



TURKISH REPUBLIC OF NORTH CYPRUS
NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES

**THE DETERMINATION OF ANXIETY LEVEL AND PERCEPTION
OF NURSING CARE OF SURGICAL AND INTERNAL MEDICINE
PATIENTS**

UMMULKHAIR ADO SANI

MASTERS THESIS

DEPARTMENT OF NURSING

SUPERVISOR

Assist. Prof. AYŞEGÜL SAVAŞAN

NICOSIA

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THESIS APPROVAL CERTIFICATE

The thesis study of Nursing Department graduate student Ummulhair Ado Sani with student number 20194970 titled "THE DETERMINATION OF ANXIETY LEVEL AND PERCEPTION OF NURSING CARE OF SURGICAL AND INTERNAL MEDICINE PATIENTS" has been approved with unanimity / majority of votes by the jury and has been accepted as a Master of Nursing Thesis.

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Jury Members Signature

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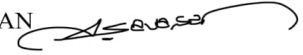
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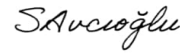
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I hereby declare that all information in this document has been obtained and presented in accordance with the academic rules and ethical conduct. I also declare that, as required by the thesis rules and conduct, I have fully cited and referred all materials and result that are not original to my work.

Date: 21.06.2021

Signature:

ACKNOWLEDGEMENT

I dedicated this thesis to my father, although you are no longer physically present in my life I still feel your impact every day, thank you abba, May your soul continue to Rest in Peace ameen.

To my family, my mum, my aunt, ya aminu, ya halifa and the minors thank you for giving me all. To all relatives, friends and others who in one way or another share their support, I thank you.

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ABBREVIATIONS

WHO World Health Organisation

CBI-24 Caring Behavior Inventory-24

BAI-21 Beck Anxiety Inventory-21

YDU Yakın Doğu Üniversitesi

ENC Enclosure

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TÜRKÇE ÖZET

Ummulkhair ADO SANI

Yrd. Doç. Dr. Ayşegül SAVAŞAN

Hemşirelik

Amaç: Bu çalışmanın amacı cerrahi ve dahiliye hastalarının anksiyete düzeylerini ve hemşirelik bakım algısını araştırmaktır.

Materyal Method: Kesitsel ve tanımlayıcı nitelikteki bu çalışma Yakın Doğu Üniversitesi Hastanesi cerrahi ve dahiliye kliniklerinde, Eylül-Aralık 2020 tarihleri arasında yapılmıştır. Çalışmaya 47 hasta katılmıştır. Veri toplanmasında kişisel bilgi formu, Beck Anksiyete Envanteri ve Bakım Davranış Envanteri-24 kullanılmıştır.

Bulgular: Araştırmaya katılan hastaların yaş ortalaması 57.12 ± 19.04 'dür. Hastaların çoğunluğu erkek (%55.3), 66 yaş ve üzeri (%40.5), evli (%57.4), lise mezunu (%29.8) ve emeklidir (%38.3). Hastaların büyük çoğunluğu cerrahi hastasıydı (%63,8). Hastaların Beck Anksiyete puanı 26'dır. Hastaların Bakım Davranışı Envanteri'nden aldıkları puanlar güvence alt boyutu için 5.37, bilgi ve beceri alt boyutu için 5.2, saygılı olma alt boyutu için 5.33, bağlılık alt boyutu için 5.4 ve toplam bakım davranışı için 5.29'dur.

Sonuç: Hastalar orta düzeyde kaygıya ve yüksek bakım kalitesi algısına sahiptir. Beck Anksiyete ile CBI-24 ve alt ölçekleri arasında ilişki yoktur.

Anahtar Kelimeler: Anksiyete, Hemşirelik bakımı, Bakım davranışı, Dahiliye hastaları, Cerrahi hastaları

ABSTRACT

Ummulkhair ADO SANI

Assist. Prof. Ayşegül SAVAŞAN

Nursing

Aim: The aim of this study is to investigate surgical and internal medicine patients' anxiety level and perception of nursing care.

Material and Method: This cross-sectional and descriptive study was conducted in the surgical and medical clinics in Near East University Hospital between September and December 2020. 47 patients were participated to the study. For collecting data, the personal information form, Beck Anxiety Inventory and Caring Behavior Inventory-24 were used.

Findings: The mean age of the patients who participant to the study was 57.12±19.04. The majority of patients were male (55.3%), at age group of 66 and above (40.5%), married (57.4%), having high school education (29.8%) and retired (38.3). The majority of patients were surgical patients (63.8%). The score of the Beck Anxiety of patients was 26. The scores of the patients from the Caring Behavior Inventory were 5.37 for the assurance subscale, 5.2 for the knowledge and skill subscale, 5.33 for the respectful subscale, 5.4 for the connectedness subscale and 5.29 for the total caring behavior.

Result: Patients have a moderate level of anxiety and high perception of quality of care. There is no correlation between Beck Anxiety and CBI-24 and subscales.

Keywords: Anxiety, Nursing care, Caring behavior, Medical patients, Surgical patients.

1. INTRODUCTION

Anxiety is portrayed as a state in which an individual goes through a sensation of nervousness, together with stimulation of the autonomous nervous system, in reply to an unspecified and vague threat (Gross and Hen, 2004). High levels of anxiety do occur as a result of cardiovascular function alteration and lowered immune response such as vascular inflammation, impaired heart rate variety, and endothelial dysfunction which might lead to severe clinical outcomes (Fehder, 1999; Munk et al., 2012).

One of the significant ways of treating patients in healthcare system is surgical intervention, which is a procedure used to treat, minimize and fix deformities and defects (Cimilli, 2001). Surgical intervention may be viewed as a source of stress for the client and a negative life experience. Unknowns of action, fear of complications and the outcome of the operation and hospital setting can cause anxiety in the patient (Akinsulore et al., 2015; Mulugeta et al., 2018). Self-identified preoperative state anxiety is reported to be associated positively with postoperative state anxiety. Anxiety may also play a role in assessing the length and consistency of the recovery period. There have been studies of connections between preoperative anxiety and postoperative mood and pain (Munafo and Stevenson, 2001).

Caring is described as a series of behaviors displayed in the nurse-patient relationship that include awareness, skills and unique attitudes (Leyva et al., 2015). Caring behaviors can be characterized as unique, identifiable and measurable acts performed by nursing professionals that give patients an impression or rely on them to determine whether or not they feel cared for (Clark, 2016). Caring grows in an intimate relationship with patients that nurses build and is focused on trust and protection. The strength and inner essence of the relationship contributes to intense emotions and mutual emotional experiences (Romero Martin et al., 2019).

One of the important metrics that provide an indication of the standard of nursing care is the views of patients regarding the care they take. To enhance the standard of nursing

care, recognizing and assessing the views of patients is critical (Ahmad and Alasad, 2004).

