

Assessment of patient satisfaction regarding holistic nursing care in the surgical units of the Limbe and Buea regional hospitals, Cameroon

Abstract

Background: Holistic Nursing Care is the ‘heart’ of nursing science and the most effective method of attaining patient’s satisfaction. Nurses play a vital role in the delivery of primary health care hence, it is important for them to understand what holism in Nursing Care entails.

Aim: This study assessed patient’s satisfaction of Holistic Nursing Care in the Surgical Units of the Limbe and Buea Regional Hospitals in order to provide useful data for improving holistic nursing practice.

Methods: This study was a hospital-based cross sectional study, where a simple random and convenient sampling techniques were used to select the study area and participants respectively. A semi-structured pre-tested questionnaire was used to collect data on the degree of implementation of holistic Nursing Care, patients’ level of satisfaction with Nursing Care and suggestions on how to improve patient satisfaction. Data collected was entered using EpiData software version 3.1, data was saved in an external drive and SPSS Standard version. Release 21.0 (IBM Inc. 2012) was used for detailed statistical analysis. Aggregate analysis was performed by combining individual item scores (strongly agree and agree, strongly disagree and disagree). Composite variables scoring perceptions were generated and analyzed following the standard of scale variables, using quartile values to group into very low, low, high and very high.

Results: A total of 102 patients participated in this study, which highlighted surgical patients’ satisfaction with the various components of Holistic Nursing Care. In aggregate, (473)77.3% patients were generally satisfied with physical nursing care. Slightly above half, (600)58.8% of the patients were not satisfied with psychosocial nursing care. Also, (405)56.7% of the respondents were satisfied with communication and patient education. Almost all, (395)96.8% of the respondents were not satisfied with spiritual nursing care. Overall, patients’ level of satisfaction to the nursing care received in the two hospitals was average as about half of them, (52) 51.0% perceived it as low while cumulatively, (50) 49.0% perceived it as high. Patients mostly suggested that improvement in nurses’ time, duty consciousness, commitment, communication, health education and the inclusion of ward prayers would enhance holistic Nursing Care.

Conclusion: Most of the patients at the Surgical Units of the Limbe and Buea Regional Hospitals were satisfied with physiological care and more than half of them were satisfied with Communication and Patient education. However, almost all of them were not satisfied with Psychosocial and Spiritual Nursing Care. Therefore, there is need for the hospital authorities to introduce rapid assessment tools, organise seminars and conduct monthly evaluation of the implementation of holistic Nursing Care in order to enhance patient satisfaction.

Keywords: holistic nursing care, patient’s satisfaction, surgical unit

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Introduction

Nurses play a vital role in health care; they are often the first to detect health emergencies hence, they are always at the front line for the delivery of primary health care.¹ Patient satisfaction refers to people’s expectations of health service on the basis of health, disease and quality of life. Due to the high patient load and intense time constraints placed on nurses, it can be easy to simply treat the physical being and move on to the next patient. It is important to note that holism is more than certain actions performed or words spoken to a patient. Holistic care is a philosophy; it is a way of ensuring that every patient is treated as a whole. Holistic nurses are often described by patients as those nurses who “truly care”, because it is not all about

how long you spent interacting with a patient, but the impact you made.² Holistic nursing care provides an in depth understanding of patients and their various needs for care and has been referred to as the “heart” of nursing science.³

Surgical nurses ensure that patients are cared for before, during and after surgery; however, their care is not limited to pre, intra and post-operative care. Surgical nurses care for patients who have sustained injuries from traumatic accidents and patients with wounds of various kinds. The founder of modern nursing, Florence Nightingale understood the inseparability of a person’s health and his environments. The purview (scope of influence) of nursing education considers the whole person which is why the nursing curriculum

and practicum takes into consideration physiological, psychological, sociological, emotional, family (relational), and spiritual aspects of a patient.⁴

Holistic nursing was recognized by the American Nurses Association in 2006 as a specialty that has the goal of healing the whole person.⁵ The World Health Organisation stated that the most effective method of attaining patient satisfaction is to practice holistic care. Surgical nurses use a holistic approach to help surgical patients experience fewer problems (such as surgical trauma, pain and anesthetic complications), reach discharge quickly, attain satisfaction with health care and easily resume normal activities. Successful recovery is not only physical but involves mental and spiritual health.⁶ A surgical nurse should be able to identify and care for these associated aspects.

About 50 million surgeries are conducted yearly in the United States with an estimated mortality rate of 1-4%, 15% sustain postoperative complications within 30days⁷ whereas, in Africa approximately 1 in 5 surgery patients develop a complication with a mortality rate of 2% within 5days postoperative. This is due to the difference in the quality of health care leading to an increase in the occurrence of postoperative infections.⁸ Nurses are in charge of wound dressing hence, they are directly involved with prevention of postoperative wound infection, which contributes to an increase in the incidence of postoperative infections; indicating poor quality Nursing Care in Africa. Drug administration by nursing staff is equally a relevant concern in the quality of nursing care influencing the patient's confidence in and adherence to treatment,⁹ which may in turn affect patient satisfaction with Nursing Care.

Patient satisfaction with Nursing Care can be influenced by perceived expectation of the nurse's response, perceived experience of compassion, respectfulness and care. Therefore, a better understanding of the association between Holistic Nursing Care and patient satisfaction is necessary to assess the quality of care in order to improve the quality of health care if need be. A study carried out to assess the effect of patient education prior to Rhinoplasty Surgery on anxiety, pain and satisfaction levels, concluded that it is important to educate surgical patients in line with their needs and aesthetic concerns.¹⁰⁻¹² Patient and family-centered care is an approach that includes patients and their families in decision making processes and the delivery of health care.

Family centered care makes a patient feel respected and treated as an autonomous individual and the care takes into consideration patient's individual, physical and emotional needs.¹¹⁻¹³ Thus, this study assessed patient satisfaction of holistic Nursing Care in the Surgical Units of the Limbe and Buea Regional Hospitals. Specifically, we determined the degree of implementation of Holistic Nursing Care, assessed patients' level of satisfaction with Nursing Care and identified ways on how to improve patient satisfaction. This was in order to provide information that could be useful in enhancing holistic Nursing Care.

