

Correlation between Patients' Satisfaction and Nurses' Caring Behaviors

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Abstract

Background: Patients have the right to expect Quality of care. Nowadays, the patients' satisfaction is used as a criterion to measure the quality of care. However there are controversial results about the aspect of caring behaviors which mostly affects their patients' satisfaction. **Objective:** The aim of this study was to determine the relationship between patients' reports of nurse caring and patient satisfaction with nursing care. **Patients and Methods:** A Cross-Sectional Survey was conducted at Mansoura University Hospitals medical and surgical department in Egypt from November , 2013 to January 2014. The study population was adult patients who were admitted into the medical, surgical wards. In all general medical units (three units with bed capacity 67beds) and all general surgical units (five units bed capacity 108beds). Mansoura University Hospital provides a wide spectrum of health service at delta region with total bed capacity about 1800 beds . A questionnaire was used to gather data .Degree of satisfaction was measured by **Patient Satisfaction Instrument (PSI)** and quality of caring behavior was measured by quality of caring behavior inventory . **Results :** The findings indicated that female patients were more satisfied with nursing care than males. The surgical wards patients were satisfied with the nursing care they received. Patient consideration appeared to be an area requires further improvement in order to enhance patients' satisfaction particularly in the medical wards setting of this hospital. Main finding of our study is the negative correlation between nurses' caring behaviors (performance) and patients' satisfaction. ($r=0.06$, $p> 0.05$). **Conclusion :** Patients' satisfaction with nursing care may be influenced by many variables further qualitative studies are recommended to fully capture the realities of these variables. Nurses can utilize the findings to recognize the strengths and weaknesses of nursing services and adopt necessary measures in enhancing quality of nursing care in order to increase patients' satisfaction.

Keywords: Nurse ,Patient Satisfaction ,Caring Behaviors ,Quality of care .

Introduction

Nowadays, the patient's satisfaction is used as a criterion to measure the quality of care. However caring is the essence of nursing and is the basic factor that distinguishes between nurses and other health profession. (Ismail et al, 2012). There is, then, a sound rationale for making the organization and delivery of health care responsive to consumer opinion. Thus, interest in the patient's point of view is increasing and consumer satisfaction being adopted as a standard component of evaluative research (Dzomeku et al.,2013).

Patient satisfaction has gained the attention from global scholars. Researches in the developed countries such as United States (US), United Kingdom (UK) and Canada have pointed out the importance of patients' satisfaction as the core quality indicator, particularly in the area of nursing care. Nurses are the frontline people that patients most likely meet up with, spend the highest amount of time with and rely upon for recovery during their hospitalization. Nursing care plays a prominent role in determining the overall satisfaction of patients' hospitalization experience (Yellen et al.,2002, Laschinger et al., 2005 ; Wagner, & Bear 2009).

Assessing patient satisfaction with nursing care is important in evaluating whether patients' needs are fulfilled and subsequently facilitating in the planning as well as implementing appropriate nursing interventions for patients. Determining factors contribute most to patient satisfaction can further assist nurses in improving the quality of nursing care. Hence, patient satisfaction with nursing care is an imperative determinant of quality of care particularly in the clinical/ healthcare facility settings(Laschinger et al., 2005). The American Nurses Association (2000) defines 'patient satisfaction with nursing care' as patients' opinion of care received from nursing staffs during their hospitalization (Teng, & Norazliah, 2012). On the other hand, patients' satisfaction is also referred as an expression of patient's overall judgment on the quality of care particularly in the aspect of interpersonal process (Suhonen et al., 2005). Interestingly, the organization perspective viewed patient satisfaction as the goal of health care delivery (Wai Mun Tang et al.,2013).

Nursing as a variable associated with patient outcomes has been mainly studied in large observational research. As stated by Griffiths (2009), the majority of the available studies on nursing outcomes are mainly based on administrative data from 10 years ago rather than focusing on the patients' actual perceptions, and they have mainly adopted retrospective study designs instead of being actual or prospective based. Within the

international framework of measuring the relationship between nursing and nursing outcomes, caring has received less attention, while other nursing dimensions, such as surveillance, are well described (Aiken et al., 2002; Kutney-Lee, et al., 2009).

