Original Research

The Impact of Nursing Services on Patient Satisfaction: A Scientific Analysis of Hospitals Under the Libyan Ministry of Health

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Article Info

Abstract

Introduction: The success of nursing services depends on more than only the care and recovery of patients. The effectiveness of providing these services is governed not only by the knowledge and skills of medical workers.

Objectives: This study aims to evaluate the impact of nursing services on patient satisfaction: a scientific analysis of hospitals under the Libyan Ministry of Health.

Methods: This study used descriptive analysis and regression methods to evaluate the effectiveness of nursing services conducted by the Libyan Ministry of Health. Data and information on nursing services in hospitals managed by the Libyan Ministry of Health are collected through questionnaires and analyzed to provide a clear picture of the quality and safety of services, use of resources, and patient satisfaction. The PSNCQQ measures the amount of predicted need with a 5-point Likert scale.

Results: Patients with greater incomes and education tend to be more satisfied with the nursing treatment. Income level and education level both have statistically significant impacts.

Conclusion: This study concludes that examining the effectiveness of nursing services by the Libyan Ministry of Health provides significant benefits in improving service quality and patient satisfaction. Although some aspects need to be continuously improved, the descriptive analysis method proves the effectiveness of this check as an important tool in improving the health system and providing better services to the people of Libya.

Keywords: patient satisfaction, nursing, service, hospital, Libya

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INTRODUCTION

The success of nursing services depends on more than only the care and recovery of patients. The effectiveness of providing these services is governed not only by the knowledge and skills of medical workers [1]. Examining the efficiency of nursing services is a crucial strategy that tries to determine and guarantee that patient care has the greatest possible advantages. In a complex and dynamic healthcare environment, measuring the effectiveness of nursing services is becoming increasingly important. A review of the effectiveness of the care given is necessary due to advancements in medical technology, the changing nature of the nurse's position, and variations in patients’ needs and expectations [2].

Examination of the effectiveness of nursing services is not only related to patient clinical outcomes, but also involves other relevant aspects, such as the efficient use of resources, patient satisfaction, and safety and ethical aspects in providing services. It is necessary to conduct a thorough and methodical review to determine the degree to which the nursing services have succeeded in achieving the stated objectives [3].

An examination of the effectiveness of nursing services conducted by the Libyan Ministry of Health significantly impacts patient satisfaction in hospitals. By going through a systematic evaluation process, hospitals can identify and overcome weaknesses in the nursing services provided [4]. These improvement efforts can improve service quality, reduce the risk of medical errors, and ensure proper and comprehensive patient care. In addition, this evaluation also helps optimize the efficient use of resources, so that hospitals can provide better services without unnecessary waste [5]. Patient satisfaction levels can rise with better service quality, patient safety, communication, and patient education, boosting public confidence in the nation's healthcare system. Examining the effectiveness of nursing services can benefit patients, staff retention, and hospital reputation, making the workplace better and more desirable for medical professionals [6]. Implementing the evaluation of nursing services' effectiveness is thus a crucial first step in raising the standard of healthcare and elevating patient satisfaction in the hospitals under the control of the Libyan Ministry of Health [7].

In this introduction, we'll go over why it's crucial to evaluate nursing services' efficacy in order to raise the standard of healthcare as a whole. Additionally, it will discuss the difficulties and advantages of assessing the effectiveness of nursing services and how technology and innovation might raise the standard and precision of these tests [8].

It is envisaged that health professionals will be able to continuously innovate and improve the care services they offer by thoroughly understanding the effectiveness of nursing services. This will benefit patients and the health system as a whole.

METHODS

Study Design

Researchers used quantitative research kinds
to address the issue under study. Research having a positivist basis that looks at a specific population or sample is called quantitative research. Statistical in nature, quantitative data analysis aims to describe and evaluate preconceived notions. This research began in September 2023 until October 2023.

