RESEARCH PAPER

Evaluation of the Relationship Between Quality of Patient Care and Patient Satisfaction with Nursing Care

Rupram Sharma[1*], Dr. Nema Ram[2], Dr. Madan Lal[3]

[1]Ph.D. Scholar, NIMS Nursing College, NIMS University Rajasthan, Jaipur
[2]Professor, NIMS Nursing College, NIMS University Rajasthan, Jaipur
[3]Professor, General Medicine, NIMS&R, NIMS University Rajasthan, Jaipur
***Corresponding Author:** Rupram Sharma, Ph.D. Scholar, NIMS Nursing College, NIMS University Rajasthan, Jaipur
Received: 25th October 2026; **Revised:** 28th October 2026; **Accepted:** 3rd November 2026; **Available Online:** 7th November 2026

ABSTRACT

The study aimed to assess patient satisfaction with the quality of nursing care among critical patients. A total of 166 critical patients participated in the study. Data were analysed using descriptive statistics, including frequency and percentage. The findings revealed that most patients expressed positive satisfaction with nursing care, particularly regarding information provision, nurses' concern and caring, professional competence, communication, privacy, and coordination of care. Excellent ratings were predominant across most assessed dimensions. However, some patients reported fair satisfaction regarding consideration of individual needs, emotional support, and responsiveness. The study concluded that nursing care quality was generally satisfactory, with opportunities for further improvement.

Keywords: Patient satisfaction, Nursing care quality, Critical patients, Nursing services, Quality of care

How to cite this article: *Rupram Sharma1* Dr. Nema Ram2 Dr. Madan Lal3. Evaluation of the Relationship Between Quality of Patient Care and Patient Satisfaction with Nursing Care. Int J Drug Deliv Technol. 2026;16(90s):1438-1443. DOI: 10.25258/ijddt.16.90s.143.*

Source of support: ***Nil.***

Conflict of interest: *None*

INTRODUCTION

Nursing is at the core of patient care, directly impacting the quality of services provided within healthcare institutions. At Nims Hospital, Jaipur, the nursing team plays an essential role in ensuring that patients receive comprehensive, effective, and compassionate care. As healthcare practices evolve, it becomes increasingly important to continuously enhance nursing practices to meet the growing needs of patients and the healthcare system at large. In this context, the introduction of nursing improvement programs is seen as a strategic approach to address challenges such as staff competency, communication gaps, patient safety, and overall patient satisfaction.[4]

Quality patient care is the cornerstone of any healthcare facility, reflecting the hospital's ability to deliver effective, safe, and patient-centered services. despite advances in medical technology and treatments, the quality of care remains largely dependent on the clinical skills, communication abilities, and professional attitudes of nurses. At Nims Hospital, efforts have been made to implement nursing improvement programs that focus on upgrading nursing practices, enhancing skill sets, and fostering a culture of continuous learning.[5]

The purpose of this research is to explore the impact of a nursing improvement program at NIMS Hospital, Jaipur, on the quality of patient care. By assessing the effectiveness of training initiatives, professional development programs, and nursing leadership strategies, this study aims to determine how these efforts can positively influence patient outcomes, reduce adverse events, and improve patient satisfaction. The findings from this research will provide valuable insights that can contribute to the development of more effective nursing programs at Nims Hospital and potentially serve as a model for similar healthcare institutions.[6]

Access to quality nursing care is an essential human right and is considered a significant factor in patients' well-being (Fuseini et al., 2022). Delivering nursing care that satisfies quality standards is crucial for providing patients with high-quality care (Karaca & Durna, 2019). The quality of nursing care can be measured by assessing patients' level of satisfaction (Gishu et al., 2019), and patient satisfaction can be increased through proper nursing care (Aiken et

al.2021). Measuring patients' satisfaction helps in gaining important information regarding hospitals' performance as well as assessing the quality management of health
Organizations (Hepsiba & Bhattacharjee, 2021). Patients' satisfaction with their care can lead to patient loyalty and trust (Liu et al., 2021): satisfied patients are loyal and more inclined to
return to the same hospital or health care provider in the future and may suggest them to other relatives and friends.[7]
Patient satisfaction captures different aspects of health care, such as professionalism, the technology used, and the overall quality and level of care received (Hepsiba & Bhattacharjee, 2021). Having a balance between patients' satisfaction and quality improvement is critical because it affects patients' survival, safety, and health in the long term (Rahim et al., 2021). Health care providers compete to deliver high-quality services to their patients
Nursing is an essential component of health-care services delivered by a hospital to its patients. Patient satisfaction is a highly desirable result of clinical care provided in the hospital. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all the elements. Whatever its strengths and boundaries, patient satisfaction is an index that should be necessary for the evaluation of the quality of care in hospitals. Nursing is a profession within the health-care sector focused on the care of individuals, families, and communities so they may attain, maintain or recover optimal health and quality of life. Nurses may be differentiated from other health-care providers by their approach to patient care, training, and scope of practice.[8]
Patient satisfaction survey is a valuable tool to measure the outcomes of care rendered by hospitals. Outpatient department (OPD) is a very crucial area of any hospital services as huge number of patient's visits this area for clinical services. Information about quality of services in OPD will serve two purposes, i.e., identifying areas of improvement in the services offered and highlighting the need for corrective actions. Patient satisfaction is the key determinant for assessing the quality of patient care and is the desired outcome of every hospital. The present study was conducted to measure the levels of patient satisfaction In the dynamic and demanding world of modern healthcare, quality is no longer an aspiration—it is an expectation. As hospitals strive to meet increasingly complex clinical demands and Heightened patient expectations, the focus has shifted from not just delivering care, but ensuring that care is safe, effective, patient-centered, timely, efficient, and equitable.