Methods

A hospital-based cross-sectional study was conducted from the month of January to June 2023 to assess patient satisfaction of holistic Nursing Care in the Surgical Units of the Limbe and Buea Regional Hospitals. Both qualitative and quantitative approaches were employed in the data collection process. A semi-structured

questionnaire adapted from the "Guidelines for Patient Satisfaction Questionnaire" was used to collect data. The target population of this study was made up of patients admitted in the Surgical Units of the Limbe and Buea Regional Hospitals.

A simple random sampling method was used to select the study area and a convenience sampling technique was used to select study participants, making sure the inclusion criteria was respected. The sample size was calculated using Cochran's formula ($n = z^2p(1-p)/e^2$), a sample of 96 participants was obtained; taking a non-response rate of 6% the final sample size was 102. Data was collected on demographic characteristics of study participants, degree of implementation of holistic Nursing Care, level of patient satisfaction and measures to enhance holistic Nursing Care.

Pretesting of the data collection instrument

Before data collection, a pretest of the questionnaire was done in order to make sure the questions were well phrased. Ten copies of the questionnaire were administered to 10 patients at the Saint Luke Clinic Bokwai who were not part the study sample but had similar characteristics like the population under study. After the pre-test modifications were made on the questionnaire accordingly.

Copies of the questionnaire were then administered to the study participants who completed the various sections of the questionnaire. This study was authorised by the Department of Nursing Faculty of Health Sciences, University of Buea, Cameroon. Ethical approval was obtained from the Institutional Review Board of the Faculty of Health Sciences, University of Buea. Also, administrative approval was obtained from the Regional Delegation of Public Health South West Region and from the Directors of Limbe and Buea Regional Hospitals. The purpose and objectives of the study were explained to the study participants and written informed consent was obtained from each participant before data collection.

All completed questionnaires were arranged systematically and kept in a cupboard, which was only accessible to the principal investigator. Data was also kept in an external drive to protect data loss; quantitative data was entered using EpiData Version 3.1 (EpiData Association, Odense Denmark, 2008). Data was analysed using the Statistical Package for Social Sciences (SPSS) Standard version, Release 21.0 (IBM Inc. 2012). The questionnaire was made essentially of categorical variables that were analysed using frequency, proportion and Multiple-Response-Analysis to aggregate scores within conceptual components. Aggregate analysis was performed by combining individual item scores (strongly agree and agree, strongly disagree and disagree) to generate composite scores for each conceptual component. Composite variables scoring perceptions were generated and analysed following the standard of scale variables, using quartile values to group into very low, low, high and very high.

Results

A total of 102 surgical patients participated in this study, with a response rate of 100%. Among these study participants, majority, (39) 38.2% were aged 31-40 years, (64) 62.7% were males, and (59) 57.8, were admitted in the Surgical Unit of the Limbe Regional Hospital. Most of them were married (49) 48.0%, (75) 73.5% were self-employed, most (101) 99.0% were Christians, (49) 48.0% had attained secondary education and (43) 42.2% had an estimated monthly income of 41,000-100,000 frs (Table 1).

Table 1 Socio-demographic characteristics of participants

Age range	Frequency (%)
Nov-20	6 (5.9)
21-30	22 (21.6)
31-40	39 (38.2)
41-50	13 (12.7)
51-60	11(10.8)
61+	11(10.8)
Total	102(100)
Sex	
Male	64 (62.7)
Female	38 (37.3)
Total	102(100)
Hospital location	
Limbe	59 (57.8)
Buea	43 (42.2)
Total	102(100)
Marital status	
Single	33 (32.4)
Married	49 (48.0)
Cohabiting	13 (12.7)
Widow	1 (1.0)
Widower	6 (5.6)
Total	102(100)
Occupational status	
Employed	3 (2.9)
Self-employed	75 (73.5)
Unemployed and students	22 (21.6)
Retired	2 (2.0)
Total	102(100)
Religious denomination	
Christianity	101 (99.0)
Muslim	1 (1.0)

Table 1 Continued...

Total	102(100)
Highest level of school attained	
Never been to school	1 (1.0)
Primary	25 (24.4)
Secondary	49 (48.0)
Conventional training	15 (14.7)
Higher education / University	12 (11.8)
Total	102(100)
Monthly income range	
<40000	33 (32.4)
41000-100000	43 (42.2)
101000-200000	14 (13.7)
>200000	12 (11.8)
Total	102(100)

In aggregate, patients were generally satisfied with physical Nursing Care, 77.3% (Figure 1).

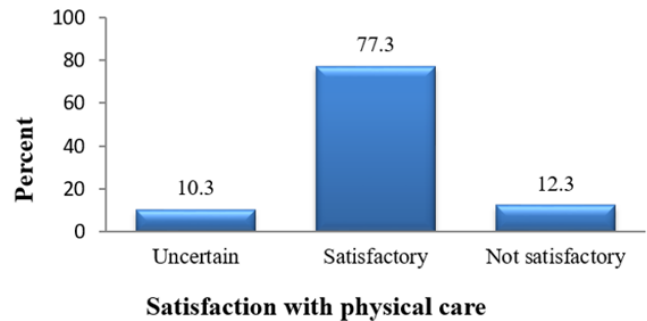


Figure 1 Satisfaction with physical nursing care.

All, 100% (102) of the patients were agreed with the fact that nurses had a genuine interest in their recovery while half of them, 53.9% (55) agreed that nurses had all the necessary equipment/materials needed to offer Nursing Care (Table 2).

