***Original Research Article***

**Patient Satisfaction with Nursing Care in Ghana: A Scoping Review**

**ABSTRACT**

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| **Aims:** To assess patient satisfaction with nursing care and its associated factors in Ghana using Arksey & O’Malley scoping review framework**Study design:** A scoping review employing broad literature search.**Place and Duration of Study:** Papers published in Ghana on patient satisfaction with nursing care in Ghana between 2015 to 2020.**Methodology:** Studies on patient satisfaction with quality nursing care in Ghana employing involving all study designs from 2015-2020 and published in English were included. An overall number of 25935 articles was found through database searching with no hand-picked articles from other sources. Records after duplicates removed were 15855 with 10080 duplicated items which were identified with the help of Mendeley, a referencing tool. Studies conducted among patients. **Results:** Nurse-patient interaction significantly and positively relate to patient satisfaction with nursing care and the most predictor of patient satisfaction. Patients perceived respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction. **Conclusion:** There is a need to improve nurses interpersonal and communication skills and future studies on patients’ satisfaction with nursing care comprising of nurses in order to validate patients reported experiences of nursing care. |

***Keywords:*** *Patient, Satisfaction, Nursing care, Patient-centered care, Quality health care.*

1. INTRODUCTION

Patient’s health fulfillment with care rendered by nurses is a vital element in influencing healthcare quality [1]. Progression in knowledge and expertise remain to broaden the scope of nursing practice in Ghana. As healthcare professionals, particularly nurses come in contact with a lot of patients during the course of carrying out their duties, patient satisfaction challenges will inevitably result. Similarly, patients have complained about the superiority of upkeep obtained at the hospital. The increase in awareness of patient satisfaction issues put healthcare workers like nurses on the edge of a lawsuit and a dent on nursing practice when anything goes wrong [2]. Moreover, many healthcare organizations in mutually advanced and advancing nations do not meet minimum standards for clinical effectiveness or patient satisfaction. In the Ghanaian context, the World Bank report revealed an improvement in the number of health workers but health care quality still suffers with low patients’ rating of Health workers’ competencies and performance, widespread deficiencies in technical skills culminating in substandard clinical care quality [3]. Nevertheless, other factors influence patients’ satisfaction with healthcare [4,5] and among these are nurse-patient interaction, patients’ previous healthcare experience, and patients’ cognitive appraisal. It is on the basis of this that MacLeod [6] considers nurse-patient interaction as a most imperative determining element in the patient’s health care satisfaction. It was identified that, undesirable nurse-patient interaction ends up in the following: patients not able to comprehend diagnosis and treatment [7] as well as nurses’ failure to meet the passionate desires of patients [8]. In some instances, negative nurse-patient interaction leads to violence in the healthcare facility due to patients been dissatisfied with the healthcare delivered [9]. A study done in Ghana by Dzomeku *et al* [10] looked at inpatient satisfaction with nursing care and determined patient satisfaction with nursing care to be 33% (i.e. poor). The result of a meta-analysis conducted by Mulugeta *et al*. [11] realized that patients’ abode, accessibility of an allocated charge nurse, earlier history of admission, and the occurrence of comorbid illnesses had an impact on the patients’ satisfaction with nursing care even if not statistically substantial. Evidence of poor health care concerns still exists even in the well-developed and well-resourced health systems with corresponding growing awareness and pressure for improvement of health care quality and performance of the health system worldwide. Though health care reforms have been undertaken in Africa, care in many countries remains poor [3]. Patients admitted to hospitals with illnesses perceive their illnesses differently [12]. The meaning patients attach to their illness help them cope with the conditions that affect them [13] thereby making patients more satisfied with care. In a chronic condition such as a stroke, cognitive appraisal was found to predict life satisfaction of the patients in the Netherlands [14]. When matters of patient satisfaction issues come on board, nurses are to ask themselves the need to be insured and to what extent do the hospital authorities intervene, these could influence nurses’ attitudes and care, thus affect satisfaction of care among patients. Despite the numerous researches on nurse-patient interaction, the magnitude to which nurse-patients interaction influences satisfaction with nursing care is still unknown. However, literature review on this subject showed few results for Ghana; hence there is a knowledge gap to be filled. Again, scoping reviews put forward a comprehensive synopsis of indication relating to a subject, regardless of research value, and are beneficial when probing fields that are developing, to elucidate significant ideas and recognize gaps [15]. It is for this reason that this study was conducted employing a scoping review to evaluate patient satisfaction with quality nursing care and its associated factors in Ghana.

2. material and methods

***2.1 Study Selection***

The search done in scoping review generates large volumes of data that the researcher peruses the studies with the set criteria to exclude those that are not pertinent in responding to the study question [16]. This includes screening and eligibility of data. The reference manager tool, Mendeley was used to gather relevant literature and to identify duplicates. The first screening method include only articles with the title and abstract of citation revised to exclude waste of resources in acquiring articles that do not meet the smallest inclusion criteria. Articles closely related to topic were considered relevant and if they addressed one or any of the research question. A title and abstract relevance screening were done by two of the extractors independently. The PPC mnemonic which stands for Population of interest, Concept and Context guided the inclusion of studies.