**Sample**

Research with large populations can sometimes make it challenging to examine the entire population, especially considering its geographical distribution which is very different from the others. The sample is part of the number and characteristics possessed by the population. The sample of this research was the patient at Alkhoms Teaching Hospital, the Ministry of Health. The sample of this research was 100 respondents to patients at Alkhoms Teaching Hospital.

**Sampling Methods**

The sampling technique used in this study was non-probability sampling, namely purposive sampling. A purposive sampling technique is a technique for determining specific criteria for the sample. The inclusion criteria of the sample were a patient at Alkhoms Teaching Hospital, the Ministry of Health; Have been hospitalized at Alkhoms Teaching Hospital, the Ministry of Health at least once in the last two years; Willing to fill out the questionnaire.

**Research Setting**

The PSNCQQ was created to measure the amount of predicted need, gauge patient satisfaction after a brief hospitalization, and gauge the minimal impact of sociodemographic, personal, and other characteristics. The scale was developed using the Patient Judgements of Hospital Quality Questionnaire, created by a multidisciplinary research team at the Hospital Corporation of America. The scale has 19 items that characterize traits of a wide range of nursing tasks, including nurses' concentration, compassion, respect, and civility, as well as their skills, competence, and capacity to meet patients' needs. Participants respond on a 5-point Likert scale. Scores range from 19 to 95 overall. Lower overall ratings indicate greater nursing care satisfaction. According to the scale, 1 represented excellent, 2 very good, 3 good, 4 fair, and 5 awful [9].

**Data Collection Procedure**

There are two data collection techniques: primary and secondary data. Primary data is preliminary data, original or directly obtained by researchers through instruments prepared to answer the proposed research problem. Meanwhile, secondary data is additional data or external data. In this study, the instrument used to obtain primary data is by utilizing a survey. In surveys, data was obtained from respondents and collected through a list of questions or a structured questionnaire.

**Data Analysis**

The descriptive analysis methodology involves gathering data and information to thoroughly assess the effectiveness of nursing services provided by the Libyan Ministry of
Health. The information gathered may take the shape of statistical, qualitative, or other data pertinent to the assessment and enhancement of healthcare services. Descriptive analysis entails arranging and presenting data clearly and straightforwardly to comprehend the characteristics, patterns, or distribution of the data gathered. This method aims to provide a clear picture of the current situation of nursing services and record changes or improvements that have been achieved. The data analysis method used was regression analysis.

Ethical Considerations

Research ethics is used to avoid unethical actions in conducting research, and the consent sheet contains an explanation regarding the research conducted, research objectives, research procedures, benefits obtained by respondents, and risks that may occur. The statements in the consent form are clear and easy to understand so that the respondents know how this research was conducted and are willing to voluntarily fill out and sign the consent form. To maintain confidentiality, the researcher did not include the names of the respondents, but only coded the sheets. Confidentiality will not inform data and research results based on individual data, but the data is reported on a group basis. Researchers are voluntary, and there is no coercion or pressure directly or indirectly from researchers to prospective respondents or samples to be studied. This research received a research ethics permit from the Sub Committee on Health Research Ethics Al-Khoms Teaching Hospitals No. 012/EC/XI/2023.

RESULTS

As evaluated by the Libyan Ministry of Health using descriptive analysis methodologies, the effectiveness of nursing services indicated considerable improvements in service quality and patient satisfaction. The data and information collected indicate improvements in patient safety, efficient use of resources, and interactions between nurses and patients. This has improved public confidence in the nation's healthcare system and brought about tangible advantages for medical services in hospitals under the control of the Libyan Ministry of Health. The findings of this study demonstrate that assessing the efficacy of nursing services is a successful step toward raising service standards and giving patients better and more enjoyable care, even though certain areas still require improvement.