The subject on patient satisfaction has drawn much attention for research particularly in the specialized areas such as emergency departments (Thrasher, & Purc-Stephenson, 2008; Saiboon, et al., 2008). Orthopedic wards (Teng, & Norazliah 2012). And psychiatric units (Kuosmanen et al., 2006). In contrast, patient satisfaction among the patients admitted to the medical wards of government hospital settings, which are usually comprises the highest density of in-patient population of any countries are neglected. Up-to-date, few patient satisfaction studies have been conducted specifically in the medical wards (Ahmad & Alasad, 2004; Akin & Erdogan 2007 and villarruz-Sulit et al., 2009). Patients' characteristics such as reasons for hospitalization may influence the findings of patient satisfaction and also different units may also have a different mix of patients. In view of the wide coverage of population in the medical wards, the evaluations on patient satisfaction would contribute to the the knowledge of strategies in nursing care improvement. Hence, the purpose of this study was to to investigate the relationship between patients satisfaction and nurses' caring behavior (performance).

Patient Satisfaction as a Nursing care Outcome

Patient satisfaction with nursing care has been defined as the patient's opinion on the received care from nursing personnel (Merkouris et al., 2004; Wagner & Bear, 2008). Key elements of patient satisfaction are the patients, nurses, and organizational environment (Wagner & Bear, 2009). The main influences on patient satisfaction that have been reported are the patients' expectations, patients' demographics, patients' previous experience as care receivers, length of stay, and cultural and social aspects of personal life (Wagner & Bear, 2009). Furthermore, nurse caring behaviors have also been considered as important for influencing satisfaction (Larrabee et al., 2004; Wagner & Bear, 2009). In a study involving 362 medical, surgical, and intensive care patients, Larrabee and colleagues (2004) identified through causal modeling, using the Caring Behaviors Inventory (CBI) that patient-perceived nurse caring is the major predictor of patient satisfaction. Han, Connolly, and Canham (2003) studied 477 surgical and medical patients, documenting the relationship between patient satisfaction and nursing care within a primary nurse working unit in a large Taiwanese teaching hospital. Unfortunately, there is no evidence on the relationship between caring and patient satisfaction within European countries.

As recently documented by Griffiths, et al., (2008) patient satisfaction in association with nursing care is an important nursing outcome. Nursing outcome is a condition, behavior, attitude, or measurable perception of patients or their families, conceptualized as a variable and largely influenced by or sensitive" to nursing care (Moorhead, Johnson, & Maas, 2003). Patient satisfaction is a critical outcome for several reasons: It influences further health service utilization decision making (e.g., dissatisfied patients may refuse follow-up care (Laschinger, Hall, Pedersen, & Almost, 2005). And it influences the level of patients' adherence or compliance to prescribed treatments regimens, and recommendations (e.g., dissatisfied patients following anticoagulant therapy may refuse to follow a nurse's recommendations (Wagner & Bear, 2009). Appropriate utilization of healthcare services and following prescribed treatments and recommendations might influence the patient's health status and the clinical severity of his or her disease (Nolte & McKee, 2008).

Methodology

Methods :

Aim :

The aim of this study was to investigate the relationship between patients' satisfaction and nurses' caring behavior (performance).

Hypothesis :

H : The study hypothesized that there is a positive association between patients' satisfaction and nurses' caring behavior (performance).

Research questions:

1. Evaluate Nurses' Caring behavior (performance) and Satisfaction as Perceived by Patients?
2. What is a Relationship between socio-demographic characteristics of patients and scores of nurses' caring behavior (performance) and patient satisfaction?
3. What is the association between patients' Satisfaction and Nurses' Caring behavior (performance) ?

Design :

A descriptive correlation study was conducted on a randomly selected sample of 97 patients admitted to the medical and surgical wards at Mansoura University Hospital, Egypt.

Participants :

Randomly selected sample of 100 patients admitted to the medical and surgical wards for 3 months of Mansoura University Hospital in Mansoura city, Egypt. Mansoura University Hospital provides a wide spectrum

of health service at delta region with total bed capacity about 1800 beds .

The inclusion criteria were: at least 18 years of age to 60 years , arabic speaking, and hospitalization for three days or more. not having hearing and visual problems

The exclusion criterion were Unwillingness to participate in the study and severe changes in mental and physical conditions during the data collection and any barrier by the subjects to responding to interview questions or completing the questionnaires.

