivalent to one surgical procedure each year for every 22 people (Gillespie et al., 2020). While surgery addresses various health conditions, it imposes significant physical and emotional changes, including alterations in homeostasis, pain, infection risks, and heightened anxiety (Özşaker et al., 2021). These changes necessitate comprehensive nursing care tailored to meet the individual physical and emotional needs of patients during the peri-operative period. Post-operative nursing care, an essential phase of the surgical care continuum, involves maintaining the patient's airway, monitoring vital signs, evaluating the effects of anesthesia, identifying potential complications, and ensuring effective pain management and comfort (Smeltzer & Bare, 2019). Delivering high-quality post-operative nursing care in accordance with established standards is critical to achieving optimal patient outcomes (Karaca & Durna, 2019). A key indicator of nursing care quality is the patient's perception, which reflects the degree to which care meets patients' expectations and reduces anxiety during recovery (Folami, 2019).

Patients' perceptions of nursing care are influenced by various factors, including the time that nurses spend with them, the respect that they receive, the amount of information provided about their condition and treatment, as well as nurses' compassion and

cheerfulness (Hegge, 2016). Understanding these perceptions is essential for healthcare organizations, as it helps identify strengths and areas for improvement in care delivery (Al Momani & Al Korashy, 2022). Additionally, assessing patients' needs for nursing care plays a vital role in enhancing service quality (Dikmen, 2017). Nurses, being the healthcare professionals who interact most frequently with patients, significantly shape their perceptions of nursing care (Midilli et al., 2017). While patients in some regions report positive experiences, studies indicated that in Africa—particularly in sub-Saharan regions—negative perceptions are common, ranging from 18.5% to 50.3% (Girmay et al., 2018). These perceptions are shaped by multiple factors, including cultural background, socio-economic status, communication skills, provision of information, kindness, compassion, and competence in diagnosing and managing health conditions (Rehman, 2016).

A negative perception of nursing care can have far-reaching consequences, leading to dissatisfaction, decreased trust in healthcare services, delayed health-seeking behavior, missed appointments, reduced treatment adherence, and overall disengagement. Patients who feel neglected may perceive care plans as unimportant, spread a negative word-of-mouth, and develop a distrustful attitude toward the healthcare system. This not only affects hospitals' reputations and patients' willingness to return for future care, but also impacts health outcomes and leads to financial losses for hospitals and inefficient use of government resources (Edmealem et al., 2019). Research supports the strong link between patient perception and satisfaction with nursing care. For instance, a study conducted in Ibadan emphasized the need for periodic assessments of patient satisfaction to identify areas needing improvement in nursing services (Nasir et al., 2024). Similarly, a study in Calabar found that nurses' attitudes significantly shape patients' perceptions of care quality, highlighting that how care is delivered is just as important as the care itself (Ella et al., 2016). Effective communication, strong nurse-patient relationships, and involving patients and their families in decision-making have been identified as crucial factors in enhancing patient satisfaction (Nasir et al., 2024). Additionally, demographic factors, such as gender, education, and income level, play a role in shaping patient perceptions, as evidenced by a study conducted in Lagos (Onianwa et al., 2022).

Despite these insights, studies from different regions revealed persistent gaps in nursing care that affect patient satisfaction. Samina et al. (2018) found that while many patients appreciated nurses' responsiveness and organizational skills, there were notable deficiencies in providing clear explanations and demonstrating a caring attitude. Similarly, Garza-Hernández et al. (2020) emphasized the importance of effective communication and empathy in enhancing patients' perceptions of care. Gebremedhn and Lemma (2017) reported high patient satisfaction with peri-operative services in Ethiopia due to clear communication and attention to patient concerns. However, contrasting results were observed in north-eastern Ethiopia, where Wudu (2021) reported a lower satisfaction rate of 48.5%, attributing this to gaps in nurses' awareness of patients' needs. Demographic factors, including education and occupation, also influenced satisfaction, highlighting the need for patient-centered care and expanded health insurance coverage. Similarly, studies by Negussie (2018) and Al-Hussami et al. (2017) in Ethiopia and Jordan, respectively, identified deficiencies in patient engagement and nursing competency, calling for systematic quality improvements.

Given that patients' perceptions and satisfaction of nursing care can significantly impact health outcomes and institutional reputation, understanding these perceptions and level of satisfaction particularly in surgical wards during the post-operative period is essential. However, there is limited research focusing on patient satisfaction with post-operative nursing care in Nigeria, particularly in tertiary healthcare facilities in Edo State. To bridge this gap, the present study aims to assess patient perception, satisfaction and the associated factors influencing post-operative nursing care in surgical wards at a tertiary health facility in Edo State. By providing insights into the quality of post-operative nursing care from the patients' perspective, this study seeks to contribute to strategies that improve care delivery and enhance the overall patient satisfaction.

Materials and Methods

Research Design

This study adopted a descriptive non-experimental survey research design among post-operative patients in surgical wards of a tertiary health facility in Benin city. The health facility was established in 1973 and is renowned for expert care and training capabilities. It

serves as a major referral centre for Edo and Delta states.