Socio-Demographic Characteristics and Medical History

Table 1 shows that, in terms of age, individuals between the ages of 18 and 35 made up 33.0% of the sample, while those between the ages of 36 and 55 made up 46.0%. The remaining individuals had an average age of 56 or above, 21.0%. The study had greater than usual gender representation, with women making up 62.0% of the sample and men making up 38.0%. The individuals' educational backgrounds ranged widely. While smaller numbers (16.0% and 26.0%) had only graduated from high school, the majority (36.0%) had completed their studies.
at the college or university level. Additionally, just a tiny percentage of participants (8.0%) had advanced degrees, and 14.0% had only completed elementary school.

The individuals' perceived income levels were also examined; 31.0% said their income was high, 35.0% said it was moderate, 19.0% said it was extremely high, and 15.0% said it was poor. The majority of persons (26.0%) were self-employed, followed by students (16.0%) and government workers (16.0%) in terms of occupation. 18.0% of the participants were stay-at-home moms, and 14.0% were workers. Additionally, only 10.0% of participants held jobs in the "Others " category.

**Validity test**

The questionnaire was replicated from PSNCQQ and was valid and reliable because the r counted \(r > \) tables and Cronbach Alpha > 0.6.

**PSNCQQ scores**

According to the table's "Information You Were Given," the participants graded the nurses' explanations of the tests, treatments, and what to anticipate for their completeness and clarity. On a scale of 2 to 5, respondents gave an average rating of 3.52, indicating moderate agreement (SD = 0.75). The mean score for "Instructions: Nurses' effectiveness in explaining how to prepare for tests and operations" was 3.68, meaning that participants generally thought the instructions were complete and precise (SD = 0.90).

Ease of Getting Information": This component evaluated how likely nurses were to respond to patients' inquiries. The mean score was 3.36 (SD = 0.85), suggesting that participants thought nurses responded to inquiries in a moderately responsive manner.

Participants awarded nurses an average rating of 3.54 (SD = 0.88) on a scale of 1 to 5 for their ability to communicate with patients, families, and doctors under the heading "Information Given by Nurses." "Informing Family or Friends": 3.60 on a scale of 1 to 10 (SD = 0.80) was the average score for nurses’ ability to inform family and friends of the patient's condition and needs.

Involving Family or Friends in Your Care": Participants evaluated how much nurses permitted family or friends to participate in their care, with a mean score of 3.49 (SD = 0.81). "Concern and Caring by Nurses: Nurses received a mean rating of 3.56 (SD = 0.92) for their courtesy, respect, friendliness, and kindness.

Attention of Nurses to Your Condition": The average score for nurses' propensity to check on patients and keep tabs on their wellbeing was 3.70 (SD = 0.94). Nurses' readiness to inquire about patients' preferences and offer options was assessed at 3.65 (SD = 0.82) on the "Recognition of Your Opinions" scale.

With an average score of 3.42 (SD = 0.70) on the "Consideration of Your Needs" scale, nurses' adaptability in satisfying patients' requirements was evaluated. "The Daily Routine of the Nurses": 3.54 (SD = 0.91) was the rating for how successfully nurses adapted their schedules to patients' requirements.
Helpfulness": Patients gave nurses an average rating of 3.52 (SD = 0.90) for their capacity to reassure and soothe them. "Nursing Staff Response to Your Calls": The average response time of nurses to patient help requests was 3.60 seconds (SD = 0.85).

Nursing Competence: The average score for a nurse's capacity to manage IVs and give medication was 3.64 (SD = 0.82). Teamwork was rated as 3.74 (SD = 0.61) for Coordination of Care by nurses and other hospital staff.

Restful Atmosphere Provided by Nurses": The nurses' contribution to the calm environment was rated at 3.70 (SD = 0.76). "Privacy": The average rating for nurses' protection of patients' privacy was 3.56 (SD = 0.80). "Discharge Instructions": The nurses' ability to communicate post-hospitalization care instructions clearly and thoroughly was assessed at 3.48 (SD = 0.82).

