



Quality of nursing care, compassionate care and patient satisfaction: A multiple regression in path analysis model

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ABSTRACT

Background: Patient satisfaction with nursing care is a critical indicator of healthcare quality, influencing treatment adherence and health outcomes. In Vietnam, there is limited research focusing specifically on patient satisfaction with nursing care and the mediating role of compassionate care. **Objectives:** This study aims to: (i) assess patient satisfaction with nursing care, focusing on its quality and compassionate care; (ii) examine the relationships between nursing care quality, compassionate care, and patient satisfaction using multiple regression analysis; (iii) develop a model to improve patient satisfaction with nursing care based on these findings. **Methods:** A descriptive study was conducted on 304 patients hospitalized for a minimum of 72 hours at Hoan My hospital in Dong Nai, Vietnam. Participants were selected using systematic random sampling from the General Internal Medicine and General Surgery departments. Data were analyzed using multiple regression and path analyses to explore relationships between variables. **Results:** Patient satisfaction, nursing care quality, and compassionate care were rated positively, with mean scores of 3.54 ± 0.69 , 3.46 ± 0.86 , and 3.54 ± 0.67 , respectively. Strong positive correlation were identified between patient satisfaction and both nursing care quality ($r = 0.845$) and compassionate care ($r = 0.777$). The analysis revealed that 72.9% of the variance in patient satisfaction was explained by medical-technical competence, identity-oriented approaches, and physical-technical conditions. Additionally, compassionate care explained 61.7% of the variance in satisfaction, with patient expectation and capable practitioner being key factors. Path analysis showed a significant indirect effect of nursing care quality on patient satisfaction mediated through compassionate care ($\beta = 0.227$, $p < 0.001$). **Conclusions:** The study found that patients rated nursing care quality and compassionate care very high resulting in strong satisfaction. Improving care quality through a compassionate approach can further enhance patient satisfaction. It is recommended to develop a culture of patient-centered care that values empathy, understanding, and addressing patients' psychological and emotional needs.

Keywords: Nursing care quality, compassionate care, patient satisfaction, path analysis, patient-centered care

INTRODUCTION

Patient satisfaction with the quality of nursing care is a critical metric for evaluating the overall quality of healthcare services within hospital settings. Research consistently indicates that when patients are satisfied with nursing care services, they are more likely to adhere to prescribed treatment plans, which can lead to improved health outcomes and shorter hospital stays^{1, 2, 3}. Moreover, satisfied patients tend demonstrate greater compliance with medical regimens, thereby enhancing their overall well-being and recovery trajectory⁴. Understanding patient satisfaction is vital for healthcare managers, allowing them to assess patient expectations, evaluate satisfaction levels related to nursing care quality, identify areas for improvement, and design necessary training programs^{4, 5}. To further enhance patient satisfaction and foster better patient-provider relationships, healthcare providers should prioritize compassionate care. The integration of compassionate care principles into nursing practice can significantly impact patient experiences and the overall quality of healthcare³. Nurses possess the skills necessary to perform various direct care procedures and are often the first to identify and stabilize any deterioration in a patient's condition⁶. Therefore, assessing patient satisfaction with nursing care services is essential for improving the overall quality of nursing care provided in hospitals⁴.

In Vietnam, hospitals regularly conduct patient satisfaction surveys to evaluate medical services. However, there is a notable lack of focused assessments specifically targeting patient satisfaction with nursing care. Understanding the factors that contribute to patient satisfaction can help hospitals optimize resource

allocation and improve patient outcomes. Additionally, recognizing the importance of compassionate care in nursing practice is crucial, as it emphasizes providing empathetic and supportive services to patients, addressing their mental and psychological health alongside their physical health. Despite the routine conduct of patient satisfaction surveys in Vietnamese hospitals, existing literature reveals a significant gap in the assessment of satisfaction specifically related to the quality of nursing care. National reports indicate that evaluations of nursing care satisfaction are often inconsistent and frequently overlook the critical dimension of compassionate care⁷. A survey conducted in 2021 across various Vietnamese hospitals highlighted that while technical aspects of care received moderate satisfaction ratings, elements such as empathy and compassionate interaction were notably deficient⁸.