Target Population/Sample Size

The study population was 184 adult post-operative patients admitted in the female surgical ward, male surgical ward, male orthopedic ward, female orthopedic ward, neurosurgical wards, and maternity ward. The sample size was calculated from a population of 184 respondents using Taro Yamane (1967) formula.

$$n = \frac{N}{1 + Nd^2}$$

where n = sample size

N= population size

d= level of precision (confidence interval)

N= 184

d= 0.05

Thus

$$n = \frac{184}{1 + 184 (0.05)^2}$$

$$n = \frac{184}{1 + 184 (0.0025)}$$

$$n = \frac{184}{1 + 0.46}$$

n = 126

10% attrition = 13

Sample size = 126 + 13 = 139

Therefore, sample size is 139.

Sampling Technique

Simple random sampling was used to select 139 participants from a total of 184 patients. A complete list of all patients (the sampling frame) was prepared, assigning each a unique identifier. Using a randomization method, such as random number generator, 139 unique identifiers are selected, ensuring that each patient has an equal chance of being chosen. The selected patients are then verified to avoid duplication, and they are informed of their inclusion in the study. This method ensures fairness and unbiased participant selection (Creswell & Creswell, 2018; Polit & Beck, 2021).

Instrument for Data Collection

The study utilized a structured, close-ended questionnaire for data collection, divided into five

sections, to address the research objectives. Section A: included 9 items on respondents' demographic information. Section B: had 13 items measuring the perception of the quality of nursing care, while Section C: contained 9 items assessing patient satisfaction with nursing care. Sections D and E had 9 items each exploring factors contributing to nursing care quality and patient satisfaction, respectively. Responses in Sections B through E were measured using a 4-point Likert scale.

Instrument Validity/Reliability

Content Validity and face Validity were used to ensure the validity of the questionnaire. The questionnaire was subjected to a panel of experts in surgery and peri-operative nursing research to evaluate whether the questions comprehensively cover the study's objectives and ensure that each question aligns with the specific variables being measured. A split-half reliability test was conducted with 16 peri-operative nurses (10% of the sample) in another hospital using the research instrument. Internal consistency was assessed using Cronbach's alpha, a widely accepted statistical measure of reliability that evaluates the extent to which items within a scale are correlated and measure the same construct. The reliability scores obtained for Sections B, C, D, and E were 0.79, 0.83, 0.78, and 0.80, respectively. According to reliability benchmarks, Cronbach's alpha values between 0.70 and 0.90 indicate acceptable to excellent internal consistency (Tavakol & Dennick, 2011). Since all values exceed the commonly accepted threshold of 0.70, the research instrument demonstrates good to very good internal consistency, confirming that the research instrument is likely to produce consistent and reliable results when used in the study population.

Method of Data Collection

Data collection for this study was carried out through the administration of structured questionnaires to nurses in the selected facilities. Nurses on duty were provided with all relevant information about the study, and the researchers coordinated with them to determine the most convenient times for questionnaire administration. The questionnaire forms were distributed to patients who provided consent and were completed at a time that suited the participants' schedules. The researchers either waited to retrieve the completed questionnaire forms or returned after a few hours to collect them. To ensure data

quality, the completed questionnaire forms were thoroughly vetted (data cleansing) to distinguish usable data from unusable data. The valid responses were then collated and compiled for subsequent analysis.

Methods of Data Analysis

Descriptive statistics, including frequencies and percentages, were computed for key study variables. Inferential statistics, such as logistic regression, were used to assess significant relationships between independent and dependent variables at a significance level of $p < 0.05$ for all analyses. Data from the questionnaire was analyzed using IBM SPSS, version 28.0.

Ethical Considerations

Ethical approval with protocol number ADM/E22/A/VOL.VII/14838152166 was obtained from the Research Ethics Committee of the University of Benin Teaching Hospital and due consent and permission were taken from the participants. Other ethical principles, such as confidentiality and voluntary withdrawal, were strictly adhered to.

Results

Socio-demographic Characteristic of the Respondents

The findings highlight the demographic characteristics of the respondents. The majority were females (58.3%), aged 20-30 years (46.0%), and single (56.1%). Most had a bachelor's degree (61.2%) and belonged to the Bini ethnic group (43.9%). A significant majority were Christians (90.6%), and the most common occupation was business (38.8%). Regarding hospital experience, most respondents had stayed less than 7 days (41.7%), and 54.0% had prior surgical experience. (Table 1).

Patients' Perceptions of the Quality of Nursing Care

The findings highlight patients' perceptions of the quality of nursing care. The findings indicate that most patients have a positive perception of the quality of nursing care. A majority (69.1%) recognize nurses as key healthcare providers, with over a half (54.3%) valuing nurses' advice for recovery. Additionally, 43.2% acknowledge nurses' skill in managing health complaints, and 55.4% appreciate their supportive attitudes. Patients emphasize the importance of nurses'

availability (64.0%) and involving family in care (79.9%). Empathy (60.4%) and alignment of care with personal values (63.3%) are also highly valued. Privacy (69.8%), accurate medication administration (59.7%), clear post-operative instructions (68.3%), a clean

environment (60.4%), and respectful interactions (67.6%) are key factors in patient satisfaction. (Table 2). Overall, 89.9% of patients hold a positive perception of the quality of nursing care, while only 10.1% express a negative view (Figure 1).

