Patient Satisfaction with the Nursing Care in Hospital

Hastanede Hemşirelik Bakımı ile İlgili Hasta Memnuniyeti

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ABSTRACT Objective: The aim of this study was to assess patient satisfaction with the nursing care. **Material and Methods:** This descriptive correlational study was conducted in 500 adult patients in the internal and surgical units of State Hospital between September 2007 and January 2008. Demographic and clinic information questionnaire and Newcastle Satisfaction with Nursing Care Scale (19 items) were used in this study. ANOVA test, Tukey HSD test, -t- test and multiple robust regression analysis were used in statistical evaluation. **Results:** Of patients, 21.4% were in the 62-72 year group, 52.8% were females, 51.8% were elementary school graduates, and, 88.2% were married. The mean satisfaction score for the nursing care was 67.76 ± 16.07. The highest satisfaction was for "the privacy provided by the nurses", and the lowest satisfaction was for "nurses' listening skills". **Conclusions:** Patients are generally moderately satisfied for the care they receive.

Key Words: Nursing care; patient satisfaction; quality assurance, health care

ÖZET Amaç: Bu çalışmanın amacı hemşirelik bakımı ile ilgili hasta memnuniyetini değerlendirmektir. **Gereç ve Yöntemler:** Bu tanımlayıcı ilişki arayıcı çalışma bir Devlet Hastanesinde Eylül 2007 ile Ocak 2008 arasında dahiliye ve cerrahi servislerindeki 500 yetişkin hasta ile yürütülmüştür. Bu çalışmada demografik ve klinik bilgiye yönelik bir sorgu formu ile Newcastle Hemşirelik Bakımı Memnuniyet Ölçeği (19 madde) kullanılmıştır. İstatistiksel değerlendirmesinde ANOVA testi, Tukey HSD testi, t testi ve multiple robust regresyon analizi kullanılmıştır. **Bulgular:** Hastaların %21.4'ünün yaşları 62-72 yaş grubunda, %52.8'i kadın, %51.8'i ilkokul mezunu ve %88.2'si evlidir. Hemşirelik bakımı ile ilgili memnuniyet puanı ortalaması 67.76 ± 16.07'dir. En yüksek memnuniyet "Hemşirelerin mahrumiyetlerine gösterdikleri saygı", en düşük memnuniyet ise "Hemşirelerin dinleme becerileri'" ile ilgilidir. **Sonuç:** Hastaların genel olarak aldıkları bakımdan orta derecede memnun oldukları belirlenmiştir.

Anahtar Kelimeler: Hemşirelik bakımı; hasta memnuniyeti; kalite güvencesi, sağlik hizmeti

Patient satisfaction is a combination of perceived needs, expectations, and experiences of health care.[1] Patient satisfaction is a multidimensional concept which includes the interaction between patient and caregiver, presence of the caregiver, offering and continuity of care, the caregiver's competence and characteristics of communication.[2] The main dimensions for the patient satisfaction are "care" and "cost".[3] Today, the quality management is a favored approach in the improvement of health care services,[4] and patient satisfaction is a key outcome measure of the qu-

ality of patient care services.[5-7] Patient satisfaction is also seen as a result of healthcare services and an indicator of quality of these services. It also gives a feedback to evaluate, improve, and determine the quality of nursing services.

Patient satisfaction is defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding ideal nursing care and their perceptions of the actual nursing care.[6] A prerequisite for patient participation in medical care is that the patient is satisfied with nursing care. In other words, nursing care quality is a prerequisite for medical care quality.[8] It is widely recognized that care can not be of high quality unless the patient is satisfied.[3] There are seven main dimensions that have been addressed in the literature as crucial in the measurement of patients' satisfaction. These dimensions are:

■ Respect for patients' values, preferences and expressed needs,

■ Coordination, integration and information flow,

■ Information and education,

■ Physical comfort,

■ Emotional support, and alleviation of fear and anxiety,

■ Involvement of family and friends and

■ Transition and continuity.[9]

These are domains where nursing care may influence the care receiver's perception of satisfaction.[6] Patient satisfaction is affected by patients' characteristics, demographics, social, and economic status, illness, current and previous experiences of hospital service, nursing staff, environmental and hospital related factors such as food, cleanness etc.[1,6,10,11] Researchers showed that satisfaction with nursing care is the crucial factor in patients' overall satisfaction or dissatisfaction with their hospital experiences.[12-14]

Different health care providers exert different influences on the patient's perception of satisfaction. The nursing care is regarded as the most

important factor in patient assessments of their satisfaction with health care.[6] Nurses should know the expectations of patients in order to be able to meet them.[15] If the nurse is unable to fulfill this role, a high level of patient satisfaction will not be achieved.[6]

Satisfaction with nursing care is the first step in assessing the satisfaction for overall hospital experiences. Measuring patient satisfaction with nursing care is important in evaluating and meeting patients' needs and for determining the proper nursing interventions. In Turkey, health organizations have seen an increase towards improving health services to increase patient satisfaction.[16] As nursing care generally determines patients' hospital experiences, it is possible to claim that satisfaction with nursing care has the first and foremost effect on all aspects of satisfaction. Therefore, measuring patient satisfaction is important and necessary to improve the science and art of nursing.

