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The Relationship between Nurse Performance and Patient Satisfaction in the Inpatient Units of Dr. Etty Asharto Hospital, Batu City

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ABSTRACT

Background: Nursing care is the health service most directly connected to inpatients, since nurses interact with patients around the clock throughout treatment and recovery. Hospital service success depends heavily on nurse performance, yet complaints regarding slow responsiveness, inadequate communication, and lapses in nursing care documentation remain common in inpatient settings, raising questions about how performance translates into patient satisfaction. **Objective:** This study aimed to analyze the relationship between nurse performance and patient satisfaction in the inpatient ward of Dr. Etty Asharto Regional General Hospital, Batu City. **Methods:** A cross-sectional design was employed. The independent variable was nurse performance and the dependent variable was patient satisfaction. Using purposive sampling, 36 nurses and 48 inpatients meeting the inclusion criteria were recruited. Data were collected using validated Likert-scale questionnaires and analyzed with Spearman's rank correlation test. **Results:** Most nurses (80.5%) demonstrated good performance and most patients (70.8%) reported being very satisfied with nursing care. The Spearman correlation test showed a significant relationship between nurse performance and patient satisfaction ($p = 0.002$; $p < 0.05$), although the correlation coefficient (0.189) indicated a very weak strength of association. **Conclusion:** Nurse performance is significantly, though weakly, associated with inpatient satisfaction, indicating that performance alone does not fully account for variation in how satisfied patients feel. Hospitals are encouraged to complement performance management with communication and time-management training to strengthen patient-centered inpatient care.

Keywords: nurse performance; patient satisfaction; inpatient care

Background

Nursing services occupy a central position in hospital care delivery. Because nurses constitute the largest professional group among healthcare workers and interact with patients continuously throughout the day, their performance is a decisive factor in the overall success of hospital services (1).

Nursing care is widely regarded as an integral and professional component of the healthcare system, contributing significantly to improvements in hospital service quality (2). Nursing practice combines cognitive, interpersonal, and psychomotor skills, and nurses are expected to know when each of these competencies is most needed. Good nurse performance is the expectation of every patient receiving inpatient care (1), while a decline in performance directly affects public trust and the image of the hospital in the community.

Nurse performance can be defined as the extent to which a nurse implements the authority, duties, and responsibilities assigned to fulfil the goals of the nursing profession and the targets of the organizational unit (3). In practice, good nurse performance can be observed directly through the nursing care process or through nursing documentation and patient records (4).

A range of factors influence nurse performance, including individual ability and skill, psychological variables such as perception, attitude, personality, learning, and motivation, as well as organizational variables such as resources, leadership, rewards, and job design (5). Suboptimal nurse performance carries considerable consequences: the quality of nursing care may fall short of standard operating procedures, the risk of medical error increases due to reduced attentiveness, public trust in the hospital declines because of rising patient complaints, and internal conflict together with staff burnout may follow (6).

Job satisfaction is one determinant that is closely related to performance; nurses with higher levels of job satisfaction tend to demonstrate higher performance (7), and organizational culture within the workplace has likewise been shown to be associated with the performance of nurses in inpatient units (8)

Patient satisfaction, meanwhile, can be understood through expectation–performance theory, which holds that satisfaction is a function of the gap between the service a patient expects and the service actually received: when performance meets or exceeds expectations, patients report satisfaction, whereas performance below expectations leads to dissatisfaction. Patients tend to feel satisfied with nursing care when nurses display a positive attitude toward others, accept patients regardless of social status, remain patient and generous, and are willing to help, communicate, cooperate, and act responsibly and appropriately in carrying out their. When nurse performance is good, patients feel comfortable, are inclined to return for further care, and are more likely to recommend the hospital to family and friends (9)

A preliminary study conducted by the researcher among inpatients at Dr. Etty Asharto Regional General Hospital, Batu City found a mixed picture of satisfaction: several patients reported being satisfied with the skillfulness and disease knowledge demonstrated by nurses, while others expressed dissatisfaction related to insufficient friendliness, limited responsiveness, inadequate attention, and communication that was difficult to follow because it was delivered too quickly. This variation in patient experience, together with the well-documented importance of nurse performance for hospital service quality, motivated the present study to examine the relationship between nurse performance and patient satisfaction in the inpatient ward of Dr. Etty Asharto Regional General Hospital, Batu City.

Based on this background, the research problem addressed in this study was formulated as follows: is there a relationship between nurse performance and patient satisfaction in the inpatient ward of Dr. Etty Asharto Regional General Hospital, Batu City The objective of this study was to analyze that relationship, with the specific aims of identifying the characteristics of inpatients, describing the performance of nurses working in the inpatient unit, describing the level of patient satisfaction, and analyzing the association between the two variables.