Research Approach

A quantitative evaluative research approach was adopted for the present study. The quantitative approach was considered appropriate because the study intended to measure the effect of a Quality Improvement Program in Nursing on patient care and patient satisfaction using standardized scales and statistical analysis.

Research Design

The research design selected for the present study was a **pre-experimental one-group pre-test and post-test interventional research design**.

Schematic Representation of Research Design

Group	Pre-test	Intervention	Post-test
Patients admitted in NIMS Hospital	O1	X	O2

Where:

- **O1** = Pre-test assessment of patient care and satisfaction
- **X** = Quality Improvement Program in Nursing
- **O2** = Post-test assessment of patient care and satisfaction after intervention

The design was selected because it enables the investigator to assess the effectiveness of the intervention by comparing pre-test and post-test scores.

Variables of the Study

Independent Variable

The independent variable in the present study was Quality Improvement Program in Nursing

Dependent Variables

The dependent variables were:

- Quality of patient care
- Patient satisfaction regarding nursing care

Demographic Variables

The demographic variables included:

- Age
- Gender
- Educational status
- Marital status
- Occupation
- Monthly income
- Type of ward
- Duration of hospitalization
- Previous hospitalization experience

RESULTS

Patient Satisfaction with Nursing Care Quality among Critical Patients

Table 21: Descriptive statistics (frequency and percent) on information you were given among critical patients (N = 166)

Variable	Frequency	Per cent	Interpretation
rmation you e given	50	30.1	Very Good
	65	39.1	Excellent
	30	18.07	Good
	21	12.65	Fair
	166	100.0	

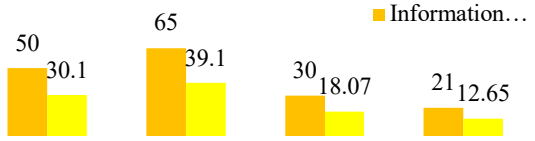


Table 22: Descriptive statistics (frequency and percent) on instructions among critical patients (N = 166)

Variable	Frequency	Per cent	Interpretation
ructions	38	22.9	Very Good
	67	40.4	Excellent
	41	24.7	Good
	20	12.0	Fair
	166	100.0	

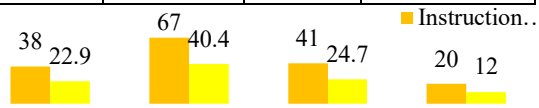


Table 23: Descriptive statistics (frequency and percent) on Ease of getting information among critical patients (N = 166)

Variable	Frequency	Per cent	Interpretation
of getting rmation	39	23.5	Very Good
	80	48.2	Excellent
	32	19.3	Good
	15	9.0	Fair
	166	100.0	

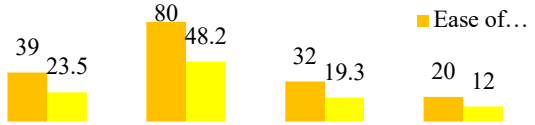


Table 24: Descriptive statistics (frequency and percent) on information given by nurses among critical patients (N = 166)

Variable	Frequency	Per cent	Interpretation
rmation given by urses	35	21.1	Good
	62	37.3	Excellent
	48	28.9	Very Good
	21	12.7	Fair
	166	100.0	

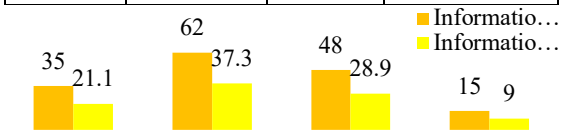


Table 25: Descriptive statistics (frequency and percent) on Informing family or friends among critical patients (N = 166)

Variable	Frequency	Per cent	Interpretation
nforming amily or friends	40	24.1	Good
	66	39.8	Excellent
	43	25.9	Very Good
	17	10.2	Fair
	166	100.0	

