



Evaluations of Nursing Care by the Patients in the Postoperative Period

Ameliyat Sonrası Dönemde Hastaların Hemşirelik Bakımını Değerlendirmeleri

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EVALUATIONS OF NURSING CARE BY THE PATIENTS IN THE POSTOPERATIVE PERIOD

ABSTRACT

Aim: The aim of this study was to evaluate nursing care of patients hospitalized during the postoperative period.

Methods: This descriptive study was conducted with 526 patients who were hospitalized in Surgical Clinics of a University Research Hospital in the province of Erzurum between April 2013 and August 2014. Being collected with form of descriptive characteristics and Nursing Care Assessment Inventory (NCAI), the data were evaluated as number and percentage in categorical measurements and mean and standard deviation in digital measurements.

Results: A statistically significant difference was found between the mean scores of physiological factor according to the patients' complication status, safety factor according to gender, educational status and surgical experience, and the psychosocial factor according to the educational status and surgical experience. Based on educational status and surgical experience, a significant difference was found between the NCAI total mean scores ($p<0.05$). In total, there was a significant difference between mean scores of NCAI according to the educational status and operation experience ($p<0.05$). There was a significant difference between all the subscale mean scores and total mean scores according to the clinics where the patients were receiving treatment ($p<0.05$). However, as a result of the advanced analysis, it was determined that the difference between the mean scores of the subscale of hygienic was not significant. Mean scores of NCAI were higher in patients in the Thoracic Surgery Clinic in Safety and Physiological fields; and in the Plastic and Reconstructive Surgical Clinic in Hygienic, Psychosocial fields and in total. (Thoracic Surgery safety 26.60 ± 4.31 , physiological 65.33 ± 10.05 ; Plastic and Reconstructive Surgery hygienic 24.10 ± 6.32 , psychosocial 90.53 ± 18.98 , total 204.93 ± 43.50)

Conclusion: In general, it could be asserted that patients are satisfied with the nursing care. The level of satisfaction with nursing care differs among all mean scores, except for the hygienic care factor, descriptive characteristics of the patients and the clinics they receive care from.

Keywords: Nurse; Nursing Care; Patient Satisfaction.



ÖZ:

Amaç: Ameliyat sonrası dönemde hastaların hemşirelik bakımını değerlendirmektir.

Yöntem: Tanımlayıcı türde olan araştırma, bir üniversite hastanesinin cerrahi kliniklerinde yatan 526 hastayla yürütüldü. Veriler; tanıtıcı özellikler formu ve “Hemşirelik Bakım Değerlendirme Envanteri (HBDE)” ile toplanıp; kategorik ölçümlerde sayı ve yüzde olarak, sayısal ölçümlerde ortalama ve standart sapmayla değerlendirildi.

Bulgular: Hastaların komplikasyon durumuna göre güvenlik Alt boyut, cinsiyet, eğitim durumu ve ameliyat deneyimine göre fizyolojik alt boyut, eğitim durumu ve ameliyat deneyimine göre psikososyal alt boyut puan ortalamaları arasında istatistiksel olarak anlamlı fark saptanmıştır. Eğitim durumu ve ameliyat deneyimine göre HBDE toplam puan ortalamaları arasında anlamlı fark vardır ($p<0.05$). Toplamda, eğitim durumu ve ameliyat deneyimine göre HBDE puan ortalamaları arasındaki fark anlamlıydı ($p<0.05$). Hastaların tedavi gördüğü kliniklere göre tüm alt boyut ve toplam puan ortalamaları arasındaki fark anlamlıydı ($p<0.05$). Ancak ileri analiz sonucunda hijyenik alt boyutu puan ortalamaları arasındaki fark anlamlı değildi. Güvenlik ve fizyolojik alanlarda Göğüs Cerrahisi Kliniğindeki; hijyenik, psikososyal alanda ve toplamda Plastik ve Rekonstrüktif Cerrahi Kliniğindeki hastaların HBDE puan ortalamaları yüksekti. (Göğüs Cerrahisi güvenlik 26.60 ± 4.31 , Göğüs Cerrahisi fizyolojik 65.33 ± 10.05 ; Plastik ve Rekonstrüktif Cerrahi hijyenik 24.10 ± 6.32 , Plastik ve Rekonstrüktif Cerrahi psikososyal 90.53 ± 18.98 , Plastik ve Rekonstrüktif Cerrahi toplam 204.93 ± 43.50)

Sonuçlar: Genel olarak hastaların hemşirelik bakımından memnun oldukları söylenebilir. Hemşirelik bakımından memnuniyet düzeyi, hastaların tanıtıcı özelliklerine, bakım aldıkları kliniklere göre, ölçeğin hijyenik alt boyutu hariç tüm puan ortalamaları arasında farklılık göstermektedir.

