

From Expectations to Experience: Prioritizing Quality Improvement in Inpatient Nursing Care Through Importance–Performance Analysis

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ABSTRACT

Introduction: The quality of nursing services plays a crucial role in shaping patients' experiences and overall hospital service quality. In inpatient wards, nurses maintain the most frequent interaction with patients, making their caring behavior, communication, and responsiveness essential determinants of patient-centered care. However, many evaluations of nursing services focus mainly on overall satisfaction scores and fail to identify which service attributes require priority improvement. Therefore, this study aimed to analyze the gap between the importance and performance of nursing service attributes in inpatient wards and to identify priority areas for quality improvement using the Importance–Performance Analysis (IPA) approach.

Research Methodology: This study employed a quantitative descriptive–analytic design with a cross-sectional approach. The research was conducted in hospital inpatient wards involving 201 adult patients selected through purposive sampling. Data were collected using a structured questionnaire developed based on the SERVQUAL framework and Swanson's Theory of Caring, measuring patients' perceived importance and performance of nursing service attributes. Instrument validity was tested using Pearson Product-Moment correlation, and reliability using Cronbach's Alpha. Data analysis was performed using mean score comparisons, gap analysis (Performance – Importance), and an Importance–Performance Analysis (IPA) matrix mapping in IBM SPSS and Microsoft Excel.

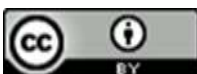
Results: Most nursing service attributes were perceived as highly important by patients, with an overall mean importance score of 3.69, compared with a lower mean performance score of 2.79. Negative gap values were observed across nearly all service attributes, indicating that nursing service performance had not fully met patient expectations. The largest gaps were identified in caring-related attributes, particularly therapeutic communication, individualized attention, emotional support, and responsiveness to patient needs. IPA matrix mapping showed that several relational attributes were located in the high-priority improvement quadrant. At the same time, aspects related to professional competence, patient safety, and trust were positioned within the key strengths quadrant.

Conclusion: The study demonstrates that relational aspects of nursing care, particularly communication, empathy, and responsiveness, represent the primary areas requiring quality improvement in inpatient services. Strengthening therapeutic interaction, improving service consistency, and ensuring nurse availability are essential strategies to enhance patient-centered nursing care and sustain continuous quality improvement in hospital settings.

Keywords: importance–performance analysis; inpatient care; nursing services; patient-centered care; service quality.



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INTRODUCTION

The quality of nursing services is a primary determinant of overall hospital service quality and substantially influences patients' experiences throughout their care (Al-Hammouri et al., 2024). Within the modern healthcare paradigm, quality is no longer measured solely by clinical indicators such as recovery rates or length of stay, but also by patients' experiences and perceptions of the care they receive (Cui et al., 2025). A substantial body of international research demonstrates that interpersonal dimensions of nursing practice, including therapeutic communication, caring behavior, responsiveness, and patient engagement, contribute significantly to patient satisfaction, safety, and trust in the healthcare system. Accordingly, nurses' technical competence must be paralleled by the quality of human interaction in day-to-day practice (Kwame & Petrucka, 2021).

At the global level, the patient-centered care approach has been established as a standard framework for healthcare quality improvement. This model positions patients as active partners in the care process, emphasizing bidirectional communication, respect for patient values, and family involvement in decision-making (Giusti et al., 2022). In the hospital context, nurses play a central role, as they are the healthcare professionals who most frequently interact directly with patients. Consequently, the quality of nursing services serves as a key indicator in shaping patients' overall perceptions of service quality (Abugre & Bhengu, 2024).