The aim of this study was to assess the patient satisfaction for the nursing care in a sample of discharged patients.

MATERIAL AND METHODS

SETTING

This descriptive correlational study was conducted in the medical and surgical units of a State Hospital between September 2007 and January 2008. The hospital is the smallest state hospital with 175 beds and 16 different units including internal medicine, surgery, pediatrics, gynecology obstetrics, orthopedics, psychiatry, neurology, urology, cardiology, and emergency medicine. It is located in the Western Black Sea Region.

STUDY SAMPLE

There were 4266 patient hospitalizations during the study period. Inclusion criteria were: (1) being ≥18 years of age, (2) no communication problems, (3) at least two nights of hospital stay, (4) giving informed consent, (5) no psychiatric or mental disorders. A total of 618 consecutive patients met the criteria, however 500 were enrolled. Response rate was 81%.

DATA COLLECTION

Questionnaires

Newcastle satisfaction with nursing scales

The Newcastle satisfaction with Nursing Scales (NSNS) were developed by Thomas et al. by measuring patients' experiences of and satisfaction with nursing, based on their perspective.[12] A structured, self-completion questionnaire was developed by asking patients, through individual and focus group interviews, whether they perceived good or bad quality nursing. Major themes emerged were related to the availability and attentiveness of nurses, the degree of individual treatment afforded to patients, the provision of reassurance and information and the openness of informality of nurses. Other themes were mentioned less frequently; these were nurses' professionalism and knowledge, ward organization and the ward environment. The scales were incorporated into three sections: (i) experiences of Nursing Care Scale, (ii) Satisfaction with Nursing Care Scale (SNCS) and (iii) demographic information section.[12,13,17]

Experiences of nursing care scale

There are 26 items on aspects of nursing. A seven-point Likert scale (1= disagree completely, 2= disagree a lot, 3= disagree a little, 4= neither agree nor disagree, 5= agree a little, 6= agree a lot and 7= agree completely) is used. Positive and negative statements (15 and 11 items, respectively) were included to avoid affirmation bias. The scores are summed and transformed to yield an overall 'experience score', with a potential range of 0-100, where "100" represents the best possible experience.

Satisfaction with nursing care scale

It consists of 19 items' scores on a five-point Likert scale (1= not at all satisfied, 2= barely satisfied, 3= quite satisfied, 4= very satisfied and 5= completely satisfied). Total score was summed and transformed to yield an overall 'satisfaction score' of 0-100, where "100" denoted complete satisfaction/highest level of satisfaction with all aspects of nursing care.[17] In the study of Thomas et al.,[12] Cronbach's alpha was 0.96 for the SNCS. Correlations between single items and total ranged from 0.53 to 0.82.[12]

Demographic Information Section

It elicits information on the patient's age, gender, marital and educational status, place of residence, occupation, social insurance, socioeconomic status, length of hospitalization, perceived health and chronic conditions. It also includes a one- item scale (seven point response scale) about the patients' overall satisfaction with the recent hospital stay. The validity and reliability of NSNS were proven in previous studies.[7]

Validity and reliability study of the NSNS was done by adapting it to Turkish by Uzun[18] in 2003; Akın and Erdoğan[16] in 2007. Cronbach alpha internal consistency coefficient was found as 0.97 in this study, and this finding is coherent with the finding of Uzun (0.94), Akın and Erdoğan (0.96) and Thomas et al. (0.96).

Ethics

The study was approved by the hospital director. Verbal informed consent was obtained from the patients.

Statistics

Data were installed and analyzed using SPSS for Windows (15.0). Descriptive statistics were used for frequency, percentage, mean and standard deviation. An analysis of variance test (ANOVA), Tukey HSD test, t- test and multiple robust regression analysis were used. The level of significance was set as $p < 0.05$.

