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Original Article

Quality of General Nursing Care and Patient Satisfaction in Dental Teaching Hospitals: A Correlation Study

Tiara Desiniary Bagenda, Hasnah*, Muthaharah

*Nursing Department, Faculty of Health Science, Universitas Islam Negeri Alauddin, Makassar, Indonesia.

Abstract

Background: General nursing care quality is a fundamental component of healthcare services and an important determinant of patient satisfaction. However, evidence regarding its contribution within dental teaching hospital settings remains limited. This study aimed to examine the relationship between general nursing care quality and patient satisfaction at the Islamic Dental Teaching Hospital (RSIGMP FKG UMI)

Methods: We conducted a quantitative cross-sectional study among 114 outpatients receiving general nursing care at RSIGMP FKG UMI between May and June 2026. Participants were recruited using consecutive sampling. We measured general nursing care quality using a validated 24-item questionnaire based on SERVQUAL dimensions (Cronbach's Alpha = 0.990) and assessed patient satisfaction using a 2-item questionnaire (Spearman-Brown coefficient = 0.989). Descriptive statistics summarized respondent characteristics and study variables. We analyzed relationships between variables using Spearman Rank correlation at a significance level of 0.05

Result: The mean general nursing care quality score was 104.44 ± 11.14 (range 24–110) out of a maximum theoretical score of 120, while the mean patient satisfaction score was 9.60 ± 1.04 out of 10. Spearman Rank analysis revealed a significant positive correlation between general nursing care quality and patient satisfaction ($r_s = 0.709$, $p < 0.001$), indicating a strong relationship.

Conclusion: General nursing care quality was strongly associated with patient satisfaction at RSIGMP FKG UMI. Strengthening nurses' competency management may improve patient experiences and satisfaction outcomes in dental teaching hospitals.

* Correspondence:
Hasnah
UIN Alauddin, Jl. H. M. Yasin Limpo No. 36, Romangpolong, Kec. Somba Opu, Kabupaten Gowa, Sulawesi Selatan, 92113, Email: hasnah.nur@uin-alauddin.ac.id

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Keywords
General Nursing; Patients Satisfaction; Patient Centered Care.

Background

General nursing care quality is a fundamental pillar of hospital healthcare services and is consistently recognized as an important determinant of patient satisfaction. However, researchers have largely examined the relationship between nursing care quality and patient satisfaction in general hospital settings, while evidence from dental teaching hospitals remains limited. Although dental teaching hospitals generally serve a smaller patient population than general hospitals, they represent a unique healthcare environment where patients frequently experience dental anxiety and require not only technical treatment but also effective communication, emotional support, and behavioral management throughout the care process (1-6).

In dental teaching hospitals, general nurses play an important role in preparing patients before treatment, providing therapeutic communication, managing patient concerns, and supporting continuity of care. These responsibilities may substantially influence patients' perceptions of service quality and overall satisfaction. Nevertheless, previous studies in dental settings have mainly focused on the quality of services provided by dentists, dental procedures, or oral healthcare services, with limited attention given to the contribution of general nurses to patient satisfaction outcomes. Furthermore, many general nurses working in specialized hospitals have limited oral-health-specific competency training despite facing complex clinical demands (7, 8, 3, 4, 9, 10).

Therefore, a clear research gap exists regarding the relationship between general nursing care quality and patient satisfaction within dental teaching hospital settings. Understanding this relationship matters because dental care differs from general healthcare services, particularly because of the high prevalence of dental anxiety and the need for comprehensive psychosocial support. This study aimed to analyze the relationship between general nursing care quality and patient satisfaction at the Islamic Dental Teaching Hospital (RSIGMP FKG UMI) (5, 11).

Methods

Research Design

This study employed a quantitative cross-sectional correlational design to examine the relationship between general nursing care quality and patient satisfaction at the Islamic Dental Teaching Hospital (RSIGMP FKG UMI).

Sample/Participants

The study population included all outpatients receiving general nursing care at RSIGMP FKG UMI, with an average of 988 patient visits per month. We used consecutive sampling, resulting in a final sample of 114 respondents. Inclusion criteria: (1) outpatients receiving general nursing care; (2) aged 17–45 years; (3) able to read and write in Indonesian; (4) able to operate an Android device; and (5) willing to participate

by signing an informed consent form. Exclusion criteria included emergency conditions, severe cognitive impairment, prior involvement in validity-reliability testing, and withdrawal during data collection (12).