Globally, compassionate care has emerged as a fundamental component of high-quality nursing services⁹. This approach not only fosters improved relationships between patients and healthcare providers but also alleviates patient anxiety and cultivates trust in the healthcare system¹⁰. Compassionate care, which encompasses empathy and emotional support, has been shown to directly enhance patient satisfaction, particularly in hospital environments where patients are often in vulnerable states⁹. This study represents one of the pioneering efforts in Vietnam to comprehensively evaluate patient satisfaction with nursing care by integrating perspectives on both quality and compassionate care. Unlike previous research that has predominantly focused on clinical outcomes or technical competencies, this investigation emphasizes the interplay between emotional and

technical dimensions of care. By incorporating compassionate care into the evaluative framework, this research aims to provide a holistic understanding of patient satisfaction, thereby offering actionable insights for healthcare policymakers and practitioners. The conceptual framework for this study employs Cox's Interaction Model of Client Health Behavior, elucidating the relationship between the quality of nursing care, compassionate care, and patient satisfaction. This model has been adapted to explore key dimensions that influence patient satisfaction, including: Client Singularity, Client-Professional Interaction, Health Outcomes. The conceptual framework posits the following hypotheses: (1) Nursing care quality positively influences the delivery of compassionate care; (2) Both nursing care quality and compassionate care directly impact patient satisfaction.

In summary, to further enhance patient satisfaction and foster improved patient-provider relationships, healthcare providers should prioritize compassionate care. The integration of compassionate care principles into nursing practice can significantly impact patient experiences and the overall quality of healthcare. Recognizing the critical role of nurses, who possess the skills necessary to perform various direct care procedures and are often the first to identify and stabilize any deterioration in a patient's condition, it becomes evident that patient satisfaction regarding nursing care serves as a positive prognostic indicator and clear determinant of hospital quality. Given the existing gaps in assessing patient satisfaction with nursing care quality and the imperative to prioritize compassionate care in nursing practice, this study aims to: (i) To describe the quality of nursing care, compassionate care, and patient satisfaction

from the perspective of patients at a selected hospital in Vietnam; (ii) To examine the multiple regression relationships between the quality of nursing care, compassionate care, and patient satisfaction; (iii) To propose a model aimed at improving patient satisfaction with nursing care based on the results of this study.

MATERIALS AND METHODS

Study design: This study employed a cross-sectional descriptive design.

Research locale and period: The study was conducted at Hoan My Dong Nai hospital in Vietnam. Data collection took place from December 2023 to February 2024.

Population and sample: The sample size was calculated using G*Power software, aiming for a statistical power of 99%, an alpha level of 0.01, and an effect size of 0.1. This resulted in a minimum sample size of 304 participants. Key parameters for the power calculation included three predictors hypothesized to influence the dependent variable.

Inclusion criteria: Patients hospitalized for a minimum of 72 hours. Patients in stable condition as determined by attending physicians. Discharge orders issued on the day of data collection. Patients aged 18-59 years who provided informed consent.

Exclusion criteria: Patients who were demented, critically ill, or unable to listen, speak, or read.

Sampling technique: The study used a systematic random sampling technique to select patients from the departments of General Surgery and Internal Medicine. A random starting point was selected and subsequent participants were chosen at

fixed intervals based on the department's daily patient load.

Research instrument: The study employed a questionnaire to gather data on patient satisfaction with nursing care, quality of nursing care, and compassionate nursing care.

The Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) developed by Laschinger (2005) consists of 19 items assessing nursing attention, kindness, respect, and competence⁶. Responses are measured using a 5-point Likert scale, 1 indicates "Poor," 2 "Fair," 3 "Good," 4 "Very Good," and 5 "Excellent". Each item is scored individually, resulting in a total score that can range from 19 to 95. Mean scores are interpreted as follows: *4.21 – 5.00 is Excellent; 3.41 – 4.20 is Very Good; 2.61 – 3.40 is Good; 1.81 – 2.60 is Fair; 1.00 – 1.80 is Poor*. This instrument demonstrates high reliability, with a Cronbach's α of 0.97.

The Quality of Nursing Care Questionnaire (QNCQ) developed by Wilde Larsson's (2002) comprises 24 items across four dimensions: (4 items), identity-oriented approach (13 items), physical-technical conditions (3 items), and socio-cultural atmosphere (4 items). Responses are rated on a 5-point Likert scale similar to the PSNCQQ. Mean scores are calculated for each dimension and the overall score. The interpretation of scores follows: *4.21 – 5.00 demonstrates Excellent; 3.41 – 4.20 is Very Good; 2.61 – 3.40 is Good; 1.81 – 2.60 is Fair; 1.00 – 1.80 is Poor*. The reliability of this instrument, as measured by Cronbach's α ranging from 0.54 to 0.87, indicating acceptable reliability across dimensions¹¹.

The Compassionate Nursing Care Questionnaire (CNCQ) developed by

Burnell's (2011) includes 20 items across four dimensions: meaningful connection (8 items), patient expectations (5 items), caring attributes (4 items), and capable practitioner (3 items). Responses are rated on a 5-point Likert scale, where 1 indicates "Never," 2 "Rarely," 3 "Sometimes," 4 "Always," and 5 "Often." For each dimension, the mean score is calculated by summing the scores of the related items and dividing by the total number of items in that dimension. Scores are interpreted as follows: *4.21 – 5.00 indicates Often; 3.41 – 4.20 is Always; 2.61 – 3.40 is Sometimes; 1.81 – 2.60 is Rarely; 1.00 – 1.80 is Never*; Higher scores indicate greater levels of compassionate care. The CNCQ demonstrates strong reliability, with Cronbach's α ranging from 0.774 to 0.867¹².

The questionnaires were translated into Vietnamese using a forward-backward translation method to ensure linguistic and conceptual equivalence after getting permission. Two independent bilingual experts translated the instruments into Vietnamese, followed by back-translation into English. A pilot test was conducted with 30 patients to assess clarity and reliability, yielding high internal consistency across all instruments (Cronbach's $\alpha > 0.8$)

Data analysis: Jamovi was utilized to enter and analyze data.

The study employed a variety of data analysis techniques to explore the relationships between key variables. Descriptive statistics summarized patient satisfaction, quality of nursing care, and compassionate care. Pearson's correlation coefficient analyzed the associations between these variables. Multiple regression and path analysis provided insights into the complex relationships among nursing quality, compassionate care, and patient outcomes.

Ethical considerations: This study adhered to ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the Institutional Ethics Review Committee of Hoan My Dong Nai Hospital under Approval Number 2023/IRB-HM/12. All participants were provided with a detailed explanation of the study objectives, procedures, potential risks, and benefits in their native language (Vietnamese). Written informed consent was obtained before data collection. Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any point without any consequences to their treatment or care. Data were anonymized to protect participant identities. All collected information was securely stored, accessible only to authorized research personnel, and used solely for research purposes. The study was designed to ensure no physical or psychological harm to participants. Sensitive questions were handled with care, and emotional support was available if needed. The study findings will be reported transparently and made available to participants and stakeholders upon request.

