

## SATISFACTION OF THE SURGICAL PATIENTS ABOUT THE QUALITY OF NURSING CARE

**M.Sc. THESIS** 

Elham MORADI

Nicosia JUNE, 2022

## NEAR EAST UNIVERSITY INSTITUTE OF GRADUATE STUDIES DEPARTMENT OF NURSING

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NICOSIA June, 2022

# Approval

Thesis defence was held online. The Jury members declared their acceptance verbally which is recorded.

Approval

We certify that we have read the thesis submitted by Elham Moradi titled "Satisfaction of the surgical patients about the quality of nursing care" and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Nursing (Surgical Nursing).

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## Declaration

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

Elham Moradi

20/05/2022

## Acknowledgement

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#### **Elham MORADI**

## Özet Cerrahi hastaların hemşirelik bakımının kalitesi ile ilgili memnuniyetleri

Öğrencinin Adı: Elham Moradi Danışman : Prof. Dr. Nurhan Bayraktar Bölüm: Hemşirelik (Cerrahi Hemşireliği)

**Amaç:** Bu çalışmanın amacı cerrahi hastalarının hemşirelik bakımının kalitesine ilişkin memnuniyetlerini belirlemektir.

Gereç ve Yöntemler: Araştırma, Yakın Doğu Üniversitesi (YDÜ) Hastanesi ve Dr. Suat Günsel Girne Üniversitesi Hastanesi'nde tanımlayıcı olarak yapılmıştır. Araştırmanın örneklemini 100 cerrahi hasta oluşturmuştur. Veriler Hemşirelik Bakımından Memnuniyet Ölçeği kullanılarak toplanmıştır. Veri analizleri, IBM SPSS yazılımının 26.0 sürümü kullanılarak gerçekleştirilmiştir. Please add the dates

**Bulgular:** Cerrahi hastalarının hemşirelik bakımı kalitesinden genel memnuniyetleri yüksek bulunmuştur. İki cinsiyetin hemşirelik bakımından memnuniyet puanlarının karşılaştırılması, erkeklerin kadınlardan önemli ölçüde yüksek puana sahip olduğunu göstermiştir. Çalışan hastaların memnuniyet puanları diğer hastalara göre anlamlı olarak daha yüksek bulunmuştur. Hastanede yatış gün sayısı ile hemşirelik bakımından memnuniyet puanı arasında orta düzeyde ve negatif korelasyon belirlenmiştir.

**Sonuç:** Bu çalışmada hasta memnuniyet düzeyi yüksek bulunmakla birlikte, hemşirelik bakımına ilişkin hasta memnuniyetini sürdürmeye ve iyileştirmeye yönelik stratejilerin geliştirilmesi önerilmektedir. Ayrıca, hastaların hemşirelik bakımının kalitesine ilişkin memnuniyetini değerlendirmek için daha büyük örneklem büyüklüğü ile ileri araştırmaların yapılması önerilmektedir.

Anahtar kelimeler: Hemşirelik bakımı, bakım kalitesi, cerrahi hemşireliği, hasta memnuniyeti

#### Abstract

#### Satisfaction of the surgical patients about the quality of nursing care

Student's Name: Elham Moradi Advisor: Prof. Dr. Nurhan Bayraktar Department: Nursing (Surgical Nursing)

**Objective**: Aim of the study is determination of the surgical patients' satisfaction about the quality of nursing care.

**Materials and Methods:** The study was conducted with a descriptive and cross-sectional design. This research was carried out at Near East University (NEU) Hospital and Dr. Suat Günsel University of Kyrenia Hospital.

**Results:** descriptive findings showed that the mean age of patients was  $44\pm15$  and 54% of them were male. Of the patients, 64% were married and 76% had health insurance and 56% had a university education. The results of comparing the score of satisfaction with nursing care between the two sexes showed that men showed a significantly higher score than the women (p<0.05). Patients who were employed (worked) had significantly higher satisfaction scores than other patients (p<0.05). Moderate and negative correlations were found between the length of hospital stay and the satisfaction score of nursing care (r=-0.21, p<0.05).

**Conclusions:** Results of the study showed that surgical patients highly satisfied with the quality of care. It is showed that men showed a significantly higher score than the women. Patients who were employed (worked) had significantly higher satisfaction scores than other patients. No significant difference was found in the total score of satisfaction with nursing cares based on educational background, income level, marital status and health insurance.

Key words: nursing care, quality of care, surgical nursing, patients' satisfaction

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## List of Abbreviations

| NSNS: | Satisfaction with Nursing Care Scale |
|-------|--------------------------------------|
| PSI:  | Patient satisfaction questionnaire   |
| SDG:  | Sustainable Development Goal         |
| WHO:  | World Health Organization            |
| UHC:  | Universal Health Coverage            |

### **CHAPTER I**

#### 1. Introduction

#### 1.1. Definition of the Problem

Quality of care is defined by WHO (Gupta & Ropade, 2016) as the extent to which health services and treatment for people and groups enhance the likelihood of desired health outcomes. It is based on professional knowledge based on evidence and is crucial for obtaining universal health coverage. As governments commit to achieve Health for All, the quality of care and health services must be carefully considered. The Sustainable Development Goals (SDGs) are thought to encourage nations to attain Universal Health Coverage (UHC), which includes financial risk protection and access to quality essential health care services. However, providing excellent care remains a considerable issue in many places, and low-quality leads in preventable death, human suffering, and huge economic losses (Gupta & Ropade, 2016).

While there are significant hurdles to enhancing service quality, the need for action is evident, and many nations are making headway to integrate quality into their health systems. The WHO-World Bank-OECD (Organization for Economic Co-operation and Development) report emphasizes the need of collaboration among diverse stakeholders at all levels of the health system. Good governance, a skilled and competent health workforce that is supported and motivated, financing mechanisms that enable and encourage quality care, information systems that continuously monitor and learn to drive better care, medicines, devices, and technologies that are available, safe, and appropriately regulated, and accessible and well-equipped healthcare facilities are all required for the provision of quality services. Nurses, as a member of the healthcare team, and as one of the people who have the most contact with the patient and their companions, have a very important impact on the provision of health care services and care (Larrabee & Bolden, 2001). Due to the maximum verbal, physical, and emotional communication between patients and nurses, patients' understanding of the quality of nursing care, as well as patient satisfaction, seemed to be important.

The quality and adequacy of healthcare services can be measured based on views and satisfaction of patients and their relatives (Merkouris et al., 2013). Patient satisfaction is the most important indicator of quality of care and it considered an outcome of healthcare services (Abdel Maqsood, Oweis, & Hansa, 2012; Akhtari-Zavare, Abdullah, Syed Hassan, Binti Said, & Kamali, 2010; Mohanan, Kaur, Das, & Bhalla, 2010).