Questionnaire

The quality of general nursing care was measured using a 24-item questionnaire based on the five dimensions of SERVQUAL (reliability, responsiveness, certainty, empathy, and achievability) on a 1–5 Likert scale. Patient satisfaction was measured using 2 global statement items on a Likert scale of 1–5.

The validity and reliability of the research instruments were assessed in a pilot study involving 30 respondents. Item validity was evaluated using Pearson's product-moment correlation, with a critical r-value of 0.361 ($\alpha = 0.05$). All 24 items measuring nursing care quality demonstrated correlation coefficients ranging from 0.752 to 0.967, while the two patient satisfaction items had a correlation coefficient of 0.995, indicating that all items met the validity criterion. Internal consistency reliability was assessed using Cronbach's alpha for the nursing care quality questionnaire ($\alpha = 0.990$) and the Spearman–Brown coefficient for the two-item patient satisfaction questionnaire (rSB = 0.989). Both instruments exceeded the predefined reliability thresholds of 0.60 and 0.70, respectively, indicating satisfactory reliability (13,14).

Data Collection

Data were collected between May and June 2026 using a self-administered questionnaire distributed to eligible outpatients after they had received general nursing care services. Before participation, respondents were informed about the study objectives and procedures and provided written informed consent.

Data Analysis

Univariate analysis was performed descriptively (mean, SD, minimum-maximum value). We performed a single-sample Kolmogorov-Smirnov normality test before bivariate analysis. Because the data were not normally distributed, hypothesis testing used a non-parametric Spearman rank correlation (rs; $\alpha = 0.05$). The strength of the correlation was interpreted according to. The analysis was performed using SPSS version 26.0. (15)

Ethical Clearance

This study received ethical approval from the Health Research Ethics Committee of KEPK-UMP under approval number KEPK/UMP/89/IV/2026. The researchers obtained written informed consent from all participants before data collection. Participation was voluntary, and respondents were informed of their right to withdraw at any time without consequences. The study strictly maintained the confidentiality, anonymity, and privacy of all participant information.

Result and Discussion

Demographic of Participants

Table 1 presents the demographic characteristics of the 114 respondents. Women dominate the distribution (83.3%), with most in the young adult age group (17–25 years; 78.9%). The majority have a higher level of education (Diploma/Undergraduate/Postgraduate; 56.1%) and are unemployed or college students (73.7%). The distribution of visit history is relatively balanced between first-time patients (36.0%) and patients with more than three visits (37.7%).

Table 1. Characteristics of Nurse Respondents (n = 114)

Features	n	%
Gender		
Male	19	16.7
Betina	95	83.3
Age Group		
17–25 years old (young adult)	90	78.9
26–35 years old (Middle Adult)	19	16.7
36–45 years old (late adulthood)	5	4.4
Education Level		
Junior High School (Elementary)	1	0.9
Senior High School/Equivalent (Medium)	49	43.0
Diploma/Undergraduate/Postgraduate (Higher)	64	56.1
Employment Status		
Unemployed/Student	84	73.7
Farmer/Labourer/Self-employed	7	6.1
Private Employees	17	14.9
Civil Servant/Police/Military	6	5.3
History Visit		
First Visit	41	36.0
2–3 Visits	30	26.3
> 3 Visits	43	37.7

Note: n = frequency; % = percentage. The total sample consisted of 114 respondents (N = 114). Percentages were calculated based on the total sample and rounded to one decimal place. Respondent characteristics included gender, age group, education level, employment status, and history of hospital visits.

Table 2 presents the descriptive statistics for the study variables. The average nursing care quality score was 104.44 (±11.14) out of a maximum theoretical score of 120, while the average patient satisfaction score was 9.60 (±1.04) out of a maximum theoretical score of 10. The high concentration of data at the highest value (positive skew) on both variables supported the use of non-parametric statistics.

Table 2. Descriptive Statistics of Research Variable Scores

Variabel	Shoes Theoretis	Actual Score	Average (±SD)	median
Quality of Nursing Care (X)	24–120	24–110	104.44 (±11.14)	108.00
Patient Satisfaction (Y)	2–10	2–10	9.60 (±1.04)	10.00

The one-sample Kolmogorov-Smirnov normality test showed Asymp. Sig. (2-tailed) < 0.001 for both variables (Table 3), indicating that the normality assumption was not met and that the analysis used non-parametric statistics.

