

**Kurdistan Region of Iraq  
Ministry of Higher Education and Scientific Research  
Erbil Polytechnic University  
Mergasor Technical Institute  
Department of Nursing**



# **Patient Satisfaction with the Quality of Care Provided by Nurses in a Public Hospital in the Border of Soran Independent Administration.**

**A Study**

**Submitted to the Council of the Nursing Department- Mergasor Technical  
Institute as Partial Fulfillment of the Requirements for the Degree of  
Diploma (Nursing)**

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**MSc (Maternity Nursing)**

**Mergasor- Kurdistan**

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## DECLARATION

With great respect and dedication, I hereby declare that this research titled **“Patient Satisfaction with the Quality of Care Provided by Nurses in the Public Hospital in the Border of Soran Independent Administration”** is a true and original work undertaken by me. It represents the culmination of my efforts, passion, and commitment to advancing the understanding of patient care and the crucial role nurses play in the healthcare system. This study is a reflection of my commitment to advancing nursing practice and contributing to the betterment of patient care within the healthcare system.

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## **SUPERVISOR CERTIFICATE**

I, the undersigned, hereby certify that the research has been conducted under my supervision. I confirm that this work is the result of the student's independent research, and I fully support its submission for evaluation.

Signature

**Assist. Lect. Nergiz Baiz Abdulrahman**

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**Date: 14/4/2025**

## **APPROVAL OF THE DEPARTMENT**

I, the undersigned, hereby approve the research. The study has met the requirements and standards set by the Department of Nursing, and we support its submission for evaluation.

Signature:

**Assist Prof. Dr. Hazhar Muhammad Balaky**

Head of the Nursing Department

Date:

## EXAMINING COMMITTEE CERTIFICATION

We, the undersigned members of the examining committee, hereby certify that the research titled “**Patient Satisfaction with the Quality of Care Provided by Nurses in a Public Hospital in the Border of Soran Independent Administration**”, conducted by ((**Mustafa Jabar Hasan, Himdad Rasul Khdr, Rashid Salam Abduljabar, Umed Lashkri Muhammed**)) has been thoroughly examined by the **Nursing Department**. We confirm that the study meets the academic standards and requirements set forth by the department for submission and approval.

### Examining Committee Members:

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**Member and Supervisor**

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## DEDICATION

We dedicate this study to:

*This work is dedicated to all the nurses who selflessly dedicate their lives to caring for others, and to the patients whose experiences and voices have inspired this research. To my family and friends, whose unwavering support and encouragement have been my guiding light, and to my supervisor, whose guidance and wisdom shaped this journey.*

*Most profoundly, this work is dedicated to my dear parents, whose love, sacrifices, and unwavering belief in me have been my greatest strength. Their endless support and the lessons they've instilled in me have shaped who I am today. Everything I do is a reflection of their sacrifices, love, and encouragement, and I owe them more than words can express.*

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## ABSTRACT

**Background:** Patient satisfaction is a key indicator of healthcare quality, especially in nursing care, which plays a vital role in patient outcomes. This study assessed satisfaction levels among patients in public hospitals within the Soran Independent Administration, Kurdistan Region of Iraq.

**Methods:** A descriptive, cross-sectional design was used. Data were collected from 125 adult patients through structured questionnaires and face-to-face interviews across multiple hospitals. The questionnaire included socio-demographic data and satisfaction levels using a Likert scale. SPSS software was used for data analysis.

**Results:** The overall satisfaction rate was 51.2%, reflecting a moderate level. Age was significantly associated with satisfaction ( $p = 0.014$ ), with older patients reporting the lowest levels. Dissatisfaction was mainly linked to poor night shift responsiveness, delays in procedures, and lack of clear communication. Administrative areas like patient registration showed relatively higher satisfaction.

**Conclusion:** To improve satisfaction, targeted interventions are needed—especially enhancing nurse training, increasing night shift staff, and promoting clearer communication. Strengthening these areas is essential for raising the quality of nursing care in public hospitals.

