Prev Care Nurs Midwifery J (PCNM)
http://dx.doi.org/10.66224/pcnm.16.1.45

PCNM. 2026;16(1):45-55
Open Access

Preventive Care in Nursing and Midwifery Journal

Original Article

Patient Satisfaction with Indoor Nursing Care in a Secondary Level Hospital in Bangladesh: A Cross-Sectional Study

Sharmin Akter[1], Khursheda Akhtar[2], Fahmida Faizha Shama[3*], Sharmin Jahan[3]

[1] SSN, Department of Medicine, Shaheed M. Monsur Ali Medical College Hospital, Sirajgonj- 6700, Bangladesh.
[2] Associate Prof., Department of Public Health & Hospital Administration, National Institute of Preventive and Social Medicine, Mohakhali, Dhaka - 1212, Bangladesh.
[3] BDS, MPH, MPhil (PSM), National Institute of Preventive and Social Medicine, Mohakhali, Dhaka -1212, Bangladesh.

Received: 31 Jul. 2025 **Revised:** 10 Oct. 2025 **Accepted:** 5 Dec. 2025 **Published:** 10 Jan. 2026

Article Info

Keywords:
Patient Satisfaction
Nursing Care
Patient- Centered Care
Healthcare Quality
Inpatient Experience
Bangladesh

[*]Corresponding author:
Fahmida Faizha Shama
BDS, MPH, MPhil (PSM), National Institute of Preventive and Social Medicine, Mohakhali, Dhaka -1212, Bangladesh.
Email:
fahmidafaizha72@gmail.com

How to Cite This Article:
Akter SH, Akhtar Kh, Shama Fa Fa, Jahan SH. Patient Satisfaction with Indoor Nursing Care in a Secondary Level Hospital in Bangladesh: A Cross-Sectional Study. Prev Care Nurs Midwifery J. 2026;16(1):45-55.

Abstract

Background: Nurses play an important role in healthcare delivery, with basic nursing care focusing on satisfying patients' basic needs.
Objectives: This study investigated patient satisfaction with inpatient nursing care at a secondary-level hospital in Bangladesh.
Methods: This cross-sectional study was conducted among 387 patients at a 250-bed hospital in Sirajgonj. A pretested semi-structured questionnaire, incorporating the Risser Patient Satisfaction Scale, was used. Satisfaction scores ranged from 48 (high satisfaction) to 240 (high dissatisfaction).
Results: Patients reported high satisfaction with most basic nursing care domains. Satisfaction was highest for mean pain and psychological support (1.94 (0.53)) and mean privacy and respect (2.10 (0.39)), whereas mean respiratory care (2.46 (0.64)) and mean medication safety (2.34 (0.84)) received lower scores. In quality of nursing care, the interpersonal-trusting domain showed the strongest satisfaction (96.1%), while the interpersonal-educational domain was weakest: 62.5% were dissatisfied with nurses failing to follow up on queries, 50.9% with test result explanations, and 58.9% with excessive medical explanations. Satisfaction correlated significantly with age ($p < 0.001$), comorbidities ($p = 0.001$), bed placement ($p = 0.001$), education ($p < 0.05$), and residency ($p = 0.059$). Dissatisfaction was associated with poor cleanliness, food quality, and water supply (all p = 0.001).
Conclusion: Improving hospital hygiene, ensuring consistent water supply, and reducing patient costs are critical to increasing satisfaction, particularly among senior patients.

Implications for Nursing and Midwifery Preventive Care

- Draw attention to the critical need to integrate interpersonal education into routine nursing protocols.
- Emphasizes environmental improvements to enhance patient satisfaction and preventive care outcomes.

Introduction

Satisfaction refers to the extent to which an individual feels content after comparing actual performance or outcomes with prior expectations. It is determined by the difference between perceived performance and expectations. Improving patient satisfaction strengthens loyalty and encourages return visits, given the close relationship between service and satisfaction [1]. Patient-centered care is a prerequisite of high-quality healthcare delivery [2]. According to the World Health Organization (WHO), hospitals are vital parts of the social and healthcare system, providing inpatient, outpatient, and emergency services. These services must meet five key quality dimensions: tangibility, reliability, responsiveness, assurance, and empathy. Hence, continuous evaluation of service quality is vital for preserving patient trust. Nursing care is a core element of hospital service quality and shapes the institution's image within the community [1]. As healthcare systems evolve globally, improving service quality has become a major concern in meeting rising patient expectations [3, 4]. Measuring patient satisfaction serves as an effective tool for assessing service performance and guaranteeing the fulfillment of patient needs [3].

