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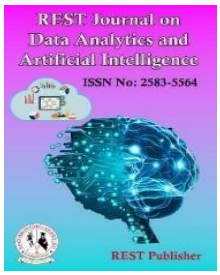

Patient Satisfaction and Nursing Care: An SPSS-Based Study

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Abstract: *Nursing care is a fundamental component of healthcare that directly influences the effectiveness of nursing care and its impact on patient satisfaction and outcomes can impact various aspects of the patient experience, including the timeliness of care, communication with nurses, pain management, comfort, and overall hospital environment. This study aims to evaluate the factors affecting patient satisfaction with nursing care by analyzing key variables such as nursing shifts, type of care received, communication with nurses, and length of hospital stay. Research Significance: Understanding patient satisfaction with nursing care is crucial for healthcare institutions striving to improve service delivery and enhance patient experiences. By Examining the relationship between nursing care factors and patient satisfaction study provides valuable insights into how healthcare facilities can optimize nursing shifts, enhance communication strategies, and improve pain management and cleanliness standards. Methodology: This study employs SPSS Patient satisfaction surveys are used to evaluate various aspects of nursing care, using the Statistical Package for Social Sciences (SPSS) for data analysis. Both descriptive and inferential statistical methods are used to identify trends, correlations, and patterns potential areas for improvement in nursing care. Alternatives: The study considers multiple factors that may impact patient satisfaction, including: Nursing Shift: The effect of different shift schedules on care quality and response time. Type of Care Received: Variations in care based on the patient's medical condition and needs. Communication with Nurses: The role of clear and compassionate communication in patient satisfaction. Length of Stay in Hospital: How prolonged hospitalization affects perceptions of care. Evaluation Parameters: Patient satisfaction is measured using five key parameters: Satisfaction with Timeliness of Care Satisfaction with Nurse Communication. Satisfaction with Pain Management, Satisfaction with Comfort and Cleanliness. Satisfaction with Overall Care Result: The study's findings highlight that nurse communication, pain management, and timeliness of care are the most influential factors in determining patient satisfaction. Effective nurse-patient interactions, quick response times, and a well-maintained hospital environment contribute to positive patient experiences. Additionally, nursing shift schedules and type of care received also play a significant role in shaping patient perceptions.*

Keywords: *Nursing Care, Patient Satisfaction, Nurse Communication, Pain Management, Timeliness of Care, Hospital Cleanliness, Healthcare Quality, SPSS Analysis.*

1. INTRODUCTION

Over time, we have sought innovative and effective approaches to teaching We teach our students how to integrate cultural concepts into practice, improving their knowledge and skills to provide culturally competent and compliant nursing care. Explores the key domains of cultural knowledge essential to cultural assessment and explains how this information can be integrated into all aspects of nursing care. The introduction There is an impact on staff and patient ratios distorted the relationship between optimal standards The relationship between high quality. [1] Recently, Kalish and Williams discovered various elements of nursing care were often overlooked when communication among nurses was compromised. The interactive effects of various factors the reasons behind missed nursing care are analyzed using estimated path models to assess their impact. The final path model is divided into two sections, with the external model variables. Nurses who face increasing dissatisfaction with their work environment often feel that they are missing out on nursing care. This negative association leads dissatisfied nurses to view their work as highly unpredictable, reinforcing their belief that essential nursing care is not being provided. [2] Existing literature primarily assesses Assessing the quality Evaluating nursing treatment based on patient happiness and results. This information provides valuable insights, it does not directly measure the quality of nursing care provided These activities and their authors are often identified by Researchers, educators, managers, and nurse leaders who are not actively involved in clinical nursing care because of their positions. As a result, the perspectives of nurses leading quality nursing care may not be fully reflected. We