Table 3. Results of the Kolmogorov-Smirnov Normality Test

Variabel	Asymp. Sig. (2-oak)	Distribution	Conclusion
Quality of Nursing Care (X)	< 0.001	Abnormal	non-parametrik
Patient Satisfaction (Y)	< 0.001	Abnormal	non-parametrik

Note: X = Quality of Nursing Care; Y = Patient Satisfaction; Asymp. Sig. (2-tailed) = asymptotic two-tailed significance value. Normality was assessed using the one-sample Kolmogorov Smirnov test. Both variables showed statistically significant deviations from normality ($p < 0.001$). Therefore, the data were considered nonnormally distributed, and Spearman's rank correlation was selected for bivariate analysis.

Table 4 presents the results of the Spearman Rank correlation test. The coefficient rs = 0.709 ($p < 0.001$) was obtained, leading to rejection of H_0 and acceptance of H_1. Based on Sugiyono's (2019) criteria, rs = 0.709 falls within the strong correlation category. The positive correlation indicates that improvements in nursing care quality are linearly associated with improvements in patient satisfaction.

Table 5. Spearman Rank Correlation Test Results (N = 114)

Correlated Variables	Coefficient (rs)	p-value	Notes
Quality of Nursing Care (X) → Patient Satisfaction (Y)	0.709	< 0.001	Significant (Strong)

Note: Significant at α = level of 0.01 (2-tails); $rs^2 = 0.503$ (50.3% variance described)

DISCUSSION

Demographic Characteristics and Their Relevance to Perceived Quality of Service

The demographic distribution of respondents showed a predominance of women (83.3%), with most in the young adult age group (17–25 years) (78.9%). These findings are consistent with a systematic review stating that female patients in the productive age group tend to have greater awareness of the quality of healthcare received and are more expressive in articulating their level of satisfaction. Most respondents with higher education (56.1%) also showed good health literacy. This significantly affects respondents' ability to critically evaluate service quality, as studies have found that education level is positively correlated with patients' capacity to assess indicators of nursing care quality (16, 17). The balanced distribution of visit history between first-time patients (36.0%) and those with more than three visits (37.7%) reflected a dynamic mix of new service utilization and strong patient retention. Patient retention theoretically showed consistent satisfaction, as patients with repeated experiences had richer comparative references in assessing the consistency of service quality over time. Thus,

the sample composition was considered representative and capable of producing a holistic assessment of service quality from both the first-visit and revisit perspectives (2).

Overview of the Quality of General Nursing Care at RSIGMP FKG UMI

The descriptive analysis showed that the quality of general nursing care at RSIGMP FKG UMI was very high, with an average actual score of 104.44 (±11.14) out of a maximum theoretical score of 120. These findings suggest that general nurses have satisfactorily fulfilled their care functions, including reliability, responsiveness, certainty, empathy, and real dimensions. These results are consistent with findings that healthcare institutions committed to structured quality management tend to produce nursing performance that exceeds patient expectations (18).

However, it is important to note that the existence of a minimum score as low as 24 indicates that a small percentage of respondents view the quality of service to be well below average. This variability can be understood in the context of the unique operational characteristics of RSIGMP as an educational institution, where fluctuations in the quality of service can be affected by student turnover, differences in individual nurse competencies, or high clinical workloads over a given period. These findings reinforce the urgency of implementing adaptive and responsive standard operating procedures (SOPs) for nursing in a dynamic dental education environment, as recommended by (9, 10, 19).

In the context of RSIGMP, the general nurse's role goes beyond administrative functions. The general nurse must serve as an effective psychological mediator for patients experiencing dental anxiety before and during the procedure. Warm therapeutic communication, clear procedural explanations, and genuine empathy are key to reducing patients' negative perceptions of the dental clinical environment. In other words, the quality of general nursing care in the dental setting is not just a technical parameter. Still, it is also a psychological intervention that affects the patient's overall clinical experience. (20-23).

Overview of Patient Satisfaction at RSIGMP FKG UMI

Patient satisfaction levels were very high, with an actual average of 9.60 (±1.04) out of a maximum theoretical score of 10. These values reflect a distribution strongly skewed toward the highest value (positive skew), indicating that most patients report optimal satisfaction with the overall nursing care process at RSIGMP FKG UMI. These findings are in line with, which states that patient satisfaction that is close to perfect scores reflects the institution's management success in creating a value-based care environment (24).