Table 2 Degree of implementation of physical nursing care

Items	Stretched			Strongly disagree	Uncertain	Collapsed	
	Strongly agree	Agree	Disagree			strongly agree & agree	Disagree & strongly disagree
Nurses have a genuine interest in my recovery	11.8% (12)	88.2% (90)	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (102)	0%
Nurses are always available and ready to attend to my needs on time	8.8% (9)	81.4% (83)	4.9% (5)	2.9% (3)	2.0% (2)	90.2% (92)	7.8% (8)
Nurses have all the necessary equipment/materials needed to offer care	5.9% (6)	48.0% (49)	38.2% (39)	2.0% (2)	5.9% (6)	53.9% (55)	40.2% (41)
The nursing care I receive is near perfect	7.8% (8)	52.9% (54)	8.8% (9)	2.9% (3)	27.5% (28)	60.8% (62)	11.8% (12)
Nurses work confidently	2.0% (2)	75.5% (77)	4.9% (5)	3.9% (4)	13.7% (14)	77.5% (79)	8.8% (9)
I am satisfied with the nursing care I receive	7.8% (8)	73.5% (75)	4.9% (5)	0% (0)	13.7% (14)	81.4% (83)	4.9% (5)
MRA	7.4% (45)	69.9% (428)	10.3% (63)	2.0% (12)	10.5% (64)	77.3% (473)	12.3% (75)

In aggregate, majority (58.8%) of patients were not satisfied with psychosocial Nursing Care (Figure 2).

Most, 91.2% (93) of them agreed that nurses helped them in

developing interest and pleasure in life despite illness while just, 2.0% (2) agreed that nurses questioned them about the financial worries they faced relating to their illness (Figure 2 & Table 3).

Table 3 Degree of implementation of psychosocial nursing care

Items	Stretched				Uncertain	Collapsed	
	Very low extent	Low extent	High extent	Very high extent		very low extent & low extent	High extent & very high extent
Nurses discuss with me about my condition	10.8% (11)	53.9% (55)	30.4% (31)	4.9% (5)	0% (0)	64.7% (66)	35.3% (36)
Question me about my financial worries due to my illness	69.6% (71)	26.5% (27)	2.0% (2)	0% (0)	2.0% (2)	96.1% (98)	2.0% (2)
Handle my medical information with confidentiality	2.0% (2)	13.7% (14)	66.7% (68)	7.8% (8)	9.8% (10)	15.7% (16)	74.5% (76)
Assist my family to cope with my illness and the hospital environment	36.3% (37)	48.0% (49)	11.8% (12)	2.0% (2)	2.0% (2)	84.3% (86)	13.7% (14)
Assist in achieving lifestyle changes necessary for my recovery	6.9% (7)	15.7% (16)	67.6% (69)	9.8% (10)	0% (0)	22.5% (23)	77.5% (79)
I am satisfy with the emotional I support receive	11.8% (12)	60.8% (62)	7.8% (8)	2.0% (2)	17.6% (18)	72.5% (74)	9.8% (10)
Help me to develop interest and pleasure in life despite my illness	3.9% (4)	4.9% (5)	75.5% (77)	15.7% (16)	0% (0)	8.8% (9)	91.2% (93)
Try to share in my thoughts, worries and feelings	42.2% (43)	44.1% (45)	7.8% (8)	5.9% (6)	0% (0)	86.3% (88)	13.7% (14)
I am satisfy with the social support I receive	16.7% (17)	48.0% (49)	6.9% (7)	2.0% (2)	26.5% (27)	64.7% (66)	8.8% (9)
I am satisfy with counseling I receive from nurses	11.8% (12)	60.8% (62)	11.8% (12)	2.9% (3)	12.7% (13)	72.5% (74)	14.7% (15)
MRA	21.2% (216)	37.6% (384)	28.8% (294)	5.3% (54)	7.1% (72)	58.8% (600)	34.1% (348)

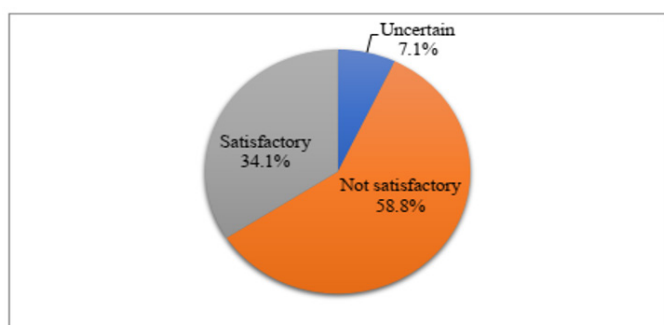


Figure 2 Satisfaction with psychosocial nursing care.

The aggregated score of the conceptual component (satisfaction with communication and patient education) proved that, 56.7% of the respondents were satisfied (Figure 3).

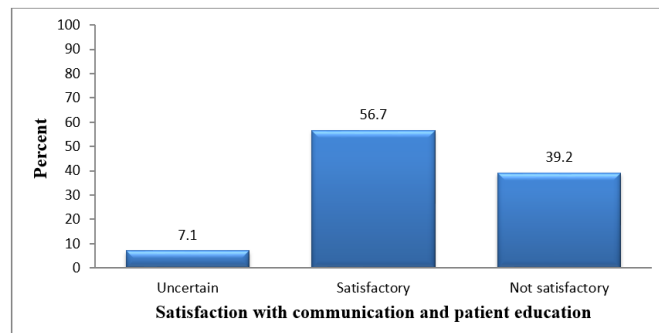


Figure 3 Patient satisfaction with communication and patient education.

Most patients, 98.0% (100) agreed that they felt free talking with the nurses whereas only, 11.8% (12) agreed that they were satisfied with nurse-patient education (Table 4).