Population of interest: Studies conducted among patients.

Concept: Patient satisfaction with quality nursing care

Context: Ghana.

Year limits: 2015 - 2020

Language: Only English articles

Study design: All study designs

***2.2 Charting Data***

Two extractors independently screened the article titles and abstract for inclusion for which a third person served as an adjudicator. The data charting form contained five articles which contained studies from [17], [18], [19], [20] and [3].

The study conducted by Konlan et al. [17] in Ghana was to explore the expectations and satisfaction of Ghanaian hypertensives with nursing care. A qualitative study using phenomenological approach was employed in their study. Purposive sampling, 16 patients and only patients with history of previous admissions during immediate past six months were used. Their findings were that:

(a) Ghanaian hypertensive patients professed nurses as crucial troupes in their management.

(b) Aptitude of nurses, conservation of healing setting and also handling of confidential information determined patient satisfaction with nursing care.

(c) Responsiveness to patient desires, rapid pain management, efficiency of health education and ethnically delicate communication leads to patient dissatisfaction.

(d) Disproportionate nursing staffing across time shifts, unethical practices of nurses, insufficient possessions for work and little work moral of some nurses were noted as influences accountable for the gaps amid patient prospects and definite care established.

Another study conducted by Akayuure [18] in Ghana was to examine the factors influencing patient satisfaction with nursing care using a quantitative approach with cross-sectional study design of 260 adult inpatients as the study population. Study findings of [18] were: Patient previous nursing care experience is significantly but negatively related to patient nursing care satisfaction. Patients’ perception of illness do not significantly relate to nursing care satisfaction. Nurse-patient interaction significantly and positively relate to patient satisfaction with nursing care and the most predictor of patient satisfaction.

Also, a study to explore patient’s perception about nurses caring behaviors with a descriptive cross-sectional study using random sampling technique being the study methodology was conducted in Ghana by Afaya et al. [19] employing 183 patients admitted to medical-surgical ward came out with a finding that patients perceive respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction.

Again, Prince et al. [20] conducted a study in Ghana to assess patient satisfaction and some related factors found out that, age, sex, education, job, health, length of time in attaining service, aesthetic features, patient-health worker relationship contributed to patient satisfaction. Sex, length of time in attaining service, aesthetic features and patient-health worker relationship are the most important variables in patient satisfaction. In this study, a quantitative approach using logistic regression model and a study population of 200 patients were used.

A study conducted by Abugre et al. [3] aimed at identifying patient centered care models in literature and examine their effect on quality nursing care, nurse satisfaction, patient satisfaction and nurse-sensitive indicators. Systematic literature review involving patient-centered care model comprising of all qualitative, quantitative and mixed methods in relation to nursing care among adults (18 years and above) was employed. Implementation of patient-centered care (PCC) appears to promote high quality health care (QHC), better health outcomes including nurse-sensitive indicators (NSI) and efficient health delivery. Patient care outcomes that are significantly affected by nursing care are referred to as Nurse-sensitive indicators. Nurse-sensitive indicators (NSI) are affected by system-centered measures such as nurse turnover and nurse staffing levels as well as process factors such as the process of service delivery such as PCC [3].

The study was done in Ghana and their findings indicated that traditional nursing care was standard nursing care for medical inpatients that employ nursing services without incorporating individual patient preferences, needs and values. Traditional nursing care also includes generalized nursing care. Medical inpatients and nurses working on medical inpatient settings were employed as study population.

 ***2.3 Collating, Summarizing and Reporting the Results***

An overall total number of 25935 articles were identified through database searching with no hand-picked articles from other sources. Records after duplicates removed were 15855 with 10080 duplicated items which were identified with the help of Mendeley, a referencing tool. A total of 103 records were screened with 15752 being records of exclusion. Five full-text articles were assessed for eligibility with 98 of them being excluded for the purposes of irrelevance and duplication. Two of the studies included was quantitative, one was qualitative, one was a descriptive cross-sectional study design and the last one being a systematic literature review. Information was inputted on a Prisma diagram and a study selection table. Included studies were ones in only English Language and published from 2015 to 2020. The studies focused on patient satisfaction with nursing care. The search was done in relation to adult patients (18 years and above). All the five studies occurred in different hospitals with 659 participants.

***2.4 Consultation***

Levac et al. [21] indicated that this phase however optional, augments procedural accuracy to the research. The purpose of consultation is to add to suggestions and give an advanced level of importance, content knowhow and outlook of primary results. It serves as a knowledge transfer mechanism by specifically translating the primary scoping study finding and developing operative propagation tactics with shareholders in the area, contributing extra worth to scoping review [21]. Preliminary findings were shared with 2 supervisors who were research experts to ensure consultation.