Nevertheless, implementing patient-centered care principles in developing countries confronts a range of structural challenges. High nursing workloads, suboptimal nurse-to-patient ratios, and extensive administrative demands frequently constrain the time available for direct patient interaction. Cross-national studies of hospitals across diverse healthcare systems have demonstrated that workload pressure is associated with declines in communication quality and increases in patient dissatisfaction (Niri et al., 2025). This suggests that individual nurses' competence does not solely determine the quality of the patient experience but is also shaped by systemic support and service management structures (Nesengani et al., 2025). Patient and family engagement in the care process contributes to improvements in both patient safety and perceived service quality. Furthermore, emotional and spiritual support play a significant role in shaping patients' experiences during hospitalization. This indicates that the relational dimension of nursing care represents a genuine and anticipated need among patients within the national context (Kwame & Petrucka, 2021).

Notwithstanding the foregoing, the majority of studies on patient satisfaction in Indonesia continue to employ descriptive approaches that focus predominantly on mean scores or general satisfaction levels. This approach is inherently limited in its capacity to provide strategic guidance to hospital management, as it does not explicitly differentiate between service attributes that are highly important to patients and those that are comparatively less determinative. Consequently, quality improvement interventions are frequently implemented in a generalized manner without clear prioritization, thereby risking reduced effectiveness in addressing patients' primary needs. Within the framework of service quality management, Importance-Performance Analysis (IPA) was

developed as an instrument for mapping service attributes along two primary dimensions: importance and performance (Padamata & Vangapandu, 2025). By categorizing attributes into four quadrants, namely, primary priority for improvement, strengths to be maintained, low priority, and potential over-allocation, IPA enables decision-makers to formulate more targeted strategies. In healthcare, this approach adds value by directly integrating patients' perspectives into managerial decision-making (Izadi et al., 2017).

From a theoretical standpoint, analyzing the gap between importance and performance contributes to the conceptual development of patient-centered care in real-world practice. This approach facilitates exploration of how abstract constructs such as caring, responsiveness, and communication are translated into measurable service attributes (Mousazadeh et al., 2025). From an applied perspective, IPA provides an empirical foundation for ward heads and nursing managers to design priority-based interventions, particularly under conditions of resource constraints (Padamata & Vangapandu, 2025). Research integrating IPA into nursing service evaluation thus strikes a balance between scientific contribution and practical relevance. This study analyzes gaps between importance and performance of nursing service attributes using IPA, identifies patient priorities, maps attributes into quadrants, and develops evidence-based strategies to improve hospital nursing care quality.

RESEARCH METHODOLOGY

This study employed a quantitative, descriptive-analytic, cross-sectional design. The primary analytical framework used was the Importance–Performance Analysis (IPA), which maps service attributes into four priority quadrants based on their combined importance and performance scores. The study was conducted in hospital inpatient wards. Respondents were recruited on the final day of hospitalization or within 24 hours of discharge, as patients at this stage had sufficient experience to comprehensively evaluate the nursing services received. The study population comprised all adult patients admitted to inpatient wards during the study period. Inclusion criteria encompassed patients aged 17–50 years, a minimum length of stay of three days, a conscious state with the ability to communicate verbally, and willingness to participate in the study. Patients in critical condition, those with severe cognitive impairment, or those unable to provide independent responses were excluded. Purposive sampling was applied according to these criteria, yielding a total sample of 201 participants.

The research instrument consisted of a structured questionnaire comprising three principal sections: respondent characteristics, patients' expectations, and perceptions of service attributes, developed based on the SERVQUAL conceptual framework and Swanson's Theory of Caring. A dedicated Caring subscale was constructed to further delineate the distinctive characteristics of nursing services. Validity testing was conducted using Pearson's Product-Moment correlation at a significance level of 0.05; all items were deemed valid, with computed *r*-values exceeding the critical *r*-value of 0.361. Instrument reliability was assessed using Cronbach's Alpha, with a value of 0.974 (≥ 0.70), confirming the questionnaire's reliability for data collection.

Data were analyzed using IBM SPSS Statistics version 21 and Microsoft Excel for graphical visualization. Data collection procedures were initiated following institutional approval from hospital management and ethical clearance from the Health Research Ethics Committee. The gap between performance and importance was calculated using the formula: Gap = Performance – Importance. Negative values indicate that service performance falls short of the level of importance patients perceive.