Patient satisfaction is regarded as the basic measure that demonstrates the standard of care where patients are the basic authority and provides information on the level of fulfillment of expectations and values of patients (Heidegger et al., 2002). Two factors determine patient satisfaction. The first aspect is the expectations of patients. Scientific, administrative and behavioral characteristics can be defined as standards that patients look for and want to see in health institutions and differ according to age, gender, level of education, sociocultural characteristics, past experience in health care and health institutions. The second aspect is the understanding of patients of the care they have received. Perceptions are assessed on the basis of patient views or evaluations regarding the services they were offered and the development process of the service. The awareness factor differs depending on the characteristics of patients and their prior encounters with health institutions (Westaway et al., 2002; Bowers et al., 1994). In terms of nursing facilities, patient satisfaction is directly linked to assisting individuals so they can administer their own care, making individuals fulfill their own care and needs, and training individuals during this process (Mira and Aranaz, 2000). Patient satisfaction consists of the experience of nursing care (Grau et al., 2003) after hospitalization and before the discharge of the patient from the hospital. It is stated that nursing services are the most significant factor affecting the satisfaction of patients in terms of hospital care (Lane et al., 2000).

It is mentioned that the expectations of nursing care of patients are a key point to be based on care and should be seen from the viewpoint of the patient (Levenson et al., 1990). It is also important to know the expectations of the patient about the treatment rendered in order to improve the standard of nursing care. The ongoing assessment of nursing care with valid and accurate evaluation instruments is very critical, making the required arrangements in terms of patient needs to improve the quality of nursing services. The positive views of nursing care by patients would make an important contribution to enhancing the capacity of the patient to cope with the disease, its adaptation, and the power of self-care (Bowers et al., 1994; Mira and Aranaz, 2000).

1.1 Aim of the study

The aim of this study is to investigate surgical and internal medicine patients' anxiety level and perception of nursing care.

1.2 Research Questions

1. What is the correlation between sociodemographic characteristics of patients and anxiety level?
2. What is the correlation between socio-demographic characteristics of patients and perception of nursing care?
3. Do anxiety levels of patients have an effect on their states of perceiving nursing care?
4. Are there any differences the anxiety levels of surgical patients and internal medicine patients?
5. Is there any difference perception of care of surgical patients and internal medicine patients?

2. GENERAL INFORMATION

Anxiety is a temporary emotional state characterized by feelings of tension, nervousness, anxiety, fear, grief, and with a high level of autonomic nervous system activity, which is often associated with stress and mental health issues, as well as the physical effects. Disease, pain, the unknown, the setting, the action are the sources of anxiety and fear during a visit to the hospital (Ebirim and Tonin, 2019).

Preoperative anxiety is a common emotional response to it, that is, a patient can experience during the treatment, a surgical intervention. This is most likely due to the worry of the unknown, and the widespread concern about the risks associated with the surgery (Kagan and Bar-Tal, 2008).

Preoperative anxiety is associated with a high incidence of post-operative pain, delayed recovery and discharge from the hospital. In addition, anxiety can have a negative effect on the induction of anesthesia and recovery, as well as the reduction in the patient's degree of satisfaction with their perioperative experience (Bayrak et al., 2019).

Preoperative anxiety is a major challenge for preoperative care of the patient. It is during this period of time, and the patient will have to spend the majority of their time in the hospital for pre-op nurses and health care professionals will need to be a professional relationship based on trust and confidence (Bayrak et al., 2019). Thus, the behavior and the professionalism of the staff, and their actions will have a direct impact on the patient's feelings of fear and anxiety during a stressful time. Proper care, the intervention is the need of the patient during the preoperative period (Komolafe et al., 2015).

2.1. Medical-Surgical Intervention

Surgical intervention, which is a method used for diagnosis, treatment, reduction of symptoms, and correction of deformities and defects, is one of the important events in human life (Cimilli, 2001). Surgical intervention can be perceived as a source of stress and a negative life experience for the individual. Unknowns about intervention, fear of

complications and result of the operation and hospital environment may cause the patient to experience anxiety (Akinsulore et al., 2015; Mulugeta et al., 2018).

It is reported that self-reported preoperative state anxiety is positively correlated with postoperative state anxiety. Also, anxiety might play some part in determining the duration and quality of the recovery period. Associations between preoperative anxiety and postoperative mood and pain have been reported. A high degree of pre-operative anxiety is directly related to the post-operative complications, and recovery time (Munafo, 2001).

2.1.1. Perioperative

The three different time periods of perioperative are:

- (1) Preoperative: The period before being admitted to the pre surgical care unit till transfer to the operating room.
- (2) Intraoperative: The period spent in the operating room until transfer to the recovery unit.
- (3) Postoperative: The period spent in the recovery unit until transfer to the inpatient ward (Linonen et al., 2001).

2.1.2. Role of perioperative nurses

The main goal of perioperative care is to maintain quality of life, in order to ensure a safe and secure environment for the patient before, during, and after surgery. Within the perioperative stage, vulnerability of patients is very high leading to high dependency on the surgical staff (Miettinen et al., 2017). Perioperative nurses provide an environment where patients get the possible best support during the time of the perioperative procedure (Forsberg et al., 2015). The main purpose of these nurses is:

1. To ensure the safety of patients.
2. To detect, prevent, and treat early complications, especially those related to surgical-complications, before they progress into more dangerous or even problems that are life-threatening (Vimlati et al., 2009).

The responsibility for the creation and maintenance of a sterile and surgically safe environment, provision of preoperative and postoperative patient education, monitoring the patient's emotional and physical state, as well as the integration and coordination of

patient care throughout the surgical care continuum are the perioperative nurse's responsibilities (Reynolds and Carnwell, 2009). It is of paramount importance to grant the patient the opportunity to evaluate the care he or she received due to the importance of the perioperative nursing to the patient (Fridlund et al., 2002) .

It is the most important part of the preop nurses, these are the psychological and / or emotional support to the patient and family by providing them with an opportunity to reflect on their experiences, hopes, fears, and worries. In the preoperation, nurses provide patient-and family-centered care, as well as to encourage the patient and family to take an active role in all phases of the operation (Miettinen, 2017).

2.2. Anxiety

Anxiety is the feeling of worry, tension, unease, and apprehension as a result of response to internal and external stimuli that can have physical, emotional, cognitive, and behavioral symptoms (Videbeck, 2013). Everyone experiences fear at some level, in the different stages of their lives. A mild deviation from normal may be at least one is under stress. The reaction occurs and is experienced by a person in response to stress and / or anxiety disorders. A certain amount of anxiety is a normal defense mechanism by which people will motivate you to take the appropriate action. On the other hand, there is a great deal of anxiety, which can have a negative impact on an individual (Mulugeta et al., 2018). In mild anxiety, patients may experience symptoms, such as irritability, anxiety, the symptoms, from mild discomfort to unhealthy habits, like nail biting, finger, or foot-tapping on it (Frazier et al., 2002).

In severe anxiety, individual shows difficulty in thinking and reasoning. The person is not in a position to learn new skills, solve problems, and do not be in a position to find out what's available (DeLano, 2017)

The period of perioperative is among the most worrying events for most surgical patients. It usually triggers cognitive, physiological, and emotional responses. The aim of perioperative nursing care is to give a patient better environments and quality of life before, during and after operation (Sigdel, 2015).