Patient satisfaction is a multifaceted and complex concept [5]. Health authorities now think that patients are the best judges of the quality of healthcare. Their feedback helps find problems in the system and suggest ways to make it better [4]. Nursing care plays a central role in achieving high service quality, as enhancing nursing performance improves efficiency, reduces costs, and increases patient satisfaction [6]. As a major indicator of healthcare standards, patient satisfaction reflects both service quality and institutional performance [1]. High satisfaction is associated with improved treatment adherence, reduced readmission and mortality rates, and shorter hospital stays [7]. It requires effective and punctual service delivery, cost control, and management strategies to implement within health structures [8]. However, one study revealed that only 46.2% (95% CI: 41.2%–51.1%) of patients were satisfied with hospital services [4]. Patient-centered care is essential for achieving high-quality healthcare, whereas poor satisfaction can negatively affect outcomes [2]. Evidence has suggested that patients' psychological state can affect their healing process [9]. The quality of nursing care depends on nurses' skill, speed, and accuracy, which may vary by patient characteristics such as age, sex, and residence [6, 9].

Recently, many countries have emphasized patient satisfaction as a key measure of healthcare quality. The United Kingdom's NHS inquiry in 1983 encouraged the evaluation of services based on patient experience [8]. In the USA, hospitals are required to report satisfaction scores, while China has increasingly adopted patient-centered care models [7].

Measuring the quality and happiness of healthcare is a crucial component of effective resource management. It also enables the focus on the preferences of its users, providing them with the opportunity to create a personalized health service that better meets their requirements and expectations. Therefore, patient happiness and the caliber of medical care are essential components of health institutions' long-term viability [3]. Establishing solid institutions and bolstering the social state depend on providing suitable and high-quality healthcare [8]. In healthcare in Saudi Arabia, 77.6% and 93% of patients reported that nurses and doctors, respectively, treated them with respect, listened attentively, and provided clear explanations. Additionally, 90.3% of patients expressed satisfaction with hospital sanitation, while 64.1% stated they received written discharge instructions [2]. Studies in Iran have shown that the highest satisfaction levels were related to nurses' professional performance (mean = 3.98), while the lowest were associated with routine nursing tasks (mean = 2.69). 13.6%, 50.5%, and 35.9% of patients reported poor, moderate, and high levels of satisfaction [5]. From two studies of Bangladesh, we can see that the mean score of patient satisfaction regarding nursing care was 2.74 (SD = 0.68) out of a maximum of 4 points, indicating a moderate level [10], and regarding attitude, 52.6% were satisfied, 33.4% were highly satisfied, and 14.0% were dissatisfied; regarding nurses' behavior, 53.8% were

satisfied, 32.5% were highly satisfied, and 13.7% were dissatisfied; and regarding nurses' interpersonal relationships, 44.4% were highly satisfied, 40.4% were satisfied, and 15.2% were dissatisfied [11].

Objectives

The study aims to identify patient satisfaction with inpatient nursing services at a secondary care hospital in Bangladesh. Research in this area remains limited, particularly regarding how nurses' training, behavior, and attitudes align with patient expectations. The study also allows comparison with national satisfaction levels and addresses contextual challenges such as resource limitations, high patient loads, and a shortage of graduate nursing programs.

Methods

Study Design

This descriptive type of cross-sectional study was carried out with the objective of assessing the level of satisfaction of patients regarding indoor nursing care in a secondary-level hospital. To achieve this objective, the study was carried out systematically.

Participants

The study was conducted at the 250 Beded Bongumata Sheikh Fazilatunnessa Mujib General Hospital in Sirajganj from January 1st to December 31st, 2023. The study involved patients admitted to the Medical, Surgical, Orthopedic, and Gynecology & Obstetrics departments, including patients aged above 18 years, willing to participate for interviews, and those staying less than three days. Patients with severe mental or psychological issues were excluded from the study.

