



# Perception about Nursing Quality Care and Hospital Facilities among Patient

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## Abstract

**Background:** The healthcare sector is influenced by increased competition in every area today. The ability to deliver high-quality patient care is the most significant competitive advantage for health-care providers. Health-related knowledge and technological developments, improvements in attitudes and perceptions regarding healthcare services, an improvement in patients' participation in their health care, and increased expense and competition in the health industry have all identified the need for better quality healthcare facilities.

**Objectives:** To assess perception about nursing quality care and hospital facilities among patient.

**Methodology:** A cross sectional descriptive study design. The setting will be the General Hospital Lahore. Using SPSS, data analysis was performed and used to define the corresponding chi-square factor. Graphs and tables provided the details.

**Result:** Total 150 participants are involved this study 38.0% participants belong to 20-25 year of age group, 24.7 % participants have 26-30 year of age group, 5.3% participants have 31-35 year of age group, 10.0% participants have 36-40 year of age group, 6.0% participants have 41 -45 year of age, 12.0% participants have 46-50 year of age group and 4.0% were above 50 year of age group. 50.7% participants were male and 49.3% female. 32.0% participants were illiterate, 23.3% have primary education, 29.3% have secondary education and 15.3% participants were high educated. 24.0% participants were house wives, 14.7% were teacher, 28.7% were clerk, 6.0% were driver, 18.7% were factory worker and 2.0% were shopkeeper

**Conclusion** Patients' perceptions of the level of treatment and associated medical facilities were low, resulting in subpar nursing care. As a result, in order to offer high-quality care, nursing directors can actively enforce quality control. Furthermore, hospital management should make greater attempts to improve the hospital's climate. After this, these analysis provides a true

and accurate calculation for further inquiry to regional and national researchers.

**Key word:** Perception, quality, Facilities, nursing, Patients.

## INTRODUCTION

### Background

The healthcare sector is influenced by increased competition in every area today. The ability to deliver high-quality patient care is the most significant competitive advantage for health-care providers. Health-related knowledge and technological developments, improvements in attitudes and perceptions regarding healthcare services, an improvement in patients' participation in their health care, and increased expense and competition in the health industry have all identified the need for better quality healthcare facilities (Alsaqri, S. 2016).

The opinions and satisfaction of patient and their families will be used to determine the quality and adequacy of healthcare facilities. Patient's satisfaction has been the most significant measure of healthcare quality and is called a service result. Overall quality of management covers clinical experience, expertise, and relevant technological deployment, as well as patients' expectations of the nature and degree of treatment which individuals get (Karaca, A., & Durna, Z. 2019).

Satisfaction of patient is a standard for assessing the level of treatment offered. Despite the fact that patient satisfaction is a complex and difficult to describe parameter, it is the only way to determine the quality of patient care. Patients which were admitted in the hospital are those consumer who promote the hospital's and organizations positive image of community. Patient loyalty also helps in effective hospital administration (Kannan, Avudaiappan et al. 2020).

Qualities of hospitals has become a significant problem which is affected by patients' expectations of the level of treatment they receive. Nurses are challenged to sustain and improve their level of care because evaluating the

standard of treatment given by nurses is critical. Health care can be evaluated by performance, technology, operational efficiency, and organization structure; engaging customers; or improving the standard patient healthcare by patients in which they are understood, listened to, and engaged in real decision-making (Al-Hussami, Al-Momani et al. 2017).

Satisfaction of patient with nurses can be assessed by, how nurses manage the patient need and also by recognizes deficiencies of nursing interventions, and assists in improving quality care within the organization. Nurses are the health-care workers that track and care for patients in hospitals around the clock, and they are important members of the health-care team who help hospitalized patients transition. To increase patient happiness, nurses must be mindful of their patients' needs (Kim-Soon, 2021).

Good bedside etiquette, full interaction with patients, care giver coordination, giving guidance, good usage of words, and encourage are the basic requirements to providing high - quality care. During their hospital stay, patients expect a variety of services from nursing staff, including regular nursing care as well as informational, mental, moral, and personal assistance (Zakerimoghdam, Sadeghi et al. 2016).

Patients' views of care quality relate to how they felt about the treatments they've received and how well they've reacted to treatment, and they're recorded to determine healthcare access and quality. The aim of health care quality assurance programmes is to ensure patient protection, increase therapeutic efficacy, and encourage public transparency in the delivery of health care (Gishu, Weldetsadik et al. 2019).