RESULTS

CLINICAL CHARACTERISTICS

The mean age was 53.10 ± 19.67 years (range: 18-83); 52.8% (n= 264) of the patients were females and 47.2% (n=236) were males, 88.2% (n= 441) were married, 51.8% (n= 259) were elementary school graduates, 44.2% (n= 221) were housewives. The majority (96.8%, n=484) had a social health insurance, 35.0% (n= 175) were living in a city, 41.6% (n= 208) in a village. Of patients, %73.2 (n= 366) stated that their income level was less than their expenses. There was a significant relationship between age (F= 2.941, p< 0.05), gender (t:3.798, p< 0.001), educational level (F= 2.746, p< 0.05), edu-

cational background of the spouse (F= 3.199, p< 0.05), place of residence (F= 5.846, p< 0.05), occupation (F= 2.731, p< 0.05), social insurance (t:3.024, p< 0.05), social insurance type (F= 2.019, p< 0.05), perception of income (F=7.074, p< 0.001) and the level of patient satisfaction (Table 1). In parallel to the findings of the research, the average satisfaction with nursing care was found to be higher in 73-83 age group elderly patients, in the group of males, literate and primary school graduates, the ones living in villages, the ones without any social security, who were retired and unemployed, and in the ones with an income more than their expenses.

Of patients, 53.8% (n= 269) were treated in internal and 46.2% (n= 231) in surgical clinics. Of patients, 75.2% (n= 376) perceived their health as "very good", 15.0% (n= 75) as "bad", 80.6% (n= 403) had a previous hospitalization, 38.8% (n= 194) had a chronic condition, 39.4% (n= 197) had a hospital stay for 7-11 days and 28.8% (n= 144) for 2-6 days. The mean length of stay was 4.15 ± 3.76 days (range: 2-21 days). There was a significant relationship between clinic of hospitalization (t= 2.928, p< 0.05), perception of health status (F= 36.409, p< 0.001), having a companion (t= 4.786, p< 0.001), and previous hospitalizations (t= 5.310, p< 0.001), and the satisfaction level (p< 0.001, Table 2), whereas no significant relationship was found between the length of stay (F= 1.741, p> 0.05), and chronic conditions (t= 0.550, p> 0.05), and satisfaction (p> 0.05, Table 2). In parallel to the findings of the research, the average satisfaction with nursing care was found to be higher in those who received treatment at internal medicine clinics, perceived their health condition as quite good, who had been hospitalized and received treatments before and who had a companion attendant during the treatment.

SATISFACTION WITH NURSING CARE

Results of regression analysis performed to determine the correlation between the nursing satisfaction levels and socio-demographic and clinical characteristics of the patients are demonstrated in Table 3. Satisfaction score within the regression analysis of this study was regarded as the dependent variable whereas age, educational backgro-

unds of the spouse, economic status of the family, length of hospitalization, and perception of health status were treated as independent variables. Nominal variables such as social insurance, occupation, place of residence, former hospitalization status, having a companion, hospitalization clinic, gender, pesence of a chronic disease, hospitalization frequency and acceptance of the disease were included within the regression through transforming into dummy variable on the basis of the highest frequency. In this modeling those with sig. p values higher than 0.05 were excluded from this modeling and regression analysis was repeated. As evident from the Table 3, satisfaction score was included as the dependent variable; economic status of the family, perception of health status, hospitalization time as independent variables; social security status, having a chronic disease, hospitalization frequency as dummy variables in the repeated regression analysis. Multiple correlation coefficient of this model is 0.445. Adjusted R^2 value is 0.19. That is, with this modeling, it is understood that 19% cause of patient satisfaction regarding to nursing care has been attributed to variables in this model.

As apparent from the modeling of causes effecting patient satisfaction in the Figure 1, economic status of the family effected satisfaction score in a negative way; and it was determined that the higher was the economic level less was the satisfaction level of patient regarding to the nursing care. Patients' perception regarding to their health status has affected their satisfaction level pertaining to the nursing care in an affirmative way, and higher was the patient's positive perception of health status, higher was patient satisfaction level with respect to nursing care. For dummy variable regarding social security, Social Insurance Institution as the social security institution of the patient increased affirmatively the satisfaction level pertaining to nursing care. For dummy variable regarding to having a chronic disease, nonexistence of a chronic disease decreased the patient satisfaction levels pertaining to nursing care. For hospitalization frequency, the last dummy variable, it was determined that the patient satisfaction level