Sampling Methods

The convenience sampling technique was adopted for collecting data. A cross-sectional study design was employed. A minimum required sample size was calculated a priori using the single population proportion formula: $n = (Z^2\ p\ q) / d^2$, where $Z = 1.96$ (95% confidence level), $p = 0.639$ (estimated proportion of patient satisfaction based on prior literature [12], $q = 1-p$, and $d = 0.05$ (desired margin of error). This yielded a minimum sample of 358. Accounting for an estimated 10% non-response rate, the final target sample size was set at 394 participants. However, within the defined data collection period, data could be collected from 387 respondents. Due to feasibility constraints inherent to the clinical setting, a non-probability convenience sampling technique was utilized to recruit participants from the medicine, surgery, orthopedic, and gynecology & obstetrics wards during the study period. All consecutive eligible patients who provided informed consent were enrolled until the target sample size was met.

Data Collection Procedures

A pretested, semi-structured questionnaire was used for data collection after obtaining IRB approval and permission from the hospital superintendent. The 87-item questionnaire included 10 socio-demographic questions and 23 questions on basic nursing care [13]. 25 questions on nursing care quality (Risser satisfaction scale) [14] and 29 questions on associated factors [15]. The complete questionnaire is presented in Appendix A. The questions used a 5-point Likert scale ranging from 1 (highly satisfied), 2 (satisfied), 3 (neutral), 4 (dissatisfied) and 5 (highly dissatisfied). To identify patients' satisfaction level, the total score is obtained by adding all the scores from the 48 questions, with a minimum score of 48 indicating high satisfaction and a maximum score of 240 indicating high dissatisfaction. Before data collection, pretesting was done among 20 patients. Pretesting was conducted with 20 patients at the 300 Bedded Hospital in Narayangonj and 20 patients at Manikgonj Sadar Hospital to check the accuracy and degree of reliability of the questionnaire. The questionnaire was finalized after a necessary modification based on the findings from pretesting. After obtaining informed consent, face-to-face interviews lasting 15–20 minutes were conducted to ensure privacy and confidentiality.

Variables

The main outcome variable of this study was the level of patient satisfaction regarding indoor nursing

care. Satisfaction was measured through two dimensions: (i) Basic nursing care and (ii) Quality nursing care, which covered technical-professional behaviors, interpersonal-educational attitudes, and interpersonal-trusting relationships.

Measurement Tool

A five-point Likert scale was used to calculate patient satisfaction levels (Appendix A for the complete instrument), where higher scores denoted greater discontent with the structured questionnaire. A quantitative evaluation of patients' experiences with nursing care was made possible by the use of the aggregated score to divide satisfaction levels into groups ranging from highly satisfied to highly dissatisfied. To ensure reliability and validity of the study results, we used several techniques: (i) conducted pre-testing; (ii) collected the data by a trained data collector; (iii) checked the data and fixed errors by observing descriptive statistics; (iv) Test of the normality score of the scale shows an approximate normal distribution, with a mean of 106.91, a median of 107.00, a mode of 109, a standard deviation of 7.946, a skewness of 0.058, and a kurtosis of 0.503. The Kolmogorov-Smirnov and Shapiro-Wilk tests are statistical tests used to check for normality. For both tests here, the p-values are > 0.05; (v) employed Cronbach's alpha, the reliability coefficient. Reliability statistics on Basic nursing care Cronbach's Alpha 0.569 total number of 23 items. Quality of nursing care (Technical-Professional) Cronbach's alpha 0.231 total number of 7 items, Technical-Educational Cronbach's alpha 0.231 total number of 7 items, Interpersonal-Trusting Cronbach alpha 0.521 total number of 11 items. The overall scale has a Cronbach's alpha of 0.715, derived from 48 items in total. Satisfaction scores ranged from 48 to 240.

Statistical Methods

The data were analyzed by using the statistical software namely SPSS (Statistical Package for Social Science; version 26). In data analysis, descriptive statistics like frequency, mean, and standard deviation were calculated. Descriptive data were analyzed by frequency, mean, standard deviation, and percentage. Normality testing showed normal data distribution, so t-tests were done to compare socio-demographic and associated factors with satisfaction levels. The ANOVA test was conducted on respondents' occupations to analyze their satisfaction scores. Pearson correlation assessed the association between different variables and satisfaction. Data were presented using tables, bar diagrams, and pie charts. The analysis aimed to assess patient satisfaction regarding indoor nursing care at the hospital.