RESULTS

The study was conducted on 304 patients with indications for discharge from the hospital. The results show that the overall quality of nursing care was rated as ‘Very Good’, with a mean score of 3.46 out of 5. Looking at the individual aspects, ‘Medical-technical competence’ and ‘Identity-oriented approach’ both received ‘Very Good’ ratings, with mean scores of 3.49. ‘Physical-technical conditions’ was rated as ‘Good’ with a mean of 3.38. The ‘Socio-cultural atmosphere’ aspect also received a ‘Very Good’ rating, with a mean of 3.46. The overall mean score for compassionate care was 3.54 out of 5, which corresponds to a descriptive interpretation of “Always”. Looking at the specific aspects, patients reported that they “Always” experienced meaningful connections with caregivers, with a mean score of 3.52. Patients also felt their expectations were consistently met, with a mean of 3.52 for that dimension. The caring attributes of the staff were also rated as “Always” present, with a mean of 3.52. Importantly, patients felt the practitioners providing their care were highly capable, with a mean score of 3.61 for this aspect. The mean patient satisfaction score was 3.54 out of 5, classified as “Very Good.” All measured aspects also fell into the “Very Good” category. Patients rated “Attending to emotional needs” the highest, with a mean of 3.58 (± 0.68). Satisfaction with “Professional-technical competencies” and “Health information provision” also scored highly, at 3.54 (± 0.68) and 3.53 (± 0.70), respectively (see in Table 1).

Table 1. The quality of nursing care, the compassionate care, and the patient satisfaction reported by patients

Variables	Mean \pm SD	Descriptive Interpretation
The quality of nursing care		
Medical-technical competence	3.49 \pm 0.7	Very Good
Identity-oriented approach	3.49 \pm 0.7	Very Good
Physical-technical conditions	3.38 \pm 0.8	Good
Socio-cultural atmosphere	3.46 \pm 1.19	Very Good
Overall mean	3.46 \pm 0.86	Very Good

Variables	Mean \pm SD	Descriptive Interpretation
The compassionate care		
Meaningful connection	3.52 \pm 0.63	Always
Patient expectation	3.52 \pm 0.67	Always
Caring attributes	3.52 \pm 0.67	Always
Capable practitioner	3.61 \pm 0.71	Always
Overall mean	3.54 \pm 0.67	Always
The patient satisfaction		
Provide health information	3.53 \pm 0.70	Very Good
Counseling and care	3.52 \pm 0.68	Very Good
Attending the emotional needs of the patients	3.58 \pm 0.68	Very Good
Professional-technical competencies	3.54 \pm 0.68	Very Good
Advice and guidance on care when discharged from the hospital	3.51 \pm 0.67	Very Good
Overall mean	3.54 \pm 0.69	Very Good

Patients' perceptions of the medical-technical competence of healthcare staff strongly influenced their overall satisfaction ($\beta = 0.46$, $p < 0.001$, $r = 0.776$). An identity-oriented, patient-centered approach had the highest impact on satisfaction ($\beta = 1.08$, $p < .001$, $r = 0.828$). Additionally, the quality of the physical environment and technical aspects of healthcare settings also contributed significantly ($\beta = 0.45$, $p < 0.001$, $r = 0.75$). However, the socio-cultural atmosphere did not significantly influence satisfaction ($\beta = 0.086$, $p = 0.566$, $r = 0.478$). Regarding compassionate care, meaningful connections with caregivers were a key driver of patient satisfaction ($\beta = 1.36$, $p < 0.001$, $r = 0.72$). Meeting or exceeding patients' expectations also positively impacted satisfaction ($\beta = 0.57$, $p < 0.001$, $r = 0.722$). Lastly, patients' perceptions of practitioners' capabilities and competence significantly predicted satisfaction ($\beta = 1.37$, $p < 0.001$, $r = 0.677$). Interestingly, caring attributes showed no significant relationship with satisfaction ($\beta = 0.13$, $p = 0.74$, $r = 0.668$) (Table 2).

