

What are the Factors Affecting Nursing Care Satisfaction of Patients Hospitalized in Palliative Care Units? A Cross-Sectional Study

Palyatif Bakım Ünitelerinde Yatan Hastaların Hemşirelik Bakımı Memnuniyetlerini Etkileyen Faktörler Nelerdir? Kesitsel Bir Çalışma

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This research report was generated from a master thesis study. This study was presented as an oral presentation at the 6th International 17th National Nursing Congress in 2019, 19th to 21st of December 2019 in Ankara, Turkey..

ABSTRACT Objective: Today, the aging of the population and the increase in chronic diseases have caused the importance given to palliative care to increase day by day all over the world. The increase of the palliative care needs in Turkey has resulted in the increasing number of palliative care units. Considering that patient satisfaction and nursing care quality are directly related; in this study it was aimed to determine the nursing care satisfaction levels and the factors affecting this satisfaction in the patients hospitalized in palliative care units. **Material and Methods:** This study is a descriptive and cross-sectional study conducted in two state hospitals between October 2016 and December 2016. The sample of the study consisted of 154 patients hospitalized in the palliative units of two state hospitals. Patient information form and Newcastle Satisfaction with Quality of Nursing Care Scale were used as data collection tools. In the analysis of the data, since parametric test assumptions were not met, Mann Whitney-U Test and Kruskal Wallis H test were used. **Results:** There was no statistically significant difference between the demographic characteristics, income status, persons living together, attendant status and satisfaction level of nursing care ($p>0.05$). The levels of nursing care satisfaction among the patients differed in terms of dependency level, prior hospitalization and hospitalization time ($p<0.05$). **Conclusion:** Satisfaction levels were lower in patients who had no previous hospitalization experience. Therefore, it should be remembered for the patients hospitalized for the first time that they need nurse support and counseling in order to increase their satisfaction.

Keywords: Nursing care; palliative care; patient satisfaction

ÖZET Amaç: Günümüzde nüfusun yaşlanması ve dolayısıyla kronik hastalıklardaki artış palyatif bakıma verilen önemin tüm dünyada gün geçtikçe artmasına neden olmuştur. Türkiye’de de palyatif bakım ihtiyacının artması palyatif bakım kliniklerinin sayısının artması ile sonuçlanmıştır. Hasta memnuniyeti ile hemşirelik bakım kalitesinin doğrudan ilişkili olduğu göz önünde bulundurularak bu çalışmada palyatif bakım kliniklerinde yatan hastaların, hemşirelik bakım hizmetinden memnuniyet düzeylerinin ve bu memnuniyeti etkileyen faktörlerin belirlenmesi amaçlanmıştır. **Gereç ve Yöntemler:** Bu çalışma, Ekim 2016 ile Aralık 2016 arasında iki devlet hastanesinde yürütülmüş tanımlayıcı ve kesitsel bir araştırmadır. Araştırmanın örneklemini iki devlet hastanesinin palyatif birimlerinde yatan 154 hasta oluşturmuştur. Veri toplama aracı olarak hasta bilgi formu ve Hemşirelik Bakım Kalitesi ile İlgili Newcastle Memnuniyet Ölçeği kullanılmıştır. Verilerin analizinde, parametrik test varsayımları karşılanmadığı için Mann Whitney-U Testi ve Kruskal Wallis H testi kullanılmıştır. **Bulgular:** Hastaların demografik özellikleri, gelir durumları, birlikte yaşadıkları kişiler, refakatçi durumları ile hemşirelik bakımı memnuniyet düzeyleri arasındaki farkın istatistiksel olarak anlamlı olmadığı saptandı ($p>0,05$). Hastaların bağımlılık düzeyi, daha önceden hastanede yatmış olmaları ve hastanede yatış süreleri ile hemşirelik bakımı memnuniyet düzeyleri arasındaki farkın istatistiksel olarak anlamlı olduğu belirlendi ($p<0,05$). **Sonuç:** Daha önce hastanede yatma deneyimi olmayan hastaların olanlara göre memnuniyet düzeylerinin daha düşük olduğu belirlendi. Bu nedenle ilk kez hastaneye yatan hastaların memnuniyetlerinin artırılabilmesi için daha fazla hemşire desteği ve danışmanlığına ihtiyaç duydukları unutulmamalıdır.