Anahtar Kelimeler: Hemşirelik Bakımı; Hasta Memnuniyeti; Hemşire.



INTRODUCTION

Surgery has become the first treatment option with the developments in medicine, technology and nursing care whereas it was the last treatment method resorted in the past, Although the reasons for hospitalization of patients to surgical services vary, it is known that they cannot meet their own needs by themselves and/or by their families most of the time, so their recovery and basic needs depend on the care provided by healthcare professionals, especially nurses working in surgical clinics (Aksoy, 2019; Özer, 2021).

Nursing care is a practice that includes the science, art and moral dimensions of nursing, is based on interpersonal relationships, and aims to protect, treat and develop by meeting human needs. In addition to competence in nursing care, conscience, trust and compassion are also important. These are indispensable in the care of surgical patients (Dinç, 2010; Köseoğlu & Seki, 2020; Winter et al., 2020).

The aim of care in surgical patients during pre-intra-post-operative periods is to prevent or minimize the complications that may develop in these periods and to contribute to the treatment by noticing the complications early (Yazıcı & Aktaş, 2021). Hospitalization for surgical intervention puts the individual in the position of a dependent person who needs physical and emotional support. In this process, the health professionals with whom the patients are together the most are nurses. Surgical nursing, which includes nursing care in pre-intra-post operative periods, plays an important role in ensuring communication and coordination between the surgeon and the patient, and in the success of treatment and care (Aksoy et al., 2019; Arslan, 2021).

It is important to know the perceptions of the patients about the nursing care given and to investigate the factors affecting this perception in order to achieve the best result in care giving, which is unarguably under the responsibility of the nurse, and to increase the quality of nursing care. Considering that a service will be best evaluated by both providers and service receivers, the evaluation of nursing care quality by patients will contribute to the proper and qualified structuring of care (Dinç, 2010; Köseoğlu & Seki, 2020; Winter et al., 2020).

Since the satisfaction of the patients with the nursing care given during their stay in the hospital is the most important factor affecting their satisfaction with all hospital services, it is very important to improve the nursing care and evaluate the care in order to increase the quality of care in health institutions (Sayin et al., 2016; Dinç, 2010; Köseoğlu & Seki, 2020; Winter et al., 2020).

When the international and national studies on the subject are investigated, it is seen that the studies using satisfaction scale/survey for the evaluation of nursing

care are dominant (Milutinovic et al., 2012; Sayin et al., 2016; Köseoğlu & Seki, 2020) and the measurement tools used to evaluate the patient care in Turkey are mostly adapted to the Turkish society (Uzun, 2003; İpek Çoban & Kaşıkçı, 2010; Akın & Erdoğan 2007). Measurement tools have been developed for Turkish society by researchers over time (Oksay Şahin, 2006; Demir & Eşer, 2005; Kurşun & Kanan, 2012), but it has been determined that the number of studies conducted with these measurement tools is limited (Özer et al., 2009; Kuzu & Ulus, 2014; Okgün Alcan et al., 2015; Sayin et al., 2016; Cerit & Çoşkun 2018).

When the studies conducted to evaluate the nursing care specific to surgical clinics were examined, it was found that the only study on international scale was conducted by Milutinovic, Simin, Brkic and Brkic (2012) using the Nursing Care Assessment Inventory (NCAI). Multiple studies were found on the subject on the national scale (Milutinovic et al., 2012; Kuzu & Ulus, 2014; Sayin et al., 2016; Köseoğlu & Seki, 2020).

What distinguishes adult patients hospitalized in surgical clinics from other clinical patients is that they are partially or completely dependent on someone else for short or long-term movement activity in the postoperative period. In this study, it was aimed to evaluate the nursing services of the patients hospitalized in the surgery clinic during their dependency in the post-operative period.