In the surgical interventions that hold a large place in healthcare services (Leinonen et al. 2001), patients' satisfaction with their care is an important matter (Leinonen et al. 2001; Forsberg et al. 2015; Vimlati et al. 2009). It is difficult to ensure patient satisfaction in invasive surgery interventions; their various concerns and fears (such as becoming disabled, fear of death) before, during and after the surgery may negatively affect the care process (Forsberg et al. 2015). Candidates for surgery, especially after surgery due to mobility limitations, dressings, drains and monitoring equipment need special attention and services from nurses. These cares are not limited to physiological needs, but also include emotional support for patients and answering their questions (Javad & Davis, 2021). Patients' satisfaction with the quality of nursing care, in addition to having a psychological benefit that can accelerate the patient's recovery, can reduce postoperative complications and thus reduce treatment costs (Karaca & Durna, 2019). In addition, modern surgery in recent years (i.e., robotic surgery approaches, daily surgery, selecting and admitting patients, pre-operative night preparation and training at home, early discharge) requires organizing the nursing services with an eye to patient satisfaction. Patient satisfaction in healthcare organizations is accepted as important in recognizing gaps in healthcare (Reynolds and Carnwell 2009).

The studies for quality assurance in respect with the healthcare suggest that there is a need for studies which will be guide for healthcare in pre-operative patient selection and preparation, in the intra-operative and post-operative periods, discharge and home care. Patient satisfaction measurement provides crucial information on performance thus contributing to total quality management (Goh, Ang, Chan, He, & Vehvilainen Julkunen, 2016; Shinde & Kapurkar, 2014). Total quality management includes professional knowledge, competence and application of appropriate technology, the patients' perception about the type and level of the care they have received (Özsoy et al., 2007; You et al., 2013). In today's consumer-oriented healthcare markets, a patient-centred measure of satisfaction with the quality of nursing care received is a major component of hospital quality management systems (Laschinger, Hall, Pedersen, & Almost, 2005). Patients need their problems diagnosed and treated properly, their function restored and/or symptoms relieved. If the results are unsatisfactory, consumers will change the healthcare facility they applied for treatment and care (Ksykiewicz-Dorota, Sierpińska, Gorczyca, & Rogala-Pawelczyk, 2011; Shinde & Kapurkar, 2014). Patients who are more satisfied with their care are more likely to follow medically prescribed regimens and thus contributing to the positive influence on health (Buchanan, Dawkins, & Lindo, 2015; Dzomeku, Atinga, Tulukuu, & Mantey, 2013; Fröjd, Swenne, Rubertsson, Gunningberg, & Wadensten, 2011). More satisfied patients are more liable to recommend the hospital to family and friends (Buchanan et al., 2015; Mohanan et al., 2010). All changes and developments in the healthcare field require restructuring of all healthcare services, including nursing, through questioning the quality of treatment services (Sise, 2013).

Patients' opinions are the best source that can tell the providers of what is important, that is why this information can be used in healthcare planning and evaluation (Abdel Maqsood et al., 2012; Alsaqri, 2016; Merkouris et al., 2013; Villarruz-Sulit, Dans, & Javelosa, 2009). Examination of satisfaction of the surgical patients about the quality of nursing care can be used as an indicator of the contribution made by nursing to the patient care process and this could aid the advancement of the surgical nursing care quality.

A study on the topic was not found in surgical patients of Near East Hospital (TRNC). Therefore, the result of this study will help to shed light on the Satisfaction of the surgical patients about the quality of nursing care at Near East Hospital.

### 1.2. Aim of the Study

Aim of the study is determination of the surgical patients' satisfaction about the quality of nursing care. Study questions are as followings;

1) What is the satisfaction level of patients about the quality of nursing care in surgical procedures?

2) Is there any relationship between patients' satisfaction with the quality of nursing care in surgical procedures according to their socio-demographic characteristics and medical history?

### **CHAPTER II**

#### 2. Background

Patient satisfaction is an important indicator of the quality of health care that is frequently used in the planning and evaluation of health services (Joolaee et al, 2011). Because a large portion of health care providers are nurses, the care they provide plays an important role in how patients are satisfied. Also, nowadays, the study of patients' satisfaction with the provided nursing services is considered as an important indicator in assessing the quality of nursing care. On the other hand, in a few texts, the satisfaction of cancer patients with nursing services has been studied (Mogadasiyan et al, 2013).

An efficient health system can only fulfill its mission, which is to ensure the health of the community, by providing the desired services, and the way to evaluate this system is to evaluate its services. Achieving patients' perspectives can be considered as a reliable source for evaluating health services (Abbasi et al, 2020).

It has been suggested that patient satisfaction with health care reflects the organizational performance of a hospital. Nurses are responsible for providing direct services to patients, organizing and coordinating with other hospital services (Khezri L, et al, 2015). It seems that patient satisfaction is a complex phenomenon that is influenced by various factors. Nursing care is one of the most important known factors (Jannati et al, 2015). For example, it has been suggested that nurses' job satisfaction is a very important part of their lives that can affect patient safety, performance and usefulness and quality of care. Nurses' job dissatisfaction for any reason can have a direct impact on the care provided to patients (Jafar Jalal et al, 2015).

#### 2.1. Patients' satisfaction

Although there is a strong desire to measure patient satisfaction as an important indicator of the quality of health services, what seems to have been forgotten is the need to pay attention to the meaning and develop a theoretical framework. The results of a study show that satisfaction is a feeling of satisfaction and peace that the patient perceives following the emotional and intellectual acceptance of the nurse. This feeling is formed through conscious and sometimes patient judgment of the nurse and her care environment in different dimensions (Ghods et al, 2010). Patient satisfaction with the quality of nursing services is, in fact, the patient's positive feeling (attitude) towards the caregiver as a human being. Patients who are candidates for various types of surgery are at a high level in terms of stress and anxiety about surgery. Naturally, their satisfaction with nursing services affects the outcome of surgery, the patient's quality of life during hospitalization, and the reduction of stress and anxiety. Candidates for surgery, especially after surgery due to mobility limitations, dressings, drains and monitoring equipment need special attention and services from nurses. These cares are not limited to physiological needs, but also include emotional support for patients and answering their questions (Javad & Davis, 2021).

#### 2.2. Factors affecting patients' satisfaction with nursing care

There are many factors affecting patient satisfaction with nursing care (Johansson et al, 2002), including: the socio-demographic background of the patients; patients' expectations regarding nursing care; the physical environment; communication and information; participation and involvement; interpersonal relations between nurse and patient; nurses' medical-technical competence; and the influence of the health care organization on both patients and nurses.