proposed that strategies for improving nursing care, reflecting the measures assessed by nurses and their definition of quality nursing care, would lead to rapid and effective improvements in Standard of care.[3] Materials are developed to evaluate patient-centered results and pinpoint advantages and disadvantages. nursing care procedure. developed based on key factors recognized as essential to patient satisfaction with nursing care. The item “Information given to you” refers to explanations about tests, treatments, and expectations. The findings suggest that the information and explanations provided by nurses in the In this context, hospital nursing care is inadequate. To facilitate comparison of nursing care delivery, future research should include multiple in each setting each setting. Nursing care and the frequency of hospitalizations affect patient expectations. These findings suggest that patients' expectations may vary based on past experiences in similar situations, and as their number of admissions increases, they are more likely to compare their current care to previous experiences.[4] Nursing care should actively involve the patient, with the nurse maintaining respectful contact, coordinating and integrating, providing education and information, and ensuring the patient's physical and emotional well-being. Nursing documentation is a key tool for interprofessional communication, enabling nurses and other healthcare professionals to continuously coordinate care, assess patient progress and outcomes, and ensure ongoing patient safety. The above information serves as a foundation for managers and nurses to gain a deeper understanding of nursing care delivery. Nursing activities aimed at addressing problems and meeting patient needs were not carried out systematically, and critical thinking was not used throughout the nursing process.[5] Patients with higher incomes often expect symptom improvement and care from more qualified staff, which can lead to dissatisfaction if their expectations are not met. To compare nursing care in these settings, future research should involve In addition, conducting test-retest reliability analyses will improve the validity of the study. To achieve this, patients should be re-examined two weeks after discharge, and the results should be monitored and incorporated into future studies. Based on these findings, patient expectations may differ depending on past experiences in similar situations. As the number of hospitalizations increases, patients are more likely to compare their current care with previous experiences.[6] Although When missed nursing care occurs, there is no clear definition and recognition as a significant event for research and analysis understanding. Although Sochalsky (2004) identified “uncompleted” nursing care events in her study of hospital nursing quality, no other studies have been found that consistently highlight the routine neglect of various aspects of nursing care. However, the only study that specifically examines missed nursing care is the previously mentioned qualitative investigation, which examines its features and underlying causes. When any of these factors arise, nurses must evaluate the care needed. If the available labor and material resources do not match the required Nurses must assess the volume and timing of care, make decisions accordingly, and prioritize tasks.[7] A fourth internal factor influences nurses' decisions to postpone or forgo care. If care is missed without significant or unnoticeable negative consequences for the patient, it becomes easier to justify delaying or avoiding the same care in the future. As with other concrete concepts, the defining characteristics of missed nursing care are similar to its empirical indicators. Various methods can be used to study missed care, including An initial quantitative instrument was developed to assess staff perceptions Missed nursing care and a model explaining its occurrence have three major implications for practice. First, research shows that missed care negatively impacts patient outcomes.[8] The significant statistical differences The differences in nursing care quality across hospitals in our study suggest that there may be variations in care standards strongly linked to differences Within hospital care settings, including factors such as nurse staffing levels. Assessing nursing care quality through the lens Identifying deficiencies in nursing care may be conceptually more significant contexts with inadequate Nurse staffing levels and increased adverse event rates. Exploring the factors behind unmet nursing care needs guides policy decisions on organization and staffing management, improves nurses' awareness of their care practices, and improves the overall care environment.[9] However, because many factors beyond nursing care may influence outcomes, accurate interpretation of outcome measures requires proper controls for these variables, which can be challenging to implement. Because medical care is provided to every patient daily and during every shift, it is challenging to develop process measures that accurately reflect the broad scope of nurses' work. In early studies that contributed to the development of the magnet concept, Aiken and colleagues found that hospitals known for providing excellent nursing care, referred to as magnet hospitals, had lower medical mortality rates. Evaluating hospital nursing care performance This is becoming increasingly important for assessing the effects of nurse staffing levels and informing efforts to improve quality efforts in nursing care.[10] A strategy implemented by nursing teams aims to promote coordination and collaboration between healthcare and educational institutions Adverse events can result in a variety of challenges, including emotional distress, ethical dilemmas, and potential legal consequences. This study plays an important role in the global debate on patient safety by emphasizing the need to understand and recognize adverse events in nursing care. Supporting these findings, research conducted in US hospitals has shown that The most frequent adverse events in nursing care are linked to prescription errors, hospital-acquired infections, and falls. and are recognized as the leading adverse events in medical care. The reviewed studies identified factors related to service management and nursing care as major contributors to adverse events.[11] Data sections related to the concept of personalized nursing care were extracted from each study. These data were initially reviewed as a whole, and then compared and contrasted between the two studies to identify similarities and differences in the way nurses and patients described personalized care. For cardiac nurses in Study 1, the initial step in providing personalized care was understanding patients. Based on this knowledge, they developed new care approaches or modified standard procedures to suit each patient's individual needs. It was observed that nursing care became more personalized when nurses supported patients' preferred coping strategies for managing cancer and its treatment.[12] A

