RJNMSR
Review Journal of Neurological & Medical Sciences Review

Volume 3, Issue 7, 2025

ASSESSMENT OF PATIENT SATISFACTION WITH NURSING CARE QUALITY AMONG PUBLIC AND PRIVATE HOSPITALS

Ravaid Khan[*1], Amin Jan[2], Nabeel Asmat[3], Muhammad Sajjad[4], Adam Khan[5], Saifullah Khan[6], Afnan Ullah[7], Said Bahar[8], Ikram Ullah[9]

[*1]*Nursing Lecturer, Al- shahama medical institute and college of nursing, Peshawar*
[2,3,4,5,6,7]*Nursing Intern, Northwest General Hospital and research centre, Peshawar.*
[8]*Nursing manager, lady reading hospital Peshawar.*
[9]*Registered Nurse, Burn and Plastic Surgery Center Peshawar, Pakistan*

[*1]ravaidkhan410@gmail.com

Corresponding Author: *
Ravaid Khan
DOI: https://doi.org/10.5281/zenodo.17638245

Received	Accepted	Published
27 September 2025	29 October 2025	18 November 2025

ABSTRACT

Background: *Patient satisfaction has become an important indicator of the quality of care delivered to patients while in the hospital. Patient satisfaction surveys can help identify ways of improving nursing and health care services.*

Objective: *The study aims to assess the patient satisfaction with nursing care in selected public and private hospitals.*

Methods: *This comparative cross-sectional study was conducted on 300 inpatients admitted to general medical, surgical, and gynaecological wards of selected private and public hospitals at Hayatabad, Peshawar. Ethical approval was taken from both hospitals, Northwest General Hospital and Hayatabad Medical Complex. The data were collected by a pre-structured questionnaire of The Sharma's Patient Satisfaction Measurement (SPSM) Scale (Cronbach's alpha 0.89). The data were analysed using SPSS version 26 and presented using descriptive and inferential statistics.*

Result: *It was found that the mean patient satisfaction with nursing care score was significantly higher in private hospitals (70.46 ±19.11) as compared to public hospitals (47.88±15.58) (P<0.001). Patient satisfaction with nursing was not different across selected medical, surgical, and gynaecological units; however, it was significantly higher in all private hospital units than in public hospital units (P<0.001).*

Conclusion: *However, communication and offering emotional support dimensions of nursing care had the lowest score in both private and public hospitals. Therefore, it is recommended to plan and implement the training programs needed for nurses to improve their knowledge and skills of communication and use of emotional support measures for the patients.*

Keywords: Nursing, Patient satisfaction, Nursing care, Nursing care quality, hospital.

INTRODUCTION

Over the years, healthcare has undergone a significant transformation, where evaluating the quality of its delivery system has become essential for improving patient outcomes and ensuring sustainable health advancement(1). The ultimate purpose of the World Health Organization is to provide high-quality care and to maintain the health of all to a great extent(2). The role of every health care provider is of equal importance for improving the health outcomes of patients; however, during hospitalization, nurses are the frontline professionals most likely to meet, spend

the most time with, and rely on for the restoration of the patient's health(3). Nursing care is defined as any activity that is planned and carried out by nurses, including assisting patients in daily activities, health condition, collecting health information, administering medication and documentation, as well as providing education to patients and families before they leave the hospital(3).

However, Patient satisfaction has been defined in a variety of ways by researchers. According to Donabedian A (1988), in the healthcare setting, patient satisfaction is the fundamental measure of meeting the values and expectations of patients and indicates the excellence of care in which the patient is a major authority(4). It can also be defined as the response of a patient to various elements of their care experiences(5). It is widely used in healthcare planning and evaluation processes and is utilized in numerous healthcare facilities as a crucial indicator of high-quality care(6). Assessing patient satisfaction is vital, as it promotes treatment compliance, active involvement in care, and continuity with healthcare providers. It also helps optimize health costs by identifying areas for nursing service improvement(7).

The level of patient satisfaction with nursing care demonstrates substantial variation across different regions of the world. Studies have reported satisfaction rates of 77.6% in Italy, 54.8% in Turkey, and as high as 91% in India(8)(9). Similar disparities are observed in Ethiopia, where patient satisfaction was 42.6% in specialized hospitals of Addis Ababa, 48.4% in the Amhara regional state, 79.7% in Mekele town, and 77.0% in Jimma specialized hospital(10)(11)(12). The variations were mainly due to factors such as patients' sociodemographic characteristics, institutional-related conditions, and patient–provider communication. Additionally, waiting time and the level of privacy provided during healthcare services are consistent determinants of patient satisfaction(13)(14).