For the IPA analysis, the first step was to calculate the overall mean scores for the importance dimension ($\bar{X}$) and the performance dimension ($\bar{Y}$), which subsequently served as the crosshair coordinates on the Cartesian diagram. Each attribute was plotted according to its mean importance and mean performance coordinates, thereby distributing attributes across four quadrants: Q1–High Priority for Improvement (high importance, low performance), representing the primary targets for corrective action; Q2–Key Strengths (high importance, high performance), representing attributes to be maintained; Q3–Non-Critical (low importance, low performance), representing low-priority attributes; and Q4–Low Impact Strengths (low importance, high performance), indicating potential over-allocation of resources. The IPA diagram was constructed to provide a visual representation that facilitates interpretation and situational analysis.

This study received ethical approval from the Health Research Ethics Committee under approval letter number 01-002/KEPK FIKES/2025. All respondent data were maintained in strict confidentiality and utilized exclusively for research purposes. Participation was entirely voluntary, and respondents retained the right to withdraw at any time without consequences for the care they received.

RESULT

Table 1. Characteristics of Respondents (n = 201)

Respondent Characteristics	Frequency (f)	Percentage (%)
Age (Years)		
17–35	95	47.3
36–40	46	22.9
41–50	60	29.9
Sex		
Male	96	47.8
Female	105	52.2
Educational Level		
Primary School	27	13.4
Junior High School	33	16.4
Senior High School	91	45.3
Diploma/Bachelor's Degree	50	24.9
Occupation		
Unemployed	33	16.4
Housewife	49	24.4
Civil Servant	22	10.9
Entrepreneur	60	29.9
Student	2	1.0
Fisherman	30	14.9
Contract Worker	5	2.5
Length of Stay		
3 days	74	36.8

4 days	66	32.8
5 days	45	22.4
6 days	9	4.5
7 days	1	0.5
8 days	7	3.0
Total	201	100.0

The majority of respondents underwent short- to medium-term hospitalization, thereby possessing sufficient experience to evaluate the nursing services received during their inpatient stay. Overall, the study respondents were predominantly of productive adult age, with a relatively balanced gender composition, an educational background ranging primarily from senior secondary school to tertiary level, and a diverse occupational profile. A length of stay of three to five days provided respondents with an adequate experiential basis for evaluating the quality of nursing services in the inpatient ward setting.

Table 2. Importance–Performance Analysis of Nursing Service Attributes (n = 201)

No	Service Attributes	Performance (Mean)	Importance (Mean)	Gap (P–I)
Caring Dimension (Swanson's Caring Theory)				
1	Nurses introduce themselves to patients	3.00	3.66	-0.66
2	Nurses serve patients with full attention	2.77	3.70	-0.93
3	Nurses provide clear explanations about the patient's condition using understandable language	2.78	3.70	-0.92
4	Nurses explain activities that patients can perform during treatment	2.68	3.70	-1.02
5	Nurses provide encouragement and emotional support for recovery	2.71	3.70	-0.99
6	Nurses respond to patients' feelings and complaints	3.19	3.68	-0.49
7	Nurses call patients by their correct name	2.55	3.65	-1.10
8	Nurses provide opportunities for patients to ask questions about procedures	2.69	3.70	-1.00
9	Nurses encourage patients to pray	2.04	3.65	-1.61
10	Nurses demonstrate skill in providing care	2.79	3.69	-0.91
11	Nurses explain the readiness and cleanliness of the medical equipment used	2.45	3.69	-1.24
12	Nurses speak politely and respectfully, making patients feel valued	3.07	3.69	-0.62
13	Nurses guide patients in performing daily activities	2.92	3.69	-0.78
14	Nurses ask about patients' conditions and feelings during each interaction	3.11	3.69	-0.58
SERVQUAL Dimensions				
Tangibles				
15	Inpatient ward facilities are in good condition	2.94	3.69	-0.76
16	The inpatient ward environment is clean, comfortable, and attractive	3.01	3.69	-0.68
Reliability				
17	Nurses use modern and well-maintained medical equipment	2.93	3.70	-0.77
18	Nurses provide services on time as promised	2.67	3.70	-1.03
19	Nurses fulfill service commitments according to the scheduled time	2.62	3.70	-1.08

