# Patients' Perception of the Quality of Nursing Care in University of Benin Teaching Hospital

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**Abstract**
**Background:**
The quality of nursing care is a critical determinant of patient satisfaction and health outcomes. Understanding patient perceptions provides valuable insight into areas needing improvement, particularly in diverse healthcare settings such as the University of Benin Teaching Hospital (UBTH).
**Objectives:**
This study aimed to assess the perceptions of patients toward the quality of nursing care at UBTH and to identify socio-demographic and systemic factors influencing these perceptions.
**Methods:**
A descriptive cross-sectional survey was conducted among a diverse patient population at UBTH. Data were collected on socio-demographic characteristics, patient perceptions, attitudes, and factors influencing their experiences with nursing care. Descriptive statistics and mean scores were used to interpret patient responses.
**Results:**
The findings revealed a nearly equal distribution of perceptions: 52.4% of patients reported positive perceptions, while 47.6% had negative views. Positive ratings were given for prompt attention, respectful communication, and environmental cleanliness. However, negative ratings were recorded in areas such as privacy, individualized care, and information provision. The grand mean perception score was 2.4. Similarly, 52.5% of patients held positive attitudes, with strong trust in nurses' roles, but dissatisfaction was expressed regarding attentiveness and emotional support. Influential factors included communication effectiveness, availability of equipment, and cultural sensitivity, with a grand mean of 2.6.
**Conclusion:**
Although technical aspects of nursing care were generally well perceived, the study highlights critical gaps in interpersonal and patient-centered care. To enhance care quality, interventions should focus on improving nurse-patient communication, emotional support, and cultural competence, alongside adequate staffing and resource provision.
**Keywords:** Nursing care quality, patient perception, communication, cultural competence, patient satisfaction

## Introduction

Quality nursing care is essential for enhancing patient satisfaction, safety, and overall health outcomes. Increasingly, patients' views of their care are seen as critical indicators of nursing effectiveness and serve as important feedback for improving healthcare services [1]. Modern patient-centered care not only targets positive clinical results but also emphasizes the care

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experience, which is greatly influenced by nurses' communication skills, empathy, attitudes, and attentiveness [2]

Nursing care quality involves several interrelated elements such as timely responses, technical know-how, emotional support, compassionate care, and clear communication. Research shows that patients' satisfaction and their willingness to follow medical advice are closely linked to how they perceive these elements [3]. Nonetheless, inequalities in care, communication issues, and unfriendly behavior can negatively affect patient experiences and weaken the nurse-patient relationship, ultimately reducing care effectiveness [4].

In the Nigerian healthcare system, especially at tertiary centers like the University of Benin Teaching Hospital (UBTH), nurses are central to patient care. However, reports of patient dissatisfaction persist, often pointing to nurses' perceived lack of responsiveness, delayed assistance, poor empathy, and inadequate communication. These issues frequently stem from broader systemic problems including nurse shortages, job burnout, limited decision-making power, and poor working conditions [5].

The COVID-19 pandemic worsened these challenges by increasing workloads, emotional stress, and health risks for nurses. This led to heightened burnout and a decline in care quality as experienced by both patients and staff [6]. Understanding patients' current perceptions of nursing care at UBTH, especially after the pandemic, is key to identifying strengths and addressing deficiencies in care delivery [6].

Patients' attitudes toward nursing care also shape their healthcare experiences. These attitudes are influenced by personal expectations, prior encounters with healthcare, cultural background, and the nature of interactions within the hospital. Factors such as nurse communication, staffing levels, resource availability, and perceived skill levels play major roles in forming these attitudes. Understanding them can help healthcare leaders design better strategies to improve care quality [7].

This study aims to examine how patients at UBTH perceive the quality of nursing care. It will explore their attitudes, identify influencing factors, and offer insights that can guide improvements in patient-focused nursing services and clinical excellence.

### Conceptual Review

### Concept of Nursing Care
Nursing care encompasses more than clinical tasks; it reflects a comprehensive, patient-centered approach that includes emotional support, communication, and advocacy within complex health systems [8]. It combines both the scientific and compassionate elements of care, requiring nurses to be autonomous professionals who respond promptly to patient needs, thereby influencing outcomes like satisfaction and recovery [9]. Key influences on nursing care include staffing,

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leadership, and emotional intelligence [10]. Culturally sensitive and empathetic care is especially critical in high-pressure settings like teaching hospitals [11]. Continuous learning and adaptability, including innovations like telehealth, ensure nursing care remains effective in a changing healthcare landscape [12].

