

PATIENT SATISFACTION ON NURSING CARE: THE CASE OF GYNECOLOGY AND OBSTETRICS CLINICS

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Abstract: Nursing care is an effective factor to allow the quality of health care services to be at a desired level. The ethical principles of justice and honesty are important for improving the quality of nursing care and patient satisfaction. This study determined satisfaction levels for nursing care of patients hospitalized in gynecology and obstetrics clinics of different types of hospitals providing health care services. This is a descriptive and cross-sectional study. The sample consisted of 420 female patients hospitalized in gynecology and obstetrics clinics. The data were collected using the "Patient Socio-demographics Form" and "Newcastle Nursing Care Satisfaction Scale." The nursing care satisfaction level of the participants according to hospital were as follows: Hospital A 70.68±15.51, Hospital B 70.65±15.17, Hospital C 65.41±16.48, Hospital D 71.39±14.66, and in total 67.2±16.13. There were statistically significant relationships between nursing satisfaction levels of participants based on the hospital, marital status, age, income level, and length of hospital stay. Satisfaction levels of the participants regarding nursing care were above average. While the satisfaction levels were similar based on hospitals, the satisfaction levels for the private hospital, training and research hospital, and university hospital were higher than that of the public hospital.

Keywords: nurse, care, satisfaction, ethics

Satisfacción del paciente con el cuidado de enfermería: el caso de clínicas de ginecología y obstetricia

Resumen: El cuidado de enfermería es un factor efectivo en lograr la calidad al nivel deseado en el servicio del cuidado de salud. Los principios éticos de justicia y honestidad son importantes para mejorar la calidad del cuidado de enfermería y la satisfacción del paciente. El presente estudio determina los niveles de satisfacción del cuidado de enfermería de pacientes hospitalizados en clínicas de obstétrica y ginecología de diferentes tipos de hospitales que proporcionan servicios de cuidado de salud. Se trata de un estudio descriptivo y transversal. La muestra consistió de 420 mujeres pacientes hospitalizadas en clínicas de obstetricia y ginecología. Los datos se recolectaron usando el "Formulario sociodemográfico de pacientes" y la "Escala de satisfacción de cuidado de enfermería de Newcastle". Los niveles de satisfacción de cuidado de enfermería de los participantes de acuerdo a cada hospital fueron los siguientes: Hospital A 70.68±15.51, Hospital B 70.65±15.17, Hospital C 65.41±16.48, Hospital D 71.39±14.66, y el total 67.2±16. La relación entre los niveles de satisfacción del cuidado de enfermería de los pacientes basado en el hospital, estado marital, edad, nivel de salario y duración de estadía en el hospital fue estadísticamente significativa. Los niveles de satisfacción de los participantes respecto a los cuidados de enfermería se encontraron por encima del promedio. Mientras que los niveles de satisfacción eran similares basándose en hospitales, los niveles de satisfacción de los hospitales privados, de entrenamiento, investigación y universitarios fueron mayores que los de los hospitales públicos.

Palabras clave: enfermería, cuidado, satisfacción y ética

Satisfação do sobre cuidados de enfermagem: o caso das clínicas ginecológicas e obstétricas

Resumo: Cuidado de enfermagem é um fator importante para propiciar que a qualidade dos serviços de cuidados à saúde estejam em um nível desejado. Os princípios éticos de justiça e honestidade são importantes para melhorar a qualidade dos cuidados de enfermagem e a satisfação dos pacientes. Este estudo determinou os níveis de satisfação para cuidados de enfermagem de pacientes hospitalizadas em clínicas ginecológicas e obstétricas de diferentes tipos de hospitais que fornecem serviços de cuidados à saúde. Este é um estudo descritivo e de corte transversal. A amostra consistiu em 420 pacientes femininas hospitalizadas em clínicas ginecológicas e obstétricas. Os dados foram coletados utilizando-se o "Formulário Sócio-Demográfico do Paciente" e a "Escala de Satisfação com Cuidados de Enfermagem de Newcastle". O nível de satisfação dos participantes com cuidados de enfermagem de acordo com o hospital foram os seguintes: Hospital A 70.68±15.51, Hospital B 70.65±15.17, Hospital C 65.41±16.48, Hospital D 71.39±14.66, e no total 67.2±16.13. Houve relação estatisticamente significante entre níveis de satisfação com a enfermagem dos participantes com o hospital, estado civil, idade, nível de renda e tempo de hospitalização. Níveis de satisfação das participantes com respeito aos cuidados de enfermagem estiveram acima da média. Enquanto os níveis de satisfação foram similares entre os diferentes hospitais, os níveis de satisfação para os hospitais privados, hospitais de treinamento e pesquisa, e hospitais universitários foram mais altos que aqueles dos hospitais públicos.