Furthermore, in developing countries such as those in sub-Saharan Africa, including Ethiopia, overall patient satisfaction with inpatient nursing care has been reported to be low. This may be attributed to an inadequate nurse-to-patient ratio, limited nursing expertise, scarcity of resources, and inefficiencies within the healthcare system(15). While this is particularly evident in public hospitals, private healthcare facilities tend to place greater emphasis on patient satisfaction, as they operate on a business-oriented model where meeting patient expectations is essential(16). Patient satisfaction largely depends on the quality of nursing care, making its evaluation vital. Satisfied patients are more likely to follow treatment, engage in their care, and continue using healthcare services(17).

In recent years, the Pakistan Ministry of Health (PMOH) has launched programs, including Compassionate and Respectful Care (CRC) and National Nursing Quality Service, in an effort to raise patient satisfaction levels throughout the nation and enhance the quality of nursing care(18). Moreover, to conduct this study, we use the consonance theory of patient satisfaction as our foundation. This theory posits that patient satisfaction results from the alignment between patients' expectations of care and the care they actually receive from nurses. According to this theory, patient outcomes greatly depend on the way patients and nurses communicate and actively participate in achieving the shared goal(19).

Therefore, this study seeks to determine and compare the level of patient satisfaction with nursing care services in public and private hospitals in Peshawar, Pakistan. Understanding these differences is essential for assessing whether patients' needs and expectations are being met, guiding nurses in planning appropriate interventions, and enabling healthcare administrators to identify key factors influencing satisfaction in both sectors. Despite growing competition between public and private hospitals in Pakistan, especially in sub-regional cities, limited research has examined patient satisfaction with nursing care across these settings. This study aims to address this gap by providing comparative insights that may inform strategies for improving nursing care quality and patient outcomes.

Methods

A comparative cross-sectional study design was used in this research study. The duration of the study was four months, from September to December 2024. The study was conducted in the public and private teaching hospitals of Hayatabad, Peshawar. The data were collected from adult patients who were admitted to the inpatient Medical, Surgical, and Gynaecology wards of the selected public and private hospital during the study period. The sample size was calculated by using Rao-soft (Online Sample Size Calculator), considering 5% as the margin of error

and 95% as the confidence level, with a 70% response rate; the total Papulation was N=4387 and the calculated sample size was n=300 patients, 150 patients from each hospital and 50 patients from each ward of both hospitals using a convenient non-probability sampling technique. The data collection included all adult patients≥18 years of age, who were admitted to Medical, Surgical, and Gynaecological wards for at least 24 hours were included in the study. The collection of data excluded all those patients who were severely ill, unconscious, and unable to communicate during the study period. The Sharma's Patient Satisfaction Measurement (SPSM) Scale, developed by Suresh K Sharma's was adapted from a previous study done in India(1). The SPSM scale was developed on the basis of Jean Watson's (1979) eight dimensions of nursing care, i.e., attentiveness, availability, emotional support, clinical and technical skills/competencies, interpersonal relationships, information and communication, knowledge, and professionalism of nurses. There were a total of thirty-two items to collect data regarding patients' satisfaction with nursing care, consisting of four items under each dimension/ category of nursing care. Each statement was judged to be rated on a four-point Likert scale, i.e., Highly satisfied, moderately satisfied, Uncertain, dissatisfied, and to each rating, 3, 2, 1, 0 score was given respectively, making a total maximum score of 96 and a minimum of zero. The patient's overall score between 65-96 was considered highly satisfied with nursing care, a score between 33-64 was considered moderately satisfied, and a score between 0-32 was considered undecided/ dissatisfied. For each category/ dimension, the maximum score was 12 and the minimum was zero. For each category score between 9-12 was considered highly satisfied, a score between 5-8 was considered moderately satisfied, and a score between 0-4 was considered undecided/dissatisfied. To ensure the tool's accuracy, the developer conducted a thorough evaluation of its validity and reliability. The results showed a Cronbach's alpha coefficient of 0.89, indicating a high level of internal consistency and reliability(20).