Table 2. Regression analysis on the significant relationship with the quality of nursing care, the compassionate care and patient satisfaction

Predictors	β	SE	p	Pearson's r
The the quality of nursing care and patient satisfaction				
R = 0.854, R² = 0.729, F = 201				
Intercept	17.91	1.8577	<0.001	
Medical-technical competence	0.46	0.0914	< 0.001	0.776
Identity-oriented approach	1.08	0.1552	< 0.001	0.828
Physical-technical conditions	0.45	0.1233	<0.001	0.75
Socio-cultural atmosphere	0.086	0.1497	0.566	0.478

Predictors	β	SE	p	Pearson's r
The compassionate care and patient satisfaction				
R = 0.785, R² = 0.617, F = 120				
Intercept	13.19	2.633	<0.001	
Meaningful connection	1.36	0.318	<0.001	0.72
Patient expectation	0.57	0.145	<0.001	0.722
Caring attributes	0.13	0.403	0.74	0.668
Capable practitioner	1.37	0.258	<0.001	0.677

The path analysis revealed significant indirect and direct effects of nursing care quality and compassionate care on patient satisfaction. The indirect effect of the quality of nursing care on patient satisfaction, mediated by compassionate care, was statistically significant (Effect = 0.156, 95% CI: 0.102 - 0.209, $p < 0.001$, $\beta = 0.227$). A strong positive relationship was observed between nursing care quality and compassionate care (Effect = 0.543, 95% CI: 0.496 - 0.589, $p < 0.001$, $\beta = 0.796$). Compassionate care also significantly positively affected on patient satisfaction (Effect = 0.287, 95% CI: 0.192 - 0.382, $p < 0.001$, $\beta = 0.286$). The direct effect of nursing care quality on patient satisfaction, independent of compassionate care, was also statistically significant (Effect = 0.422, 95% CI: 0.357 - 0.487, $p < 0.001$, $\beta = 0.616$). The total effect, combining both the direct and indirect paths showed a strong and positive relationship between nursing care quality and patient satisfaction (Effect = 0.578, 95% CI: 0.536 - 0.619, $p < 0.001$, $\beta = 0.843$) (see in Table 3 and Figure 1).

Table 3. Path analysis model of the relationship with the quality of nursing care and compassionate care to patient satisfaction

Type	Effect	Estimate	SE	95% C.I. (a)		β	z	p
				Lower	Upper			
Indirect	Quality of nursing care → Compassionate care → PATIENT SATISFASTION	0.156	0.027	0.102	0.209	0.227	5.73	<0.001
Component	Quality of nursing care → Compassionate care	0.543	0.0237	0.496	0.589	0.796	22.93	<0.001
	Compassionate care → PATIENT SATISFASTION	0.287	0.0485	0.192	0.382	0.286	5.91	<0.001

95% C.I. (a)								
Type	Effect	Estimate	SE	Lower	Upper	β	z	p
Direct	Quality of nursing care → PATIENT SATISFACTION	0.422	0.0331	0.357	0.487	0.616	12.75	<0.001
Total	Quality of nursing care → PATIENT SATISFACTION	0.578	0.0212	0.536	0.619	0.843	27.26	<0.001

Note. Confidence intervals computed with method: Standard (Delta method)