Anahtar Kelimeler: Hemşirelik bakımı; palyatif bakım; hasta memnuniyeti

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Palliative care is a multidisciplinary approach for preventing symptoms that may develop in patients with serious illness, relieving the patient and improving quality of life.^{1,2} It is a form of therapy that is curative, enhancing lifetime, and is suitable for integrating in treatment, not only in the last period of life, but also in the early period of the disease irrespective of its stage.³ Palliative care was thought to be a service only for patients who were about to die, in the era when it just began to be implemented; today, it is used for alleviating pain and raising the quality of life in all patients who have life threatening and chronic diseases or who face problems of the terminal period; it is advocated to be implemented as early as possible in the early stages of the disease.⁴

Palliative care, since the beginning of the 1990s in countries such as Britain and Canada have shown a rapid development, whereas palliative care services in Turkey has emerged in 2010. Afterwards, legal arrangements were made to open palliative care units in state hospitals, and the first equipped palliative care unit started to serve in Ulus State Hospital in Ankara.⁵ Following this, new palliative care centers continued to be established in line with the needs. According to current data, as of July 2019, palliative care services are provided in 409 health facilities with 5,475 beds in 81 provinces.⁶ Turkey's palliative care centers have recently begun to develop and have not become widespread sufficiently yet. This can cause a deficiency in reaching the service.⁷ Palliative care philosophy is considered valuable in terms of patient and relatives' relief of psychosocial and physical needs and patient satisfaction during the treatment, or until the moment of death and during the mourning period afterwards.⁸

Especially in recent years, patient satisfaction has become increasingly important in the provision of health care services. Patient satisfaction, one of the primary outputs of healthcare units, has a critical place in measuring and determining the quality of health. Nursing care satisfaction is an important indicator of the quality of nursing services. Patients' perception of nursing services depends largely on the patient's social status, age, educational level, cultural background and ethnicity. But, the support provided by the nurse, the respect shown by the nurse, the

kindness to the patient, the clear and informative answers to the patient's questions, and the patient's always being able to reach the nurse are important indicators for satisfaction. For this reason, the basis of patient satisfaction in palliative care units are patient expectations, the communication between the patient and the nurse, and the act of informing the patient.

Considering that palliative care is a new service for Turkey, patient satisfaction is also a valuable indicator in determining the adequacy of the care provided. Periodically evaluating patient satisfaction in palliative care units with valid and reliable measurement tools will be effective in increasing the quality of nursing services by monitoring how patients perceive the level of quality and by enabling the necessary arrangements for patient expectations in nursing applications based on the results.⁹ It was aimed in this study to determine the levels of satisfaction with nursing care services, and the factors affecting this satisfaction in patients in palliative care units.

The rapid increase of chronic diseases and elderly population in our country and in the world has increased the need for palliative care. This study was carried out in order to develop nursing care given to palliative care patients, especially as a newly developing field in our country.

MATERIAL AND METHODS

STUDY DESIGN

In this study it was aimed to determine the nursing care satisfaction levels and the factors affecting this satisfaction in the patients hospitalized in palliative care units. This study is descriptive and cross-sectional.

RESEARCH POPULATION AND SAMPLE

The population of the study consists of the patients hospitalized in the palliative care units of two state hospitals in the city center of Ankara for at least two days. The sample for the study was calculated with 80% power and the number of patients was found to be 102. The sample of the study consisted of 154 patients hospitalized in the palliative units of two state hospitals between October 2016 and December 2016. These hospitals were coded as Hospital A and

B, and findings and discussion were presented in this way.

Features of Hospital A: The unit, with a total of 24 beds, has single and double patient rooms. Each room has a bathroom, toilet, television, screen and refrigerator. The diagnoses of patients hospitalized in the unit are mostly chronic obstructive pulmonary disease (COPD) and lung cancer, diabetes, hypertension, congestive heart failure, kidney failure. While the total number of nurses was 109 in this hospital, 21 of these nurses were working in the palliative care unit.

Features of Hospital B: Diagnoses of hospitalized patients with a total of 27 beds are usually hypertension, diabetes, cancer, neurological diseases, and advanced organ failure. Patient rooms are single and there is a bed for accompanying persons. All patient rooms have nurse call button, television, refrigerator, air conditioner, cabinets, bathroom, toilet, automatic opening doors, telephone, anti-decubitus bed, bedside monitors, bedside thermometer and hand disinfectant. While the total number of nurses was 245 in this hospital, 11 of these nurses were working in the palliative care unit

DATA COLLECTION INSTRUMENTS

An information form was used to collect data for the study from the hospitalized patients. The Newcastle Satisfaction with Quality of Nursing Care Scale was used to determine the nursing care satisfaction of the hospitalized patients.