Table 1. Socio-demographic characteristics of the respondents

Item	Frequency	Percentage (%)
Sex		
Male	58	41.7
Female	81	58.3
Age		
20-30	64	46.0
31-40	46	33.1
41-50	22	15.8
50 and above	7	5.0
Marital Status		
Single	78	56.1
Married	53	38.1
Widow/Widower	8	5.8
Divorced	0	0.0
Educational Qualification		
First leaving certificate	9	6.5
SSCE	45	32.4
Bachelor degree	85	61.2
Master degree	0	0.0
Ethnic Group		
Bini	61	43.9
Yoruba	8	5.8
Igbo	34	24.5
Hausa	0	0.0
Others	36	25.9
Religion		
Christian	126	90.6
Muslim	8	5.8
Others	5	3.6
Occupation		
Student	33	23.7
Employed	31	22.3
Retired	21	15.1
Business person	54	38.8
Length of Hospital Stay		
Less than 7 days	58	41.7
7-14 days	50	36.0
More than 14 days	31	22.3
Have You Had Previous Surgical Experiences?		
Yes	75	54.0
No	64	46.0

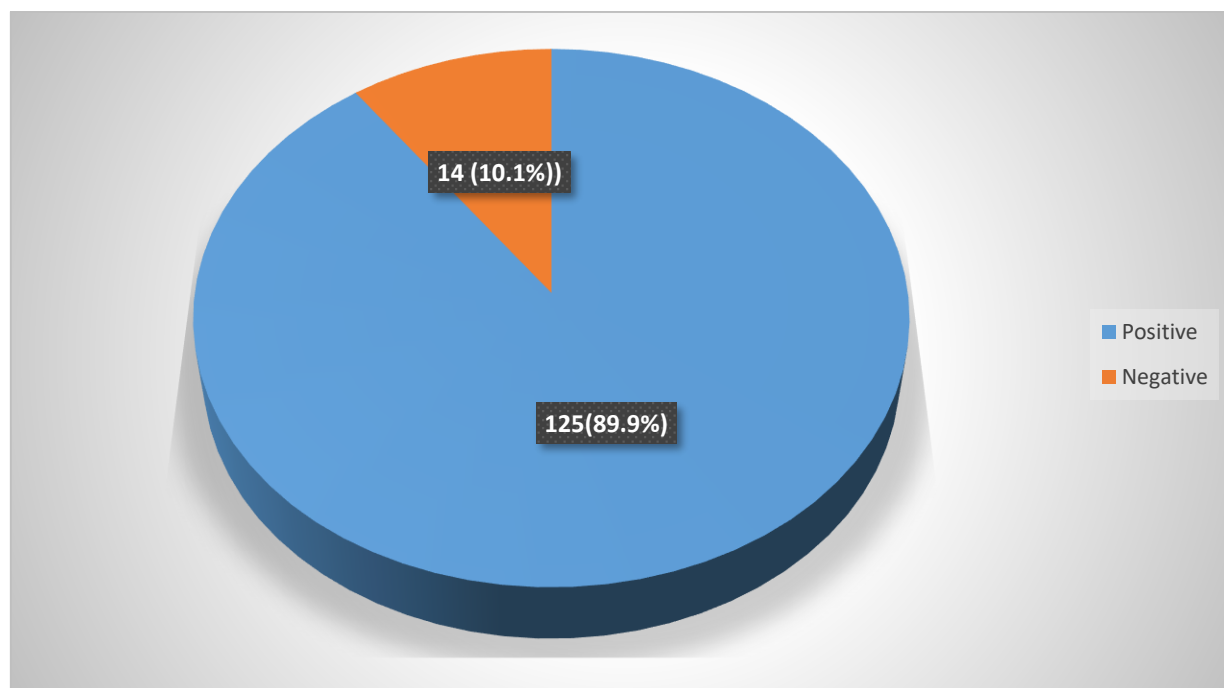


Figure 1. Patients' perceptions of the quality of nursing care

Table 2. Patients' perceptions of the quality of nursing care

ITEM	SD	A	D	SD	MEAN	S.D.	RMK
Nurses are among of the most significant healthcare professionals in the hospital setting.	96(69.1%)	42(30.2%)	1(7%)	0(0.0%)	3.68	0.48	Positive
Nurses' advice is essential to my recovery.	76(54.7%)	49(35.3%)	13(9.4%)	1(7%)	3.44	0.69	Positive
Nurses are skilled enough to handle all of my health complaints.	60(43.2%)	30(21.6%)	49(35.3%)	0(0.0%)	3.08	0.89	Positive
Nurses' attitudes toward my needs are beneficial.	77(55.4%)	62(44.6%)	0(0.0%)	0(0.0%)	3.55	0.50	Positive
Nurses are always available and prepared to meet my needs.	89(64.0%)	45(32.4%)	5(3.6%)	0(0.0%)	3.60	0.56	Positive
Nurses should involve my family/support persons in my care.	111(79.9%)	25(18.0%)	0(0.0%)	3(2.2%)	3.76	0.56	Positive
Nurses should exhibit empathy and should be informative.	84(60.4%)	55(39.6%)	0(0.0%)	0(0.0%)	3.60	0.49	Positive
Nurses should provide care that aligns with my values and beliefs.	88(63.3%)	50(36.0%)	0(0.0%)	1(0.7%)	3.62	0.53	Positive
Nurses should respect my privacy.	97(69.8%)	42(30.2%)	0(0.0%)	0(0.0%)	3.70	0.46	Positive
Nurses should administer medications accurately and on time.	83(59.7%)	55(39.6%)	0(0.0%)	1(0.7%)	3.58	0.54	Positive
Nurses should provide clear and concise information about post-operative care, including diet, activity, and wound care.	95(68.3%)	42(30.2%)	1(0.7%)	1(0.7%)	3.66	0.53	Positive
Nurses should maintain a clean and comfortable patient environment.	84(60.4%)	55(39.6%)	0(0.0%)	0(0.0%)	3.60	0.49	Positive
Nurses should not be harsh and rude to me.	94(67.6%)	42(30.2%)	0(0.0%)	3(2.2%)	3.63	0.60	Positive
Overall Mean Score					3.58		Positive

Levels of Patient Satisfaction with Nursing Care