3. results

***3.1 General Characteristics of Included Studies***

This study followed Arksey & O’Malley [16] framework for conducting scoping reviews. All the studies were published from 2015 to 2020. All five articles were from Ghana. One study employed a descriptive cross-sectional study, two also employed a descriptive quantitative approach, one also employed a qualitative and the other employed a systematic literature review (only baseline data were used). An electronic search was done in PubMed and Google scholar. No hand search was done for articles. The search was done using a combination of key words which include “nursing care”, “patient”, “satisfaction”, “extent”, “level”, “factors”, “elements”, “Ghana”. Search strings were formed by using Boolean operators such as “AND” and “OR” to combine the keywords. Search strings used were:

 1.Patient, satisfaction, nursing care, AND extent OR level, Ghana.

 2.Patient, satisfaction, nursing care, AND factors OR elements, Ghana.

 **Table 1: Study Selection**

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| **Database**  | **Search Terms (Keywords from review objectives)**  | **Number of** **Articles that** **First Appeared**  | **Titles screened**  | **Abstracts** **Read**  | **Full** **Articles** **Read**  | **Full articles Included**  |
| **PubMed**  | Patient, satisfaction, nursing care, AND extent OR level, Ghana.  | 734  | 24  | 10  | 6  |  2  |
| Patient, satisfaction, nursing care, AND factors OR elements, Ghana.  | 771  | 17  | 7  | 4  |  1  |
| Total  | 1505  | 41  | 17  | 10  | 3  |
| **Google scholar**  | Patient, satisfaction, nursing care, AND extent OR level, Ghana.  | 7930  | 29  | 12  | 8  |  1  |
| Patient, satisfaction, nursing care, AND factors OR elements, Ghana.  | 16500  | 33  | 13  | 7  |  1  |
| Total  | 24430  | 62  | 25  | 15  |  2  |



**Figure 1:** **The search and inclusion process**

 **Table 2: General characteristics of studies included in the scoping review**

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| --- | --- | --- | --- | --- | --- |
| **Author(s), year of publication**  | **Study** **Location**  | **Purpose of** **the study**  | **Methodology**  | **Study population and sampling**  | **Findings**  |
| Konlan *et al*. [17]     | Ghana  | To explore the expectations and satisfaction of Ghanaian hypertensives with nursing care  | Qualitative study using phenomenological approach  | 1.Purposive sampling 2.16 patients 3.Only patients with history of previous admissions during immediate past six months  | 1.Ghanaian hypertensive patients professed nurses as main troupes in their care. 2.Aptitude of nurses, conservation of healing atmosphere and also management of intimate data determined patient satisfaction with nursing care. 3.Responsiveness to patient desires, rapid pain management, efficacy of health education and ethnically delicate communiqué leads to patient dissatisfaction. 4.Disproportionate nursing staffing across time shifts, unethical practices of nurses, insufficient possessions for work and little work moral of some nurses were noted as influences accountable for the gaps amid patient prospects and definite care established.  |
| Akayuure [18]   | Ghana  | To examine the factors influencing patient satisfaction with nursing care  | A quantitative approach with cross-sectional study design was employed  |  260 adults inpatients  | 1.Patient previous nursing care experience is significantly but negatively related to patient nursing care satisfaction. 2.Patients perception of illness do not significantly relate to nursing care satisfaction. 3.Nurse-patient interaction significantly and positively relate to patient satisfaction with nursing care and the most predictor of patient satisfaction.  |
|   Afaya *et al*. [19]  | Ghana  |  To explore patient’s perception about nurses caring behaviours  | Descriptive cross-sectional study using random sampling technique  | 183 patients admitted to medical surgical ward  | 1.Patients perceive respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction.  |
| Prince *et al*. [20]  | Ghana  |  To assess patient satisfaction  and some related factors  |  Quantitative approach using logistic regression model  | 200 patients  | 1.Age, sex, education, job, health, length of time in attaining service, aesthetic features, patient-health worker relationship contributed to patient satisfaction. Sex, length of time in attaining service, aesthetic features and patient-health worker relationship are the most important variables in patient satisfaction.  |
| Abugre *et al*. [3] | Ghana  |  To identify patient centred care models in literature and examine their effect on quality nursing care, nurse satisfaction, patient satisfaction and nurse-sensitive indicators.  | Systematic literature review involving patient-centred care model comprising of all qualitative, quantitative and mixed methods in relation to nursing care among adults (18 years and above).  | Medical inpatients and nurses working on medical inpatient settings  | 1.Traditional nursing care: standard nursing care for medical inpatients that employ nursing services without incorporating individual patient preferences, needs and values. Traditional nursing care also includes generalized nursing care.  |