strong correlation was found between personalized care Patient satisfaction, personalized nursing care affects patient satisfaction. This finding suggests that personalized care is an important outcome of care, predicting patient satisfaction. Personalized Nursing care is intended to meet each patient's unique requirements and preferences at a specific moment, taking into account the surrounding environment of labor. This approach requires nurses to recognize and integrate the patient's values, beliefs, aspirations, needs, and preferences. This approach would complement quantitative studies by addressing concerns that overreliance Relying on patient questionnaire responses may result in a superficial understanding of care.[13] The relationship between the nursing system and patients' experiences of care is analyzed, distinguishing the direct impact from the area affected by nursing care delivery. Specifically, the study identifies key aspects of unfinished nursing care that contribute most significantly to poor patient care experiences. This study examines the processes The impact of clinical care on patient outcomes. while providing evidence for decision-makers on the combined of nurse workload and education levels on the completion of essential nursing care. No these variables interacted in a way that accounted for missed nursing care.[14] A study based on interviews with RN students found that their personal experiences significantly shaped their beliefs On the involvement of families in nursing care. A male RN is generally associated with a less supportive attitude, especially when it comes to seeing families as a resource and conversation partners in nursing care.[15] The review examined the relationship between Missed nursing care and its association with at least one patient outcome were examined. Primary research was included when missed care was not the main outcome measure. Studies analyzing care provided by registered nurses, health care assistants, paraprofessionals, and nursing assistants were considered. The relationship between nursing care and patient outcomes varies depending on how missed care is conceptualized in the literature. The frequency of missed care is often assessed as a measure of nursing care quality. In one study in our review, the amount of missed care partially mediated the effects of patient-nurse ratios and work environment.[16] This descriptive-correlational study examined professional interactions between nurses and burn patients, assessed The study examined patient satisfaction with nursing care and its relationship to these factors. It consists of 41 items and has been extensively validated for reliability and accuracy. Professional interaction between nurses and patients, Patient satisfaction with nursing care received less attention.[17] A patient with social isolation may attempt to maintain contact through casual conversation (1991). In contrast, the focus is on assessing and addressing behavioral problems related to the tool or task, while the nurse may be pressured to complete the task quickly due to workload demands.[18]

2. SPSS

The LINEAR process represents a significant step towards automating data analysis, further strengthened by its ability to integrate with the SPSS server program, which increases efficiency and productivity when dealing with large datasets. This feature is currently available in the NOMREG procedure in the SPSS Statistics and SPSS AMOS specification search platform; however, it has not yet been implemented in the LINEAR procedure. From a modeling perspective. Ensemble techniques aim to create a model ensemble consisting of several underlying models, which are combined in a specific way to improve the prediction consistency and accuracy. These techniques can be applied to variable selection methods. The article demonstrates that the LINEAR program serves as a useful alternative to the traditional REGRESSION procedure, especially in large datasets where manual data manipulation is more time-consuming and impractical. [1] SPSS provides powerful data management tools that help researchers efficiently organize, clean, and manipulate datasets. With support for multiple data formats, the software facilitates seamless data import and export across a variety of programs. In psychological research, data is often complex and heterogeneous, and SPSS streamlines the coding, labeling, and management of variables. SPSS provides advanced data visualization tools, such as histograms, scatterplots, bar charts, and box plots, that help researchers create clear and insightful graphics. These visual representations help them discover trends, relationships, and data distributions that may not be immediately apparent through numerical analysis alone. SPSS streamlines the coding, labeling, and management of variables, ensuring a well-structured dataset ready for analysis while minimizing errors and inconsistencies.[2] He begins with correlation and demonstrates how to create scatterplots, add a regression line, and create multiple scatterplots using various SPSS windows. If statistics are challenging and you are involved in second language research, including LSP studies, SPSS is worth considering. This book provides the basic background needed to perform and interpret basic statistical tests.[3] SPSS, short for allows users to enter primary and secondary data, much like Microsoft Excel. Its user-friendly menu bar facilitates easy data analysis, enabling a wide range of statistical procedures. In SPSS, correlation analysis can be used To analyze the relationship between quantitative variables. To start this analysis, users need to go to the analysis section, choose the variables required for correlation, and select the appropriate method, such as Pearson's correlation, Kendall's tawny or Spearman's rank correlation. depending on the data type. Additionally, a significance test can be designed by specifying the test tail.[4] SPSS supports correlation analysis to assess relationships between quantitative variables. Depending on the data type, users can access this feature by navigating to the analysis and selecting the relevant variables. A significance test can be designed by defining the test tail. SPSS allows users to perform correlation analysis to assess relationships between quantitative variables. Depending on the data type, users can access this feature by navigating to Analysis, selecting the relevant variables, and selecting the appropriate correlation method. Additionally, they can customize the significance test by specifying the test tail. SPSS enables users to conduct correlation analysis to