The findings indicate high patient satisfaction with nursing care. Most patients (73.4%) were pleased with

nurses' awareness of their needs, and 85.6% appreciated prompt responses and clear communication. Additionally, 62.6% valued family involvement in care

decisions, and 73.4% recognized the respect and concern shown by nurses. Satisfaction with nurses' skills and competence was noted by 45.3%, while 61.2% were content with discharge instructions and ward

cleanliness. Furthermore, 73.4% appreciated nurses' coordination with other healthcare providers. Overall, 87.8% of patients were satisfied with nursing care, while 12.2% expressed dissatisfaction (Table 3).

Table 3. Patients' satisfaction with nursing care

ITEM	VS	S	D	VD	MEAN	S.D.	RMK
Nurses' awareness of my needs.	102(73.%)	37(26.6%)	0(0.0%)	0(0.0%)	3.73	0.44	Satisfied
Nurses' prompt response to my requests for assistance or pain management.	119(85.6)	0(0.0%)	20(14.4%)	0(0.0%)	3.71	0.70	Satisfied
Nurses' provision of understandable information about my condition, treatment, and what to expect during my hospital stay.	119(85.6)	20(14.4%)	0(0.0%)	0(0.0%)	3.86	0.35	Satisfied
Nurses' involvement of my family/support persons in my care decisions about treatment options and decisions related to my health.	52(37.4%)	87(62.6%)	0(0.0%)	0(0.0%)	3.37	0.49	Satisfied
Respect and concern showed to me by nurses.	102(73.4%)	0(0.0%)	37(26.6%)	0(0.0%)	3.47	0.89	Satisfied
Nurses' demonstration of skill and competence when rendering care, such as giving medication and carrying out wound dressing.	59(42.4%)	63(45.3%)	0(0.0%)	17(12%)	3.18	0.94	Satisfied
Nurses' instructions to me on what to do and what to expect when i left the hospital.	85(61.2%)	54(38.8%)	0(0.0%)	0(0.0%)	3.61	0.49	Satisfied
Cleanliness and hygiene of the ward	85(61.2%)	37(26.6%)	17(12.2%)	0(0.0%)	3.49	0.71	Satisfied
Nurses' coordination of care with other healthcare providers	102(73.4%)	37(26.6%)	0(0.0%)	0(0.0%)	3.73	0.44	Satisfied
Overall Mean Score	3.57						

Factors Contributing to Patient Satisfaction with Nursing Care

The findings identify key factors influencing patient satisfaction with nursing care. The most significant contributors were the availability of family and support persons (mean 3.72) and ensuring safety and comfort (mean 3.68). Other important factors included timely

medication and treatment (mean 3.67), respect for privacy and dignity (mean 3.65), ward cleanliness and hygiene (mean 3.60), and effective communication (mean 3.59). Nursing competence (mean 3.56) and patient involvement in decision-making (mean 3.39) also played a role. The least influential factor was staff attitude and teamwork (mean 3.51) (Table 4).