Methods

This study used an analytic-descriptive observational design with a cross-sectional approach, in which the independent variable (nurse performance) and the dependent variable (patient satisfaction) were measured concurrently. The study was conducted in the inpatient ward of Dr. Etty Asharto, Regional General Hospital, Batu City, from 10 to 18 August 2026. The population comprised all 45 nurses assigned to the inpatient ward and all 55 patients meeting the inclusion criteria during the study period. Patients were included if they had been hospitalized for at least three days, were at least 17 years old, and were able to communicate verbally or in writing; patients with communication impairment or a documented psychiatric disorder were excluded. Sample size was calculated using the Slovin formula with a significance level of 0.05, yielding 36 nurse respondents and 48 patient respondents, proportionally allocated across the VIP/Class 1, Class 2, and Class 3 inpatient rooms. Respondents were recruited through purposive sampling, in which sample members were selected based on the predetermined inclusion and exclusion criteria relevant to the study objectives.

Nurse performance was measured using a 25-item questionnaire covering six components of nursing care standards: nursing assessment, nursing diagnosis, care planning, nursing intervention, evaluation, and nursing documentation, adapted from an instrument originally developed for institutional use. Patient satisfaction was measured using a 15-item questionnaire covering five service-quality dimensions reliability, responsiveness, assurance, empathy, and tangibles—adapted from an instrument used in prior institutional research on patient-satisfaction measurement. Both instruments used a four-point Likert scale and had previously undergone validity testing, with items shown to have a calculated *r*-value greater than the *r*-table value, confirming their validity for use in nursing-performance research (10) Reliability of the nurse-performance instrument was previously established (Cronbach's alpha = 0.963) and the patient-satisfaction instrument likewise demonstrated strong internal consistency (Cronbach's alpha = 0.949), supporting the use of both instruments as measurement tools in this study.

Nurse performance was categorized as good (82–100%), fairly good (63–81%), poor (44–62%), or very poor (25–43%). Patient satisfaction was categorized as very satisfied (49–60), satisfied (38–48), dissatisfied (27–37), or very dissatisfied (15–26). Collected data were processed through editing, coding,

tabulation, and cleaning, and were analyzed using IBM SPSS Statistics version 25.0. Spearman's rank correlation test was applied to examine the relationship between nurse performance and patient satisfaction. A significance value (Sig. 2-tailed) of less than 0.05 was interpreted as indicating a statistically significant relationship, with the sign of the correlation coefficient indicating the direction of the association.

This study received ethical clearance from the Health Research Ethics Committee of Widyagama Husada College of Health Sciences, Malang (approval number to be inserted by the author/institution prior to submission). All respondents were provided with an explanation of the study's purpose and procedures and gave written informed consent prior to data collection. Confidentiality and anonymity were maintained throughout the study by using respondent codes rather than personal identities in all data-collection sheets and in the reporting of findings, and all information collected was used solely for research purposes.

Results

Table 1. Demographic characteristics of patient and nurse respondents in the inpatient ward

Characteristic	Patients (n = 48) f (%)	Nurses (n = 36) f (%)
Age		
21–30 years	1 (2.1)	14 (38.8)
31–40 years	1 (2.1)	19 (52.7)
41–50 years	5 (10.4)	3 (8.3)
>50 years	41 (85.4)	-
Sex		
Female	29 (60.4)	25 (69.4)
Male	19 (39.6)	11 (30.6)
Education		
No formal schooling	5 (10.4)	-
Elementary school	13 (27.0)	-
Junior high school	9 (18.7)	-
Senior high school	18 (37.5)	-
Bachelor's degree	3 (6.2)	-
Diploma (D3)	-	9 (25.0)
Bachelor's degree (S1)	-	27 (75.0)
Length of stay / work		
3 days	33 (68.7)	-
4 days	11 (22.9)	-
5 days	4 (8.3)	-
1–5 years	-	26 (72.2)
5–10 years	-	8 (22.2)
>10 years	-	2 (5.5)

A total of 48 patients and 36 nurses participated as respondents. Most patients were older than 50 years ($n = 41$; 85.4%), female ($n = 29$; 60.4%), had completed senior high school ($n = 18$; 37.5%), and had been hospitalized for 3 days ($n = 33$; 68.7%). Most nurse respondents were aged 31–40 years ($n = 19$; 52.7%), female ($n = 25$; 69.4%), held a bachelor's degree in nursing ($n = 27$; 75.0%), and had 1–5 years of working experience ($n = 26$; 72.2%), as summarized in Table 1.