2.2.1. Preoperative anxiety

In preoperative patients' care, preoperative anxiety is a challenging problem. An expected reaction to the potentially life-threatening and unpredictable circumstances is usually a low level of anxiety. A lot of patients in the preoperative stage do experience anxiety and it is usually regarded as a common patient response (Sigdel, 2015; Boker et al., 2002). Preoperative anxiety comes with various patients' postoperative complications, and among these complications is pain. Post-operative patients usually undergo pain as a result of preoperative anxiety which is a common factor. Pre-operative anxiety does lead to various complications such as vomiting, nausea, cardiovascular disturbances such as hypertension and tachycardia. Research has revealed that a vast percentage of surgical patients do undergo considerable preoperative anxiety (Bailey, 2010; Pokharel et al., 2011). The level of anxiety exhibit by patients depends on many factors such as the susceptibility of patient to preoperative anxiety, gender, age, past experiences with the surgery, socioeconomic status, educational status, proposed surgery's type and extent, current health status. (Mulugeta et al., 2018; Pritchard, 2009).

2.2.2. Causes of pre-operative anxiety

A lot of factors that play a role in the development of pre-operative anxiety. A recent study has shown that a lack of information from a variety of sources, such as television, the Internet, newspapers, magazines, or one of the members of the family, may lead to erroneous interpretations and misunderstandings of your medical information, which, in turn, increases the anxiety of the patients (Erkilic et al., 2017).

In a study of the University of Port Harcourt teaching hospital, suggests that the majority of the patients are afraid of the pain, and mistakes can be made during the surgical procedure, and it is not enough to get all the attention during the surgical procedure (Ebirim and Tobin, 2010).

In a study done in North West Ethiopia showed that one of the main causes of pre-operative anxiety, fear of surgery, complications, and how to take care of the home, and the fear of post-operative pain. Other factors, such as changes in the environment, and the anxiety for a physical disability, and economic loss, loss of wait for the operation to

be nil per oral use, but the use of needles, and self-awareness during the procedure, the experience in the past with surgery, and were responsible for the increase of pre-operative anxiety (Mulugeta et al., 2018).

In a study conducted in south-west Ethiopia showed that the use of variables, such as marital status, level of education, income, occupation, level of pain, suffering, experience, and knowledge of the type of anesthesia, duration of surgery, pre-operative anxiety is related to the information, in the course of pre-operative anxiety. The current state of health, self-esteem, and a history of cigarette smoking, are risk factors for preoperative anxiety (Goodman and Spry, 2017).

The operation is generally considered to be the most important change in the life of the patient, and the changes in their life that causes anxiety. The admission to the hospital is activating anxiety disorders, regardless of the disease, then a visit to the hospital, and most of the time when they have a health problem. Thus, in order for a patient to prepare for the surgery, and there are, of course, is to note the increase in the anxiety disorders (Bedaso and Ayalew, 2019).

Researchers have found a correlation between high levels of anxiety, and a higher incidence of nausea and vomiting. Previous studies have reported that the cause of pre-operative anxiety is the fear of the pain, and then it is more difficult to control post-operative pain. There is a positive correlation was found between preoperative anxiety and postoperative pain scores in the patients (Ali et al., 2013).

Pre-operative anxiety is more of a disadvantage in the post-operative period. Complications, such as pain, nausea, vomiting, increased fatigue, increased discomfort, high blood pressure, heart rate, additional bed, rest, sleep, fatigue, energy shortages, and increasing fear of movement and daily activities, with the potential for quality of life. It also has implications for return-to-work, and the dose of the drug. Thus, a high degree of pre-operative anxiety is directly related to the post-operative complications, and recovery time (Kagan and Bar-tal, 2008).

2.3. Nursing Care

2.3.1. Care

Caring grows in an intimate relationship with patients that nurses build and is focused on trust and protection. The strength and inner essence of the relationship contributes to intense emotions and mutual emotional experiences (Romero Martin et al., 2019). One of the important metrics that provide an indication of the standard of nursing care is the views of patients regarding the care they take. To enhance the standard of nursing care, recognizing and assessing the views of patients is critical (Ahmad and Alasad, 2004).

2.3.2. Nursing care

Nursing care focuses on promoting health and to support, help, and educate the patient through liberating the patient's own resources. Nursing care depends on participation and interaction for the purpose of satisfying personal and universal needs relating to daily life, needs that have been hampered by ill health. Professional nursing care depends on systematic scientific methods and theoretical knowledge (Ahmad and Alasad, 2004).

It is noted that the patients in a variety of settings, such as cancer, long-term care, intensive care, or mental health units reporting to different perceptions of nurse caring behaviors as well (Attree, 2001). Nursing care should depend on a dynamic relation between nurse and patient and should be geared towards instruction and should rely on professional research findings (Ahmad and Alasad, 2004).

3. MATERIAL AND METHOD

3.1. Study Design

The research employed cross sectional and descriptive design to investigate surgical and internal medicine patients' anxiety level and perception of nursing care.

3.2. Study Setting

The study was conducted in the surgical and internal medicine clinics of Near East University Hospital. Near East University Hospital is the biggest and one of the main clinical centers in North Nicosia, Northern Cyprus. It is affiliated with the Near East University Faculty of Medicine. The NEU Hospital has a 55,000 square-meter closed location with 209 personal single patient rooms, eight working theatres, 30-bed Intensive Care Unit, 17-bed Neonatal Intensive Care Unit, laboratories and a modern diagnostic imaging center. International Patient Coordination Center arranges and coordinates the switch of international patients and their partners to and from North Cyprus.

3.3. Sample Selection

The study's target population was all patients who had operation and being admitted in medical and surgical units between September and December 2020. 47 patients who were willing to participate in the study made up the study sample.

Inclusion criteria: Patients hospitalized in the surgical and internal medicine clinic for a period no less than three days in the hospital that have undergone a surgical operation for surgical patients and are no less than 18 years of age were the participant in the study.

Exclusion criteria: Having communication difficulties or mental deficiency.

3.4. Data Collection

Data was collected using a descriptive form and scales between September and December 2020. To collect the data, the Personal Information Form for determining the socio-demographic characteristics of the patient, Caring Behavior Inventory-24 and Beck Anxiety Inventory were used. The Questionnaires were filled in the hospital morning or evening depends on the availability of the patients. Data was collected by asking the patients to fill the forms. It took about 15-20 minutes to fill the questionnaires.

3.5. Study tools

3.5.1. Personal Identification Form

This form has been developed by the researchers with the support of the literature to collect the information of the patients. It includes information such as age, gender, marital status, educational status, profession and where the patient live in, diagnosis, how many days in the hospital, type of surgery (if any), chronic illness, patient surgical history, diagnosis complication and evaluating the nursing care patients received (Enc.1).