**Table 3: Main themes and Subthemes**

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| **Main Themes**  | **Subthemes**  |
| Extent of satisfaction with quality nursing care among patients in Ghana.   | Ghanaian hypertensive patients professed nurses as crucial troupes in their care. Aptitude of nurses, conservation of healing setting and also management of private data determined patient satisfaction with nursing care [17]Patients perceive respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction [19]Sex, length of time in attaining service, aesthetic features and patient-health worker relationship are the most important variables in patient satisfaction [20]. Patient previous nursing care experience is significantly but negatively related to patient nursing care satisfaction [18].  |
| Factors that may account for satisfaction with quality nursing care among patient in Ghana.   | Patients’ perception of illness does not significantly relate to nursing care satisfaction. Nurse-patient interaction significantly and positively relate to patient satisfaction with nursing care and the most predictor of patient satisfaction [18]. Traditional nursing care: standard nursing care for medical inpatients that employ nursing services without incorporating individual patient preferences, needs and values [3]. Responsiveness to patient desires, rapid pain management, efficiency of health education and ethnically delicate communiqué leads to patient dissatisfaction [17]. Disproportionate nursing staffing across time shifts, unethical practices of nurses, insufficient possessions for work and little work moral of some nurses were noted as influences accountable for the gaps amid patient outlooks and definite care established [17].  |

**4. DISCUSSION**

***4.1 Healthcare***

Healthcare is defined as the medical diagnosis, treating, as well as preclusion of illness, infection, injury, bodily and other intellectual damages in individuals [22]. Furthermore, practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, associated health and other care workers who provide healthcare service assume this explanation. They refer to health as the work done in delivering principal care, subordinate care and tertiary care, as well as in public health. Also, healthcare is orthodoxly viewed as an imperative element in endorsing the overall health and comfort of persons around the globe [23].

***4.2 Patients’ satisfaction and quality healthcare in the context of Ghana.***

Ghanaians see the excellence of health care as low-standard and choose substitute sources of care [24]. The faith and assurance are dented by recurrent scarcities of drugs and medical materials, long lines, the nonattendance of emergency services and poor staff attitude. This has led to in low use of health services in spite of the extensive asset intended to refining entree to health services in Ghana [25]. Though, others view the class of healthcare in Ghana to be high. Turkson [24], looked at the quality of healthcare delivery in a rural district of Ghana and found that largely the superiority of healthcare provision was professed to be high for most of the predictors employed. Also, extra studies by Atinga *et al*. [26], surveyed how announcement, provider politeness, sustenance/care, atmosphere of the institution and waiting time expressively determine patients’ satisfaction with the excellence of healthcare in two hospitals situated in northern Ghana. They observed that the five-factor model, support/care, setting of the institution and waiting time regulate patients’ satisfaction with eminent of healthcare provision.

***4.3 Extent of satisfaction with quality nursing care among patients in Ghana.***

Ghanaian hypertensive patients professed nurses as crucial troupes in their care. Aptitude of nurses, conservation of healing setting and also management of private data determined patient satisfaction with nursing care [17]. Research carried out in Ghana by Dzomeku *et al.* [10] looked at inpatient satisfaction with nursing care and determined that patient satisfaction with nursing care was 33% (i.e. poor). The outcome a meta-analysis undertaken by Mulugeta *et al*. [11] found that patients’ dwelling, accessibility of an allotted charge-nurse, earlier history of admission and the existence of comorbid illnesses had an impact on the patients’ satisfaction with nursing care all though not statistically imperative. In current years, defining the level of patient satisfaction has been found to be the most beneficial instrument for obtaining patients’ views on how to offer care. This is founded on two main philosophies: patients are the appropriate source of data on eminent and extent of health care provided and patients’ views are defining influences in developing and assessing gratification [20]. The quality of healthcare provided is largely determined by the patient’s satisfaction with care [1]. As a result, it is therefore not surprising that every healthcare organization values patient’s satisfaction and puts interventions that meet the needs of patients [27]. Also, it is argued that modernism, competition among healthcare providers to provide satisfactory care and improvement in the health literacy of patients have made patients critical appraisers of health outcomes [28]. These phenomena have made patient’s satisfaction surveys to gain prominence in healthcare organizations. Thus, for hospitals to continue to stay in business, their services have to be patronized by patients [18]. Patients perceive respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction [19]. Sex, length of time in attaining service, aesthetic features and patient-health worker relationship are the most important variables in patient satisfaction [20]. Patient previous nursing care experience is significantly but negatively related to patient nursing care satisfaction [18]. There is effective team work amid nurses and patients in which nursing care ends up in a feeling of patients’ good state, taking into consideration all factors which would describe the share will to keep on living. Thus, this stretched frame work drive patient wants to have their expectation for definite desires being met, delivery of active and ethnically delicate communication. Clean working environment also plays a role in patient recovery to boost satisfaction. To enhance satisfaction patients also expect nurses to deliver professional care and dealings [17]. Patients’ satisfaction is seen as imperative in assessing patients’ health outcome and by large, the delivery of superior health care and as such usually assessed by health care organizations. Patients’ needs and expectations are better met when health providers evaluate patients’ perspectives on health care. Thus, the health provider through the evaluation is able to identify the patient's needs and work towards meeting those needs. Also, patients’ satisfaction has become legal and ethical for health providers as patients are increasingly becoming aware of their rights [18].