### Importance of Nursing Care in Patient Outcomes

Nurses play a vital role in patient care, often being the most present healthcare providers. Their clinical and emotional support improves recovery and satisfaction [13]. When patients perceive nurses as caring and respectful, they are more satisfied and likely to adhere to treatments [14]. Quality nursing care also reduces complications, hospital stays, and costs, while building patient trust [15].

### Dimensions of Quality Nursing Care

Quality care is viewed through structure, process, and outcome.
Structure refers to resources like staffing, facilities, and equipment. Inadequate nurse staffing often lowers care quality [16]. Process involves the actual care delivered, including communication, technical skills, and decision-making [17]. Effective interaction improves trust and treatment adherence. Outcomes include patient satisfaction, recovery, and adherence to care plans. While outcomes are key indicators, they can be hard to measure due to external factors [18].

### Assessment of Quality in Nursing Care

Tools used include patient satisfaction surveys and clinical indicators like falls and infections. Surveys offer subjective insights, while indicators provide measurable data. Combining both enhances overall care evaluation [19].

### Patient-Centered vs. Healthcare-System-Centered Models

The patient-centered model emphasizes empathy, communication, and shared decision-making, leading to better satisfaction and health outcomes . In contrast, the system-centered model focuses on efficiency and standards but may miss personalized care. Combining both offers a balanced approach [20].

### Patient Perception of Nursing Care Quality

Patient views are shaped by prior experiences, expectations, culture, and socioeconomic status. These perceptions affect satisfaction and treatment outcomes. Emotional connection and clear communication increase trust and cooperation, while perceived neglect lowers satisfaction [21].

### Communication, Nurse-Patient Relationship, Physical Environment, and Professionalism

Effective communication, respectful relationships, a safe environment, and professional competence all shape patients' care experiences. Nurses who listen actively and show empathy foster satisfaction and trust [22].

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**Relationship Between Patient Satisfaction and Perception of Nursing Care**
Patients feel more satisfied when care is compassionate and competent. This satisfaction encourages better treatment adherence and trust [23].

**Tools and Methods for Assessing Quality of Nursing Care**
Surveys and clinical indicators are common tools. Combining these with mixed methods enhances accuracy. Valid tools align with what patients value, like respect and emotional support [24].

**Nurse-Patient Relationship**
Strong nurse-patient bonds, built through trust and emotional support, improve satisfaction and cooperation. Clear communication reduces anxiety and promotes participation in care [25].

**Empathy and Compassion**
Empathy helps nurses connect emotionally with patients, improving satisfaction, recovery, and trust. Compassionate care supports psychological well-being and accelerates healing [26].

**Theoretical Review**

**Donabedian's Model of Quality of Care**

Avedis Donabedian, a prominent physician and health services researcher, developed a widely recognized framework for assessing healthcare quality in 1966. His model conceptualizes healthcare quality through three interrelated components: **Structure, Process, and Outcome (SPO)**. This model has since become foundational in healthcare evaluation and continues to inform global quality improvement initiatives [27].

**1. Structure**

The **structure** component refers to the attributes of the healthcare setting where care is provided. This includes:

   a. Availability and adequacy of facilities
   b. Medical equipment and technologies
   c. Staffing levels and staff qualifications
   d. Organizational characteristics and administrative systems
   e. Institutional policies and protocols

Donabedian posited that while a strong structure does not guarantee high-quality care, a poor structure often impedes it. Structure sets the foundation for effective care delivery by influencing both the capacity and efficiency of healthcare services [27].

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## 2. Process

The process component refers to the actual delivery of healthcare the interactions between healthcare professionals and patients. It includes both technical and interpersonal aspects of care, such as:

a. Diagnosis and treatment procedures
b. Preventive care and patient education
c. Communication and information exchange
d. Patient-provider relationships
e. Adherence to clinical guidelines

Because process measures are more immediately observable, they are often targeted in quality improvement initiatives. Enhancing processes typically leads to better patient experiences and health outcomes.

## 3. Outcome

**Outcomes** reflect the effects of healthcare interventions on patient and population health. These include both clinical and subjective indicators, such as:

a. Improvements in health status
b. Reduction in symptoms or complications
c. Patient satisfaction
d. Mortality and morbidity rates
e. Quality of life and functional status

Although outcomes are the ultimate measure of healthcare quality, Donabedian emphasized that they are influenced by external factors such as individual patient characteristics and behaviors, not just healthcare delivery [27].