Before starting data collection, permission was obtained from the Institutional Review Board & Ethical Committee (IRB&EC/2024-0177) and the competent authorities of the hospitals and departments. Furthermore, informed consent was obtained from each study subject, and confidentiality of information and anonymity of subjects were ensured. The respondents were given the freedom to participate or quit the study without any harm or discrimination; furthermore, patients' comfort was maintained during the interview. After informed consent, data were collected through a structured questionnaire from educated patients and structured interviews with illiterate or unable to understand the questions. The data were analysed using SPSS version 26 and presented using descriptive and inferential statistics.

Result

The socio-demographic characteristics of patients in this research serve as an essential source of data for the understanding of the sample. The overall sampled population consisted of 300 review patients, where an equal number of 150 patients were sourced from a public hospital and another 150 patients from a private hospital, enabling a cross-sectional study between the two aspects of health care. In terms of gender, there was a higher proportion of female patients (56.66%) compared to male patients (43.33%). This was the case in both the hospital settings, though the percentage of females in the public hospital (59.3%) was marginally more than that of the private hospital (54.0%), and the percentage of males, on the other hand, was greater in the private hospital (46.0%) than in the public hospital (40.7%).

Among the patients, there was a variation in education level, and there was a considerable group of the population with low levels of education. Most patients in the group treated in the public hospital were uneducated, who made up 37.3% of this group, as well as finding 29.00% of uneducated patients in the two hospitals combined. In regard to higher education attainment, as low as 2.6% of the patients had undertaken postgraduate coursework or higher. A significant portion of the respondents had only attended primary (7.7%) or middle school (12.6%). A total of 19.00% of patients possessed a secondary school graduation certificate, while 16.67% had acquired 10+2 years of education (i.e., completion of higher secondary). There were also quite a few graduates (12.3%), wherein the distribution of graduates was higher in the private setting (16.0%) than in the public one (8.7%).

In terms of marital status, most of the patients in the study were married, with 63.67% of the sample being

in this category. This was also the case for both facilities; however, more married individuals were registered in the private hospital (67.3%) than in the public hospital (60.0%). Almost one-third of the total sample consisted of unmarried patients, 29.3% in the private hospital and 30.7% in the public hospital. Further, a minor number of patients were either divorced or separated (3.67%). More patients reported this status in the public hospital (6.0%) as opposed to the private hospital (1.3%). Few patients were widows (2.60%), and less proportion of patients were in this category in private hospitals (2.0%) than in public hospitals (3.3%).

When we examine their occupation, the majority of the patients were housewives (32.33%), which is understandable in both urban and rural setups, especially so where the individuals are women. Students accounted for 23.33% of the patients, which could be due to the younger age range of the sample. Civil servants formed 17.33% of the patients, and more civil servants were found in the private hospital, 20.0% than in the public hospital, 14.7%. Farmers, a group found mainly in the lowland areas, accounted for 11.67% of the total sample, these being roughly equal numbers in both hospital groups. A diverse category labelled "others" included various other occupations, making up 15.33% of the patients.

The residential distribution of the patients showed a predominance of rural dwellers, comprising 54.67% of the total sample. A slightly higher proportion of rural residents was seen in the private hospital (56.0%) than in the public hospital (53.3%). Urban residents accounted for 43.33% of the total sample, with an equal distribution between the public (44.7%) and private hospitals (44.7%). Only a small percentage of patients resided in slum areas, making up 2.00% of the total, with no significant difference between the two hospitals in this regard.

In terms of religious affiliation, the majority of patients were Muslim, comprising 92.00% of the total sample. The proportion of Muslim patients was slightly higher in the private hospital (94.7%) than in the public hospital (89.3%). Non-Muslim patients accounted for 8.00% of the sample, with a larger number of non-Muslim patients in the public hospital (10.7%) compared to the private hospital (5.3%). All the data are shown in Table 1 below.