In a cross-sectional descriptive-analytical study (Abbasi et al, 2020) of 200 patients discharged from hospitals of Iran University of Medical Sciences who were selected from different wards (except special wards, emergency, psychiatry and pediatrics) by available sampling method, the patient satisfaction questionnaire (PSI) was used. Most patients (72%) were moderately satisfied with the nursing services provided. Patient satisfaction was statistically significant with two variables "ward type" (p < 0.001) and "hospital" (p < 0.001). Among the demographic variables, only the level of education of patients had a statistically significant relationship with their satisfaction with nursing services (p = 0.019). The results of this study evaluated patients' satisfaction with the quality of nursing services as moderate. The researchers recommended that training hospital staff, especially nurses, and motivating them to take an active part in patient satisfaction should be a priority for hospital management.

A descriptive-correlational study was performed on 131 patients admitted to the oncology wards of Shahid Ghazi Hospital in Tabriz (Mogadasiyan et al, 2013). In this study, patients' satisfaction with nursing services was assessed with the Lamonica Nursing Services Satisfaction Questionnaire, which has a score ranging from 41 to 287. Some personal and social characteristics were checked with a checklist. These patients were included in the study by convenience sampling method. The results showed that the mean score of satisfaction with nursing services was 203.2. There was no statistically significant relationship between socio-individual characteristics and diseaserelated characteristics and patients' satisfaction with nursing services. Therefore, it can be inferred that cancer patients had good satisfaction with the quality of nursing care.

In a cross-sectional study, 230 patients discharged from a military hospital by available sampling method in 1398 were selected. This questionnaire measured the level of patient satisfaction in two health departments with 21 questions and three dimensions of health and cleanliness, nursing services and physicians' care and the non-treatment department with 27 questions and 6 dimensions of admission, staff treatment, nutrition, welfare, facilities, religious issues and discharge. In general, patients' satisfaction with the medical wards was 81.5% and in the non-therapeutic wards was 78.58%. In the medical sector, satisfaction with health services and nursing services (excellent satisfaction) is higher than satisfaction with physicians' services (good satisfaction) and in the non-medical sector, admission services have the highest level of satisfaction (excellent) and welfare services have the lowest level of satisfaction (good satisfaction). Among demographic variables, only patient age had a statistically significant relationship with satisfaction (P = 0.03). Other demographic variables such as gender, marital status, number of hospitalizations, type of ward and type of insurance had no statistically significant relationship with satisfaction (p = 0.23). According to this finding, patients seem to have good satisfaction (quality of medical services) from professional wards and staff such as nurses and physicians. However, patients were more dissatisfied with non-medical wards such as insurance and administrative wards.

A descriptive-analytical cross-sectional study (Khezri et al, 2015) was performed in university hospitals in Bushehr. The sample size was estimated to be 282 patients, at least 24 hours after their admission. The study was performed in the surgical, internal medicine, obstetrics and gynecology departments (in fact, patients who are candidates for surgery). Sampling was done easily by quota according to the number of active beds. A patient satisfaction questionnaire whose validity and reliability were confirmed was used. The results showed that 1.1% (3 patients) were completely satisfied with the nursing services, 14.2% (40 patients) were moderately satisfied, and 84.4% (238 patients) were dissatisfied. Among the demographic variables, there was only a significant relationship between patients' education level and satisfaction (p =0.035). Illiterate people had the lowest satisfaction and those with diploma and higher education had the highest level of satisfaction. The findings of this study are slightly different from other studies presented so far. Patients' satisfaction with the quality of nursing care was lower than expected. Due to the importance of nurses' position, the need to further strengthen educational, communication and care skills to increase patient satisfaction is recommended.

A cross-sectional analytical study on 300 patients whose data were collected by the Patient Satisfaction Questionnaire (PSI) shows that only 3% of people were completely satisfied with the services provided, 20 Moderate satisfaction and 77% of hospitalized patients were dissatisfied with nursing services. The highest satisfaction with nursing services was in the cardiac intensive care unit and the lowest satisfaction was in the women's internal medicine department. Among the variables, only the type of ward had a statistically significant relationship with patients' satisfaction with nursing services (p < 0.01). As a general interpretation of the results of this study, it can be said that patients' satisfaction with nursing services is not at a desirable level. Since the efficiency of the organization and the client's satisfaction are directly related to each other, so regular and continuous evaluation of patients' satisfaction with the provision of services in hospitals seems necessary. At the same time, by identifying the relevant factors and providing operational solutions, fundamental steps should be taken to eliminate the factors that cause dissatisfaction and increase the productivity of the organization.

In a descriptive analytical and cross-sectional study (Jafar Jalal et al, 2015), in which the relationship between nurses 'job satisfaction and patients' satisfaction with nursing services was investigated. The study samples consisted of 200 patients being discharged and 100 nurses working in the hospitals of Iran University of Medical Sciences from different wards except special wards, emergency, psychiatry and pediatrics. The majority of nurses (62%) had low job satisfaction, 34% had moderate job satisfaction and only 4% had high job satisfaction. Findings related to patients' satisfaction with nursing services showed that 19.4% of patients were fully satisfied with the provided nursing services and 72% were moderately satisfied and only 8.6% were dissatisfied. The findings clearly showed that in hospitals where nurses had high job satisfaction, patients also had complete satisfaction. In contrast, patients in hospitals where nurses had low job satisfaction were dissatisfied. It is especially essential in the realm of surgical and perioperative nursing care. When nurses are unsatisfied at work, they have less professional dedication and are less available to engage in the themes of their unit (Sillero & Zabalegui, 2019). On the other side, unfavorable outcomes are reduced when nurses provide postoperative care. Satisfaction was high, and there was no link to qualities of nurses' attentiveness. It is suggested that these predictions be improved in order to boost the safety of surgical patients.

#### 2.3 Responsibilities of the nurses for patient satisfaction

Nursing professional responsibilities and ethical considerations can increase patient satisfaction with the quality of nursing care. It is proposed (Moret et al, 2008) that nurse interaction in delivery of medical information to the patient improves patient satisfaction. The responsibility of nurses has been described as even more important than that of physicians in these terms. The ties nurses had with their work were related to patients' evaluations of the quality of each of the four care components. Patients on units where nurses thought their work meaningful were happier with their hospital stay in general. Patients who remained on units where nursing personnel were wearier or regularly showed a desire to resign were less happy with the different aspects of their treatment. Although nurse cynicism was associated with reduced patient satisfaction with contacts with nursing staff, the relationships between cynicism and other elements of care were insignificant. There were no significant relationships between nurse professional effectiveness and any of the patient satisfaction components studied (Leiter et al, 1998).

It is claimed that nurses' working environments influence patients' perceptions of the quality of care (Kieft et al, 2014). Clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice, managerial support, and a patient-centered culture are mentioned as essential elements that they believe would improve patient experiences of the quality of nursing care. They also cited a number of impediments, such as cost-effectiveness policies and transparency objectives for external accountability. Nurses are under pressure to boost productivity while still reporting a heavy administrative workload. Accordingly, mentioned elements will not increase patients' perceptions of the quality of nursing care.