***4.4 Factors that may account for satisfaction with quality nursing care among patient in Ghana.***

Patients’ perception of illness does not significantly relate to nursing care satisfaction. Nurse-patient interaction significantly and positively relate to patient satisfaction with nursing care and the most predictor of patient satisfaction [18]. Responsiveness to patient desires, rapid pain management, efficiency of health education and ethnically delicate information leads to patient dissatisfaction [17]. Disproportionate nursing staffing across time shifts, unethical practices of nurses, insufficient possessions for work and little work moral of some nurses were noted as influences accountable for the gaps amid patient prospects and definite care established [17]. Poor quality of care, repeated costs, and bad experience during their past admission might be the possible reasons for patients with a history of admission to be dissatisfied with nursing care [11]. From the research conducted by Akayuure [18] it stated that the determinants of patient satisfaction are nurse-patient interactions, patient previous health care experience and cognitive appraisal of patient.

***4.4.1 Nurse-patient Interactions***

There is evidence that the superiority of health care received and the patient’s satisfaction is explicitly linked to the good interaction that health providers have with patients [18]. This healthcare provider-patient interaction in the healthcare setting could be nurse-patient interaction, doctor-patient interaction, or paramedics-patient interactions. Among all the health workers, nurse-patient interaction is considered most vital in the sense that nurses stay longer with the patients at the hospital than other health workers [29]. Implicitly improving nurses’ relationship with patients at hospitals will largely improve healthcare quality to patients which subsequently leads to patient’s satisfaction [18]. It is on the basis of this that MacLeod [6] considers nurse-patient interaction as a most imperative determining element in the patient’s health care satisfaction. Some benefits of positive nurse-patient interaction to the patient have been found to include adherence to treatment, trust, common understanding, social support, and self-efficacy among patients, nurses and other health workers [30]. Historically, nurse-patient interaction was first described by Peplau in1952 in her theory of interpersonal relationship as essential in nursing care [31]. Since then, nurse-patient interaction in healthcare has gained prominence [32]. Nurse-patient interaction has been considered important even in nursing activities that require the minimum time to carry out such as vital signs [33]. This recognition of nurse-patient interaction in health care and how it affects patient health outcomes such as satisfaction helps to clearly define the role of nurses and the nursing care approaches needed to care for patients [34]. In contrast, negative nurse-patient interaction leads to the following: patients not able to understand diagnosis and treatment [7] In some instances, negative nurse-patient interaction leads to violence in the healthcare facility due to patients been dissatisfied with the healthcare delivered [9].

***4.4.2 Patient previous health care experience***

Patient previous healthcare experience is considered another key determining element in the patient’s nursing care satisfaction and at large health service quality [18]. Past and recent studies have suggested that patient characteristics such as patients’ regularity in hospital determine patients’ satisfaction [35]. Thus, patients who had regular earlier experience of healthcare are more likely to be satisfied. For example, [35] undertook a systematic review to identify the determinant of patients’ satisfaction and revealed that patients who visit the hospital often were found to be more satisfied with the service provided. Akayuure [18] stated in his study that patient previous experience with health care is significant but negative to patient satisfaction.