3.5.2. Caring behavior Inventory-24 (CBI-24)

Kurşun and Kanan (2012) performed the reliability and validity of the Turkish inventory adaptation. Wu et. al. prepared the scale contains 42-items which was appropriate for two-way identification by patients and nurses. The inventory was designed in order to evaluate the process of nursing care. CBI-24 is adopted in order to compare patient perceptions and nurses' self-evaluation. It is also used for evaluating the care provided before and after the surgical operation. The inventory is evaluated on a 6-point Likert type scale (6=always, 5=often, 4=usually, 3=sometimes, 2=almost never, and 1=never) and it contains 4 sub-groups and 24 items. To obtain the total, the scores in the scale are calculated. All the scores gotten from the 24 items are summed up and then divided into 24, and the output is a scale score between 1 and 6. To obtain the sub-groups; for each sub-group, the items in each sub-group are summed up, and the total score is divided into the number of items, which gives sub-group scores that range between 1 and 6. Evaluation of the scale is done according to the total scores; therefore, low scores show low perception of care and high scores shows high perception of care. The CBI-24 has four sub-scales: "assurance" (eight items), (16, 17, 18, 20, 21, 22, 23, 24), "knowledge and skill" (five items), (9, 10, 11, 12, 15), "respectful" (six items), (1, 3, 5, 6, 13, 19), "connectedness" (five items) (2, 4, 7, 8, 14), the Total CBI-24 (from 1 to 24) (Enc.2). Cronbach Alpha score was 0.97 for all of the inventory. For subscales respectively, Cronbach Alpha was 0.93, 0.89, 0.90 and 0.90 (Kurşun and Kanan, 2012). For this study, the Cronbach Alpha values were found to be 0.85, 0.65, 0.71, 0.77 and 0.64, respectively.

3.5.3. Beck anxiety inventory-21(BAI-21)

Beck Anxiety Inventory is a 21-item, self-report measure of anxiety severity experienced over the previous week. Respondents report their symptoms based on a 4-point Likert-type scale ranging from 0 (not at all) to 3 (severely). The total score ranges from 0 to 63. Reliability and validity of the Turkish adaptation of the inventory was performed by Ulusoy et al. Cronbach Alpha score was 0.93 (Ulusoy et al, 1998) (Enc.3). In this study, the Cronbach Alpha was found 0.85.

3.6. Analysis of Data

Categorical measurements were indicated by numbers and percentages and numerical measurements were summarized using means, standard deviations and median. Correlation analysis was used to determine the relationship between the scores obtained from the Beck Anxiety Inventory and Caring Behaviors Inventory-24. Compare of surgical patients' CBI-24 scores and anxiety score to the internal medicine patients' scores performed using Mann-Whitney-U. Also, Mann Whitney-U and Kruskal Wallis tests were used in comparison socio-demographic characteristics of patients and anxiety and caring behaviors scores. Statistical significance was taken 0.05 in all tests.

3.7. Ethical Aspect

Ethical approval was obtained from the Near East University Scientific Researches and Ethics Committee (YDU/2020/82-1145) (Enc.4). The necessary permission was obtained from the Near East University Hospital (Enc.5). Informed verbal consent was gained from respondents and they were provided with needed information about the study.

3.8. Study Limitations

Since the survey was conducted during the pandemic period, the number of individuals participating in the research was low due to the low number of hospitalizations. The results of this study rely on participants' self-reports. Self-reports may bring limitations due to biases such as social desirability and short-term recall. Furthermore, the study only focuses on surgical and internal medicine inpatients in the hospital.

4. FINDINGS

4.1. Descriptive Analysis Results

The mean age of the patients was 57.12 ± 19.04 . The Table 1 described the socio-demographic variables of patients, which male patient (55.3%) were the majority compared to female (44.7%) patients, age group of patient 66 above (40.5%) recorded with a higher patient while age group 36 to 50 (14.9%) recorded least number of patients, marital status for patient that were married (57.4%) showed higher patient while divorced (4.3%) gave least patient, however patient with high school education (29.8%) showed a number patient while literate education (4.3%) showed least patient, regarding to professionalism retires (40.4) recorded high patient while patient on civil servant (6.5), gave least number of patients and lastly patient coming from province (44.7%) gave high record of patient while those in town (6.4%) gave least patient record.

The Table 2 showed there was higher number of surgical patients (63.8%) compared to medical patients (36.2%), surgical patients that were involved in surgery re-scheduling (13.3%) were lesser compare to those executed without postponement (86.7%), record of patient with no chronic illness (48.9%) were less compared to those with chronic illness, majority of the patients were hospitalized before (89.4%) while least patient were not (10.6%), higher number of the patients with no surgical history gave (66.0%), while patient with surgical history records (34.0%) and finally there was higher number of patients that were given good care (72.3%) compared to those that said they received good care partly (27.7%).

Table 1. Socio-Demographics Variables of the Patients (n=47)

| Variables | n | % | |
|------------------------|-------------------------|----------|------|
| Gender | Female | 21 | 44.7 |
| | Male | 26 | 55.3 |
| Age group | Below 35 | 9 | 19.1 |
| | 36-50 | 7 | 14.9 |
| | 51-65 | 12 | 25.5 |
| | 66 above | 19 | 40.5 |
| Marital status | Single | 8 | 17.0 |
| | Married | 27 | 57.4 |
| | Divorced | 2 | 4.3 |
| | Widow/widower | 10 | 21.3 |
| Education | Literate | 2 | 4.3 |
| | Primary school | 7 | 14.9 |
| | Middle school | 3 | 6.4 |
| | High school | 14 | 29.8 |
| | University | 9 | 19.1 |
| | Master/doctorate degree | 12 | 25.5 |
| Profession | Housewife | 4 | 8.5 |
| | Civil servant | 3 | 6.5 |
| | Private worker | 16 | 34 |
| | Retired | 19 | 40.4 |
| | Employer | 5 | 10.6 |
| Place of living | Province | 21 | 44.7 |
| | District | 18 | 38.3 |
| | Town | 3 | 6.4 |
| | Village | 5 | 10.6 |

Table 2. Descriptive Characteristics of the Patients (n=47)

| | | N | % |
|----------------------------------|----------|----|------|
| Diagnosis | Surgical | 30 | 63.8 |
| | Medical | 17 | 36.2 |
| Surgery postponed before* | Yes | 4 | 13.3 |
| | No | 26 | 86.7 |
| Chronic ill | Yes | 24 | 51.1 |
| | No | 23 | 48.9 |
| Hospital before | Yes | 42 | 89.4 |
| | No | 5 | 10.6 |
| Previous surgery | Yes | 16 | 34.0 |
| | No | 31 | 66.0 |
| Care sufficient | Yes | 34 | 72.3 |
| | Partly | 13 | 27.7 |

*for surgical patients

The Table 3 described the complication of the illness patients faced with, revealing there was majority of patient in pain (80.9%) compared to those with no pains (19.1%), less bleeding patient (93.6%) recorded with higher number compared to those with bleeding (19.1%), patient with nausea were lesser (2.1%) compared to those without nausea (97.9%), number of patient with no appetite (93.6) was higher compared to those with appetite (2.1), majority of patient without fever gave (74.5%) while those with less fever showed (25.5%). There was less patient with respiratory problem that gave (12.8%) while (87.2%) patient were not having respiratory problem, less patient were suffering from urinating infection (4.3%) while (95.7%) were not, majority of patient with noconstipation gave (95.7%) compared to those with constipation (4.3%), and

finally (97.9%) record patient were not having diarrhea, only one patient recorded with diarrhea (92.1%).