TABLE 1: Patients' characteristics and satisfaction scores (N= 500)				
		Satisfaction Scores		
Characteristics	**n (%)**	**Mean ± SD**		
Age Group (years)				
18-28	83 (16.6)	63.42	16.57	F= 2.941
29-39	62 (12.4)	65.18	15.81	p< 0.05
40-50	71 (14.2)	66.38	15.33	
51-61	72 (14.4)	68.26	15.93	
62-72	107 (21.4)	70.49	15.08	
73-83	105 (21.0)	70.52	16.61	
Gender				
Female	264 (52.8)	67,31	16,17	t:3.798
Male	236 (47.2)	68,95	15,79	p< 0.001
Current marital atatus				
Married	441 (88.2)	67.52	15.76	t:1,246
Not married	59 (11.8)	69.54	18.27	p> 0.05
Education level				
Literate	139 (27.8)	70.28	15.55	F= 2.746
Elementary School	259 (51.8)	68.82	15.59	p< 0.05
Secondary School	36 (7.2)	64.17	14.90	
High School	47 (9.4)	62.70	17.45	
University	19 (3.8)	60.63	18.87	
Educational background of the spouse				
Illiterate	74 (16.8)	70.19	15.46	F= 3.199
Literate	63 (14.3)	67.76	13.89	P< 0.05
Elementary School	196 (44.4)	68.70	15.82	
Secondary School	41 (9.3)	67.20	17.52	
High School	49 (11.1)	62.37	15.52	
University	18 (14.1)	57.61	14.06	
Place of residence				
City	175 (35.0)	64.97	16.60	F=5.846
Town	117 (23.4)	67.09	15.60	p< 0.05
Village	208 (41.6)	70.49	15.50	
Occupation				
Housewife	221 (44.2)	67.59	16.29	F= 2.731
Worker	43 (8.6)	66.77	17.16	p<0.05
Civil servant	29 (5.8)	59.07	18.69	
Retired	86 (17.2)	69.10	13.79	
Self-employed	121 (24.2)	69.55	15.64	
Social insurance				
Yes	484 (96.8)	67.81	16.03	t: 3.024
No	16 (3.2)	64.78	18.84	p< 0.05
Social insurance type (n= 484)				
Social Security Institution	252 (52.1)	68.91	16.30	F= 2.019
BagKur (Social Security Organization for Artisans and the Self-Employed)	84 (17.3)	64.94	15.09	p< 0.05
Pension Fund	84 (17.3)	66.62	15.98	
Green Card	64 (13.3)	66.58	15.88	
Socioeconomic status				
Income<expenditure	366 (73.2)	72.73	15.65	F= 7.074
Income=expenditure	124 (24.8)	64.39	14.51	p< 0.001
Income>expenditure	10 (2.0)	59.70	19.34	

TABLE 2: Patients' clinical characteristics and satisfaction scores (N= 500).

Characteristics	n (%)	Satisfaction Scores Mean ± SD		
Clinic				
Internal	269 (53.8)	75.85	15.46	t:2.928
Surgical	231 (46.2)	63.63	14.77	p< 0.05
Perceived health				
Very Good	376 (75.2)	71.65	14.59	F= 36.409
Good	9 (1.8)	52.78	28.45	p< 0.001
Fair	40 (8.0)	54.50	11.38	
Poor	75 (15.0)	57.11	13.89	
Previous hospitalization				
Yes	403 (80.6)	68.30	15.73	t:5.310
No	97 (19.4)	65.53	17.30	p< 0.001
Chronic condition				
Yes	194 (38.8)	70.35	15.94	t:.0.550
No	306 (61.2)	66.12	15.96	p> 0.05
Having a companion				
Yes	351 (70.2)	68.06	15.97	t= 4.786
No	149 (29.8)	67.05	16.34	p< 0.001
Length of hospitalization				
2-6 days	144 (28.8)	69.69	16.55	F= 1.741
7-11 days	197 (39.4)	65.98	16.00	p> 0.05
12-16 days	92 (18.4)	67.39	15.95	
17 +	67 (13.4)	69.34	15.09	

TABLE 3: Multiple robust regression analysis for the satisfaction level.

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
	40.548	3.113		13.026	.000
Economic status of the family	-2.916	.805	-.150	-3.624	.000
Perception of health status	3.685	.455	.335	8.105	.000
Social Insurance (dummy)	3.044	1.296	.095	2.349	.019
Nonexistence of a chronic disease (dummy)	-3.481	1.365	-.106	-2.550	.011
Hospitalization frequency (dummy)	-14.407	3.996	-.148	-3.605	.000

pertaining to nursing care decreased when the hospitalization frequency increased (Figure 1).