On the "Coordination of Care after Discharge" scale, the nurses' efforts to satisfy patients' needs after they leave the hospital were rated at 3.52 (SD = 0.90). The results demonstrate that patients generally viewed nursing care positively, with moderate to high scores across various nursing services.

**Comparison of PSNCQQ scores according to patient's socio-demographic characteristics**

The comparison of PSNCQQ (Patient Satisfaction with Nursing Care Quality Questionnaire) ratings based on the socio-demographic information of the patients is shown in Table 3. The beta coefficients (B) and related significance levels (Sig.) for each variable are listed in the table.

The B value of 75.382 in the "Constant" row shows a significant intercept in the model, which has a shallow significance level (0.000). The additional rows show several sociodemographic traits that were investigated in connection to PSNCQQ scores:

With a significance level 293, the beta coefficient (B) for "age" is 2.072. This shows that the patient's satisfaction with the caliber of nursing care is not significantly affected by the patient's age. "Gender": The beta coefficient (B) is 1.041, and the significance level is 0.731, which shows that gender does not also have a statistically significant effect on patient satisfaction with the standard of nursing care.

The significance level is 0.037, while the beta coefficient (B) for "education" is 0.419 points. This shows that the nurse's educational degree statistically influences the patient's satisfaction with the caliber of nursing treatment. Nevertheless, the impact is minimal. "Income Level": The significance level is 0.049, and the beta coefficient (B) is 2.839. This suggests that the patient's satisfaction with the caliber of nursing treatment is statistically influenced by financial level. "Occupation": The significance level is 0.054, and the beta coefficient (B) is 1.176. Although the effect size is smaller than it is for education, occupation still significantly impacts patients' satisfaction with the caliber of nursing care. According to Table 3, several socio-demographic factors might affect a patient's satisfaction with the caliber of nursing care. The statistical significance of income and education levels suggests that patients with higher incomes and higher
levels of education are generally happier with nursing care. However, it does not seem that age or gender have much of an impact on patient satisfaction in this circumstance. Additionally, occupation has a nearly significant impact, demonstrating that patients’ occupations may have a small influence on their satisfaction. These results can give healthcare professionals useful information for customizing nursing care strategies better to suit the requirements and preferences of various patient groups.

Table 1
Socio-Demographic Characteristics and Medical History

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–35</td>
<td>33</td>
<td>33.0</td>
</tr>
<tr>
<td>36–55</td>
<td>46</td>
<td>46.0</td>
</tr>
<tr>
<td>56 and more</td>
<td>21</td>
<td>21.0</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>62</td>
<td>62.0</td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
<td>38.0</td>
</tr>
<tr>
<td>Education Illiterate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College or University</td>
<td>36</td>
<td>36.0</td>
</tr>
<tr>
<td>High</td>
<td>8</td>
<td>8.0</td>
</tr>
<tr>
<td>High school</td>
<td>26</td>
<td>26.0</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>16</td>
<td>16.0</td>
</tr>
<tr>
<td>Primary school</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td>Perceived income level:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>31</td>
<td>31.0</td>
</tr>
<tr>
<td>Low</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>Moderate</td>
<td>35</td>
<td>35.0</td>
</tr>
<tr>
<td>Very high</td>
<td>19</td>
<td>19.0</td>
</tr>
<tr>
<td>Occupation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil servant</td>
<td>16</td>
<td>16.0</td>
</tr>
<tr>
<td>Housewife</td>
<td>18</td>
<td>18.0</td>
</tr>
<tr>
<td>Others</td>
<td>10</td>
<td>10.0</td>
</tr>
<tr>
<td>Self-employee</td>
<td>26</td>
<td>26.0</td>
</tr>
<tr>
<td>Student</td>
<td>16</td>
<td>16.0</td>
</tr>
<tr>
<td>Worker</td>
<td>14</td>
<td>14.0</td>
</tr>
</tbody>
</table>
Table 2
PSNCQQ scores