Palavras chave: enfermeira, cuidado, satisfação, ética

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Introduction

The evaluation of the quality of health care services is very important to improve the quality of health care services provided today, provide high-quality health care services for all individuals, and enhance productivity of health care services(1-3). The most important determinant for evaluation of the quality of health care is the patient. The patient's view regarding the service provided and level of satisfaction are effective determinants of the quality of the service provided and allows adjustments to be made to provide improved services in accordance with the expectations of the patients(1,2,4,5).

Patient satisfaction is defined as "the fundamental measure providing information on to what extent values and expectations of a patient are met and indicating the quality of the care in which the major authority is the patient" by Donabedian(6). Nursing care and the relevant satisfaction, however, were initially defined as "the harmony between ideal nursing care and the nursing care that a patient actually receives" by Risser in 1975(7,8). Patient satisfaction may vary depending on a variety of factors including physical and environmental conditions of a hospital, hospital staff, and features of a hospital(9). One of the most important factors influencing the satisfaction of hospitalized patients is the nursing care(7,8,10).

Nursing is a profession whose field of interest is people and is based on care(1). The World Health Organization (WHO) defines nursing as "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people"(11). Health care is fundamental for human growth and development and is a lifelong requirement for each individual. Health care is not only unique to nursing, but also specific for nursing. The distinctive feature of health care as nursing care is that it combines moral and emotional aspects of care with professional knowledge and skills and then reflects it to the nurse-patient relationship. As the care involves independent functions of a nurse and functions helping an individual feel better, it is an important fac-

tor influencing satisfaction of hospitalized patients(1,2,12). High-quality care is a right for all patients and is the responsibility of all nurses(13). Nursing practices should be based on scientific knowledge and skills, professional ethics, laws and obligations. This will ensure the protection of the rights and security of the individual and society served, and the limits of the duties, powers and responsibilities of the members of the profession(14). The guiding ethical principles in the moral decisions of nurses regarding care are benefit, harmlessness, respect for autonomy, and justice. The ethical principles of justice and honesty are important for improving the quality of nursing care and patient satisfaction(14,15). Nursing care is an effective factor to allow the quality of health care services to be at a desired level. Thus, measurement of patient satisfaction is an important step when evaluating the quality of nursing care and health care services(12,16,17). Patient satisfaction requires nurses to spend time with patients, talk to them, explain what to do, meet their needs within an acceptable timeframe, support their relatives and friends, and be helpful, competent, and qualified in their occupation(17). Nursing care patient satisfaction in gynecology and obstetrics clinics and nurses' awareness of the subject are not at desired levels. The data obtained from these evaluations identifies strong and weak aspects of nursing services and allows recognition of conditions that increase or prevent patient satisfaction, and necessary measures for increasing patient satisfaction can be taken(10,17).

In studies conducted in the world and Turkey, the desired satisfaction level for nursing care of patients is seen. However, studies should be repeated periodically with different populations, hospitals, and clinics and databases should be established for taking necessary measures(2-4,8,10,12,16-23).

This study is original because it was done in different types of hospitals and only in gynecology and obstetrics clinics.

Research Questions

What are the descriptive characteristics of patients?

What are the hospitalization characteristics of patients?

What are the satisfaction levels with nursing care of patients hospitalized in gynecology and obstetrics clinics?

How do patient characteristics affect satisfaction levels with nursing care when hospitalized in gynecology and obstetrics clinics?

Aim

This study determined levels of satisfaction with nursing care of patients hospitalized in gynecology and obstetrics clinics of different types of hospitals providing health care services.

Methods

Type of Study

This study was descriptive and cross-sectional.