Factors which influence patient satisfaction were divided into two groups and regression analysis was repeated. Satisfaction score was regarded as the dependent variable in the regression pratice carried out with positive variables, age, educational status of couple, status of perceived health which were positive, significant or insignificant variables that influenced the model were regarded as independent variables. Status of social insurance, occupation, status of being hospitalized before and gender variables were included into regression as dummy variables. Multiple correlation of this model was 0.400. Corrected R^2 value was 0.16 (Figure 2). This model could explain satisfaction scores at the rate of 16%. In this model, patient's level of perceiving his-her health status influence satisfac-
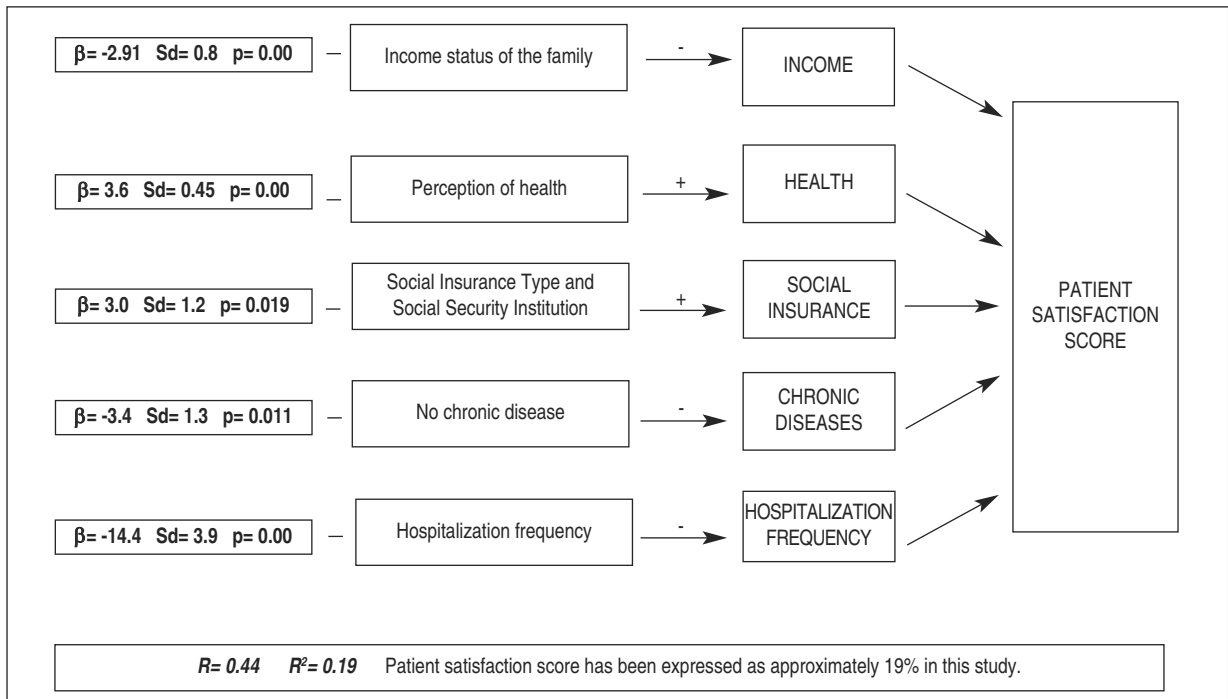
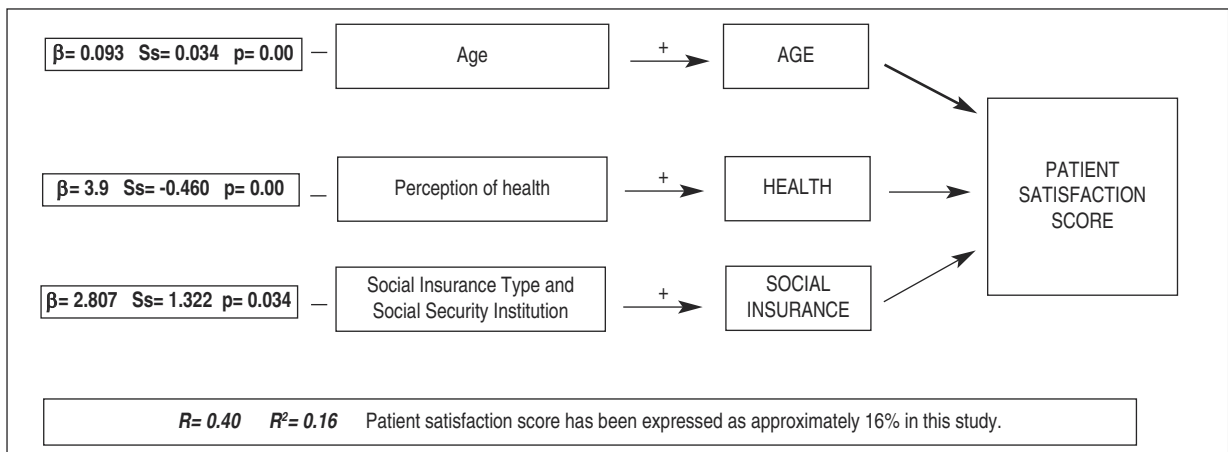**FIGURE 1:** Modeling of causes affecting patient satisfaction.

FIGURE 2: Positive modeling of causes affecting patient satisfaction.

tion score. As the perception level of health status increases, so does the level of satisfaction. In the dummy variable of social insurance, presence of a social insurance increased the satisfaction positively. Increased age also has a positive effect and increases the satisfaction level.