Table 2. Distribution of nurse performance and patient satisfaction levels in the inpatient ward

Variable	Category	f (%)
Nurse performance	Good	29 (80.5)
	Fairly good	7 (19.4)
	Poor	0 (0.0)
	Very poor	0 (0.0)
Patient satisfaction	Very satisfied	34 (70.8)
	Satisfied	14 (29.2)
	Dissatisfied	0 (0.0)
	Very dissatisfied	0 (0.0)
Significance (p) 0.002		
Correlation coefficient 0.189		

Regarding the study variables, most nurses were rated as having good performance ($n = 29$; 80.5%) and the remainder as having fairly good performance ($n = 7$; 19.4%); no nurse was rated poor or very poor. Most patients reported being very satisfied with the nursing care received ($n = 34$; 70.8%), while the remainder reported being satisfied ($n = 14$; 29.2%); no patient reported dissatisfaction, as shown in Table 2. The bivariate analysis using Spearman's rank correlation test showed a significance value of $p = 0.002$ ($p < 0.05$) with a correlation coefficient of 0.189, indicating a statistically significant but very weak positive relationship between nurse performance and patient satisfaction in the inpatient ward of Dr. Etty Asharto Regional General Hospital, Batu City.

Discussion

Good performance correlates with a working period of less than five years, consistent with prior findings that nurses with shorter tenure show significantly better performance than those with longer tenure (11). Newer nurses appear to retain stronger motivation and personal targets that sustain their performance, whereas nurses with longer tenure more often show signs of fatigue and burnout that erode their performance over time. Age also correlates with performance: nurses in early-to-mid adulthood tend to combine psychological maturity with familiarity with diagnostic and documentation procedures, giving them an advantage in complaint handling and standard-operating-procedure compliance compared with both younger and older colleagues (12).

With respect to patient satisfaction, older patients in this study reported higher satisfaction than younger patients, mirroring the pattern reported elsewhere in which older patients display greater patience, hold more realistic expectations, and place greater trust in health workers, while younger patients tend to be more critical and expect greater speed and comfort of service (13)(1). Age represents an internal factor shaping expectations: younger patients often demand more comprehensive service, partly because they are more likely to compare the care they receive with information encountered through social media, whereas older patients tend to hold comparatively lower expectations and consequently report satisfaction more readily.

The significant relationship identified between nurse performance and patient satisfaction ($p = 0.002$) is consistent with previous research conducted at other Indonesian hospitals, which likewise found that better nurse performance was associated with higher patient satisfaction using comparable statistical approaches (1). This pattern aligns with expectation–performance theory, in which patients report satisfaction with nursing care when nurses display a positive attitude, treat patients equally regardless of social status, and demonstrate patience, willingness to help, effective communication, and responsible, timely action (10). When nurse performance from assessment through evaluation is carried out well, patients are more likely to feel comfortable and to perceive that their expectations have been met, which in turn strengthens their trust in the nursing service they receive.

Nevertheless, the very weak correlation coefficient obtained (0.189) suggests that nurse performance, although significantly related to patient satisfaction, explains only a small proportion of the variation in how satisfied patients feel. This is plausible given that patient satisfaction is a multifactorial construct shaped not only by the technical and interpersonal performance of nurses but also by facility conditions, waiting times, cost, physician-related factors, and patients' prior expectations and social background (6). The weak association observed in this study therefore points to the need for hospitals to look beyond nurse performance alone when seeking to improve patient satisfaction, and to address complementary determinants of the inpatient experience concurrently. Factors influencing patient satisfaction include reliability, responsiveness, assurance, empathy, and tangibles (14) (15)

This study has several limitations. First, reliance on self-report questionnaires may have introduced response bias, as some respondents may not have answered fully honestly or may have misunderstood certain items. Second, not all respondents were equally able to read and write independently, which lengthened the questionnaire-completion process and may have affected response quality. Third, the pronounced local cultural norm of avoiding negative evaluations of others may have led some patients to rate their satisfaction more favorably than their actual experience, potentially inflating the reported satisfaction levels.

Conclusions and Recommendations

Most nurses working in the inpatient ward of RSU Dr. Etty Asharto, Batu City demonstrated good performance, and most patients reported being very satisfied with the nursing care they received. Nurse performance was found to have a statistically significant, though very weak, relationship with patient satisfaction, indicating that while better nurse performance is associated with higher patient satisfaction, performance alone accounts for only a small part of the variation in patients' satisfaction. Hospitals are encouraged to sustain and strengthen good nursing performance while simultaneously investing in patient-centered strategies such as therapeutic communication and time-management training for nurses, in order to address the wider set of factors that shape inpatients' satisfaction. Future research is recommended to explore additional variables that may influence patient satisfaction beyond nurse performance, such as workload and supporting facilities, and to consider larger, multi-site samples to improve the generalizability of findings.

Ethical Consideration and Competing Interest

This study adhered to fundamental research-ethics principles, including informed consent, confidentiality, and voluntary participation. All participants were informed of the study's purpose and procedures prior to data collection, and consent was obtained before interviews or questionnaire administration. Participant anonymity was maintained by withholding personal identities from the reporting of findings, and all data collected were used solely for research purposes. The authors declare that there is no conflict of interest related to this publication.

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Conflicts of interest

The authors confirm that there are no conflicts of interest related to this study

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