Note. Betas are completely standardized effect sizes

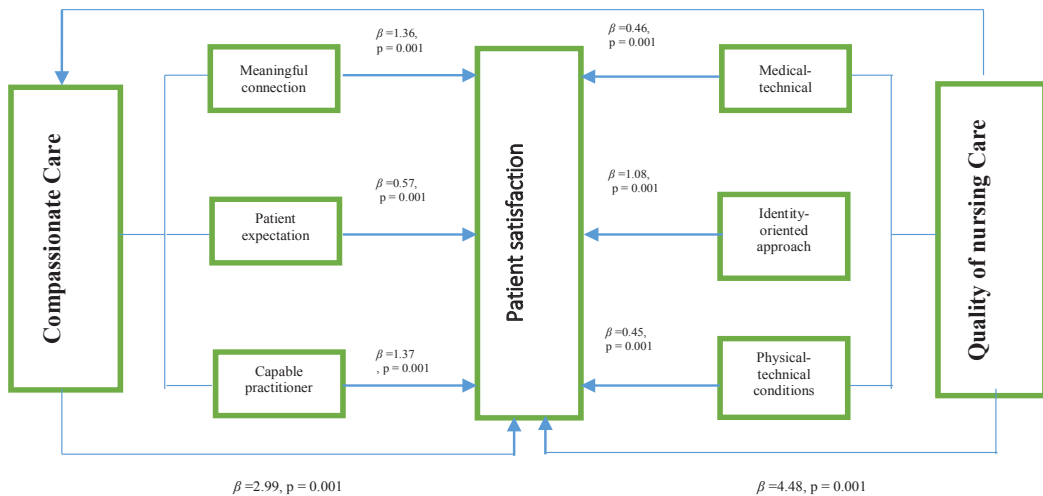


Figure 1. Path analysis model based on quality of nursing care and compassionate care to patient satisfaction

The proposed Identity-Oriented Comprehensive Care Model places patient-centered care at its core, prioritizing their unique needs, cultural values, and expectations of each patient. Central to this model is the principle of patient-centricity, which prioritizes addressing patients’ desires, satisfaction, and individualized care requirements. The model highlights an identity-oriented approach, focusing on cultural, social, and psychological factors that define each patient’s experience. Simultaneously, it aims to enhance the medical technical capacity of staff, ensuring they possess adequate qualifications, knowledge, and professional skills, and to modernize facilities and equipment. Meeting patient expectations, fostering a trusting and friendly relationship between patients and medical staff, and ensuring competent personnel through appropriate recruitment and training are also crucial to improving patient satisfaction and the quality of healthcare services. Based on the characteristics of the components of the model, suggest naming it the “Identity-Oriented Comprehensive Care Model”.

