

RESEARCH ARTICLE (ORIGINAL) 

## Patients' perceived satisfaction with nursing care in a medical-surgical emergency unit

*Perceção de satisfação dos utentes relativamente aos cuidados de enfermagem numa urgência médico-cirúrgica*

*Percepción de la satisfacción de los usuarios respecto a los cuidados de enfermería en un servicio de urgencias médico-quirúrgicas*

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### Abstract

**Background:** Assessing patient satisfaction allows obtaining relevant indicators to implement strategies for improving the quality of care and, consequently, patient satisfaction.

**Objective:** To identify patients' perceived satisfaction with nursing care and assess its association with sociodemographic and professional variables.

**Methodology:** Analytical, cross-sectional, and exploratory study with a quantitative approach. The *Escala de Satisfação do Cidadão face aos Cuidados de Enfermagem* (Citizen Satisfaction with Nursing Care Scale) was applied to a sample of 100 patients in a medical-surgical emergency unit.

**Results:** The mean perceived satisfaction was  $217 \pm 57.8$ . In this sample, 41.8% of participants had high perceived satisfaction, 23.2% had moderate perceived satisfaction, and 35.3% had low perceived satisfaction. A statistically significant correlation was found between satisfaction and education level: participants with lower education levels had higher perceived satisfaction ( $239 \pm 60.8$ ).

**Conclusion:** Technical, relational, and communication skills training is important to improve the quality of care and increase satisfaction with nursing care at an individual and institutional level.

**Keywords:** patient satisfaction; nursing care; emergency service, hospital; health services evaluation

### Resumo

**Enquadramento:** A avaliação da satisfação dos utentes permite obter indicadores importantes para implementar estratégias promotoras de cuidados de saúde, e como tal, de satisfação.

**Objetivo:** Identificar a perceção de satisfação dos utentes relativamente aos cuidados de enfermagem e, avaliar a sua relação com as variáveis sociodemográficas e profissionais.

**Metodologia:** Estudo transversal analítico, exploratório, de cariz quantitativo, a partir da aplicação da Escala de Satisfação do Cidadão face aos Cuidados de Enfermagem (ESCCE), numa amostra de 100 utentes, numa urgência médico-cirúrgica.

**Resultados:** Obteve-se uma pontuação média de perceção de satisfação de  $217 \pm 57.8$ . Constatou-se ainda que 41,8% da amostra, apresentou uma perceção elevada de satisfação, 23,2% moderada e 35,3% de baixa satisfação. Verificou-se uma relação estatística significativa com a variável habilitações literárias: os respondentes com menor nível de habilitação, apresentaram uma perceção de satisfação mais elevada ( $239 \pm 60,8$ ).

**Conclusão:** Os resultados sugerem a pertinência em formação de competências técnica, relacional e comunicacional, como estratégias promotoras dos cuidados, e de satisfação, ao nível individual e institucional relativamente aos cuidados de enfermagem.

**Palavras-chave:** satisfação do paciente; cuidados de enfermagem; serviço hospitalar de emergência; avaliação dos serviços de saúde

### Resumen

**Marco contextual:** La evaluación de la satisfacción de los usuarios permite obtener indicadores importantes para poner en marcha estrategias que promuevan la atención sanitaria y, con ello, la satisfacción.

**Objetivo:** Identificar la percepción de la satisfacción de los usuarios con respecto a los cuidados de enfermería y evaluar su relación con las variables sociodemográficas y profesionales.

**Metodología:** Estudio transversal, analítico, exploratorio y cuantitativo basado en la aplicación de la Escala de Satisfacción del Ciudadano frente a los Cuidados de Enfermería (ESCCE) en una muestra de 100 usuarios de un servicio de urgencias médico-quirúrgicas.

**Resultados:** Se obtuvo una puntuación media de satisfacción percibida de  $217 \pm 57,8$ . También se observó que el 41,8% de la muestra tenía una percepción de satisfacción elevada, el 23,2% una satisfacción moderada y el 35,3% una satisfacción baja. Se encontró una relación estadísticamente significativa con la variable nivel de estudios: los encuestados con menor nivel de estudios tenían una mayor percepción de satisfacción ( $239 \pm 60,8$ ).