Perception of patient is the association among the expectations of performance or the desire to use it or request a service in the future. Patient satisfaction is a significant predictor of healthcare and overall quality of care, so a more oriented and direct assessment of patient expectations to healthcare quality of care is

needed. Several established instruments have been created explicitly to determine patient perceptions of standard patient healthcare (Gishu, Weldetsadik et al. 2019).

The value of assessing patient expectations of nursing care cannot be overstated because nursing care has the biggest effect on patients' satisfaction with the overall level of care. In line with this, a new Australian study showed a strong correlation between patient experience and nursing quality of care understanding (Edvardsson, Watt et al. 2017).

Patients, as consumers, may be valuable sources of knowledge for assessing current treatment. However, in order to offer high-quality nursing services to patients, healthcare institutions must first comprehend their perspective. In this dynamic period, patients' expectations of quality nursing care are becoming profoundly relevant. When it comes to addressing the quality of treatment at all levels, analyzing patients' views on the quality of care has been a popular issue (Rehan, Kanji et al. 2017).

## Literature Review

When people go to the hospital, they like quality nursing services (QNC). One of the considerations that influences the level of nursing care is the patients' expectations and happiness. In a general surgical ward, the literature review centred on the consistency of clinical care, patient attitudes and happiness, preferences, and nursing tasks conducted during preoperative and postoperative nursing care. It also looked at research that looked at how people felt about nursing care (Tsogbadrakh, B., et al. 2020).

One of the most critical facets of treatment is nursing care. Patients' satisfaction with nursing care has identified itself as the most significant indicator of total patient satisfaction and an important target for every healthcare organisation. Evaluating client experience of hospital care has the ability to increase nursing service quality by promoting the improvement of care expectations and measuring both outcomes

and consumers' impressions of performance (Goh, M. L., et al. 2016).

Another study conducted in Pakistan and showed that there were 122 patients who were agree to participate in this study. About 45% patients satisfied from the nursing care and fulfill their need in hospital. There were 55% were not satisfied from nursing care. 94% nurses keep privacy of patient (Rehan, A., et al. 2016).

Study of Karaca present the Perception of patient about nursing care favorable by Knowledge given by nurses. Nursing treatment rendered during hospitalization was ranked as outstanding by 63.9 percent of patients. 18 to 35 year old individual cared in the surgical or obstetrics–gynecology departments, and then said their wellbeing was outstanding and had been hospitalized frequently or more than five times were more pleased with nursing care. The nurses, according to this report, meant to demonstrate more engagement throughout the data method (Karaca, A., & Durna, Z. 2019).

According to the Zhao report, delivering quality care necessitates paying attention to the needs of patients and clients, as well as using approaches that have been shown to be healthy, accessible, and effective in minimizing fatalities, sickness, and injury, and health care staff are required to adhere to defined requirements. Patients' wishes and desires are fulfilled by high-quality nursing services. Patients are more likely to praise their nurses' contact, listening, empathy, and responsiveness (Zhao, Akkadechanunt et al. 2016).

Ahmad and Daken found that patients with leg ulcers were very pleased with the level of nursing care in a primary care setting in a report that looked at the quality of nursing care in a primary care setting from the perspective of patients with leg ulcers. Nurses is also thought to provide high-quality clinical services by patients. However, certain facets of treatment, such as patient-centered care, continuity, and pain management, may be enhanced. These results are close to those of Riccio, who noticed that patients were largely pleased with the nursing treatment they got Patients were largely pleased

with listening skills and interdisciplinary coordination between nurses and doctors, which was surprising. Furthermore, they claimed that nurse was excellent listeners or took the time to provide knowledge (Ahmad, Al-Daken et al. 2016).

Consumer happiness is another significant factor in assessing the quality of healthcare facilities. Patients were reasonably pleased with the level of health care in a survey to assess customer satisfaction with nursing care quality. Patients were found to be unhappy with both the coordination and behavioral aspects of the treatment they got. Furthermore, modest patient satisfaction with nursing care in a survey of 300 hospitalized patients in three different settings in Jordan. Darawad found that patients were only marginally pleased with pain relief programmes when looking at various categories of healthcare services (Darawad, Al-Hussami et al. 2016).