Table 3. Problems/Complication Developed during the Hospital Stay

| | | N | % |
|--------------------------------|-----|----|------|
| Pain | Yes | 38 | 80.9 |
| | No | 9 | 19.1 |
| Bleeding | Yes | 3 | 6.4 |
| | No | 44 | 93.6 |
| Nausea | Yes | 1 | 2.1 |
| | No | 46 | 97.9 |
| Appetite | Yes | 3 | 6.4 |
| | No | 44 | 93.6 |
| Fever | Yes | 12 | 25.5 |
| | No | 35 | 74.5 |
| Respiratory | Yes | 6 | 12.8 |
| | No | 41 | 87.2 |
| Difficult urinating | | | |
| | Yes | 2 | 4.3 |
| | No | 45 | 95.7 |
| Urinary tract infection | | | |
| | Yes | 1 | 2.1 |
| | No | 46 | 97.9 |
| Constipation | | | |
| | Yes | 2 | 4.3 |
| | No | 45 | 95.7 |
| Diarrhea | Yes | 1 | 2.1 |
| | No | 46 | 97.9 |

4.2. Distribution of Scale and Sub-scale Scores of Patients

Table 4. Distribution of Scale and Sub-scale Scores of Patients

| Scale and sub-scales | M | SD | Median | Min-Max |
|----------------------|-------|------|--------|-----------|
| Anxiety | 26.29 | 5.81 | 26.00 | 13-43 |
| Assurance | 5.33 | 0.30 | 5.37 | 4.63-5.88 |
| Knowledge and skills | 5.28 | 0.43 | 5.2 | 4.40-6.00 |
| Respectful | 5.39 | 0.31 | 5.33 | 4.83-6.00 |
| Connectedness | 5.46 | 0.38 | 5.4 | 4.80-6.00 |
| Total Care | 5.36 | 0.27 | 5.29 | 4.79-5.92 |

The median of the total beck anxiety was 26, the median of the assurance subscale was 5.37, the median of knowledge and skill was 5.2, the median of respectful was 5.33, the median of connectedness was 5.4, the median of total caring behavior was 5.29 (Table 4).

4.3. Comparison of Patients' Scores by Socio-Demographics

Table 5. Comparison of Patient's Scores by Gender

| Gender | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|--------|---------------|---------------|----------------------|-----------------|-----------------|---------------|
| Female | 24.31 | 22.36 | 25.71 | 25.00 | 24.24 | 24.45 |
| Male | 23.75 | 25.33 | 22.62 | 23.19 | 23.81 | 23.63 |
| U /p | 266.5 0.88 | 238.5 0.45 | 237.00 0.437 | 252.00 0.648 | 268.00 0.913 | 263.5 0.83 |

*Mann-Whitney U

The difference between the score of the patients according to gender was not statistically significant ($p > 0.05$) (Table 5).

Table 6. Comparison of Patient's Scores by Age Groups

| Age groups | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|-------------------|---------------|---------------|----------------------|---------------|---------------|---------------|
| Below 35 | 25.5 | 24.56 | 21.67 | 24.72 | 22.28 | 23.50 |
| 36-50 | 14.79 | 29.07 | 32.57 | 33.43 | 35.57 | 34.57 |
| 51-65 | 23 | 23.58 | 23.54 | 23.29 | 23.79 | 23.17 |
| 66 and above | 27.32 | 22.13 | 22.24 | 20.63 | 20.68 | 20.87 |
| x ² /p | 4.463 0.21 | 1.381 0.71 | 3.389 0.33 | 4.652 0.19 | 6.456 0.09 | 5.232 0.15 |

*Kruskal-Wallis

Since the p-value > 0.05 in the scale total respectively, it can be concluded that there is no statistically significant difference related to age group (Table 6).

Table 7. Comparison of Patient's Scores by Marital Status

| Marital status | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|-------------------|---------------|--------------|----------------------|---------------|---------------|--------------|
| Single | 25.25 | 24.56 | 21.25 | 23.06 | 18.94 | 22.38 |
| Married | 23.46 | 25.74 | 24.22 | 22.41 | 24.94 | 24.24 |
| Divorced | 4.50 | 26.75 | 42.75 | 40.25 | 42.50 | 41 |
| Widow/ widower | 28.35 | 18.30 | 21.85 | 25.80 | 21.80 | 21 |
| x ² /p | 5.181 0.15 | 2.333 0.5 | 4.395 0.22 | 3.487 0.32 | 5.293 0.15 | 3.614 0.3 |

*Kruskal-Wallis

Since the p-value > 0.05 in the scale total respectively, it can be concluded that there is no statistically significant difference related to marital status (Table 7).

Table 8. Comparison of Patient's Scores by Education

| Education | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|-----------------------|----------------|---------------|----------------------|-----------------------|---------------|-----------------------|
| Literate | 44.25 | 45.50 | 30.50 | 26.25 | 38.75 | 39.50 |
| Primary | 34.07 | 27.93 | 25.79 | 26.36 | 28.14 | 27.50 |
| Middle | 26.83 | 20.67 | 14.83 | 7.00 | 11.00 | 7.17 |
| High | 19.96 | 23.18 | 20.68 | 23.61 | 22.04 | 22.64 |
| University | 21.28 | 26.78 | 31.61 | 35.17 | 28.39 | 32.50 |
| Masters/ Doctorate | 20.79 | 17.83 | 22.33 | 18.58 | 21.38 | 18.79 |
| x ² /p | 10.536 0.06 | 8.802 0.11 | 5.792 0.32 | 13.116 0.02 | 7.551 0.18 | 12.919 0.02 |

*Kruskal Wallis

Anxiety, Assurance, Knowledge and skills and Connected sub scale respectively, it can be concluded that there is no statistically significant difference related to education. However, Respectful and Total Caring Behavior respectively, it can be concluded that there is statistically significant difference related to education (Table 8).

Table 9. Comparison of Patient's Scores by Profession

| Profession | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|-------------------|---------------|---------------|-----------------------|-----------------------|---------------|-----------------------|
| Housewife | 27.00 | 36.25 | 37.00 | 34.00 | 29.62 | 37.75 |
| Civil servant | 17.00 | 24.17 | 31.83 | 30.00 | 32.83 | 30.67 |
| Worker | 23.62 | 23.41 | 18.75 | 21.66 | 24.50 | 22.09 |
| Retired | 22.68 | 20.00 | 20.89 | 19.18 | 19.18 | 17.87 |
| Employer | 32.00 | 31.20 | 37.50 | 38.20 | 30.90 | 38.40 |
| x ² /p | 2.874 0.57 | 6.428 0.16 | 12.991 0.01 | 11.209 0.02 | 5.741 0.21 | 14.420 0.00 |

*Kruskal Wallis

Anxiety, Assurance and connected sub scale respectively, it can be concluded that there is no statistically significant difference related to profession. However, Knowledge and skills, Respectful and Total Caring Behavior respectively, it can be concluded that there is statistically significant difference related to profession (Table 9).