Newcastle Satisfaction with Quality of Nursing Care Scale (NNSS): It is a scale that was developed by Thomas et al. in 1995 to assess the nursing care of hospitalized patients. The Turkish validity and reliability studies of the scale were carried out by Uzun in 2003, and by Akın and Erdoğan in 2007.^{10,11} In the Turkish version of the scale, the Chronbach's alpha value was found to be quite reliable as 0.94. In the present study, the Cronbach's alpha score of the scale was found to be 0.98. NNSS is a 5-point Likert-type scale which contains a total of 19 questions. The scale is scored between 0 and 95. Once the points are collected, they are converted to 100. The total score of 100 indicates that the patient is satisfied with all dimensions of the nursing care services.

INFORMATION FORM

The Information Form to be used in the research was prepared by the researchers by making use of the current literature information. This form consists of questions including age, gender, marital status, income status, occupation, health insurance, length of hospital stay, dependence status chronic disease, and habits. A relationship of trust was established with the patients and their relatives, by making a meeting first. Afterwards, data were collected through in the patients information form and the Newcastle Satisfaction with Quality of Nursing Care Scale .

The independence, semi-dependence and fully dependence criteria in the patient information forms were evaluated as follows:

Independent: The patient can realize all aspects of self-care, sphincter control, mobility and transfer, mobility and walking, communication and social perception in daily life activity (DLA).

Semi-dependent: The patient can perform only 2 or 3 of them in DLA in terms of self-care, sphincter control, mobility and transfer, mobility and walking, communication and social perception.

Fully Dependent: The patient cannot fulfill at least three aspects of self-care, sphincter control, mobility and transfer, mobility and walking, communication and social perception in DLA.

EVALUATION OF DATA

Descriptive data is presented with the appropriate value of either average standard deviation (\pm) or number or percentage (%). Kolmogorov-Smirnov tests are used to analyze the distribution of data. Since parametric test assumptions were not met, Mann Whitney-U Test and Kruskal Wallis H test were used. The results were evaluated at 95% confidence interval, $p < 0.05$ significance level and $p < 0.01$ advanced significance level.

ETHICS OF THE RESEARCH

Ethics committee approval was received from the ethics committee of a private university (Ethical approval number: 163, date: August 29, 2016) and permission was received from the General Secretariat of the 2nd Regional State Hospitals Association where the

hospitals were affiliated. To use the Newcastle Satisfaction with Quality of Nursing Care Scale, permission was obtained from Prof. Özge Uzun. The written consents of the patients were obtained after they had been given information about the purpose of study and told that participating in the study was voluntary. The study was conducted in accordance with the principles of the Helsinki Declaration.

RESULTS

MEAN NURSING CARE SATISFACTION SCALE SCORES OF THE PATIENTS

It was determined that the mean satisfaction scores of the patients were significantly different according to the hospital where they were treated ($U=2202.5$; $p\leq 0.05$) (Table 1).

MEAN NURSING CARE SCORES ACCORDING TO THE SOCIODEMOGRAPHIC CHARACTERISTICS OF THE PATIENTS

The majority of the patients in the palliative care units (53.9%) were 65 years of age or older. The male and female gender ratios of the patients were very close to each other. Most of the patients in the palliative care units participating in the study ($n=123$) were married and elementary school graduates (59%). It was determined that the Newcastle Nursing Satisfaction Scale scores of the patients in the palliative care units did not show any significant difference according to their age, gender, marital status, educational status, occupation, number of children, and income status (Table 2).

DISTRIBUTION OF PATIENTS' HEALTH/ILLNESS CHARACTERISTICS AND NURSING CARE SATISFACTION SCALE AVERAGE SCORES

It was determined that the Newcastle Satisfaction with Quality of Nursing Care Scale scores of the pa-

tients in the palliative care units showed a significant difference according to the dependency status, previous hospitalization, and duration of hospitalization in the palliative care unit. Their scores did not differ according to variables such as chronic disease status, companion status, and number of patients in the room (Table 3).

DISCUSSION

PATIENTS' OVERALL SATISFACTION LEVELS

The mean score of Newcastle Satisfaction with Quality of Nursing Care Scale (NNSS) of the patients was 84.0 ± 16.8 , and the level of satisfaction was considered to be high. The Newcastle Satisfaction with Quality of Nursing Care Scale mean score of the patients in Hospital A was 82.2, while that of the patients in Hospital B was 87.4. The Newcastle Satisfaction with Quality of Nursing Care Scale scores of the patients hospitalized in these two hospitals differed significantly (Table 1).