Table 4 Degree of implementation of communication and patient education

Items	Stretched					Collapsed	
	Strongly agree	Agree	Disagree	Strongly disagree	Uncertain	strongly agree & agree	Disagree & strongly disagree
Nurses are good at explaining the reasons for medical tests	3.9% (4)	15.7% (16)	57.8% (59)	17.6% (18)	4.9% (5)	19.6% (20)	75.5% (77)
Nurses educated me about my hospital regimen and medications	2.9% (3)	20.6% (21)	56.9% (58)	16.7% (17)	2.9% (3)	23.5% (24)	73.5% (75)
I understood everything the nurses explained	1.0% (1)	59.8% (61)	34.3% (35)	0% (0)	4.9% (5)	60.8% (62)	34.3% (35)
Nurses spoke in the language I understand best	2.0% (2)	90.2% (92)	6.9% (7)	1.0% (1)	0% (0)	92.2% (94)	edede7.8% (8)
I felt comfortable talking with the nurses	18.6% (19)	79.4% (81)	2.0% (2)	0% (0)	0% (0)	98.0% (100)	2.0% (2)
I am satisfied with the nurse-patient education	0% (0)	11.8% (12)	69.6% (71)	4.9% (5)	13.7% (14)	11.8% (12)	74.5% (76)
Nurses allow me to ask all the questions related to my ill-health	3.9% (4)	87.3% (89)	6.9% (7)	0% (0)	2.0% (2)	91.2% (93)	6.9% (7)
					Uncertain	Satisfactory	Not satisfactory
MRA	21.1% (216)	37.6% (384)	28.8% (294)	5.3% (54)	7.1% (72)	56.7% (405)	39.2% (280)

In aggregate, 96.8% of the respondents were not satisfied with spiritual Nursing Care (Figure 4).

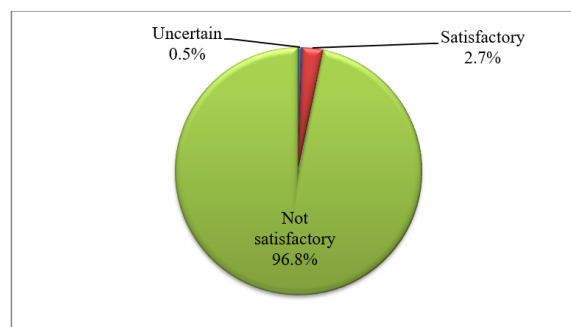


Figure 4 Patient satisfaction with spiritual nursing care.

Just, 8.8% (9) of the study participants responded that nurses were aware of their religious background with majority, 99.0% (101) disagreeing with the fact that they were satisfied with spiritual Nursing Care (Table 5)

Table 5 Degree of implementation of spiritual nursing care

Items	Stretched					Collapsed	
	Strongly agree	Agree	Disagree	Strongly disagree	Uncertain	Strongly agree & agree	Disagree & strongly disagree
Nurses were aware of my spiritual background	1.0% (1)	7.8% (8)	61.8% (63)	28.4% (29)	1.0% (1)	8.8% (9)	90.2% (92)
Nurses were attentive to my spiritual needs and beliefs	0% (0)	0% (0)	62.7% (64)	36.3% (37)	1.0% (1)	0% (0)	99.0% (101)
They assisted me to ensure that I carry out my spiritual activities	0% (0)	1.0% (1)	59.8% (61)	39.2% (40)	0% (0)	1.0% (1)	99.0% (101)
I am satisfied with the spiritual nursing care I receive	0% (0)	1.0% (1)	53.9% (55)	45.1% (46)	0% (0)	1.0% (1)	99.0% (101)
					Uncertain	Satisfactory	Not satisfactory
MRA	0.2% (1)	2.5% (10)	59.6% (243)	37.3% (152)	0.5% (2)	2.7% (11)	96.8% (395)

Overall, patients were not satisfied with two components of holistic Nursing Care; which were spiritual, 96.8% and psychosocial Nursing Care, 58.8%.

Patients' level of satisfaction with the Nursing Care they received in the hospital was just average as roughly half of them, 51.0% (52) perceived it as low while cumulatively, 49.0% (50) perceived it as high (Table 6).

Table 6 Patients' level of satisfaction with the nursing care received

Level of satisfaction to the Nursing Care received in the hospital	(Frequency) %	95% CI
Very low (2-0)	(0) 0.0%	0
Low (4-3)	(52) 51.0%	40.9-60.9
High (5-7)	(43) 42.2%	32.6-52.3
Very high (8-10)	(7) 6.9%	3.0-13.1
Total	(102) 100.0%	

Patients in the Limbe and Buea Regional Hospitals were generally not satisfied with holistic Nursing Care, (52) 51.0%. Patients also indicated the reasons why they were or were not satisfied (Table 7).

Table 7 Reasons for patients being satisfied or not satisfied with nursing care received

Code	Code description	Grounding	Quotation
Satisfied			
Skills	Nurses seen as skillful	22	"Because of the way the nurses work" "Because they dress my wound well and they are skilled" "Because they know what they are doing" "Because my condition has improved" "Because they attend to my health needs perfectly" "Because of the care they offer"
Nurses care	Nurses care for their patients	19	"Because the nurses in both shifts are taking good care of my health" "Because the nurses are caring" "Because I am satisfied with their care" "Because they work hard to help me recover"
Commitment/Duty consciousness/Availability	Commitment/duty consciousness as nurses do their work with passion	14	"Because the nurses are trying their best to help me recover" "The nurses are kind and take good care of me" "Because the nurses really want me to get well"
Psychological support	Psychological support to patients	2	"They take care of me they want me to get well so they always encourage me" "Because some nurses try to comfort me"
Not satisfied			
Lack of commitment and Concern	Lack of commitment as nurses don't go extra mind to help patients	7	"Nurses only care about finishing their task" "Most of them do not show concern" "Because they take long to reply to patients after performing their main task" "Nurses hesitate each time a patient calls them" "Because the nurses are always unavailable especially at night" "Because whenever I call a nurse they keep saying they are coming but never show up"
Inadequate communication and patient education	Nurses have poor communication skills	6	"Because they have poor communication skills" "Because they never explain laboratory results" "Because they do not take time to explain things" "Nurses do not consider emotional and spiritual health"
Lack of emotional and spiritual support	Nurses do not consider patient's emotional and spiritual health	6	"Because the nurses do not pray with us" "Because the only clean my wound they do not care about my emotional and spiritual health"
Only physical care	Nurses focusing only on the physical aspects of care	4	"Because the nurses only focus on the physical aspects of care" "Because they focus only on wound dressing"
Nurses approach	Nurses lack a good manner of approach	3	"Nurses are arrogant" "Because I do not like the way nurses behave"
Only Medication	Nurses focus only on giving medication	1	"They focus only on giving medications"

Furthermore, patients stated that the following measures could speed up their recovery and improve their satisfaction with the components of holistic Nursing Care (Table 8).