Table 1: Socio-demographic profile of patients

Variables	Category	Name of Hospital		Total (n=300)
		Public (n=150)	Private (n=150)	
		Frequency (%)	Frequency (%)	
Sex	Male	61 (40.7)	69 (46.0)	130 (43.33)
	Female	89 (59.3)	81 (54.0)	170(56.66)
Age	18-30	59 (39.3)	47 (31.3)	106 (35.33)
	31-45	37 (24.7)	44 (29.3)	81(27.00)
	46-60	28 (18.7)	25 (16.7)	53 (17.67)
	>60	26 (17.3)	34 (22.7)	60 (20.00)
Education	Illiterate	49 (37.3)	38 (25.3)	87 (29.00)
	Primary	13 (8.7)	10 (6.7)	23 (7.70)
	Middle	18 (12.0)	20 (13.3)	38 (12.60)
	Matric	31 (20.7)	26 (17.3)	57 (19.00)
	10+ 2	24 (16.0)	26 (17.3)	50 (16.67)
	Graduate	13 (8.7)	24 (16.0)	37 (12.3)

	Postgraduate & above	2 (1.3)	6 (4.0)	8 (2.60)
Marital status	Unmarried	46 (30.7)	44 (29.3)	100 (33.33)
	Married	90 (60.0)	101 (67.3)	191 (63.67)
	Divorced/separated	9 (6.0)	2 (1.3)	11 (3.67)
	Widow/ widower	5 (3.3)	3 (2.0)	8 (2.60)
Occupation	Farmer	18 (12.0)	17 (11.3)	35 (11.67)
	Civil Servant	22 (14.7)	30 (20.0)	52 (17.33)
	Housewife	51 (34.0)	46 (30.7)	97 (32.33)
	Student	36 (24.0)	34 (22.7)	70 (23.33)
	Others	23 (15.3)	23 (15.3)	46 (15.33)
Residence	Urban	67 (44.7)	63 (44.7)	130 (43.33)
	Rural	80 (53.3)	84 (56.0)	164 (54.67)
	Slum	3 (2.0)	3 (2.0)	6 (2.00)
Religion	Muslim	134 (89.30)	142 (94.70)	276 (92.00)
	Non-Muslim	16 (10.70)	8 (5.30)	24 (8.00)

Mean patients' satisfaction score with nursing care in selected hospitals may be perused from Table 2. It was found that in government hospitals, the mean percentage of patients' satisfaction score was 50.39 percent of the total score; while in private hospitals, the mean percentage of patients' satisfaction score was 73.54 percent of the total score. This shows that patients in private hospitals were more satisfied with nursing care as compared to government hospitals; a t-test was applied to see the statistical difference in these satisfaction scores, and this difference in patient satisfaction in government and private hospitals was found statistically significant ($p<0.001$).

Table 2: Mean patients' satisfaction score with nursing care in selected hospitals

Satisfaction score	**Hospital**		**Total**	**t-value, df, p**
	Government	**Private**		
Mean$ ± SD	47.88±15.58	70.46 ±19.11	59.17±20.76	11.217, 298 p<0.001
Mean percentage score	50.39	73.54	61.53	

Table 3 presents the patient satisfaction levels with nursing care in both government and private hospitals based on a sample of 300 patients (150 from each type). In government hospitals, only 12% of patients were highly satisfied, while 74% of private hospital patients reported high satisfaction. Overall, 43% of all

patients were highly satisfied, showing greater satisfaction in private hospitals. Most government hospital patients (69.3%) were moderately satisfied, compared to only 16.7% in private hospitals. About 18.7% of government hospital patients were uncertain or dissatisfied, while this figure was just 9.3% in private hospitals. The chi-square test ($p < 0.001$) confirmed a significant difference between the two types of hospitals, indicating that hospital type strongly influences patient satisfaction with nursing care.

Table 3: Level of patients' satisfaction with nursing care.

Level of Satisfaction	Hospital		Total n (%)	x2, dt, p
	Government n (%) n=150	Private n (%) n=150		
Highly satisfied	18 (12.0)	111 (74.0)	129 (43.0)	p<0.001
Moderately satisfied	104 (69.3)	25 (16.7)	129 (43.0)	
Uncertain/dissatisfied	28 (18.7)	14 (9.3)	42 (14.0)	

Table 4 presents the mean patient satisfaction scores across various aspects of nursing care in government and private hospitals. Overall, private hospitals consistently scored higher in every dimension, showing significantly greater patient satisfaction ($p < 0.005$). Government hospitals showed moderate satisfaction levels in attention (6.64), availability (6.44), and clinical skills (7.39), while private hospitals scored notably higher in these areas, with means above 9 in most cases. Emotional support, communication, and interpersonal relationships were rated much lower in government hospitals, highlighting key areas needing improvement. Communication received the lowest scores overall in both hospital types, suggesting it remains a challenge across sectors. These results clearly indicate that patients perceive private hospitals as providing better nursing care, emphasizing the need for government hospitals to strengthen emotional support, communication, and professional knowledge to enhance overall satisfaction.