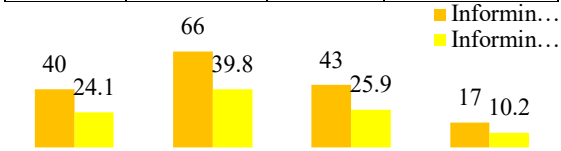


Table 26: Descriptive statistics (frequency and percent) on Involving family or friends in your care among critical patients (N = 166)

able	Frequency	Percent	Interpretation
lving nily or ds in care	49	29.5	Very Good
	56	33.7	Excellent
	38	22.9	Good
	23	13.9	Fair
	166	100.0	

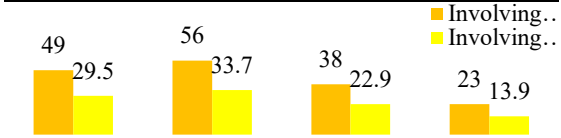


Table 27: Descriptive statistics (frequency and percent) on Concern and caring by nurses among critical patients (N = 166)

able	Frequency	Percent	Interpretation
cern nd ring urses	41	24.7	Very Good
	70	42.2	Excellent
	38	22.9	Good
	17	10.2	Fair
	166	100.0	

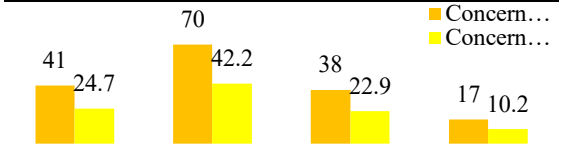


Table 28: Descriptive statistics (frequency and percent) on Attention of nurses to your condition among critical patients (N = 166)

ariable	Frequency	Percent	Interpretation
ntion of nurses to	35	21.1	Good
	66	39.8	Excellent
	44	26.5	Very Good
	21	12.7	Fair

your conditio n	166	100.0	

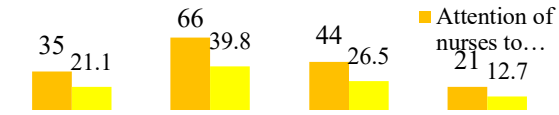


Table 29: Descriptive statistics (frequency and percent) on Recognition of your opinions among critical patients (N = 166)

iable	Frequenc y	Percen t	Interpretatio n
gnitio of our ions	46	27.7	Very Good
	68	41.0	Excellent
	38	22.9	Good
	14	8.4	Fair
	166	100.0	

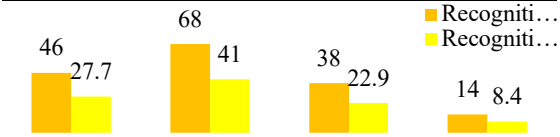


Table 30: Descriptive statistics (frequency and percent) on Consideration of your needs among critical patients (N = 166)

iable	Frequenc y	Percen t	Interpretatio n
ideratio of your eeds	35	21.1	Good
	58	34.9	Excellent
	46	27.7	Very Good
	27	16.3	Fair
	166	100.0	

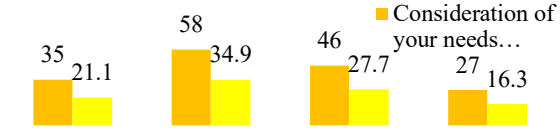


Table 31: Descriptive statistics (frequency and percent) on The Daily routine of the nurses among critical patients (N = 166)

iable	Frequency	Percent	Interpretation
ily ne of urses	36	21.7	Good
	64	38.6	Excellent
	43	25.9	Very Good
	23	13.9	Fair
	166	100.0	

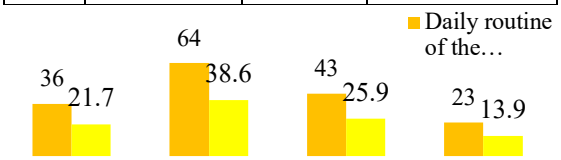


Table 32: Descriptive statistics (frequency and percent) on Helplessness among critical patients (N = 166)

iable	Frequenc y	Percen t	Interpretatio n
essnes s	32	19.3	Good
	71	42.8	Excellent
	38	22.9	Very Good
	25	15.1	Fair
	166	100.0	

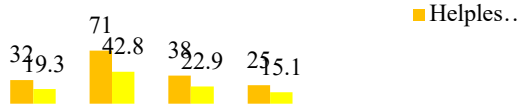


Table 33: Descriptive statistics (frequency and percent) on Nursing staff response to your calls among critical patients (N = 166)

iable	Frequency	Percent	Interpretation
sing aff onse our lls	41	24.7	Good
	53	31.9	Excellent
	50	30.1	Good
	22	13.3	Fair
	166	100.0	