Table 10. Comparison of Patient's Scores by Where Live in

| Where live | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|-------------------|---------------|---------------|----------------------|---------------|---------------|---------------|
| Province | 23.33 | 20.52 | 26.1 | 24.52 | 22.29 | 23.1 |
| District | 23.14 | 24.5 | 21.31 | 24.72 | 25.5 | 23.61 |
| Town | 20.67 | 28 | 21.83 | 16.83 | 16.33 | 21.33 |
| Village | 31.9 | 34.4 | 26.2 | 23.5 | 30.4 | 30.8 |
| x ² /p | 1.966 0.57 | 4.657 0.19 | 1.416 0.7 | 0.935 0.81 | 2.660 0.44 | 1.456 0.69 |

*Kruskal Wallis

It can be concluded that there is no statistically significant difference related to where the patients live in (Table 10).

4.4. Comparison of Differences of the Scores between Surgical Patients and Internal Medicine Patients

Table 11. Comparison of Patient's Scores by Diagnosis

| Diagnosis | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|-----------|---------------|----------------------|----------------------|----------------------|---------------------|-------------------|
| Surgical | 25.45 | 28.92 | 26.80 | 28.28 | 30.28 | 30.07 |
| Medical | 21.44 | 15.32 | 19.06 | 16.44 | 12.91 | 13.29 |
| U / p | 211.5 0.33 | 107.5 0.00 | 171 0.06 | 126.5 0.00 | 66.5 0.00 | 73 0.00 |

Anxiety, Knowledge and skills sub scale respectively, it can be concluded that there is no statistically significant difference related to diagnosis. However, Assurance, Respectful, Connected and Total Caring Behavior respectively, it can be concluded that there is statistically significant difference related to diagnosis (Table 11).

4.5. Comparison of Patient's Scores by Other Descriptive Characteristics of the Patients

Table 12. Comparison of Surgical Patients' Scores by Postponed

| Postponed | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|------------------|----------------|------------------|-----------------------------|-------------------|------------------|-------------------|
| Yes | 15.38 | 9.88 | 16.88 | 16.12 | 15.12 | 15.62 |
| No | 15.52 | 16.37 | 15.29 | 15.4 | 15.56 | 15.48 |
| U / p | 51.5 0.97 | 29.5 0.15 | 46.5 0.73 | 49.5 0.87 | 50.5 0.92 | 51.5 0.97 |

*Mann Whitney

It can be concluded that there is no statistically significant difference related to surgery postponement for surgical patients (Table 12).

Table 13. Comparison of Patient's Scores by Chronic Illness

| Chronic illness | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|------------------------|----------------|------------------|-----------------------------|-------------------|--------------------|-------------------|
| Yes | 24.23 | 21.94 | 24.06 | 20.31 | 19.79 | 20.69 |
| No | 23.76 | 26.15 | 23.93 | 27.85 | 28.39 | 27.46 |
| U / p | 270.5 0.9 | 226.5 0.28 | 274.5 0.97 | 187.5 0.05 | 175 0.02 | 196.5 0.09 |

*Mann Whitney

Anxiety, Assurance, Knowledge and skills and total caring behavior sub scale respectively, it can be concluded that there is no statistically significant difference related chronic illness. However, Connected respectively, it can be concluded that there is statistically significant difference related to Chronic illness (Table 13).

Table 14. Comparison of Patient's Scores by Hospitalized before

| Hospital before | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|------------------------|----------------|------------------|-----------------------------|-------------------|------------------|-------------------|
| Yes | 24.24 | 23.26 | 24.23 | 24.27 | 23.37 | 23.62 |
| No | 22 | 30.2 | 22.1 | 21.7 | 29.3 | 27.2 |
| U / p | 95 0.73 | 74 0.27 | 95.5 0.74 | 93.5 0.68 | 78.5 0.35 | 89 0.58 |

*Mann Whitey

It can be concluded that there is no statistically significant difference related to hospitalized before (Table 14).

Table 15. Comparison of Patient's Scores by Sufficient Care

| Sufficient care | Anxiety | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|------------------------|----------------|------------------|-----------------------------|-------------------|----------------------|-------------------|
| Yes | 23.79 | 25.47 | 24.79 | 25.66 | 26.96 | 26 |
| Partly | 24.54 | 20.15 | 21.92 | 19.65 | 16.27 | 18.77 |
| U / p | 214 0.86 | 171 0.22 | 194 0.51 | 164.5 0.17 | 120.5 0.01 | 153 0.1 |

*Mann Whitney

Anxiety, Assurance, Knowledge and skills and total caring behavior respectively, it can be concluded that there is no statistically significant difference related sufficient care. However, Connected respectively, it can be concluded that there is statistically significant difference related to sufficient care (Table 15).

4.6. Correlation Analysis between Beck Anxiety and Caring Behaviors

Table 16. Correlation Analysis between Beck Anxiety and Caring Behaviors

| | Assurance | Knowledge and skills | Respectful | Connected | Total care |
|----------------------------------|------------------|-----------------------------|-------------------|------------------|-------------------|
| Spearman's rho Anxiety | -0,017 | 0,110 | -0,057 | 0,103 | 0,058 |
| p | 0.91 | 0.46 | 0.7 | 0.48 | 0.69 |

The Table 16 shows there is no correlation between Beck Anxiety and CBI-24 and it's subscales.

5.DISCUSSION AND RESULT

5.1.Descriptive Results

The mean age of the patients who participant to the study was 57.12 ± 19.04 . The majority of patients were male (55.3%), at age group of 66 and above (40.5%), married (57.4%), having high school education (29.8%), retired (38.3) and residing in province (44.7%) (Table 1). The majority of patients were surgical patients (63.8%). The current surgery of most of the surgical patients (86.7%) had not been postponed before. Is found that the majority of patients were having chronic illness (51.1%), hospitalized before (89.4%), not having surgical history (66%). The majority of the patients (72.3%) stated that they have been given good care during their hospital stay (Table 2). Patients facing with problems and complications during the hospital stay mostly stated pain (80.9%) and fever (25.5%) (Table 3).

5.2.Discussion of Distribution of Scales Scores of Patients

The score of the Beck Anxiety of patients was 26 (Table 4). It is reported that patient anxiety defines as four levels. These levels are minimum (scores from 0 to 10), mild (scores 11 to 19), moderate (scores of 20 to 30), and severe (scores from 31 to 63) (Lemos et al., 2019). It can be said that patients in this study had moderate anxiety.

The scores of the patients from the Caring Behavior Inventory were as follows: 5.37 for the assurance subscale, 5.2 for the knowledge and skill subscale, 5.33 for the respectful subscale, 5.4 for the connectedness subscale and 5.29 for the total caring behavior (Table 4). These results show that patients have a high level of perception of quality of care. Kiliç and Öztunç (2015) found 5.19 ± 0.97 for the assurance, 5.13 ± 1.0 for the knowledge and skill, 4.97 ± 1.03 for the respectful, 4.96 ± 1.04 for the connectedness, and 5.08 ± 0.97 for the total scale in their study. Palese et al. (2011) found 4.9 for the assurance, 5.3 for the knowledge and skill, 4.6 for the respectful, 4.5 for the

connectedness, and 4.57 in the total caring behavior in their study. It was indicated that patients' caring perceptions were varied among the countries.