20	Nurses deliver correct service from the first time	2.80	3.70	-0.90
21	Nurses consistently provide nursing services	2.68	3.70	-1.02
Responsiveness				
22	Nurses provide services promptly	2.70	3.70	-1.00
23	Nurses are always ready to respond to patient requests	2.86	3.70	-0.84
24	Nurses are not always too busy to serve patients	2.70	3.70	-1.00
25	Nurses are willing to help whenever needed	2.72	3.70	-0.99
Assurance				
26	Patients feel safe when cared for by nurses in the inpatient ward	2.99	3.70	-0.71
27	Nurses have sufficient knowledge to answer patient questions	2.99	3.70	-0.71
28	Nursing actions increase patients' confidence	2.84	3.70	-0.87
Empathy				
29	Nurses show concern for patients' best interests	2.81	3.71	-0.90
30	Nurses understand patients' specific needs	2.82	3.71	-0.89
31	Nurses provide individualized attention to patients	2.75	3.67	-0.92
Average		2.79	3.69	

The IPA findings on the Caring dimension revealed that the majority of service attributes were rated as relatively important, while patients' perceived performance tended to be comparatively lower. This condition yielded negative gap values across nearly all caring attributes, indicating that nurses' caring services have not yet fully met patients' expectations. Attributes of therapeutic communication, explanations, and emotional support emerged as the areas most in need of attention, as they showed larger gaps than other attributes. Mapping onto the IPA Cartesian diagram positioned several caring attributes within the primary priority for improvement quadrant, thereby affirming that the caring dimension is a fundamental component that requires systematic performance enhancement.

Regarding the Tangible dimension, the IPA findings revealed variation between patients' importance and performance levels. Several attributes related to nurses' appearance and the availability of service support facilities demonstrated performance levels that relatively approximated patients' expectations, while other attributes continued to exhibit negative gap values. In general, the tangible dimension tended to fall within the moderate to high importance range, yet with uneven performance levels, indicating the need to standardize facility quality and nurses' professional appearance to maintain consistent service quality.

The IPA analysis of the Responsiveness dimension indicated that the speed and promptness of nurses' responses to patients' needs are highly important to patients. Nevertheless, perceived performance across several attributes remained below expectations, resulting in negative gap values. Attributes related to rapid response to patient complaints and requests for assistance tended to be positioned within the priority for improvement quadrant, thereby affirming that nurses' responsiveness represents a key indicator in the patient care experience.

With respect to the Reliability dimension, several attributes demonstrated greater congruence between patients' expectations and perceived performance than in other dimensions. Notwithstanding this, negative gap values were still identified in certain attributes, particularly those about the consistency of nursing actions and the accuracy of nursing service delivery. These

findings indicate that service reliability has been functioning at a reasonably satisfactory level; however, it continues to require reinforcement in the consistent implementation of nursing care standards.

The IPA findings on the Assurance dimension revealed that patients place considerable importance on trust, competence, and a sense of security as essential aspects of nursing services. Although several attributes demonstrated relatively adequate performance, others continued to exhibit negative gap values, indicating room for improvement. Assurance attributes, such as patients' confidence in nurses' professional competence, constitute a critical element in sustaining service quality and maintaining patient trust.

The Empathy dimension demonstrated a pattern analogous to that of the Caring dimension, in which patients' importance levels were relatively high compared with perceived performance. Negative gap values across several attributes indicate that individualized approaches, personal attention, and an understanding of patients' conditions still require strengthening in day-to-day nursing practice.