<table>
<thead>
<tr>
<th>Description</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information You Were Given: How clear and complete the nurses’ explanations were about tests, treatments and what to expect</td>
<td>2</td>
<td>5</td>
<td>3.52</td>
<td>0.75</td>
</tr>
<tr>
<td>2. Instructions: How well nurses explained how to prepare for tests and operations</td>
<td>2</td>
<td>5</td>
<td>3.68</td>
<td>0.90</td>
</tr>
<tr>
<td>3. Ease of Getting Information: Willingness of nurses to answer your questions</td>
<td>2</td>
<td>5</td>
<td>3.36</td>
<td>0.85</td>
</tr>
<tr>
<td>4. Information Given by Nurses: How well nurses communicated with patients, families, and doctors</td>
<td>2</td>
<td>5</td>
<td>3.54</td>
<td>0.88</td>
</tr>
<tr>
<td>5. Informing Family or Friends: How well the nurses kept them informed about your condition and needs</td>
<td>2</td>
<td>5</td>
<td>3.60</td>
<td>0.80</td>
</tr>
<tr>
<td>6. Involving Family or Friends in Your Care: How much they were allowed to help in your care</td>
<td>2</td>
<td>5</td>
<td>3.49</td>
<td>0.81</td>
</tr>
<tr>
<td>7. Concern and Caring by Nurses: Courtesy and respect you were given; friendliness and kindness</td>
<td>2</td>
<td>5</td>
<td>3.56</td>
<td>0.92</td>
</tr>
<tr>
<td>8. Attention of Nurses to Your Condition: How often nurses checked on you and how well they kept track of how you were doing</td>
<td>2</td>
<td>5</td>
<td>3.70</td>
<td>0.94</td>
</tr>
<tr>
<td>9. Recognition of Your Opinions: How much nurses ask you what you think is important and give you choices</td>
<td>2</td>
<td>5</td>
<td>3.65</td>
<td>0.82</td>
</tr>
<tr>
<td>10. Consideration of Your Needs: Willingness of the nurses to be flexible in meeting your needs</td>
<td>2</td>
<td>4</td>
<td>3.42</td>
<td>0.70</td>
</tr>
<tr>
<td>11. The Daily Routine of the Nurses: How well they adjusted their schedules to your needs</td>
<td>2</td>
<td>5</td>
<td>3.54</td>
<td>0.91</td>
</tr>
<tr>
<td>12. Helpfulness: Ability of the nurses to make you comfortable and reassure you</td>
<td>1</td>
<td>5</td>
<td>3.52</td>
<td>0.90</td>
</tr>
<tr>
<td>13. Nursing Staff Response to Your Calls: How quick they were to help</td>
<td>2</td>
<td>5</td>
<td>3.60</td>
<td>0.85</td>
</tr>
<tr>
<td>14. Skill and Competence of Nurses: How well things were done, like giving medicine and handling IVs</td>
<td>2</td>
<td>5</td>
<td>3.64</td>
<td>0.82</td>
</tr>
<tr>
<td>15. Coordination of Care: The teamwork between nurses and other hospital staff who took care of you</td>
<td>2</td>
<td>5</td>
<td>3.74</td>
<td>0.61</td>
</tr>
<tr>
<td>16. Restful Atmosphere Provided by Nurses: Amount of peace and quiet</td>
<td>2</td>
<td>5</td>
<td>3.70</td>
<td>0.76</td>
</tr>
<tr>
<td>17. Privacy: Provisions for your privacy by nurses</td>
<td>2</td>
<td>5</td>
<td>3.56</td>
<td>0.80</td>
</tr>
<tr>
<td>18. Discharge Instructions: How clearly and completely the nurses told you what to do and what to expect when you left the hospital</td>
<td>2</td>
<td>5</td>
<td>3.48</td>
<td>0.82</td>
</tr>
<tr>
<td>19. Coordination of Care After Discharge: Nurses’ efforts to provide for your needs after you left the hospital</td>
<td>1</td>
<td>5</td>
<td>3.52</td>
<td>0.90</td>
</tr>
</tbody>
</table>