Table 4. Factors contributing to patients' satisfaction with nursing care

ITEM	SD	A	D	SD	MEAN	S.D.	RMK
High level of competence demonstrated by nurses	80(57.6%)	59(42.4%)	0(0.0%)	0(0.0%)	3.56	0.49	Factor
Cleanliness and hygiene of the ward's immediate surroundings	84(60.4%)	55(39.6%)	0(0.0%)	0(0.0%)	3.60	0.49	Factor
Effective communication between nurses and patients	84(60.4%)	54(38.8%)	0(0.0%)	1(0.7%)	3.59	0.54	Factor
Maintenance of safety and comfort	96(69.1%)	42(30.2%)	1(0.7%)	0(0.0%)	3.68	0.48	Factor
Involvement in decision-making	54(38.8%)	85(61.2%)	0(0.0%)	0(0.0%)	3.39	0.49	Factor
Availability of family and support persons	100(71.9%)	39(28.1%)	0(0.0%)	0(0.0%)	3.72	0.45	Factor
Staff attitude and teamwork	71(51.1%)	68(48.9%)	0(0.0%)	0(0.0%)	3.51	0.50	Factor
Timely delivery of medications and treatments	95(68.3%)	43(30.9%)	1(0.7%)	0(0.0%)	3.67	0.52	Factor
Respecting a patient's privacy and dignity	95(68.3%)	42(30.2%)	0(0.0%)	2(1.4%)	3.65	0.56	Factor
Overall Mean Score	3.22						

All the mentioned factors had a mean > 2.5.

Multi-variate Logistic Regression of Association Between Level of Satisfaction of Patients towards Post-operative Nursing Care and Socio-demographic Characteristics

Females (OR = 4.90, 95% CI: 0.23-3.54, p = 0.479) have higher odds (5 times) of satisfaction than males; this result is also not statistically significant. Participants aged 31-40 years (OR = 7.03, 95% CI: 0.06-8.28, p=0.298) are more likely to have higher odds of satisfaction, but the result is not significant. Married participants (OR = 4.60, 95% CI: 1.10-3.83, p=0.294) have higher odds of satisfaction compared to other marital statuses, but the result is not significant.

Bachelor degree holders (OR = 7.69, 95% CI: 0.05-7.10, p =0.174) have higher odds of satisfaction compared to other categories, but the result is not statistically significant. Employed participants (OR = 5.04, 95% CI: 0.02-11.14, p = 0.477) have higher odds of satisfaction, but the result is not significant. Participants with a length of hospital stay less than 7 days (OR = 4.69, 95% CI: 1.13-3.11, p = 4.174) have higher odds of satisfaction, with a statistically significant association. Our findings suggest that satisfaction with post-operative nursing care may be influenced by age, educational level, and length of hospital stay (Table 5).

Table 5. Multi-variate logistic regression of association between level of satisfaction of patients with post-operative nursing care and socio-demographic characteristics

	P	O.R.	95% C.I for O.R.	
			Lower	Upper
Sex				
Male	0.211	0.21	0.56-14.06	0.208
Female	0.479	4.90	0.23-3.54	0.879
Age				
20-30	0.971	1.04	0.12-9.14	0.371
31-40	0.298	7.03	0.06-8.28	0.798
41-50	0.174	1.06	0.25-43.26	0.974
50 and above	0.408	0.96	0.04-0.66	0.011
Marital Status				
Single	0.000	1.64	2.54-203.3	0.100
Married	0.294	4.60	1.10-3.83	1.594
Widow/Widower	0.574	0.69	2.05-9.10	1.771
Divorced	0.977	0.04	0.12-9.14	1.974
Educational Qualification				
First leaving certificate	0.000	1.64	8.54-203.16	0.000
SSCE	0.894	0.60	3.10-5.83	0.494
Bachelor degree	0.174	7.69	0.05-7.10	0.579
Master degree	0.977	1.04	2.12-4.14	0.974
Ethnic Group				
Bini	0.100	5.64	8.44-103.16	0.100
Yoruba	0.194	1.60	9.20-8.83	0.294
Igbo	0.474	0.69	0.05-2.10	0.872
Hausa	0.377	0.04	1.12-6.14	0.174
Others	0.177	0.04	9.32-10.14	0.374
Religion				
Christian	0.174	3.69	1.35-11.10	0.175
Muslim	0.377	1.04	3.12-14.14	0.874
Others	0.174	0.69	9.35-11.10	0.673
Occupation				
Student	0.974	0.69	0.15-13.10	0.178
Employed	0.477	5.04	0.02-11.14	0.185
Retired	0.074	0.69	1.15-2.10	0.171

Business person	0.172	0.04	1.41-6.12	0.472
Length of Hospital Stay				
Less than 7 days	4.174	4.69	1.13-3.11	0.973
7-14 days	1.079	1.04	9.01-10.15	0.271
More than 14 days	0.075	0.69	2.35-5.11	0.672
Previous Surgical Experiences				
Yes	0.178	3.69	1.15-2.12	0.274
No	0.911	0.04	2.25-4.17	0.173

O.R.: Odds Ratio. CI: Confidence Interval.

Multi-variate Logistic Regression of Association Between Perception of the Quality of Nursing Care and Sociodemographic Characteristics

Females (OR = 2.31, 95% CI: 0.074-8.599, $p=0.851$) have slightly higher odds of a positive perception than males, but the association is not statistically significant. Age 31-40 years (OR = 4.06, 95% CI: 0.108-2.822, $p=0.476$) have higher odds of positive perception than other age categories, but the association is not statistically significant. Married participants (OR = 4.32, 95% CI: 0.11-0.92, $p = 0.035$) have higher odds of

positive perception with a significant association. Single participants (OR = 1.64, 95% CI: 2.54-203.3, $p = 0.000$) have higher odds of positive perception of the quality of nursing care. Bachelor degree holders (OR = 5.50, 95% CI: 0.20-11.23, $p = 0.695$) have no significant association. Employed participants (OR = 5.55, 95% CI: 0.24-9.91, $p = 0.646$) have no significant association. Participants with a length of hospital stay less than 7 days (OR = 4.16, 95% CI: 0.04-0.66, $p = 0.011$) have higher odds of positive perception with a significant association (Table 6).