Another research was carried out in India. In terms of general standard of nursing care in medical wards, 28.23 percent of 124 participants said it was outstanding, 58.06 percent said it was really good, and 13.71 percent said it was good. Overall patient satisfaction with nursing care quality was 78.88 (4.84) out of 95, with an average percentage of 83.03 percent, suggesting outstanding patient satisfaction. Patients' expectations (mean (SD) 18.35 (5.09) achieved the highest degree of satisfaction, followed by nurses' contact and nursing treatment. Nursing treatment satisfaction (mean (SD) 46.46 (3.38) was better than nurses' contact satisfaction (Kannan, S., et al. 2020).

If administrators in healthcare institutions can recognize customer needs, they can change the level of services they deliver to fulfil those expectations. Surveys of patient satisfaction in health care are performed to measure patient satisfaction, learn about patient preferences, recommendations, and reviews, consistently increase consistency over all service times, and explore the effects of sociodemographic and treatment duration of patient outcomes. As a result, patient satisfaction should be assessed on a daily basis using

accurate and effective evaluation tools to analyses treatment quality, identify factors that influence care, and decide which issues should be prioritized and which need service adjustments based on patient input (Alsaqri, S. 2016).

### **Problem statement**

Nursing today requires more than caring for patient's implications for quality patient care. Patient satisfaction is the most important indicator of quality of care it is the satisfaction level of patients about the quality of nursing care. Assessment of quality nursing care for patients with advanced illness needs to include measures of patient perceptions of vulnerability. Patients have a poor perception of the quality of care. Therefore, considering all these aspects, these particular problems have been chosen for the work of the project.

### **The study objective will be:**

To assess perception about nursing quality care and hospital facilities among patient.

### **OPERATIONAL DEFINITIONS**

**I. PERCEPTION:** In this study, perception is considering opinion of it will be measured through a 27-item multiple-choice question adopted from the perception Questionnaire (Miledler, Gressl et al. 2019).

### **HYPOTHESIS**

#### **Null Hypothesis H<sub>0</sub>:**

There is no effect of perception about nursing quality care and hospital facilities among patient.

#### **Alternative Hypothesis H<sub>1</sub>:**

There is an effect of perception about nursing quality care and hospital facilities among patient.

### **MATERIALS AND METHODS**

**Study Designs:** A cross sectional descriptive study design

**Setting:** The setting will be the General Hospital Lahore.

**Duration of Study:** 4 months after the approval of synopsis

**Sample Size:** sample size calculated from base article. Which is **150**.

Sample size was the 150.

The sample size of the study was 150 nurses  
significant level 0.05

$N=240$

Sample size determined by the formula of  
Slovin

$$n = \frac{N}{1 + N(e)^2}$$

$n =$

$$\frac{240}{1 + 240(0.05)^2}$$

$$n = \frac{240}{1 +$$

$$240(0.0025)}$$

$$n = \frac{240}{1 + 0.6}$$

$$n = \frac{240}{1.6}$$

$$n = 150$$

**Sampling Technique:** Simple random sampling

**Sample Selection:** Selected General  
Hospital Lahore

**Inclusion Criteria:** **Inclusion  
Criteria:** The participant will be  
included in this study who:

**Gender:** Male and Female

**Education:** illiterate, primary,  
secondary, above

**Willingness to participate:**  
Only Willing participant

**Exclusion Criteria:** The participant will be  
excluded in this study who:

- Have already received any educational training on this topic.

### **ETHICAL CONSIDERATIONS**

- Written informed consent (attached) will be taken from all these participants.
- All information and data collection will be kept confidential.
- Participants will remain anonymous throughout the study.
- The subjects will be informed that there are no disadvantages or risks to the procedure of the study.
- They will also be informed that they will be free to withdraw at any time during the process of the study.
- The potential benefit of the study for the participants will be an increase in

knowledge regarding quality of nursing care and hospital facilities.

- We will do everything we can to protect the privacy of participants. The identity of the participant will not be revealed in any publication resulting from this study.
- Reassure the participants that they can withdraw their consent to participate at any time. They will not be penalized in any way should they decide not to participate or to withdraw from this study.

### **DATA COLLECTION PROCEDURE**

#### **Recruitment:**

The study participants will be recruited through the process of convenient sampling. A meeting will be arranged with all the eligible participants. In which the researcher will personally explain the study purpose, procedure, and benefits to the participant. In the meeting, participant's questions regarding the study will clear. Demographic data will be collected through face to face intervention and the knowledge of client will be assessed through instrument, Assessment including questionnaires, observation, focus groups, and interviews.