assess relationships between quantitative variables. Based on the data type, users can access this functionality by navigating to Analysis, selecting the relevant variables, and selecting the appropriate correlation method. They can design a significance test by defining the test tail.[5] A key A key feature of SPSS is its intuitive design, making it accessible to users without a technical background, especially in the social sciences. Users can run the software without prior knowledge of programming languages. Understanding the basic concepts of SPSS helps researchers analyze quantitative data efficiently, smoothing the process and minimizing potential challenges. SPSS requires users to define variables and input data into these variables to create cases for SPSS can perform all the essential tests needed for quantitative data analysis in the social sciences. Given its capabilities, it has become a preferred choice, but in some cases, an essential tool for social researchers to effectively analyze and present quantitative data. IBM SPSS, also known as the Statistical Package for the Social Sciences (SPSS) is one of the most widely used software for statistical analysis tools among social scientists worldwide. Over the past fifty years, it has undergone many improvements to meet the evolving needs of social science researchers.[6] The macros discussed in this article provide SPSS and SAS users with an accessible command line for conducting this type of analysis. However, researchers should note that there are additional options for examining mediation in more complex models. The macro only needs to be run once when SPSS or SAS is first started, and remains active until the program is closed. Detailed instructions for using macros are provided in the appendices, and electronic copies of the macros are available for download.[7] It is challenging to examine Examining dyadic data at the individual level requires the use of statistics, significance tests, and confidence intervals generated through the SPSS graphical interface. In addition, re-arranging the data is a complex, time-consuming, and error-prone process. Dyads are considered indistinguishable when there is no consistent way to distinguish or assign a sequence to the two individuals in each pair.[8] One of the main drawbacks of SPSS is its price. Different versions offer different analytical functions and limits on Limitation on the number of use cases and variables. In addition, most licenses have an expiration date. software cannot be used unless it is renewed. The SPSS Student Suite offers comprehensive analytical tools with special features, from basic descriptive statistics to advanced general linear modeling. features that enable variable transformations in preparation for various statistical tests. The Statistical Package for the Social Sciences (SPSS) is a commonly used and adaptable software for research analysis. software that makes it a valuable tool to master. Becoming proficient with SPSS requires some learning time, and annual license fees may also be a consideration. One of the main drawbacks of SPSS is its price. Different versions offer different analytical functions and capabilities for handling cases and variables. In addition, most licenses automatically expire after a certain period of time, after which the software cannot be used.[9] One of the main drawbacks of SPSS is its price. Different versions come with different analytical functions and capabilities for handling cases and variables. associated distance function, Euclidean distance, is consistent with our everyday perception of spatial relationships. For ease of identification, the subject number will be placed in the first column of each row in the participant data matrix. However, when entering multiple square matrices, an identifier is not required for each matrix. The final related subcommand relates to the content of the output from SPSS. Using the PRINT subcommand with the DATA option causes ALSCAL to display all the matrices of the original and transformed data, while the HEADER option provides a summary of all selected settings. It is advisable to use both options.[10]

3. Result and Discussion

TABLE 1. Reliability Statistics

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
. 229	.261	5

Reliability analysis, indicated by a Cronbach's alpha value of 0229, indicates a low level of internal consistency across the five items in the scale. When standardized, Cronbach's alpha improves slightly to 0.261, but this is still below the generally accepted threshold of 0.70, which indicates good reliability. This low reliability score indicates that the items may not be effectively measuring the same underlying construct. Possible reasons for this include poorly worded items, lack of consistency between questions, or a small sample size. To improve reliability, it may be necessary to revise or remove problematic items, increase the number of items in the scale, or ensure that all questions are closely linked to the intended construct. To improve the reliability of the scale, researchers should revise or remove weak items, ensure that all items align with the intended construct, or consider increasing the number of items to increase consistency.

TABLE 2. Descriptive Statistics

	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation	Variance	Skewness	Kurtosis
Satisfaction with Timeliness of Care	51	4	1	5	143	2.8	1.04	1.081	0.3	-0.483
Satisfaction with Nurse Communication	51	4	1	5	160	3.14	1.149	1.321	-0.196	-0.611
Satisfaction with Pain Management	51	4	1	5	163	3.2	1.02	1.041	-0.059	-0.518
Satisfaction with Comfort and Cleanliness	51	4	1	5	136	2.67	1.178	1.387	0.309	-0.65
Satisfaction with Overall Care	51	4	1	5	140	2.75	1.44	2.074	0.217	-1.29