***4.4.3 Cognitive appraisal of patient***

The results were deliberated on, with respect to patient satisfaction with nursing care. Research by Afaya *et al*. [19] disclosed that a mainstream (89.1 %) of respondents strongly agreed and agreed that, nurses assiduously listen to patients when caring for them. Majority respondents (87.4%) supported that the nurses gave teachings or taught patients, most of respondents (79.3%) in this research showed that nurses spent time with them when treating or caring for them. Remarkably 91.8% of respondents settled that nurses know how to give injections and give IV medicines, making it the second most imperative caring comportment with the most vital gentle activities on the CBI24 items being “giving patient care and medicines on time” with a mean of 4.93. Their findings were that, patients perceive respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction. Studies by Konlan *et al*. [17] showed that respondents measured the aptitude of nurses, conservation of healing setting, and also efficient management of personal data as predictors of their satisfaction with nursing care. Further, the respondents noted some main zones of displeasure and these comprised the receptiveness of nurses to patient desires, rapid pain management, efficacy of health education, and delivery of ethnically delicate information. Uneven dispersal of nursing staff athwart the three nursing shifts, unprincipled practice among some nurses, insufficient possessions for work and little work drive of some nurses were noted as influences accountable for the gaps amid patient prospects and definite care established. On the aptitude level and expert behaviour of nurses, the research discovered that nurses were largely capable in nursing care and obeyed to expert exercise with respondents articulating gratification in these fields. The outcomes also portrayed nurses to be secretive in their contacts with respondents’ private data. The study found out that nurses handled particular data of patients well. The respondents said nurses ensured that the wards were mostly clean and in virtuous figure for patients all though some claim their bathrooms were not in upright form. All in all, respondents seem satisfied with nurses’ conservation of a healing atmosphere. On the subject of efficient interaction of nurses, most of the respondents’ said nurses were very unethical when cooperating with patients. Nurses were said to have liaised cruelly with patients and their relations and actually made them very dissatisfied. They said nurses were very impolite and uncaring to them and their relations when rendering nursing care. The study established that the nurses did not provide sufficient and effective health education tailored towards meeting the needs of the patients. Patients claim nurses never had satisfactory period to instruct them on their situations. Even the rare times in which they were given teaching, they were hurried by the nurses and the dialect used was greatly methodological on the gratification of clients with the expert conduct of nurses and their aptitude in rendering nursing care. A great number of the respondents found nurses to be extremely qualified with significant aptitude in rendering efficient nursing care. They stated that nurses presented adroitness in their delivery of care. Abugre *et al*. [3] stated that patient care outcomes that are significantly affected by nursing care are referred to as Nurse-sensitive indicators and that these nurse-sensitive indicators (NSI) are affected by system-centred measures such as nurse turnover and nurse staffing levels as well as process factors such as the process of service delivery such as PCC. Most health organizations in mutually advanced and advancing nations do not meet minimum standards for clinical effectiveness or patient satisfaction. Evidence of poor health care concerns still exists even in the well-developed and well-resourced health systems with corresponding growing awareness and pressure for improvement of health care quality and performance of the health system worldwide. Though health care reforms have been undertaken in Africa, care in many countries remains poor. The role of nurses in providing PCC or PCNC has been illuminated by the International Council of Nursing (ICN) that “nurses are the foundation of health care delivery that is aimed at person-centeredness, continuity of care, comprehensiveness and integration of services which are fundamental to holistic care”. Abugre et al. [3] suggested that the characteristics, behaviours or attributes of PCC are fundamental to the core and essence of nursing practice [3]. Again, Prince *et al*. [20] conducted a study in Ghana to assess patient satisfaction and some related factors found out that, age, sex, education, job, health, length of time in attaining service, aesthetic features, patient-health worker relationship contributed to patient satisfaction. Sex, length of time in attaining service, aesthetic features and patient-health worker relationship turned out to be the most important variables in patient satisfaction. Akayuure [18] indicated that patients’ previous nursing care experience is significantly but negatively related to patients’ nursing care satisfaction. Patients’ perception of illness did not significantly relate to patients’ nursing care satisfaction in this study. Also, nurse-patient interaction is significantly and positively related to patients’ satisfaction with nursing care. In addition, patients’ previous nursing care experience, patients’ perception of illness and nurse-patient interaction significantly explained 56% of patients’ nursing care satisfaction. Lastly, nurse-patient interaction was the most determinant of patients’ satisfaction with nursing care.

**5. CONCLUSIONS**

 An overall entire number of 25935 articles were found through database searching with no hand-picked articles from other sources. Records after duplicates removed were 15855 with 10080 duplicated items which were identified with the help of Mendeley, a referencing tool. A total of 103 records were screened with 15752 being records of exclusion. Five full-text articles were evaluated for admissibility with 98 of them being excepted for the purposes of irrelevance and duplication. Included studies were ones in only English Language and published from 2015 to 2020. The studies focused on patient satisfaction with nursing care. The search was done in relation to adult patients (18 years and above). All the five studies occurred in different hospitals with 659 participants. The study examined patient satisfaction with nursing care and its associated factors in Ghana. The study found out that patients anticipated nurses to be caring, friendly, knowledgeable, approachable, but did not expect nurses to be impolite and harsh to them. Majority had positive experience of nursing care. Patients felt that nurses were not usually providing explanation on treatment and procedures. Patients were happy nurses were confidential and perceived nurses to be highly trained. Nurses were not using simple language that the patient understood to communicate. The study also revealed that patients complained of poor pain management. Patients were satisfied with time nurses spent when treating them. Patients perceived respectfulness, nursing skills and knowledge of nurses to contribute to satisfaction. Most patients perceived that nursing care provided was good and were satisfied with it. Patients felt that nurses listened attentively when caring for them. The study found that poor communication between nurses and patient/patient relatives was a cause of dissatisfaction. Again, this study revealed that nurse-sensitive indicators are affected by system-centred measures such as nurse turnovers. Unequal dispersal of workers athwart the three shifts amongst others were responsible factors for the gap between patient expectation and actual nursing care.

The results of the research have implications for nursing practice, policy formulation, and management as well as nursing research.The findings of the study will be of considerable interest for nurses and nurse managers in Ghana. The results suggest the need for nurses to frequently assess and improve patients’ satisfaction with nursing care so as to demonstrate the role played by nurses in patients’ satisfaction with healthcare delivery universally. The study finding of nurse-patient interaction as the utmost central determinant of patients’ satisfaction with nursing care suggests the need for nurse managers to organize continuous professional education programme on nurse-patient interaction for nurses in Ghana. This will help to improve nurses interpersonal and communication skills. The study examined the patient satisfaction with nursing care in Ghana guided by the Scoping review approach. This research is unique of its kind to have assessed patient satisfaction using the scoping review approach in Ghana hence future studies should consider replicating the approach in other study settings to establish its validity. In addition, future studies on patients’ satisfaction with nursing care should comprise nurses in order to validate patients reported experiences of nursing care.