In the regression practice carried out with negative variables, satisfaction score was considered as the dependent variable and variables of educati-

onal status of couple, income of family, duration hospitalization and presence of a companion, the clinic in which the patient was hospitalized, presence of a chronic disease and frequency of hospitalization which were negative, significant and insignificant variables that influence model were included into regression as dummy variables. Multiple correlation of this model was 0.273. Corrected R^2 value was 0.074 (Figure 3). This model could

explain satisfaction scores at the rate of 7.4%. In this model, a chronic disease was coded as "0", absence of a chronic disease was coded as "1" which were dummy variables that influence satisfaction score negatively. Absence of a chronic disease influenced satisfaction negatively. Those who were hospitalized frequently were coded as "1" and it was seen that the satisfaction level of those who were frequently hospitalized was low.

The highest mean scores were in items 18, 5, and 8. The lowest mean scores were in items 15, 6, and 7. It was found that most patients were "quite satisfied". The highest 33.8% (n= 169) complete satisfaction was for the item "nurses take a long time to come when they are called" and the lowest 18.2% (n= 91) was for the item "nurses' listening skills". The mean satisfaction score was 67.76 ± 16.07 over 100. The highest score (3.80 ± 1.01) was for the item privacy and the lowest (3.32 ± 1.09) was for the item "nurses' listening skills" (Table 4).

DISCUSSION

The mean level of satisfaction was greater than average (67.76 ± 16.07), abd the thehighest satisfaction was in the item "How quickly nurses came when you called for them" and the lowest was in the item "How nurses listened to your worries and concerns". Nurses might have believed the most important part of meeting patient expectations was coming immediately when they were called. However listening and comforting patients' is an important nursing responsibility and unfortunately patients were not satisfied with nurses' listening

skills. In a study, it was found that the mean score of Satisfaction Nursing Care Scale was 69.89 ± 16.94.[19] Our result was consistent with literature.

The high scores were in items for "provided patients with privacy", "nurses take a long time to come when they are called", "how often nurses check to see if you are okay", "competency" and "no matter how busy nurses are, they make time for me". Alasad & Ahmad found that patients were generally less satisfied with "nurses take a long time to come when they are called", freedom in the clinic, willingness to respond patient requests, and treating patients as individuals.[5]

In our study, the lowest satisfaction score was for "how nurses listen to your worries and concerns", "comfort", " nurses explain what they are going to do to me before they do it", and " type of information". Today, patients increasingly want to learn more about their health conditions and want to participate in the planning, organization and decision making of services related to their health conditions.[1]

In a study by Walsh & Walsh it was found that the item with the least positive rating was for "type of information"; 47% of patients were "completely satisfied", 32% were "very satisfied", 9% were "quite satisfied", and 5% were "barely satisfied" but none of them was "not all satisfied".[7] The importance of giving patients enough time to talk, listening to them and keeping them well-informed has been a major theme in nursing research.[17] If empathy and patient information are good, patients will have less stress, will be more attentive and more compliant.

| β= -3.9 Ss= 1.52 p= 0.00 | — | No chronic disease dummy | → - | CHRONIC DISEASES | → | PATIENT SATISFACTION SCORE |
| β=14.5 Ss= 4.3 p= 0.00 | — | Hospitalization frequency (dummy) | → - | HOSPITALIZATION FREQUENCY | → | |

R= 0.273 R²= 0.074   Patient satisfaction score was expressed as approximately 7.4% in this study.
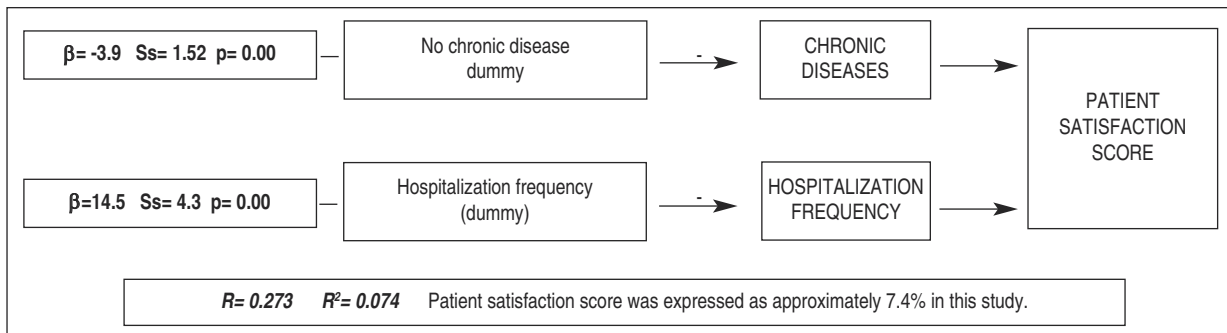
FIGURE 3: Negative modeling of causes affecting patient satisfaction.

