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Nurse communication, service quality, and satisfaction among hospital inpatients

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Abstract

Background: Patient satisfaction is an important component of perceived care quality. Communication and service quality may shape how inpatients evaluate nursing care.
Purpose: To examine the associations of nurse communication and nursing service quality with patient satisfaction among inpatients at Sari Asih Serang Hospital.
Method: This analytical cross-sectional study included 120 inpatients recruited by consecutive sampling during October–November 2025. Patient-reported nurse communication, service quality and satisfaction were assessed using Likert-type questionnaires. Spearman rank correlation was used to assess bivariate associations ($\alpha = 0.05$).
Results: Good nurse communication was reported by 100 participants (83.3%); good service quality and good satisfaction were each reported by 109 participants (90.8%). Both nurse communication (Spearman $\rho = 0.868$; $p < 0.001$) and service quality ($\rho = 0.805$; $p < 0.001$) were positively associated with patient satisfaction.
Conclusion: Nurse communication and nursing service quality were strongly and positively associated with patient satisfaction in this inpatient sample. The cross-sectional, self-reported findings cannot establish causation and require confirmation using validated instruments and complete source data.

Keywords: Inpatient Care; Nurse Communication; Nursing Care; Patient Satisfaction; Service Quality.

INTRODUCTION

Patient experience is a component of healthcare quality because it reflects patients' perceptions of care processes and professional interactions. Systematic reviews link positive patient experiences with aspects of clinical effectiveness and safety, although the direction and magnitude of such associations can vary across settings (Doyle et al., 2013; Manary et al., 2013; Rathert et al., 2013). Patient satisfaction is a multidimensional construct, and provider communication is among its consistently identified determinants (Batbaatar et al., 2015; Batbaatar et al., 2017).

The structure–process–outcome framework offers a way to understand perceived quality of care (Donabedian, 2005). Nursing staff play a central role in the patient experience: information clarity, active listening, responsiveness and respectful interaction may influence confidence and satisfaction (Aiken et al., 2018; McCabe, 2004; Kwame & Petrucka, 2021). In addition, patient-centered communication can strengthen understanding, trust, and engagement with treatment (Epstein & Street, 2011; Street et al., 2009).

The SERVQUAL framework conceptualizes service quality through tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). Patient reports are useful indicators of perceived quality but are influenced by expectations and measurement methods (Laschinger et al., 2005; Weech-Maldonado et al., 2012). Quality of care encompasses safety, effectiveness, responsiveness and people-centredness (OECD et al., 2018). In Indonesia, Minister of Health Regulation No. 30 of 2022 defines national healthcare quality indicators, including patient satisfaction for hospitals; it should not be described as setting the hospital bed-occupancy or average length-of-stay benchmarks claimed in the reviewed manuscript (Ministry of Health of the Republic of Indonesia, 2022).

The source manuscript reports that internal inpatient monitoring at Sari Asih Serang Hospital found that 62% of surveyed patients were "very satisfied" in 2022, while a separate 2023 report

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identified complaints about communication and response time. These local figures were not independently verifiable from the manuscript and require the author's hospital reports. Preliminary interviews with five patients and three nurses also suggested concerns about empathy and information clarity. This study, therefore, examined nurse communication and service quality in relation to patient satisfaction at Sari Asih Serang Hospital.

RESEARCH METHOD

This quantitative analytical observational study used a cross-sectional design in the inpatient wards of Sari Asih Serang Hospital, Banten Province, Indonesia. Data were collected in October–November 2025. The sample comprised 120 inpatients recruited consecutively. The source manuscript did not specify the study's eligibility criteria, the number of individuals approached and excluded, or the sample size calculation; these details require confirmation.

Questionnaires assessed nurse communication (information clarity, listening, empathy, non-verbal communication, openness), perceived nursing service quality based on the SERVQUAL domains, and patient satisfaction (interpersonal and technical aspects of care, access and comfort). Items used Likert-type responses. The precise item counts, response scales, score aggregation, category cut-offs and validity/reliability results were not supplied. Descriptions of the measures draw on established nursing communication and survey-measurement literature, but validation of the instruments used in this sample remains an area of inquiry for the author (Arnold & Boggs, 2020; Potter, Perry, Stockert, & Hall, 2021; Polit & Beck, 2021).

After written informed consent, respondents completed the questionnaires in approximately 20–30 minutes. The manuscript also reports the extraction of administrative variables (length of stay, care class, payment status, and main diagnosis) from hospital records. Characteristics were summarized using frequencies and percentages. Approximate mean age and sample standard deviation were calculated from age-group midpoints (20.5, 29.5, 42.0, and 57.0 years); individual ages were unavailable. Spearman's rank correlation assessed bivariate associations between nurse communication and satisfaction and between service quality and satisfaction; the significance threshold was $p < 0.05$. Coefficients were interpreted using the pragmatic convention that $|\rho| = 0.70–0.89$ represents a strong association, recognizing that such categories are context-dependent (Schober, Boer, & Schwarte, 2018).