Table 3
Comparison of PSNCQQ scores according to patient's socio demographic characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>75.382</td>
<td>0.000</td>
</tr>
<tr>
<td>Age</td>
<td>2.072</td>
<td>0.293</td>
</tr>
<tr>
<td>Gender</td>
<td>1.041</td>
<td>0.731</td>
</tr>
<tr>
<td>Education</td>
<td>0.419</td>
<td>0.037</td>
</tr>
<tr>
<td>Income Level</td>
<td>2.839</td>
<td>0.049</td>
</tr>
<tr>
<td>Occupation</td>
<td>1.176</td>
<td>0.054</td>
</tr>
</tbody>
</table>
DISCUSSION

A review of the Libyan Ministry of Health's nursing services' efficacy

The goal of the study was to evaluate how nurse care affected patients' satisfaction at hospitals run by the Ministry of Health in Libya. Overall, the results show that nurse interventions have significantly improved patient satisfaction and service quality, but they also highlight several areas that still need work. The participants' medical histories and sociodemographic traits revealed a varied group of people. The population was more mature, with the majority between 36 and 55. There was a wide range of educational backgrounds, with a sizable number having finished college or university degrees. In the sample, women were noticeably overrepresented in comparison to males. The study's participants represented a cross-section of society in the context of healthcare experiences by displaying a variety of vocations and perceived income levels.

The Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) ratings indicated positive attitudes concerning nursing services. Patients generally gave the nurses' informational and teaching skills high marks. The nursing team showed noteworthy proficiency in preserving patient engagement, exhibiting empathy and consideration, and handling patients' requirements proficiently. Additionally, a high level of patient satisfaction was demonstrated by the nursing staff's competency, ability to coordinate treatment, and creation of a calm environment. An important first step in improving the caliber and safety of the country's healthcare is the Ministry of Health of Libya's research on the effectiveness of nursing care. The effectiveness check in this situation aims to assess how well hospitals and other healthcare facilities' nursing services have performed in relation to the objectives set forth in terms of clinical outcomes, patient satisfaction, effective resource use, and safety and ethical considerations in services [10].

Based on the norms and regulations established by the Libyan Ministry of Health, the evaluation team will assess how well hospitals and other healthcare institutions are performing. The assessment will examine how well clinical protocols are followed, resources are used, services are provided, and how well clinical patient outcomes are measured and analyzed [11].

Patients expect thorough information about their symptoms, treatments, results, and a say in their healthcare. In addition to ensuring patients are satisfied with their medical treatment, nurses can offer this information. Active listening, empathy, and succinct and clear medical information explanations are all necessary for effective communication. Nurses can utilize visual aids like diagrams and movies to assist patients in comprehending intricate medical ideas [12]. Increased patient satisfaction is correlated with collaborative staff treatment. As patients' first point of contact, nurses listen to their worries, inquiries, and grievances. Organizations must have policies in place to encourage communication between all members of care teams so that nurses may exchange this information more efficiently.
and deliver more complete care. A few examples of this are regular team meetings, open lines of communication, and shared electronic health records [13].

Sufficient staffing and resources are necessary to deliver high-quality care. The evaluation will help identify patient safety issues and provide recommendations for improving patient safety [14]. According to studies, the best factors influencing total patient satisfaction include nurses’ civility, respect, attentive listening skills, and ease of access to treatment, as well as adequate staffing levels. By giving nurses ample time to spend with each patient, adequate staffing levels can lower the chance of mistakes being made and enhance the standard of treatment. Informing patients about their ailments and available treatments can increase their sense of control over their care and increase their level of satisfaction with the medical care they get [15]. Patient education might be interactive tools like films or internet resources, or textual materials like brochures and booklets. Nurses can offer one-on-one education sessions to further educate patients on their diseases and treatments [16].