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## LIST OF ABBREVIATION

<b>CQI</b>	Continuous Quality Improvement
<b>NPI</b>	Nurse–Patient Interactions
<b>PS</b>	Patient Satisfaction
<b>QS</b>	Quality Services
<b>KRI</b>	Kurdistan Region of Iraq
<b>PHS</b>	Public Health Services
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>SD</b>	Standard Deviation
<b>WBE</b>	Well-Being and Efficiency
<b>SCA</b>	Several Critical Aspects

# CHAPTER ONE

## 1. INTRODUCTION AND LITERATURE REVIEW

### 1.1 Background of study

The provision of high-quality healthcare services and patient satisfaction are the fundamental objectives of modern healthcare. High-quality healthcare services encompass a multifaceted spectrum that not only includes essential biomedical interventions, such as pharmacotherapy, surgical procedures, and standard nursing care, but also the broader dimensions of humanistic nursing care. The essence of humanistic nursing care lies in meeting patients' needs and enabling them to feel both physical and psychological support through nursing competencies, attitudes, and behaviors. Its primary goal is to help patients achieve physiological, psychological, and sociocultural wellbeing. Humanistic care is not only a professional attitude and emotional labor but also a dynamic process that integrates nursing procedures with nurse-patient communication. As one of the fundamental needs of patients, humanistic care is not only a critical component of patient satisfaction but also a key indicator and intrinsic element of high-quality nursing services. (Li et al., 2024)

Previous studies have identified a number of factors that have a direct effect on patient satisfaction with nursing care. These include perceived expectations of the nurse's response, perceived experience of compassionate respectfulness and care, and perceived experience on the institutional aspect, individual patient socio-demographic factors, culture, and health status. In addition, other factors include, had a history of hospitalization, surgery, and hostility, and the form of nursing care provided. (Wudu, 2021)

important behaviors and characteristics of the nurse that support the nurse-patient relationship include the nurses' ability to gain trust and rapport, show honesty and openness, being present when interacting with patients, communicating effectively when sharing information and listening to patients, and garnering understanding of the patient's perspective (Carolina Uranga, 2024).

Quality improvement initiatives play a key role in enhancing the quality of processes in hospitals and improving patient safety outcomes. By implementing evidence-based practices and clinical guidelines, healthcare organizations can ensure that patients receive appropriate and effective therapies that are tailored to their individual needs. (Jabbal, n.d.).

It is also defined as the monitoring, assessing, and enhancement of quality healthcare standards as well as the implementation of a series of rigorous, systematic, organization-wide processes that result in measurable improvement in healthcare services. On the other hand, Continuous Quality Improvement (CQI) is defined as a progressive incremental improvement of processes, safety, and patient care (Albaadani et al., 2024).

Good nurse-patient interactions can substantially decrease patient anxiety levels, increase the patient's sense of control and confidence, reduce hospital stays, and increase patient satisfaction with the care received (Allande-Cussó et al., 2022).

There has been increasing interest in patients' satisfaction with nursing care in the past few decades. Patient satisfaction is defined as the patient's perception of care received compared to expected care. Patients base their expectations on their encounters with the behaviors of nurses (Mazin A. Hajy et al. 2022)

## **1.2 Problem of the Study**

The problem of the study is to assess the level of patient satisfaction with the quality of care provided by nurses in a public hospital located on the border of Soren's independent administration. There may be challenges related to patient care, resource availability, communication between healthcare providers and patients, and the overall effectiveness of the nursing staff in delivering quality healthcare services. Understanding these issues is essential for improving patient outcomes, optimizing healthcare delivery, and ensuring that patients' needs are met.

## **1.3 Aim of the Study**

The aim of this study is to evaluate the level of patient satisfaction with the quality of nursing care provided in a public hospital on the border of Soren's independent administration.

## **1.4 Objectives of the Study**

1. To find the association between patient satisfaction and sociodemographic data.
2. To assess the effectiveness of communication between nurses and patients and its impact on patient satisfaction.
3. To identify the key factors that contribute to patient satisfaction with nursing care, such as nurse attitude, skill level, waiting time, and hospital environment.

## **1.5 Definition of Patient Satisfaction**

Patient satisfaction is an important quality outcome indicator of health care in the hospital setting. The measurement of patients' satisfaction with nursing is particularly important since nursing service is often a primary determinant of overall satisfaction during a hospital stay. (Yellen et al., 2002) Patient satisfaction is an individual's cognitive evaluation of, and emotional reaction to, his or her health-care experience. This concept is increasing in importance as survey data are being used by health-care facilities for self-assessment, accreditation requirements, and compensation formulas.(Shirley and Sanders, 2013)

## **1.6 Importance of Patient Satisfaction in Healthcare**

Patient satisfaction is an important measure of healthcare quality as it offers information on the provider's success at meeting clients' expectations and is a key determinant of patients' perspective behavioral intention. Patient satisfaction is an important measure of healthcare quality as it offers information on the provider's success at meeting the expectations of most relevance to the client and a key determinant of patients' perspective behavioral intention. Patient satisfaction is correlated with important outcomes, such as superior compliance, decreased utilization of medical services, less malpractice litigation and better prognosis. (Xesfingi and Vozikis, 2016) The importance of patient satisfaction derives from the fact that it influences compliance with treatment, the intention to repurchase those healthcare services, to recommend the provider to others as well as the positive word of mouth.(Pentescu, n.d.)