MATERIAL AND METHOD

Place and Time of the Study: This descriptive study was conducted in the surgical clinics of a university hospital between April 2013 and August 2014.

Population and Sample of the Study:

The population of the study consisted of 5130 patients who underwent surgical intervention in surgical clinics. The sample was decided through the improbable random sampling method and consisted of 526 patients who underwent surgical intervention between the dates of the study, met the research criteria, agreed to participate in the study. While determining the sample of the study, the formula $n = N \cdot t^2 \cdot p \cdot q / d^2 (N-1) + t^2 \cdot p \cdot q$ was used since the population volume is known for a finite population. In the formula, **N**= number of individuals in the population, **n**= number of individuals to be sampled, **p**= frequency (probability) of the incident to be studied, **q**= frequency of absence of the incident to be studied (1-p), **t**= theoretical value found in the t table with a certain degree of freedom and a detected error level, and **d**= desired + deviation according to the frequency of occurrence of the incident. Since it was known that 5130 people were hospitalized at the time of the study, it was calculated that the number of individuals to be extracted into the sample should be at least 400 when the formula is satisfied by the values in the study.

In the power analysis performed to determine the adequacy of the sample size (according to the education level variable), in the test performed with a total of 526 participants, 255.228 and 43 people in all three groups, it was determined that the power of the study was 85% (effect size: 0.02) at the 0.05 significance level at the 95% confidence interval. This level of power indicates that the study sample is sufficient (O'Brien and Muller 1993).

Patients aged 18 and over, who can communicate, who are conscious, who are at least primary school graduates, who were hospitalized for at least 1 day after surgery and who were partially dependent on movement activities were included in the study.

The dependent variables of the study are the total score from Nursing Care Assessment Inventory (NCAI) and mean score of the sub-scales. The independent variables are the descriptive characteristics of the patients.

Data Collection Forms: Questionnaire form for the descriptive characteristics of the patients and Nursing Care Assessment Inventory (NCAI) were used to collect the data.

Questionnaire Form: The forms were created by the researcher as a result of the literature review (Arslan et al., 2012; Köseoğlu & Seki, 2020). The form includes questions on age, gender, marital status, education level, whether the patient lives in the province of Erzurum, clinic where the patient is treated, length of hospitalization, hospitalization experience, surgery experience, inpatient clinical experience, companion status, chronic disease status, complication development status, nursing care, and the form also asks if the patient finds the care adequate and the reason for not finding the care adequate.

Nursing Care Assessment Inventory: The Nursing Care Evaluation Inventory (NCAI) (Oksay Şahin 2006) was developed by using the nursing model based on Roper, Logan and Tierney's Life model in order to evaluate the nursing care given to adult patients dependent on movement activity. NCAI, which is based on human needs and consists of 56 items, is evaluated based on the sub-scales of safety requirement, physiological, hygienic and psychosocial care and the overall total item score (Oksay Şahin 2006).

Of the sub-scales, safety requirement has 7 items (3, 7, 14, 28, 32, 33, 34), physiological care 18 (1, 10, 12, 13, 16, 19, 20, 21, 24, 36, 37, 39, 42), 43, 44, 45, 49, 51), hygienic care 7 (4, 31, 38, 40, 47, 48, 55), and psycho-social care 24 (2, 5, 6, 8, 9, 11, 15 of 17, 18, 22, 23, 25, 26, 27, 29, 30, 35, 41, 46, 50, 52, 53, 54, 56). NCAI items are scored 1-5 on a five-point Likert-type scale. Individuals are asked to evaluate the care they receive for each item, and to indicate the frequency of the behavior exp-

ressed in each item of the inventory, which is appropriate for the nursing care they receive, by marking one of the options. The options are: Always, Often, Sometimes, Rarely, Never. The answers are scored between 1 -5. (Oksay Şahin 2006).

The NCAI consists of straight and reversed items. Reversed items are 5, 6, 7, 9, 11, 14, 15, 16, 17, 18, 20, 22, 23, 26, 34, 40, 43, 46, 49, 50, 51, 55 (22 items). In the scoring stage, straight items are scored as “Always = 5, Often = 4, Sometimes = 3, Rarely = 2, Never = 1”. The score range is 56-280 (Oksay Şahin 2006).