Data collection :

The researcher obtained the needed permissions from the Research Ethics Committee of the faculty of Nursing Mansoura university and the hospital authorities approved the study . After a pilot study on 10 patients, Patients who had the inclusion criteria were selected by daily referring to the wards. In the beginning, the researcher presented the necessary explanations about the research objectives to the patients. When the subjects signed the informed consents form, they were asked to complete the questioners. The items of the questionnaire were read by the researcher to the illiterate people and their answers were identically marked on the questionnaire. Data collection tool consisted of three parts. The first part of the questionnaire included the demographic characteristics such as age, gender, marital status, education level, type of illness, type of ward, economic status, occupation, and duration of hospitalization, frequency of hospitalization, previous experience of hospitalization, surgery and waiting for the surgery. The second part of the questionnaire included Quality of nurses performance Observation checklist developed by Abdrabou (2002) .It was used to assess quality of staff nurses performance (Nurses' caring behavior) .It contained 49items categorized under seven main dimensions which are :Psychosocial individual(12) Patient status (6)Communication (7),Professionalism (3) ,General patient care (6)items ,Dressing (7),Vital signs(3) and Medication (5).The third section of the questionnaire included the Patient Satisfaction Instrument (PSI) which measured patient satisfaction of the care received .Patient satisfaction with nursing care was measured with the PSI developed by Hinshaw and Atwood (1981) and based on Risser's (1975) instrument. The instrument comprises 25 items. The following dimensions of patient satisfaction are included in the instrument: technical professional care (7 items), trust (11 items), and patient education (7 items). The instrument uses a five point Likert scale (5=strongly agree; 4=agree; 3=uncertain; 2=disagree; 1=strongly disagree) to elicit responses.

Validity and reliability:

Test-retest reliability, internal consistency reliability ($\alpha=0.98$) and construct validity of the nurses performance questionnaire have been previously established. The reliability and validity of the PSI are well established. For the purpose of this study, nurses performance questionnaire and PSI were back translated. Ten faculty members verified the face and content validity of the translated versions of the instruments. A pilot study with 10 medical and surgical patients was conducted to ensure internal consistency reliability of the translated versions of the nurses performance questionnaire and PSI. The result was 0.97 for nurses performance questionnaire and 0.90 for PSI. This data was not used in the final study.

Ethical considerations:

Official written permissions to conduct the study was obtained from the Director of Mansoura University Hospitals. The researcher obtained the needed permissions from the Research Ethics Committee of the faculty of Nursing Mansoura university ,Verbal explanation of the nature and the aim of the study were performed to medical and nursing staff in surgical & medical wards.. All the patients were given information on the study, and informed consent was obtained from each of the participants.

Statistical Analysis:

Data was analyzed using SPSS (Statistical Package for Social Sciences) version 15.. First, descriptive statistics, such as means, standard deviations, frequencies and percentages were used to characterise the variables measured at item and sum variable (component)level. Qualitative data was presented as number and percent. Descriptive statistics were calculated and the Pearson correlation coefficient was used to determine the relationship between variables. *T*-test statistical procedures were employed to test whether there is any significant difference in patient satisfaction for each of the demographic variables. $p < 0.05$ was considered to be statistically significant. Finally, Cronbach's alpha coefficients were calculated as a measure of internal consistency for the scales.

Results

Out of 110 patients ,13 questionnaire were excluded due to incomplete response and reminded sample 97 complete the study questionnaire.

(Table 1) Personal Characteristics of Nursing Staff (n=97):-

Items	No.	%
Age :		
< 30	57	58.7
30-	33	34.0
40-	5	5.2
50+	2	2.1
Year of experience :-		
< 10	44	66.0
10-	28	28.8
20+	15	5.2
Unit:		
Surgical	50	51.5
Medical	47	48.5
Educational level :-		
Nursing School diploma	79	81.4
Technical nursing institute	18	18.6

According to this table more than half of nurses (58.7%) had aged less than 30years. Two third (66%) of them had experience in nursing less than ten years, 51.5% working in surgical units and 48.5% working in medical units. As regard educational level, 81.4% of nurses had nursing school diploma and 18.6% had baccalaureate in nursing.