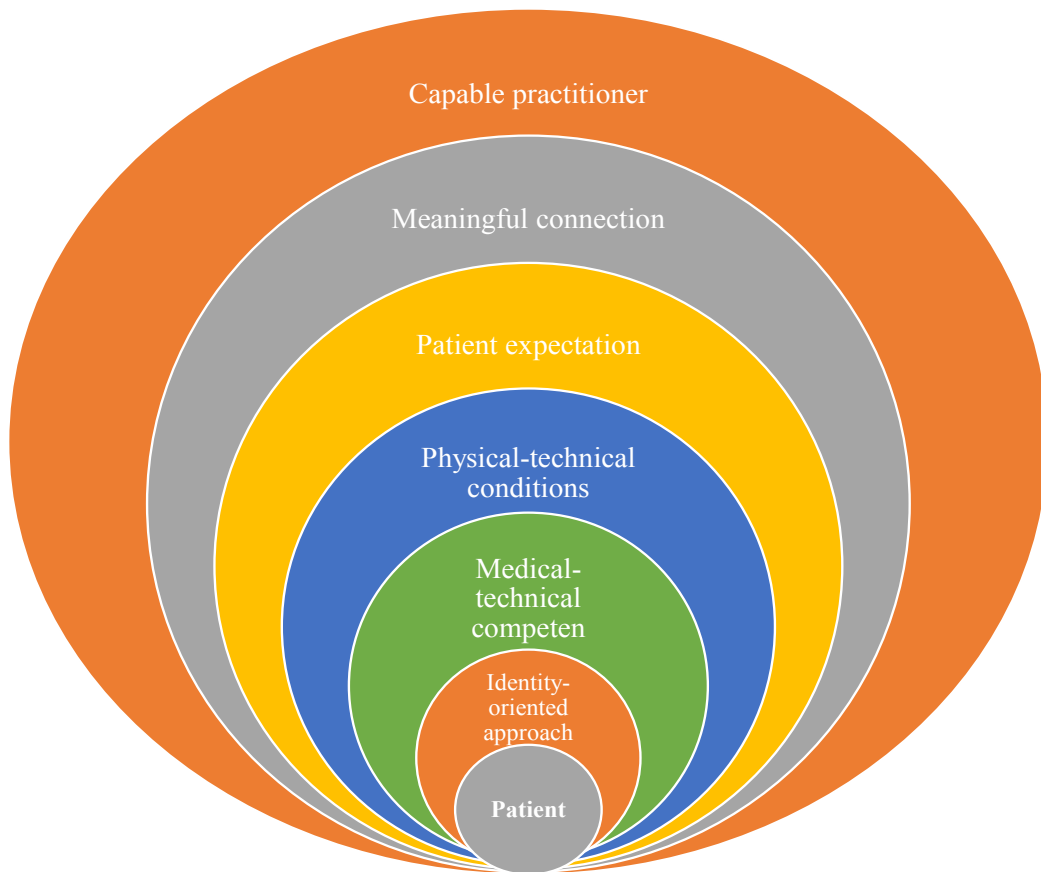


Figure 2. Identity-Oriented Comprehensive Care Model

DISCUSSION

In this study, the overall average quality of care score was 3.46 ± 0.86 , classified as “Very Good”, indicating that technical and professional services provided effectively met patient expectations. The overall average compassionate care score was 3.54 ± 0.67 , classified as “Always,” reflecting high patient satisfaction with the attitudes, care, and empathy of medical staff. This aspect is crucial as it significantly impacts the overall patient experience. These results highlight the efforts of medical facilities to improve care quality, both technically and compassionately. Such improvements not only elevate patient satisfaction but also contribute to better health outcomes,

including increased treatment adherence, and a strengthened positive image of the healthcare facility within the community.

The overall average patient satisfaction score with care reached a “Very Good” level at 3.54 ± 0.69 points in this study, demonstrating successful efforts to improve care quality at this medical facility. While other studies have reported high levels of patient satisfaction, not all aspects achieved such high ratings ⁴.

In the Quality of Care factor: “Medical Technical Competence” had the greatest influence on patient satisfaction ($\beta = 0.31$) highlighting the importance of enhancing healthcare personnel’s expertise and skills. The “Identity-Oriented Approach”

($\beta = 0.27$) and “Physical-Technical Conditions” ($\beta = 0.22$) also significantly influenced satisfaction, emphasizing the need for a patient-focused environment and well-maintained facilities. Notably, the “Sociocultural environment” did not significantly affect patient satisfaction, indicating a need to reconsider the approach to building the care environment and culture at this medical facility.

In terms of Compassionate Care, “Meaningful Connection” ($\beta = 0.32$) and “Patient Expectations” ($\beta = 0.29$) emerged as the most influential factors, highlighting the importance of establishing relationships and meeting patient expectations. The role of “Competent Healthcare Providers” ($\beta = 0.25$) is also crucial, underscoring the need for ongoing training and developing skilled medical staff. Interestingly, the factor “Quality of Care” did not show a significant relationship with patient satisfaction¹².

The findings of this study align with those of other research on nursing care quality, compassionate care, and patient satisfaction^{3, 4, 11, 12}. However, this study distinguishes itself by demonstrating a more pronounced impact of the identity-oriented approach on patient satisfaction compared to other studies, which often emphasize technical competence alone. For instance, while previous research has highlighted the significance of technical skills, this study illustrates that a holistic understanding of the patient, including their cultural and psychological needs, plays a pivotal role in enhancing satisfaction.

Quality of nursing care indirectly affects patient satisfaction through the intermediate variable “Devoted care” highlighting its importance in increasing patient satisfaction. Quality of care also directly and strongly

influences “Compassionate Care” ($\beta = 0.543$). Therefore, enhancing the quality of care will improve compassionate care.