Higher total scores obtained from the inventory and subscales indicate that the nursing care received by the patients regarding these scales/dimensions is quite good, while lower scores indicate that the care provided has aspects that need improvement (Oksay Şahin 2006).

In this study, the NCAI Cronbach’s alpha value was found to be 0.72, and that of the sub-scales found 0.64 for the safety requirements, 0.71 for the physiological care, 0.67 for the hygienic care and 0.71 for the psychosocial care.

Data Collection: The data were collected by the researcher by face-to-face interview technique between April 2013 and June 2013. Patients who accepted to participate in the study were informed about the purpose of the study and verbal consent was obtained. Then, data collection forms were applied in the patients’ own rooms. Data were done individually in the patient’s room. The application of the data collection forms took approximately 25 minutes.

Variables of the Study: The dependent variables of the study are the total score from Nursing Care Assessment Inventory (NCAI) and mean score of the sub-scales. The independent variables are the descriptive characteristics of the patients.

Data Evaluation: The coding and analysis of the data obtained was performed in SPSS 16.0 (Statistical Package for the Social Sciences) program. The descriptive characteristics of the patients were evaluated with percentile distribution, and the mean NCAI scores were evaluated with the mean standard deviation measurements. Internal consistency of the scale was measured with Cronbach’s α reliability analysis.

The t-test was used to compare the sub-scales according to the independent variables of gender, marital status, whether the patient lives in Erzurum province, chronic disease status, hospitalization experience, surgical experience, inpatient clinical experience, companion status, and complication status; One-way analysis of variance (ANOVA) was used to compare the sub-scales according to independent variables such as education status, clinic where the patient is treated. Post HocDunnet test was used in cases where the variances were not homogeneous

and Post Hoc LSD test was used in cases where the variances were homogeneous to determine between which groups the NCAI mean scores differed according to the clinics.

Ethical Issues: Prior to the study, (18.04.13-008545) permit was obtained from hospital management of XXX Research Hospital and ethics committee approval was taken (01.04.2013- B.30.2.ATA.0.01.00/45) from XXX Faculty of Medicine Ethics Committee. This study was conducted in accordance with the guidelines of the Declaration of Helsinki. All patients participating in the study were informed about the study and verbal consent was obtained.

Generalizability: This study can be generalized to the surgical clinics of Atatürk University Research Hospital.

RESULTS

It was found that 51.7% of the patients participating in the study were women, 81.6% married, 48.5% primary school graduates, 57.2% lived in the center of Erzurum province, and their mean age was 45.94 (SD = 16.28).

When the mean NCAI scores of the patients were compared according to their descriptive characteristics, it was determined that gender only affected the physiological sub-scale, and the satisfaction level of men was found to be higher ($p < 0.05$; Table 1).

In the study, it was determined that educational status affected the physiological and psychosocial sub-scales and the total mean score ($p < 0.05$; Table 1).

Table 1. Comparison of the Patient's NCAI Scores According to Their Sociodemographic Characteristics.

Descriptive Characteristics	Safety		Physiological		Hygienic		Psychosocial		Total	
	\bar{X}	\pm SD								
Gender										
Woman	23.62	5.01	57.61	10.11	20.43	5.15	81.29	12.80	182.96	26.13
Man	24.23	4.56	59.77	10.99	21.11	5.32	82.54	14.24	187.66	29.39
Statistical analysis; significance	t=1.450 p=0.148		t=2.357 p=0.019		t=1.479 p=0.140		t=1.059 p=0.290		t=1.942 p=0.053	
Marital Status										
Married	23.93	4.87	58.88	10.60	20.71	5.29	82.02	13.59	185.56	27.87
Single	23.83	4.52	57.64	10.54	20.95	5.03	81.35	13.24	183.79	27.70
Statistical analysis; significance	t=0.189 p=0.850		t=1.038 p=0.300		t=0.412 p=0.681		t=0.444 p=0.657		t=0.565 p=0.572	
Educational Status										
Primary School	24.33	5.13	60.33	11.14	20.68	5.15	83.74	14.05	189.10	29.22
Middle/High School	23.50	4.40	57.01	9.79	20.59	4.63	79.96	12.86	181.07	26.04
Undergraduate-Postgraduate	23.62	4.70	57.44	9.97	22.11	8.06	81.18	12.41	184.37	25.76
Statistical analysis; significance	F=1.900 p=0.151		F=6.348 p=0.002		F=1.584 p=0.206		F=4.840 p=0.008		F=5.104 p=0.006	
Living in Erzurum Province										
Yes	23.80	4.56	58.98	10.89	20.54	5.56	82.21	13.33	185.55	28.28
No	24.06	5.11	58.21	10.17	21.04	4.78	81.48	13.77	184.81	27.26
Statistical analysis; significance	t=0.612 p=0.541		t=0.823 p=0.411		t=1.090 p=0.276		t=0.617 p=0.537		t=0.302 p=0.763	