Population and Study Sample

The study was conducted in Adana province, which is located in the southern part of Turkey. The population of the study was 3871 patients who were hospitalized during a one-month timeframe in gynecology and obstetrics clinics of a university hospital (Hospital A), a training and research hospital (Hospital B), a maternity and children's hospital (Hospital C), and a private hospital (Hospital D). The sample size was calculated with the "National Statistical Service Sample Size Calculator". Sample number determined with a margin error of 5% and a confidence interval of 95% was 350. Because data loss may occur in the study, the sample number was increased by 20%. The study was planned for at least 420 patients and completed with 420 patients. For the sample, patients who were hospitalized in gynecology clinics of the defined hospitals for at least

one day between the dates the questionnaire was applied, were about to be discharged from the hospitals, were 18 or older, could read and write in Turkish, had no medical obstacle to participate in the study, were conscious, and participated in the study voluntarily were included. Patients included in the sample were selected using the stratified random sampling method. Strata were formed according to number of patients admitted to the hospitals during 1 month (Table 1).

Data Collection

Data were collected between January 01-31, 2016 using the "Patient Identification Questionnaire" and "Newcastle Satisfaction with Nursing Care Scale (NSNCS)," which measures patient satisfaction with nursing care.

The "Patient Identification Questionnaire" was developed by the researchers' status, income level, education level, social security, employment status, history of previous hospitalizations, duration of hospitalization stay, and nursing care comparing the previous and current hospitalizations. The questionnaire included 11 questions about hospitalization location, gender, age, marital status, level of income, educational level, social security, status of employment, history of previous hospitalizations, duration of stay during the last hospitalization and improvement in regard to nursing care during previous and current hospitalizations.

The "Newcastle Satisfaction with Nursing Care Scale" was developed by Thomas et al. in 1996. Akın and Erdogan performed validity and reliability studies in Turkish in 2007(18). NSNCS is a 5-point Likert scale comprised of 19 items regarding nursing care. In the scoring used for sa-

Hospital	Total Number of Patients Hospitalized	Patient Ratios (%)	Number of Participating Patients
Hospital A	570	14.13	60
Hospital B	554	14.13	60
Hospital C	2342	59.5	250
Hospital D	405	11.9	50
Total	3871	100.0	420

Table 1. Number of patients included in the sample using the stratified random sampling method (n: 420).

Characteristic	n	%
Age		
≤ 25	151	36.0
26-35	180	42.9
≥ 36	89	21.2
Marital Status		
Married	411	97.9
Single	9	2.1
Educational Level		
Uneducated	60	14.3
Primary school	211	50.2
High school	117	27.9
University and above	32	7.6
Social Security		
Yes	363	86.4
No	57	13.6
Employment Status		
Unemployed	371	88.3
Employed	49	11.7
Total	420	100

Table 2. Percentage distribution according to descriptive characteristics of the patients (n: 420).

tisfaction level, the options are “1- Not satisfied at all, 2- Rarely satisfied, 3- Satisfied, 4- Very satisfied, and 5- Fully satisfied.” Score evaluation is performed by summation of scores from all items in the scale. The maximum score obtainable is 95 and the minimum score is 19. The total score determined for each patient was converted to a 100-point scale and then evaluated. A total score of 100 indicates all aspects of nursing care are satisfying. The Cronbach’s alpha of the satisfaction scale is 0.96(18).

The researchers collected the questionnaires sealed in an envelope 30 minutes after they were delivered to the patients.

Statistical Analysis

Data were analyzed using IBM SPSS 20.0 (Statistical Package for the Social Sciences) program using descriptive and parametric statistical analysis methods. Descriptive statistical analyses involved calculation of means, standard deviations, frequencies, and minimum and maximum values. Comparisons were performed using a t-test

for the comparisons of two groups and one-way ANOVA for the comparison of three or more groups. The statistical significance level was 0.05.

Ethical statement

Approval from a University Faculty of Medicine Non-Invasive Clinical Research Ethics Committee was obtained on July 3, 2015 (44/39), and permission from the hospitals and informed consent from the patients participating in the study were obtained. Permission regarding the use of the Newcastle Satisfaction with Nursing Care Scale was obtained from Akin and Erdogan (18), who had conducted validity and reliability studies of the scale in Turkey.

Results

In table 2, descriptive characteristics of the patients are given. The mean age of the patients was 30.34±8.91, 42.9% were within the age range of 26-35, 97.9% were married, 50.2% were primary school graduates, 88.3% were employed, and 86.4% had social security (Table 2).