#### **Study Variables:**

1. Perception will be measured through 27-item multiple-choice questions adopted from perception Questionnaire.

2. **Methods for Collection of Data:**

Facilitator evaluators will be trained regarding the scoring of each scale data collection. The data will be collected after the approval of the synopsis at the given setting.

### **ANALYSIS PROCEDURE**

The data analysis will be made using the Statistical Package for the Social Sciences (SPSS) version 25 software to predict the differences in the outcome variables. The frequencies and percentages will be calculated for qualitative variables whereas mean and standard deviation will be calculated for quantitative variables. Sample chi square test will be used for comparing the mean and significance different will be measured on P value  $<0.05$

## RESULT

**Table (1): Demographic Characteristics**

Sr#	Demographic Characteristics	Response	
		Frequency	%
1	<b>Age group</b>		
	• 20-25 years	57	38.0%
	• 26-30 years	37	24.7%
	• 31-35 years	8	5.3%
	• 36-40 years	15	10.0%
	• 41- 45 years	9	6.0%
	• 46-50 years	18	12.0%
	• Above 50	6	4.0%
	<b>Total</b>	<b>150</b>	<b>100%</b>
2	<b>Gender</b>		
	• Male	76	50.7%
	• Female	74	49.3%
	<b>Total</b>	<b>150</b>	<b>100%</b>
3	<b>Education</b>		
	• Illiterate	48	32.0%
	• Primary	35	23.3%
	• Secondary	44	29.3%
	• Above	23	15.3%
	<b>Total</b>	<b>150</b>	<b>100%</b>
4	<b>Occupation</b>		
	• House wife	36	24.0%
	• Teacher	22	14.7%
	• Clerk	43	28.7%
	• Driver	9	6.0%
	• Factory worker	28	18.7%
	• Shopkeeper	9	6.0%
	• Others	3	2.0%
		<b>Total</b>	<b>150</b>

This section represents the distribution of participant by demographic characteristics. The data is summarized in terms of frequency and percentage. 150 participants are involved this study 38.0% participants belong to 20-25 year of age group, 24.7 % participants have 26-30 year of age group, 5.3% participants have 31-35 year of age group, 10.0% participants have 36-40 year of age group, 6.0% participants have 41 -45 year of age, 12.0% participants have 46-50 year of age group and 4.0% were above 50 year of age group. 50.7% participants were male and 49.3% female. 32.0% participants were illiterate, 23.3% have primary education, 29.3% have secondary education and 15.3% participants were high educated. 24.0% participants were house wives,

14.7% were teacher, 28.7% were clerk, 6.0% were driver, 18.7% were factory worker and 2.0% were shopkeeper.

**Table (2): perception about nursing care and hospital related facilities**

Sr no	Variables	Yes		No		Total
		Frequency	%	Frequency	%	
1	The way the ward staff welcomed	78	52.0 %	72	48.0%	150 (100%)
2	Care given by the nurses	80	53.3 %	70	46.7%	150 (100%)
3	Respect shown by the nurses	73	48.7%	77	51.3%	150 (100%)
4	Courtesy of the nurses	86	57.3 %	64	42.7%	150 (100%)
5	Willingness of nurses to help when asked for help	90	60.0%	60	40.0%	150 (100%)
6	The way nurses understood emotions and gave Comfort during stay.	78	52.0%	72	48.0%	150 (100%)
7	Opportunity given to express concerns leisurely.	88	58.7 %	62	41.3%	150 (100%)
8	The nurses' response to needs.	83	55.3%	67	44.7%	150 (100%)
9	Concern shown by nurses towards illness.	68	45.3 %	82	54.7%	150 (100%)
10	Friendliness of nurses.	68	45.3%	82	54.7%	150 (100%)
11	Nurses treated me in a way that made me feel Important.	67	44.7 %	83	55.3%	150 (100%)
12	Nurses spent adequate time with me.	80	53.3%	70	46.7%	150 (100%)
13	The nurses gave me treatment/medicine without any delay	73	48.7 %	77	51.3%	150 (100%)
14	The nurses maintained records efficiently	55	36.7%	93	62.0%	150 (100%)
15	Efforts taken by nursing staff to provide peaceful environment in the ward.	73	48.7 %	77	51.3%	150 (100%)
16	Frequency of visits paid to me by the nursing staff.	63	42.0%	87	48.0%	150 (100%)
17	The nurses maintain good coordination with other staff.	66	44.0%	84	56.0%	150 (100%)
18	Efforts taken by the nursing staff to minimize delay in performing investigations	62	41.3 %	88	58.7%	150 (100%)
19	Efforts taken for ensuring privacy during examination	46	30.7%	104	69.3%	150 (100%)
20	The quality and cleanliness of bed linen	64	42.7 %	86	57.3%	150 (100%)
21	Information given on facilities available when first came to the ward.	62	41.3%	88	58.7%	150 (100%)
22	Information given by the nursing staff regarding the illness.	50	33.3 %	100	66.7%	150 (100%)
23	Information given by the nursing staff on Investigations	82	54.7%	68	45.3%	150 (100%)
24	Ventilation of the ward.	88	58.7 %	62	41.3%	150 (100%)
25	Lighting condition of the ward.	80	53.3%	70	46.7%	150 (100%)
26	Nurses are competent	74	49.3 %	76	50.7%	150 (100%)
27	Nurses are knowledgeable enough to answer my questions.	70	46.7%	80	53.3%	150 (100%)