Overall, the IPA findings indicate that all dimensions of nursing services continue to exhibit gaps between patients' expectations and perceived performance. The Caring, Responsiveness, and Empathy dimensions consistently emerged as priority areas for improvement. The Reliability and Assurance dimensions demonstrated comparatively more stable performance, although specific attributes within these dimensions nonetheless require further improvement. Collectively, these findings provide a robust empirical foundation for planning patient needs-based quality improvement in nursing services.

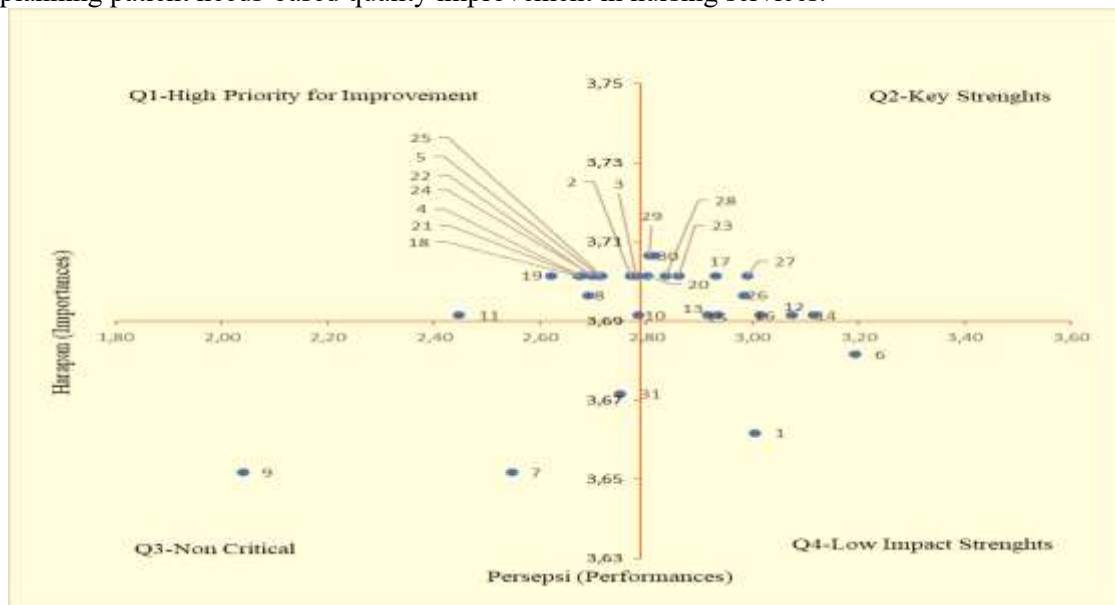


Figure 1. IPA Analysis

Q1 (High Priority for Improvement)

High-importance nursing attributes, such as caring, communication, responsiveness, and reliability, show performance gaps. Patients value attentiveness, empathy, clear explanations, timeliness, and availability, yet perceive suboptimal delivery. IPA Q1 highlights these as priority areas requiring immediate improvement to align service performance with patient expectations and enhance overall care quality.

Q2 – Key Strengths Services

Q2 highlights nursing strengths where high importance aligns with high performance. Patients perceive responsive, needs-based care, safety, trust, and professional competence positively. Nurses demonstrate attentiveness, empathy, and individualized care. These attributes reflect effective service delivery and strong alignment between expectations and experiences, reinforcing key strengths in inpatient nursing service quality.

Q3 – Low Priority / Non-Critical

Q3 includes attributes with low importance and performance, indicating non-critical aspects of nursing services. Personal and spiritual elements, technical skills, and explanations of equipment are perceived as secondary. Although present, they have a minimal effect on satisfaction. These attributes require less managerial focus but still contribute to the overall nursing care experience.

