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SOCIO-DEMOGRAPHIC CHARACTERISTICS AS CORRELATES TO SATISFACTION WITH NURSING CARE AMONG ONCOLOGY PATIENTS IN A TEACHING HOSPITAL, SOUTH-WEST, NIGERIA.

Ojewole Foluso, Anyanwu Juliet and Nwozichi Chinomso

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SOCIO-DEMOGRAPHIC CHARACTERISTICS AS CORRELATES TO SATISFACTION WITH NURSING CARE AMONG ONCOLOGY PATIENTS IN A TEACHING HOSPITAL, SOUTH-WEST, NIGERIA.

[1*]Ojewole Foluso
Lecturer, Department of Adult Health, School of Nursing
Babcock University
*Corresponding Author's E-mail: ojewolef@babcock.edu.ng

[2]Anyanwu Juliet
Staff Nurse, Medical/Surgical Unit
Lagos University Teaching Hospital

[3] Nwozichi Chinomso
Lecturer, Department of Adult Health, School of Nursing
Babcock University

Abstract

Purpose*:* To assess the socio-demographic factors associated with patient satisfaction with nursing care among oncology patients in a teaching hospital in Lagos, Nigeria

Methodology*:* Using a descriptive-correlational design, 157 patients with cancer who were receiving treatment from the oncology clinic and surgical wards were purposively selected to complete a modified patient satisfaction with nursing care questionnaire. Data were analyzed using descriptive analysis, Pearson Product Moment of Coefficient correlation and Chi-square test at P value set at 0.05.

Findings*:* Out of the 180 questionnaires that were distributed, 157 was fully completed and returned. Descriptive analysis and Pearson Product Moment of Coefficient Correlation and Chi-square test was used to test the associations between variables. Out of 157, 139 (88.5%) participants claimed they were satisfied with the care provided in oncology units. Participants perceived the health information and professional competence of nurses to be of high quality (Mean = 3.3 SD = ±0.9; Mean = 3.26, SD=±1.0) while the lowest rated aspect of nursing care was decision control (Mean = 3.05, SD =± 0.9). Statistically significant relationships were found for the overall level of satisfaction and participants' age (p=0.735), educational level (p=0.909), gender (p=0.396) marital status (p=0.359) and stage of treatment (p=0.709).

Unique contribution to theory, practice and policy*:* Satisfaction with nursing care was related to some socio-demographic characteristics of patients (gender, stage of treatment). Nurses should take patients decision-making ability serious when rendering care. Autonomy should be encouraged among patients to strengthen their decision making power. Additionally, greater attention needs to be given to the interplay between patients' socio-demographic factors and satisfaction with nursing care delivery. A concerted effort is needed to constantly improve on patient satisfaction for a better and improved patient patronage.

Keywords: *Socio-demographic, Patient Satisfaction, Nursing, Oncology*

1. INTRODUCTION

Healthcare organization is fast changing globally and patient satisfaction is one of the established standards to assess achievement of the services being provided in the hospitals (Nwozichi et al., 2016). For healthcare organization to be successful, monitored clients view is a simple but important approach to assess and improve their performance (Kulkarni et al., 2011). Assessing patient satisfaction is important because it provides the avenue for ascertaining that patient's needs are fulfilled and subsequently facilitating the planning as well as implementing appropriate nursing interventions for patients (Wia et al., 2013).

Oncology patients usually undergo extensive and debilitating treatment, which makes quality of life and patient satisfaction important assessment measure (Wagner & Bear, 2009). According to Al-Abri and Al-Bahsihi (2014), tension may affect satisfaction of patients and the treatment outcome. Nursing staff are not only a source for patient information but also they are the most important source of support and comfort.

Nurses are the front line professionals that patients most likely meet 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. Recently, awareness has risen of how patients perceive the nursing care and having satisfaction surveys also helps identify the specific needs of the patients for the nursing staff (Wagner & Bear, 2009). Patients have certain expectations before their visits to hospital and the resultant satisfaction or dissatisfaction is the outcome of their actual experiences (Tiwari et al., 2012). Dissatisfaction or simply lack of satisfaction was associated to the lack of nursing control services, nurse burnout, decrease of nursing staff and the inadequate amount of information provided by the nurse (Tiwari et al, 2012).