RESEARCH RESULTS

Table 1. Participant characteristics (N = 120)

Variable	Results
Age, years, estimated mean ± SD (category limits)	**33.95 ± 10.95 (17–64)**
Age group (n/%)	
17–24	26/21.7
25–34	47/39.2
35–49	35/29.2
50–64	12/10.0
Gender (n/%)	
Male	40/33.3
Female	80/66.7
Education Level (n/%)	
Elementary school	2/1.7
Junior high school	14/11.7

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Senior high school	40/33.3
Diploma	58/48.3
Higher Education	8/6.7
Diagnosis group (n/%)	
Digestive system	31/25.8
Infectious disease/fever	25/20.8
Cardiovascular/metabolic	23/19.2
Surgical/musculoskeletal	21/17.5
Respiratory	15/12.5
Neurological	5/4.2

As presented in Table 1, estimated mean age was 33.95 ± 10.95 years based on age-group midpoints. Participants aged 25–34 years formed the largest group (47 patients, 39.2%), and 80 participants (66.7%) were female. The educational-attainment totals require verification because the reported categories sum to 122 rather than 120.

Table 2. Nurse communication, service quality, and satisfaction (N = 120)

Variable	Poor	Sufficient	Good
Nurse communication	7/5.8	13/10.8	100/83.3
Nursing service quality	2/1.7	9/7.5	109/90.8
Patient satisfaction	2/1.7	9/7.5	109/90.8

As presented in Table 2, good nurse communication was reported by 100 participants, while good nursing service quality and good patient satisfaction were each reported by 109 participants (90.8%). Identical category totals do not necessarily indicate that the same respondents selected both outcomes

Table 3. Correlations with patient satisfaction (N = 120)

Predictor	N	Spearman ρ	*p* value
Nurse communication	120	0.868	< 0.001
Nursing service quality	120	0.805	< 0.001

As presented in Table 3, nurse communication (Spearman ρ = 0.868, $p < 0.001$) and nursing service quality (ρ = 0.805, $p < 0.001$) both showed strong positive correlations with patient satisfaction. These are unadjusted cross-sectional associations, not evidence of causation.

DISCUSSION

The principal finding was a strong positive association between perceived nurse communication and patient satisfaction (ρ = 0.868). This is consistent with research identifying professional communication, responsiveness, and respect as central to patient-centered care (Kwame & Petrucka, 2021; McCabe, 2004). Explanatory models suggest that communication can influence patients' perceptions through better information, trust, and emotional support (Street et al., 2009; Epstein & Street, 2011). Nevertheless, the study does not establish that communication improved subsequent satisfaction.

Service quality was likewise strongly associated with satisfaction (ρ = 0.805). The finding accords with studies linking perceived interpersonal quality, care processes, and nursing work environments with

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hospital experience (Aiken et al., 2018; Weech-Maldonado et al., 2012). The SERVQUAL model offers a plausible framework for interpreting the role of assurance, empathy, and responsiveness, but the study did not report scores for each dimension, so the contribution of individual dimensions cannot be assessed (Parasuraman et al., 1988).

The strong coefficients require caution. All three variables were heavily concentrated in the favorable category, with 83.3–90.8% classified as good. Restriction of observed categories, substantial ties, and potentially overlapping self-report items may influence rank correlations; the direction and extent of that influence cannot be determined from the published marginal counts alone. In particular, identical category totals for service quality and satisfaction warrant verification of the two questionnaire scorings. Spearman coefficients quantify monotonic association rather than agreement, temporal order or causal influence (Schober et al., 2018).

The current finding of 90.8% good satisfaction contrasts with the 62% "very satisfied" result from the hospital's earlier internal monitoring described in the original manuscript. The two findings may involve different periods, questions, thresholds, or inpatient samples; they should not be compared as the same indicator until the relevant instruments and hospital records are obtained (Batbaatar et al., 2017; Manary et al., 2013). Broader evidence also indicates that patient satisfaction is influenced by multiple dimensions, including expectations, interpersonal care and organizational conditions (Batbaatar et al., 2015; Donabedian, 2005).

LIMITATIONS

The cross-sectional design cannot establish temporal sequence or causation. Recruitment from a single hospital limits generalizability, and the total eligible pool and selection procedure were incompletely documented. All three principal variables were obtained from patient reports at one time, allowing shared-method and social-desirability bias. Scores were skewed toward the favorable category; the exact questionnaire structure, cutoffs, and psychometric performance were unavailable for audit purposes. The education counts did not reconcile with N = 120, and cross-tabulations/raw scores were unavailable, preventing verification of the reported correlations. There was no multivariable adjustment for diagnosis, care class, age, or length of stay. These issues limit confidence in the precision and generality of the observed associations.