### Interrelationship of the SPO Model

Donabedian conceptualized a linear but interconnected relationship: **Structure affects Process**, and Process affects Outcome. For example, a hospital with adequate staffing and modern equipment (structure) is more likely to deliver timely and efficient care (process), resulting in improved patient outcomes [28].

### Strengths and Criticisms

The main strength of Donabedian's model lies in its simplicity, clarity, and adaptability across healthcare contexts. However, critics argue that its linear approach oversimplifies complex care dynamics and may underemphasize contextual and patient-specific factors.

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### Application of Donabedian's Model to the Study

This study applies Donabedian's SPO model to assess patients' perception of nursing care quality at the University of Benin Teaching Hospital (UBTH). Each model component provides a structured lens for evaluating nursing care from the patient's perspective.

### Structure

In the UBTH context, structure encompasses:

1. Nurse-to-patient ratios
2. Availability of equipment and consumables
3. Training, competencies, and qualifications of nursing staff
4. Supportive administrative systems and working conditions

Patients' perceptions of care may be influenced by observable structural deficiencies—such as overworked staff or outdated equipment—which could contribute to perceived inadequacy in care delivery.

### Process

The process component is central to this study, as it captures direct **nurse-patient interactions**, including:

1. Communication and responsiveness
2. Empathy and emotional support
3. Information dissemination and patient education
4. Adherence to nursing protocols and procedures

These are the most visible aspects of care from the patient's point of view and significantly shape their satisfaction and trust.

### Outcome

In this study, outcomes are primarily **subjective**, focusing on:

1. Patient satisfaction
2. Trust and confidence in nursing care
3. Perceived psychological and emotional support
4. Likelihood to return to or recommend the hospital

Though traditionally measured via clinical metrics, Donabedian acknowledged the legitimacy of subjective outcomes in evaluating care quality, especially from the patient's perspective.

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**Relevance to the Study**

By aligning with Donabedian's model, the study ensures a **systematic** and theoretically grounded approach to evaluating nursing care. The model's structure enables the categorization of findings, identification of gaps, and development of targeted quality improvement strategies within the UBTH nursing context.

**Empirical Review**

**Patients' Perception of Nursing Care Quality**

Several empirical studies have assessed patients' perception of nursing care across different contexts:

Muthuram & Dhakshinamoorthy (2023**)** in Chennai found high satisfaction with nurse-provided comfort and care coordination. However, lower satisfaction was noted in communication and information-sharing aspects[29]. The average satisfaction score was 3.53/5, indicating generally positive perceptions. Yesuf & Abdu (2023) in Ethiopia reported that 76.3% of patients had a positive perception of nursing care [30]. Positive perception was significantly associated with age (31–40 years) and paying for care. Patients over 50 were less likely to report satisfaction, highlighting the influence of sociodemographic factors. Ojewale et al. (2022) in Nigeria observed fair ratings for "concern and caring" and better ratings for technical aspects like "nursing skill [31]." Demographic factors, including age and marital status, influenced perceptions. Khatun et al. (2023**)** in Bangladesh reported a relatively low average satisfaction score (3.47/5), with significant variation based on gender, ward type, and hospitalization history [32]. Abu Sharour et al. (2021) emphasized the importance of empathy and communication in oncology nursing. Their findings highlight that emotional sensitivity significantly influences patient perception in vulnerable populations [33].

High-quality nursing care is central to effective health services and significantly affects patient recovery and satisfaction [34]. Globally, perceptions of nursing care vary depending on empathy, communication, emotional backing, and nurse-patient interactions [35]. While some nations report positive patient feedback, others, particularly in Africa, show concerning gaps in perceived nursing care [35].

In Nigeria, especially Benin City, patients often express satisfaction with clinical procedures but cite weaknesses in emotional support, communication, education, and nurse engagement. These issues are worsened by understaffing, limited resources, and rising expectations [36]. With a global shortfall of nearly 6 million nurses—most severe in sub-Saharan Africa—Nigeria's nurse-to-patient ratio of 1:1135 puts immense strain on care delivery. These systemic pressures reduce patient satisfaction, delay recovery, and damage trust in healthcare [36]. Given nurses' critical role, it is crucial to assess patients' views on nursing care to guide improvements. This study will evaluate patient perceptions at UBTH to highlight strengths, identify gaps, and support better policy and care decisions.