The evaluation of socio demographic factors influencing patient satisfaction in an oncology setting is particularly important as regards advances in diagnostic treatment, supportive care and rehabilitation. In addition, shortage of nurses, increased workload, and complexity of

caring for patients with cancer supports the need for this study. All of these necessitate frequent monitoring to determine whether patients are satisfied with the increasing complex and multidisciplinary nature of health care services that they are receiving and to identify areas in which improvement is needed (Lis et al., 2009).

A study conducted in Iran reveals that a vast majority of respondents (82.8%) were satisfied with nursing care in the cancer hospital, while (17.2%) were not. There was a significant relationship between patient's satisfaction and patients' age, gender and types of treatment. Proper communication and politeness were two important concerns of people of Iran which also affected their level of satisfaction (Mohammed et al., 2010).

1.1 Research Problem

The prevalence of cancer in diverse population among people with different socioeconomic status and background made it important to assess the groups' satisfaction with nursing care. Nowadays nursing care is recognized as an area of healthcare where the patient is seen as a client and participant in the care. Patients' satisfaction with health care services is mainly dependent on the duration and efficiency of care, and how emphatic and communicative the health care providers are (Findik & Unsar, 2010). It was observed that the majority of oncology patients' needs remain unmet as a result of certain demographic factors which affect their level of satisfaction such as age, gender and educational level. Also, nurses do not routinely monitor and detect the concerns of individuals with the diseases due to proposed heavy workload, increase client flow and severe staff shortage, lack of formal education on oncology nursing and use of obsolete equipment has been a major challenge for university educational hospitals.

Moreover, there were fewer nurses allotted to direct care of oncology patients in Lagos University Teaching Hospital due to staff shortage and improper formal training on oncology nursing. Currently, there is insufficient research in Lagos state on patient satisfaction with nursing care in teaching hospitals.

2. RESEARCH METHODOLOGY

This descriptive correlational study was conducted in a teaching federal hospital in Lagos State Nigeria. Purposive sampling technique was utilized to select 180 participants receiving treatment in the oncology clinic and surgical wards. The tool for data collection was a modified patient satisfaction with nursing care quality questionnaire (PSNCQQ) developed by Laschinger et al. (2005) and a self-developed structured questionnaire to assess their socio-demographic information and factors affecting patient satisfaction. PSNCQQ has four satisfaction subscales in Health information, affective support, professional competence, and

decision control which rate nursing care as excellent (5), very good (4), good (3), fair (2) and poor (1). Factors affecting patient satisfactions was measured on a Likert scale was used (strongly Agree, Agree, undecided, disagree and strongly disagree). Cronbach alpha reliability yielded a value of 0.76. Study participants were informed about the purpose of the study. Data was collected between February and April 2017. Data collected was coded and analyzed using Statistical Package for Social Science (SPSS) version 20. Data analyzed was presented in tables, frequency and percentages. Pearson's chi square was used to determine relationship between socio-demographic characteristics and patient satisfaction with nursing care.

3. RESULTS

A total of 180 questionnaires were distributed, but 157 were dully filled and returned for analysis, given a response rate of 87%. Table 1 shows the socio-demographic data of patients that took part in the study. Majority of the participants 112 (71.3%) were female, 40.1% were age 51 and above, 81.5% were married, 74.5% were Christians, and 53.5% had tertiary education. More than 40%, 44.6% of the patients are receiving treatment for breast cancer, and 51% had the condition for a duration less than 1 year.

Table 2 shows descriptive presentation of patient satisfaction with nursing care on each of the four domains. Satisfaction with Health information has the highest mean score of 3.5 in the ease of getting information while information given by nurses were considered good based on a mean score of 3.2. On the average, health information satisfaction was rated as good by the patients. Patient satisfaction with affective support from nurses was rated as good on the average. Involving family and friends in care has the highest mean of 3.5 under the affective support domain while attention of nurses to condition has the lowest mean of 3.0. Professional competence was also rated as good in the area of nurse helpfulness (mean=3.3), skill and competence of nurses (mean=3.3), and creating privacy (mean=3.2). Decision control scale measured the quality of discharge instructions and coordination of care after discharge. Both yielded means of 3.1 and 3.0 respectively. This indicates that the quality of discharge instructions and discharge coordination was rated as good. The average mean for health information is 3.3, affective support mean = 3.1, professional competence mean =3.3, and decision control mean =3.1. This implies that affective support and decision control has the lowest satisfaction. However, the overall nursing care was rated as good (mean=3.3).