Creating a more relaxed and positive ambiance at medical facilities can make patients feel less anxious and more satisfied with their care. Staff turnover can also be decreased with a good work environment. Creating a pleasant setting, utilizing soothing hues and lighting, and adding amenities like cozy sitting and beverages can improve the ambiance. To assist patients to unwind, nurses might also employ methods like aromatherapy or music therapy [17]. Ensuring that hospitals and other healthcare facilities can adhere to set standards evaluating the efficacy of nursing services can also improve openness and accountability in Libya’s health systems [18].

Frequent evaluations of the efficiency of nursing services should be carried out to track ongoing improvement and continually give hospitals and healthcare facilities the chance to enhance their offerings [19]. To provide its population with high-quality and effective healthcare, the Libyan Ministry of Health’s nursing services are evaluated for their performance [20].

**The impact on patient satisfaction in hospitals by the Libyan Ministry of Health**

An important finding from the examination of PSNCQQ scores about sociodemographic factors was that while age and gender had less influence, education, income level, and employment had statistically significant correlations with patient satisfaction. Patient satisfaction was positively connected with both income and education levels, indicating that those with greater financial stability and higher levels of education are generally happier with the nursing care they get. Furthermore, there was a modest influence of patients’ jobs on their satisfaction with nursing care, highlighting the necessity of customized nursing techniques based on the needs and preferences of various patient groups.

Higher earners and educated patients are often happier receiving nursing care. This implies that those with more financial positions and educational achievements could
have higher expectations for healthcare services and might also be more appreciative of the high caliber of treatment they receive. Nurses can modify their methods of care and communication to accommodate patients with varying educational and financial backgrounds [21].

The vocations of patients have a minor effect on how satisfied they are with nursing treatment. This highlights the necessity of customized nursing approaches based on the needs and preferences of various patient groups. For instance, patients with physically demanding careers could require different medical treatment than individuals with sedentary jobs. Nurses can collaborate with patients to identify their specific healthcare requirements and create plans of care that address those needs. The influence of age and gender on a patient’s satisfaction with nursing treatment is not as significant. This implies that nurses can give patients of any age or gender high-quality care. Nevertheless, nurses should be conscious of the particular healthcare requirements of various age and gender groups and adjust their care plans accordingly [22].

Improving the environment, cooperation, patient education, appropriate personnel numbers, and effective communication are all crucial for raising customer satisfaction and service quality. Active listening, empathy, and succinct and clear medical information explanations are all necessary for effective communication. Ensuring patients receive complete treatment can be facilitated through teamwork. Adequate staffing numbers can allow nurses to spend adequate time with each patient. Patients who get an education may feel more invested in their care. Enhancing the environment can make patients feel less anxious and more satisfied with the medical care they get [23].

**Implication For Nurses**

Implications of these results exist for improving the provision of healthcare services. Even greater levels of patient satisfaction can be attained by enhancing particular aspects, such as communication between patients and nurses, meeting the requirements of various patients, and maintaining a calm environment. The study emphasizes how important it is for patients and nurses to communicate well to provide high-quality treatment. Nurses should use clear, thorough, and compassionate communication techniques to share information, treatment specifics, and expectations with patients. It is important to modify communication approaches to accommodate patients with different educational backgrounds and degrees of health literacy. Patient-centered care should be the main emphasis of nursing services, considering each patient’s unique requirements, preferences, and sociodemographic background. Implementing a tailored strategy that recognizes and honors cultural variances, diverse economic brackets, and educational experiences can profoundly influence patient contentment and general health consequences [24].