Q4 – Possible Overkill Attributes

Q4 includes nursing attributes with high performance but lower perceived importance. Communication etiquette, such as self-introduction, polite tone, and asking about patients' feelings, is well implemented but not prioritized by patients. Support for daily activities and aspects of the physical environment (facilities and ward conditions) are satisfactory but considered secondary. Emotional responsiveness shows variability in perceived importance. These findings indicate a potential mismatch between service effort and patient priorities. Additionally, patient characteristics such as productive age, higher education, and shorter hospital stays influence expectations, particularly regarding information clarity, timeliness, and professionalism, shaping how nursing service quality is perceived and evaluated.

Table 3. Importance Performance Analysis (IPA) Quadrant-Based Summary of Nursing Service Attributes in Inpatient Wards

Quadrant	Category	Key Attributes	Patient Perception	Implication for Management
Q1	High Priority (Concentrate Here)	Attentiveness, empathy, communication clarity, timeliness, service consistency, nurse availability	Highly important but underperforming; significant gaps between expectations and actual service	Immediate improvement required; prioritize training, staffing, and communication quality
Q2	Key Strengths (Keep Up the Good Work)	Responsiveness, safety, trust, professional competence, and individualized care	High importance and high performance; expectations met	Maintain performance; reinforce best practices and sustain quality standards
Q3	Low Priority (Non-Critical)	Spiritual support, addressing patients by name, technical explanations, and equipment readiness	Low importance and low performance; minor influence on satisfaction	Minimal focus required; monitor but do not prioritize resource allocation
Q4	Possible Overkill	Service etiquette, polite communication, environmental factors, and activity guidance	High performance but lower importance; over-resourced relative to perceived value	Optimize resource allocation; re-balance efforts toward high-priority areas.

The IPA results demonstrate that a multidimensional interaction between interpersonal care, system efficiency, and patient expectations shapes nursing service quality. Q1 highlights critical gaps requiring urgent improvement, while Q2 reflects strong service performance. Q3 and Q4 indicate lower strategic priorities, suggesting opportunities for resource optimization. Patient

characteristics (age, education, length of stay) further influence perceptions, underscoring the need for patient-centered, context-sensitive quality improvement strategies.

DISCUSSION

This study identified meaningful gaps between patients' expectations and the perceived performance of nursing services in inpatient wards, particularly in relational aspects and core nursing processes. Using the Importance–Performance Analysis (IPA) approach, this study not only mapped patients' satisfaction levels but also identified strategic improvement priorities grounded in their perceived importance values. This approach reinforces the understanding that nursing service quality is not solely determined by technical competence or facility availability, but rather by how nursing practice is manifested in day-to-day interactions between nurses and patients.

Attributes positioned within the High Priority for Improvement quadrant (Q1) were predominantly characterized by caring behavior, therapeutic communication, service consistency, and nurse availability when needed. These conditions are frequently associated with high nursing workloads, human resource constraints, and administrative demands that encroach upon direct service time. Accordingly, the IPA findings of this study provide an empirical foundation for understanding service gaps as a systemic issue rather than merely an individual nurse's shortcoming.

The presence of core nursing attributes within the first quadrant indicates a more fundamental concern than simple technical deficiencies. Attributes such as caring behavior, therapeutic communication, service consistency, nurse availability when needed, full attentiveness, emotional support, timeliness, and consistent service delivery are perceived by patients as the very essence of nursing care. Patients' experiences are profoundly shaped by the quality of interpersonal interactions and the meaningful presence of nurses, particularly within inpatient ward settings characterized by relatively short durations of care (Atashzadeh-Shoorideh et al., 2022). When these attributes are not fulfilled, patients tend to perceive the service as insufficiently responsive, even when clinical interventions have been carried out in accordance with established procedures (Agostinho et al., 2023). The high importance levels attributed to these aspects align with Watson's nursing theory, which emphasizes human caring as the foundation of professional practice, such that when patients perceive deficiencies in this dimension, the consequent impact on their overall perception of service quality tends to be substantial (Ghanbari-Afra et al., 2022).