### **CHAPTER III**

#### 3. Materials and Methods

#### 3.1. Study Design

The study was conducted with a descriptive and cross-sectional design.

### 3.2. Study Setting

This research was\_carried out at Near East University (NEU) Hospital and Dr. Suat Günsel University of Kyrenia Hospital.

Near East University Hospital is the largest and one of the leading medical facilities in North Nicosia, Northern Cyprus. The NEU Hospital has 209 private single patient rooms, 8 operating theatres, 30-bed Intensive Care Unit, 17-bed Neonatal Intensive Care Unit.

Dr. Suat Günsel University of Kyrenia Hospital has a total capacity of 150 beds that comprises three fully equipped operation theatres of which was designed especially to carry out cardiac surgeries; four intensive care units with 17 beds especially designed and equipped for pediatric, cardiology and general intensive care purposes.

#### 3.3. Sample

The annual surgical patients in Near East University Hospital are approximately 600 and in Dr Suat Gunsel's Hospital are 300. With crosssectional study design, the patients who are treated surgically in all surgical clinics of both hospitals between December 2021- January 2022 were included in sample of the study. All convenient patients meeting the inclusion criteria were included in this study. Final sample size was 100.

To be eligible for recruitment, patients should;

• be voluntary hospitalized

- be aged 18 years or older
- be on the point of discharge or transfer from the ward
- be in the ward two nights or more
- be able to read and understand
- not be too confused or ill to complete the questionnaire.

#### 3.4. Study Tools

Date was collected using a two-part tool. First part of the tool includes 12 questions regarding descriptive data of the patients. Second part is composed of Satisfaction with Nursing Care Scale (NSNS).

The NSNS were developed by Thomas et al. (1996) by measuring patients' experiences of and satisfaction with nursing. Turkish Version of the NSNS was used in this study (Appendix 1). Validity and reliability of the Turkish version of the NSNS was performed by Akin and Erdogan in 2007. The Cronbach's alpha of the satisfaction scale was found to be 0.96.

Satisfaction with Nursing Care Scale consists of 19 items. All items are scored on a five-point Likert scale (1 = not at all satisfied, 2 = barely satisfied, 3 = quite satisfied, 4 = very satisfied and 5 = completely satisfied).

#### 3.5. Data Collection

Data was collected using a questionnaire between December 2021-January 2022. The questionnaires were administered on patients in their wards with face to face, self-completion method, just before discharge. Completion of the questionnaire took almost 20 minutes.

#### **3.6.** Ethical Consideration

Ethical approval was obtained from Institutional Reviews Board (IRB) of Near East University before conducting the study (Appendix II). All patients were given adequate information about the research, its aim and objective, consent was obtained to ensure the willingness to voluntarily participate in the study. Permission from hospital management of both hospital was obtained before starting the research.

#### 3.7. Data Analysis

Analyses were performed using IBM SPSS software version 26.0. The categorical variables were analyzed using descriptive statistics to calculate frequency and percentages. Descriptive and inferential statistical tests will be applied depending upon the nature of data. Mean and standard deviation will be calculated for numerical variables while categorical variables will be presented as percentages and frequencies. Suitable statistical tests will be applied to find any association between dependent and independent variables. P-value will be kept 0.5 with 95% confidence interval. Overall satisfaction score was analyzed according to patients' demographics characteristics. For analyzing normal distribution, Kolmogorov Smirnov test was used. Data followed parametric assumption and parametric test were used.

## **CHAPTER IV**

#### 4. **Results**

### Table 4.1 – Descriptive characteristics of the patients (N: 100)

| Descriptive characteristics |  | N    | %    |  |
|-----------------------------|--|------|------|--|
| Gender                      | Male                                     | 54   | 54.0 |  |
|                             | Female                                   | 46   | 46.0 |  |
| Educational levels          | University                               | 56   | 56.0 |  |
|                             | High school                              | 44   | 44.0 |  |
| Marital status              | Married                                  | 64   | 64.0 |  |
|                             | Single                                   | 36   | 36.0 |  |
| Health Insurance            | Yes                                      | 76   | 76.0 |  |
|                             | No                                       | 24   | 24.0 |  |
| Level of income             | Poor                                     | 2    | 2.0  |  |
|                             | Medium                                   | 30   | 30.0 |  |
|                             | Good                                     | 58   | 58.0 |  |
|                             | Very good                                | 10   | 10.0 |  |
| Working status              | I am not working because of this disease | 4    | 4.0  |  |
|                             | I do not work for other reasons          | 36   | 36.0 |  |
|                             | I'm working                              | 60   | 60.0 |  |
|                             |  | Mean | SD   |  |
| Age                         |  | 44   | 15   |  |

In this study performed with the aim of determination of the surgical patients' satisfaction about the quality of nursing care, descriptive findings showed that the mean age of patients was  $44\pm15$  years and 54% of them were male. Of the patients, 64% were married and 76% had health insurance and 56%

had a university education. More than half of the population had a good level of income and just 2% had poor level of income. A 60% of the patients were working and 36% of patients for different reasons did not work (Table 4.1).

| Experiences regarding hos                       | pitalization | Ν    | %    |
|---|--------------|------|------|
| If there is previous                            | Yes          | 44   | 73.3 |
| hospitalization,<br>opinions about the          | No           | 0    | 0    |
| presence of<br>developments in<br>nursing care. | Partially    | 16   | 26.7 |
| 8   |              | Mean | SD   |
| Time of hospitalization                         |              | 1.62 | 0.85 |
| Total night at hospital                         |              | 3.36 | 1.67 |

 Table 4.2: Patients' experiences regarding hospitalization (N: 100)

Patients' experiences regarding hospitalization are shown in Table 4.2. Time of hospitalization of all patients was  $1.62 \pm 0.58$  (day). Total night at hospital was reported to be  $3.36 \pm 1.67$  (day). In answer to the question "If you have been hospitalized in this hospital/service before, are there any developments in nursing care during your previous hospitalization and your last hospitalization?" ,73.3% of patients stated that nursing care has been improved and developed. A 26.7% of the patients believed that nursing care has been improved partially.