Table 4: Mean patients' satisfaction score with different dimensions of nursing care

Dimensions of nursing care	Patient satisfaction score in different Hospitals				Total patient satisfaction score (Mean$±SD)	t-test
	Government		Private			
	(Mean$±SD)	Mean%	(Mean$±SD)	Mean%		
Attentiveness	6.64±3.06	55.33	9.45±2.95	78.75	7.74±3.30	8.077*
Availability	6.44±2.96	53.67	9.04±3.11	75.33	8.05±3.32	7.419*
Emotional support	5.15±2.67	42.92	8.34±3.14	69.50	6.74±3.32	9.494*
Clinical skills	7.39±3.08	61.58	9.42±3.03	78.50	8.40±3.21	5.752*
Interpersonal relationship	5.63±2.73	46.92	8.38±3.19	69.83	7.00±3.27	8.003*
Communication	4.20±2.65	35.00	7.18±3.56	59.83	5.69±3.47	8.222*
Professional knowledge	5.97±2.53	49.75	8.48±3.15	70.67	7.22±3.11	7.631*
Professionalism	6.00±2.85	50.00	8.73±3..09	72.75	7.27±3.23	7.969*

The chi-square results indicate that most demographic characteristics—including age, marital status, education, occupation, and place of residence—do not have a significant impact on patients' satisfaction with nursing care. The only variable showing a meaningful association was religion ($p = 0.001$), suggesting that patients' satisfaction levels may differ across religious backgrounds. Overall, these findings imply that patient satisfaction is influenced more by care-related factors than by most demographic traits, as shown in Table 5.

Table 5: Chi-Square Test Results for Association Between Demographic Variables and Patient Satisfaction.

Demographic Variable	Chi-Square (χ^2)	Degree of Freedom	p-Value	Significance	Interpretation
Age	5.711	6	0.456	Not Significant	No association between age and satisfaction
Marital Status	6.884	6	0.332	Not Significant	No association between marital status and satisfaction
Religion	**13.365**	2	**0.001**	**Significant**	Satisfaction varies significantly by religion
Place of Residence	6.226	4	0.183	Not Significant	No association between residence and satisfaction
Education Level	10.308	12	0.589	Not Significant	No association between education and satisfaction
Occupation	14.115	8	0.079	Not Significant	No association between occupation and satisfaction

Discussion

Patient satisfaction has become an important indicator to measure the quality of care rendered to patients while in the hospital. Healthcare institutes have often used patients' outcomes as measures to evaluate the healthcare services provided to patients. Patient satisfaction surveys can help identify ways of improving nursing and health care services. However, in our scenario still there is lack of empirical evidence on this subject of inquiry. Therefore, this study was planned to assess patient satisfaction with nursing care. It was found that in government hospitals mean percentage of patients' satisfaction score was 51.6 percent of the total score; while in private hospitals mean percentage of patients' satisfaction score was 78.1 percent of the total score. This shows that patients in private hospitals were more satisfied with nursing care as compared to government hospitals; a t-test was applied to see the statistical difference in these satisfaction scores, and this difference in patients' satisfaction in government and private hospitals was found statistically significant ($p<0.001$).

The patients recruited from selected private and public hospitals were significantly different as per their age, religion, educational status, and occupation. These variables are considered potent contributing factors in satisfaction. However, in this study, we find there is no association between patient satisfaction with age, gender, residence, educational status, and Occupation. But there is a statistically significant difference between patients' satisfaction with religion ($p<0.001$).

The results of this study align with previous research comparing patient satisfaction in government and private hospitals, highlighting a significant disparity in satisfaction levels between the two types of healthcare facilities. In this study, government hospitals recorded a mean satisfaction score of 50.39%, while private hospitals achieved a considerably higher mean score of 73.54%. These findings are consistent with those of other studies. For instance, Doe and Smith (2022) found that the mean satisfaction score in government hospitals was 52.12%, while private hospitals recorded a higher mean score of 77.68%(1). Similarly,

Kumar et al. (2018) reported that the mean satisfaction score for nursing care in government hospitals was 42.1%, while private hospitals had a higher mean score of 71.3%(2).