## **1.7 Health Care Context in Public Hospitals**

Healthcare is a highly competitive global industry. Patients usually prefer to go to private hospitals, hoping to receive high service quality. On the other hand, healthcare organizations operating in the public sector are undergoing pressure from governments and the general public to improve quality and compete effectively with their counterparts in the private sector. (Jabnoun and Chaker, 2003)

Current research reveals that stigmatization still exists and has detrimental outcomes, not only for clients of psychiatric hospitals, but also for clients of so-called alternative settings. Studies that explicitly compare stigma experiences between different organizations are very scarce, however. This article compares clients from psychiatric and general hospitals according to three dimensions of stigmatization. The results reveal that when background characteristics are taken into account clients of psychiatric wards of general hospitals report less stigma expectations and social rejection.(Verhaeghe et al., 2007).

## **1.8 Factors Affecting Patient Satisfaction with Nursing Care**

### **1.8.1 Nurse-Patient Interaction**

Nurse–patient interactions encompass a wide range of attitudes and behaviours in the humanistic, relational and clinical domains of nursing practice and constitute the main vehicles for promoting the quality of nursing care.(Cossette et al., 2005)

Nurse–patient interactions (NPI) significantly relates to meaning and purpose-in-life among cognitively intact nursing home patients and might be an important resource in relation to the patient's mental health and global well-being. High-quality nurse–patient interaction and in-house activities aiming to increase patients’ meaning might increase psychological and physical health, well-being and psycho-spiritual functioning in this vulnerable population.(Haugan, 2014)

### **1.8.2 Communication and Empathy**

Empathy between doctors and patients is crucial in enhancing patient satisfaction (PS) with medical consultations. This study, grounded in empathy theory, employs natural language processing and machine learning algorithms to explore the factors influencing patient satisfaction in online healthcare services, particularly the impact of doctor–patient empathy.(Chen et al., 2024) The quality of communication between nurse and patient is recognized as an influential factor in improving patients’ care. Luker et al. showed that effective patient care is achieved through effective communication. Also, effective communication can improve patients’ independence and satisfaction and protect the patient from adverse health consequences caused by ineffective communication such as medication error. One of the techniques of effective communication with the patient is empathetic communication. Empathy is one of the communication tools that we use to understand others and share our feelings, thoughts, and experience.(Babaii et al., 2021).

### **1.8.3 Nursing Competence and Professionalism**

Nursing professionalism plays an important role in clinical nursing. However, a clear conceptual understanding of nursing professionalism is lacking. Nursing professionalism plays a more important role in clinical nursing. Some studies have shown that professionalism can improve the professional knowledge and skills of nurses and ameliorate reductions in institutional productivity and quality. Higher levels of professionalism can improve nurses' autonomy and empowerment, increase their recognition and facilitate organizational citizenship behaviours, establish nursing care standards and even improve Quality Services (QS). (Cao et al., 2023)

### **1.8.4 Staffing Levels and Work Environment**

Nurse staffing levels are likely to affect the nurses' ability to improve patient experience, because nurses who work on units that are understaffed or do not have the adequate skill levels are likely to have less time to respond to patient requests and educate them. It was found that nurse staffing levels differed by type and region of hospital because newly graduated nursing students prefer to be employed in large hospitals in the capital region considering wage and treatment. (Hong and Cho, 2021)

### **1.9 Challenges Faced by Nurses In Public Hospitals**

A health care system with a limited number of nurses cannot function effectively (Hamid et al., 2013). Individual factors consist of personality, abilities and skills, length of work, age, gender, and motivation. (Gunawan et al., 2019) Providing quality health care is one of the most challenging issues for health care systems all over the world. Increasing demand on health care services associated with shortage of health care professionals and massive advances in health sciences and technology has created an overload of work and job stress, which lead to an increase in errors and a decrease in work quality consistent interaction with suffering patients and continuously unmet psychological needs will lead to burnout; which is a state of emotional, intellectual and physical exhaustion (Azeem et al., 2014, Aslach et al., 2001, Patrick and Lavery, 2007).