Characteristic	n	%
Hospital		
Hospital A	60	14.2
Hospital B	60	14.3
Hospital C	250	59.5
Hospital D	50	12.0
Previous Hospitalization History		
Once	101	24.0
Twice	137	32.6
Three times	98	23.3
Four or more times	84	20.0
Hospital Stay Duration		
1 day	111	26.4
2 days	206	49.0
3 or more days	103	24.5
Previous Hospitalization History in the Same Hospital		
Those hospitalized	319	76.0
Those not hospitalized	101	24.0
Total	420	100

Table 3. Percentage distribution of patients' characteristics regarding status of hospitalization (n: 420).

The distribution of patients' characteristics regarding status of hospitalization is given in Table 3. It was determined that 59.5% were hospitalized in Hospital C, 49.0% were hospitalized for 2 days, 32.6% were previously hospitalized twice, and 76.0% were previously hospitalized at the same hospital (Table 3).

The mean NSNCS score was 67.6 ± 16.13 (min-max: 21-100).

Table 4 shows the distribution of patient satisfaction level with the nurses. The patients stated they were least satisfied with the following nursing care practices: **“the way the nurses made you feel at home”** 7.9% (33), **“how nurses listened to your worries and concerns”** 6.9% (29), and **“the way nurses explained things to you”** 3.8% (16) (Table 4). On the other hand, the patients stated they were most satisfied with **“the amount of privacy nurses gave you”** 26.0% (109), **“how often nurses checked to see if you were okay”** 20.2% (85), and **“how quickly nurses came when you called for them”** 19.3% (81) (Table 4).

The distribution of patients according to characteristics of their mean satisfaction with nursing care scores is given in Table 5. When the mean NSNCS scores of the patients by hospital were examined, the mean score of the patients in Hospital A was 70.68 ± 15.51 , in Hospital B was 70.65 ± 15.19 , in Hospital C was 65.41 ± 16.48 , and in Hospital D was 71.39 ± 14.66 . The difference ($p=0.008$) between the hospital in which the patient was hospitalized and satisfaction level of nursing care was statistically significant ($p<0.05$). The mean NSNCS scores of the patients hospitalized in the private hospital were higher than in the other hospitals (Table 5).

When we examined the mean NSNCS scores by age of the patients, the difference between mean satisfaction with nursing care scores by age of the patients ($p=0.000$) was statistically significant ($p<0.05$). As the age of the patients increased, their level of satisfaction also increased (Table 5).

When we examined the mean NSNCS scores by marital status, the difference ($p=0.014$) between marital status of the patients and mean NSNCS scores was statistically significant ($p<0.05$). Single

ITEMS OF SCALE	Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied
	% (n)	% (n)	% (n)	% (n)	% (n)
1. The amount of time spent with you	3.3 (14)	16.2 (68)	41.0 (172)	24.0 (101)	15.5 (65)
2. How capable nurses were at their job	2.1 (9)	11.9 (50)	42.6 (179)	27.9 (117)	15.5 (65)
3. There always being a nurse around if you needed on	3.1 (13)	16.4 (69)	38.8 (163)	25.7 (108)	16.0 (67)
4. The amount nurses knew about your care	1.4 (6)	10.2 (43)	41.2 (173)	31.2 (131)	16.0 (67)
5. How quickly nurses came when you called for them	3.1 (13)	21.7 (91)	32.9 (138)	23.1 (97)	19.3 (81)
6. The way the nurses made you feel at home	7.9 (33)	28.3 (119)	32.6 (137)	16.9 (71)	14.3 (60)
7. The amount of information nurses gave to you about your condition and treatment	3.1 (13)	14.0 (59)	39.0 (164)	28.8 (121)	15.0 (63)
8. How often nurses checked to see if you were okay	2.9 (12)	18.6 (78)	38.1 (160)	20.2 (85)	20.2 (85)
9. Nurses' helpfulness	1.9 (8)	8.3 (35)	41.2 (173)	31.7 (133)	16.9 (71)
10 The way nurses explained things to you	3.8 (16)	13.8 (58)	38.8 (163)	28.8 (121)	14.8 (62)
11. How nurses helped put your relatives' or friends' minds at rest	3.1 (13)	21.2 (89)	38.8 (163)	22.9 (96)	14.0 (59)
12. Nurses' manner in going about their work	3.1 (13)	15.2 (64)	34.8 (146)	30.2 (127)	16.7 (70)
13. The type of information nurses gave to you about your condition and treatment	2.9 (12)	15.0 (63)	37.9 (159)	30.5 (128)	13.8 (58)
14. Nurses' treatment of you as an individual	3.3 (14)	14.0 (59)	35.0 (147)	31.0 (130)	16.7 (70)
15. How nurses listened to your worries and concerns	6.9 (29)	20.0 (84)	35.7 (150)	21.7 (91)	15.7 (66)
16. The amount of freedom you were given on the ward	2.4 (10)	13.1 (55)	36.9 (155)	28.8 (121)	18.8 (79)
17. How willing nurses were to respond to your requests	3.6 (15)	14.8 (62)	36.7 (154)	31.7 (133)	13.3 (56)
18. The amount of privacy nurses gave you	1.2 (5)	8.6 (36)	32.9 (138)	31.4 (132)	26.0 (109)
19. Nurses' awareness of your needs	3.6 (15)	13.6 (57)	38.8 (163)	26.7 (73)	17.4 (73)

