



## REVIEW

## Perceived satisfaction with nursing care

### La satisfacción percibida respecto del cuidado enfermero

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#### ABSTRACT

Patient satisfaction has become a crucial indicator of quality of care, influencing treatment compliance and patient loyalty. Key factors, such as communication, empathy, and nursing staff safety, play an essential role in user satisfaction. Dimensions affecting user satisfaction include tangibility of facilities, reliability of care, and responsiveness. This article also examines the relationship between user satisfaction and socioeconomic variables such as gender, age, academic level, and length of hospitalization. It highlights the importance of collecting patient feedback through surveys and evaluations to identify areas for improvement and promote innovation in health care delivery. In summary, user satisfaction is a crucial indicator in modern health care that drives continuous improvement in the quality of care in Latin America and around the world.

**Keywords:** Health Care; Patient Satisfaction; Nursing.

#### RESUMEN

La satisfacción del usuario se ha convertido en un indicador crucial de calidad en la atención médica, influyendo en el cumplimiento del tratamiento y la fidelidad del paciente. Factores clave, como la comunicación, la empatía y la seguridad del personal de enfermería, desempeñan un papel esencial en la satisfacción del usuario. Las dimensiones que afectan la satisfacción del usuario incluyen la tangibilidad de las instalaciones, la fiabilidad en la atención y la capacidad de respuesta. El presente artículo también examina la relación entre la satisfacción del usuario y variables socioeconómicas como género, edad, nivel académico y tiempo de hospitalización. Se destaca la importancia de recopilar la opinión del paciente a través de encuestas y evaluaciones para identificar áreas de mejora y promover la innovación en la prestación de servicios de salud. En resumen, la satisfacción del usuario es un indicador crucial en la atención médica moderna que impulsa la mejora continua de la calidad de la atención en América Latina y en todo el mundo.

**Palabras clave:** Atención en Salud; Satisfacción del Paciente; Enfermería.

#### INTRODUCTION

Health is a multidimensional concept that goes beyond the mere absence of disease, as defined by the World Health Organization (WHO). It implies a state of physical, mental, and social well-being influenced by the dynamic interaction between the individual and his or her environment. In this context, health care plays a fundamental role, and one of the pillars of this care is the care provided by the nursing staff.<sup>(1,2)</sup>

This academic article will look at the evaluation of the quality of nursing services from the perspective of user satisfaction or the subject of care, considering the particularities of health systems in Latin America. User satisfaction has become a key indicator of quality in health care, and its importance lies in its influence on

treatment compliance, malpractice complaints, and the patient's willingness to return to the health service.<sup>(3)</sup>

In a global context where patient expectations have risen along with healthcare costs, understanding user satisfaction becomes a crucial tool for improving the quality of care and meeting the demands of an increasingly informed and demanding population.<sup>(4)</sup>

Throughout this study, various factors that influence user satisfaction will be analyzed, from nursing staff communication and empathy to perceptions of quality of care and facilities. Dimensions such as tangibility, empathy, safety, reliability, and responsiveness in the delivery of nursing services will also be explored.

In an effort to address this issue more comprehensively, this article will also consider the relationship between user satisfaction and socioeconomic variables, such as gender, age, academic level, and length of hospitalization, in order to understand how these factors may influence patients' perception of quality of care.<sup>(5)</sup>

In a global context where health technologies have increased the costs of the sector and the expectations of the population, health systems must respond to the needs and expectations of their users. In this sense, user satisfaction becomes a quality indicator that not only reflects the experience of the service but also provides valuable information on the preferences and expectations of the people who use health services. It also offers an opportunity to identify areas for improvement and strategies that can contribute to the optimization of the quality of care.<sup>(6,7)</sup>

In the assessment of patient satisfaction in the context of nursing services, the importance of empathy, effective communication, safety in care, and other aspects related to the quality of care provided by the nursing staff stands out. In addition, key dimensions that influence user satisfaction, such as tangibility of facilities and equipment, reliability of service delivery, responsiveness of staff, and empathy in bedside manner, are essential in establishing a job evaluation.<sup>(8,9)</sup>

Ultimately, this article seeks to provide a comprehensive and analytical view of user satisfaction in the context of nursing services in Latin America, recognizing the complexity of this topic and its relevance in the continuous improvement of healthcare quality. In addition, it will focus on the importance of listening to the patient's voice as a critical factor in driving innovation and excellence in healthcare delivery and how user satisfaction has become a valuable outcome indicator in modern healthcare.