Table 8 Suggestions on how nurses could speed up patients' recovery process

Code	Code description	Grounding	Quotation
Consistency/Commitment in care	Nurses should continue caring for patients competently	15	<p>"They should continue treating me the way they do"</p> <p>"The nurses should always check on me"</p> <p>"Nurses should always be ready to attend to patient's health needs"</p> <p>"Nurses should concentrate when working"</p> <p>"They should continue genuinely caring for their patients"</p> <p>"They should continue caring for my health needs"</p>
	Nurses should always	13	<p>"Nurses should always comfort and reassure their patients"</p> <p>"Nurses should show empathy and try to understand the living standard of their patients"</p> <p>"Nurses should care about patients worries especially financial worries"</p> <p>"Nurses should try to find out about patient's emotional worries"</p> <p>"Nurses should offer emotional support"</p> <p>"emotional encouragement"</p>
Psychological support	Show interest and concern		<p>"Nurses should help me accept my condition"</p> <p>"Nurses should go close to patients in order to find out what disturbs them"</p> <p>"They should administer my medication on time"</p>
Nurses should be timely	Nurses should also administer medications and perform wound dressing on time	9	<p>"Nurses should give my medications on time and show my tests results to the Doctor on time"</p> <p>"Nurses should always come immediately a patient seeks their attention"</p> <p>"They should write the medications which are to be given to me on time"</p> <p>"Nurses should start wound dressing earlier"</p> <p>"They should continue working hard and try to learn new skills that will help perfect them"</p> <p>"Find out information about the best medication necessary for my health"</p>
Continuous Learning	Nurses should continue learning new skills	7	<p>"Nurses should be able to know what a patient need with respect to care"</p> <p>"Nurses should enlighten me on what to eat the advantages and disadvantages of certain food stuffs"</p> <p>"Nurses should learn things they don't know which could be beneficial for my health"</p> <p>"Nurses should practice better communication"</p>
Proper communication	Nurses should learn how to approach and listen to patients	6	<p>"Proper communication"</p> <p>"Nurses should be patient in listening to a patient's complaints"</p> <p>"Nurses should realise that patients have the right to clarify their doubts"</p>
Physical support	Nurses should offer physical care to patients	3	<p>"They should move around constantly patients might need their help"</p> <p>"Nurses should work with the fear of the lord"</p>
Spiritual support	Nurses should care for their patient's spiritual health	3	<p>"Spiritual encouragement"</p> <p>"Nurses care about my spiritual needs because God is important"</p> <p>"Nurses should improve their focus on spirituality"</p>
Nurse-patient education	Nurses should give patients the right information	3	<p>"Nurses should explain everything I need to know"</p> <p>"Nurses should educate patients about their medications"</p>
Nurses image	Nurses should remain polite to patients no matter what happens	2	<p>"Nurses should avoid arguing with patients no matter what happens"</p> <p>"Nurses should act smart"</p>
Nurses practice holistic nursing care	Nurses should also be concerned about patient education, their psychosocial and spiritual health	1	<p>"Nurse should start performing the other aspects of care such as emotional assessment, patient education and spiritual health"</p>
Build a rapport	Nurses should always be welcoming	1	<p>"Nurses should be soft towards patients"</p>

Table 9 shows thematic analysis depicting what patients think nurses can do to better care for their physical health needs (Table 9).

Table 9 Suggestions on what nurses can do to better care for patients’ physical health needs

Code	Code description	Grounding	Quotation
Nurses should be time conscious	Nurses should always do things on time	18	<p>“They should respect the time for my medications”</p> <p>“Nurses should be timely”</p> <p>“Nurses should write the medications I am to take on time”</p> <p>“Nurses should do my dressing on time”</p>
Nurses should remain committed and duty conscious	Nurses should show interest and concern while working	18	<p>“Nurses should show interest in their job”</p> <p>“They should continue with the way they do my dressing”</p> <p>“They should continue doing their work and put in more efforts”</p> <p>“They should be consistent in their care so I can get well soon”</p> <p>“They should always check up on me”</p> <p>“Nurses should work with interest and dedication”</p> <p>“Nurses should work with love and the zeal to help patients”</p> <p>“Nurses should work with compassion”</p> <p>“Nurses should work on each patient the way they will work on their family member”</p> <p>“Nurses should coordinate hospital regimens to prevent movements and confusions”</p> <p>“Nurses should avoid running away from task”</p>
Continuous learning	Nurses should keep learning	4	<p>“They should continue learning new methods of nursing”</p> <p>“They should always think of what can make me feel better and try to do it”</p> <p>“Nurses should continue learning so they can become perfect”</p>
Nurses should be educative	Nurses should educate patients on what they need to know regarding their health	3	<p>“They should talk to me about my diet”</p> <p>“Nurses should ensure that my dressing materials are clean enough for dressing”</p> <p>“Nurses can suggest things that can help me get well faster”</p>
Good communication	Nurses should convey information properly and ask questions	3	<p>“They should always move around the ward and ask questions like ‘how can I help you’”</p> <p>“Better communication”</p>
Nurses should be skillful and competent	Nurses should demonstrate a mastery of their job	2	<p>“They should do everything they know to help me feel better”</p> <p>“Nurses should learn new skills”</p>

Table 10 presents thematic analysis depicting what patients think nurses can do to help improve their psychological and social wellbeing (Table 10).