Table 6. Multi-variate logistic regression of association between perception of quality of nursing care and socio-demographic characteristics

	P	O.R.	95% C.I for O.R.
Sex			
Male	0.326	0.00	0.000-1000
Female	0.851	2.31	0.074-8.599
Age			
20-30	0.001	0.466	0.000-0.114
31-40	0.476	4.06	0.108-2.822
41-50	0.191	0.423	0.117-1.535
50 and above	0.237	0.553	0.132-1.651
Marital Status			
Single	0.000	1.64	2.54-203.3
Married	0.035	4.32	0.11-0.92
Widow/Widower	0.574	0.69	2.05-9.10
Divorced	0.977	0.04	0.12-9.14
Educational Qualification			
First leaving certificate	0.003	1.20	2.57-89.93
SSCE	0.038	0.21	1.11-34.90
Bachelor degree	0.695	5.50	0.20-11.23
Master degree	0.851	0.31	0.074-8.599
Ethnic Group			
Bini	0.336	3.573	0.27-47.74
Yoruba	0.006	0.010	0.00-0.27
Igbo	0.072	0.075	0.00-1.26
Hausa	0.070	0.068	0.00-1.24
Others		1.000	
Religion			
Christian	0.000	4.64	8.54-203.16
Muslim	0.041	1.19	1.06-16.57
Others	0.811	1.19	0.28-5.07

Occupation			
Student	0.078	0.15	0.02-1.23
Employed	0.646	5.55	0.24-9.91
Retired		1.00	
Business person	0.172	0.04	1.41-6.12
Length of Hospital Stay			
Less than 7 days	0.011	4.16	0.04-0.66
7-14 days	0.879	0.90	0.23-3.54
More than 14 days	0.208	2.81	0.56-14.06
Previous Surgical Experiences			
Yes	0.594	5.78	0.10-3.83
No	0.974	1.04	0.12-9.14

O.R.: Odds Ratio. CI: Confidence Interval.

Discussion

The findings of this study on the perception of the quality of nursing care among patients indicate a remarkably high positive perception, with 89.9% of the participants expressing satisfaction. This result is significantly higher than figures reported in similar studies conducted in other settings, suggesting a commendable standard of nursing care. For example, a study in Mexico by Garza-Hernández et al. (2020) revealed that 67% of surgical patients viewed their care positively, emphasizing qualities like kindness, humility, and effective communication as central to building trust and enhancing well-being. Similarly, Özşaker et al. (2021) reported a high perception score among surgical patients in Turkey, with 78% feeling well cared for. The consistently high ratings in this study may reflect cultural factors, superior interpersonal care practices, or effective patient engagement strategies. Cultural norms and expectations regarding healthcare may shape how patients perceive and evaluate their care experiences. In some cultures, patients may have a higher level of trust in healthcare professionals, leading to more positive assessments. The findings align with the broader literature that highlights the critical role of interpersonal skills and empathy in shaping positive patient perceptions. Previous studies, such as those conducted by Garza-Hernández et al. (2020) and Shawa et al. (2017) in Kenya, underscore the importance of respectful communication and active listening in fostering patient trust. In Kenya, younger patients reported dissatisfaction due to lapses in interpersonal care, such as a lack of introductions and occasional rudeness, pointing to the need for improved nurse-patient interactions. These elements are likely well-addressed in the current study, contributing to its overwhelmingly positive outcomes.

Education and awareness were also highlighted as important factors influencing patient perceptions in other studies. Negussie (2018) in Ethiopia found that patients with higher education levels and shorter hospital stays had better perceptions of nursing care. This emphasizes the need for clear communication and patient education to ensure continued satisfaction, a factor likely contributing to the high positive perception reported in this study.

The clinical environment also plays a significant role in shaping patient experiences. Studies, like those conducted by Al-Hussami et al. (2017) and Özşaker et al. (2021), pointed out the impact of infrastructure and personalized care on satisfaction levels. Maintaining a clean, comfortable, and supportive environment likely contributes to the high level of satisfaction observed in this study.

However, the study also identified a small percentage (10.1%) of patients with a negative perception of nursing care. This aligns with findings from studies conducted in Ethiopia by Negussie (2018) and Gishu et al. (2019), who reported dissatisfaction due to gaps in patient education, discharge preparation, and physical care. Similarly, Shawa et al. (2017) noted that inconsistent interpersonal care, including occasional rudeness, was a source of dissatisfaction in Kenyan hospitals. Addressing such gaps is essential to maintain and enhance the already high satisfaction levels reported in this study. In comparison with global trends, this study's findings of 89.9% positive perception stand out as exceptional. Countries like Ethiopia, where Negussie (2018) and Gishu et al. (2019) reported satisfaction levels of 49.3% and 36.8%, respectively, demonstrate the challenges of achieving consistent quality of nursing care in resource-constrained settings. Similarly, Al-Hussami et al. (2017) in Jordan found moderate patient

satisfaction, with an average perception score of 3.4 out of 5, influenced by gaps in nursing competency and infrastructure.