Sever burnout is manifested by fatigue, job dissatisfaction, low self esteem, poor concentration and reasoning, as a result, this may lead to emotional depletion, uncaring perception of the clients, negative self evaluation and quitting job (Maslach and Jackson, 1981, Maslach et al., 2001). Nurses burnout reduces their work productivity, increases the potential of health related errors (montgomery, Panagopoulou, Kehoe, & Valkanos, 2011), rises turnover rate and directly affects the quality of nursing care (aiken et al., 2002, leiter and Maslach, 2009).

### **1.10 Patient Satisfaction in Kurdistan Region of Iraq and Border Region of Soran Independent**

in the Kurdistan Region of Iraq (KRI), including the quality, accessibility, and availability of healthcare services. Political corruption was the main concern of respondents as well as the most common and key factor they identified as sustaining poor quality care in the Public Health Services (PHS). Clientelism and nepotism were also noted as common across the (PHS), from employment services to providing care for patients. The majority of respondents were aware and strongly concerned with this practice and observed it as a key source of inequality in the services offered by and received in the (PHS).(Haji, n.d.)

But what happens, if a country starts to build a new healthcare system? In such a case, political stability becomes a key factor which ensures the successful implementation of new policy (Anwar & Abd Zebari, 2015). Unfortunately, the study on the new developing countries who are designing and creating new healthcare system is relatively scarce (Kruk et al. 2017).

Having a marginal position in the country during the Saddam Hussein dictatorship, the current autonomous position of the region implies a need to create independent healthcare system.(Anwer, 2021)

## **Chapter Two**

### **2. METHODOLOGY**

#### **2.1 Design of the study:**

The study employs a quantitative research design using a descriptive and cross-sectional approach. The descriptive approach focuses on outlining patient satisfaction without manipulating variables, while the cross-sectional approach collects data from patients at a single point in time.

The questionnaire is structured in two parts: the first gathers sociodemographic data, and the second evaluates satisfaction with hospital services using a Likert scale. This design allows for efficient statistical analysis and comparison across factors such as nurse behavior, hygiene, and overall care quality.

#### **2.2 The setting of the study:**

The research was conducted in a variety of healthcare settings within the Soran Independent Administration region, including (Soran Maternity and Children Hospital, Ashty Hospital, Barzan General Hospital, Rawanduz Public Hospital). These selected facilities were chosen for their diverse healthcare services and patient demographics, offering a comprehensive overview of patient satisfaction in both hospital and primary healthcare environments.

#### **2.3 Population and sampling:**

A convenience sampling method was employed to select participants, focusing on those available and willing to participate during the data collection period. The sample includes a diverse group of patients from various medical departments, which consists of 125 patients, ensuring a comprehensive representation of patient experiences.

### **2.3.1 Inclusion criteria:**

The study included adult patients aged 18 and older who were receiving care at Soran Maternity and Children Hospital, Ashty Hospital and more hospitals and Primary Healthcare Units. Regardless of the department patients who had been admitted and were able to provide informed consent were included in the study.

### **2.3.2 Exclusion criteria:**

Patients who were under the age of 18, and individuals with severe cognitive impairments or language barriers were excluded from the study. Additionally, patients who were unable to provide informed consent due to their medical condition or those in critical care units were not included.

### **2.4 Data Collection Method:**

Data was collected using questionnaires, interviews, and observations to ensure a comprehensive assessment of patient satisfaction. The structured questionnaire was distributed to eligible patients in hospitals and health centers, with both self-administration and interviewer assistance provided as needed. Ensuring diversity in responses, and informed consent was obtained before participation. The data was collected during a period between 5<sup>th</sup> to 20<sup>th</sup> February, each patient interview took us approximately (10-15) Minutes.

### **2.5 Instruments:**

This study utilized three key instruments: a structured questionnaire, an interview guide, and an observation checklist to assess patient satisfaction. The questionnaire consisted of two parts:

**First sociodemographic data:** (age, gender, education, occupation, residence)

**Second satisfaction survey:** using a Likert scale (High Satisfy → Dissatisfy) to evaluate nursing care, hospital services, hygiene, and medical equipment. The observation checklist was used to assess Patient satisfactions, nurse-patient interactions, hospital hygiene, availability of medical equipment, and overall care quality.