Table show that mostly participants were satisfied with the care given by the staff. 53.3% participants were said that nurses gave them adequate care. 55.3% participants were agree that nurse's response to need and 45.3% participants comment that nurses deal friendly and provide information about illness. 48.7%

participants said that nurses gave them medicine on time. 41.4% comment that nurses provide information properly when they 1<sup>st</sup> time came in the ward. 33.3% comment that nurses gave them information about their illness and 54.7% participant agree that nurses provide them information during investigation. 58.7% were

satisfied with lighting and ventilation of ward. 49.3% participants said that nurses were competent and 46.7% comment that nurses have

enough knowledge to answer the question they said.

**Table # 03 Demographic characteristic association with patient perception**

	<b>Patients perception</b>	<b>Yes</b>	<b>(%)</b>	<b>No</b>	<b>(%)</b>	<b>X<sup>2</sup></b>	<b>p- value</b>
1	The way the ward staff welcomed						
	Yes	78	52.0	3	1.5	6.080	.108
	No	72	48.0				
2	Care given by the nurses						
	Yes	80	53.3	3	1.5	9.244	.026
	No	70	46.7				
3	Respect shown by the nurses						
	Yes	73	48.7	3	1.5	11.008	.012
	No	77	51.3				
4	Courtesy of the nurses						
	Yes	86	50.3	3	1.5	25.497	.000
	No	64	42.7				
5	Willingness of nurses to help when asked for help						
	Yes	90	60.0	3	1.5	11.329	.010
	No	60	40.0				
6	The way nurses understood emotions and gave Comfort during stay.						
	Yes	78	52.0	3	1.5	11.132	.011
	No	72	48.0				
7	Opportunity given to express concerns leisurely.						
	Yes	88	58.7	3	1.5	12.072	.007
	No	62	41.3				
8	The nurses' response to needs.						
	Yes	83	55.3	3	1.5	5.509	.138
	No	67	44.7				
9	Concern shown by nurses towards illness.						
	Yes	68	45.3	3	1.5	9.607	.022
	No	82	54.7				
10	Friendliness of nurses.						
	Yes	68	45.3	3	1.5	5.738	.125
	No	82	54.7				
11	Nurses treated me in a way that made me feel Important.						
	Yes	67	44.7	3	1.5	5.819	.121
	No	83	55.3				
12	Nurses spent adequate time with me.						
	Yes	80	53.3	3	1.5	24.024	.000
	No	70	46.7				
13	The nurses gave me treatment/medicine without any delay						
	Yes	73	48.7	3	1.5	7.922	.048
	No	77	51.3				
14	The nurses maintained records efficiently						
	Yes	55	36.7	6	3	16.294	.012
	No	93	62.3				
15	Efforts taken by nursing staff to provide peaceful environment in the ward.						
	Yes	73	48.7	3	1.5	13.753	.003