The findings of this study reveal that 87.8% of patients were satisfied with nursing care, while 12.2% expressed dissatisfaction. This high satisfaction level aligns with other studies that highlight the importance of effective communication, attentiveness, and professionalism in nursing care. For instance, Gebremedhn and Lemma (2017) reported a 98.1% satisfaction rate in Ethiopia, emphasizing the role of clear communication about diseases and operations, as well as attentiveness to patient concerns. These factors likely contribute to the high satisfaction levels observed in the present study. Similarly, Öztepe and Kanan (2021) found high satisfaction rates among Turkish patients undergoing open-heart surgery, suggesting that consistent care quality, irrespective of demographic differences, significantly impacts patient experiences. In contrast, studies in resource-limited settings, such as Wudu (2021) in north-eastern Ethiopia, reported significantly lower satisfaction levels (48.5%). Dissatisfaction in such contexts was linked to nurses' lack of awareness of patient needs and insufficient patient-centered care. Addressing these gaps through training programs and improving resource availability could elevate satisfaction levels closer to those observed in this study.

Communication has consistently emerged as a critical determinant of patient satisfaction. Lotfi et al. (2019) in Iran highlighted dissatisfaction among over 80% of patients due to poor communication, with many patients unaware of their assigned nurse. Similar issues were noted by Shawa et al. (2017) in Kenya, where insufficient information and interpersonal skill deficits among nurses impacted satisfaction. The relatively high satisfaction rate in this study suggests that these aspects of nursing care are adequately addressed, contributing to positive patient experiences. Demographic and institutional factors also play a role in satisfaction. Studies, such as Karaca et al. (2019) in Turkey and Fuseini et al. (2022) in Ghana, found that satisfaction levels varied based on healthcare settings, patient education levels, and specialized care units. The findings of this study demonstrate that consistent nursing care quality can lead to high satisfaction rates across diverse patient groups, underscoring the importance of equitable care delivery. Despite the

overwhelmingly positive results, the 12.2% of dissatisfied patients highlight areas for improvement. Similar to concerns raised by Shawa et al. (2017), these patients may have experienced gaps in interpersonal care, privacy, or information delivery. These findings emphasize the need for continued investment in enhancing nurse-patient communication, addressing patient-specific concerns, and fostering a culture of empathy and professionalism among nursing staff.

The findings of this study align with existing literature on the factors contributing to patient satisfaction with nursing care. The major contributing factors identified in this study—availability of family and support persons (mean of 3.72) and maintenance of safety and comfort (mean of 3.68)—are consistent with several studies in the field. These elements are frequently cited as central to patient satisfaction, as they directly impact the emotional and physical well-being of patients during their hospital stay. For instance, Agbonjinmi et al. (2022) in their study at Babcock University teaching hospital found that high levels of patient satisfaction were strongly linked to communication, professional competence, and environmental factors. Their findings suggest that creating a supportive environment, which includes ensuring family involvement and patient comfort, is critical for enhancing patient experiences. Similarly, Folami (2019) at Lagos University teaching hospital found that patients who received informational support and experienced good professional care rated their nursing care highly, reinforcing the connection between supportive care environments and the overall patient satisfaction.

This study's finding that the availability of family support contributes to higher patient satisfaction further underscores the importance of a holistic approach to care, a perspective echoed in recent studies. Nasir et al. (2024) emphasized that periodic assessments of patient satisfaction are essential for identifying areas requiring improvement in nursing services, while Ella et al. (2016) highlighted that nurses' attitudes significantly influence patients' perceptions of care quality, suggesting that the manner in which care is delivered is as crucial as the care itself. Additionally, research by Nasir et al. (2024) identified effective communication, strong nurse-patient relationships, and involving patients and families in decision-making as pivotal in enhancing patient satisfaction, reinforcing the findings of this study.

Demographic factors also play a role in shaping patient perceptions of nursing care. The current study found that female patients and those aged 31-40 years reported higher satisfaction and positive perceptions of care quality, which aligns with findings by Onianwa et al. (2022) in Lagos, where gender, education, and income levels significantly influenced patient satisfaction. Similarly, the length of hospital stay has been associated with patient perceptions of care, with research indicating that shorter hospital stays correlate with higher satisfaction levels (Berhie et al., 2024). This aligns with the present study's finding that patients hospitalized for less than seven days had more favorable perceptions of nursing care quality. The importance of family involvement as highlighted in this study is also consistent with other research findings. Afework et al. (2019) reported that independence, privacy, and nurse responsiveness were key satisfaction drivers in Dessie referral hospital in Ethiopia. While nurse responsiveness was emphasized in that study, the role of family involvement and privacy—key themes in the current study—are critical for ensuring that patients feel both physically and emotionally supported, contributing significantly to their overall satisfaction.