Result

Patients reported high satisfaction with most domains of basic nursing care (Table 1). Mean satisfaction scores were 1.94 (0.53) for pain and psychological support, 2.10 (0.39) for privacy and respect, 2.46 (0.64) for respiratory care, and 2.34 (0.84) for medication safety and information.

Table 1. Mean Satisfaction Scores for Basic Nursing Care Domains (N = 387)

Domain	Items (n)	Mean	SD
Communication & admission information	4	2.13	0.66
Personal hygiene & physical care	6	2.25	0.65
Respiratory care	2	2.49	4.55
Mobility, rest & comfort	4	2.14	0.46
Medication safety & information	3	2.34	0.87
Privacy & respect	2	2.10	0.40
Pain & psychological support	2	1.94	0.54
Overall basic nursing care	23	2.26	0.74

Note. Mean scores range from 1 (high satisfaction) to 5 (high dissatisfaction).

As shown in Table 2, satisfaction varied across the three qualities of care domains. The interpersonal trusting domain showed the strongest satisfaction, with 96.1% of patients satisfied with discussing problems freely.

The technical professional domain also demonstrated favorable ratings, particularly for nurses' skills and advice.

In contrast, the interpersonal educational domain was the weakest.

More than half of the patients were dissatisfied with nurses failing to follow up on queries (62.5%),

explain test results (50.9%), or provide excessive medical explanations (58.9%). Mean scores for each domain are reported in Table 2.

Table 2. Mean Satisfaction Scores for Quality of Nursing Care Domains (N = 387)

Domain	Items (n)	Mean	SD
Technical-Professional	7	2.06	0.57
Interpersonal-Educational	7	2.64	0.69
Interpersonal-Trusting	11	2.15	0.59
Overall quality of nursing care	25	2.24	0.65

Note. Mean scores range from 1 (high satisfaction) to 5 (high dissatisfaction).

Table 3 presents the correlations between patient characteristics and satisfaction levels. Older age showed the strongest negative correlation with satisfaction (r = –0.277, $p < 0.001$), followed by longer hospital stay (r = –0.150, $p = 0.002$) and number of admissions (r = –0.099, $p = 0.026$). Table 4 summarizes the relationships between various factors and patient satisfaction.

Table 3. Correlations between Age, Duration of Hospital Stay, Number of Admissions and Level of Patient Satisfaction (N = 387)

Attribute	Pearson's r	95% Confidence Interval	p (1-tailed)
Respondent age	–0.277	[0.182, 0.366]	< 0.001
Duration of hospital stay (days)	–0.150	[0.051, 0.246]	0.002
Number of admissions	–0.099	[0.001, 0.197]	0.026

Note. Higher satisfaction scores indicate greater dissatisfaction (range 48–240).

Satisfaction was significantly higher among literate patients ($p = 0.002$), those placed on beds versus the floor ($p = 0.001$), and those without comorbidities ($p = 0.001$). Regarding hospital environment, adequate cleanliness, good food quality, and reliable water supply were each significantly associated with higher satisfaction (all $p = 0.001$ or less). Urban versus rural residence showed borderline significance ($p = 0.059$).

Table 4. Relationship between Different Variables and Level of Patient Satisfaction (N = 387)

Variable	Category	n	Mean	SD	t	p
Type of residence	Rural	321	106.56	7.877	1.894	0.059
	Urban	66	108.59	8.130		
Education	Up to primary	196	105.70	8.139	3.056	0.002
	Above primary	191	108.15	7.567		
Position of patient	Bed	359	106.45	7.694	4.173	0.001
	Floor	28	112.82	8.874		
Comorbidities	Yes	109	104.47	8.266	–3.852	0.001
	No	278	107.07	7.622		
Cleanliness of hospital ward	Yes (clean)	172	105.30	7.701	–3.628	< 0.001
	No (not clean)	215	108.20	7.921		
Quality of hospital food	Yes (good)	219	104.64	7.543	–3.292	0.001
	No (poor)	168	107.73	7.560		
Adequate water supply in bathrooms	Yes	168	105.36	9.003	–3.292	0.001
	No	219	108.10	6.814		

Note. Higher mean scores indicate greater dissatisfaction (range 48–240).