Satisfaction with timeliness of care has a mean rating of 2.8, indicating moderate satisfaction. The standard deviation of 1.04 indicates some variation in responses. A small positive skew (0.3) suggests that higher ratings are at the lower end. The kurtosis of -0.483 indicates a flatter distribution than normal. The nurse interaction satisfaction has a mean rating of 3.14, reflecting relatively high satisfaction. The standard deviation is 1.149, indicating moderate variation in responses. The skewness of -0.196 indicates a nearly symmetrical distribution. The kurtosis of -0.611 indicates a slightly flatter distribution. Satisfaction with pain management has a mean score across all categories of 3.2. The standard deviation of 1.02 indicates relatively low variability. The skewness of -0.059 indicates a nearly normal distribution. The kurtosis of -0.518 is flatter than the normal distribution. Satisfaction with comfort and cleanliness has the lowest satisfaction, with a mean score of 2.67. The standard deviation of 1.178 indicates moderate variability. The 0.309 curve indicates a slight positive slope, meaning that higher ratings are at the lower end. The kurtosis of -0.65 indicates a flat distribution. Satisfaction with overall care The mean score is 2.75, indicating moderate satisfaction. The very high standard deviation (1.44) indicates high variability in responses. The 0.217 curve shows a slight positive skew. The kurtosis of -1.29 indicates less extreme values compared to a normal distribution.

TABLE 3. Frequency Statistics

		Satisfaction with Timeliness of Care	Satisfaction with Nurse Communication	Satisfaction with Pain Management	Satisfaction with Comfort and Cleanliness	Satisfaction with Overall Care
N	Valid	51	51	51	51	51
	Missing	0	0	0	0	0
Mean		2.8	3.14	3.2	2.67	2.75
Std. Error of Mean		0.146	0.161	0.143	0.165	0.202
Median		3	3	3	3	3
Mode		2	3	3	2a	1
Std. Deviation		1.04	1.149	1.02	1.178	1.44
Variance		1.081	1.321	1.041	1.387	2.074
Skewness		0.3	-0.196	-0.059	0.309	0.217
Std. Error of Skewness		0.333	0.333	0.333	0.333	0.333
Kurtosis		-0.483	-0.611	-0.518	-0.65	-1.29
Std. Error of Kurtosis		0.656	0.656	0.656	0.656	0.656
Range		4	4	4	4	4
Minimum		1	1	1	1	1
Maximum		5	5	5	5	5
Percentiles	10	2	1.2	2	1	1
	20	2	2	2	2	1
	25	2	2	2	2	1
	30	2	3	3	2	2
	40	2	3	3	2	2
	50	3	3	3	3	3
	60	3	3.2	3.2	3	3
	70	3	4	4	3	4
	75	4	4	4	3	4
	80	4	4	4	4	4
	90	4	5	4.8	4	5

Central trends (mean, median and mode) Pain management satisfaction received the highest mean score (3.2) followed by nurse communication (3.14), indicating relatively high satisfaction in these areas. Comfort and cleanliness (2.67) and overall care (2.75) had lower mean scores, suggesting room for improvement. The mean score for all variables was 3, meaning the middle value of the responses was neutral. The mode (most frequently occurring value) varied across categories, with 1 being the most common rating for overall care, indicating some dissatisfaction. 2. Variance (standard deviation and variance) Overall care had the highest standard deviation (1.44) and variance (2.074), indicating the most varied responses. Pain management had the lowest standard deviation (1.02), indicating high consistency in responses. The standard error of the mean is relatively low across all categories, meaning that the sample data provides a good estimate of population trends. 3. Distribution Shape (Skewness and Kurtosis) Timely Care (0.3) and Comfort & Cleanliness (0.309) have a slight positive skew, meaning that there were more responses at the low end. Nurse Communication (-0.196) and Pain Management (-0.059) have a slightly negative skew, indicating that responses are slightly skewed toward higher satisfaction. The kurtosis values are negative, meaning that the distributions are flatter with fewer extreme values than a normal distribution. 4. Percentile Analysis 10th Percentile: The lowest 10% of responses, Timely Care (2) and Comfort & Cleanliness (1), highlight some strong dissatisfaction. 75th Percentile: Most respondents rated Nurse Communication, Pain Management, and Overall Care as 4, indicating general satisfaction for the upper quartile. 90th percentile: The top 10% of respondents gave high ratings (5) for nurse communication and overall care, suggesting that while some were very satisfied, others were not.