**Conclusión:** Los resultados sugieren que es relevante la formación en competencias técnicas, relacionales y de comunicación, como estrategias para promover el cuidado y la satisfacción, a nivel individual e institucional, respecto a los cuidados de enfermería.

**Palabras clave:** satisfacción del paciente; atención de enfermería; servicio de urgencia en hospital; evaluación de servicios de salud

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## Introduction

Satisfaction, in any context, values the experience and all those involved. According to Dinsa et al. (2022), patient satisfaction is a key determinant of satisfaction with nursing care and the overall hospital experience. Other studies report that perceived satisfaction is a key indicator of the quality of health services. Bernardo and Lucas (2020) concluded that patient satisfaction is the value and reaction to the care received. These concepts corroborate the results of Valente (2018), who argued that perceived patient satisfaction is a variable emerging from their needs, such as: i) the time nurses spent with them; ii) the comfort measures applied to them; iii) the communication strategies with which they felt welcomed; iv) and the care provided in response to their requests. Perceived satisfaction is, therefore, a relevant variable that requires full institutional compliance with the standards for care delivery at each context and level of care. In Portugal, the network of emergency services is divided into three levels: i) the basic emergency service; ii) the medical-surgical emergency service; and iii) the multi-purpose emergency service (Despacho n.º 10319/2014, 2014, p. 20673).

The quality of care and the importance of meeting patients' needs and expectations are recognized as needs of the health services. Oliveira (2016) argued that the relationship between needs, expectations, and care delivery is a challenge and a relevant indicator of the quality of care. This study aimed to identify patients' perceived satisfaction with their experience as care receivers. Thus, the specific objectives were: i) to identify patients' perceived satisfaction with nursing care; ii) to assess the statistical association between the mean perceived satisfaction of the sample and the sociodemographic (gender, age, marital status, place of residence, and education level) and professional (classification of occupations) variables. Finally, Dinsa et al. (2022) also advocate the importance of studying patient satisfaction, arguing that it is clinically relevant to determine patients' satisfaction levels. Patients who are satisfied with health services are more likely to adhere to treatments, participate actively in their own care, and continue using these services. Therefore, this study analyzed the perceived satisfaction with nursing care of a sample of patients who used the medical-surgical emergency unit of a hospital in the northern region of Portugal.

## Background

As a subjective phenomenon, satisfaction is a complex concept that is difficult to define. Loureiro and Charepe (2018) analyzed the concept of patient satisfaction with hospital nursing care, identifying the attributes, antecedents, and consequences. The attributes are related to professional, personal, and environmental domains. In the professional domain, the authors include all types of attitudinal components, such as care actions (e.g., intravenous accesses) and performance of technical-scientific

techniques and procedures, as well as communication, responsiveness, availability for health education and clarification, and fast response to patient/family requests. The personal domain includes the affective and emotional attitudes revealed by the professional's kinesiology, usually including friendliness and emotional support. Finally, the environmental domain refers to patients' perceptions of the social climate, that is, the type of relational environment and the relationships within the team. The authors also mentioned the antecedents (from both patients and nurses). Patients' antecedents refer to the triangulation between the perception of their needs, their experiences in care contexts, and the care received. For nurses, the professional, personal, and environmental domains were identified. Finally, from an a posteriori perspective, the consequences are also included in this broad concept of satisfaction as a behavioral or attitudinal phenomenon of patients. Loureiro and Charepe (2018) assume that high levels of satisfaction are associated with increased adherence to therapies and treatments and intention to return to and recommend the institution, while low levels of satisfaction are associated with disbelief in the institution and professionals.