5.3. Discussion of Comparison of Patients' Scales Scores by Socio-Demographics

The difference between the score of the patients according to gender was not statistically significant (Table 5). There are studies that differences were found in the patients' anxiety by gender in the literature (Barutçu Ataş et al, 2017; Gürses and Yılmaz, 2020). Also, there were no significant differences between patients in terms of CBI-24 subscales and total score regarding patient gender. Both of male and female patients' perceptions of caring behaviors were similar. Dursun Ergezen et al. (2020) found no significant differences between patients in terms of CBI-24 mean scale scores regarding patient sex in their study. Kersu et al. (2020) found a significant difference in the knowledge-skill subscale regarding gender and indicated that female patients' score was high.

It can be concluded that there is no statistically significant difference related to age group (Table 6). There is no significant difference between patients' anxiety scores regarding age group. Gürses and Yılmaz (2020) found no significant differences between patients' anxiety scores related to age group. Likewise, in terms of CBI-24 scores regarding age group, there is no difference between patients. In the literature, there are studies showing that caring satisfaction decreases as age increases (Kersu et al., 2020), and there are also studies that do not detect a difference between age and caring satisfaction (Soliman et al., 2015; Sayın et al, 2016; Tadese Sharew et al., 2018; Dursun Ergezen et al., 2020). It is indicated that there are many changes that affect the individual biopsychosocially with aging, and with these changes, the dependency of the individual and needs of care increases (Kersu et al., 2020)).

It can be concluded that there is no statistically significant difference related to marital status (Table 7). It was found that there were no significant differences between patients in terms of CBI-24 and anxiety scores regarding marital status.

For Beck Anxiety, Assurance, Knowledge and skills and Connectedness subscale, it can be concluded that there is no statistically significant difference related to education. However, Respectful and Total Caring Behavior respectively, it can be concluded that there is statistically significant difference related to education (Table 8). It is indicated that anxiety occurs more frequently in those with higher education levels, and as the level of education increases, patients evaluate the risks better, investigate their diseases more, and this increases the level of anxiety (Gürses and Yılmaz, 2020). Dursun Ergezen et al. (2020) found no significant differences between patients in terms of CBI-24 mean scale scores related to education in their study. Kersu et al. (2020) found a significant negative correlation between educational status of patients and assurance, connectedness and the total care behaviors score. It was determined that the nursing care perception levels of the patients who graduated from university were high (Kersu et al., 2020). In the present study, the differences between the groups were in the scores of assurance and total caring behaviors.

For Beck Anxiety, Assurance and connectedness subscale, it can be concluded that there is no statistically significant difference related to profession. However, for Knowledge and skills, Respectful and Total Caring Behavior, it can be concluded that there is statistically significant difference related to profession (Table 9). Housewife and retired patients' knowledge and skills, respectful and total caring behavior scores were the highest. Dursun Ergezen et al. (2020) found no significant differences between patients in terms of CBI-24 mean scale scores related to profession in their study.

It can be concluded that there is no statistically significant difference related to where the patients live in (Table 10). It was found that there were no significant differences between patients in terms of CBI-24 and anxiety scores regarding residential areas (province, district, town, village).

5.4. Discussion of Differences of the Scores between Surgical Patients and Internal Medicine Patients

Total Beck Anxiety, Knowledge and skills sub scale respectively, it can be concluded that there is no statistically significant difference related to diagnosis. However, Assurance, Respectful, Connectedness and Total Caring Behavior respectively, it can be

concluded that there is statistically significant difference related to diagnosis (Table 11). Surgical patients' scales scores were higher than internal medicine patients. But statistically significant difference was only in scores of assurance, respectful, connectedness and total caring behavior. It can be said that the care needs of the patients increased due to fatigue, limitation of movement, nausea-vomiting and pain after the surgical intervention and these needs were met by the nurses working in the surgical clinics. Dursun Ergezen et al. (2020) found no significant differences between surgical and internal medicine patients in terms of CBI-24 mean scale scores.

5.5. Discussion of Patient's Scales Scores by Other Descriptive Characteristics of the Patients

It can be concluded that there is no statistically significant difference in terms of scales related to surgery postponement for surgical patients (Table 12). Current surgery of 13.3% of the surgical patients had been postponed before. It can be said that surgery postponement did not affect patients' anxiety and perception of caring behavior.

For Beck Anxiety, Assurance, Knowledge and skills and total caring behavior, it can be concluded that there is no statistically significant difference related chronic illness. However, for connectedness, it can be concluded that there is statistically significant difference related to chronic illness (Table 13). The connectedness scores of patients with chronic illness were lower. Connectedness is corresponding to the need for nurses to be ready to help the patients. It has included giving instructions or teaching the patient, spending time with the patient, helping the patient grow, being patient or tireless with the patient, including the patient in planning his or her care (Palese et al., 2011, Dursun Ergezen et al., 2020). Considering their previous experiences, patients may have evaluated this dimension of caring behaviors as insufficient.

For Beck Anxiety, Assurance, Knowledge and skills and total caring behavior, it can be concluded that there is no statistically significant difference related sufficient care. However, Connectedness respectively, it can be concluded that there is statistically significant difference related to sufficient care (Table 15). The connectedness score of

patients who stated that they received sufficient care was higher than those who stated that they received partially sufficient care.

5.6. Discussion of Correlation Analysis between Beck Anxiety and Caring Behaviors

The Table 16 shows there is no correlation between Beck Anxiety and CBI-24 and subscales (Table 16). Anxiety levels of patients have no effect on their states of perceiving nursing care. In a study examining the effect of the anxiety levels of surgical patients on their perception of the quality of nursing care, no relationship was found between the anxiety level of the patients and the level of nursing care quality perception (Kulu, 2019).

6. CONCLUSIONS

6.1. Results

- Patients have a moderate level of anxiety.
- Patients have a high level of perception of quality of care.
- There was a significant difference between patients' knowledge and skills subscale scores by their profession.
- There was a significant difference between patients' respectful subscale scores by their profession and education.
- There was a significant difference between patients' connectedness subscale scores by having chronic illness and receiving sufficient care.
- There was a significant difference between patients' total caring behavior scores by their profession and education.
- There was no difference between the anxiety levels of surgical patients and internal medicine patients.
- There were significant differences between assurance, respectful, connectedness and total caring behavior scores of surgical patients and internal medicine patients.
- There is no correlation between Beck Anxiety and CBI-24 and subscales.

6.2. Suggestions

Further research is recommended with larger patients' population in surgical and internal medicine settings. It is recommended that randomized controlled studies be conducted in the field of surgical and internal medicine by applying the nursing models on perception of quality of care.

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Enc. 1

PERSONAL IDENTIFICATION FORM

This study was planned to evaluate how individuals perceive nursing care and their anxiety levels.

Your information and opinions will be guiding for our care activities. Thank you for your time.