Table (2) Personal Characteristics of Patients (n=97):-

Items	No.	%
Age group:-		
< 30	8	4.2
30-	14	14.4
40-	27	27.8
50+	48	49.5
Sex:-		
Male	67	69.1
Female	30	30.9
Unit:		
Surgical	50	51.5
Medical	47	48.5
Marital Status:-		
Single	9	9.2
Married	73	75.3
Widow	11	11.3
Divorced	4	4.1
Level of education:-		
Read & write	45	46.4
Primary	36	37.1
Secondary	12	12.4
University	4	4.1
Occupation:-		
Worker (Manual work)	77	79.4
Employee	8	8.2
Not work	12	12.4

The majority of patients had aged above 40years (77.3%) and (69.1%) were male patients and (30.9)

female. Married patient were (75.3%) .As regard level of education , patients were read and write (46.4%) .Finally regarding occupation the majority of patients had manual work (79.4 %) .

Table (3) Mean score items of Nurses' Caring behaviors(performance of staff nurses) in Medical and Surgical units (n=97):-

Items	Surgical (n=50)		Medical (n=47)		t	P
	Mean	±S.D	Mean	±S.D		
Psychosocial	7.14	6.11	7.53	5.78	0.434	> 0.05
Patient Status	4.66	1.61	4.45	1.54	0.117	> 0.05
Communication	8.48	3.33	8.68	3.45	0.501	> 0.05
Professionalism	3.33	10.3	2.02	0.88	0.826	> 0.05
General patient care	3.36	2.48	3.79	2.39	0.860	> 0.05
Dressing	5.36	2.10	3.80	2.87	0.420	*<0.05
Vital signs	2.8	0.53	2.70	0.69	0.271	> 0.05
Medication	4.52	1.11	4.53	1.19	0.051	> 0.05
Total	36.68	7.44	34.89	8.29	1.118	> 0.05

This table showed that there is no significant association between mean scores items of performance of nurses in surgical and medical units except dressing which had significant in surgical units.

Table (4) Health Status of Patients at Different Units (n=97):-

Items	No	%
<u>Level of consciousness:-</u>		
Conscious	91	93.8
Semi- conscious	2	2.1
Unconscious	4	4.1
<u>Mobility status :-</u>		
Mobile	79	81.4
Mobile with assist	13	13.4
Immobile	5	5.2
<u>Smoking habit :-</u>		
Smoking	44	45.4
Not smoking	53	54.6
<u>Dietary habit :-</u>		
Fatty	27	27.8
Spice	25	25.8
Salt	25	25.8
Others	20	20.6
<u>Level of anxiety:-</u>		
Coping	80	82.5
Not coping	17	17.5
<u>Associated disease :-</u>		
Chronic	14	14.4
Cancer	6	6.1
Heart Disease	10	10.3
Renal	12	12.3
Others	55	56.7

This table clarified that , the majority of patients were conscious (93.8%) .As regard to mobility status the majority of patients were mobile (81.4%). In relation to smoking habit, patients were not smoking (54.6%) and smoking patients were (45.4%) . According to the dietary habit (27.8%)of the patients were eat more fatty

diet. As regard level of anxiety the majority of patients were (82.5%) coping with anxiety. Finally regard associated disease patients had others disease were (56.7%) .

Table (5) level of Nurses' Caring behaviors (performance of staff Nurses) in Medical and Surgical units (n=97) :-

Performance levels	Surgical (n=50)		Medical (n=47)		
	No.	%	No.	%	
Excellent	16	32.0	12	25.5	X ² =2.516 P>0.05
Very good	6	12.0	6	12.8	
Good	13	26.0	13	27.6	
Moderate	15	30.0	14	29.8	
Poor	0	0.0	2	4.3	

This table showed that .There is no significant difference between performance level among staff nurses at surgical and medical units.

Table (6) Correlation between total Nurses' Caring behaviors and caring subscale (n=97) :-

Caring subscale	Nurses' Caring behaviors			
	Surgical (n=50)		Medical (n=47)	
	r	P	r	P
Psychosocial	0.678	<0.001	0.666	<0.001
Patient Status	0.457	<0.001	0.476	<0.01
Communication	0.668	<0.001	0.585	<0.001
Professionalism	0.149	>0.05	0.351	<0.05
Giving patient care	0.411	<0.001	0.428	<0.01
Dressing	0.358	>0.05	0.418	<0.01
Vital signs	0.230	>0.05	0.117	>0.05
Medication	0.235	<0.05	0.130	>0.05

This table showed that there is a significant correlation in all items of Caring subscale and Caring scores except at surgical units items of professionalism and vital signs . and vital signs & medication in medical units.