This variable and the expression of satisfaction or dissatisfaction with health care are so important that decision-making institutions in health care have sought to define standards to meet this new paradigm of quality in health. This idea is reinforced by Dinsa et al. (2022), who argue that patients' opinions should be assessed to determine the quality of services. As a result, the benefits of nursing care to patients and society as a whole should be measured. These perspectives also reinforce the previously mentioned importance of the implicit sub-variables and their measurement for recognition and study purposes in 2001 (Ordem dos Enfermeiros [OE] 2012). Moreover, it should be mentioned that there will never be absolute consensus regarding the attitudes that characterize nurses' professional activity. The uniqueness of human beings will always require different needs depending on the person, his/her life history, and expectations, and this differentiation must be recognized and assumed (OE, 2012). Expanding on this proposal, Valente (2018) analyzed patients' satisfaction with nursing care and found a high level of satisfaction with care, despite the constraints inherent to the emergency service, and a negative statistical association between satisfaction and age and education level. In other words, the older the patients and the higher their education level, the lower their perceived satisfaction. These results are corroborated by Dinsa (2022), given that the participants with lower education levels and from rural areas had higher perceived satisfaction with care.

Moreover, Valente (2018) identified other specific variables of perceived satisfaction with care, such as technical and scientific skills, relational availability and active listening, polite and respectful attitudes, expressions of concern, and components such as empathy and friendliness. More technical variables were also identified, such as i) safety precautions; ii) execution ability in procedures; iii) fast response; iii) attitudes of comfort and respect for privacy;

iv) interaction with assertive and humanizing communication strategies; and v) systematic care assessment. In short, relevant variables and different contexts have already been studied that allow moving forward with the study of perceived satisfaction with nursing care.

## Research questions

- i) What is the level of patient satisfaction with nursing care in the medical-surgical emergency unit of a hospital in the northern region of Portugal?
- ii) What is the association between the mean levels of patient satisfaction and the sociodemographic and professional variables?

## Methodology

This exploratory, cross-sectional, and analytical study was conducted with a quantitative approach. The sample consisted of patients receiving care at the medical-surgical emergency unit of a hospital in the northern region of Portugal between June and July 2021. The inclusion criteria for the sample were: i) having been treated by nurses; ii) having received nursing care; iii) aged 18 years or more; iv) (verbal and body) oriented to time, place, and person (knows the day of the week and time, place of residence, and filiation); and v) voluntary participation in the study and signature of an informed consent form. A non-probability convenience sample of 100 patients was obtained.

A data collection instrument was applied to collect information and find answers to the research questions. This instrument consisted of two sections. The first section aims to identify the sociodemographic and professional characteristics of the sample, such as gender, age, marital status, education level, profession, and place of residence. The second section includes the Citizen Satisfaction with Nursing Care Scale (*Escala de Satisfação do Cidadão face aos Cuidados de Enfermagem* - ESCCE), translated and adapted to the Portuguese population by Rodrigues and Dias (2003), which assesses the dependent variable, that is, patients' perceived satisfaction with nursing care. The ESCCE was built based on the Newcastle Satisfaction with Nursing Scale (Thomas et al., 1996) and the La Monica - Oberst Patient Satisfaction Scale (Monica et al., 1986). The ESCCE describes nursing behaviors, assesses patients' perceived satisfaction with nursing care, and includes two dimensions: the Experience dimension and the Opinion dimension. The Experience dimension includes 28 items rated on a 7-point Likert scale (1 = *disagree completely*; 7 = *agree completely*), with items necessary for reverse scoring. The scores in this dimension range from 28 to

196. The Opinion dimension includes 19 items rated on a 5-point Likert scale (1 = *not at all satisfied*; 5 = *completely satisfied*), ranging from a minimum score of 19 and a maximum score of 95. Thus, the dependent variable in this study - *total satisfaction* - results from the analysis of all items of the two subscales, ranging from a minimum score of 47 and a maximum score of 291. The higher the total satisfaction, the higher the satisfaction with the nursing care received. This variable was also divided into three levels, calculated based on the formula  $M \pm 0.25 SD$  (Pestana & Gageiro, 2008): slightly satisfied or low satisfaction ( $\leq M - 0.25 SD$ ); moderately satisfied or moderate satisfaction ( $> M - 0.25 SD$  and  $< M + 0.25 SD$ ); and very satisfied or high satisfaction ( $\geq M + 0.25 SD$ ). After authorization from the authors who adapted and validated the scale for the Portuguese population, the protocol was submitted to the Ethics Committee of the institution that authorized the data collection process (Opinion no. 20/2021). Participants' voluntary participation, confidentiality, anonymity, and freedom were ensured in the application of the data collection tool.