The experience of surgery was found to affect the physiological and psychosocial sub-scales and the total mean score ($p < 0.05$; Table 2), and in this respect, it was found that satisfaction level among the patients with no experience of surgery was determined lower.

In the study, the satisfaction level of the patients who developed complications was found to be significantly lower ($p < 0.05$, Table 2).

It was determined that the presence of a companion did not affect the NCAI mean score ($p > 0.05$; Table 2).

The difference between the mean scores of all sub-scales and total scores was significant according to the clinics in which the patients were treated ($p < 0.05$; Table 3). However, as a result of further analysis, the difference between the mean scores of the hygienic sub-scale was not significant.

The patients hospitalized in the Plastic and Reconstructive Surgery Clinic were more satisfied with nursing care than other clinics ($p < 0.05$; Table 3) in the hygienic, psychosocial areas and in total.

In the areas of safety and physiology, the patients hospitalized in the Thoracic Surgery Clinic were more satisfied with nursing care than in other clinics ($p < 0.05$; Table 3).

Table 2. Comparison of NCAI According to the Medical Characteristics of the Patients.

Descriptive Characteristics	Safety		Physiological		Hygienic		Psychosocial		Total	
	\bar{X}	\pm SD	\pm SD	\bar{X}						
Chronic Disease										
Yes	23.20	4.29	57.96	9.73	20.14	4.68	80.77	12.09	182.08	25.28
No	24.14	4.93	58.87	10.84	20.95	5.40	82.25	13.92	186.21	28.53
Statistical analysis; significance	t=1.919 p=0.056		t=0.834 p=0.405		t=1.506 p=0.133		t=1.066 p=0.287		t=1.451 p=0.14	
Hospital Experience										
Yes	24.04	4.87	59.00	10.54	20.95	4.86	82.01	13.71	186.02	27.77
No	23.74	4.71	58.19	10.65	20.50	5.71	81.74	13.27	184.18	27.93
Statistical analysis; significance	t=0.726 p=0.468		t=0.865 p=0.387		t=0.976 p=0.330		t=0.233 p=0.816		t=0.752 p=0.453	
Surgery Experience										
Yes	24.23	4.61	59.80	11.19	20.90	4.94	83.39	13.98	188.33	29.18
No	23.70	4.92	57.89	10.12	20.66	5.44	80.91	13.13	183.19	26.74
Statistical analysis; significance	t=1.22 p=0.221		t=2.02 p=0.043		t=0.510 p=0.610		t=2.06 p=0.040		t=2.08 p=0.038	
Inpatient Clinic										
Yes	24.03	4.29	59.49	11.10	21.29	4.60	81.62	13.73	186.45	28.11
No	23.88	4.93	58.44	10.45	20.62	5.39	81.97	13.47	184.92	27.78
Statistical analysis; significance	t=0.288 p=0.774		t=0.917 p=0.360		t=1.19 p=0.234		t=0.234 p=0.815		t=0.509 p=0.611	
Patient's Companion										
Yes	23.91	4.81	58.46	10.50	20.69	5.33	82.05	13.33	185.12	27.55
No	23.96	4.75	60.33	11.31	21.29	4.36	80.59	15.13	186.18	30.34
Statistical analysis; significance	t=0.072 p=0.943		t=1.22 p=0.220		t=0.792 p=0.429		t=0.751 p=0.453		t=0.264 p=0.792	
Complication										
Yes	22.62	4.19	57.05	11.16	20.71	4.80	82.32	14.08	182.71	28.37
No	24.06	4.85	58.83	10.52	20.76	5.29	81.85	13.46	185.52	27.78
Statistical analysis; significance	t=2.07 p=0.038		t=1.61 p=0.246		t=0.064 p=0.949		t=0.238 p=0.812		t=0.695 p=0.487	