This gap may arise through several interrelated mechanisms. First, high nursing workloads in inpatient wards frequently result in limited interaction time with patients (Dall'Ora et al., 2022), leading to suboptimal fulfillment of attributes such as providing comprehensible explanations and offering opportunities for patients to ask questions. Patients who do not receive adequate information tend to perceive nurses' performance as low on the communication dimension, irrespective of the technical competence they actually possess (Bekele et al., 2022). Second, inconsistencies in service delivery across shifts and among personnel create a non-homogeneous patient experience, so that even when moments of good service occur, these inconsistencies tend to dominate the overall perception (Ejebu et al., 2021). Third, patients perceive that nurses are frequently occupied at the very moments they are needed, indicating issues in workload distribution and task-priority management that prevent nurses from being consistently available or responsive when required. Patients' perception of nurses as being overly occupied does not necessarily reflect a lack of professional commitment on the part of nurses, but

rather reflects a work system that has not yet fully supported optimal practice in caring (Li et al., 2024). This indicates that deficiencies in workload distribution and task-priority management prevent nurses from consistently being present or responsive when patients require their attention.

Attributes positioned within the Key Strengths Services quadrant (Q2) reflect significant achievements already attained in nursing service delivery. Patients' positive perceptions of the safety of nursing actions, trust in nurses, knowledge, competence, attentiveness, and responsiveness to individual needs indicate that the foundation of nursing professionalism has been well established (Jiang et al., 2024). This suggests that nurses in the research setting possess adequate basic capacity to deliver quality services, and that the issues identified in Q1 are not attributable to deficiencies in core competence but rather relate more to structural and systemic factors that constrain the full expression of that capacity. This constitutes an important asset for inpatient ward management in sustaining and strengthening practices that are already functioning well (Komashie et al., 2021). This finding is particularly significant as it demonstrates that improvement interventions need not commence from the ground up. Strengths in the aspects of safety and trust represent assets that can serve as a platform for improving attributes within the High Priority for Improvement quadrant (Q1), given that patients who already trust in nurses' competence will be more receptive to efforts aimed at enhancing communication and responsiveness (Bahari et al., 2024).

The presence of technical and physical attributes within the Low Priority (Q3) and Possible Overkill Attributes (Q4) quadrants carries important strategic implications regarding the efficiency of resource allocation. The fact that attributes such as technical skills, inpatient ward facilities, and ritualistic communication aspects, including nurses introducing themselves and using a polite tone of voice, are positioned within quadrants of relatively low importance suggests that patients generally prioritize relational quality over technical and physical quality in their assessment of nursing services. These attributes are not without significance; rather, they are comparatively less determinative of patients' care experience relative to relational aspects and service responsiveness. These findings confirm that quality improvement efforts that place excessive focus on certain aspects, such as communication formalities or physical facilities, without addressing patients' core needs, risk generating an imbalance between the effort invested and the impact perceived by patients (Guzmán-Leguel & Rodríguez-Lara, 2025). This is consistent with the characteristics of a collectivist culture, which places interpersonal relationships and trust at the center of the healthcare experience.

Notwithstanding this, the presence of these attributes in Q4, as possible overkill, does not imply they warrant no attention; rather, it signals that excessive resource investment in these aspects without corresponding improvement in Q1 will create an imbalance between service effort and patients' perceived satisfaction.

At the inpatient ward level, the most immediate corrective measure is restructuring nurse-patient communication pathways by adopting structured communication methods, such as the SBAR approach, at every shift handover and clinical interaction (Yun et al., 2023). The implementation of scheduled and consistent nursing rounds, not merely medical rounds, will directly address the gaps identified in the attributes of timeliness, service consistency, and nurse availability (Bayram et al., 2023). Furthermore, designating a primary nurse or a patient-responsible nurse each day will establish personal accountability, encouraging nurses to be more proactive in providing attentive care, explanations, and emotional support to the patients under their care (Gonçalves et al., 2023).