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## Methodology

This section outlines the methods used by the researcher to carry out the study. Key components such as research design, setting, population, sampling, data collection tools, data analysis methods, and ethical considerations are discussed.

## Research Design

A descriptive cross-sectional design was used to evaluate how patients perceive the quality of nursing care at the University of Benin Teaching Hospital (UBTH). This design captures data at a single point in time, making it suitable for identifying influencing factors and understanding current awareness and practices.

## Research Setting

The study took place in selected wards within UBTH, a major tertiary hospital located in Ugbowo, Egor Local Government Area, Edo State, Nigeria. Established in 1973, UBTH serves both regional and national healthcare needs, with a bed capacity of over 910. It comprises 19 clinical departments, 3 medical laboratory departments, and 3 emergency units, providing comprehensive inpatient and outpatient services staffed by doctors, nurses, and paramedics.

## Target Population

The research focused on patients admitted to selected wards within UBTH. These wards cover various medical and surgical specialties, and were chosen as the main setting for evaluating patients' views on the quality of nursing care.

**Table1. Number of beds in medical and surgical unit**

| Wards (Units) | Number of beds |
|---|---|
| Male medical ward (A1) | 32 |
| Female medical ward (A3) | 30 |
| Female surgical ward (A4) | 31 |
| Female orthopedic ward (FOW) | 32 |
| Oncology ward (C2) | 29 |
| Male surgical ward 1 (B2) | 33 |
| Male surgical ward 2 (B4) | 32 |
| Male orthopedic ward (MOW) | 27 |

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| General medical ward (C1) | 24 |
|---|---|
| Gynecological ward (A2) | 33 |
| **Total** | **303** |

## Sample Size Determination

The sample size was calculated using Slovin's formula, which is suitable when the population size is known and the degree of precision is specified.

Slovin's Formula:

$$n = \frac{N}{1+N(e)^2}$$

## Where:

- $n$ = sample size
- $N$ = population size (303)
- $e$ = margin of error (0.05 or 5%)

## Substituting the values:

$$n = \frac{303}{1+303(0.05)}$$

$$n = \frac{303}{1+303(0.0025)}$$

$$n = \frac{303}{1+0.7575}$$

$$n = \frac{303}{1.0.7575}$$

$$n = 172.4$$

adding attrition rate of 10% which is 17.4

172+17.2 =189.4

Therefore, the sample size is approximately 190

## Sampling Technique

A convenience sampling method will be employed in selecting 190 patients who are readily accessible from the selected wards. This approach will simplify the data collection process, though it may limit the generalizability of the findings due to potential sampling bias.

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### Instrument for data collections

The instrument design for data collection for this research will be a self-constructed questionnaire. The questionnaire will be carefully constructed to give a depth understanding of the topic and the relevant to the study. The questionnaire contained questions with four sections (A, B C, D).
Section A: Socio-demographic data
Section B: the perception of patients on the quality of nursing care in University of Benin Teaching Hospital
Section C: Attitude of patients towards nursing care quality in University of Benin Teaching Hospital
Section D: Factors influencing patients' attitude on the quality of nursing care in University of Benin Teaching Hospital

### Validity

The instrument will be tested for validity using face and content validity method which ensure that the instrument supplied answers to the research questions in the study. This will be scrutinized by the project supervisor and corrections will be effected before administering the instrument to respondents.

### Reliability of Instrument

This refers to the consistency of a measure according to Nwachukwu, 2015. To ensure the reliability of the instrument, the reliability of instrument will be determined through test re-test method. 10% of the sampled population which 19 will be administer the questionnaire. The population comprised adult patients (18 years and above) admitted to the University of Benin, Healthcare Center which are outside the sampled population. A correlation coefficient of 0.8 will be obtained. Which is satisfactory is enough to establish that the instrument used is reliable for the study.

### Method of data collection

The questionnaires will be administered to the research participants   a daily basis after a careful explanation of the topic, and the questionnaire will be retrieved on the spot. This process will continue until the desired sample size is obtained.

### Method of Data Analysis

Data collected will be analyzed using Statistical Package for Social Sciences (SPSS) version 27.0. The gathered data will be organized, analyzed, and described using simple frequency tables and percentages, as well as pie charts and bar charts to provide meaning to the research findings. Brief descriptions of the findings will be included in the tables to offer a clearer picture of the outcomes and detailed interpretations for easier understanding.