4. HISTOGRAM PLOT

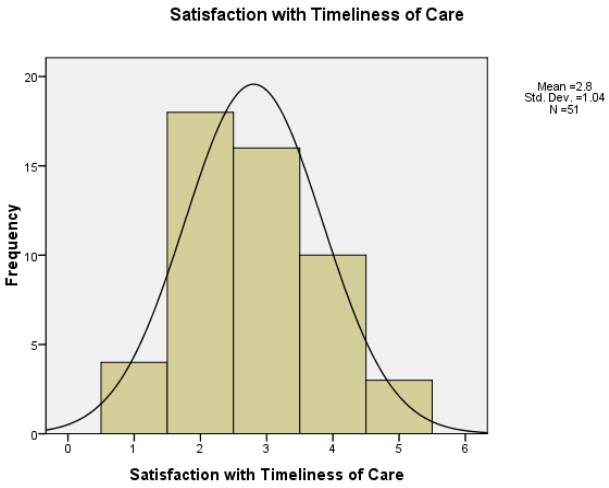

FIGURE 1 Satisfaction with Timeliness of Care

The histogram illustrates the distribution of satisfaction with timely care among 51 respondents. The x-axis represents satisfaction ratings (from 1 to 5), while the y-axis shows the frequency of responses for each rating. Key observations: The mean satisfaction score is 2.8, indicating a moderate level of satisfaction. The standard deviation is 1.04, indicating some variation in the responses. The most frequently selected ratings are 2 and 3, with 2 being the most common, reflecting a trend toward lower satisfaction. The distribution is approximately normal, although slightly skewed toward lower satisfaction ratings, as indicated by the small asymmetry in the histogram. A small number of responses fall at the extreme ends (1 and 5), indicating that very few respondents are completely dissatisfied or completely satisfied.

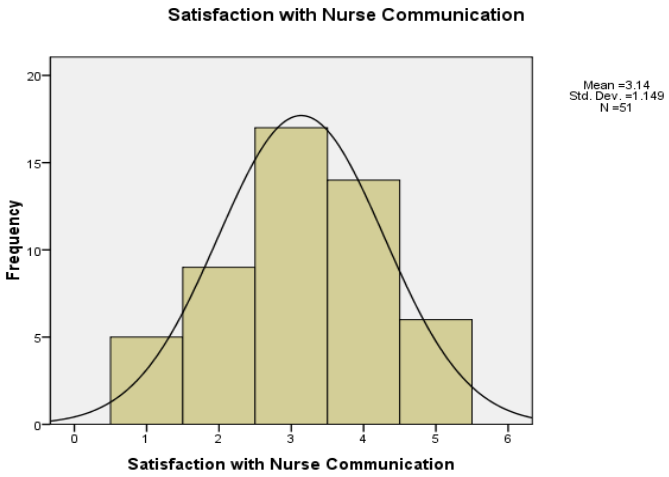

FIGURE 2. Satisfaction with Nurse Communication

The histogram represents the distribution of Satisfaction with Nurse Communication among 51 respondents. The x-axis denotes the satisfaction ratings (ranging from 1 to 5), while the y-axis indicates the frequency of responses for each rating. Key Observations: The mean satisfaction score is 3.14, suggesting a slightly above-average level of satisfaction with nurse communication. The standard deviation is 1.149, indicating moderate variability in responses. The most frequently selected ratings are 3 and 4, with 3 being the most common, reflecting a generally neutral to slightly positive perception. The distribution is approximately normal, with responses fairly balanced around the mean. Some responses fall at the extreme ends (1 and 5), though fewer respondents reported very low or very high satisfaction levels.

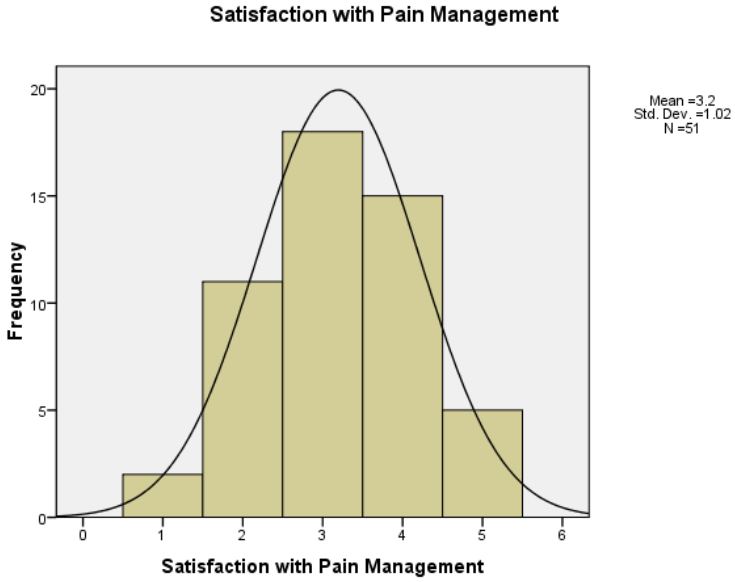

FIGURE 3. Satisfaction with Pain Management

The histogram illustrates the distribution of Satisfaction with Pain Management among 51 respondents. The x-axis represents satisfaction ratings (ranging from 1 to 5), while the y-axis shows the frequency of responses for each rating. Key Observations: The mean satisfaction score is 3.2, indicating that respondents generally leaned toward a moderate to slightly positive perception of pain management. The standard deviation is 1.02, showing relatively low variability in responses. The most frequently selected rating is 3, followed by 4, meaning that most participants had a neutral to somewhat satisfactory experience. The distribution appears approximately normal, with a peak around the mean. Some respondents rated pain management very low (1) or very high (5), but extreme responses were less frequent.