Nurses should pursue ongoing education and training to address the different demands
of various patient populations. Enhancing patient experiences and satisfaction may be greatly aided by programs that target cultural competency, effective communication, and methods for accommodating multiple patient populations. The study emphasizes how crucial coordinated care is for medical teams. Patient experiences are positively impacted when nursing staff and other healthcare workers are encouraged to operate effectively as a team. Improving communication and coordination between medical teams can enhance the standard of treatment provided [25].

CONCLUSION

Patient satisfaction in the hospitals they serve is significantly impacted by an evaluation of the nursing services provided by the Libyan Ministry of Health. Both income and education levels exhibit statistically significant effects, suggesting that patients with higher earnings and more education are likely happier with nursing care. However, it does not seem that age or gender have much of an impact on patient satisfaction in this circumstance. Additionally, occupation has a nearly significant impact, demonstrating that patients' occupations may have a small influence on their satisfaction with the caliber of nursing treatment.

Hospitals can raise the caliber and security of their patients' nursing care by systematically evaluating and improving such services. Improvements in service quality, patient safety, resource efficiency, patient communication, patient trust, and hospital reputation are some of the beneficial effects of this investigation. Patient satisfaction has grown due to all of these effects, which is vital to the quality of health services.

STRENGTH AND LIMITATIONS

The strength of this research is that the result can implicated in Public Health Practice. The Libyan Ministry of Health must keep conducting frequent inspections and evaluations to raise the standard of nursing care. This will make it easier to pinpoint problem areas and track development in healthcare services. To improve their competency and skills in delivering high-quality treatment, medical staff needs to get more investment in their training and development. Current medical facilities and equipment should also be upgraded to boost service effectiveness and patient happiness.

Encouraging patient participation in the care process and listening to feedback will also improve service. Finally, collaboration with international institutions or other countries can provide insights and best practices to improve the overall quality of nursing services. By implementing these suggestions, the Libyan Ministry of Health can continue to improve the quality of nursing services and achieve the goal of better healthcare for its people.

The effectiveness of nursing services, evaluated by the Libyan Ministry of Health using descriptive analysis methodologies, indicated considerable improvements in service quality and patient satisfaction. The data and information collected indicate improvements in patient safety, efficient use of resources, and interactions between nurses.
and patients. This has improved public confidence in the nation's healthcare system and brought about tangible advantages for medical services in hospitals under the control of the Libyan Ministry of Health. The findings of this study demonstrate that assessing the efficacy of nursing services is a successful step toward raising service standards and giving patients better and more enjoyable care, even though certain areas still require improvement.

There are also a few limitations to the study that should be considered. The study might be biased by sampling since it could not have a representative sample of patients from all areas and demographic groups in Libya. The findings may be less broadly applicable to the full population. Surveys or questionnaires that ask for self-reporting are frequently used to gauge patient satisfaction. Due to social desirability bias and other variables, patients may sometimes need to give honest and accurate feedback, which might skew the statistics. The primary focus of the study is on the relationship between patient satisfaction and income and education levels. It might not consider other crucial elements that might affect patient satisfaction, such as the seriousness of the sickness, cultural considerations, or the standard of the medical facilities.

A more representative and varied patient sample might be the goal of future research. Patients from different demographic groups, geographic areas, and healthcare facilities (such as public and private hospitals, clinics, etc.) may be included. Increased sample size and diversity can improve the generalizability of the results. A more profound knowledge of patient satisfaction may be obtained by combining quantitative survey data with qualitative data from focus groups or interviews. Future studies could consider a wider variety of factors that affect patient satisfaction. These might include the seriousness of the sickness, cultural considerations, language hurdles, the ability of healthcare personnel to communicate, and the physical state of medical facilities.

**CONFLICT OF INTEREST**

Regarding this research, the author declares that this research has no conflicts of interest. This study's research findings and conclusions were not influenced by any personal, professional, or financial relationships; instead, it was carried out objectively. The research and findings described in this publication have not been affected by financial or personal interests, connections, or engagement with organizations.

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REFERENCES


[14] Manzanera, R., Moya, D., Guilabert, M,