Table 4. Percentage distribution of patient satisfaction with nursing care (n: 420).

patients had higher mean NSNCS scores compared to those who were married (Table 5).

When we examined mean NSNCS scores by educational level of the patients, the difference ($p=0.037$) between educational level and mean NSNCS scores of the patients was statistically significant ($p<0.05$). Patients with educational levels of university or above had higher mean satisfaction with nursing care scores than other educational levels (Table 5).

When we examined the mean NSNCS scores by duration in the hospital, the difference ($p=0.013$) between the duration of hospital stay and the mean satisfaction with nursing care scores of the patients was significant ($p<0.05$). Mean satisfaction with nursing care scores of patients hospitalized for 3 or more days was higher than for shorter stays (Table 5).

No statistically significant difference was determined between status of having social security

Characteristics	n	%	M±SD	t value	F value	p value
Hospital						
Hospital A	60	14.2	70.68±15.514		3.983	0.008
Hospital B	60	14.3	70.65±15.197			
Hospital C	250	59.5	65.41±16.480			
Hospital D	50	11.9	71.39±14.669			
Age						
≤ 25	151	36.0	65.12±16.281		9.146	0.000
26-35	180	42.9	66.64±16.140			
≥ 36	89	21.2	73.86±14.330			
Marital Status						
Married	411	97.9	67.34±16.142	-2.473		0.014
Single	9	2.1	80.70±8.885			
Educational Level						
Uneducated	60	14.3	70.25±17.336		2.849	0.037
Primary school	211	50.2	65.62±16.730			
High school	117	27.9	68.49±13.178			
University and above	32	7.6	72.76±18.129			
Social Security						
Yes	363	86.4	67.74±15.484	0.370		0.712
No	57	13.6	66.89±19.917			
Employment Status						
Unemployed	371	88.3	67.44±15.90	-0.635		0.526
Employed	49	11.7	69.0±17.909			
Previous Hospitalization History						
Once	101	24.0	70.64±15.298		1.817	0.143
Twice	137	32.6	65.90±17.179			
Three times	98	23.3	66.72±15.724			
Four or more times	84	20.0	67.86±15.564			
Hospital Stay Duration						
1 day	111	26.4	69.63±17.075		4.393	0.013
2 days	206	49.0	65.27±15.799			
3 or more days	103	24.5	70.17±15.195			

Table 5. Distribution of patient characteristics and their mean satisfaction with nursing care scores (n: 420).

($p=0.712$), status of employment ($p=0.526$), and history of previous hospitalizations ($p=0.143$) and the mean satisfaction with nursing care scores ($p>0.05$) (Table 5).

Discussion

In a study conducted by Haile Eyasu et al.(4), 52.5% of the participants were satisfied with their nursing care. Tang et al.(10) found patients were moderately satisfied (3.13 ± 0.68) with the nursing care they received. In our study, the total mean patient NSNCS score was moderate (67.62 ± 16.132), similar to Haile Eyasu et al.(4), Ahmed et al.(23), Tang et al.(10) and Gecgil et al.(24). In contrast to our study, the satisfaction level of patients with preeclampsia in a study conducted by Uzun (20) was high.