CONCLUSION

Among 120 inpatients at Sari Asih Serang Hospital, nurse communication and nursing service quality were positively associated with patient satisfaction (Spearman $\rho = 0.868$ and 0.805, respectively; both $p < 0.001$). These are strong, unadjusted cross-sectional associations based on highly favorable self-reported ratings. No causal conclusion can be drawn.

SUGGESTION

Nursing managers may consider reinforcing clear explanations, attentive listening, respectful communication, and timely responses as components of quality improvement. Before publication, the authors should reconcile the education totals, document the survey instruments and ethics approval, and provide the cross-tabulations and original statistical output. Further multicentre studies with validated measures, a wider range of satisfaction scores, and multivariable analyses would help clarify the findings.

REFERENCES

Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2018). Patient satisfaction with hospital care and nurses in England: An observational study. BMJ Open, 8(1), e019189. https://doi.org/10.1136/bmjopen-2017-019189

Arnold, E. C., & Boggs, K. U. (2020). Interpersonal relationships: Professional communication skills for nurses (8th ed.). Elsevier.

Batbaatar, E., Dorjdagva, J., Luvsannyam, A., & Amenta, P. (2015). Conceptualisation of patient satisfaction: A systematic narrative literature review. Perspectives in Public Health, 135(5), 243–250. https://doi.org/10.1177/1757913915594196

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Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: A systematic review. Perspectives in Public Health, 137(2), 89–101. https://doi.org/10.1177/1757913916634136

Donabedian, A. (2005). Evaluating the quality of medical care. The Milbank Quarterly, 83(4), 691–729. https://doi.org/10.1111/j.1468-0009.2005.00397.x

Doyle, C., Lennox, L., & Bell, D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open, 3(1), e001570. https://doi.org/10.1136/bmjopen-2012-001570

Epstein, R. M., & Street, R. L. Jr. (2011). The values and value of patient-centered care. Annals of Family Medicine, 9(2), 100–103. https://doi.org/10.1370/afm.1239

Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. BMC Nursing, 20, 158. https://doi.org/10.1186/s12912-021-00684-2

Laschinger, H. K. S., Hall, L. M., Pedersen, C., & Almost, J. (2005). A psychometric analysis of the patient satisfaction with nursing care quality questionnaire: An actionable approach to measuring patient satisfaction. Journal of Nursing Care Quality, 20(3), 220–230. https://doi.org/10.1097/00001786-200507000-00006

Manary, M. P., Boulding, W., Staelin, R., & Glickman, S. W. (2013). The patient experience and health outcomes. New England Journal of Medicine, 368(3), 201–203. https://doi.org/10.1056/NEJMp1211775

McCabe, C. (2004). Nurse–patient communication: An exploration of patients' experiences. Journal of Clinical Nursing, 13(1), 41–49. https://doi.org/10.1111/j.1365-2702.2004.00817.x

Ministry of Health of the Republic of Indonesia. (2022). Peraturan Menteri Kesehatan Nomor 30 Tahun 2022 tentang indikator nasional mutu pelayanan kesehatan. https://jdih.kemkes.go.id/documents/peraturan-menteri-kesehatan-nomor-30-tahun-2022

OECD, World Health Organization, & World Bank Group. (2018). Delivering quality health services: A global imperative for universal health coverage. OECD Publishing. https://doi.org/10.1787/9789264300309-en

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.

Polit, D. F., & Beck, C. T. (2021). Nursing research: Generating and assessing evidence for nursing practice (11th ed.). Wolters Kluwer.

Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. M. (2021). Fundamentals of nursing (10th ed.). Elsevier.

Rathert, C., Wyrwich, M. D., & Boren, S. A. (2013). Patient-centered care and outcomes: A systematic review of the literature. Medical Care Research and Review, 70(4), 351–379. https://doi.org/10.1177/1077558712465774

Schober, P., Boer, C., & Schwarte, L. A. (2018). Correlation coefficients: Appropriate use and interpretation. Anesthesia & Analgesia, 126(5), 1763–1768. https://doi.org/10.1213/ANE.0000000000002864

Street, R. L. Jr., Makoul, G., Arora, N. K., & Epstein, R. M. (2009). How does communication heal? Pathways linking clinician–patient communication to health outcomes. Patient Education and Counseling, 74(3), 295–301. https://doi.org/10.1016/j.pec.2008.11.015

Weech-Maldonado, R., Elliott, M., Pradhan, R., Schiller, C., Hall, A., & Hays, R. D. (2012). Can hospital cultural competency reduce disparities in patient experiences with care? Medical Care, 50(Suppl), S48–S55. https://doi.org/10.1097/MLR.0b013e3182610ad1

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