Table (7) Mean score items of patient satisfaction (n=97)

Items of satisfaction	Surgical (n=50)		Medical (n=47)		t	P
	Mean	±S.D	Mean	±S.D		
Communication	19.06	4.82	15.27	6.7	3.195	≤ 0.01
Continuity of care	14.7	3.31	11.97	4.7	3.297	≤ 0.01
Technical care	13.8	3.34	11.57	4.42	2.806	≤ 0.01
Patient concern	10.66	3.34	9.96	3.17	1.060	> 0.05
Total	57.66	11.76	49.48	17.05	2.761	≤ 0.01

This table showed mean score items of patient satisfaction .There is significant higher mean score of patient total satisfaction of at surgical units. Also all items of satisfaction score were higher in surgical and medical unit except in area of patient consideration.

Table (8) Correlation between Patient satisfaction scores and items of satisfaction

Items	Surgical (n=50)		Medical (n=47)	
	r	P	r	P
Communication	0.734	<0.001	0.845	<0.001
Continuity of care	0.872	<0.001	0.926	<0.001
Technical care	0.786	<0.001	0.724	<0.001
Patient concern	0.559	<0.001	0.882	<0.001

This table showed there is strong positive significant correlation between items of satisfaction and total of patient satisfaction in both surgical and medical units where $p < 0.001$.

Table (9) Patient satisfaction scores according to nurse's caring behavior at medical and surgical units (n=97)

Caring Score	Patients Satisfaction				t	P
	Surgical (n=50)		Medical (n=47)			
	Mean	±S.D	Mean	±S.D		
Poor /Moderate	57	14.2	50.4	17.2	1.187	> 0.05
Good	57.3	11.5	50	14.6	1.368	> 0.05
Very Good/ Excellent	58.3	10.7	48.3	18.9	2.115	<0.05
Total	57.6	11.8	49.9	17	2.761	<0.001

This table clarifies that mean score of patient satisfaction is significantly higher in care of surgical units than medical units when caring level is very good -excellent. Total satisfaction score with caring behavior is highly significant where $p < 0.001$.

Table (10) Correlation between total Caring behavior and total satisfaction scores(n=97):-

Satisfaction Score	Caring behavior Score	
	r	P
Surgical (n=50)	0.117	> 0.05
Medical (n=47)	0.121	> 0.05
Total	0.06	> 0.05

This table showed that there is no significant correlation between total performance score and total patient satisfaction level.

Table (11) Relationship between Socio demographic characteristics of patients and scores of nurses caring behavior and patient satisfaction n=97):-

Items	Performance score Mean ±SD	Patient satisfaction score Mean ±SD
Age group:-		
< 30	32.31±8.79	58.87±15.61
30-	37.16±6.58	56.5±14.39
40-	37.76±8.47	49.48±13.29
50+	34.91±7.54	54.70±15.94
Significance test	F=1.225 , P 0.305	F=1.443 ,P 0.235
Sex:-		
Male	36.07 ±8.21	51.91±15.91
Female	35.22±7.14	57.7±12.24
Significance test	t=0.519 P 0.606	t=1.954 ,P0.055*
Unit:		
Surgical	36.68 ±7.44	57.66 ±11.795
Medical	84.84 ±8.29	49.49 ±17.025
Significance test	t=1.18 , P0.266	t=2.761 ,P0.007*
Level of education:-		
Read &write	36.41±8.22	54.62 ± 14.66
Primary	35.17±7.65	53.00±15.86
Secondary	34.06±7.84	49.33±9.21±
University	40.13±6.03	62.75±25.62
Significance test	F=0.758, P0.521	F=0.897 , P0.446
Occupation:-		
Worker (Manual work)	36.13±8.08	55.58±15.03
Employed	35.06±9.47	49.62±13.53
Not work	34.31±5.39	44.33±12.96
Significance test	F=0.311 , P0.734	F=3.377 , P0.038 *
Smoking:-		
Smoker	35.87±7.34	53.87±14.21
Not smoker	35.74±8.35	53.72±15.87
Significance test	t=0.064 , P0.945	t=0.011 , P0.491

According to this table patients more satisfied with care received in surgical units than care received in medical units .Also female patients more satisfied with nursing care than male patients and finally patients who have manual work more satisfied with care other patients .