# Table 4.3: Mean satisfaction with nursing care scores of the patients for items of the satisfaction scale (N: 100)

| Questions                                     | Mi  | Max  | Mean  | SD   |
|---|-----|------|-------|------|
|   | n.  | •    |       |      |
| Q1: The time that the nurses allocate for you | 4.0 | 5.00 | 4.860 | .348 |
|   | 0   |      |       |      |

| Q2: The competency of nurses in their work       | 4.0 | 5.00 | 4.820 | .386 |
|--|-----|------|-------|------|
|  | 0   |      |       |      |
| Q3: Make sure you always have a nurse around     | 4.0 | 5.00 | 4.760 | .429 |
| when you need someone                            | 0   |      |       |      |
| Q4: From the level of knowledge of nurses        | 4.0 | 5.00 | 4.700 | .460 |
| about your care                                  | 0   |      |       |      |
| Q5: When you call the nurses, make sure they     | 4.0 | 5.00 | 4.600 | .492 |
| come to you as soon as possible.                 | 0   |      |       |      |
| Q6: the nurses make you comfortable as if you    | 4.0 | 5.00 | 4.760 | .429 |
| were at home.                                    | 0   |      |       |      |
| Q7: From the nurses to inform you about your     | 4.0 | 5.00 | 4.740 | .440 |
| condition and treatment                          | 0   |      |       |      |
| Q8: How often nurses check if you're okay        | 3.0 | 5.00 | 4.600 | .531 |
|  | 0   |      |       |      |
| Q9: The benevolence of nurses                    | 4.0 | 5.00 | 4.720 | .451 |
|  | 0   |      |       |      |
| Q10: From the way nurses explain to you          | 4.0 | 5.00 | 4.760 | .429 |
|  | 0   |      |       |      |
| Q11: Nurses to address the concerns of your      | 3.0 | 5.00 | 4.720 | .494 |
| relatives and friends about you.                 | 0   |      |       |      |
| Q12: The attitude of nurses while doing their    | 4.0 | 5.00 | 4.720 | .451 |
| jobs.  | 0   |      |       |      |
| Q13: From the content of the information, they   | 4.0 | 5.00 | 4.780 | .416 |
| give you about your condition and treatment      | 0   |      |       |      |
| Q14: The way nurses behave towards you as an     | 3.0 | 5.00 | 4.740 | .524 |
| individual.                                      | 0   |      |       |      |
| Q15: Nurses listen to your worries and concerns. | 3.0 | 5.00 | 4.660 | .516 |
| -  | 0   |      |       |      |
| Q16: From the freedom provided to you in the     | 4.0 | 5.00 | 4.700 | .460 |
| service  | 0   |      |       |      |
| Q17: The nurses' willingness to meet your        | 4.0 | 5.00 | 4.740 | .440 |
| requests   | 0   |      |       | -    |
|  | Ŭ   |      |       |      |

|  | 00  | 0    |        |       |
|--|-----|------|--------|-------|
| Total Score (out of 95)                        | 76. | 95.0 | 89.500 | 3.772 |
|  | 0   |      |        |       |
| Q19: Make sure nurses are aware of your needs. | 3.0 | 5.00 | 4.400  | .531  |
| and bodily boundaries)                         | 0   |      |        |       |
| Q18: Nurses respect your privacy (individual   | 4.0 | 5.00 | 4.720  | .451  |

Descriptive statistics of response to the patient satisfaction scale including minimum, maximum, mean and standard deviation are given in Table 4.3. The minimum score (total) was 76 and the maximum was 95. The average score of satisfaction with nursing services was  $89.5 \pm 3.77$ .

The question 1 "The time that the nurses allocate for you", question 2 " The competency of nurses in their work ", and question 13 " From the content of the information, they give you about your condition and treatment" had the highest mean value respectively. However, question 19 " Make sure nurses are aware of your needs ", question 5 " When you call the nurses, make sure they come to you as soon as possible ", and question 8 " How often nurses check if you're okay " had the lowest mean value.

Multiple linear regression test was used to predict the total score of performance satisfaction of nursing services. The final score prediction model is considered statistically significant. Questions 2 to 19 of the questionnaire significantly predict the total score (p<.05).

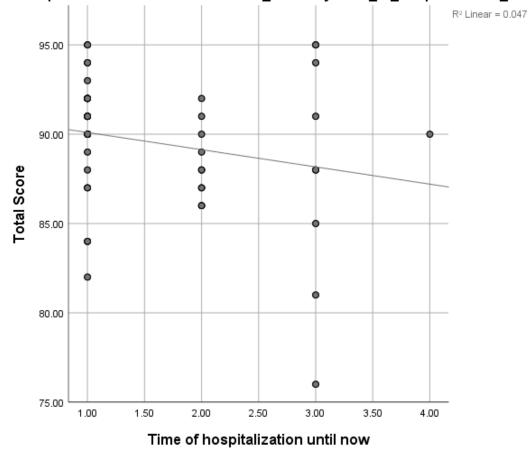
Table 4.4 Comparison of the overall satisfaction with nursing care scores of the patients with their selected characteristics (N: 100)

| Parameter       | Mean ±     | Test            | Р     |
|-----------------|------------|-----------------|-------|
|                 | SD         | statistics      |       |
| Sex             |            | <i>t</i> = 2.11 | 0.037 |
| Male            | $90.2 \pm$ |                 |       |
|                 | 3.1        |                 |       |
| Female          | $88.6 \pm$ |                 |       |
|                 | 4.2        |                 |       |
| Education level |            | <i>t</i> =-1.83 | 0.069 |

| High school                              | 88.7±4.2      |                 |       |
|--|---------------|-----------------|-------|
| University                               | 90.1 ±        |                 |       |
| ·  | 3.2           |                 |       |
| Health insurance                         |               | <i>t</i> =1.75  | 0.082 |
| Yes                                      | $89.1 \pm$    |                 |       |
|  | 4.1           |                 |       |
| No                                       | $90.6 \pm$    |                 |       |
|  | 1.9           |                 |       |
| Marital status                           |               | t = -0.44       | 0.66  |
| Single                                   | $89.7 \pm$    |                 |       |
|  | 3.1           |                 |       |
| Married                                  | $89.3 \pm$    |                 |       |
|  | 4.1           |                 |       |
| Working status                           |               | <i>F</i> = 3.39 | 0.037 |
| I am not working because of this disease | $85.5 \pm$    |                 |       |
|  | 10.9          |                 |       |
| I do not work for other reasons          | $89 \pm 3.7$  |                 |       |
| I'm working                              | $90 \pm 2.7*$ |                 |       |
| Level of income                          |               | <i>F</i> = 1.10 | 0.351 |
| Poor                                     | $93\pm0.7$    |                 |       |
| Medium                                   | $90 \pm 3.7$  |                 |       |
| Good                                     | $89 \pm 4$    |                 |       |
| Very good                                | $90 \pm 1.1$  |                 |       |

Comparison of the overall satisfaction with nursing care scores of the patients with their selected characteristics is shown in Table 4.4. The results of comparing the score of satisfaction with nursing care between the two sexes showed that men showed a significantly higher score than the women (p<0.05). Patients who were employed (worked) had significantly higher satisfaction scores than other patients (p<0.05).