Table 1

Descriptive Presentation of Socio-Demographic Data of Respondents n=157

	Frequency (n=157)	Percentage (%)
Sex		
Male	45	28.7
Female	112	71.3
Age		
20-30year	12	7.6
31-40year	42	26.8
41-50years	40	25.5
51 and above	63	40.1
Marital status		
Single	11	7.0
Married	128	81.5
Divorced	4	2.5
Widowed	14	8.9
Educational level		
Primary	15	9.6
Secondary	58	36.9
Tertiary	84	53.5
Type of cancer		
Breast	70	44.6
Colonic cancer	9	5.7
Cervical cancer	23	14.6
Prostate cancer	12	7.6
Others	43	22.47
Duration of cancer		
Less than one year	80	51.0
1-2years	42	26.7
2-3years	13	8.3
3-4years	9	5.7
4yeras and above	13	8.3
Stage of treatment		
Have not started	37	23.6
Have started radio therapy	39	24.8
Have started chemotherapy session	49	31.2
Follow up after treatment session	32	20.4

Table 2

Descriptive presentation of patient satisfaction with nursing care

Variables	Excellent	V. Good	Good	Fair	Poor	Mean	± SD
Health Information							
Clarity of information given	17 (10.8%)	50 (31.8%)	60 (38.2%)	26 (16.6%)	4 (2.5%)	3.3	± 0.96
Instructions given by nurses.	14 (8.9%)	57 (36.3%)	59 (37.6%)	20 (12.7%)	7 (4.5%)	3.3	± 0.96
Ease of getting information	28 (17.8%)	51 (32. 5%)	53 (33.8%)	20 (12.7%)	5 (3.2%)	3. 5	± 1.03
Information given by nurses	19 (12.1%)	44 (28.0%)	60 (38.2%)	25 (15.9%)	9 (5.7%)	3.2	± 1.05
Informing family/ friends	16 (10.2%)	51 (32.5%)	61 (38.9%)	23 (14.6%)	6 (3.8%)	3.3	± 0.97
Affective Support							
Involving family or friends in your care	26 (16.6%)	46 (29.3%)	63 (40.1%)	18 (11.5%)	4 (2.5%)	3. 5	± 1.0
Concern and caring by nurses	21 (13.4%)	58 (36.9%)	48 (30. 6)	23 (14.6)	7 (4.4%)	3.4	± 1.0
Attention of nurses to your condition:	13 (8.3%)	37 (23.6%)	62 (39.5%)	41 (2.6%)	4 (2.5%)	3.0	± 0.1
Recognition of your opinion	16 (10.2%)	39 (24.8%)	53 (33.8%)	37 (23.6%)	12 (7.6%)	3.1	± 1.0
Nurses flexibility in meeting your needs	13 (8.3%)	37 (23.6%)	59 (37.6%)	38 (24.2%)	10 (6.4%)	3.0	± 1.1
Nursing staff response to your calls	18 (11. 5%)	42 (26.8)	49 (31.2)	38 (24.2%)	10 (6.4%)	3.1	± 1.0
The daily routine of the nurses	10 (6.4%)	41 (26.1%)	61 (38.9%)	35 (22.3%)	10 (6.4%)	3.0	± 1.1
Professional Competence							
Helpfulness	20 (12.7%)	50 (31.8%)	51 (32.5%)	27 (17.2%)	9 (5.7%)	3.3	± 1.1
Skill and competence of nurses:	17 (10.8%)	52 (33.1%)	61 (38.9%)	22 (14.0)	5 (3.2%)	3.3	± 0.9
Privacy	17 (10.8%)	38 (24.2%)	70 (44.6%)	23 (14.6%)	9 (5.7%	3.2	± 1.0
Decision Control							

Discharge instructions:	11 (7.0 %)	52 (33.1%)	53 (33.8 %)	29 (18.5 %)	12 (7.6 %)	3.1	± 1.0
Coordination of care after discharge:	10 (6.4%)	40 (25.5%)	64 (40.8%)	27 (17.2%)	16 (10.2%)	3.0	±1.0
Overall Rating							
How would you rate your overall nursing care	17 (10.8%)	46 (29.3%)	65 (41.4%)	22 (14.0%)	7 (4. 5%)	3.3	±0.9

Table 3 depicts the various factors identified by the participants affecting satisfaction. Majority (77.5%) participants identified long wait period for treatment as dissatisfying, (70.1%) patient are dissatisfied with lack of materials needed for their care and reported that the volume of patients nurses attended to impact their own care. Among all the factors identified, 52.8% strongly agreed and agreed to the statement that the clinic environment was not conducive for treatment, making the statement the least dissatisfied factor.