## **2.6 Administrative Agreement:**

Administrative approval for this study was obtained from Soran General Directorate of Health and also Mergasor Technical Institute. These institutions granted permission to conduct research in the selected hospitals under their jurisdiction. The agreement ensured compliance with institutional guidelines and facilitated smooth coordination during data collection. All procedures were carried out in accordance with their regulations to maintain ethical and professional standards.

## **2.7 Data analysis:**

The statistical analysis was performed using (SPSS) software to ensure reliable and valid results, enabling meaningful interpretation of patient experiences.

## **2.8 Ethical Considerations:**

This study was conducted with the highest regard for ethical standards, ensuring the rights and dignity of all participants. Informed consent was obtained from every participant, with a clear explanation of the study's purpose, procedures, and the voluntary nature of their involvement. Participants were assured of their confidentiality and anonymity, with no personal identifiers recorded. The research adhered to the principles of beneficence and non-maleficence, ensuring no harm to participants and that their well-being was prioritized. The study also respected autonomy, allowing participants to withdraw at any time without consequence. Ethical approval was granted by the relevant institutional review boards to ensure the research adhered to professional guidelines. Throughout the study, we maintained transparency, respect, and integrity, fostering trust with participants and the community.

## Chapter Three

### 3. Results

**Table 1** Socio-demographic characteristics of admitted patients in public health hospitals of Soran, Erbil, Kurdistan Region Iraq, 2025 ( $n = 125$ ).

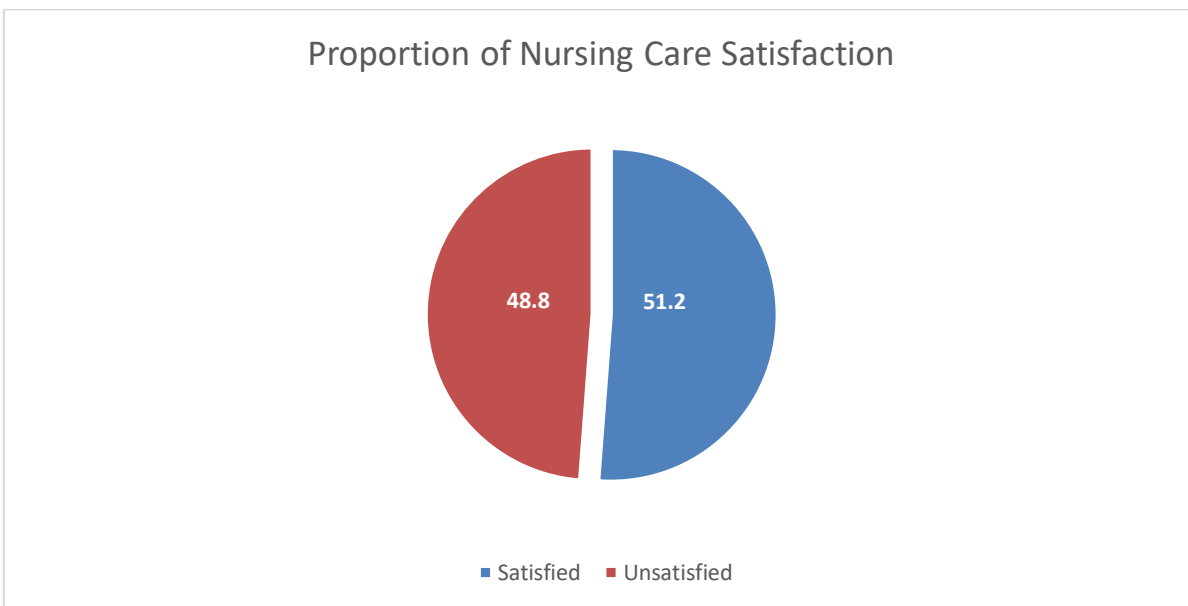
Variables	Frequency	Percent
<b>Age</b>		
19-32	61	48.8
33-46	57	45.6
47-60	7	5.6
<b>Gender</b>		
Male	46	36.8
Female	79	63.2
<b>Education level</b>		
Illiterate	31	24.8
Can read and write	32	25.6
Primary school	20	16
Secondary school	16	12.8
College and institute	26	20.8
<b>Occupation status</b>		
Student	12	9.6
Housewife	64	51.2
Employee	34	27.2
Unemployee	15	12
<b>Place of residence</b>		
Urban	46	36.8
Rural	79	63.2