Comparisons were also made between overall satisfaction with nursing care scores and other descriptive variables. No significant difference was found in the total score of satisfaction with nursing cares based on educational background, income level, marital status and health insurance (p>0.05).



Simple Scatter with Fit Line of Total\_Score by Time\_of\_hospitalization\_until\_npw

Figure 1 – Scatter plot of correlation between time of hospitalization and total satisfaction score

Figure 1 shows the correlation between time of hospitalization and total satisfaction score. Moderate and negative correlations were found between the number of hospitalization days and the satisfaction score of nursing care (r=-0.21, p<0.05). This means that the more days patients are hospitalized, the lower the satisfaction score of nursing care.

### **CHAPTER V**

#### 5. Discussion

Patients' satisfaction with the quality of nursing services is one of the most important parameters that can affect the overall evaluation of nursing cares. This study was carried out on 100 elective surgery patients at Near East Hospital (NEU) surgical departments, Nicosia, TRNC who had different type of surgery, gender, educational level, age group, employment status, and marital status.

The highest patient satisfaction score was 95 which is the best and most satisfied status of quality of care. The average score of satisfaction with the quality of nursing care was  $89.5\pm 3.77$ , which indicates that most of the surgical patients are very satisfied with the quality of nursing care. In a study conducted by Findik et al (Findik et al, 2012) in Turkey, using Newcastle Satisfaction with Nursing Care Scales, the results revealed that, satisfaction with the quality of nursing care is at a high (excellent) level, which is consistent with the findings of our study. In a similar study (Karaca & Durna, 2019) using the Nursing Care Quality Questionnaire in 2015, 635 patients were evaluated. Sixty-three percent of the patients surveyed rated the quality of nursing care as excellent, which is consistent with our study. The overall satisfaction score in our community was 89.5, which is classified as excellent. In the study of Buchanan et al (Buchanan et al, 2015) as in our study, it was found that more than half of the patients are very satisfied with the quality of nursing care. It should be considered that in Buchana's study patients were selected from emergency department. According to the results of Mollaoğlu study (Mollaoğlu & Çelik, 2016), more than two thirds of patients were satisfied with the quality of nursing services (their targeted population was nurses and patient in emergency department). According to the findings of a Swedish study (Bergman et al, 2013), there is a high degree of patient satisfaction with enhanced care provided by nurses. Although, mentioned papers (aligned with our findings) confirmed that most of the patients (more than 90%) are satisfied with quality of nursing care, according to the findings of a research (Lotfi et al, 2019), the majority of patients were unsatisfied with nursing treatment. More than 80% had no idea who their nurse was. There was a link between nurse-patient communication and patient satisfaction with nursing care, and the sex variable was shown to be strongly connected to patients' level of satisfaction. Furthermore, research conducted in Jordan (Alasad & Ahmad, 2003) found that patients in surgical wards were less satisfied than those in medical or gynecological wards. Variety of the patient satisfaction findings may be resulted from differences in the target groups of the studies and nursing activities.

The question 1 "The time that the nurses allocate for you", question 2 " The competency of nurses in their work ", and question 13 " From the content of the information, they give you about your condition and treatment" had the highest mean value respectively. However, question 19 " Make sure nurses are aware of your needs ", question 5 " When you call the nurses, make sure they come to you as soon as possible ", and question 8 " How often nurses check if you're okay " had the lowest mean values. Karaca and Durna (2019) found out that, patients were less satisfied with the "Information you were given.".

Comparison analysis of satisfaction score of quality of nursing care was performed based on patients' demographic variables (covariance) that the results showed that gender and employment status (occupation) cause a significant difference in satisfaction score of quality of nursing care. In fact, men were more satisfied with the quality of nursing care than women and Patients who were employed (worked) had significantly higher satisfaction scores than other patients. In the study conducted by Findik et al (Findik et al, 2012) male patients, patients in the 40-59 age group, those with a low level of education or income were most satisfied. Our study also confirms that men were more satisfied than women, but income level, education and age group in our study had no effect on satisfaction with the quality of nursing care. Being female, having less education, and having no additional disorders were significant predictors of increased satisfaction in a Jordan study (Alasad & Ahmad, 2003). Akin and Erdogan (2007) (with Turkish version of Satisfaction with Nursing Care Scale) found out that patients with female gender, older age and patients with health insurance were more satisfied with the quality of nursing care. These findings contradict the findings of the current study. First, in our study, men had a significantly higher level of satisfaction with the quality of nursing care than women. Second, no significant relationship was found between health insurance and satisfaction with the quality of nursing care. Karaca and Durna (2019) stated that patients aged 18 to 35, married, university or university graduates who had been treated in gynecological (obstetrics) surgery wards were more satisfied with nursing care. In our study, no difference was found between age and satisfaction with the quality of caregiver, health insurance, marital status. We also evaluated all patients admitted to the surgical ward and did not evaluate the surgical ward based on the type of surgery performed (e.g., orthopedic or gynecological).

Our results showed that prolonging the length of stay of patients in the hospital increases the likelihood of decreasing satisfaction with the quality of nursing care. This means that the more days patients are hospitalized, the lower the satisfaction score of nursing care. Perhaps the reason for the difference in these findings is the difference in sample size. Also, patients who are hospitalized for longer periods of time may experience anxiety and depression due to other issues such as pain, costs, distance from family, and personal issues, which in turn increase performance satisfaction with quality of nursing care. A cross-sectional study (Diwan et al, 2020) also emphasizes that the length of stay (hospitalization) of patients in the hospital is one of the factors that can affect satisfaction with the quality of medical services (such as nursing care). Contrary to our findings, in Findik et al's study (2012) patients who had been hospitalized for a long time were most satisfied. According to the results of these studies, and the findings of our study, the duration of hospitalization is one of the things that affect the satisfaction of the quality of nursing care.

There are also other studies in the relevant literature regarding associated factors with patient satisfaction. According to a study done in Canada (Laschinger et al,2005), complete satisfaction with nursing care was substantially connected to overall satisfaction with the quality of care received during hospitalization. In another study, factors linked with in-patient satisfaction with nursing treatment were observed (Thi et al., 2002). They discovered that older age and a positive sense of overall health were the best determinants of increased satisfaction. Additionally, the relevance of functional health status as a predictor of patient satisfaction was underlined (Jackson et al., 2001).

#### **CHAPTER VI**

#### 6. Conclusion

Results of the study showed that surgical patients highly satisfied with the quality of care. The results of comparing the score of satisfaction with nursing care between the two sexes showed that men showed a significantly higher score than the women. Patients who were employed (worked) had significantly higher satisfaction scores than other patients. No significant difference was found in the total score of satisfaction with nursing cares based on educational background, income level, marital status and health insurance. Moderate and negative correlations were found between the number of hospitalization days and the satisfaction score of nursing care. Although patient satisfaction level was found to be high in this study, development of strategies to maintain and improve surgical patients' satisfaction from nursing care is essential.