Compassionate care directly impacts patient satisfaction ($\beta = 0.287$), indicating that improvements in this area lead to increased patient satisfaction. Additionally, quality of care directly influences patient satisfaction ($\beta = 0.422$), meaning that enhancing care quality positively affects patient satisfaction. The overall impact of quality of care on patient satisfaction is substantial, with a coefficient of 0.578 and a highly significant p-value (< 0.001). These results underscore the crucial the critical role of improving both quality of care and compassionate care in enhancing patient satisfaction.

This study recommends the adoption of the Identity-Oriented Comprehensive Care Model, which is based on a thorough understanding and recognition of the patient as a whole person with unique cultural, social, and psychological factors that shape their healthcare experience and needs. This model offers highly personalized and holistic healthcare services tailored to the specific needs and characteristics of each individual patient.

Central to this model is a strong emphasis on a “identity-oriented approach” that recognizes and addresses the unique cultural, social, and psychological aspects of every patient. Rather than employing a one-size-fits-all strategy, healthcare professionals are encouraged to learn about each patient’s background, beliefs, lifestyle, and emotional state. For instance, the model acknowledges that patients’ perspectives on illness, recovery, and treatment may differ depending on their cultural background. By recognizing and addressing these cultural

differences, the model ensures that the care is respectful and aligned with the patient's values and preferences.

Moreover, the model considers the social determinants of health, which include a patient's living situation, financial standing, and resource accessibility. This allows healthcare providers to address any disparities or barriers that may impact the patient's ability to seek, engage with, and benefit from healthcare services.

Additionally, the model emphasizes the importance of patients' emotional and psychologically well-being. It recognizes that a patient's mental state significantly influences their overall health outcomes. Consequently, the model integrates strategies to provide emotional support, foster trust and empathy between patients and medical personnel, and address any behavioral or psychological issues that may hinder the patient's recovery or overall health.

In addition to this identity-focused methodology, the model seeks to improve healthcare personnel's technical proficiency and competency. This involves ensuring that staff members possess the necessary training, expertise, and credentials to deliver high-quality, evidence-based care. Furthermore, the model emphasizes the importance of modernizing healthcare facilities and equipment to provide patients with a contemporary and comfortable environment that promotes healing and recovery.

The ultimate goal of the Identity-Oriented Comprehensive Care Model is to raise patient satisfaction and the quality of healthcare services by placing the patient at the center of the care delivery process. By identifying and addressing each individual's

distinct and complex needs, this model aims to deliver a more effective, compassionate, and individualized healthcare experience.

LIMITATIONS

This study was conducted in a single hospital, potentially limiting the generalizability of its findings to other healthcare settings. Additionally, data collection relied on self-reported measures, which may introduce bias due to patients' subjective perceptions. The cross-sectional design precludes causal inferences, and the study did not explore potential long-term impacts of nursing care on patient satisfaction. Future research should address these limitations by incorporating longitudinal designs, multi-center studies, and objective assessments of nursing care quality and patient outcomes.

CONCLUSIONS AND RECOMMENDATIONS

The study demonstrates that the quality of nursing care, compassionate care, and patient satisfaction were rated at high levels, reflecting effective healthcare practices. The "Identity-Oriented Comprehensive Care Model" emerges as a practical framework for enhancing patient satisfaction by tailoring care to the unique cultural, social, and psychological characteristics of each individual. This model emphasizes an identity-oriented approach that personalizes care delivery, fostering meaningful connections and addressing patient expectations.

To apply these findings in nursing practice, healthcare providers should focus on improving technical competencies through ongoing training, fostering empathy and trust in patient interactions, and modernizing facilities to ensure a patient-friendly environment. By integrating these

aspects, the model addresses gaps identified in the study and provides a holistic, personalized care strategy that enhances patient satisfaction, strengthens treatment adherence, and improves overall healthcare outcomes. Adopting this model can elevate care standards and foster a patient-centered healthcare culture.

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