However, the least influential factor in this study, staff attitude and teamwork (mean of 3.51), reflects a slightly different perspective on patient satisfaction. While nurse-patient interactions remain essential, this study found that tangible aspects such as safety, comfort, and family support carried greater weights in influencing patient satisfaction. This contrasts with findings by Ozturk et al. (2020) in Turkey, who emphasized the need for improvements in informational and psychosocial support. The emotional and interpersonal aspects of care, including the attitude and teamwork of nursing staff, may not have been fully addressed in the current study as key drivers of satisfaction, but other studies suggest that these aspects are equally vital in enhancing patient outcomes. Furthermore, Alharbi et al. (2022) found that patient satisfaction varied based on demographic factors, such as age, education, and marital status, highlighting the need for a nuanced approach in evaluating patient satisfaction. For instance, this study found that patients aged 50 years and above had significantly lower odds of satisfaction, a trend supported by Moret et al. (2007), who noted that older adults generally report lower satisfaction levels due to complex health conditions,

prolonged hospital stays, and greater dependence on healthcare professionals. Conversely, the study found that patients with only a first leaving certificate had significantly higher odds of satisfaction, consistent with Olsson et al. (2013), who suggested that patients with lower education levels often have fewer expectations of healthcare services and tend to value basic aspects of care such as kindness, attentiveness, and respect from healthcare providers. In contrast, more educated patients tend to be more critical in their evaluations of healthcare services, a finding echoed by Gould et al. (2017).

Finally, the association between shorter hospital stays and higher satisfaction levels, observed in this study, is well documented in literature. Chen et al. (2015) emphasized that shorter hospital stays enhance satisfaction by reducing stress, improving recovery experiences, and minimizing complications. Similarly, Boulding et al. (2011) found that patients with shorter stays reported better hospital experiences due to increased efficiency and fewer disruptions to their routines. Overall, the findings of this study provide valuable insights into the multi-faceted nature of patient satisfaction with post-operative nursing care. Understanding these key factors—family support, safety, comfort, demographics, and hospital stay duration—can help healthcare providers tailor their services to meet diverse patient needs, ultimately improving the quality of nursing care and patient satisfaction.

Implications for Nursing

The study underscores the need for healthcare institutions to prioritize factors that enhance patient satisfaction and perception of the quality of nursing care. Key implications for nursing practice include: enhancing family and support involvement - since the availability of family and support persons was a major contributor to satisfaction, nursing policies should encourage family engagement in post-operative care. Prioritizing patient safety and comfort-maintaining safety and comfort ranked highly in patient satisfaction, highlighting the importance of strict adherence to safety protocols, pain management, and a conducive healing environment. Improving staff attitude and teamwork-despite being the least influential factor, staff attitude and teamwork still impact patient satisfaction. Continuous professional training on communication, empathy, and interdisciplinary collaboration can

improve this aspect. Tailoring care to patient demographics-findings suggest that women and younger patients (31-40 years) were more likely to have positive perceptions of nursing care. Nurses should adopt individualized approaches to meet diverse patient needs. Optimizing nurse staffing and workload-while staff-to-patient ratios were not a major concern for patients, ensuring adequate nurse staffing remains critical to sustaining high-quality care and preventing burnout. Strengthening communication and patient education - effective communication and clear post-operative instructions are essential for patient satisfaction. Nurses should focus on providing comprehensive education about recovery and discharge care.

Conclusion

This study assessed patients' perceptions and satisfaction with post-operative nursing care in a tertiary health facility in Benin City, Edo State, Nigeria. The findings indicated a predominantly positive perception of nursing care, with key factors, such as adherence to safety protocols, appropriate staffing, and nursing expertise, playing significant roles in patient satisfaction.

Based on these findings, the following recommendations are proposed:

- **Nursing Practice:** Enhancing patient-centered care, improving communication, strengthening family involvement, and ensuring adequate nurse staffing levels.
- **Policy Implementation:** Establishing standardized patient satisfaction assessments and expanding health insurance coverage to improve accessibility and quality of care.
- **Future Research:** Investigating long-term patient satisfaction trends, exploring the role of technology

in nursing care, and examining the psychological aspects of post-operative recovery.

Implementing these recommendations will contribute to improved nursing practice, inform policy development, and enhance the overall patient outcomes and healthcare quality.

Limitations of the Study

- **Single-center Scope:** The single-center design of this study limits the generalizability of its findings, as the results reflect patient experiences within a specific hospital setting and may not be representative of other healthcare facilities with different patient demographics, staffing levels, or institutional policies. A multi-center study would enhance the external validity of the findings by capturing a broader range of patient experiences across diverse settings.
- **Subjective Responses:** Patient perceptions and satisfaction are inherently subjective and may be influenced by individual biases or expectations.
- **Cross-sectional Design:** The cross-sectional nature of this study restricts the ability to establish causal relationships between the identified factors and patient satisfaction. Since data was collected at a single point of time, the study does not account for variations in patient perceptions that may occur due to changes in care quality, staffing, or hospital policies over time.

Conflict of Interests

No conflict of interests is to be declared by the authors.

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