Table 10 Suggestions on what nurses can do to help improve patients’ psychological and social wellbeing

Code	Code description	Grounding	Quotation
Proper communication	Nurses should improve on their communication skills	16	<p>“Through proper communication and by obtaining important information from carers regarding the patients worries”</p> <p>“Through effective communication”</p> <p>“They should discuss with me and ask questions”</p> <p>“They should be polite”</p> <p>“Nurses should speak words of encouragement and help their patients think positive”</p> <p>“Nurses should ask questions about my feelings and what disturbs me”</p> <p>“Nurses should avoid expressing anger in front of a patient”</p>
Nurse should build a rapport	Nurses should be close to patients and in good terms	13	<p>“Nurses should come closer to me or my family members to find out what disturbs me”</p> <p>“Nurses should try to get familiar with patients so patients can easily express themselves”</p> <p>“By being friendly and empathetic and trying to find out patients worries”</p> <p>“Nurses should show love and concern”</p>
Emotional support	Nurses should care about their patient’s emotion	12	<p>“They should support me emotionally”</p> <p>“Nurses should show interest in knowing patient’s emotional worries”</p> <p>“Nurses should act kind”</p> <p>“Nurses should help me with my worries”</p> <p>“Emotional encouragement”</p>

Table 11 presents thematic analysis depicting what patients think nurses can do to better communicate and educate them and their care givers (family) (Table 11 & Table 12).

Table 11 Suggestions on what nurses can do to better communicate and educate patients and their care givers (family)

Code	Code description	Grounding	Quotation
Nurses should be educative	Nurses should always educate their patients	22	<p>“They should explain to me when they want to carry out a procedure on me”</p> <p>“Nurses should always ask patients if there is something they need to know about their health”</p> <p>“They should answer questions and what I need to know politely”</p> <p>“By giving advice and write ups”</p> <p>“By giving ward lectures”</p> <p>“Nurses should make sure I understand everything especially my lab results”</p> <p>“Nurses should try to simplify medical information both from Doctors and the laboratory”</p>
Politeness	Nurses should speak politely to patients	22	<p>“They should avoid being rude”</p> <p>“Nurses should talk nicely”</p> <p>“They should be calm and polite”</p> <p>“Nurses should stop shouting at patients and their carers”</p>
Listening	Nurses should be good listeners	7	<p>“They should be patient to listen to patient’s questions”</p> <p>“Nurses should be attentive”</p> <p>“Nurses should be attentively to patients and their carers”</p> <p>“They should listen to patients complains and concerns”</p>
Understanding	Nurses should try their best to sort contradictions	4	<p>“Nurses should try to understand their patients point of view and reason for misunderstanding”</p> <p>“Nurses should give detailed information and try to resolve contradictions”</p> <p>“Nurses should ensure that patients and carers understand”</p>
Language	Nurses should avoid medical terms and try to use patients first language	3	<p>“They should avoid too” much grammer”</p> <p>“The nurses should try to break down things so that I can understand”</p> <p>“Nurses should avoid using medical terms”</p>
Patience	Nurses should be patient when talking to patients	1	<p>“They should have patience in explaining”</p>
Privacy	Nurses should respect patients’ privacy and confidentiality	1	<p>“Nurses should talk to me privately when talking about my health”</p>

Table 12 Patients opinions on what nurses can do to help them maintain their spirituality during hospitalization

Code	Code description	Grounding	Quotation
Implementing ward prayers	Nurses can introduce morning and evening prayers	24	<p>“Ward prayers in the morning and evening”</p> <p>“Morning and evening devotion”</p> <p>“They should remind me to pray”</p>
Prayers before any procedure	Nurses can praying with their patient before carryout any procedure	20	<p>“They can pray before attending to patients”</p> <p>“Prayers before any procedure”</p> <p>“Nurses can pray with me before giving my medication”</p> <p>“Nurses can begin their shift with prayers”</p>
Praying individually with patients	Nurses can pray individually with patients who are willing to pray	13	<p>“The nurse can pray with me”</p> <p>“Nurses should ask their patient what they like to do regarding their spiritual life”</p> <p>“By encouraging patients to always pray”</p>
Inviting Priest and Pastors	Nurses can invite Priests and Pastors on Sundays	9	<p>“They should organise church services on Sundays”</p> <p>“They can invite pastors on Sundays”</p> <p>“Nurses should invite the priest for mass”</p> <p>“They can help me go for mass at the hospital hall on Sundays”</p>
Bible studies	Nurses can organize ward bible studies on certain days	4	<p>“They should remind me to read my bible”</p> <p>“By creating few minutes for bible studies”</p> <p>“By evangelism”</p> <p>“By creating time for prayers and meditation”</p>
Inviting religious groups	Nurses can invite patients’ congregation members or other religious groups	3	<p>“nurses can let my congregation members know that their member is in the ward each time they come around”</p> <p>“They can invite religious groups to come and pray with patients”</p>

Discussion

This study aimed at investigating patient satisfaction with holistic Nursing Care in the surgical units of Buea and Limbe Regional Hospitals. It is important to note that patient satisfaction can improve patients' outcome and reduce the length of hospitalisation. Thus, providing information, which can assist in designing a framework to guide Nursing Care for surgical patients is imperative. Data were obtained on the following demographic characteristics of the study participants age, sex, marital status, occupational status, religious denomination, educational status and monthly income. These characteristics can influence patients' perceptions and actions. This concurs with the finding of a study conducted by Edmealem et al.,¹³ which found that factors such as marital status, monthly income and support from others affect patient satisfaction.¹³ Also, a study conducted by Crowther et al.¹⁴ reported that age affects patient satisfaction as older patients were less satisfied with the care they received; however, the study pointed that the sex of the patient does not influence satisfaction with care.¹⁵

In this study, patients were mostly satisfied with physical Nursing Care, this could be due to the fact that high patient load and intense time constraint made it easy for nurses to simply handle the physical aspects of one patient and move on to the next. Our findings are similar to that of a study carried out in Iran, which investigated the relationship between patients' perceptions of holistic care and satisfaction with Nursing Care. The findings indicated that nurses were more interested in physical aspects of care and often neglected the psychosocial dimensions of patient care and this led to patient dissatisfaction (72%).¹⁶ On the other hand, a similar study showed high medication safety competence by nursing staff and thus, high positive patient perception and satisfaction.¹⁷

Hence, it implies that nurses are actually competent and pay attention to patients' physiological needs. Therefore, it can be said that patient satisfaction to the other components of Nursing Care can improve if nurses were allocated the number of patients adequate for their working time. Majority of the patients were not satisfied with psychosocial Nursing Care. This result is similar to that of a study conducted by Yusefi et al.,¹⁸ which mentioned that most patients assessed psychosocial care as low.¹⁷ This dissatisfaction could be due to the inability of nurses to provide comprehensive care because of their high work load and time constraint.