## METHODS

A literature search was conducted in the Scopus and Scielo databases using the search term "Patient Satisfaction AND Nursing." The inclusion criterion was established as the relevance of the studies related to the topic. Only publications in English and Spanish between 2017 and 2022 that were available open access were considered. After applying these review criteria, we moved on to the critical review. The primary purpose of this article is to evaluate and summarize the existing evidence on patient satisfaction with nursing performance. The results are described as a narrative review.

## DEVELOPMENT

The World Health Organization (WHO) defines *health* as a complete state of physical, mental, and social well-being and not simply the absence of disease or infirmity.<sup>(10)</sup> However, it should be interpreted more dynamically, considering that health is manifested by the balanced development of physiological functions that, in turn, are expressed by the regular exercise of the biological, psychological, and social interrelationship and interdependence of man with his environment, with an ecological orientation.

Health care is considered worldwide as one of the services with the highest social demand. Moreover, those offered by Nursing correspond to one of those with the most outstanding coverage at all levels of care. Thus, Nursing aims to offer adequate care services with a humanitarian sense directed to the health care of the person, family, and community, with actions of promotion, prevention, healing, and rehabilitation provided by competent professional staff, which supports its practice in a solid academic training focused on the mastery of the discipline and the ethical values of the profession.<sup>(11)</sup>

The satisfaction of the user/subject of care, of the accompanying persons, is a subject that has been widely studied in developed countries; however, the healthcare system in Latin America has different characteristics from those of other developed countries; its accessibility and universality may mean that the expectations and experiences of users/subjects of care, accompanying persons and professionals are different from those of other countries.

The Royal Spanish Academy defines it as follows: health user, a health user is any natural person who acquires the right to use health goods and services. However, if we stick to this definition, we are not valuing the user as a social being, as a subject. However, we will add something else since the user is not one who only passively waits for care; instead, the user is a social being, therefore, an active one. The subject of care is then defined as that subject who is the bearer of knowledge about his ailment (signs and symptoms) that he demands and who, therefore, guides the process of care as he communicates his suffering and discomfort

or the efficacy of the therapy. However, a subject of care is not only a person, but a subject of care can be a community or a family.

A fundamental element in the evaluation of health services is the assessment of their professionals, both from the technical point of view, as well as at the relational level and in dealing with the user/subject of care.<sup>(12)</sup> Nurses are among these professionals. Studies have shown that good communication, information, empathy, appearance in care, and the technical capacity of these professionals are strong predictors of the evaluation of the care received.

A satisfied user/subject of care improves compliance with treatment, makes fewer complaints about malpractice, and is more willing to return to the service. Therefore, we can affirm that knowing the satisfaction of the user and his/her companions is a measure of the quality of care in the inpatient service.

Quality care should achieve user satisfaction based on the experience lived in the service.

It can provide information on the preferences and expectations of the people for whom the services are intended, as well as provide strategies for improving quality.<sup>(13)</sup>

In the field of healthcare management, different types of indicators are used to measure effectiveness, including user satisfaction. The user's opinion of the care he/she has received, as well as the data he/she can provide on the whole process, is of great importance for any quality evaluation and improvement program. In fact, all quality management models incorporate this perspective in one way or another, given its importance in gathering more complete information.

The user/subject of care is the evaluator of the quality of care received in health services; these subjective perceptions provide knowledge of objective reality; the user/subject of care becomes the driving force and center of the health system; his/her needs are the axis around which care services should be articulated and constitute the basis of the organization of hospital services.

The user/subject of care can evaluate the quality of the health service by taking into account not only the final result but also his or her perception of the involvement and interest of the staff, the dignified treatment, the facilities, or the time of care. In this context, patient satisfaction with the care they have received is determined by sociodemographic factors and prior knowledge of the concept of quality of health care.<sup>(14)</sup>

The factors or dimensions that comprise the concept of "patient satisfaction" are diverse and can include the accessibility or availability of a consultation, the characteristics of the habitat and physical facilities, confidence in the technical competence of the healthcare personnel, the friendliness of the treatment and the humanization of the care, the information provided, the possibility of deciding on treatment, costs and continuity of care, the coverage of the healthcare system, the bureaucratic procedure, the results of the care, the attitude to non-medical problems, among others.<sup>(15,16)</sup>

New technologies in health care have increased the costs of the health sector and the expectations of the population in relation to the services offered. However, studies indicate failures in the quality and safety of care, with the occurrence of undesirable events, damaging the image of healthcare organizations.<sup>(17)</sup>