Table 3

Descriptive Presentation of Factors Affecting Patient Satisfaction

Variables	SA	A	DA	SD	Mean	± SD
The clinic environment is not conducive for treatment	23 (14.6%)	60 (38.2%)	51(32.5%)	23 (14.6%)	2. 5	± 0.9
The number of patients nurses are attending to at a time impact my own care	29 (18.5%)	90 (57.3%)	33 (21.0%)	5 (3.2%)	2.9	± 0.7
Long wait period for treatment is affecting the care rendered	49 (31.2%)	73 (46.5%)	30 (19.1%)	5 (3.2%)	3.1	± 0.7
Most time materials needed for my care is not easily available	42 (26.8%)	68 (43.3%)	39 (24.8%)	8 (5.1%)	2.9	± 0.8
Certain hospital policy impact the care rendered	27 (17.2%)	72 (45.9%)	51 (32.5%)	7 (4.5%)	2.8	± 0.8
The business of work/duty by the nurses is affecting the way they communicate	30 (19.1%)	60 (38.2%)	62 (39.5%)	5 (3.2%)	2.7	± 0.8
Some nurses are too busy to attend to my needs	28 (17.8%)	57 (36.3%)	64 (40.8%)	8 (5.1%)	2.7	± 0.8

Table 4

Pearson Product Moment Correlation Coefficients of the relationship between patients' educational level and satisfaction with nursing care

		Education level	Health information	Affective support	Technical support	Decision control
Educational level	Pearson Correlation	1	-.052	-.009	-.072	-.116
	Sig. (2-tailed)		.523	.909	.373	.150
	N	157	157	157	157	157
Health information	Pearson Correlation	**-.052**	1	.435**	.521**	.540**
	Sig. (2-tailed)	.523		.000	.000	.000
	N	155	157	157	157	157
Affective support	Pearson Correlation	**-.009**	.435**	1	.421**	.290**
	Sig. (2-tailed)	.909	.000		.000	.000
	N	155	157	157	157	157
Professional competence	Pearson Correlation	**-.072**	.521**	.421**	1	.583**
	Sig. (2-tailed)	.373	.000	.000		.000
	N	155	157	157	157	157
Decision control	Pearson Correlation	**-.116**	.540**	.290**	.583**	1
	Sig. (2-tailed)	.150	.000	.000	.000	
	N	155	157	157	157	157

**. Correlation is significant at the 0.05level (2-tailed).

Table 4 shows the association between participants' educational level and satisfaction with nursing care. The results revealed a significant perfect but inverse relationship between participants' educational level and their satisfaction with nursing care in the domains of health information r=-.052; p <.05; professional competence r= -.072; p <.05; and decision control r=-.116; p < .05. However, no significant relationship between participants' educational level and their satisfaction with nursing care in affective support (r=-.009; p >.05) domain.

Table 5 depicts the association between age of the respondents and their satisfaction with nursing care. The results showed a significant perfect but inverse relationship between the respondents' age and satisfaction with nursing care in the domains health information (r = -.060; p <.05) and decision control (r = -.106; p <.05). No significant relationship identified in the affective support (r = -.037; p >.05) and professional competence (r = -.049; p >.05) domains.

Table 5

Pearson Product Moment Correlation Coefficients of the association between the respondents' age and satisfaction with nursing care.

		Age	Health information	Affective support	Technical competence	Decision control
Age	Pearson Correlation	1	**-.060**	-.037	-.049	-.106
	Sig. (2-tailed)		.456	.645	.542	.186
	N	157	157	157	157	157
Health information	Pearson Correlation	**-.060**	1	.435**	.521**	.540**
	Sig. (2-tailed)	.456		.000	.000	.000
	N	157	157	157	157	157
Affective support	Pearson Correlation	**-.037**	**.435****	1	.421**	.290**
	Sig. (2-tailed)	.645	.000		.000	.000
	N	157	157	157	157	157
Professional competence	Pearson Correlation	-.049	**.521****	.421**	1	.583**
	Sig. (2-tailed)	.542	.000	.000		.000
	N	157	157	157	157	157
Decision control	Pearson Correlation	-.106	**.540****	.290**	.583**	1
	Sig. (2-tailed)	.186	.000	.000	.000	
	N	157	157	157	157	157

*. Correlation is significant at the 0.05 level (2-tailed).