Data were treated and analyzed using descriptive and inferential statistics. Absolute and relative frequencies were calculated, as well as the measures of central tendency and dispersion. Mean comparison tests were used to analyze differences between variables when the assumptions for using parametric tests were met, namely the parametric Student's *t*-test (gender and place of residence variables) for two independent samples. The one-way ANOVA was used to compare the means of three or more groups (age, marital status, and education level variables).

If assumptions were not met, the non-parametric Kruskal-Wallis test was applied (profession) for three or more independent samples, given that distribution was not normal in the several independent groups under analysis. In hypothesis tests, the significance level adopted was set at 5%. The scale's Internal consistency was assessed using Cronbach's alpha. Statistical data analysis was performed in IBM SPSS Statistics for Windows, version 24.0.

## Results

The sample (Table 1) consisted mostly of women ( $n = 56$ ; 56%), with a mean age of  $45.74 \pm 18.5$  years, married (40% married and 6% cohabiting), living in urban areas (70%), with an intermediate education level (35% had completed secondary education and 23% had a university degree). According to the Portuguese Classification of Occupations, the characterization of the professional activity (employed,  $n = 78$ ) shows that the sample can be divided into three main groups: experts in intellectual and scientific activities (22%), unskilled workers (17%), and skilled industrial, construction, and crafts workers (11%).

**Table 1**

*Distribution of the absolute and relative frequencies of the variables (gender, age, marital status, place of residence, education level, and profession)*

<b>Sociodemographic and professional variables</b>	<b><i>n</i></b>	<b>%</b>
<b>Gender</b>		
Male	43	43
Female	56	56
Missing	1	1
<b>Age</b>		
≤ 35 years	36	36
36-50 years	25	25
> 50 years	38	38
Missing	1	1
<b>Marital status</b>		
Single	40	40.0
Divorced	9	9.0
Cohabiting	6	6.0
Married	39	39.0
Widowed	6	6.0
<b>Place of residence</b>		
Rural	29	29
Urban	70	70
Missing	1	1
<b>Education level</b>		
Illiterate	1	1.0
4 <sup>th</sup> grade	22	22.0
6 <sup>th</sup> grade	1	1.0
9 <sup>th</sup> grade	6	6.0
12 <sup>th</sup> grade	35	35.0
Bachelor's degree	23	23.0
Graduate degree	7	7.0
Master's degree/Ph.D.	5	5.0
<b>Profession</b>		
Experts in intellectual and scientific activities	22	22
Unskilled workers	17	17
Skilled industrial, construction, and crafts workers	11	11
Technicians and associate professionals	7	7
Farmers and skilled agricultural, fishing and forestry workers	7	7
Workers in personal, security and safety services, and salespersons	6	6
Administrative personnel	5	5
Armed forces	1	1
Representatives of the legislative and executive bodies, senior officials, and executive managers	1	1
Plant and machine operators and assemblers	1	1
No current activity	22	22



Concerning the dependent variable, Table 2 shows that *total satisfaction* had a minimum score of 50 and a maximum of 291. As for the first research question, the mean score was  $217 \pm 57.8$ . The distribution of *total satisfaction* across three categories (low, moderate, and high) showed that 41.8% of participants had high perceived satisfaction, 23.2% had moderate satisfaction, and 35.3% had low satisfaction. The minimum score (31) in the Experience dimension, with a mean score of  $148.6 \pm 38.8$ , was close to the minimum score possible (28), and the maximum score (196) corresponded to the maximum score possible (196). These

data reflect variability in the answers. The Opinion dimension had a minimum score of 19 (minimum possible) and a maximum score of 95, corresponding to the maximum score possible, and a mean of  $68.9 \pm 20.0$ . Based on the classification by Vilelas (2020), Cronbach's alpha values between 0.8 and 0.9 mean good internal consistency, as seen in the Experience dimension, while values above 0.9 mean very good internal consistency, as seen in the Opinion dimension (Table 2). The total satisfaction score is slightly higher (0.980) than that found by the authors of the scale (0.96; Rodrigues & Dias, 2003).