The satisfaction of the user/subject of care is essential in itself and has been suggested as an indicator of the quality of care in developed countries. Nurses are aware of their responsibility to the quality of the care they provide to the patient, to the institution, to ethics, to the laws and standards of the profession, and also to the contribution of their performance in the assessment of patient care and satisfaction.<sup>(18)</sup>

In this sense, hearing what users have to say about the care provided and their satisfaction can be an opportunity to construct an outcome indicator, which indicates to managers some decision-making paths for transformations and innovations. Changes in the global context have led patients and their families to demand a renewed commitment to quality improvement in organizations providing health services, stimulated by the concern for patient safety.<sup>(19)</sup> Health institutions have adopted the evaluation of patient satisfaction as a strategy to reach a set of perceptions related to the quality of care received, with which information is acquired that benefits the organization of these services.

The perception of the accompanying family member, in relation to the services provided by the nursing staff, is considered an activity guided by certain expectations that can be modified by the information obtained as a result of this activity, which reflects a great extent the degree of satisfaction that the accompanying family member, as well as the patient, may have with the care received; the perception, on the other hand, depends on the quality of the services provided.<sup>(20,21)</sup>

The care offered by a nurse to a healthy or sick person is formalized and scientifically based, systematized through an intervention plan with the objective of leading to physical and mental well-being. The *raison d'être* of Nursing is to provide care for the well-being of the individual, his recovery, and maintenance of health, or otherwise help to die with dignity. Therefore, a moment of crisis in the family nucleus is having a family member critically ill or simply with deterioration of their health; likewise, when we want to understand the subject, we have to start from their social situation, as a human being member of a family and a community.

When this need for social assistance arises, the accompanying family member becomes part of the multidisciplinary team in the care of the sick family member in an adequate space where direct and quality

care can be provided (hospitalization) in order to meet his or her needs.<sup>(22)</sup>

The hospital turns out to be a hostile place for both the patient and the accompanying family member, where they find themselves alone, frightened, and afraid, where they must adapt to a strange environment and a specialized language, and even find themselves in unfamiliar cities and hospitals, depending on people they do not know and facing problems they do not understand.<sup>(23,24)</sup>

They have an imperative need to communicate with others, posed as a challenge that causes stress load that affects their physical and mental health, perceiving the care provided by health personnel in different ways from satisfactory to aggressive.<sup>(25,26)</sup>

One of the functions of nursing is to establish assistance using psychological tools, such as the helping relationship, in order to favor the reduction of anxiety in the first contact of hospitalization of the users, as well as their companion.

The evaluation of the quality of nursing services is carried out through the evaluation of the results of nursing interventions, including changes in occupational symptoms, knowledge, attitudes, satisfaction, skill level, and degree of compliance with the treatment.<sup>(27)</sup> The evaluation of the outcome elements also includes the user's perception of the services received:

- The responsibility to understand the need for care: The human values on which the process of humanization and social responsibility is based may help in the problematization of the actual need, that is, of the advantages and disadvantages that the process imposes on the practice of health professionals. It is necessary to remember that all the technical-scientific development is related to life.<sup>(28)</sup>
- The level of information, communication, interest, and courtesy: The reason communication is a great need in the health system, it is here where inadequate techniques must be applied to execute good communication; clear, precise information must be emitted and received, adequate to the sociocultural level that our hospitalized users present, that is why the nursing team must know the rules of courtesy, such as the typical rule of listening to those who speak; we must be tolerant with our neighbor and above all try to get along very well with the users.<sup>(29)</sup>
- Speed of care: The experience of hospitalization is lived in a personal way in a context where the user is vulnerable, so it is necessary to promote their wellbeing. Health personnel are in charge of guaranteeing the user's wellbeing during hospitalization. The nursing staff is the one who spends the most time with the patient, therefore, in order to achieve their wellbeing, they must know their feelings and expectations so that they can respond to their demands for care.
- The way in which they receive the services: Within the health institutions, there are user rights, which is the law 26.529, in force since February 2010, which regulates civil, administrative, food, medical, nursing, etc. relations.