Discussion

Patient satisfaction has been viewed as a valid outcome measure of a healthcare delivery system. Satisfaction evaluations reflect the expectations from the patients' point of view and compare with the realities of the care received (Wai Mun Tang et al., 2013). Theoretically, patient satisfaction is correlated with nursing care, but there is not sufficient evidence to support it (Alvisa Palese et al., 2011) . Hence the aim of this study was to investigate the relationship between nurses' caring behaviors (performance) and patients' satisfaction

Nurses' Caring behavior (performance) and Satisfaction as Perceived by Patients

As reported before, most of the studies conducted on nurse caring and its relationship with patient satisfaction as an outcome have focused on data deriving from retrospective patients' data rather than on the actual perceptions of patients (Griffiths, 2009). This might have lead to the report of results not reflecting the current (at the time that these studies were conducted) situation. This study is a report of contemporary, actual findings, based on recent data. Therefore, the results reflect the current situation, as this appears among patients.

In the present study, no significant differences were observed between the mean scores for nurses' caring behavior (performance) in medical and surgical wards except in dressing which were significant in surgical wards table (3). Also highest significant in caring behaviors scores in the present study were related to subscales of communication, psychological and direct patient care which was consistent with (Wolf et al. 2003). Perhaps it was due to the high importance of this area from the perspective of nurses. It may be influenced by the more sensible nature of care practice in these areas. It has been shown that behaviors such as active listening, sincerity, helping the patients to make an appropriate decision, and respectful communication with patients, can induce the patients a sense of being respected (Wolf et al. 2003). Previous studies have also shown that improvement in nurse-patient communication had a positive effect on patients' feeling of being respected (Taylor & Bengler, 2004).

The finding of this study indicated that, the lowest significant in caring behaviors was related to the area of "professionalism and vital signs". This finding indicated that such behaviors were observed less than the behaviors in other subscales. This finding was consistent with the study of (Rafii et al. 2009). Therefore, nurses are recommended to pay more attention to this important area.

In the present study, surgical patients were mostly satisfied with the technical qualities of care, communication and continuity of care and least satisfied with the level of patient concern table (8). This may be explained if nurses' technical competences in providing care in surgical patients are similar. This might demonstrate that technical and communication skills taught in the many kinds of nursing schools are at a similar level and are recognized as such by patients being cared.

These findings indicate the high relevance given by patients to caring behaviors, probably because technical nursing activities are recognized more by patients than other activities (Oflaz & Vural, 2010) and considering they take the greatest proportion of nurses' time at the bedside. Nevertheless, many of the research studies on caring have been conducted among oncology patients Papastavrou, Efstathiou, and Charalambous (2011) where the closer relationship developed with nurses more heavily influenced the results. Interestingly Liu & Wang (2007) and Milutinovic et al., (2012) stated that patients are satisfied with the professional-technical competencies among the nurses.

The finding of this study was found to be consistent with the past studies whereby patients reported satisfaction with care pertaining to being treated as a specific individual and given personal, patient-focused care to meet their unique needs (Johansson et al., 2002 & Liu & Wang (2007). Patients who satisfied with patient consideration become more involved in their own care and their subsequent participation in care leads to greater patient satisfaction (Johansson et al 2002).

This finding was also supporting previous studies which revealed that patients were less satisfied when nurses did not recognize their opinions during their hospital care (Cleary et al., 2003; Akin & Erdogan 2007 & Milutinovic et al., 2012). Hence, nurses need to be more sensitive with patients' decisional control or sense of autonomy when providing care. In this context, allowing some degree of freedom for patients in decision-making and choices of care would improve patient satisfaction (Akin & Erdogan, 2007).

Relationship between demographic characteristics of patients and scores of nurses' caring behavior (performance) and patients' satisfaction.

In the context of demographic characteristics, the findings of this study revealed that female patients were more satisfied with nursing care than males. This finding is consistent with Uzun (2001) and Alasad, & Ahmad, (2003) whose finds that, In relations to comparing gender with level of satisfaction with nursing care, studies revealed that female patients were more satisfied with the nursing care provided than male patients. And contradicted with Rafii et al (2009) whose found that Male patients were more satisfied with nursing care than females. It has been suggested that men have fewer expectations than women and that male patients spontaneously receive more information from nursing staff than female patients (Johansson et al 2002). This in turn could contribute to their higher satisfaction with nursing care, although Wolf et al (2003) found no differences in nurse caring and patient satisfaction for male versus female cardiac patients.