	No	77	51.0				
16	Frequency of visits paid to me by the nursing staff.						
	Yes	63	42.0	3	1.5	5.293	.152
	No	87	58.0				
17	The nurses maintain good coordination with other staff.						
	Yes	66	44.0	3	1.5	1.791	.617
	No	84	56.0				
18	Efforts taken by the nursing staff to minimize delay in performing investigations						
	Yes	62	36.3	3	1.5	11.540	.009
	No	88	51.5				
19	Efforts taken for ensuring privacy during examination						
	Yes	46	30.7	3	1.5	7.297	.063
	No	104	67.3				
20	The quality and cleanliness of bed linen						
	Yes	64	42.7	3	1.5	1.228	.746
	No	86	57.3				
21	Information given on facilities available when first came to the ward.						
	Yes	62	41.3	3	1.5	13.159	.004
	No	88	58.7				
22	Information given by the nursing staff regarding the illness.						
	Yes	50	33.3	3.	1.5	3.673	.229
	No	100	66.7				
23	Information given by the nursing staff on Investigations						
	Yes	82	54.7	3	1.5	1.689	.639
	No	68	45.3				
24	Ventilation of the ward.						
	Yes	88	58.7	3	1.5	1.778	.620
	No	62	41.3				
25	Lighting condition of the ward.						
	Yes	80	53.3	3	1.5	15.845	.001
	No	70	46.7				
26	Nurses are competent						
	Yes	74	49.3	3	1.5	1.513	.679
	No	76	50.7				
27	Nurses are knowledgeable enough to answer my questions.						
	Yes	70	46.7	3	1.5	6.379	.095
	No	80	53.3				

Chi-square analysis showed that there were a significant association between demographic characteristic  $\chi^2 (9.244) = .026, p > 0.5$  but there is no significant association between demographic characteristic and Information given by the nursing staff regarding the illness. Little significant association between nurses are knowledgeable enough to answer my questions. Results are shown in the (Table #03).

## DISCUSSION

For hospital management, the quality of health services is the most important factor in drawing people to their facilities. Satisfaction of patient about care of nursing is widely regarded as a measure of the quality of care they receive. The standard of treatment there is a widespread misconception that the nurse is the most important component of a patient's care. Hospitalization history and perceptions of treatment quality. As a result, the present research sought to find out how patients felt

about the level of care they received. Nursing treatment and hospital-related programmes. Furthermore, people who plan to return to the hospital have a higher overall vision frequency than those who do not plan to return. True, there are significant variations between the two. The present study show that 52.0% and 52.7% participants have good response about the way nurses welcome to them in the ward and nurses respect them. This result compare with the Al Husami, Al Mumani et al study. The present study show that 58.7% participants have positive response that nurses gave medicine on time and 53.3% were said that nurses spent adequate time with me and 62.0% comment nurses keep record perfectly which compare to the Gishu, Weldetsadik et al. 2019) study. The standard of bedside nursing care is continuously influenced by hospital facilities like patient standard, bedsheets consistency or hygiene, the amount of bathrooms available, and the quality of food. The cleanliness of the restrooms, as well as the airflow as well as ventilation with in ward. The present study show that 58.3% and 53.3% participant satisfied about the ventilation and lighting of ward which compare to the Al Husami, Al Mumani et al. Present study show that only 33.3% participants agree that nurses provide the adequate information about illness, 54.7% participants satisfied that nurses provide them information during investigation which compare to the Al Husami, Al Mumai et al. The result of present study show that participants were satisfied that nurses provide them

emotional support (46.7%) best bed care(42.7%) and provide answer of every question about health they asked to nurses(52.0), this show similarity with the study conducted by Zakermoghadam, sadghi et al. Current study show that patient were satisfied enough satisfied with nursing care. The nurses Should remain professional during patient care like provide care adequately, remain polite and show kindness, gave the medicine to patient on time, keep proper documentation, aware everything of the ward and hospital management. They should have enough knowledge about the disease and treatment of every disease so that they provide information to the patient about every medicine and procedure. They keep the environment of hospital peace and comfortable. Personal characteristics such as courtesy, politeness, a friendly smile, and a strong sense of humor were expected of nurses who were perceived to provide QNC. They should also be experienced in nursing expertise and willing to provide relevant knowledge.

### **Conclusion**

Patients' perceptions of the level of treatment and associated medical facilities were low, resulting in subpar nursing care. As a result, in order to offer high-quality care, nursing directors can actively enforce quality control. Furthermore, hospital management should make greater attempts to improve the hospital's climate. After this, these analysis provides a true and accurate calculation for further inquiry to regional and national researchers.

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