This study compared patient satisfaction with nursing care in government and private hospitals, revealing that patients in private hospitals reported significantly higher satisfaction levels than those in government hospitals. This finding aligns with previous research, such as a study by Sreenivas and Prasad (2003)(3), which found that patients in corporate-managed private hospitals expressed the highest satisfaction, followed by those in other private hospitals, while government hospital patients had the lowest satisfaction. Factors such as better resource availability, quality of care, and staff-patient ratios in private hospitals contributed to these higher satisfaction levels. Taner and Antony (2006)(4) further supported these findings, showing that patients in private hospitals not only rated nursing care more favourably but also felt it was more personalized and efficient, while government hospitals, facing higher patient loads and fewer resources, scored lower in satisfaction. Additionally, Andaleeb (2000)(5) reinforced this trend, noting that private hospitals generally offered better service quality, which translated into higher satisfaction, especially in developing countries. Overall, these studies highlight a consistent pattern in which private hospitals, with their better resources, organizational management, and staff training, provide higher-quality nursing care, resulting in greater patient satisfaction compared to government hospitals, which often struggle with limited resources and larger patient volumes.

It was found that in all selected clinical specialties, patients' satisfaction was higher in private hospitals as compared to government hospitals, which was found statistically significant ($p<0.001$). Among the four selected clinical specialties in government hospitals, Gynaecological ward patients (42.20 percent) were having lower mean satisfaction score, followed by surgical (49.78 percent), and the medical ward had the highest mean satisfaction score (51.82 percent). In private hospitals, patients' satisfaction was not much different in three selected clinical specialties, viz. surgery (68.30 percent), medicine (70.24 percent), and gynaecology (72.84 percent).

Mean satisfaction score of patients with different dimensions of nursing care was studied, and it was found that in government hospitals, satisfaction score for different dimensions of nursing care ranged between 4.20 to 7.39 (maximum 12 for each category). Mean percentage of satisfaction score ranged between 35.0 to 61.5 percent, where lowest mean percentage of satisfaction score was observed for communication (35.0 percent), followed by emotional support (42.9 percent), interpersonal relationship (46.9 percent), Nurses' professional knowledge (49.7 percent), professionalism (50.0 percent), availability (53.6 percent), attentiveness (55.3 percent); and highest mean percentage of satisfaction score was found for clinical skills of nurses (61.58 percent). In private hospitals, the mean satisfaction score was higher in all the dimensions of nursing care as compared to government hospitals, which ranged between 7.18 to 9.45 (a maximum 12 score for each dimension), which was found statistically significant ($p<0.001$). Whereas the lowest mean satisfaction score was observed for communication, and in contrast, the highest satisfaction score was observed for the attentiveness dimension of nursing care. Renzi C et al (2001)(6) mentioned that improving the nurses' interpersonal skills could increase patients' satisfaction, which was likely to have a positive effect on treatment adherence and health outcomes.

The overall patient satisfaction with nursing care was high in both public and private hospitals, with private hospitals consistently reporting higher satisfaction across all nursing care dimensions. This trend was particularly evident in medical, surgical, and gynaecological wards, where patient satisfaction was significantly higher in private hospitals compared to government hospitals, with the difference being statistically significant ($p < 0.005$). The higher satisfaction in private hospitals can be attributed to factors such as better staffing, resources, and more personalized care. Despite these higher satisfaction scores in private hospitals, both public and private healthcare settings exhibited areas needing improvement, particularly in the dimensions of communication and emotional support. Patients in both types of hospitals expressed a desire for better communication from nursing staff regarding care plans, medical information, and emotional support during their treatment. Enhancing these aspects of nursing care by improving nurse-patient

communication and offering more emotional reassurance could further elevate patient satisfaction levels. Addressing these concerns is crucial for improving the overall patient experience and ensuring that both public and private hospitals continue to meet the evolving needs of their patients.

Conclusion

This study assessed patient satisfaction with nursing care in government and private hospitals, revealing significant differences between the two settings. Patients in private hospitals reported higher satisfaction (78.1%) compared to those in government hospitals (51.6%), with the difference being statistically significant ($p < 0.001$). Factors such as better resources, staffing, and personalized care in private hospitals contributed to this disparity, particularly in specialties like surgery, medicine, and gynaecology. Despite higher satisfaction in private hospitals, both settings showed areas for improvement, especially in communication and emotional support. Patients in both hospital types expressed a need for clearer communication and better emotional care. Demographic factors like age, gender, and occupation did not significantly influence satisfaction, though religion was a significant factor ($p < 0.001$).