Table 6 shows the association between participants' marital status and satisfaction with nursing care. The results reveal significant perfect but inverse relationship between participants' marital status and satisfaction with nursing care in the health information (r = -.137, p< .05) and affective support (r = .118; p <.05) while no significant relationship is seen in the professional competence (r = .038; p>.05) and decision control (r = -.016; p >.05).

Table 6

Pearson Product Moment Correlation Coefficients of the relationship between participants' marital status and satisfaction with nursing care

		Marital status	Health information	Affective support	Technical competence	Decision control
Marital status	Pearson Correlation	1	-.137	.118	.038	-.016
	Sig. (2-tailed)		.087	.142	.640	.841
	N	157	157	157	157	157
Health information	Pearson Correlation	-.137	1	.435**	.521**	.540**
	Sig. (2-tailed)	.087		.000	.000	.000
	N	157	157	157	157	157
Affective support	Pearson Correlation	.118	.435**	1	.421**	.290**
	Sig. (2-tailed)	.142	.000		.000	.000
	N	157	157	157	157	157
Professional competence	Pearson Correlation	.038	.521*	.42 1**	1	.583*
	Sig. (2-tailed)	.640	.000	.000		.000
	N	157	157	157	157	157
Decision control	Pearson Correlation	-.016	.540**	.290**	.583**	1
	Sig. (2-tailed)	.841	.000	.000	.000	
	N	157	157	157	157	157

*. Correlation is significant at the 0.05 level (2-tailed).

Table 7 shows the association between participants' current stage of treatment and their satisfaction with nursing care. The results revealed a significant relationship between participants' current stage of treatment and their satisfaction with nursing care in all the domains (health information r= .121; p<.05, affective support r= .123; p<.05, professional competence r= .136; p<.05, decision control r= .199; p<.05).

Table 7

Pearson Product Moment Correlation Coefficients of the relationship between participants' current stage of treatment and their satisfaction with nursing care

		Stage of treatment	Health information	Affective support	Technical competence	Decision control
Stage of treatment	Pearson Correlation	1	.121	.123	.136	.199*
	Sig. (2-tailed)		.131	.124	.091	.012
	N	157	157	157	157	157
Health information	Pearson Correlation	.121	1	.435**	.521**	.540**
	Sig. (2-tailed)	.131		.000	.000	.000
	N	157	157	157	157	157
Affective support	Pearson Correlation	.123	.435**	1	.421**	.290**
	Sig. (2-tailed)	.124	.000		.000	.000
	N	157	157	157	157	157
Professional competence	Pearson Correlation	.136	.521**	.421**	1	.583**
	Sig. (2-tailed)	.091	.000	.000		.000
	N	157	157	157	157	157
Decision control	Pearson Correlation	.199*	.540**	.290**	.583**	1
	Sig. (2-tailed)	.012	.000	.000	.000	
	N	157	157	157	157	157

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Overall level of satisfaction significant values for level of education (0.112) age group (0.735), marital status (0.359) and stage of treatment (0.709).

Overall, the quality of nursing care was significantly related to patient satisfaction and level of education (p=0.112), age (p=0.735), marital status (p=0.359) and stage of treatment (p=0.709).

Moreover, findings from the studies also revealed a significant association between the participants' gender and their level of satisfaction with nursing care in all domains. Decision control (p=0.396) and professional competence (p=0.336) has the highest significant value as depicted in table 8.

Table 8

Testing the association between participants' gender and satisfaction with nursing care

	Gender M=Male F=Female	Poor	Fair	Good	Very Good	Excellent	λ	df	p-Value
Health Information	M	1 (20%)	7 (35%)	10 (18.9%)	15 (29.4%	12 (42.9%)	5.836	4	0.212
	F	4 (80%)	13 (65%)	43 (81.1%)	36 (70.6%)	16 (57.1%)			
Affective Support	M	0 (0%)	6 (33.3%)	16 (25.4%)	18 (39.1%)	5 (19.2%)	5.724	4	0.221
	F	4 (100%)	12 (66.7%)	47 (74.6%)	28 (60.9%)	21 (80.8%)			
Professional Competence	M	2 (22.2%)	6 (22.2%)	11 (21.6%)	18 (36%)	8 (40%)	4.559	4	0.336
	F	7 (77.8%)	21 (77.8%)	40 (78.4%)	32 (64%)	12 (60%)			
Decision Control	M	1 (14.3%)	5 (22.7%)	16 (24.6%)	18 (39.1%)	5 (29.4%)	4.077	4	0.396
	F	6 (85.7%)	17 (77.3%)	49 (75.4%)	28 (60.9%)	12 (70.6%)			