Discussion

This study offers a thorough evaluation of patient satisfaction regarding inpatient nursing care at a secondary-level hospital in Bangladesh. The findings reveal a nuanced picture of satisfaction across multiple dimensions of nursing care, highlighting both strengths and areas for improvement. The study employed convenience sampling which restricts the representativeness of the sample and limits the generalizability of findings to broader populations. Conducted in a single secondary care hospital, so the results may not reflect

patient satisfaction across other healthcare settings in Bangladesh. Also, self-reported measures of satisfaction may be subjective to recall bias. Low cronbach's alpha for technical-professional and technical-educational domain states weak internal consistency which reduce confidence in conclusion and the questionnaire needs refinement through item revision, removal, or revalidation to improve reliability.

The findings regarding patient satisfaction with basic nursing care (Table 1) reveal a generally positive outlook, particularly in areas such as communication, personal cleanliness, mobility support, assistance in managing body temperature, and respect for care decisions. However, there are notable areas requiring improvement, especially in respiratory care, with about one-third patients pleased with breathing assistance and monitoring. Previous studies indicate that a significant majority of patients express satisfaction with nursing care, with approval ratings often exceedingly more than two-third in various dimensions, including communication and personal cleanliness [16, 17]. Despite high satisfaction, we highlighted respiratory care and the provision of treatment and medication information as areas needing enhancement. For instance, researchers noted dissatisfaction in the context of breathing assistance and monitoring [16, 18]. These findings highlight both strengths in compassionate, hands-on care and responsiveness that warrant attention.

The study revealed that in the technical professional domain (Table 2), over two-thirds of patients expressed satisfaction with nurses' proficiency in assisting physicians, conveying accurate information, and providing beneficial advice. However, patients expressed dissatisfaction with the clarity of medical instructions and the organization of work. Prior studies supported the findings that patients reported high satisfaction with nurses' technical skills in supporting doctors, indicating effective collaboration in care delivery [19, 20].

A significant majority appreciated the quality of communication between nurses and doctors, which correlated positively with overall patient satisfaction [20, 21]. Patients felt that nurses did not adequately explain medical instructions, leading to confusion and dissatisfaction [22].

The current study shows that in the interpersonal educational domain (Table 2), almost all of patients were highly satisfied with nurses' speed in giving direction and simple language explanations and found them easy to understand, while more than half were dissatisfied with nurses asking questions but not acting, test results explanations, and excessive medical explanations. According to one established study, vast majority of patients express satisfaction with nursing interactions, particularly in receiving clear explanations about care and procedures [23]. Another study found that the use of simple language and active listening is crucial, as it enhances understanding and reduces anxiety, leading to better adherence to treatment [24]. On the other hand, a significant number of patients feel frustrated when nurses ask questions but do not act on the responses, indicating a gap in effective communication [22]. Patients often report confusion due to excessive medical terminology, which detracts from their understanding of their health condition [25].

In the case of interpersonal trusting (Table 2), more than two-thirds of the patients were satisfied discussing problems with nurses, felt free to ask questions, and were satisfied with nurses being pleasant. However, dissatisfaction with nurses spending time at the desk, and nurses talking down to patients. Past studies reveal that patients value a friendly approach, as evidenced by patients finding nurses attentive and did not perceive them as pleasant [26]. Patients express frustration when nurses are frequently away from their bedside, impacting the quality of care and communication [27]. Negative interactions, such as talking down to patients, lead to feelings of disrespect and dissatisfaction, undermining trust [23].

In this study, older age, longer stays, and more admissions are all significantly linked to lower satisfaction—with age being the strongest factor (Table 3). Age has the strongest negative correlation with satisfaction, while Karaca & Durna found younger patients (18–35) were more satisfied than older ones [12]. This aligns with the findings. Due to their greater expectations, complex medical needs,

and frequent encounters with the healthcare system, older individuals may be less satisfied and more critical of the quality of the services they receive. Thus, age appears not just as a demographic aspect but also as a sign of varying care needs, emphasizing the significance of customizing nursing care for older populations.

Education, cleanliness, food, water, and patient position all significantly impact satisfaction (Table 4). In comparison, a study by Papastavrou et al. emphasized the role of organizational factors like care rationing and nurse workload in shaping satisfaction [28], while Karaca & Durna noted dissatisfaction with information delivery and emphasized the importance of communication and the environment [12]. These results strongly echo the current findings, especially regarding cleanliness and basic amenities, which are often overlooked but crucial, they also reinforce this trend and highlight occupational disparities in healthcare perception.