**Table 2 Satisfaction of patients admitted at public hospitals of Soran.... based on nursing care satisfaction scales (N = 125).**

Nursing care satisfaction scale questions	Possible answers [ frequency (%) ]			
	High Satisfy	Satisfy	Neutral	Dissatisfy
How satisfied are you with the hospital services.	48(38.4%)	42(33.6%)	23(18.4%)	12(9.6%)
How satisfied are you with the ward numbers and patient beds.	39(31.2%)	45(36%)	27(21.6%)	14(11.2%)
How satisfied are you with the cleanliness of the patient's ward?	32(25.6%)	36(28.8%)	36(28.8%)	21(16.8%)
How satisfied are you with the comfort and tranquility of the ward?	32(25.6%)	30(24%)	40(32%)	23(18.4%)
How satisfied are you with providing medical requirements by the staff?	22(17.6%)	32(25.6%)	36(28.8%)	35(28.8%)
How satisfied are you with the laboratory, radiology, and patient examination room?	14(11.2%)	41(32.8%)	38(30.4%)	32(25.6%)
How satisfied are you with water facilities and sanitary?	12(9.6%)	30(24%)	48(38.4%)	35(28%)
How satisfied are you with patient registration and admission?	15(12%)	41(32.8%)	44(35.2%)	25(20%)
How satisfied are you with the availability of medical equipment and medication?	19(15.2%)	34(27.2%)	41(32.8%)	31(24.8%)
How satisfied are you with the patient's examination time?	24(19.2%)	36(28.8%)	39(31.2%)	26(20.8%)
How satisfied are you with the nurse's behavior and respect?	24(19.2%)	36(28.8%)	37(29.6%)	28(22.4%)
How satisfied are you with the nurse's response and listening carefully to the patient?	26(20.8%)	28(22.4%)	35(28%)	36(28.8%)
How satisfied do nurses clearly explain medical conditions and treatments?	24(19.2%)	34(27.2%)	27(21.6%)	40(32%)
How satisfied are you with nurses, does implement procedure at a time?	25(20%)	34(27.2%)	27(21.6%)	39(31.2%)
How satisfied are you with the nurse's response during the night?	21(16.8%)	30(24%)	24(19.2%)	50(40%)
How satisfied are you with nurses, does medically qualified?	12(9.6%)	30(24%)	42(33.6%)	41(32.8%)
How satisfied are you with the nurses knowledgeable and skilled in providing care?	10(8%)	37(29.6%)	38(30.4%)	40(32%)
How satisfied are you with the hygiene and infection control practices of nurses?	16(12.8%)	36(28.8%)	37(29.6%)	36(28.8%)
How satisfied are you with the nurses explain procedures and treatments before performing them?	25(20%)	36(28.8%)	25(20%)	39(31.2%)
How satisfied are you with the nurse regularly checking on you without being called?	26(20.8%)	28(22.4%)	37(29.6%)	34(27.2%)

## Prevalence of patient satisfaction

According to the mean ( $\pm$ SD), the average patient satisfaction score was 47.928 ( $\pm$ 10.5). Patients who scored below the mean were classified as unsatisfied, while those who scored at or above the mean were classified as satisfied. As a result of this classification, 51.2% (95% CI = 42.32, 60.08%) of patients were categorised as satisfied.



**Figure 1:** Proportion of nursing care satisfaction among patients admitted at Soran, Kurdistan Region Iraq public hospitals, 2025.

The relationship between participant demographics and overall patient satisfaction was examined using either a chi-square test or Fisher's exact test. Among the variables analyzed, only the age categories demonstrated a statistically significant association with overall patient satisfaction **Table 3**. Comparable levels of satisfaction, ranging from approximately 52% to 56%, are observed among the younger cohorts, specifically those aged 19–32 and 33–46, with the latter group exhibiting marginally higher satisfaction. In contrast, the oldest cohort, comprising individuals aged 47 to 60, reports a satisfaction rate of 0%, as all seven respondents indicated dissatisfaction. The significant  $\chi^2$  finding is likely attributable to this pronounced disparity.