4. DISCUSSION

This study revealed that oncology patients of the teaching hospital were moderately satisfied with the nursing care they received (M=3.3; SD=±0.9). This study finding was similar to the finding of Bhanu (2010) whereby over75% of the patients in a medical/surgical ward reported satisfaction with nursing care. Based on the study finding, it can be deduced that the respondents are receiving quality care from the nurses. Thus, patient clinical outcome in this teaching hospital could be perceived as good and efficient.

This study revealed health information and professional competence such as ease of getting information from nurses, clarity of information given by nurses, clinical skills of the nurses and privacy provided to them as highest behaviors that have contributed to patient satisfaction. The finding of this study was found to be in support with the past studies on patients' satisfaction (Yu et al. 2013; Wia, et al. 2013). Likewise, Adeleke (2010) postulated that oncology patient want to be treated as human beings not "a case" but with compassion, respect, empathy and by nurses "who are interested in them". However, other studies found affective support such as caring to be greatly important towards patient satisfaction (Vishai et al., 2015). Decision control has the lowest satisfaction (mean=3.05). This study revealed to some extent the inflexibility experienced by patients in managing their health care. Nurses should recognize that, patients' opinion counts during their hospital stay (Miluinovic et al.,2012). Therefore, nurses should be more sensitive with patients' ability to make decision.

In this study, the three most reported factors affecting patient satisfaction were long wait for treatment (85.7%), number of patients nurses are treating (75.8%), and inadequate materials needed for their care (70.1%). The least reported factors affecting patient satisfaction were unconducive environment for treatment (52.8%) and nurses' multiple activities (54.1%). These findings revealed that some organizational factors can impart patient satisfaction negatively. These organizational factors can be attributed to the long wait for treatment, nurses' shortage, and inadequate materials needed for care. If all these issues are addressed by the organization, patients will experience better quality care which will adversely increase their satisfaction. This corroborates the reported findings of Nwozichi et al., (2015); Needleman et al. (2011); Vishai et al. (2015) whereby it was reported that certain hospital policies and concerns may affect patient satisfaction. Notwithstanding, Oluwadare, (2012), opined that the levels of nurse staffing has been implicated in the poor management of oncology patient, increased mortality, poor patient satisfaction and poor education of patient.

If the working condition is improved, majority of the problems will be solved and may improve both nurses' and patients' satisfaction.

This study found a significant inverse relationship of patient satisfaction and educational level in all the domains except in the affective support domain. This finding may be attributed to the patients' confidence developed in the professional competence of their nurses, how they share information with them and the importance they placed on their personal opinion in making health care decision. Limited literature has explored identifying the relationship of education and patient satisfaction in each domain. Because over 50% of the participants were with college degree, their face to face time with nurses and communication with them might have contributed to this finding. On the other hand, Alasad & Ahmad (2003) study revealed lower satisfaction among the highly educated than those with less education.

Age was significantly related to health information and decision control domains. The age group of these participants and the ability to appreciate information shared by the nurses, reinforce their ability to advocate in their personal health care decision. This contradicts the study by Clark et al. (2004) and Alasad and Ahmad (2003) where age is not related to patient satisfaction.

Statistically significant relationship was found for marital status and two domains of health information and affective domain. Whereas no significant relationship was found for technical competence and decision control. The expectation of patients who are married are higher and their level of satisfaction is higher. It has been reported that being married increases the demand of services provided in the hospital and decreases satisfaction (Vishai et al. 2015). We assumed that spousal demand of quality care during partners' illnesses increases the nurse delivery of quality patient care.

The stage of treatment of patients in this study had statistically significant relationship with satisfaction with nursing care. In this study, more than 75% of the participants were receiving chemotherapy, radiotherapy, and were coming for follow-up. This indicates that the patients had spent longer period or days with nurses. The greater number of episodes of nursing care, the wider the range of levels of quality of care (Radwin, 2003). In the same vein, Tokunga and Imanaka (2002) affirmed that the longer the hospital stay the higher the level of patients' satisfaction. Patients who stay in the hospital for a short stay might not

have enough time to establish good therapeutic relationships with their nurses. Thus, may influence their perception about nursing care.