It is worth mentioning that the level of patient satisfaction with Nursing Care has important implications for hospital outcomes such as length of hospital stay, cost of hospitalisation, and patient mortality. When patients receive effective physical and psychosocial Nursing Care, early detection of complications and prompt interventions become more likely, which can contribute to faster recovery and shorter hospital stays. Adequate Nursing Care and appropriate nurse staffing have been shown to improve patient monitoring, reduce missed Nursing Care, and consequently decrease adverse events that may prolong hospitalisation.¹⁹ Also, studies have demonstrated that higher levels of Nursing Care and better nurse-patient ratios are associated with improved patient outcomes, including shorter hospital stays and reduced mortality rates.²⁰

Furthermore, effective psychosocial care and good communication between nurses and patients enhance treatment adherence and patient cooperation, which may in turn accelerate recovery and reduce unnecessary long hospital stay.²¹ Reduced length of stay consequently lowers the cost of hospitalisation for both patients and healthcare institutions while also improving bed turnover and efficient use of

hospital resources. Thus, when patients clearly understand their diagnosis, treatment procedures, medications, and postoperative care instructions they are more likely to adhere to treatment plans and participate actively in their recovery process. Improved patient understanding has been associated with fewer complications, reduced medication errors, and better self-care practices, which will ultimately lead to shorter hospital stays and faster recovery times.²²

Additionally, improved communication enhances early recognition of symptoms and encourages patients to report complications promptly, allowing for timely interventions that can reduce morbidity and mortality rates.²³ Conversely, poor communication and inadequate patient education may result in misunderstanding of treatment instructions, poor compliance and increased complications, which can prolong hospitalisation and increase healthcare expenditure.²⁴ Worthy of note is the fact that inadequate Nursing Care particularly in the psychosocial domain may delay recovery, increase the risk of complications, and eventually prolong hospitalisation. On the other hand, evidence further suggests that adequate nurse staffing and comprehensive nursing interventions significantly reduce hospital mortality and improve overall patient safety outcomes.²⁵ Therefore, improving both physical and psychosocial aspects of Nursing Care could reduce hospital stay, lower healthcare costs and decreased mortality, which will in turn enhance patient satisfaction.

Alternatively, due to high workload, Artificial Intelligence (AI) can be employed; AI can significantly contribute in enhancing the quality of Nursing Care provided to patients and hence, improves patient satisfaction. For instance, AI systems can be used to collect and analyse patients' data such as patient history, lifestyle factors and genetic information, and create tailored care plans that address each patient's unique needs. That is, AI-driven insights can propose precise dietary modifications or exercise regimes that align with a patient's health conditions and goals, giving nurses actionable information to discuss with patients.²⁶ It is important to note that when care plans are personalised treatments become effective which in turn increase patient satisfaction.

Most of the patients were not satisfied with the spiritual aspect of Nursing Care. The reasons for this dissatisfaction as mentioned by almost all the patients was because nurses did not pay attention to patients' spiritual needs and beliefs, as well as they did not assist patients in carrying out their spiritual activities. This result is contrary to that of Siti et al.,²⁷ who reported that 89% of the nurses provided spiritual support and 75% of the nurses asked about the patients' spiritual needs.²³ Almost all the participants disagreed to the fact that they were satisfied with spiritual Nursing Care and most of them reported that nurses were not aware of patients' spiritual background. This proportion of dissatisfaction can be due to the fact that nurses were unaware of their role in spiritual support. Spiritual care is expected of nurses and is reflected in the Nursing Code of Ethics, Nurse Education Guidelines and Policy Documents.²⁴

Studies have shown that patients who receive spiritual and emotional support tend to experience reduced anxiety, improved coping mechanisms and enhanced psychological resilience which positively influence recovery outcomes.²⁸ Addressing spiritual needs may also improve patient satisfaction and encourage positive attitudes toward treatment, which may indirectly reduce recovery time and length of hospital stay. On the contrary, neglecting spiritual care may increase psychological distress, reduce patient morale and negatively affect recovery outcomes, potentially leading to prolonged hospitalisation and increased healthcare costs.²⁸ Furthermore, research indicates that holistic care approaches that incorporate spiritual support can improve

patient quality of life and may contribute to reduced mortality among patients with serious illnesses.²⁹ Therefore, it is worth stating that patient satisfaction is an important measure of healthcare quality.

In this study, overall patient satisfaction with Nursing Care was less than 50%. This result disagrees with that of a study conducted by Mudan et al.,¹⁶ which reported that 95.06% of patients were satisfied with Nursing Care.³⁰ Also, contrary to our finding a study conducted by Edmealem et al.,³¹ revealed an overall satisfaction level of 58.8%.³² The disparity in the results could be due to the difference in health standards. High levels of patient satisfaction often reflect effective Nursing Care, proper monitoring and timely interventions which are essential in preventing complications during hospitalisation. Studies have shown that improved nursing care quality and adequate nurse-patient ratios significantly reduce hospital mortality rates and improve patient outcomes.³³ Furthermore, when patients perceive Nursing Care positively they are more likely to cooperate with treatment plans and follow medical advice, which contributes to faster recovery and shorter hospitalisation periods. Reduced length of stay consequently lowers healthcare costs for both patients and healthcare institutions while improving hospital resource utilisation and bed turnover rates.³⁴