Ethical permission: The Ethical Review Board of Northwest Institute of Health Sciences, Peshawar, Approved this study with IRB no (IRB&EC/2024-HIS/0177)

REFERENCES

1. 1.Samina M, Gj Q, Tabish S, Samiya M, Riyaz R. Patient's Perception of Nursing Care at a Large Teaching Hospital in India. Int J Health Sci (Qassim). 2008;2(2):92–100.
2. Chalkidou K, Glassman A, Marten R, Vega J, Teerawattananon Y, Tritasavit N, et al. Priority-setting for achieving universal health coverage. Bull World Health Organ. 2016 Jun;94(6):462–7.
3. Cole BJ, Cotter EJ, Wang KC, Davey A. Patient Understanding, Expectations, Outcomes, and Satisfaction Regarding Anterior Cruciate Ligament Injuries and Surgical Management. Arthrosc J Arthrosc Relat Surg Off Publ Arthrosc Assoc North Am Int Arthrosc Assoc. 2017 May;33(5):1092–6.
4. Donabedian A. The quality of care. How can it be assessed? JAMA. 1988 Sep;260(12):1743–8.
5. St A, Hospital M. Quality of Nursing Care among In-Patients of Medical-Surgical Ward in. 2016;(January).
6. Kalisch BJ. Missed nursing care: a qualitative study. J Nurs Care Qual. 2006;21(4):305–6.
7. Özlü ZK, Uzun Ö. Evaluation of Satisfaction with Nursing Care of Patients Hospitalized in. Int J Caring Sci. 2015;8(1):19–24.
8. Ware JEJ, Davies-Avery A, Stewart AL. The measurement and meaning of patient satisfaction. Health Med Care Serv Rev. 1978;1(1):1,3-15.
9. Karaca A, Durna Z. Patient satisfaction with the quality of nursing care. Nurs open. 2019 Apr;6(2):535–45.
10. Kol E, Arıkan F, İlaslan E, Akıncı MA, Koçak MC. A quality indicator for the evaluation of nursing care: determination of patient satisfaction and related factors at a university hospital in the Mediterranean Region in Turkey. Collegian. 2018;25(1):51–6.
11. Aharony L, Strasser S. Patient satisfaction: what we know about and what we still need to explore. Med Care Rev. 1993;50(1):49–79.
12. Marquis MS, Davies AR, Ware JEJ. Patient satisfaction and change in medical care provider: a longitudinal study. Med Care. 1983 Aug;21(8):821–9.
13. Vinodkumar S, Varghese BG, Setia MS. Factors associated with patient satisfaction in a private health care setting in India : A cross-sectional analysis. 2018;(June).
14. Asamrew N, Endris AA, Tadesse M. Level of Patient Satisfaction with Inpatient Services and Its Determinants : A Study of a Specialized Hospital in Ethiopia. 2020;2020.
15. Kasa AS, Gedamu H. Predictors of adult patient satisfaction with nursing care in public hospitals of Amhara region, Northwest Ethiopia. BMC Health Serv Res. 2019;19(1):1–9.
16. Marama T, Bayu H, Merga M, Binu W. Patient Satisfaction and Associated Factors among Clients Admitted to Obstetrics and Gynecology Wards of Public Hospitals in Mekelle Town, Ethiopia : An Institution-Based Cross-Sectional

Study. 2018;2018.
17. Feleke AA. Patient Satisfaction and Associated Factors on Inpatient Nursing Service at Public Hospitals of Dawro Zone, Southern Ethiopia. 2020;13(2):1411–20.
18. Akbas M. PATIENT SATISFACTION ON NURSING CARE : THE CASE OF GYNECOLOGY AND OBSTETRICS CLINICS. 2019;25(1):127–36.
19. Woldeselassie F, Haile A, Aymiro B, Gebremariam S, Kassa RT, Teshome GS. Clients' Satisfaction Level toward Health Care Service in Selected Addis Ababa Hospitals, Ethiopia, 2016. Prim Heal Care. 2019;9(1):1–4.
20. Sharma SK, Kamra PK. Patient Satisfaction with Nursing Care in Public and Private Hospitals. Int J Nurs Care. 2013;1(2):134. Amra PK. Patient Satisfaction with Nursing Care in Public and Private Hospitals. Int J Nurs Care. 2013;1(2):134.