This result may be due to the limited number of patient rooms in the palliative care unit of Hospital A, which were generally double rooms, and not having suitable physical conditions for companions. In the palliative care unit of Hospital B, the patient rooms were single rooms, and there were beds for companions. There was also a nurse call button, television, refrigerator, air conditioner, cabinets, bathroom, toilet, automatic opening doors, telephone, anti-decubitus bed, bed-side monitors, bed-side thermometer and hand sanitizer in all patient rooms in Hospital B. In a study, the dimensions of patient satisfaction were determined as transportation, bureaucratic processes, general quality, physical conditions, continuity of service, cost and service variability. It is reported that the physical and environmental conditions of hospitals and patient rooms are one of the dimensions of satisfaction and emphasis attributed by patients. It has been stated that the physical conditions of hospitals and patient rooms are one of the dimensions of satisfaction that are very much emphasized and cared by patients and that inadequate room conditions and a neglected hospital can be the cause of complaints and dissatisfaction of patients and may cause the hospital not

TABLE 1: Hospital variable where the inpatients in palliative care units were treated and their Newcastle Nursing Care Satisfaction Scale mean scores ($n=154$).

Hospitals	n	\bar{X}	SD	Statistical Analysis
Hospital A	100	82.2	17.3	U^* value=2202.5
Hospital B	54	87.4	15.3	$p\leq 0.05$

\bar{X} : Arithmetic mean; SD: Standard deviation.

TABLE 2: Distribution of the sociodemographic characteristics and Newcastle Nursing Care Satisfaction Scale mean scores of the inpatients in palliative care units (n=154).

Descriptive Characteristics	n	%	X _{ort}	Statistical analysis
Age				
18-34	10	6.5	99.2	X ² =4.05
35-64	61	39.6	80.9	p>0.05
65 years or more	83	53.9	72.3	
Gender				
Male	82	53.2	73.29	U=2607.0
Female	72	46.8	82.29	p>0.05
Marital status				
Married	123	79.9	75.79	U=1696.5
Single	31	20.1	84.27	p>0.05
Educational status				
Literate	23	14.9	65.2	X ² =4.12
Elementary school	59	38.3	84.6	p>0.05
Secondary school	49	31.8	77.9	
University	23	14.9	70.2	
Profession				
Retired	51	33.1	71.0	X ² =2.75
Housewife	65	42.2	83.0	p>0.05
Freelancer	17	11.0	74.9	
Civil Servant	21	13.6	78.2	
Number of children parented				
Does not have children	10	6.5	96.3	X ² =2.27
One child	9	5.8	78.9	p>0.05
Two children	34	22.1	75.5	
Three children	59	38.3	77.7	
Four children or more	42	27.3	73.9	
Who do you live with?				
With my spouse	52	33.8	75.6	X ² =2.30
With my spouse and children	49	31.8	74.2	p>0.05
At my child's house (daughter-in-law, son-in-law, etc.)	34	22.1	77.3	
Other	19	12.3	91.2	
Income status				
Good	18	11.7	69.3	X ² =1.28
Medium	114	74.0	77.3	p>0.05
Bad	22	14.3	84.9	

X_{ort} : Median.

to be preferred again.¹² Considering the physical condition of services, Şişe and Altinel suggested that the adequacy and comfort of the goods in the room, the adequacy of the technological products used in the room, the facilities offered to the companions, the number of patients in the room and the suitability of the room to the companions could affect patient satisfaction directly proportionally.¹³ The

physical environment is an important resource that can affect the concept of satisfaction when patients receive care. Patients want all their needs to be satisfied and to rest as if they are at home during the time they are hospitalized. As this level of comfort increases, the expectations from the physical environment are met and their satisfaction levels increase. The fact that the patient rooms in the

TABLE 3: Distribution of the health/disease characteristics and Newcastle Nursing Care Satisfaction Scale mean scores of the inpatients in palliative care units (n=154).

Descriptive characteristics	n	%	X _{ort}	Statistical analysis
Dependency status				
Independent	74	48.1	80.0	X ² =10.96 p≤0.05 Results of Difference: c > a - c > b
Semi-dependent	66	42.9	67.9	
Fully dependent	14	9.1	109.2	
Whether previously stayed in the hospital				
Yes	102	64.9	83.9	X ² =7.13 p>0.05
No	52	35.1	84.3	
Hospitalization period at palliative care unit				
1-6 days	57	37.0	75.56	X ² =7.16 p≤0.05 Results of Difference: a < c - b < c
1-4 weeks	62	40.3	69.91	
5 weeks or more	35	22.7	94.10	
Number of chronic diseases				
One	74	48.1	82.7	U=2769.5 p>0.05
Two or more	80	51.9	85.3	
Chaperone status				
Has one	149	96.8	84.2	U=369.5 p>0.05
None	5	3.2	77.8	
Closeness of chaperone				
Spouse	56	36.4	80.17	X ² =1.78 p>0.05
Son/daughter	62	40.3	72.40	
Relative	18	11.7	86.08	
Caretaker	13	11.6	78.17	
Number of patients in the room				
Single room	99	64.3	82.5	U=2402.5 p>0.05
Double room	55	35.7	86.8	

X_{ort} : Median.

palliative care service of hospital B provided more favorable physical conditions to the patients may have increased the nursing care satisfaction level.