TABLE 4: The Newcastle satisfaction with nursing scale items and satisfactions levels (N= 500).						
			Satisfaction Level			
Newcastle Satisfaction with Nursing Scale Items	Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied	Mean ± SD
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
1. Time	11(2.2)	41(8.2)	195(39.0)	130 (26.0)	123 (24.6)	3.62 ± 1.01
2. Competency	7 (1.4)	25 (5.0)	204 (40.8)	145 (29.0)	119 (23.8)	3.68 ± 0.93
3. No matter how busy nurses are they make time for me	6 (1.2)	49(9.8)	176 (35.2)	137 (27.4)	132 (26.4)	3.68 ± 1.00
4. Knowledge	12 (2.4)	41(8.2)	212 (42.4)	129 (25.8)	106 (21.2)	3.55 ± 0.99
5. Nurses take a long time to come when they are called	9 (1.8)	43(8.6)	157 (31.4)	122 (24.4)	169 (33.8)	3.79 ± 1.05
6. Comfort	32 (6.4)	73(14.6)	180 (36.0)	119 (23.8)	96 (19.2)	3.34 ± 1.13
7. Patient information	39 (7.8)	60(12.0)	183 (36.6)	119 (23.8)	99 (19.8)	3.35 ± 1.15
8. How often nurses check to see if you are okay	17 (3.4)	54(10.8)	147 (29.4)	122 (24.4)	160 (32.0)	3.70 ± 1.12
9. Helpful	9 (1.8)	46(9.2)	195 (39.0)	136 (27.2)	114 (22.8)	3.60 ± 0.99
10. Explanation manner	18 (3.6)	52(10.4)	187 (37.4)	121 (24.2)	122 (24.4)	3.55 ± 1.07
11. Comforting relatives' or friends'	21(4.2)	55(11.0)	212 (42.4)	120 (24.0)	92 (18.4)	3.41 ± 1.04
12. Manner in work	8 (1.6)	46(9.2)	206 (41.2)	128 (25.6)	112 (22.4)	3.58 ± 0.98
13. Type of patient information	31 (6.2)	73(14.6)	181 (36.2)	114 (22.8)	101 (20.2)	3.36 ± 1.14
14. Treating patients individually	8 (1.6)	56(11.2)	185 (37.0)	111 (22.2)	140 (28.0)	3.63 ± 1.05
15. How nurses listen to your worries and concerns	26 (5.2)	74(14.8)	202 (40.4)	107 (21.4)	91 (18.2)	3.32 ± 1.09
16. Freedom in the clinic	9 (1.8)	56(11.2)	208 (41.6)	113 (22.6)	114 (22.8)	3.53 ± 1.01
17. Willingness to respond requests	15 (3.0)	61(12.2)	176 (35.2)	118 (23.6)	130 (26.0)	3.57 ± 1.09
18. Provided patients with privacy	8 (1.6)	35 (7.0)	164 (32.8)	134 (26.8)	159 (31.8)	3.80 ± 1.01
19. Awareness of patient needs	5 (1.0)	35 (7.0)	214 (42.8)	138 (27.6)	108 (21.6)	3.61 ± 0.93

The mean satisfaction level was 67.76 ± 16.07 over 100 Cronbach α= 0.97.

One of the most important factors that affect individual's satisfaction is communication and informing the patient sufficiently.[8] Because the communication skills of healthcare professionals with individuals plays the main role on patients feeling worthy or unworthy. Establishing clear communication and providing information about nursing care are a prerequisites for patient satisfaction. Patient also emphasize that if nurses are to be understood, the information they give should be clear and comprehensible. It has also been reported that informing patients for clinical procedures increased their healthcare quality. The most important factor for patients to be encouraged to take part in their healthcare is the information and training nurses' provide.[6]

We found a significante relationship between age and satisfaction. The lowest satisfaction (63.42 ± 16.57) was in the age group of 18-28 years old and the highest (70.52 ± 16.61) in 73-83 age group. The level of satisfaction increases with increasing age.[6,16,20,21] On the other hand, some studies stated that there was no significant relationship between age and satisfaction.[5,12,22] Besides, it was found that satisfaction levels of young patients were higher than the elderly.[23] In this study, satisfaction of elder people with the nursing care can be related to the fact that they regard events more positively due to the tolerance and maturity brought by old-age. The satisfaction of young patients can be related to their high expectations from nursing care standards and their being more critical.