This study has several limitations. First, convenience sampling and the single-hospital setting limit the generalizability of findings to other healthcare facilities in Bangladesh. Second, self-reported satisfaction measures are subject to recall and social desirability biases. Third, two subscales showed very low internal consistency (technical-professional: $\alpha = 0.231$; interpersonal-educational: $\alpha = 0.231$), which reduces confidence in conclusions drawn from those domains and indicates a need for questionnaire revision or revalidation. Despite these limitations, the overall scale demonstrated acceptable reliability ($\alpha = 0.715$), and the normal distribution of satisfaction scores supported the use of parametric tests.

Conclusion

This study evaluated patient satisfaction regarding inpatient nursing treatment at a secondary-level hospital in Bangladesh, highlighting both strengths and opportunities for enhancement. Patients reported significant satisfaction with fundamental nursing care, including hygiene, nutrition, mobilization, rest, and medication administration, along with nurses' communication and interpersonal support. Nonetheless, discontent was observed over the dissemination of information pertaining to treatment, test results, and hospital conditions. In light of these findings, hospital administrators ought to enforce regular and audited sanitation protocols for wards and restrooms to maintain consistent hygiene standards, develop systematic communication training programs to enhance nurses' ability to articulate tests and treatment plans, and initiate regular patient feedback sessions facilitated by nurse leaders to promptly identify concerns and reinforce patient-centered care. Future study should encompass multi-center studies to enhance generalizability and qualitative investigations to examine the factors contributing to reduced satisfaction among elderly patients and those with prolonged hospital stays.

Ethics Consideration

This study is approved by the Institutional Review Board (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM) with IRB Memo no. “NIPSOM/IRB/2023/06”. The Declaration of Helsinki was followed. Written permission was also obtained from the hospital authority of 250 -bedded Bongomata Sheikh Fazilatunnesa Mujib General Hospital, Sirajgong. All participants provided written informed consent before participation.

Acknowledgements

We acknowledge all the participants included in the study.

Conflict of Interest

The authors declare no conflicts of interest.

Funding

This study was funded by the Bangladesh Medical Research Council (BMRC) which was received only by the Principal Investigator. That was a student grant ref: BMRC/ Revenu/Student Grant/2025/164(1-140) to conduct the research project. Otherwise, no author received any other type of funding regarding this research project. The funder had no role in the conceptualization, design, data collection, analysis or preparation of the manuscript.

Authors' Contributions

Akter Sh: Conceptualizations, Formal analysis, Investigation, Methodology, Project administration, Visualization, Writing-original draft, Writing -review and editing

Akhtar Kh: Conceptualizations, Formal analysis, Methodology, Project administration, Supervision, Validation, Visualization, Writing-original draft, Writing -review and editing

Shama Fa Fa: Visualization, Writing-original draft, Writing -review and editing

Jahan Sh: Visualization, Writing -review and editing

Artificial intelligence utilization for article writing

The authors used Copilot and Quillbot during the preparation of this work to enhance the language and readability of the manuscript, as the authors are not native English speakers. After utilizing the tool, the authors thoroughly reviewed and edited the content as necessary and assume full responsibility for the manuscript's content.

Data Availability Statement

The datasets generated and/or analyzed during the current study are not publicly available due to participant privacy concerns and institutional restrictions. However, the data that support the findings are available from the corresponding author upon reasonable request.

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Appendix A: Patient Satisfaction Questionnaire

Study Title: Satisfaction of Patients Regarding Indoor Nursing Care in a Secondary Level Hospital in Bangladesh

Instructions: Please answer each question based on your experience during this hospital stay. For each item, select one of the following options:

Response	Score
Highly Satisfied	1
Satisfied	2
Neutral	3
Dissatisfied	4
Highly Dissatisfied	5

Part 1: Socio-demographic Information (10 items)

Item	Response options
1. Age (years)	_____
2. Sex	□ Male □ Female □ Other
3. Residence	□ Rural □ Urban
4. Education level	□ Illiterate □ Up to primary □ Secondary □ Higher secondary □ Graduate or above
5. Occupation	_____
6. Monthly family income (BDT)	_____
7. Marital status	□ Married □ Unmarried □ Widowed □ Divorced
8. Number of admissions in past 12 months	_____
9. Duration of current hospital stay (days)	_____
10. Bed placement	□ Bed □ Floor

Part 2: Basic Nursing Care (23 items)

Source: Adapted from Kitson et al. (2010)