#### **CHAPTER VII**

#### 7. Findings and Recommendations

#### 7.1. Findings

The main findings of the study that was conducted with the aim of determining Satisfaction of the surgical patients about the quality of nursing care are as follow:

• Overall satisfaction of surgical patients with quality of nursing care was high (mean=**89.5±3.77**).

• Regarding demographic parameters affecting satisfaction with the quality of nursing care, gender and employment status have an effect on patient satisfaction (Table4.4).

• Male patients were significantly more satisfied with the quality of nursing care. Also, employed (employed) patients were more satisfied with the quality of nursing services.

• It seems that age, level of education as well as marital status of patients have no effect on the level of satisfaction with nursing services and care.

• Patients who were hospitalized for a longer period of time were relatively less satisfied with the quality of nursing care (negative correlation).

#### Recommendations

Based on the findings of this study the following recommendations were made;

• Although patient satisfaction level was found to be high in this study, development of strategies to maintain and improve patient satisfaction from nursing is recommended.

• Given the negative correlation between length of hospital stay and satisfaction with the quality of nursing care, it is best to pay more attention to patients who are hospitalized longer (or are more likely to be hospitalized longer).

• Patients who have an unknown employment status, or are unemployed, are more likely to be dissatisfied with the quality of nursing care, so it is recommended that nurses pay more attention to them.

• It is suggested that future researches be conducted to assess patients' satisfaction with the quality of nursing care with a larger sample size.

#### 7.2. Limitations

• This study was performed in one hospital. For that reason, the findings might not be applicable to all surgical patients.

• All patients were Turkish language speakers and this study failed to address all hospitalized patients.

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#### **APPENDICES**

#### Appendix 1

## CERRAHI HEMŞİRELİK BAKIM MEMNUNİYET ÖLÇEĞİ

Bu araştırma, sizin hastanede kaldığınız sürede aldığınız hemşirelik bakımına ait düşüncelerinizi belirlemek amacıyla hazırlanmıştır. Lütfen her bir soru için, düşüncenizi en iyi ifade eden sayıyı yuvarlak içine alınız. Verdiğiniz cevaplar gizli tutulacaktır. Formlar üzerinize isminizi veya herhangi bir kimlik bilgisi belirtmeyiniz.

Gösterdiğiniz ilgi için teşekkür ederiz.

### TANIM FORMU

Vaka (kod): ....

|       | 1.Yattığın  | ız Servis:       | Dahiliye       | Cerrahi      |                |                 |
|-------|---|------------------|----------------|--------------|----------------|-----------------|
|       | 2.Cinsiyet  | <b>iniz:</b> Erk | ek Kadın       |              |                |                 |
|       | 3.Yaşınız:  |                  |                |              |                |                 |
|       | 4.Medeni  | Durumun          | uz: Evli       | Evli deği    | 1              |                 |
|       | 5.Gelir dü  | zeyiniz:         | Kötü           | Orta İ       | yi Çok iy      | /i              |
|       | 6.Eğitim d  | lüzeyiniz:       | Okuryazar      | İlköğ        | gretim         | Lise            |
| Üniv  | ersite  |                  |                |              |                |                 |
|       | 7.Sağlık g  | üvencesi:        | Evet I         | Hayır        |                |                 |
|       | 8.Çalışma   | Durumun          | uz:            |              |                |                 |
|       | Bu hastalı  | k nedeniyl       | e çalışmıyorum |              |                |                 |
|       | Başka nedenlerle çalışmıyorum                       |                  |                |              |                |                 |
|       | Çalışıyorı  | ım               |                |              |                |                 |
|       | 9.Şu ana l  | kadar hast       | aneye toplam k | aç kez hasta | aneye yattınız | z (bu yatışınız |
| dahil | l):   |                  |                |              |                |                 |
|       | 1 kez   | 2 kez            | 3 kez 4 ke     | ez 5 kez     | kez            |                 |
|       | 10.Bu yatışınızda hastanedeki toplam kalış geceniz: |                  |                |              |                |                 |
|       | 2 gece  | 3 gece           | 4 gece         | 5 gece       | 6 gece         | gece            |

11.Daha önce bu hastanede/serviste yattı iseniz, daha önceki hastane

yatışınız ile son yatışınız sırasında hemşirelik bakımı yönünde gelişmeler var mı

?

Hayır Evet Kısmen

12.Öneriniz veya eklemek istediğiniz başka bir şey var mı?

.....

| 1 | Hemşirelerin size ayırdığı süreden   | Hiç<br>Memn<br>un<br>Değili<br>m<br>1 | Biraz<br>Memnu<br>num<br>2 | Oldukça<br>Memnu<br>num<br>3 | Çok<br>Memnu<br>num | Fazlasıy<br>la<br>Memnu<br>num<br>5 |
|---|--|---------------------------------------|----------------------------|------------------------------|---------------------|-------------------------------------|
| 2 | Hemşirelerin işlerinde gösterdikleri<br>yeterlilikten                                | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 3 | Birine ihtiyaç duyduğunuz zaman<br>etrafınızda daima bir hemşirenin<br>bulunmasından | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 4 | Hemşirelerin bakımınız konusundaki bilgi<br>düzeylerinden                            | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 5 | Hemşireleri çağırdığınız zaman yanınıza olabildiğince çabuk gelmelerinden            | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 6 | Hemşirelerin sizi evinizdeymiş gibi rahat ettirmelerinden                            | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 7 | Hemşirelerin durumunuz ve tedaviniz<br>hakkında size bilgilendirmelerinden           | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 8 | Hemşirelerin iyi olup olmadığınızı kontrol<br>etme sıklığından                       | 1                                     | 2                          | 3                            | 4                   | 5                                   |
| 9 | Hemşirelerin yardımseverliğinden   | 1                                     | 2                          | 3                            | 4                   | 5                                   |