The findings of this study revealed that there were no significant differences of patients' satisfaction between age, level of education and smoking status. The finding of this study was seemed to contrasting with previous studies which demonstrated significant association between patient satisfaction and age (Liu & Wang, 2007 & Milutinovic et al. 2012). In relation to level of education and smoking status, this study was not able to conclude any difference of patient satisfaction. Hence, the findings were not consistent with previous studies (Alasad, & Ahmad, 2003) and (Cleary et al. 2003).

Nurses' Caring behavior (performance) and patients' Satisfaction Correlations

The main finding of our study is the negative correlation between nurses' caring behaviors (performance) and patients' satisfaction. This may be explained by the findings of Henderson and colleagues (2007), who found limited relation due to bureaucratic demands, increased workload, and reduced staffing levels. Large numbers of

patients and Nurses spend most of their time and energy to do the doctors' orders, writing the reports and doing some secretarial jobs. Such a condition, would cause nurses fatigue, and nervousness and would prevent professional caring relationships with patients and their relatives. Then, the patients' respect and emotional needs may be neglected leads to lower satisfaction (Rafii et al., 2009).

This come congruent with a study done by Han, Connolly, and Canham (2003) studied 477 surgical and medical patients, documenting the relationship between patient satisfaction and nursing care within a primary nurse working unit in a large Taiwanese teaching hospital. Unfortunately, there is no evidence on the relationship between caring and patient satisfaction within European countries.

The finding of this study was seemed to contrasting with previous studies which demonstrated significant correlation between individualized care and patient satisfaction as in previous studies (Suhonen et al., 2007; Leeman, 2008 & Wolf et al. 2008) which goes some way to confirming this relationship (Weiland et al., 2003 & Acarog et al., 2007). Therefore, the results of the current study indicate that patients' satisfaction was affected by nurses' caring behaviors and other factors as health care environment. The patients perceived that their nurses had the necessary knowledge and skills, but these were not important in terms of their overall satisfaction with their care. Therefore, creating a caring environment and improving the nurses' caring behaviors may improve the patient quality of care and that will finally improve the patients' satisfaction. Implementing some in-service training programs about caring behavior and its different areas along with increasing the number of nurses in charge may positively affect the nurses caring behaviors.

Limitations

There are some limitations with this study that should be taken into consideration when interpreting the results. The sample of the study was limited, Furthermore, the sample was not homogenous by medical diagnoses or surgical procedures.

Conclusions

As conclusion, this study found that the surgical wards patients in this study satisfied with the nursing care they received. Support was found to be contributed highest towards their satisfaction and followed by professional-technical competencies. Patient consideration appeared to be an area requires further improvement in order to enhance patients' satisfaction particularly in the medical wards setting of this hospital.

The findings of this study revealed that female patients were more satisfied with nursing care than males. There were no significant differences of patients' satisfaction between age and level of education. In the present study, no significant differences were observed between the mean scores for nurses' caring behavior (performance) in medical and surgical wards except in dressing which were significant in surgical wards. Also highest significant in caring behaviors scores in the present study were related to subscales of communication, psychological and direct patient care. the lowest significant in caring behaviors was related to the area of "professionalism and vital signs. Surgical patients were mostly satisfied with the technical qualities of care, communication and continuity of care and least satisfied with the level of patient concern.

The main finding of our study is the negative correlation between nurses' caring behaviors (performance) and patient satisfaction. Patient satisfaction with nursing may be influenced by many variables

Recommendations

Since patient satisfaction with nursing care may be influenced by many variables further qualitative studies are recommended to fully capture the realities of these variables. The aspect of patients' satisfaction is indeed a very essential determinant of nursing service quality. Nursing administrators and nurses can utilize the findings to recognize the strengths and weaknesses of nursing services and adopt necessary measures in enhancing quality of nursing care in order to increase patient satisfaction. Appropriate measures need to be instituted to further improve the quality of nursing care for the patients. Replication of the study in a different location with a larger sample could provide reliability as well as validity to the findings of this study.

Acknowledgements

First of all thanks to **ALLAH** who gave me strength to achieve this work. The authors would like to thank the university authorities, participating patients and the hospital authorities for their supportive roles in this research. The authors are grateful to the nurses who participated in the study. Finally, I feel deeply thankful to my husband and my family members in addition to health care workers in the study setting for their help and support in conducting this study.

Conflict of interest

The authors declare that they have no conflict of interests.
Financial competing Interest

No funding sources were provided

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