The high patient satisfaction in this dental educational institution is a significant achievement given the complexity of the challenges faced. RSIGMP operates under double pressure: meeting clinical education standards while maintaining the quality of patient service. High satisfaction under these conditions indicates that RSIGMP FKG UMI has effectively integrated educational and service functions, especially in managing the patient experience through the general nursing team. This strengthens the argument

that investing in general nurse competencies in teaching hospitals yields significant returns in patient satisfaction (3, 25, 26).

The relationship between the quality of general nursing care and patient satisfaction

The Spearman Rank correlation test showed a significant, positive, and strong relationship between the quality of general nursing care and patient satisfaction at RSIGMP FKG UMI ($rs = 0.709$; $p < 0.001$). These empirical findings unequivocally reject the null hypothesis and show that improvements in the quality of general nursing care are linearly associated with increased patient satisfaction. The direction and strength of this correlation are consistent with various previous studies conducted in different contexts, confirming the universality of the relationship between the two (1, 18, 27).

A strong correlation ($rs = 0.709$) has substantial clinical and managerial significance. This value suggests that approximately 50.3% ($rs^2 \times 100\%$) of the variation in patient satisfaction levels can be explained by variation in general nursing care quality. In the context of RSIGMP, where patient interaction with nurses is common from triage, registration, procedure preparation, and post-procedure stages, this suggests that continuity and consistency in nursing performance at each touchpoint have a cumulative and tangible impact on end-patient satisfaction. These findings align with research emphasizing that the patient-centered nursing care framework is the strongest predictor of patient satisfaction, surpassing factors such as physical facilities and medical technology (8, 28,29).

From a theoretical perspective, this positive relationship can be explained through the expectation-confirmation theoretical framework. When patients come to RSIGMP with expectations about the quality of care, and general practitioners meet or exceed those expectations through standardized care behaviors, positive confirmation occurs, ultimately resulting in satisfaction. This mechanism is becoming increasingly relevant in the context of high dental anxiety, where responsive and empathetic nurses can transform experiences that inherently trigger anxiety into tolerable, even enjoyable experiences (30, 31, 6, 32).

In addition, the significant strength of this correlation provides empirical evidence for a previously overlooked argument in the dental nursing literature: that general nurses (not just dental assistants or dentists) play an irreplaceable role in shaping the overall patient experience and satisfaction in dental institutions. The study thus addresses the identified research gaps while strengthening the argument for a more balanced redistribution of managerial attention budgets and human resource development between specialist dental staff and general practitioners at RSIGMP and similar specialty hospitals in Indonesia (4, 33).

Conclusion

The study empirically demonstrated a significant, positive, and strong association between the quality of general nursing care and patient satisfaction at RSIGMP FKG UMI ($rs = 0.709$; $p < 0.001$). Nursing care quality was high (mean 104.44 ± 11.14 out of a maximum score of 120), and patient satisfaction was very high (average 9.60 ± 1.04 out

of a maximum score of 10). These findings have theoretical implications by validating the general nursing care quality framework in the specific context of dental education institutions. In practical terms, RSIGMP management should prioritize ongoing development of competencies in therapeutic communication, dental anxiety management, and clinical responsiveness, and implement regular, patient-feedback-based quality evaluations. Future research with longitudinal, multi-site designs, along with mediating variables such as dental anxiety and perceived communication quality, is recommended to deepen our understanding of the complex dynamics of these relationships. These findings support the growing evidence that nursing interventions that address psychological responses through therapeutic communication, emotional support, and non-pharmacological stress management strategies can improve patient experience and health outcomes.

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Declaration of Conflict of Interest
None.

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Author Contributions
NS and WS designed the research; WS conducted the data collection; NS analyzed the data; NS and WS contributed to the interpretation of the findings; NS wrote the first draft of the manuscript; WS critically reviewed and revised the manuscript. Both authors read and approved the final manuscript.

Data Availability Statement
The data analyzed in this study can be obtained from the corresponding author upon a reasonable request.

Declaration of the Use of AI in Scientific Writing
AI tools assisted with language refinement and manuscript readability. The authors remain fully responsible for the scientific content, analysis, and interpretation of the findings.

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