Table 3. Comparison of Nursing Care Assessment Inventory Sub-scale and Total Mean Scores According to the Inpatient Clinic

Descriptive Characteristics	Safety		Physiological		Hygienic		Psychosocial		Total	
	\bar{X}	\pm SD								
Inpatient Clinic										
Hepato-Pancreato-Biliary (HPB)	24.09	4.09	57.97	9.67	19.74	5.12	80.72	13.64	182.53	28.51
Gastrointestinal	23.68	3.68	56.78	8.55	20.08	3.90	79.04	10.58	179.59	20.91
Breast and Endocrine	23.14	4.40	56.37	9.37	19.74	5.49	81.90	12.81	181.16	24.77
Urology	24.11	5.00	62.61	12.66	22.26	4.42	85.72	14.91	194.72	32.13
Brain Surgery	22.18	3.47	54.31	5.13	19.95	4.20	75.96	10.38	172.41	15.19
Orthopedics and Traumatology	22.93	4.36	55.48	7.96	20.65	4.38	79.86	11.32	178.93	19.99
Cardiovascular	23.96	4.93	62.06	12.77	19.13	5.95	83.03	14.79	188.20	34.37
Thoracic Surgery	26.60	4.31	65.33	10.05	20.53	4.52	87.93	12.43	200.40	23.60
Ear Nose and Throat (ENT)	25.96	7.93	59.39	10.17	20.42	3.85	83.33	14.34	189.12	27.68
Eye Surgery	23.86	5.09	59.86	10.80	22.96	9.67	81.36	13.33	188.06	28.91
Plastic Reconstructive Surgery	26.26	5.13	64.03	16.16	24.10	6.32	90.53	18.98	204.93	43.50
Statistical analysis; significance	F=3.72 p=0.000		F=6.00 p=0.000		F=3.38 p=0.000		F=4.36 p=0.000		F=5.94 p=0.000	

DISCUSSION

It was found that gender affected only the physiological sub-scale, and the satisfaction level of men was higher when NCAI mean scores of the patients according to their descriptive characteristics were compared. Studies comparing the level of satisfaction by gender on patient satisfaction in surgical clinics (Özlü, 2006; Yürümezoğlu Arslan, 2007; Özer et al., 2009; Arslan et al., 2012; Milutinovic et al., 2012; Kuzu & Ulus, 2014; Sayin et al., 2016) produced different findings. In one study (Yürümezoğlu Arslan, 2007), women's satisfaction was found high, in some studies (Fındık et al., 2010; Milutinovic et al., 2012) men's satisfaction was high, and in some (Özlü, 2006; Özer et al., 2009, Arslan et al., 2012; Kuzu & Ulus, 2014; Sayin et al., 2016) satisfaction levels showed no difference according to gender. This can be explained by the reasons such as use of different measurement tools, conduct of the studies in regions with different cultural characteristics, differences in education levels between genders, and lower expectations of women in the traditional structure. Considering the traditional and cultural characteristics of the group in which this research was conducted, it can be explained that men are more satisfied with the provision of their physiological needs, depending on the fact that they generally remain passive in meeting their own physical needs.

When NCAI mean scores were compared according to education levels, it was found that being a primary school graduate affected the physiological, psychosocial sub-scales and total mean scores of the patients, and the satisfaction level was found higher in this group compared to other groups of educational status. Studies have shown that there is an inverse correlation between educational status and satisfaction level, and stated that as the education level increases, the expectations of the patients about nursing care increase (Özlü, 2006; Yürümezoğlu Arslan, 2007; Özer et al., 2009, Arslan et al., 2012, Milutinovic et al., 2012; Kuzu & Ulus, 2014).

In these areas, where the experience of surgery affects the physiological and psychosocial sub-scales and the total mean score, it was determined that the satisfaction level was low in patients who had no surgical experience. Low satisfaction levels of patients who had no previous experience in the operating room and who saw the operation of the operating room for the first time may have been caused by the fact that their expectations could not be met.

In the study, the satisfaction level of the patients who developed complications was found to be significantly lower. The findings support the findings of Özlü (2006). It is the expected result that patients who develop complications do not feel safe and therefore their satisfaction levels are low.