### Ethical consideration

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Ethical approval will be obtained from the Health Research Committee, University of Benin Teaching Hospital, Benin City. Permission will be obtained from the various ward managers before proceeding with the research. Before data collection begins, participants will receive detailed explanations about the research's purpose, content, and implications. They will be assured of confidentiality, ensuring the protection of their personal and private information. Throughout the research, ethical guidelines will be strictly adhered to, including the following considerations:

**Confidentiality:** Respondents' information will be treated confidentially, with no request for names or addresses in the questionnaire. Participants will understand that their responses are confidential and solely used for research purposes. No personal identifiers will be used in any document or questionnaire to maintain anonymity.

**Voluntary Participation:** Participants will be informed of their right to voluntary participation without facing penalties or bias. They can choose to withdraw or decline to provide information at any point if they feel uncomfortable or unsure.

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## Results

This section presents the analysis of data gathered on patients' perceptions of nursing care quality at the University of Benin Teaching Hospital. Out of 190 questionnaires distributed to inpatients across selected wards, 189 were correctly completed and deemed valid for analysis, resulting in a high response rate of 99.5%.

**Table 2. Socio-demographic characteristics of respondents**

| Variable | Frequency (n = 189) | Percent (%) |
|---|---|---|
| **Age** | | |
| 21–25 years | 32 | 16.9 |
| 26–30 years | 62 | 32.8 |
| 36 and above | 95 | 50.3 |
| **Religion** | | |
| Christianity | 138 | 73.0 |
| Islam | 41 | 21.7 |
| Traditional Worshipper | 5 | 2.6 |
| Others | 5 | 2.6 |
| **Marital Status** | | |
| Single | 56 | 29.6 |
| Married | 108 | 57.1 |
| Divorced | 25 | 13.2 |
| **Tribe** | | |
| Benin | 96 | 50.8 |
| Igbo | 38 | 20.1 |
| Yoruba | 26 | 13.8 |
| Others | 29 | 15.3 |

Table 2 shows the socio-demographic characteristics of the respondents. Out of 189 patients surveyed, half (50.3%) were aged 36 years and above, while 32.8% were between 26–30 years, and 16.9% fell within the 21–25 years age group. In terms of religion, the majority of respondents were Christians (73.0%), followed by Muslims (21.7%), with 2.6% each identifying

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as traditional worshippers or adhering to other religions. Marital status data revealed that most respondents were married (57.1%), while 29.6% were single and 13.2% were divorced. Regarding tribal affiliation, Benin ethnic group constituted the largest proportion (50.8%), followed by Igbo (20.1%), Yoruba (13.8%), and other tribes (15.3%). This demographic profile indicates that the patient population is predominantly adult, Christian, married, and ethnically diverse.

**Answering Research Questions:**

**Research Question 1:** What is the perception of patients' on the quality of nursing care in

University of Benin Teaching Hospital?

**Table 3. Perception of patients on the quality of nursing care**

| Statement | Strongly Agree | Agree | Disagree | Strongly Disagree | Mean | Remark |
|---|---|---|---|---|---|---|
| The nurses attended to my needs promptly. | 37 (20) | 76 (40) | 33 (17) | 43 (23) | 2.6 | Positive |
| The nurses were courteous and respectful in their interactions with me. | 45 (24) | 60 (32) | 52 (28) | 32(17) | 2.6 | Positive |
| The nursing care I received met my expectations. | 23 (12) | 76 (40) | 27 (14) | 63 (33) | 2.3 | Negative |
| I felt comfortable communicating my health concerns to the nurses. | 39 (21) | 74 (39) | 27 (14) | 49 (26) | 2.5 | Positive |
| The nurses demonstrated competence in carrying out their duties. | 37 (20) | 66 (35) | 38 (20) | 48 (25) | 2.5 | Positive |
| I was adequately informed about the care I received by the nurses. | 32 (17) | 62 (33) | 52 (28) | 43 (23) | 2.4 | Negative |
| The nurses maintained my privacy and dignity during care. | 29 (15) | 59 (31) | 53 (28) | 48 (25) | 2.4 | Negative |
| The nurses were consistently available when I needed assistance. | 41 (22) | 63 (33) | 41 (22) | 44 (23) | 2.5 | Positive |
| I received nursing care in a clean and safe environment. | 46 (24) | 69 (37) | 26 (14) | 48 (25) | 2.6 | Positive |
| The nurses treated me as an individual and not just as a | 33 (17) | 61 (32) | 51 (27) | 44 (23) | 2.4 | Negative |