**Table 2**

*Minimum and maximum scores, measures of central tendency and dispersion, and Cronbach's alpha for the ESCCE dimensions, subdimensions and total satisfaction*

Dimension Subdimension	Minimum	Maximum	M	SD	α
<b>Experience</b>	31	196	148.6	38.8	0.810
Satisfaction	18	126	94.0	27.6	0.979
Dissatisfaction	13	70	54.3	13.9	0.933
<b>Opinion</b>	19	95	68.9	20.0	0.986
Total satisfaction	50	291	217.9	57.8	0.980

Note. M = Mean; SD = Standard deviation; α = Cronbach's alpha.

The analysis of each item in the ESCCE dimensions (Table 3) shows that items 1, 17, and 26 of the Satisfaction sub-dimension of the first dimension (Experience) had the highest mean scores (agreement). Items 10 and 14 about the explanation provided to patients about their situation and the respect for their privacy, respectively,

had the lowest scores. In the Dissatisfaction subdimension (consisting of negative items), items 6 and 22 had the highest scores. In the Opinion dimension, items 7, 16, and 18 about the amount of information provided, the freedom in the ward, and the privacy, respectively, had the lowest scores.

**Table 3**

*Mean score and standard deviation by item and dimensions of the ESCCE*

Dimension Subdimension Item	M	SD
<b>Experience</b> (28 items rated on a scale from 1 to 7)	148.6	38.8
<b>Satisfaction</b>	94.0	27.6
1. I felt at ease with the nurses.	5.5	1.7
7. No matter how busy nurses were, they made time for me.	5.1	1.8
8. I saw the nurses as friends.	5.1	1.8
9. Nurses checked regularly to make sure I was okay.	5.3	1.8
10. Nurses explained what was wrong with me.	5.0	1.9
11. Nurses explained what they were going to do to me before they did it.	5.3	1.8
12. Nurses told the next shift what was happening with my care.	5.1	1.8
14. Nurses made sure that patients had privacy when they needed it.	4.7	1.9
15. Doctors and nurses worked well together as a team.	5.4	1.7
17. Nurses knew what to do for the best of each patient.	5.5	1.7
18. There was a happy atmosphere in the ward, thanks to the nurses.	5.4	1.5
19. Nurses explained things in a way that I understood.	5.3	1.8

21. If I had the same or another problem that required nursing care, I would gladly return to this ward.	5.4	1.8
23. Nurses did things that made me feel more comfortable.	5.1	1.9
24. Nurses seemed to know what they were talking about.	5.3	1.7
25. Nurses understood me when I shared my problems with them.	5.1	1.7
26. I felt safe when the nurses were caring for me.	5.5	1.7
28. How nurses helped put your relatives' or friends' minds at rest.	5.2	1.8
<b>Dissatisfaction</b>	<b>54.3</b>	<b>13.9</b>
2. Nurses favoured some patients over others.	5.4	1.9
3. Nurses did not tell me enough about my treatment.	4.9	1.9
4. Nurses took a long time to come when they were called.	5.2	1.8
5. Nurses did not seem to know what I was going through.	5.4	1.8
6. Nurses made me do things before I was ready.	6.0	1.4
13. Nurses used to go away and forget what patients had asked for.	5.5	1.7
16. Nurses did not seem to know what each other was doing.	5.4	1.7
20. Nurses spoke down to me.	5.3	1.9
22. Nurses told me different things from the doctor.	5.7	1.6
27. Nurses did not seem to be willing to help me when I needed.	5.4	1.8
<b>Opinion</b> (19 items rated on a scale from 1 to 5)	<b>68.9</b>	<b>20.0</b>
1. The amount of time nurses spent with you.	3.7	1.2
2. How capable nurses were at their job.	3.8	1.2
3. There was always a nurse around if you needed one.	3.6	1.2
4. The amount nurses knew about your care.	3.8	1.1
5. How quickly nurses came when you called for them.	3.6	1.2
6. The way the nurses made you feel at home.	3.5	1.1
7. The amount of information nurses gave to you about your condition and treatment.	3.4	1.2
8. How often nurses checked to see if you were okay.	3.5	1.2
9. Nurses' helpfulness.	3.8	1.2
10. The way nurses explained things to you.	3.5	1.2
11. How nurses helped to put your relatives' or friends' minds at rest.	3.7	1.2
12. Nurses' manner in going about their work.	3.8	1.1
13. The type of information nurses gave to you about your condition and treatment.	3.7	1.2
14. Nurses' treatment of you as an individual.	3.8	1.2
15. How nurses listened to your worries and concerns.	3.6	1.2
16. The amount of freedom you were given on the ward.	3.4	1.2
17. How willing nurses were to respond to your requests.	3.7	1.2
18. The amount of privacy nurses gave you.	3.4	1.2
19. Nurses' awareness of your needs.	3.7	1.2

Note. *M* = Mean; *SD* = Standard deviation.