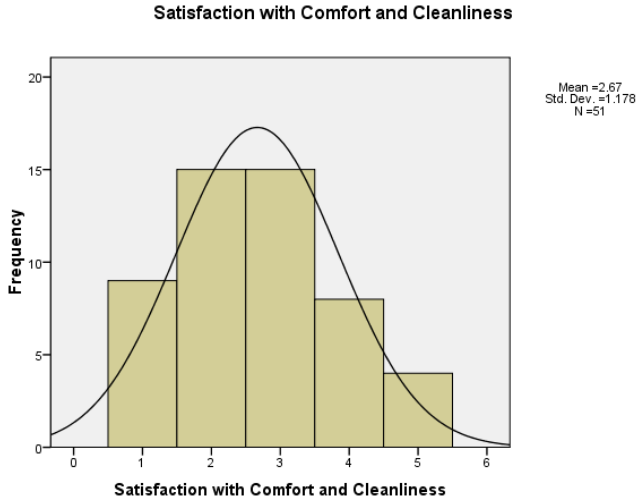

FIGURE 4. Satisfaction with Comfort and Cleanliness

The histogram displays the distribution of Satisfaction with Comfort and Cleanliness among 51 respondents. The x-axis represents satisfaction ratings (ranging from 1 to 5), while the y-axis shows the frequency of responses for each rating. Key Observations:The mean satisfaction score is 2.67, indicating that respondents had a somewhat neutral to slightly negative perception of comfort and cleanliness.The standard deviation is 1.178, reflecting a moderate spread in responses.The most frequent ratings are 2 and 3, showing that many respondents were dissatisfied or neutral regarding comfort and cleanliness.The distribution appears approximately normal, but it is slightly skewed toward lower ratings.Some respondents rated their experience very low (1) or high (5), though extreme responses were less common.

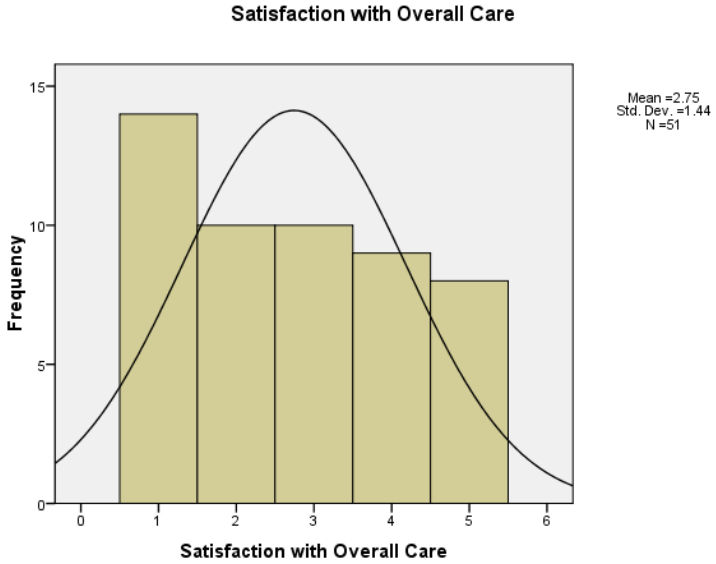

FIGURE 5. Satisfaction with Overall Care

The histogram illustrates the distribution of Satisfaction with Overall Care among 51 respondents. The x-axis represents satisfaction ratings (ranging from 1 to 5), while the y-axis indicates the frequency of responses. Key Observations: The mean satisfaction score is 2.75, suggesting a neutral to slightly negative perception of overall care. The standard deviation is 1.44, indicating a relatively high variation in responses. The distribution appears somewhat skewed, with a notable number of respondents rating their satisfaction as low (1 or 2). A significant portion of respondents rated their satisfaction between 2 and 4, showing a mixed perception of care quality. A smaller proportion rated their satisfaction at the highest level (5), suggesting that fewer respondents were completely satisfied.