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patient.

| | Grand Mean | 2.4 | Positive |
|---|---|---|---|

**Mean Cut-off = 2.5**

Table 3 shows the perception of patients on the quality of nursing care, with the highest mean scores of 2.6 recorded for the statements "The nurses attended to my needs promptly," "The nurses were courteous and respectful in their interactions with me," and "I received nursing care in a clean and safe environment." This was followed by mean scores of 2.5 for "I felt comfortable communicating my health concerns to the nurses," "The nurses demonstrated competence in carrying out their duties," and "The nurses were consistently available when I needed assistance." Statements with a mean of 2.4 included "I was adequately informed about the care I received by the nurses," "The nurses maintained my privacy and dignity during care," and "The nurses treated me as an individual and not just as a patient." The lowest mean score of 2.3 was recorded for "The nursing care I received met my expectations." The grand mean was 2.4.
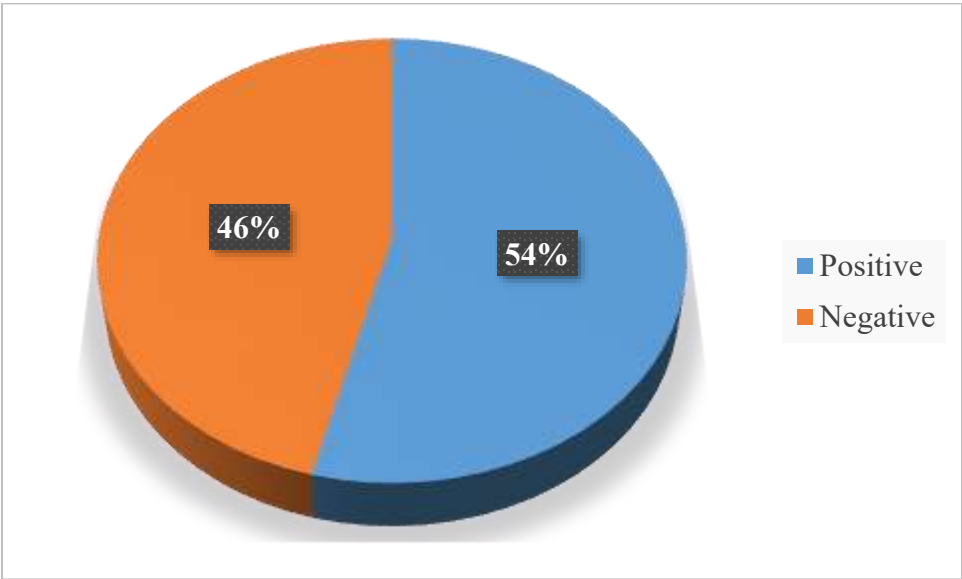


**Figure 1. Pie chart showing perception of patients on the quality of nursing care**

Figure 1 presents a pie chart illustrating patients' perceptions of the quality of nursing care. Out of 103 respondents, 54 (52.4%) reported a positive perception, while 49 (47.6%) expressed a negative perception.

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**Hypothesis Testing**

1. There is no significant relationship between attitude of patients towards nursing care quality and perception of patients' on the quality of nursing care in University of Benin Teaching Hospital.

**Table 4. Relationship between the attitude of patients towards nursing care quality and perception of patients' on the quality of nursing care**

| Attitude | Practices | | Test Statistics ($\chi^2$) | df | P value | Decision |
|---|---|---|---|---|---|---|
| | **High** | **Low** | | | | |
| **Positive** | 75 (39.6) | 114(59.4) | 1.841 | 1 | 0.03 | Rejected |
| **Negative** | 77 (40.7) | 112(59.3) | | | | |

Table 4 shows the relationship between patients' attitudes toward nursing care quality and their perception of the quality of care received. The chi-square test result ($\chi^2 = 1.841$, df = 1, p = 0.03) indicates a statistically significant association between the two variables. Since the p-value is less than 0.05, the null hypothesis is rejected, confirming that patients' attitudes significantly influence their perception of nursing care quality.

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**Discussion**

The study revealed a nearly even split in patients' perceptions of nursing care at the University of Benin Teaching Hospital: 52.4% viewed it positively, while 47.6% had negative perceptions. This indicates a more balanced perspective than seen in previous studies, such as Muthuram and Sasikala Dhakshinamoorthy (2023) and Yesuf and Abdu (2023), which reported higher satisfaction levels.