It was found that there was a significant difference between the satisfaction level of females and males. The lowest satisfaction (67.31 ± 16.17) was in female group and the highest (68.95 ± 15.79) was in male group. Although some studies showed no significant relationship between gender and satisfaction,[22,24] some others had similar findings with ours,[23,25] and some founda the opposite.[5,16]

The educational status was significantly related to satisfaction level (p< 0.05). The highest

satisfaction level was in patients with shorter educational period (literates 70.28 ± 15.55 and primary school graduates 68.82 ± 15.59). The lowest satisfaction level was in university graduates (60.63 ± 18.87). This finding is consistent with other studies where higher levels of education were associated with a reduced level of satisfaction with nursing care.[5,8] Even though some authors stated that educational status was not a determinant of satisfaction level in nursing,[23] some others reported that higher level of education was related to higher level of satisfaction.[20] In this study, it is thought that as the educational level of patients increases, expectations towards nursing service and also care increases and so does the level of discontent when the expectations are not compensated. Moreover, this situation can result from higher level of knowledge of the patients with high educational levels on treatment alternatives, their high expectations for care standards, and hence their capability of making more criticism on these issues.

The satisfaction levels were higher (70.49 ± 15.50) in patients lived in a village when compared to the ones in the city (64.97 ± 16.60) (p< 0.05). This finding may related to the fact that majority of people living in the rural area are elder depending on the socio-demographic structure of the country, and the educational level of these individuals is low.

The status of social insurance was significantly related to satisfaction (64.78 ± 18.84 for the ones without insurance vs 67.81 ± 16.03 for the ones with insurance) (p< 0.05). Lower income was significantly related to higher satisfaction levels (72.73 ± 15.65) (p< 0.001). The mean score of patients with higher income was 59.70 ± 19.34. In a national study, although the relationship was not significant, patients with a better income level were less satisfied compared to those with worse income level.[16] It is thought that as the socio-economic level increases, patients become more expert about health services, behave more critically and feel less satisfied depending on this.

There was a significant difference between the mean satisfaction score and the clinic of hospitali-

cation (p< 0.001). The mean satisfaction score of patients treated in internal medicine clinics had higher satisfaction scores (75.85 ± 15.46) compared to ones treated in surgical clinics (63.63 ± 14.77) Erbil et al. found a significant difference between Satisfaction Nursing Care scores and admitted unit and the reason.[19] Alasad and Ahmad found that patients in surgical wards had lower levels of satisfaction when compared to the patients in medical or gynecological wards.[5] It is thought that the difference about the discontent of nursing care between patients of interior and surgical unit results from the problems experienced by operative surgical procedures applied in surgical clinic, together with medical diagnoses and socio-demographic features.

As nursing care generally determines patients' hospital experiences, it is possible to claim that satisfaction with nursing care has the first and foremost effect on all aspects of satisfaction. We found a significant relationship between the patient's previous hospitalization and satisfaction level (p< 0.001).The satisfaction level of previously hospitalized patients was (68.30 ± 15.73), higher compared to the ones who did not have previous hospitalization. The higher score in previously hospitalized patients' may be due to the chance of comparing their experiences. It is thought that previous experiences of patient influences content about nursing care. Especially for a patient who is hospitalized for the first time, hospital is place where he has no idea of but feels himself unconfident. Therefore, expectations of patients who are hospitalized for the first time may be high. As the number of hospitalization increases, patients compare the care he obtains depending on his previous experiences and his satisfaction increases when he gets a better one.

Nurses can enhance patients' experiences with nursing care by taking the advantage of the time they spend with patients by providing more information to them, empowering them to enhance their privacy and maintain their individuality, being aware of patients' needs and responding to such needs, and providing respect and support to patients'

family and friends.[23] It is generally believed that elements of privacy, respect, and advocacy may enhance patients' satisfaction. Nevertheless, examining the items with low patient satisfaction will enable nurses to identify the defects in nursing care and to institute appropriate changes. Items with high patient satisfaction need to be maintained and enhanced.[5]

Patient satisfaction is a significant concept for health services, health professionals and, of course, patients. Nurses should strive to develop patient satisfaction instruments with sufficient psychometric properties and to publish the findings. It will then be possible in future to gather input which will help in the improvement of the provided services and uniqueness of nursing care will become apparent.[26] Identifying factors that promote positive patient experiences of nursing care will assist nurses to provide better quality care. The findings of this study will provide nurses with evidence to either maintain currently favored practices or change unfavored practices. Identifying factors that promote positive patient experiences of nursing care will assist nurses to provide better quality care.

LIMITATIONS

It was conducted only in medical and surgical units of a small hospital in the Northern Turkey. The traditional, social, cultural, and economic regional differences may affect patient satisfaction and thus our results cannot be generalized.

CONCLUSION

Changes and developments achieved in all areas naturally affect healthcare and nursing. The nursing care provided by nurses is regarded as the most important factor in patient assessments of their satisfaction with health care. Nurses spend more time with hospitalized patients when compared to other healthcare proffesionals and therefore have a significant impact upon patients' perceptions about their hospital experience. Therefore, nursing tries to be good enough on its own and to improve the quality. Nursing care should focus on improving the least satisfied areas. Measuring the patient satisfaction is useful and necessary in order to evaluate the nursing care and to determine the quality. Future studies with larger samples should be planned

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