The study indicated that the patients were least satisfied with the nursing practices “the way the nurses made you feel at home”, “how nurses listened to your worries and concerns” and “the way nurses explained things to you”, whereas they were most satisfied with “the amount of privacy nurses gave you”, “how often nurses checked to see if you were okay” and “how quickly nurses came when you called for them” (Table 4). This suggests that nurses do not approach the patients holistically and they do not utilize psychologic and social aspects of nursing. The study by Akin and Erdogan(18) conducted to indicate the satisfaction level of patients with nursing care reported that respect for privacy is one of the nursing practices with which the patients are satisfied, which supports this study.

Kaya(20) reported the satisfaction levels of patients hospitalized in a maternity and children’s hospital and a training and research hospital were higher than those hospitalized in a university hospital. In a study conducted by Bulut and Tashan(2), the satisfaction level of patients who had previous cesarean sections in a private hospital was higher than those who had them in other hospitals. In our previous study as well as the current study, the satisfaction level of patients hospitalized in a private hospital was higher than in other hospitals (Table 5).

In studies in which the satisfaction of patients

with nursing care was evaluated, the level of satisfaction of the patients increased as their age increased(3,16,18,19). Similarly, we found the difference ($p=0.000$) between the age of the patients and their mean satisfaction with nursing care was significant ($p<0.05$) and their level of satisfaction increased as their age increased (Table 5). Unlike our study, Haile Eyasu et al.(4) reported the satisfaction level of 18-30 year old patients was higher than for elderly patients. In a study conducted by Tang et al.(10), there was no significant difference in patient satisfaction between the patients over the age of 60 ($M = 2.12$, $SD = 0.60$) and under the age of 60 ($M = 2.19$, $SD = 0.60$) ($p>0.05$).

Educational level of patients may influence their satisfaction level with nursing care positively or negatively(8,17). When examining other studies, some report increased educational level reduced level of satisfaction(3,5,12,24). whereas others report educational level of patients did not influence their level of satisfaction with nursing care(2,16,18,19,21,22). In our study, the difference ($p=0.037$) between educational level of the patients and their mean satisfaction with nursing care was significant ($p<0.05$). The mean satisfaction with nursing care of patients with university degrees and above was higher than other educational levels (Table 5).

In parallel with our study, Bulut and Tashan(2) and Kaya(21) reported no significant differences between attendants’ status of employment and health insurance and their levels of satisfaction with nursing care received (Table 5).

When the difference of patients’ duration of hospital stay and their levels of satisfaction with nursing care was examined, Demir(16), Ozşaker and Kayrakçı(3), and Kaya(21) reported no difference between duration of hospital stay and levels of satisfaction. In our study, however, level of satisfaction of the patients with a stay of 3 or more days was higher than with shorter stays (Table 5).

Limitations of the Study

The study is limited to patients hospitalized in Clinics of Gynecology and Obstetrics of four major hospitals of different types in Adana province.

Conclusion and recommendation

In our study conducted in gynecology and obstetrics clinics, patient satisfaction with nursing care was moderate, and the patients stated that nurses did not approach them holistically and had a lack of spirituality. Patient satisfaction of those in the private hospital was higher than in state, university, and private specialty hospitals. Levels of satisfaction increased as patient age and educational level increased, and the levels of satisfaction of single patients were higher than those who were married. The levels of nursing care satisfaction of patients hospitalized for 3 or more days were higher than patients hospitalized for a shorter time.

According to these data, we recommend:

- Making necessary modifications after reviewing the contents of nursing education in terms of scientific knowledge and skills, professional ethics, laws and obligations.
- Organizing in-service training programs for graduate nurses based on satisfaction levels of the patients with nursing care.
- The administrators to develop a quality of life program to investigate and improve the work life quality of nurses.
- Providing a positive atmosphere in health care institutions to allow nurses to provide patients with better care.
- Conducting qualitative research about the factors influencing the quality of nursing care.
- Using periodic studies to determine patient satisfaction and the affecting factors.

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Implications for nursing management

Patient satisfaction is based upon sufficiency of the provided service in meeting patients' expectations and perception of this service by the patients. In this regard, periodical measurement of patient satisfaction, which is an important indicator concerning nursing services, hence, health services, is important in determining the situations leading to dissatisfaction, finding appropriate solutions, making necessary regulations by nurses in practices concerning patient care and development of health care services.

Studies concerning patient satisfaction and determination of influencing factors, which were or will be conducted, can be used as a guide for planning and executing high-quality nursing care for nurses and head nurses.

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Conflicts of Interest

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