TABLE 4. Correlations

		Satisfaction with Timeliness of Care	Satisfaction with Nurse Communication	Satisfaction with Pain Management	Satisfaction with Comfort and Cleanliness	Satisfaction with Overall Care
Pearson Correlation	Satisfaction with Timeliness of Care	1.000	.157	-.020	.207	.006
	Satisfaction with Nurse Communication	.157	1.000	.028	.034	.022
	Satisfaction with Pain Management	-.020	.028	1.000	.405	-.210
	Satisfaction with Comfort and Cleanliness	.207	.034	.405	1.000	.031
	Satisfaction with Overall Care	.006	.022	-.210	.031	1.000
Sig. (1-tailed)	Satisfaction with Timeliness of Care	.	.136	.446	.073	.483
	Satisfaction with Nurse Communication	.136	.	.423	.405	.440
	Satisfaction with Pain Management	.446	.423	.	.002	.069
	Satisfaction with Comfort and Cleanliness	.073	.405	.002	.	.413
	Satisfaction with Overall Care	.483	.440	.069	.413	.
N	Satisfaction with Timeliness of Care	51	51	51	51	51
	Satisfaction with Nurse Communication	51	51	51	51	51
	Satisfaction with Pain Management	51	51	51	51	51
	Satisfaction with Comfort and Cleanliness	51	51	51	51	51
	Satisfaction with Overall Care	51	51	51	51	51

The correlation table presents Pearson correlation coefficients between different patient satisfaction variables, measuring the strength and direction of their relationships. Correlation values range from -1 to 1, where: Positive values indicate a direct relationship (as one factor increases, the other tends to increase). Negative values indicate an inverse relationship (as one factor increases, the other tends to decrease). Values near 0 suggest little to no relationship between the variables. Significance values indicate statistical significance, with values below 0.05 generally considered meaningful. Satisfaction with Timeliness of Care: Has a weak positive correlation with Satisfaction with Comfort and Cleanliness suggesting a slight relationship, but not statistically significant. Shows almost no correlation with Overall Care indicating that timeliness does not strongly impact the overall perception of care. Satisfaction with Nurse Communication: Has weak or no significant correlations with other satisfaction variables, meaning that communication satisfaction is relatively independent of other aspects. Satisfaction with Pain Management: Shows a moderate positive correlation with Satisfaction with Comfort and Cleanliness which is statistically significant. This suggests that patients who feel comfortable and find the environment clean also tend to report better pain management experiences. Has a negative correlation with Overall Care though it is not statistically significant. This suggests that dissatisfaction with pain management might slightly lower overall care ratings. Satisfaction with Comfort and Cleanliness: Positively correlated with Satisfaction with Pain Management indicating a significant relationship where a clean and comfortable environment contributes to better pain management experiences. However, it has almost no correlation with Overall Care suggesting that cleanliness and comfort do not strongly impact overall satisfaction. Satisfaction with Overall Care: Shows very weak correlations with all other variables, suggesting that overall satisfaction is influenced by broader factors beyond the specific categories assessed in the study.

5. CONCLUSION

The analysis of patient satisfaction across different aspects of care provides valuable insights into areas requiring improvement. The correlation results indicate that satisfaction with pain management and comfort/cleanliness has a

moderate positive relationship, suggesting that improving the cleanliness and overall environment of healthcare facilities may enhance patients' experiences with pain management. However, satisfaction with timeliness of care, nurse communication, and overall care shows weak or negligible correlations with other variables. This suggests that these factors operate independently and may require separate strategies for improvement. The descriptive statistics further highlight areas where patient satisfaction could be enhanced. The mean satisfaction scores for different aspects of care range between 2.67 and 3.2, indicating a moderate level of satisfaction among patients. The standard deviations suggest variability in responses, meaning that while some patients report high satisfaction, others have significantly lower experiences. This inconsistency highlights the need for targeted interventions to ensure a more uniform level of patient care and satisfaction. Furthermore, the skewness and kurtosis values suggest that the distribution of patient satisfaction is not perfectly normal, with slight variations indicating potential dissatisfaction among certain patient groups. The relatively low Cronbach's Alpha value (0.229) indicates poor internal consistency among the measured satisfaction factors, implying that they may not be strongly interrelated or that additional factors influence overall satisfaction. To enhance patient satisfaction, healthcare facilities should focus on personalized care, effective communication, and improving the cleanliness and comfort of their environment. Staff training programs, efficient pain management protocols, and patient-centered approaches can help bridge gaps in satisfaction. Future research should explore the factors that influence overall satisfaction on a broader scale. staff attitudes, emotional support, and accessibility of healthcare services, to develop more comprehensive patient-centered care models.

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