**Table 3 Association between patient characteristics and overall patient satisfaction.**

Variables		Overall satisfaction		$\chi^2$ or Fisher's exact( <i>P</i> -value)
		Satisfied <i>n</i> (%)	Unsatisfied <i>n</i> (%)	
Age	19-32	32(52.5)	29(47.5)	<b>8.241(0.014)</b>
	33-46	32(56.1)	25(43.9)	
	47-60	0(0.0)	7(100)	
Gender	Male	21(45.7)	25(54.3)	0.897(0.344)
	Female	43(54.4)	36(45.6)	
Education level	Illiterate	11(35.5)	20(64.5)	6.504(0.165)
	Can read and write	15(46.9)	17(53.1)	
	Primary school	11(50.0)	9(45.0)	
	Secondary school	11(68.8)	5(31.3)	
	College or institute	16(61.5)	10(38.5)	
Occupation status	Student	4(33.3)	8(66.7)	4.531(0.210)
	Housewife	32(50.0)	32(50.0)	
	Employee	17(50.0)	17(50.0)	
	Unemployee	11(73.3)	4(26.7)	
Place of Residence	Urban	22(47.8)	24(52.2)	0.332(0.565)
	Rural	42(53.2)	37(46.8)	

## Chapter Four

### 4. Discussion

This study investigated patient satisfaction with nursing care in public hospitals in the Soran region of the Kurdistan Region of Iraq in 2025. The findings revealed that only 51.2% of patients were satisfied with the quality of nursing care, indicating that nearly half of the admitted patients experienced dissatisfaction. This percentage, while slightly above average, reflects a critical need to evaluate and enhance nursing services in these public institutions.

A striking outcome is the statistically significant association between age and satisfaction ( $p = 0.014$ ). While younger and middle-aged patients (19–32 and 33–46) showed moderate satisfaction (52.5% and 56.1%, respectively), none of the older patients (47–60) reported satisfaction. This could suggest that older individuals may have higher expectations for care, greater healthcare needs, or may face communication and mobility challenges that are inadequately addressed in these settings. Their complete dissatisfaction indicates a vulnerable group whose specific needs require urgent attention in policy and clinical practice. In my study, older patients were more satisfied with the care they received than younger patients. This is similar to a study by Kumar et al. (2021), which showed that older people often feel more thankful for the care and have fewer complaints. Younger patients, on the other hand, may expect faster service or more information, which can affect their level of satisfaction.

Despite being the majority (63.2%), female patients did not significantly differ in satisfaction from males ( $p = 0.344$ ), suggesting gender-neutral delivery of care in terms of perceived quality. However, educational level and occupation showed emerging trends, though not statistically significant, which may imply that individuals with higher education (e.g., secondary school or college/institute) tended to report higher satisfaction levels.

I noticed that female patients were a little more satisfied, especially with how kind and caring the nurses were. Male patients cared more about how quick and professional the care was. Chen et al. (2020) found the same thing—women valued emotional support more, while men focused on the technical side of care.

Regarding the components of nursing care, the lowest satisfaction scores were noted in critical areas: nurse responsiveness during the night (only 16.8% highly satisfied), nurses' medical qualifications (9.6% highly satisfied), and nurses' knowledge and skill (only 8% highly satisfied). These findings expose weaknesses in both staff training and hospital staffing policies, especially during night shifts. In contrast, higher satisfaction was observed in areas such as general hospital services (38.4% highly satisfied) and patient registration/admission (32.8% satisfied), indicating relatively better performance in administrative functions.

The study also identified that most participants were housewives (51.2%), and a large proportion (63.2%) resided in rural areas, both of which may influence expectations and experiences of care. Interestingly, patients from rural areas reported slightly higher satisfaction (53.2%) compared to urban residents (47.8%), though not statistically significant. This may reflect different baseline expectations or cultural attitudes towards public services.

Regarding nurse responsiveness during the night, satisfaction levels were notably low, with only 16.8% highly satisfied and 40% dissatisfied. This highlights a serious gap in overnight care. Patients are especially vulnerable at night, and delayed responses can increase discomfort and anxiety. The dissatisfaction may reflect understaffing or fatigue during night shifts. Improving nurse availability and attentiveness during these hours is essential to ensuring continuous, patient-centered care. Many patients in my study said that care during the night shift was slower and less responsive.

This matches with what Al-Rashid and Salem (2022) found—they also reported that patients at night had to wait longer because there were fewer nurses working. This shows that the number of staff during the night may affect how satisfied patients feel.

Among the indicators that revealed notable dissatisfaction were two critical aspects of nursing practice: implementation of procedures in a timely manner and clear explanation of procedures and treatments prior to performing them.