In the context of gender, the finding of this study demonstrated significant association between gender and patient satisfaction with nursing care in all the domains. Here, gender did have an effect on patient satisfaction scores. Generally, female are less satisfied with nursing care than male (Needleman et al. 2011). On the contrary, Al-momani and Al-Korashy (2012) found in their study that female patients were about two times more likely to be satisfied with nursing care as compared to the male patients. The possible explanation might be that majority of female patients had lower level of education, thus may influence their expectation of quality care. However, female patients that represented majority of this study participants may attach greater importance to their health and could be seen as administrators of care delivery.

5. CONCLUSION

In this study, the level of patient satisfaction with nursing care was moderate. Health information and Professional competence had the highest satisfaction rating while decision control has the lowest rating. Patient socio-demographic factors such as age, education, stage of treatment, and gender, were found to be related to patient satisfaction in some domains. Specifically, gender and stage of treatment were associated with patient satisfaction in all the domains. Nurses should take patients decision making ability seriously when rendering care. Autonomy should be encouraged among patients to strengthened their decision making power. Nurses should work on improving the rating of their patient satisfaction scale from moderate to high, paying close attention to domains with low rating. This can be achieved by providing patient centered quality care. Additionally, nurses should note the patient characteristics identified in this study that were strongly related to satisfaction and intentionally focus on improving the process.

References

Abdulraheem I.S. (2009). Experience and perspectives of quality of health care in Nigerian rural community: An exploratory study. *Nigerian Medical Practitioner*. 50(2),48-53.

Adeleke, A.O. (2010). *The challenges of best practices and standards in Nursing in Nigeria*. Igbinedion: University press Ltd.

Al-Abri, R. & Al-Balushi, A. (2014). Patient Satisfaction Survey as a tool towards quality improvement. *Oman Medical Journal*, 29(1), 3-7.

Alasad J. & Ahmad M. (2003) Patients' satisfaction with nursing care in Jordan. *International Journal of Health Care Quality Assurance, 16* (6), 279–285.

Aldaqal, S. M., Alghamdi, H., AlTurki, H., El-deek, B. S., & Kensarah, A. A. (2012). Determinants of patient satisfaction in the surgical ward at a university hospital in Saudi Arabia. *Life Science Journal* 9(1), 277-280.

Al-Momani, M. & Al-Korashy, H.(2012).Patient experience of nursing quality in a teaching hospital in Saudi Arabia. *Iranian Journal of public health*, 41(8), 42-49.

Bhanu, P. (2010). Patient Satisfaction: *Journal Cutaneous and Aesthetic Surgery* 5(3), 151 – 155.

Clark, P. A., Kaldenberg, D. O., Drain, M., & Wolosin, R. F. (2004). Elderly inpatients' priorities for acute care service quality. *International Journal of Health Care Quality Assurance*, 77(2/3), 92-104. doi:10.1108/09526860410526718

Cramarossa G., Chow E., Zhang L., Bedard G., Zeng L., Sahgal A., et al…. (2013) Predictive factors for overall quality of life in patients with advanced cancer. *Supportive Care in Cancer* 21, 1709– 1716.

Findik, U. Y & Unsar S. (2010). Patient Satisfaction with Nursing Care and its Relationship with patient Characteristic. *Nursing and Health Sciences*; 12(2):162-169. Iftikha, A., Allua, N., Shadiallah, K., Habibullah, K., Muhammed, A. R. & Muhammed,

H. K. (2014). Predictors of patient Satisfaction. *Gornal Journal of Medical Science*, 9(2), 183-188.

Kulkani, S. Dasgupta, A.R .Deoke, C. & Naysa, W. O (2011).Descriptive study of satisfaction of patient admitted in a tertiary care hospital, *National Journal of community medicine* .2 (1), 60-65.

Laschinger HS, McGillis-Hall L. & Almost J. (2005). A psychometric analysis of the patient satisfaction with nursing care quality questionnaire. *J Nurs Care Qual*, 20(5); 220–230.

Lis, C. U., Rodeghier, M., Grutsch, J. F. & Gupta, D. (2009). Distribution and determinants of patient satisfaction in oncology with a focus on health related quality of life. *BMC Health Services*, 9(2), 190.