In an attempt to answer the second research question, Table 4 shows the mean and median scores of *total satisfaction* obtained for the sociodemographic and professional variables, as well as the significance value obtained through hypothesis testing.

Men had slightly higher mean scores for *total satisfaction* ( $M = 220.8$ ). Individuals aged over 50 years had the highest mean scores for *total satisfaction* ( $M = 227.1$ ). With regard to marital status, widowers had the lowest mean scores for *total satisfaction*, while participants cohabiting had the highest mean scores ( $M = 248.2$ ). No statistically significant differences were found in these variables for

the mean scores of *total satisfaction* between the analyzed groups ( $p > 0.05$ ).

Participants with low education levels (up to 9<sup>th</sup> grade) had the highest mean scores for perceived *total satisfaction* ( $M = 239$ ;  $SD = 60.8$ ), with statistically significant differences between the groups ( $p < 0.05$ ).

Participants living in rural areas had a more favorable opinion about nursing care than urban participants; however, this difference was not statistically significant ( $p > 0.05$ ). With regard to the professional category (employed), the differences between the median scores for the different groups were not statistically significant ( $p = 0.616$ ).

**Table 4**

*Association between the dependent variable (satisfaction) and the independent variables (gender, age, marital status, place of residence, education level, and profession)*

	<i>M</i>	<i>SD</i>	<i>Mdn</i>	Statistical test	<i>p</i>
<b>Gender</b>				Student's <i>t</i> -test	0.756
Male	220.8	58.1	236.0		
Female	216.9	57.8	219.0		
<b>Age</b>				one-way ANOVA	0.405
≤ 35 years	216.2	54.4	224.0		
36 - 50 years	206.7	44.9	197.0		
> 50 years	227.1	67.8	265.0		
<b>Marital status</b>				one-way ANOVA	0.686
Single	220.0	43.9	219.0		
Divorced	221.4	65.4	238.0		
Cohabiting	248.2	37.7	243.0		
Married	211.6	67.0	227.0		
Widowed	208.0	81.1	220.0		
<b>Education level</b>				one-way ANOVA	<0.05
9 <sup>th</sup> grade	239.0	60.8	265.0		
12 <sup>th</sup> grade	203.4	56.1	207.0		
Higher education	212.3	52.6	208.0		
<b>Place of residence</b>				Student's <i>t</i> -test	0.226
Rural	229.2	64.2	261.0		
Urban	213.1	54.7	217.5		
<b>Profession (employed)</b>				Kruskal-Wallis	0.616
Experts in intellectual and scientific activities	214.7	57.3	209.0		
Unskilled workers	223.8	57.3	229.0		
Skilled industrial, construction, and crafts workers	229.2	58.1	160.0		
Technicians and associate professionals	229.4	49.8	218.5		
Farmers and skilled agricultural, fishing and forestry workers	244.3	68.2	240.0		
Workers in personal, security and safety services, and salespersons	184.4	57.0	272.0		
Administrative personnel	259.6	34.5	227.0		

Note. *M* = Mean; *Mdn* = Median; *SD* = Standard deviation; *p* = statistical significance.