Please rate your satisfaction with the following:

Item	Question
1	Nurses' communication way
2	Nurses' explanation
3	Health education about personal hygiene
4	Nurses' necessary admission information
5	Nurses helping with food and drink
6	Nurses get drinking water or other liquids needed
7	Nurses helping with bowel movements
8	Nurses helping make beds
9	Nurses help clean the body and protect the skin
10	Nurses' responsiveness to requests for personal hygiene assistance
11	Nurses helping patient breathe
12	Nurses' monitoring and evaluation of breath
13	Nurses helping keep body temperature normal
14	Nurses help to get from bed to chair or move
15	Nurses provide information and exercises to improve mobility
16	Nurses that help rest and sleep
17	Privacy the nurses maintain while working
18	Nurses' respect for care and treatment decision
19	Nurses provide information about treatment and condition
20	Nurses' explanation of intended dosage and side effects of medication
21	Nurses verify identity before administering medication
22	Satisfaction of patients regarding pain relief
23	Satisfaction of patient reducing anxiety and stress

Part 3: Quality of Nursing Care – Risser Satisfaction Scale (25 items)

Source: Charalambous & Adamakidou (2014)

Domain A: Technical-Professional (7 items)

Item	Question
24	Nurses' skills to help doctors
25	Nurses talking real statement
26	Nurses was not precise in doing her work
27	Nurses showing medical instructions
28	Satisfaction of patient regarding nurses' slow work

29	Satisfaction of patients regarding nurses' often disorganized work
30	Satisfaction of patients about nurse's good advice

Domain B: Interpersonal-Educational (7 items)

Item	Question
31	Nurses directions speed
32	Nurses ask a lot of questions, but once she finds the answer, she doesn't seem to do anything
33	Satisfaction of patient about telling test results
34	Nurse's explanation in simple language
35	Easily understand nurses talking
36	Nurses bothering medical explanations
37	Nurses give enough explanation of why tests are ordered

Domain C: Interpersonal-Trusting (11 items)

Item	Question
38	Nurses understand in listening to a patient's problem
39	Satisfaction of patients regarding nurses' attentiveness
40	Satisfaction of patients about nurses' patience
41	Satisfaction of patients about nurses' discussion any problems
42	Satisfaction of patients about nurses busy spending time at the desk
43	Nurses pleasant of patient around
44	Tired of the nurses talking down to patient
45	Satisfaction of patients about nurses understand feelings
46	Satisfaction of patients about feel free to ask nurses questions
47	Satisfaction of patients about nurses should more friendly
48	Satisfaction of patients regarding nurses just talking makes feel better

Part 4: Associated Factors (29 items)

Source: Meron (2023)

Item	Question	Response options
49	Cleanliness of hospital ward	□ Yes □ No □ Somewhat
50	Quality of hospital food	□ Good □ Average □ Poor
51	Adequate water supply in bathrooms	□ Yes □ No
52	Cleanliness of bathroom	□ Yes □ No □ Somewhat
53	Adequate lighting in the room	□ Yes □ No
54	Adequate ventilation	□ Yes □ No
55	Noise level in the ward	□ Quiet □ Acceptable □ Noisy
56	Doctor's behavior toward patient	□ Satisfied □ Neutral □ Dissatisfied
57	Nurses' punctuality	□ Always □ Sometimes □ Never
58	Nurses' availability when needed	□ Always □ Sometimes □ Never
59	Response time to call bell	□ ≤5 min □ 6-10 min □ >10 min
60	Staff willingness to help	□ Always □ Sometimes □ Never
61	Cost of medicines	□ Affordable □ Moderate □ Expensive
62	Cost of diagnostic tests	□ Affordable □ Moderate □ Expensive
63	Distance from home to hospital	□ ≤5 km □ 6-10 km □ >10 km
64	Transportation availability	□ Good □ Moderate □ Poor
65	Waiting time for admission	□ ≤30 min □ 31-60 min □ >60 min
66-77	Other disease and treatment related items (12 items)	(not fully detailed in original)

Scoring Instructions

Total Satisfaction Score: Sum of items 1–48 (Part 2 and Part 3)

Score range	Level of satisfaction
48 – 86	Highly satisfied
87 – 125	Satisfied
126 – 164	Neutral
165 – 203	Dissatisfied
204 – 240	Highly dissatisfied