***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 relates to patient satisfaction with nursing care and the 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 communication skills and future studies on patients’ satisfaction with nursing care comprising of nurses 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, encounter a lot of patients while 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 and among these are nurse-patient interaction, patients’ previous healthcare experience, and patients’ cognitive appraisal [4,5]. It is based on 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 influences how they cope with their condition, which in turn enhances their satisfaction with the care they receive [13]. In a chronic condition such as a stroke, cognitive appraisal was found to predict life satisfaction of the patients in the Netherlands [14]. When issues of patient satisfaction arise, nurses must reflect on the importance of being insured and consider the extent of intervention by hospital authorities. These factors can influence nurses’ attitudes and the care they provide, thereby affecting patients’ satisfaction with care. Despite the numerous studies on nursing patient interaction, the magnitude to which nurse-patients interaction influences satisfaction with nursing care is still unknown. However, the literature review on this subject revealed limited studies specific to Ghana, highlighting a clear gap in knowledge that needs to be addressed. Conducting a scoping review will help map existing evidence on patient satisfaction with nursing care, identify key themes, and uncover under-researched areas. This is essential for informing policy, improving nursing practices, and guiding future research tailored to the Ghanaian healthcare context [15]. It is for this reason that this study was conducted employing a scoping review to evaluate patient satisfaction with the 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 includes 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 (The 2015–2020 timeframe was chosen to capture contemporary evidence reflecting recent policy reforms and healthcare practices in Ghana. This period ensures relevance to current nursing care standards and patient satisfaction dynamics within the evolving health system)

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].

 ***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. Of the 103 records screened, 98 were excluded due to irrelevance and duplication, leaving five full-text articles for eligibility assessment. Two of the studies included were quantitative, one was qualitative, one was descriptive cross-sectional study design and the last one being a systematic literature review. Information was documented 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 five studies included for review 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 know-how 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 reviewed by two research experts who provided critical feedback on data interpretation and methodological rigor, ensuring the review’s accuracy and overall quality.

3. results

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

This study followed the Arksey & O’Malley [16] framework for conducting scoping reviews. All the studies were published from 2015 to 2020. All five articles included for review were from Ghana. The descriptive cross-sectional study was quantitative in nature. In total, three studies used a descriptive quantitative approach, one used a qualitative design and one was a systematic literature review that analyzed only baseline data. 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Author(s), year of publication**  | **Study** **Location**  | **Purpose of** **the study**  | **Methodology**  | **Study population and sampling**  | **Findings**  |
| Konlan *et al*. [17]     | Ghana  | To explore 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 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 morals 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 significant but negatively related to patient nursing care satisfaction. 2.Patients’ perception of illness does not significantly relate to nursing care satisfaction. 3.Nurse-patient interaction significantly and positively relates 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.  |

**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 services 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 people around the globe [23].

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

Ghanaians see the quality 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, prolonged waiting times, the nonattendance of emergency services and poor staff attitude. This has resulted in low utilization of health services, despite the substantial investments made to improve access to healthcare 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 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 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 of 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 accessing 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 satisfaction surveys to gain prominence in healthcare organizations. Thus, for hospitals to continue to stay in business, their services must 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 are significant but negatively related to patient nursing care satisfaction [18]. There is effective teamwork among 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 framework drive patient want to have their expectation for definite desires being met, delivery of active and ethnically delicate communication. A 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 can 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 relates 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 paramedic-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’ relationships with patients at hospitals will largely improve healthcare quality to patients which subsequently leads to patient’s satisfaction [18]. It is based on 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 findings of the reviewed studies collectively point to a generally high level of patient satisfaction with nursing care in Ghana, particularly in areas such as respectfulness, communication, professional competence, and the maintenance of a healing environment. For instance, Afaya et al. [19] reported that a significant majority of patients (89.1%) agreed that nurses listened attentively, and 91.8% acknowledged the technical competence of nurses in administering injections and IV medications. These indicators of technical proficiency and empathetic care align closely with the core elements of person-centered care (PCC), a model strongly endorsed by the International Council of Nurses (ICN) as foundational to quality healthcare delivery. However, despite these positive aspects, gaps were identified that have important implications. Respondents in studies by Konlan et al. [17] and others highlighted dissatisfaction with nurses’ responsiveness to patient needs, poor communication, inadequate health education, and culturally insensitive information delivery. These concerns indicate a disconnect between the technical and relational aspects of nursing care, with relational deficits having a disproportionate negative impact on patient experience. Of particular concern is the perception of nurses as “unethical” and “uncaring” in some cases, suggesting an urgent need to address the affective domain of nursing practice. Such perceptions, whether due to actual behavior or system-level challenges (e.g., high workloads, staffing shortages, or burnout), damage trust and can reduce patient engagement with health services. The data also suggest that **structural and systemic issues** such as uneven staff distribution, inadequate resources and poor infrastructure are significant barriers to high quality care. These systemic constraints not only affect nurse morale and performance but also reduce the consistency and continuity of care, which are essential to patient satisfaction. From a regional standpoint, these findings reflect broader patterns seen across Sub-Saharan Africa, where healthcare systems often struggle with limited resources, workforce shortages and underinvestment in patient-centered models of care. These issues must be addressed through comprehensive policy reforms that prioritize nurse staffing, continuous professional development, and institutional accountability. Globally, the implications are equally significant. Even in well-resourced settings, patient dissatisfaction often stems from poor nurse-patient interactions and inadequate emotional support issues mirrored in the Ghanaian context [Wolf et al. 17]. This suggests a **universal need** to reinforce the humanistic dimensions of nursing practice alongside technical competencies. In a nutshell, while patients in Ghana generally recognize and appreciate the technical capabilities of nurses, there is a critical need to enhance communication, responsiveness and culturally sensitive care. Bridging this gap will require targeted interventions in nursing education, health policy, and facility-level management. These findings reinforce the global call for healthcare systems to embrace truly person-centered care that is not only clinically effective but also emotionally supportive and culturally attuned.

**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 five studies occurred in different hospitals with 659 participants. The study examined patient satisfaction with nursing care and its associated factors in Ghana.

This scoping review reveals that nurse-patient interaction is the cornerstone of patient satisfaction with nursing care in Ghana. While technical competence and confidentiality are strengths, persistent challenges such as inadequate communication, lack of patient education, and suboptimal pain management hinder the delivery of truly patient-centered care. These findings call for a strategic shift toward strengthening interpersonal skills and empathetic engagement within nursing practice.

For nursing leaders and policymakers in Ghana, the evidence underscores the urgent need for continuous professional development programs focused on communication and relational care skills. Investing in these areas will bridge the gap between patient expectations and care experiences, ultimately enhancing healthcare outcomes. Globally, this review affirms that high-quality nursing care depends not only on clinical expertise but also on the quality of interactions nurses have with patients.

To build on these insights, future research should integrate nurses’ perspectives alongside patients’ experiences, ensuring a comprehensive understanding that drives effective interventions. Despite limitations inherent in scoping reviews, this study offers a robust foundation for improving nursing practice, patient satisfaction, and health system responsiveness both locally and internationally

**CONSENT**

Not Applicable

**ETHICAL APPROVAL**

Approval of 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.

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