Unit culture equally warrants attention. Ward heads need to actively cultivate an environment that values therapeutic interaction rather than the mere completion of physical tasks. This may begin with daily briefings that emphasize caring values, accompanied by routine feedback mechanisms grounded in brief satisfaction surveys whose results are directly accessible to the nursing team within the ward (Leep-Lazar & Stimpfel, 2024). At the hospital management level, periodic evaluation of nurse-to-patient ratios is necessary to ensure a proportional distribution of workload. Excessive workload is the root cause of most gaps identified in Q1, as nurses experiencing fatigue are unable to consistently maintain the quality of communication and attentiveness expected by patients (Niri et al., 2025). Hospitals also need to develop nurse performance evaluation systems that not only measure procedural technical accuracy, but also incorporate the caring dimension and therapeutic communication as measurable key performance indicators (Cheng et al., 2025).

In-house training programs focused on therapeutic communication, emotional management, and patient-centered care need to be established as routine agenda items rather than incidental activities (Hoek et al., 2025). Such training should ideally be accompanied by structured clinical supervision to ensure the desired behavioral changes are genuinely internalized in day-to-day practice and do not remain at the level of knowledge acquisition (Shahzeydi et al., 2024).

At the nursing policy level, these findings reinforce the need for national nursing care standards that explicitly encompass relational quality and communication indicators, extending beyond clinical procedures alone. Professional organizations and the Ministry of Health can develop accreditation instruments that incorporate the caring dimension and therapeutic communication as mandatory elements in the assessment of nursing service quality. Furthermore, nursing workforce development policies need to be directed toward the cultivation of a professional culture that positions the therapeutic relationship with patients as the cornerstone of nursing practice, in alignment with the development of the Magnet Hospital model, which has been demonstrated to improve patient satisfaction and nursing staff retention simultaneously (Rodríguez-García et al., 2020).

CONCLUSION

The findings of this study illustrate that the quality of nursing services in inpatient wards is not solely determined by the availability of facilities or nurses' technical competence, but is substantially shaped by the quality of therapeutic interactions directly experienced by patients. The gaps between importance and performance identified in Q1 do not reflect nurses' incapacity but rather reflect a service system that has not yet fully supported nurses in optimally expressing their caring capacity. Consequently, nursing quality improvement requires a simultaneous approach spanning individual nurses, unit management, hospital institutions, nursing education, and national policy, ensuring that the resulting changes are systemic and sustainable.

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Conflict of Interest

The authors declare that there are no conflicts of interest associated with the publication of this article. The authors hold no equity interests, have received no funding or honoraria, and have no affiliation with any organization that may stand to gain or lose from the publication of this article.

Ethical Approval

This study received ethical approval from the Research Ethics Committee of the Faculty of Health Sciences, Universitas Sulawesi Barat, before the commencement of data collection, under ethical clearance letter number 01-002/KEPK FIKES/2025. All research procedures were conducted in accordance with applicable research ethics standards. The rights, safety, and data confidentiality of all research participants were consistently upheld and safeguarded throughout the entire research process. All participants provided voluntary consent by signing an informed consent form before their involvement in the study.

Data Availability

The data supporting the findings of this study are available and may be obtained from the corresponding author upon reasonable request. The research data have not been made publicly available due to ethical and privacy considerations, to safeguard participants' identities and personal information.

Authors' Contributions

All authors made significant contributions to this study. The first author, Hermin Husaeni, was responsible for study design, data collection, drafting of the initial manuscript, substantive content, manuscript quality, and correspondence. The second and third authors, Boby Nurmagandi and Nurul Amaliah Sawal, contributed to data analysis and interpretation of the research findings. The fourth, fifth, sixth, and seventh authors, namely Ika Muzdalia, Aco Mursid, Muhammad Amin R, and Maryati, were involved in the critical revision of the manuscript in its entirety and provided substantive input on its content and quality. All authors have read, approved, and endorsed the final version of the manuscript submitted for publication.

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