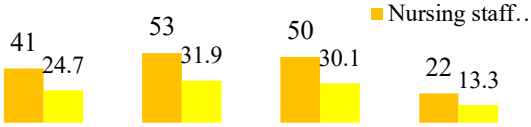


Table 34: Descriptive statistics (frequency and percent) on Skills and competence of nurses among critical patients (N = 166)

iable	Frequency	Percent	Interpretation
s and etence of ses	37	22.3	Good
	69	41.6	Excellent
	40	24.1	Very Good
	20	12.0	Fair
	166	100.0	

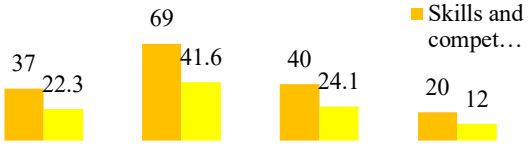


Table 35: Descriptive statistics (frequency and percent) on Coordination of care among critical patients (N = 166)

iable	Frequenc y	Percen t	Interpretatio n
dinatio f care	39	23.5	Very Good
	69	41.6	Excellent
	38	22.9	Good
	20	12.0	Fair
	166	100.0	

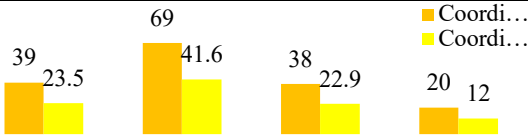


Table 36: Descriptive statistics (frequency and percent) on Restful atmosphere provided by nurses among critical patients (N = 166)

iable	Frequency	Percent	Interpretation
estful sphere	49	29.5	Very Good
	57	34.3	Excellent
	40	24.1	Good
	20	12.0	Fair
	166	100.0	

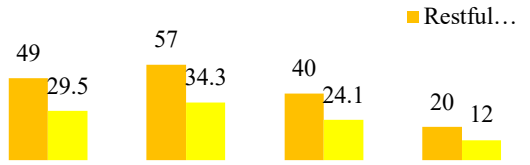


Table 37: Descriptive statistics (frequency and percent) on privacy among critical patients male respondents (N = 166)

iable	Frequency	Percent	Interpretation
vacy	38	22.9	Good
	67	40.4	Excellent
	47	28.3	Very Good
	14	8.4	Fair
	166	100.0	

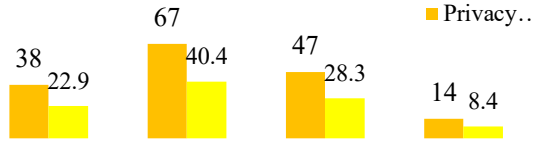


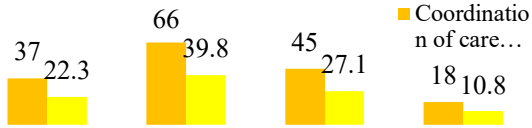
Table 38: Descriptive statistics (frequency and percent) on Discharge instructions among critical patients male respondents (N = 166)

iable	Frequency	Percent	Interpretation
harge ctions	40	24.1	Good
	62	37.3	Excellent
	45	27.1	Very Good
	19	11.4	Fair
	166	100.0	



Table 39: Descriptive statistics (frequency and percent) on Coordination of care after discharge among critical patients (N = 166)

iable	Frequenc y	Percen t	Interpretatio n
dinatio f care after harge	37	22.3	Good
	66	39.8	Excellent
	45	27.1	Very Good
	18	10.8	Fair
	166	100.0	



DISCUSSION

The findings revealed that the majority of critical patients were satisfied with the quality of nursing care. Excellent ratings were predominant across most dimensions, particularly nurses' concern and caring (42.2%), ease of obtaining information (48.2%), professional competence (41.6%), and coordination of care (41.6%). These results indicate that nurses generally demonstrated good communication skills, professional competence, compassionate behaviour, and effective care coordination. Furthermore, patients expressed satisfaction with privacy, family communication, recognition of their opinions, and discharge instructions. However, some respondents reported fair satisfaction regarding consideration of individual needs, emotional support, family involvement, and nurses' responses to calls. These findings highlight the need for continuous improvement in patient-centred nursing practices and responsiveness.

CONCLUSION

The study concluded that critical patients generally reported a high level of satisfaction with the quality of nursing care. Most respondents rated different dimensions of nursing services as excellent, indicating positive perceptions of nurses' communication, caring behaviour, professional competence, attention, privacy, and coordination of care. The findings also demonstrated satisfactory performance in providing information, involving family members, and preparing patients for discharge. However, the presence of fair satisfaction ratings in certain areas suggests that further improvements are necessary, particularly in addressing individual patient needs, providing emotional support, and ensuring timely responses to patients' calls. Therefore, healthcare institutions should strengthen patient-centred nursing practices, promote continuous professional development, improve communication, and ensure effective coordination of services to maintain and enhance patient satisfaction and the overall quality of nursing care.

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