Researchers

Nurse Ummulkhairi ADO SANI

Assist. Prof. Ayşegül SAVAŞAN

- 1. Your age:**
- 2. Gender:**
 1. Female 2. Male
- 3. Marital Status:**
 1. Single 2. Married 3. Divorced 4. Widow/widower
- 4. Education Status:**
 1. Literate 2. Primary school 3. Middle school 4. High school
 5. University 6. Master / doctorate degree
- 5. Profession:**
 1. Housewife 2. Civil servant 3. Worker 4. Retired
 5. Other.....
- 6. Where you live:**
 1. Province 2. District 3. Town 4. Village
- 7. How many days have you been in the hospital?**
- 8. What is the reason for your hospitalization?**
- 9. Medical diagnosis:**
- 10. Surgery Type:**

(If you have not had surgery, go to question 13!)
- 11. How many days did you stay in the hospital before the operation?.....**
- 12. Has your current surgery been postponed before?**
 1. Yes 2. No
- 13. Do you have a chronic illness? Please specify.**
 1. Yes 2. No
- 14. Have you been hospitalized before?**
 1. Yes 2. No

15. Have you had any previous surgical intervention (surgery)? What surgery have you had?

1. Yes (Please specify) 2. No

16. Do you think the nursing care provided in the hospital is sufficient?

1. Yes 2. Partly 3. No 4. I do not know

17. If your answer is no, please tick the reason (You can check more than one option).

1. Nurses don't want to care
2. The number of patients in the service is high
3. The number of nurses working in the service is low
4. I have no expectations for care
5. Nurses don't have enough time for care
6. Nurses are not smiling
7. Nurses have a high workload
8. Other.....

18. Has any problem/complication developed during the hospital stay? Please mark the developing problem.

| Problem | Yes |
|--|------------|
| Pain | |
| Bleeding | |
| Nausea and vomiting | |
| Lack of appetite | |
| Fever | |
| Wound infection | |
| Wound dehiscence | |
| Respiratory problems (cough, respiratory distress) | |
| Difficulty urinating | |
| Urinary tract infection | |
| Constipation | |
| Diarrhea | |
| Difficulty in gas extraction | |
| Other | |

Enc. 2

CARING BEHAVIORS INVENTORY-24

| | (1) Never | (2) Almost never | (3) Sometimes | (4) Usually | (5) Most of the time | (6) Always |
|--|------------------|-------------------------|----------------------|--------------------|-----------------------------|-------------------|
| 1. Listening carefully to the patient | | | | | | |
| 2. Educating or informing the patient | | | | | | |
| 3. Behaving the patient as an individual | | | | | | |
| 4. Spending time for the patient | | | | | | |
| 5. Supporting the patient | | | | | | |
| 6. Identifying or empathizing with the patient | | | | | | |
| 7. Helping / supporting the patient's development | | | | | | |
| 8. Being patient and understanding with the patient | | | | | | |
| 9. Knowing how to apply interventions such as injection and intravenous | | | | | | |
| 10. Giving confidence to the patient | | | | | | |
| 11. Demonstrate professional knowledge and skills | | | | | | |
| 12. Skillful use of tools | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| 13. Allowing the patient to express their feelings about their illness or treatment | | | | | | |
| 14. Ensuring patient participation in the planning of care | | | | | | |
| 15. Keeping patient information confidential | | | | | | |
| 16. Going to the patient with willingness | | | | | | |
| 17. Talking to the patient | | | | | | |
| 18. Encourage the patient to call when they have a problem | | | | | | |
| 19. Meeting the patient's expressed or not expressed needs | | | | | | |
| 20. Immediate responding to the patient's call | | | | | | |
| 21. Helping reduce patient's pain | | | | | | |
| 22. Paying attention to the patient | | | | | | |
| 23. Timely administration of the patient's treatments and medications | | | | | | |
| 24. Relieving the patient's symptoms | | | | | | |

Enc. 3

BECK ANXIETY INVENTORY

Below are some of the symptoms people experience when they are anxious. Please read each item carefully. Then, determine how much the symptoms in each item have disturbed you for the last week, including today, by using the following scale by placing an (X) in the appropriate place next to the items.

0. Never 1. Mildly 2. Moderately 3. Seriously

How much did it bother you?

| | | | | |
|---|---|---|---|---|
| 1. Numbness or tingling in any part of your body | 0 | 1 | 2 | 3 |
| 2. Hot flashes | 0 | 1 | 2 | 3 |
| 3. Weakness, tremors in the legs | 0 | 1 | 2 | 3 |
| 4. Inability to relax | 0 | 1 | 2 | 3 |
| 5. Fear that bad things will happen | 0 | 1 | 2 | 3 |
| 6. Dizziness and lightheadedness | 0 | 1 | 2 | 3 |
| 7. Heart palpitations | 0 | 1 | 2 | 3 |
| 8. A feeling of losing balance | 0 | 1 | 2 | 3 |
| 9. Being terrified | 0 | 1 | 2 | 3 |
| 10. Irritability | 0 | 1 | 2 | 3 |
| 11. The feeling of being drowned | 0 | 1 | 2 | 3 |
| 12. Tremor on hands | 0 | 1 | 2 | 3 |
| 13. Tremolo | 0 | 1 | 2 | 3 |
| 14. Fear of losing control | 0 | 1 | 2 | 3 |
| 15. Difficulty breathing | 0 | 1 | 2 | 3 |
| 16. Fear of death | 0 | 1 | 2 | 3 |
| 17. Being possessed by fear | 0 | 1 | 2 | 3 |
| 18. Indigestion or discomfort in the stomach | 0 | 1 | 2 | 3 |
| 19. Fainting | 0 | 1 | 2 | 3 |
| 20. Flushing of the face | 0 | 1 | 2 | 3 |
| 21. Sweating (not due to heat) | 0 | 1 | 2 | 3 |

Enc. 4



YAKIN DOĐU ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

ARAŞTIRMA PROJESİ DEĐERLENDİRME RAPORU

Toplantı Tarihi : 27.08.2020
Toplantı No : 2020/82
Proje No :1145

Yakın Dođu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Yrd. Doç. Dr. Ayşegül Savaşan'ın sorumlu araştırmacısı olduđu, YDU/2020/82-1145 proje numaralı ve **“The Determination of Anxiety Level and Perception of Nursing Care of Surgical and Internal Medicine Patients”** başlıklı proje önerisi kurulumuzca online toplantıda değerlendirilmiş olup, etik olarak uygun bulunmuştur.

Prof. Dr. Rüştü Onur

Yakın Dođu Üniversitesi
Bilimsel Araştırmalar Etik Kurulu Başkanı

Enc. 5

----- Forwarded message -----
Gönderen: Müfit Cemal Yenen <mufitcemal.yenen@neu.edu.tr>
Date: 24 Ağu 2020 Pzt 1:52 PM
Subject: Re: izin hk
To: UMRAN DAL <umran.dal@neu.edu.tr>

Hocam merhaba.
Hemşirelik Fakültesi Yüksek lisans öğrencinizin tez çalışması kapsamında dahiliye ve cerrahi kliniğinde yatan hastalara anket uygulayabilmesi tarafımızca uygundur.

Saygılarımla

Prof.Dr. Müfit C. Yenen
Büyükhekim
Obstetrik ve Jinekoloji - Jinekolojik Onkoloji Cerr. Uzmanı

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YAKIN DOĞU ÜNİVERSİTESİ HASTANESİ  **NEAR EAST UNIVERSITY HOSPITAL** www.neu.edu.tr

On Tue, Aug 18, 2020 at 9:28 PM UMRAN DAL <umran.dal@neu.edu.tr> wrote:
Müfit hocam merhaba.