Specific aspects of care received mixed ratings:

- Positively rated areas (mean score = 2.5–2.6):
    - Prompt response to patient needs
    - Respectful and courteous interactions
    - Clean and safe care environment
    - Nurse competence and availability
    - Comfort in discussing health concerns

These findings are in line with studies such as Benavides and Atoche (2021) and Ojewale et al. (2022), which also highlighted strengths in the technical and environmental aspects of nursing care.

- Negatively rated areas (mean score = 2.3–2.4):
    - Meeting patient expectations
    - Providing adequate information
    - Ensuring privacy
    - Delivering individualized care

These shortcomings mirror results from Khatun et al. (2023) and echo concerns in communication and information delivery raised by Muthuram and Sasikala Dhakshinamoorthy (2023) [29, 32].

The overall average score (grand mean) was 2.4, just below the neutral benchmark of 2.5, indicating a need for improvement. The results suggest that while technical competence and environment are satisfactory, interpersonal communication and personalized care require more attention.

This trend aligns with Al Baalharith (2021), where patient experiences varied, and with Khan and Flinsi (2024) who emphasize the importance of enhancing nurse-patient communication alongside clinical skills [37, 38].

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**Implications for Nursing Practice**

The findings of this study carry significant implications for nursing practice, education, and healthcare policy. The mixed patient perceptions of nursing care at the University of Benin Teaching Hospital highlight the need for a more patient-centered approach.

While many patients acknowledged strengths in areas like technical competence, prompt care, and environmental cleanliness, there were notable concerns about interpersonal aspects of care such as poor communication, lack of emotional support, and insufficient personalized attention.

These results emphasize that nurses must go beyond clinical skills to build empathetic, communicative, and collaborative relationships with patients. Improving communication, showing compassion, and involving patients in decisions can significantly improve how care is perceived.

The study also points to the importance of cultural competence, given the hospital's diverse patient population. Nurses must be trained to deliver respectful and culturally sensitive care that accommodates patients' different backgrounds and beliefs.

Additionally, structural elements like equipment availability, staff responsiveness, and a clean care environment also influence patient perceptions. Nurses should actively advocate for better resources and work with management to create a supportive and well-equipped care setting.

Lastly, the findings suggest a strong need for nursing education to place more emphasis on holistic care, including emotional support and therapeutic communication. Developing emotional intelligence and relational skills will be crucial to improving patient satisfaction and overall care outcomes.

**Conclusion**

This study offers meaningful insights into how patients perceive the quality of nursing care at the University of Benin Teaching Hospital. It reveals that perceptions are shaped by a combination of socio-demographic factors, nurse-patient interactions, and structural elements of care delivery. While a slight majority reported positive experiences, a significant portion expressed dissatisfaction, particularly regarding communication, emotional support, individualized care, and involvement in decision-making.

Importantly, the study underscores that quality nursing care goes beyond technical competence; respect, empathy, communication, and cultural awareness play crucial roles in shaping patient

experiences. Additionally, resource availability and a clean, supportive environment significantly affect overall patient satisfaction.

## Limitations of the Study

Despite its contributions, the study has some limitations:

- It was conducted in a single tertiary hospital, limiting the generalizability of findings to other healthcare settings, especially rural or private institutions.
- Data collection relied on self-reported patient responses, which may be influenced by biases such as social desirability or recent emotional experiences, potentially affecting accuracy.

## Recommendations

To improve the quality of nursing care, the following actions are recommended:

1. Enhance communication training for nurses, focusing on empathy, active listening, cultural sensitivity, and clear patient interactions.
2. Ensure adequate staffing to improve nurse responsiveness and visibility, positively influencing patient experience.
3. Promote patient involvement in care decisions through education and clear communication about health conditions and treatment options.
4. Organize regular in-service training and workshops to update nurses on best practices, clinical skills, and healthcare innovations.
5. Provide sufficient medical supplies and functional equipment, as resource availability is crucial to care quality.
6. Maintain a clean and comfortable hospital environment, recognizing its strong impact on patient satisfaction.

## Competing interests

The authors declare that they do not have any conflicts of interest.

## Ethics approval and consent to participate

An application for ethical clearance was made to the research and ethics committee of the

University of Benin Teaching Hospital which was approved with the protocol number:

**ADM/E22/A/VOL.VII/1417351137.**

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