| 1 | Hemşirelerin size açıklama yapma             | 1 | 2 | 3 | 4 | 5 |
|---|--|---|---|---|---|---|
| 0 | biçiminden                                   |   |   |   |   |   |
|   |  |   |   |   |   |   |
| 1 | Hemşirelerin yakınlarınızın ve               | 1 | 2 | 3 | 4 | 5 |
| 1 | arkadaşlarınızın sizinle ilgili endişelerini |   |   |   |   |   |
|   | gidermesinden                                |   |   |   |   |   |
| 1 | Hemşirelerin işlerini yaparken               | 1 | 2 | 3 | 4 | 5 |
| 2 | gösterdikleri tavırdan                       |   |   |   |   |   |
| 1 | Durumunuz ve tedaviniz hakkında size         | 1 | 2 | 3 | 4 | 5 |
| 3 | verdikleri bilginin içeriğinden              |   |   |   |   |   |
| 1 | Hemşirelerin size karşı bir birey olarak     | 1 | 2 | 3 | 4 | 5 |
| 4 | davranış tarzlarından                        |   |   |   |   |   |
| 1 | Hemşirelerin sizin üzüntülerinizi ve         | 1 | 2 | 3 | 4 | 5 |
| 5 | endişelerinizi dinlemesinden                 |   |   |   |   |   |
| 1 | Serviste size sağlanan özgürlükten           | 1 | 2 | 3 | 4 | 5 |
| 6 |  |   |   |   |   |   |
| 1 | Hemşirelerin isteklerinizi karşılamada       | 1 | 2 | 3 | 4 | 5 |
| 7 | istekli                                      |   |   |   |   |   |
|   | olmalarından                                 |   |   |   |   |   |
| 1 | Hemşirelerin mahremiyetinize (bireysel ve    | 1 | 2 | 3 | 4 | 5 |
| 8 | bedensel sınırlarınıza) saygı                |   |   |   |   |   |
|   | göstermesinden                               |   |   |   |   |   |
| 1 | Hemşirelerin ihtiyaçlarınızın farkında       | 1 | 2 | 3 | 4 | 5 |
| 9 | olmasından                                   |   |   |   |   |   |

## Appendix II

## YAKIN DOĞU ÜNİVERSİTESİ BİLİMSEL ARAŞTIRMALAR ETİK KURULU

#### ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

| Toplantı Tarihi | :25.11.2021 |  |  |
|-----------------|-------------|--|--|
| Toplantı No     | : 2021/97   |  |  |
| Proje No        | :1437       |  |  |

Yakın Doğu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Prof. Dr. Nurhan Bayraktar'ın sorumlu araştırmacısı olduğu, YDU/2021/97-1437 proje numaralı ve "Satisfaction of the surgical patients about the quality of nursing care" başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

L C all Prof. Dr. Şanda Çalı

Yakın Doğu Üniversitesi

Bilimsel Araştırmalar Etik Kurulu Başkanı

| Kurul Üyesi                  | Toplantıya Katılım        | Karar           |  |
|------------------------------|---------------------------|-----------------|--|
|                              | Katıldı( ✓)/ Katılmadı(X) | Onay(✓)/ Ret(X) |  |
| Prof. Dr. Tamer Yılmaz       | 1                         | 1               |  |
| Prof. Dr. Şahan Saygı        | 1                         | 1               |  |
| Prof. Dr. Nurhan Bayraktar   | /                         | 1               |  |
| Prof. Dr. Mehmet Özmenoğlu   | 1                         | 1               |  |
| Prof. Dr. İlker Etikan       | 1                         | 1               |  |
| Doç. Dr. Mehtap Tınazlı      | 1                         | 1               |  |
| Doç. Dr. Nilüfer Galip Çelik | 1                         | 1               |  |
| Doç. Dr. Emil Mammadov       | /                         | 1               |  |
| Doç. Dr. Ali Cenk Özay       | /                         | 1               |  |

## **Appendix III**

<text><text><text><text><text><text><text><text>

Ek 1: "Satisfaction of the surgical patients" about the quality of nursing care" konulu çalışmanın anketi



## Appendix IV Turnitin Similarity Report

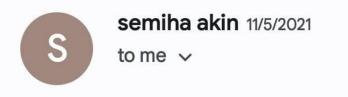
# SATISFACTION OF THE SURGICAL PATIENTS ABOUT THE QUALITY OF NURSING CARE

ORIGINALITY REPORT 21% 14% % PUBLICATIONS STUDENT PAPERS SIMILARITY INDEX INTERNET SOURCES PRIMARY SOURCES docs.neu.edu.tr 5% 1 Internet Source militarymedj.ir 2% 2 Internet Source www.atmph-specialissues.org 2% 3 Internet Source 2% www.ncbi.nlm.nih.gov 4 Internet Source acikerisim.karatay.edu.tr:8080 2% 5 Internet Source www.researchgate.net 1% 6 Internet Source Ummu Yildiz Findik. "Patient satisfaction with 1 % 7 nursing care and its relationship with patient characteristics : Patient satisfaction and nursing care", Nursing and Health Sciences, 01/12/2010 Publication



elham moradi 11/5/2021 to semihaakin ~

Hello, I am Elham Moradi, a third semester nursing student with student number 20203912 at Near East University. I need to submit a proposal and collect data about patients' satisfaction with the quality of nursing care, I need your consent to complete the form. Can I use the Nursing Satisfaction Scale form and the definition form in the Turkish version?



Yes, you can use them

I wish you much success.

Prof. Dr. Semiha AKIN Sağlık Bilimleri Üniversitesi Hemşirelik Fakültesi

Mekteb-i Tıbbiye-i Şahane, Selimiye Mah. Tıbbiye Cad. No:38, 34668 Üsküdar/ İstanbul Telefon: 0 216 418 96 16-2317

•

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# **CURRICULUM VITAE**

# 1. Personal Information

| Name, Surname: | Elham Moradi            |
|----------------|-------------------------|
| Date Of Birth: | 11\12\1992              |
| Place:         | Hamadn, Iran            |
| E-mail:        | Elham.mrd1992@gmail.com |
| Telephone:     | +905428807289           |
|                |                         |

# 2. Education

| Year      | Grade  | University              | Field            |
|-----------|--------|-------------------------|------------------|
| 2011-     | Bachel | Islamic Azad University | Nursing          |
| 2016      | or     | Tuyserkan               |                  |
| 2020-Till | Master | Near East University    | Surgical Nursing |
| Date      | S      |                         |                  |

# 3. Academic & Professional Experience

| PERIOD          | TITLE     | DEPARTMENT | UNIVERSITY             |
|-----------------|-----------|------------|------------------------|
| September, 2015 | ICU nurse | Nursing    | Emam Hosein            |
| – April, 2016   |           |            | Hospital,              |
|                 |           |            | Kermanshah, Iran       |
| January, 2016 – | ICU nurse | Nursing    | Emam Reza Hospital,    |
| July, 2017      |           |            | Kermanshah, Iran       |
| July, 2017 –    | ICU nurse | Nursing    | Madani Hospital,       |
| January, 2018   |           |            | Alborz, Iran           |
| August, 2018 –  | ICU nurse | Nursing    | Qaem Hospital,         |
| June, 2019      |           |            | Alborz, Iran           |
| November, 2018  | ICU nurse | Nursing    | Takht Jamshid          |
| – June, 2020    |           |            | Hospital, Alborz, Iran |
| May 2021 –      | Nurse     | Nursing    | Private Kyrenia,       |
| Present         |           |            | TRNC                   |

# 4. Computer Knowledge

| Microsoft Office | Very good |
|------------------|-----------|
| SPSS             | Good      |