This perception allows the user to establish expectations regarding his or her care, which may or may not be met. A care user or direct external user is an individual outside the healthcare organization who requires attention to his or her health condition and includes nursing care. Indirect external users are the relatives and companions of the direct external users, who are with him/her on a daily basis. The causes of user satisfaction are recognized as human and personalized treatment, empathy, responsiveness, quality of the information received, and the comfort of the facilities; likewise, the causes of dissatisfaction are the lack of coordination of the health institution's personnel, long waiting lists and delays in care;

By recognizing the causes of dissatisfaction, the hospital unit should avoid downtime, repetition of tests, activities, examinations, deficient exchange of information, unnecessary travel, and fragmented assistance to users. In order to determine the satisfaction of the external user, surveys have been carried out during, at the end of, or after hospitalization, assessing the economic aspects of the institution and the legal and ethical framework of this type of research. Satisfaction surveys are one of the ways of collecting information on the effect of the health intervention. Another helpful method is the interview of a team of healthcare experts with those patients who have used the hospital.<sup>(30,31,32)</sup>

The evaluation of quality through the user's opinion, according to Pallares N.L., strengthens the methodology of quality control; considering that customer satisfaction is a good indicator of the results of the care received during the hospitalization, it is essential to use methods that bring us closer to understanding their opinions, whether favorable or unfavorable and always with the aim of producing continuous improvement through their analysis. Listening to the patient's voice allows us to improve quality, and their opinion is an excellent opportunity to improve the quality of services.<sup>(23)</sup>

The user information systems are Opinion questionnaires, which collect information on the perception that the external or internal client of the hospital organization has had with respect to certain aspects of the care received. Cuesta recommends that the user's opinion be collected directly by a survey, taking into account that the development of an opinion survey requires a series of indispensable phases, first the determination of the sample of the population where the sample unit is the individual who has received care (direct user) or the direct family member (indirect user). An important aspect to be considered is the time of the survey,



since during hospitalization, the patient is psychologically dependent on the personnel who attend to him/her, and the answers obtained may be biased. Most of the surveys, in this case, give excessively favorable answers, except for some patients who, because of considerable dissatisfaction, decide to "speak out and answer the questions negatively." Generally there are no intermediate scores, either very good or terrible answers. Reliability is, therefore, low. However, it allows the instruments to be perfected, which can be given to the patient and asked to be handed in at the end of the hospital stay. Surveys conducted at the time of discharge are also biased by the psychological influence of the time of discharge.<sup>(8,23,32,33)</sup>

The patient can evaluate the quality of the health care service by taking into account not only the final result but also his or her perception of the involvement and interest of the staff, the dignified treatment, the facilities, or the time of care. In this context, patient satisfaction with the care they have received is determined by sociodemographic factors and prior knowledge of the concept of quality of health care itself. The factors or dimensions that comprise the concept of "patient satisfaction" are diverse and may include the accessibility or availability of a consultation, the characteristics of the habitat and physical facilities, confidence in the technical competence of health personnel, the friendliness and humanization of the care, the information provided, the possibility of deciding on treatment, costs and continuity of care, the coverage of the health care system, the bureaucratic procedure, the results of care, the attitude to non-medical problems, among others.<sup>(1,32)</sup> For the present research, the following dimensions were considered:

- a) Tangibility, related to the appearance of physical facilities, equipment, personnel and communication material. These are the physical aspects that the client perceives in the organization. Issues such as cleanliness and modernity are evaluated in the elements, people, infrastructure and objects.
- b) Empathy is the ability to provide care and personalized attention to customers.
- c) Confidence is the knowledge that employees have about their daily work, their courtesy, and their ability to transmit confidence.
- d) Reliability is understood as the ability to perform the promised service precisely as agreed and with accuracy.
- e) Responsiveness is understood as the willingness to help customers and provide prompt service.

Although quality is an organizational value of the health system, and a series of strategies have been incorporated to maintain and improve it continuously through the monitoring of quality indicators, it has been observed that there are complaints from patients related to the care provided by health personnel; for this reason, the purpose of this study is to investigate the degree of patient satisfaction with nursing care according to some socioeconomic variables such as gender, age, academic level and length of hospitalization.<sup>(18,32,33)</sup>

## CONCLUSIONS

User satisfaction in nursing services is a crucial indicator of quality in health care in Latin America, influencing treatment compliance and patient loyalty.

Factors such as communication, empathy, and nursing staff safety play an essential role in user satisfaction, highlighting the importance of humanized care.

Key dimensions affecting user satisfaction include the tangibility of facilities, reliability of care, responsiveness, and empathy in treatment.

It is essential to collect patient feedback through satisfaction surveys and evaluations to identify areas for improvement and promote innovation in the delivery of health services, adapting to the changing needs of the population.

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The authors declare that there is no conflict of interest.

## AUTHORSHIP CONTRIBUTION

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