In this study, the patients in Hospital A generally had diseases including diabetes, hypertension, congestive heart failure, renal insufficiency, and mostly chronic obstructive pulmonary disease (COPD) and lung cancer. The patients in Hospital B were mostly diabetic and hypertensive, including bowel cancer, breast cancer, stomach cancer, cerebrovascular disease (CVD), congestive heart failure, Alzheimer's disease, multiple sclerosis (MS), ankylosing spondylitis and stroke, and the general condition of the patients was more severe. Nursing care satisfaction levels of the patients with more severe general condition who were more dependent were found to be higher (Table 3).

NURSING CARE SATISFACTION LEVELS ACCORDING TO PATIENTS' DESCRIPTIVE CHARACTERISTICS

In the study, the Newcastle Satisfaction with Quality of Nursing Care Scale scores of the patients in the palliative care units were found not to be affected by age, educational status, place of birth, occupation, parental status, living with someone, smoking and alcohol use, companion status and income status variables (Table 2). Inconsistent results have been obtained between patient satisfaction and patient demographic variables in various studies in the literature. For example, in some studies, elderly patients have been reported to be more satisfied than younger patients, whereas in some other cases there has been no relationship between age and satisfaction.^{14,15} There are also different results in the

research on gender. Women have been found to be more satisfied in some studies, while men have been more satisfied in some others.¹⁶ And, in some cases, it has been reported that there is no relationship between gender and satisfaction.¹⁷ There are also inconsistent results in terms of satisfaction and level of education in the literature. Kirilmaz has suggested that patients with higher levels of education may be less satisfied with health care.¹⁸

Nursing care satisfaction levels of patients who were previously hospitalized were higher than those who were not hospitalized before (Table 3). Yilmaz has stated that patients' past experiences may increase their level of satisfaction.¹⁹ It is believed that patients who were hospitalized previously may gain experience, they may become accustomed to follow-up and treatment forms, and, thus, they may experience less anxiety. In other words, we can say that patients see diagnosis, treatment, or intervention environments close to each other because of previous hospitalization, and perhaps they experience less anxiety, and therefore their satisfaction levels diversify.

Newcastle Satisfaction with Quality of Nursing Care Scale scores of patients who were hospitalized for more than 5 weeks in the palliative care units participating in the study were found to be higher than those who were hospitalized for less than 5 weeks. Similarly, patients who were hospitalized for 1 to 4 weeks had higher levels of satisfaction than the patients who were hospitalized for less than 6 days (Table 3). In other studies in the literature, it has been stated that the length of hospital stay and the unit where the patient has stayed affect the satisfaction of patient, while it has been shown that the patient's status of previous hospitalization does not affect satisfaction.^{20,21} Şişe has reported that the satisfaction level of the patients who were hospitalized for one month or more was low compared to the others ($p=0.000$).²² Our study suggests that an increase in the length of hospitalization of patients in the palliative care units may have caused the patients to become accustomed to the hospital environment and treatment conditions; this may have possibly reduced anxiety; and all these may have caused the level of satisfaction to rise.

Completely dependent patients in the palliative care units participating in the study were found to have higher levels of satisfaction with nursing care (Table 3). This situation suggests that patients who cannot meet their basic needs evaluate nursing care more positively. Contrary to this study, it is reported in the study of Kavuran and Türkoğlu that the decrease in the level of physical dependence of neurological patients caused an increase in satisfaction levels.²³

CONCLUSION

There was no difference between the descriptive characteristics and satisfaction levels of the patients in the palliative care units in this study. However, Newcastle satisfaction levels of the patients in the palliative care units who continued their lives as dependent on others were higher than those of the other patients. It was shown that the patient satisfaction was positively affected if physical conditions of the palliative care units were good, the patient rooms were single and comfortable, and included the materials that the patient and his/her companion might need.

LIMITATIONS OF THE STUDY

In this region, four hospitals have palliative care units. Although two hospitals were participated in the study, other two could not be included because we could not obtain permission from these two hospitals. Therefore, the sample was collected from only two hospitals.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

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