In spite of its importance, the investigation has some limitations. Most of the articles were duplicated and irrelevant to the study as such limited to a minimal quantity of included studies. Though, the limitations stated did not disturb the outcomes of the research in anyway. This study has made a contribution to the patient satisfaction literature by establishing the relationships between factors influencing patient satisfaction and nursing care practices. Primary data was not collected, only included studies were compared to come up with information relating patient satisfaction to nursing care but this could limit the validity of the information since what was expressed by patients in study inclusions might not be the true reflection of issues in clinical settings.

**CONSENT**

Not Applicable

**ETHICAL APPROVAL**

Approval for the current study was not obtained since no human or animal subjects were directly involved. All the studies employed in the current study had prior approval from relevant ethical review committees to commence research.

References

1. Goh ML, Vehvilainen-Julkunen K. Hospitalised Patients' Satisfaction with Their Nursing Care: An Integrative Review. Singapore Nurs J. 2016; 43(2).
2. Cu E, Lc A, Njoku J, Do O, Oi A. Legal issues facing radiographers in Nigeria. British J Health Care Manage. 2012; 18(4): 206–210. https://doi.org/10.12968/bjhc.2012.18.4.206
3. Abugre D, Mogre V, Bhengu B. Effect of Patient-centred Care on Quality Nursing Care, Nurse-sensitive Indicators and Satisfaction of Nurses and Patients in Adult Medical Inpatients Setting: A Mixed Methods Systematic Review Protocol. Asian J Res Nurs Health. 2019; 2(1): 1–14. https://doi.org/Doi: 10.9734/AJRNH/2019/46597.
4. Avortri GS, Beke A, Abekah-Nkrumah G. Predictors of satisfaction with Child Birth Services in Public Hospitals in Ghana. Int J Health Care Qual Assur. 2011; 24(3): 223-237. doi:10.1108/09526861111116660
5. Newcomb P, Wilson M, Baine R, McCarthy T, Penny N, Nixon C, et al. Influences on Patient Satisfaction among Patients Who Use Emergency Departments Frequently for Pain-Related Complaints. J Emergency Nurs. 2017; 43(6):553-559. doi: 10.1016/j.jen.2017.03.022
6. MacLeod L. Three Keys to Patient Satisfaction: Nursing, Nursing, and Nursing. Nurse Leader. 2012; 10(5): 40-42.
7. Labhardt ND, Schiess K, Manga E, Langewitz W. Provider-Patient Interaction in Rural Cameroon--How it Relates to the Patient's Understanding of Diagnosis and Prescribed Drugs, The Patient's Concept of Illness, and Access to Therapy. Patient Education and Counseling. 2009;76(2): 196201. doi: 10.1016/j.pec.2008.12.020
8. Van den Heever AE, Poggenpoel M, Myburgh CPH. Nurses and Care Workers’ Perceptions of their Nurse-Patient Therapeutic Relationship in Private General Hospitals, Gauteng, South Africa. Health South Africa Gesondheid. 2013; 18(1). doi:10.4102/hsag. v18i1.727
9. Boafo IM. "...They Think we are Conversing, So we Don't Care About Them..." Examining the Causes of Workplace Violence Against Nurses in Ghana. Biomedical Centre for Nursing. 2016;15:68. doi:10.1186/s12912-016-0189-8
10. Dzomeku V, Ba-Etilayoo A, Perekuu T. In patient satisfaction with nursing care: a case study at kwame nkrumah university of science and technology hospital. Int J Res Med Health Sci. 2013; 2:19–24.
11. Mulugeta H, Wagnew F, Dessie G, Biresaw H, Habtewold TD. Patient satisfaction with nursing care in Ethiopia: A systematic review and meta-analysis. BMC Nursing. 2019;18(1): 1–12. https://doi.org/10.1186/s12912019-0348-9
12. Leventhal H, Phillips LA, Burns E. The Common-Sense Model of Self-Regulation (CSM): A Dynamic Framework for Understanding Illness Self-Management. Journal of Behavioral Medicine. 2016; 39(6):935-946.
13. Ben-Ezra M, Hamama-raz, Y, Palgi S, Palgi Y. Cognitive Appraisal and Psychological Distress Among Patients with Irritable Bowel Syndrome. Isr J Psych Rel Sci. 2015;52(1).
14. Van Mierlo ML, Van Heugten CM, Post M, De Kort P, Visser-Meily J. Life Satisfaction Post Stroke: The Role of Illness Cognitions. J Psychosom Res. 2015; 79(2): 137-142. doi: 10.1016/j.jpsychores.2015.05.007