Patients gave the following reasons for their satisfaction; nurses were skillful, nurses cared for their patients, nurses were committed and duty conscious, but the psychological support nurses offered to patients was the least mentioned. This finding is in accordance with the findings of a previous study which stated that total quality management includes professional knowledge, competence and application of appropriate technology as well as the patients' perceptions of the type and level of care they have received.³⁵ The use of technology can facilitate team work between different healthcare systems, ensuring that critical patient information is accessible to all healthcare team members. In addition, with proper use of technology patient education can be enhanced by providing personalised educational materials and interactive tools according to individual learning preferences and literacy levels. For example, AI-driven chatbots can respond to common patient questions, offer guidance on medication adherence and provide health tips.²⁶

Patients gave the following reasons for their dissatisfaction; lack of commitment and concern, poor communication skills, lack of emotional and spiritual support, and nurses focused only on the physical aspects of care. A few of them stated nurses lacked a good manner of approach and that nurses focused only on giving medications. These findings are in line with the findings of a study carried out in Cameroon which assessed nurses' practice of holistic care. The study showed that 38.6% of nurses weren't close to patients, 50% of nurses didn't consider the social aspect of care and 37.2% complained of limited time.³⁷

The study participants stated that nurses could implement the following measures in order to speed up their recovery process; nurses should continue caring for patients competently (15), should always show interest and concern (13), administer medications and perform wound dressing on time (9). They said nurses should continue learning new skills (7), learn how to approach and listen to patients (6), offer physical support to patients (3), care for their patients' spiritual needs (3), give patients the right information (3), remain polite to patients no matter what happens (2) and should be welcoming (1). The findings of previous research suggest that interventions are key elements of the nursing care plan; they are actions taken by a nurse to implement their patients' care. Some physiological interventions include medication administration, supportive care, monitoring of vital signs, position changes and wound dressing.³⁸

Nurses play a vital role in the psychosocial care of patients because they see patients at their worst and at their best.³⁹ Communication is essential for creating positive patient experience and ensuring patient safety.⁴⁰ Patient education ensures that patients are well informed about their diagnosis, treatment and side effects.⁴¹ A substantial proportion of patients would welcome greater dialogue with nurses about their spiritual concerns during hospitalisation.⁴² Again, the patients suggested that nurses should *be time and duty conscious, show commitment consciousness (18), learn continuously (4), be educative, good communicators (3) and should be skillful and competent (2)* in order to better care for their physiological needs. Good communication improves patient experience and ensures patient safety,⁴³ and proper patient education ensures that patients are aware of their diagnosis, treatment and side effects⁴⁴ also, time is an important factor for a successful nursing intervention.

Furthermore, patients also stated that *proper communication (16), building a nurse-patient rapport (13) and offering emotional support (12)* can help nurses improve the psychological and social wellbeing of their patients. Effective communication promotes nurse-patient connection and inspires trust.⁴⁵ By building dialogue with patients' nurses can begin to understand how patients view themselves as individuals, what is important to them and how their relationship with others may affect their decisions and their ability to live with those decisions during treatment and beyond.⁴¹ Also, patients stated that *nurses should be educative and polite (22), good listeners (7), understanding (4), consider language barriers (3), patient and confidential (1)* in order to better communicate and educate patients and their care givers.

These measures can be justified by the fact that communication could be verbal, non-verbal, written and through presentations. Nurses should be able to speak and write clearly, concisely and effectively in order to communicate a point, nurses should be able to use eye contacts, body language and postures to be able to communicate with patients and their family. Active listening is a vital skill for effective communication, it enables the nurse determine how the patient feels.⁴⁴ Patient education is a tool used by healthcare professionals to impart information to patients and their care givers that will improve their health status and patient satisfaction. For nurses to be able to carry out effective patient education they must be able to identify and solve certain challenges which can hinder effective patient education. Some of these challenges are; language barrier, consumption of time, misunderstanding, misinterpretation and difficulty understanding due to their educational level.⁴⁶

Implementing ward prayers (24), praying before procedures (20), praying individually with patients (13), inviting a priests and pastors on Sundays (9), organising bible studies (4) and inviting religious group were some of the measures patients suggested nurses could implement in order to help patients maintain their spirituality during hospitalisation. These can be related to the findings of a large national survey of inpatients in America, which indicated that the degree to which staff addressed spiritual/emotional needs was highly correlated with reported overall patient satisfaction. Also, there has been a disagreement about which member of the health care team should ask about and address spiritual concerns. Spiritual care is expected of nurses and is reflected in the nursing code of ethics, nurse education guidelines and policy documents.⁴⁷

Conclusion

Nurses in the Limbe and Buea Regional Hospitals are not implementing all the components of holistic Nursing Care. Spiritual and psychosocial Nursing Care were the least implemented components of

holistic Nursing Care with a dissatisfaction proportion of 96.8% and 58.8% respectively. This was attributed to the large patient to nurse ratio as well as time constraint. About half, 51.0% of the patients were not satisfied with Nursing Care. Lack of commitment and concern on the part of nurses, inadequate communication and patient education, lack of emotional and spiritual support, nurses' approach and nurses mainly focusing on physiological care were some of the reasons for patient dissatisfaction. The 42.2% of patients who were satisfied with Nursing Care were mostly satisfied with the physical aspects of care such as nurses' skills, nurses' care as well as their commitment and duty consciousness.

Improvement of skills, competence, communication, patient education and spiritual support is expected of nurses in order to boost the quality of Nursing Care and improve patient satisfaction. In addition, AI has the potential to greatly improve the quality of Nursing Care by providing tools and insights that support clinical decision-making, personalise patient care, and improve operational efficiency when used with caution. Therefore, there is need for the management of the hospitals to introduce rapid assessment tools, organise seminars and conduct monthly evaluation of the implementation of holistic nursing practice.

Study limitation

The study was conducted in just two health facilities in Buea and Limbe Health Districts; however, these hospitals serve as referral and teaching hospitals having the most patient in flow.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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