It was determined that the presence of a companion did not affect the NCAI mean scores. Studies by İçyeroğlu and Karabulutlu (2011) reported that the presence of companion had no effect on satisfaction levels. Contrary to these findings, a statistically significant difference was found in the studies conducted by İpek Çoban & Kaşıkçı (2010) and Yürümezoğlu Arslan (2007). The decrease in the level of satisfaction with care services of the patients who do not have an accompanying person can be explained by wrong employment of nurses and the transfer of some of the nursing functions to patient companions (Yürümezoğlu Arslan, 2007). İpek Çoban & Kaşıkçı (2010) interpreted this situation as that it can be thought that the satisfaction level of the patients increased as a result of the decrease in the expectations of the patients from the nursing services due to the fact that the companions meet a large part of the patient's needs. In Özlü 's (2006) study, while presence of a companion affected the satisfaction with nursing services positively, it did not affect the level of satisfaction with nursing care. The fact that there is no difference between the level of satisfaction according to the presence of the companion over the years can be attributed to the nurses holding onto their duties, authorities and responsibilities, and the improvement in health policies in this direction.

The difference between the mean scores of all sub-scales and total scores was significant according to the clinics where the patients were treated. However, as a result of further analysis, the difference between the mean scores of the hygienic sub-scale was not significant. In safety, physiological, psychosocial areas and in total, the satisfaction levels of the patients with regard to nursing care were found lower in the Neurosurgery Clinic, and in the hygienic area in the Cardiovascular Surgery Clinic. Patients in neurosurgery are more bedbound than other patient groups. Therefore, this patient group has more needs that cannot be met on its own. While these needs are met by the patient's companion, the burden of care may increase due to reasons such as being hospitalized for a long time or being bedbound, and patient relatives may grow insufficient to meet the care (Özlü, 2006). In other words, it is safe to state that this is caused by insufficient number of nurses in comparison to the high number of patients and by the fact that the companions

are not able to adequately respond to the increased burden of care of the patients.

The patients hospitalized in the Plastic and Reconstructive Surgery Clinic had higher satisfaction with nursing care than other clinics in total as well as in the hygienic and psychosocial areas. Plastic and reconstructive surgery interventions are attempts to regulate body image when compared to surgeries in other clinics. In other surgical interventions, patients may perceive intervention in an organ as deprivation and may experience deterioration in body image in the early postoperative period (Yılmaz Gören, 2016). On the other hand, the situation is completely opposite in patients who underwent plastic and reconstructive surgery, where patients may have been more satisfied with the care, since the correction of deprivation is in question.

In the areas of safety and physiology, the satisfaction level of the patients in the Thoracic Surgery Clinic with regard to nursing care services was higher than in other clinics. The clinic with the minimum number of patients in the hospital where the data of the study is collected was Thoracic Surgery. The fact that the number of inpatients is less in the clinic compared to other clinics may have caused the nurses to respond better to patient expectations.

The lack of difference between clinics in the further analysis for the hygiene sub-scale suggests that the hospital creates standardization in hotel services.

CONCLUSION AND SUGGESTIONS

It is safe to report that the patients hospitalized in the Surgical Clinics of Atatürk University Research Hospital are satisfied with the nursing care when the results obtained from the research are evaluated. The level of satisfaction in nursing differs according to the descriptive characteristics of the patients and the clinics they receive care, except for the hygienic sub-scale.

Limited Aspects;

The limited aspects of the study are that the results obtained from the study were obtained only from patients hospitalized in a university hospital, who met the sample selection criteria and agreed to participate in the study.

It is recommended to;

- plan nursing care services according to the dependency levels of patients without ignoring individual differences,
- consider the dependency status of the patients in the clinics while planning the nurse workforce in surgical clinics and even hospitals,

- consider the individual factors that affect the level of satisfaction with nursing care while giving care,
- repeat the study in different sample groups.

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Conflict of Interest

The author declares no conflict of interest.

Authorship Contributions

Design of Study:ZÜ (%40), NÖ (%60)

Data Acquisition:ZÜ (%70), NÖ (%30)

Data Analysis:ZÜ(%30), NÖ (%70),

Writing Up:ZÜ (%50), NÖ (%50)

Submission and Revision:ZÜ (%60), NÖ (%40)

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