Milutinovic, D., Simin, D., Brkic, N., & Brkic, S. (2012). The patient satisfaction with nursing care quality: The psychometric study of the Serbian version of PSNCQ questionnaire. *Scandinavian Journal of Caring Sciences*, *26*(3), 598–606.

Mohammed, K., Salmiah, B. S., Syed, T. S. H., Moha, Y. A., & Mehmrosh, A. Z. (2010). Patient Satisfaction: Evaluation Nursing Care for Patients Hospitalized with Cancer in Tehran Teaching Hospital, Iran. *Global Journal of Health Science*: 2(1), 78-95.

Needleman J, Buerhaus P, Pankratz S, Leibson CL, Stevens S.R, & Harris M. (2011). Nurse staffing and inpatient hospital mortality. *The New England Journal of Medicine*; 364(11),1037-45.

Nwozichi, C.U., Ojewole, F.O. & Oluwatosin, A.O. (2017). Understanding the challenges of providing holistic oncology nursing care in Nigeria. *Asia Pac J. Oncol Nursing*, 4, 18-22

Oluwadare, C.T. (2012). Clients' perception of quality hospital service in Ekiti State, Nigeria. *Global Research Journal of Medical Sciences*, 2(3),43-7.

Palesa, A., Tomietto, M., Suhonen, R. Efstathiou, G., TSangari, H., Merkouris, A. et al. (2011). Surgical Patient Satisfaction as an Outcome of Nurses Caring Behaviours. A Descriptive and Correlational Study in six European Countries. *Journal of Nursing Scholarsh*, 43 (4), 341 – 350.

Radwin, L. E. (2003). Cancer patients' demographic characteristics and rating of patient-centered nursing care. *J. Nurs. Scholarsh*, 35:365– 370.

Rafil, F.,Hajinezhad ,M.E & Haghani (2010). Nurse caring in Iran and its relationship with patient satisfaction. *Australian Journal of Advanced Nursing*, 2(6), 2-7.

Rama, M. & Kanagaluru, S. K. (2011). A Study on the Satisfaction of Patient with reference to hospital services, *International Journal of Business and Management Research*. 1(3), 23-34

Silva, M. E., Dantas, A. L., Araujo, D. O., Daurte. I. S., & Sousa, J. F. (2013). Nursing Care to Cancer Patients in the Hospital. *Rev Enfem uf*, 2(5), 69-75.

Teng, K. Y. & Norazlian, S. (2012). Surgical Patients' Satisfaction of Nursing Care at the Orthopedic Wards in Hospital Universiti Sains. Malaysia (HUSM). *Health and the Environment Journal*, 3(1), 45-55.

Tiwari, V. K., & Nair, K. S. (2012). Patient Satisfaction with Quality of Services Providers at the tertiary Care Cancer Hospital in India. *Indian j.pev.soc-med*, 143(4), 43-52.

Tokunaga J., Imanaka Y. & Nobutomo K. (2002) Influence of length of stay on patient satisfaction with hospital care in Japan. *International Journal for Quality in Health Care*, 12 (5), 395–401.

Upul S., Nalika S., Gunawardena D., Benedict S., Arosha S., Sachintha L., et al. (2013). Patient satisfaction with nursing care and related hospital services at the National Hospital of Sri Lanka. *Leadership in Health Services*, 26 (1), 63 – 77.

Vishai, K, Harjot, S., & Kalayan, K. D. (2015). Factors Affecting Patient Satisfaction: An expiratory Study for quality Management in the Health Care Sector. Retrieved from http://.dx.doi.org/10/1080/14783363.2015.1057488.on 30/1/2017

Wagner, D., & Bear, M. (2009). Patient Satisfaction with Nursing Care: A Concept Analysis within a Nursing Framework. *Journal of Advanced Nursing*, 65(3), 692 – 701.

Wia, M. T., Chi-yany, S., & Wen, C. L. (2013). Patient Satisfaction with Nursing Care: A Descnptive Study Using Interactional Model of Client Health Behaviour. International *Journal of Nursing Science*, 3(2), 51-56.

Yu L, Aiken LH, Sloane D.M, Liu K, He G, Hu Y, et al. (2013). Hospital nursing, care quality, and patient satisfaction: Cross-sectional surveys of nurses and patients in hospitals in China and Europe. *International Journal of Nursing Studies*; 50(2):154-61.