## Discussion

In this study, the sociodemographic characteristics of the sample were similar to those in the study by Soeiro (2015), which involved a sample of 92 patients who used a basic emergency unit of a hospital in northern Portugal. As regards the first research question, the sample showed a mean score for *total satisfaction* ( $M = 217$ ;  $SD = 57.8$ ) lower than that of Soeiro (2015;  $M = 257.79$ ;  $SD = 26.96$ ), although this author conducted the study in a first-level emergency department. Considering that the

maximum score possible is 291, this score can still be improved. Concerning the levels of satisfaction, 35.3% of respondents reported being slightly satisfied (low satisfaction). Similar results were found by Soeiro (2015), with 34.8% of participants in the same category. These high percentages should raise nurses' attention because, as Loureiro et al. (2021, p. 2) argue, satisfaction is "an important indicator of the quality of care". The Portuguese Directorate-General for Health (DGS) highlights the concerns about quality in the National Health System, implementing, through the Department of Quality in

Health, systems for monitoring patients' satisfaction levels on a regular basis. Order no. 159/2012, of 22 May 2022, establishes the specific competencies of the Department of Quality in Health, establishing the need "To manage the systems for monitoring patients' perception of the quality of services. . . and systematically assess satisfaction" (DGS, 2015, p. 6). Therefore, it is essential to involve citizens in the decisions about their own health and the health system. Ribeiro et al. (2017) conducted a study to analyze nurses' perceptions of the implementation of quality standards in nursing care. In this study, involving 36 Portuguese hospitals, they found three relevant aspects related to quality: most nurses often or always performed activities to enhance the quality of nursing care; the difficulty in involving significant others in the care process; and 11.1% of the nurses only rarely involved significant others in the care process (Ribeiro et al., 2017).

In the present study, the analysis of the items in both dimensions of the ESCCE showed that item 1 (*I felt at ease with the nurses*) and item 26 (*I felt safe when the nurses were caring for me*) in the *satisfaction* subdimension had the highest mean scores, corroborating the results found by Soeiro (2015), in which the mean values were higher in all items. In contrast (lower mean scores, lower satisfaction), only item 14, which refers to privacy, showed a similar score in both studies. In the *opinion* dimension, item 18 (*The amount of privacy nurses gave you*), and corroborating Soeiro (2015), had the lowest score in the question about privacy.

As regards the second research question (to identify the association between patient satisfaction and the independent variables of gender, age, marital status, education level, place of residence, and profession), a statistically significant association was found between education level and *total satisfaction*. The sample group with the lowest education level had the highest mean score of *total satisfaction*, corroborating Valente (2018), who highlights an inverse association between education level and satisfaction. In a descriptive study with a sample of 111 patients in an emergency department to determine the levels of satisfaction with nursing care, Buchanan et al. (2015) reported that this association can be explained by the fact that a high education level is associated with better access to health information and an increased ability to adequately judge the quality of nursing care. No statistically significant associations were found in the other variables, although Soeiro (2015) found an association with age: participants aged 65 years or older had higher levels of satisfaction with nursing care. A limitation of this study was that the data obtained through a nonprobability sampling technique were collected at a specific time and place, which means that they do not represent other units, with other levels of care and other needs.

## Conclusion

This study aimed to identify patients' satisfaction with nursing care and assess the association between patient satisfaction and independent variables (sociodemographic

and professional). The results revealed that *total satisfaction* had a mean score of  $217 \pm 57.8$ , below the maximum score possible (291). The analysis of perceived satisfaction with nursing care shows that it was low for most participants (35.3%). These results call for a deep reflection on nursing interventions and how they are perceived. One of the areas revealed in the analysis of ESCCE items was patient privacy, so strategies should cover this aspect. The analysis of the association with other variables showed a statistically significant association with education levels. Higher literacy levels will increase demand and influence patient satisfaction, an aspect already found in the scientific literature. There is a unanimous association between the monitoring of patient satisfaction and the evaluation of healthcare institutions, but above all because it can contribute to planning and implementing strategies for continuous quality improvement in health care. The performance of health professionals, including nurses, should meet patients' needs and expectations, establishing an empathic relationship. Nurses should be aware that, in addition to technical and scientific knowledge, their behaviors, attitudes, and availability are key determinants for the quality of care and patient satisfaction. Technical, relational, interpersonal, and communication skills increase patients' perceived satisfaction with care, thus training/updating interventions in these areas should be implemented at the individual and institutional levels. Further studies should be conducted on this topic, with funding, a multicentric component, representative samples, broader geographical areas, and more variables, such as clinical variables and comorbidities.

## Author contributions

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