15. Tricco AC, Lillie E, Zarin W, O’Brien K, Colquhoun H, Kastner M, et al. A scoping review on the conduct and reporting of scoping reviews. BMC Med Res Methodol.2016; 16(1): 1–10. https://doi.org/10.1186/s12874-016-0116-4
16. Arksey H, O’Malley LO Scoping Studies: Towards a Methodological Framework. Int J Soc Res Methodol: Theory and Practice. 2005; 8(1): 19–32. DOI: 10.1080/1364557032000119616
17. Konlan KD, Armah-mensah M, Aryee R, Appiah TA. Expectation and Satisfaction with Nursing Care among Hypertensives Receiving Care at a Resource-Constrained Hospital in Ghana. Nurs Res Pract. 2020. https://doi.org/10.1155/2020/6094712
18. Akayuure CA. Factors Influencing Patients’ Satisfaction with Nursing Care: A Case Study at the Upper East Regional Hospital, Bolgatanga (Unpublished). The University of Ghana, Legon. 2019.
19. Afaya A, Hamza S, Gross J, Acquah NA, Aseku PA, Doeyela D. Assessing Patient’s Perception of Nursing Care in Medical- Surgical Ward in Ghana. Int J Caring Sci. 2017; 10(3): 1329–1340. http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=127731 924&site=ehostiive
20. Prince AO, Kwaku OD, Irene O. Assessing patient satisfaction and some related factors in the kasena nankana district-ghana. International Journal of Scientific and Technology Research. 2018;7(12): 116–120.
21. Levac D, Colquhoun H, Brien KKO. Scoping studies: advancing the methodology. 2010;1–9.
22. World Health Organization (WHO). Healthcare quality measures-Statewide quality report. Geneva: World Health Organization. 2008.
23. World Health Organization (WHO). Primary healthcare: Now more than ever. Geneva: World Health Organization. 2010.
24. Turkson PK. Perceived quality of healthcare delivery in a rural district of Ghana. Ghana Med J. 2009; 43(2): 65–70
25. Gyapong J, Garshong B, Akazili J, Aikins M, Agyepong I, Nyonator F. Critical Analysis of Ghana‟s Health System: With a focus on equity challenges and the National Health Insurance. SHIELD Work package 1 Report NDPC. Soc Sci Med. 2007; 69(1):68-75. doi: 10.1016/j.socscimed.2009.04.016
26. Atinga RA, Abekah-Nkrumah G, Domfeh KA. Managing healthcare quality: a necessity of patient satisfaction. Int J Healthcare Qual Assur. 2011; 24 (7): 548-563
27. Riiskjaer E, Ammentorp J, Nielsen JF, Kofoed PE. Patient Surveys: A Key to Organizational Change? Patient Education and Counseling. 2010; 78(3): 394-401. doi: 10.1016/j.pec.2009.08.017
28. Kupfer JM, Bond EU. Patient Satisfaction and Patient Centred Care. J Am Med Assoc. 2012; 308(2):139-140.
29. Ferri P, Muzzalupo J, Di Lorenzo R. Patients’ Perception of Dignity in an Italian General Hospital: A Cross-Sectional Analysis. Biomedical Center of Health Services Research. 2015; 15(1): 41. doi:10.1186/s12913-015-0704-8
30. Weiss S, Goldlust E, Vaucher Y. Improving Parent Satisfaction: An Intervention to Increase Neonatal Parent–Provider Communication. Journal of Perinatology. 2010; 30(6): 425
31. Senn JF. Peplau's Theory of Interpersonal Relations: Application in Emergency and Rural Nursing. Nurs Sci Quart. 2013; 26(1): 31-35. doi:10.1177/0894318412466744
32. Currie K, Strachan PH, Spaling M, Harkness K, Barber D, Clark AM. The Importance of Interactions Between Patients and Healthcare Professionals for Heart Failure Self-Care: A Systematic Review of Qualitative Research into Patient Perspectives. European Journal of Cardiovascular Nursing. 2015; 14(6): 525-535. doi:10.1177/1474515114547648
33. Vaga BB, Moland KM, Evjen-Olsen B, Leshabari SC, Blystad A. Rethinking Nursing Care: An Ethnographic Approach to Nurse-Patient Interaction in the Context of a HIV Prevention Programme in Rural Tanzania. Int J Nurs Stud. 2013; 50(8): 1045-1053. doi: 10.1016/j.ijnurstu.2012.11.025
34. Evans EC. Exploring the Nuances of Nurse-Patient Interaction through Concept Analysis: Impact on Patient Satisfaction. Nurs Sci Quart. 2016;29(1): 62-70. doi:10.1177/0894318415614904
35. Batbaatar E, Dorjdagva J, Luvsannyam A, Savino MM, Amenta P. Determinants of Patient Satisfaction: A Systematic Review. Perspect Public Health. 2017; 137(2): 89-101. doi:10.1177/1757913916634136