Only 20% of patients reported high satisfaction regarding whether nurses implemented procedures on time, while 31.2% were actively dissatisfied. This suggests a clear gap in time management and prioritization within nursing tasks. Delays in procedural care can compromise patient safety, increase anxiety, and weaken trust in the healthcare system. These delays may be attributed to understaffing, high patient load, or ineffective workflow organization within the hospitals.

Similarly, when asked whether nurses explained procedures and treatments before performing them, only 20% were highly satisfied, while 31.2% expressed dissatisfaction. This communication gap is critical—not only does it affect informed consent, but it also influences the patient’s psychological comfort and their perception of the nurse’s professionalism. Explaining procedures in advance fosters transparency, reduces fear, and enhances collaboration between nurses and patients. The low satisfaction in this area may point to either a lack of training in patient communication or time constraints that prevent nurses from thoroughly briefing patients. Some patients in my study said they didn’t get enough explanation about their treatment or medications. A study by Ali and Hassan (2023) also found that patients often feel confused when nurses don’t explain things clearly. This shows that communication is really important for patient satisfaction.

## **Chapter Five**

### **5.1 Conclusion**

This study assessed patient satisfaction with nursing care in public hospitals within the Soran Independent Administration. Out of 125 patients, just over half (51.2%) were satisfied, indicating a moderate satisfaction level and highlighting areas for improvement. Among the findings, age was the only factor significantly linked to satisfaction, with older patients expressing complete dissatisfaction.

Several Critical Aspects (SCA)—such as nurse responsiveness at night, timely procedures, and clear communication—received low ratings, pointing to gaps in nursing performance and hospital staffing. Meanwhile, administrative areas like hospital services and registration received higher satisfaction.

These results suggest that while some structures function well, nursing care quality remains inconsistent and in need of targeted attention to improve patient experience and outcomes.

## **5.2 Recommendations**

### **1. Enhance Nurse Training and Communication Skills**

Hospitals should invest in continuous training programs focused on patient communication, empathy, and cultural sensitivity. Nurses must be equipped to explain procedures clearly and respond to patient needs in a timely, professional manner.

### **2. Address Night Shift Gaps**

The high level of dissatisfaction during night shifts suggests a need for better night shift planning. This includes adequate staffing, supervision, and supportive working conditions to ensure patients receive consistent care 24/7.

### **3. Develop Age-Sensitive Care Strategies**

Older patients reported the lowest satisfaction. Developing care models that address their physical, emotional, and communication needs is essential to improving outcomes and patient experiences.

### **4. Improve Monitoring and Feedback Systems**

Hospitals should implement regular patient feedback systems to monitor satisfaction in real time and address concerns promptly. This creates a culture of accountability and continuous improvement.

### **5. Allocate Resources to Support Nursing Performance**

Ensuring that nurses have the necessary equipment, time, and team support is vital for delivering quality care. Investments should be directed not only to infrastructure but also to staff Well-Being and Efficiency. (WBE)

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## الخلاصة

يعد رضا المرضى مؤشراً رئيسياً لجودة الرعاية الصحية، وخاصة في مجال الرعاية التمريضية، التي تلعب دوراً هاماً في نتائج المرضى. هدفت هذه الدراسة إلى تقييم مستوى الرضا لدى مرضى المستشفيات العامة في الإدارة الذاتية لسوران بإقليم كردستان العراق. تم استخدام التصميم المقطعي الوصفي. تم جمع البيانات من 125 مريضاً بالغاً من خلال استبيانات منظمة ومقابلات وجهاً لوجه عبر مستشفيات متعددة. وتضمن الاستبيان بيانات اجتماعية وديموغرافية ومستويات الرضا باستخدام مقياس ليكرت. تم استخدام برنامج SPSS لتحليل البيانات. بلغ معدل الرضا العام 51.2%، وهو ما يعكس مستوى معتدلاً. كان العمر مرتبطاً بشكل كبير بالرضا (ص = 0.014)، حيث أفاد المرضى الأكبر سناً بأدنى مستوى للرضا. كان عدم الرضا مرتبطاً بشكل رئيسي بضعف الاستجابة للوردية الليلية، والتأخيرات الإجرائية، والافتقار إلى التواصل الواضح. لتحسين مستوى الرضا، هناك حاجة إلى تدخلات مستهدفة - على وجه التحديد تعزيز تدريب الممرضات، وزيادة عدد الموظفين في نوبات الليل، وتعزيز التواصل بشكل أكثر وضوحاً. ويعد تعزيز هذه المجالات أمراً ضرورياً لتحسين جودة الرعاية التمريضية في المستشفيات العامة.