



Satisfaction Evaluation of Patients Hospitalized in University Hospital Gynecology and Obstetrics Service

Üniversite Hastanesi Kadın Hastalıkları ve Doğum Servisi'nde Yatan Hastaların Memnuniyet Değerlendirmesi

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ABSTRACT

Aim: A quality health service is not independent of patient satisfaction. Patient satisfaction research is one of the primary instruments for better quality service. With this study, we aimed to evaluate the satisfaction levels and expectations of the patients hospitalized in the Department of Gynecology and Obstetrics of the Kafkas University Training and Research Hospital to determine whether the satisfaction level differs according to socio-demographic characteristics and to restructure the light of the positive and negative data obtained.

Material and Method: Between May 2021 and September 2022, 655 patients who received inpatient services at the Department of Gynecology and Obstetrics at Kafkas University Training and Research Hospital were surveyed.

The questionnaire included a section about socio-demographic characteristics and 14 questions to determine their views on satisfaction. The questions were answered as 'yes', 'a little', and 'no'.

Results: In our study, the highest level of satisfaction was for the nurses giving information about the treatment and care to the patient and the doctor's interest in the patient. According to the results of the multivariate linear regression analysis, it was determined that age, education status, and length of stay affected the satisfaction level independently of other variables ($p < 0.001$). It was observed that working status did not affect satisfaction ($p = 0.434$).

Conclusion: Our study highlighted that hospital cleanliness significantly impacted the overall satisfaction levels, indicating a need for readjustments by hospital management.

Keywords: gynecology and obstetric department; healthcare management; healthcare services; inpatient services; university hospital; patient satisfaction

ÖZET

Amaç: Kaliteli bir sağlık hizmeti, hasta memnuniyetinden bağımsız düşünülemez. Hizmet kalitesini artırabilmek için hasta memnuniyeti araştırması temel araçlardan biridir. Bu çalışma ile Kafkas Üniversitesi Eğitim ve Araştırma Hastanesi Kadın Hastalıkları ve Doğum Kliniği'nde yatan hastaların memnuniyet düzeylerini ve beklentilerini değerlendirmeyi amaçladık. Ayrıca, memnuniyet düzeyinin sosyodemografik özelliklere göre farklılık gösterip göstermediğini belirlemeyi ve elde edilen olumlu ve olumsuz veriler ışığında sağlık hizmetlerinin yeniden gözden geçirilmesini hedefledik.

Materyal ve Metot: Mayıs 2021 ile Eylül 2022 tarihleri arasında Kafkas Üniversitesi Eğitim ve Araştırma Hastanesi Kadın Hastalıkları ve Doğum Kliniği'nde yatan 655 hasta soruşturuldu. Anket, sosyodemografik özellikleri belirlemek için bir bölüm ve memnuniyetlerini değerlendirmek için 14 soru içeren bir diğer bölüm olarak oluşturuldu. Sorular, 'evet', 'biraz' ve 'hayır' olarak cevaplandı.

Bulgular: Çalışmamızda, hasta ve doktor arasındaki iletişimde hemşirelerin bilgi verme konusundaki performansı değerlendirilmiş ve en yüksek memnuniyet düzeyine ulaşılmıştır.

Çoklu değişkenli lineer regresyon analizi sonuçlarına göre, yaş, eğitim durumu ve kalış süresinin diğer değişkenlerden bağımsız olarak memnuniyet düzeyini etkilediği belirlendi ($p < 0,001$). Hastanın çalışma hayatı ile ilgili durumunun memnuniyeti etkilemediği gözlemlendi ($p = 0,434$).

Sonuç: Çalışmamızda, hastanenin temizliğinin genel memnuniyet düzeyini düşürdüğü tespit edildi. Sağlık hizmetleri yöneticileri tarafından temizlik hizmetlerinin hasta memnuniyetini artıracak şekilde yeniden düzenlenmesi gerekliliği ortaya konmuştur. Hasta memnuniyet değerlendirmelerinin periyodik olarak yapılmasının sağlık hizmetlerinin kalitesini artıracığına inanılmaktadır.

Anahtar kelimeler: hasta memnuniyeti; kadın hastalıkları ve doğum servisi; sağlık hizmetleri; sağlık yönetimi; üniversite hastanesi; yatan hasta hizmetleri

Introduction

Patient satisfaction is one of the essential factors that can be measured in evaluating health services¹. Patient satisfaction is "the primary criterion that gives information about the level of satisfying the values and

expectations of the patient for the leading authority is the patient shows the quality of care"². For quality healthcare services, it's essential to efficiently utilize resources, maintain fairness in their allocation, deliver services effectively, and ensure satisfaction among

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service users during and after service delivery³. Low- and middle-income countries exhibit the highest prevalence of poor-quality health care⁴.

Patient satisfaction, one of the quality determinants of health institutions, can generally be defined as “meeting the wishes and expectations of the patients or providing services above these requests and expectations”³. Patient satisfaction is a product of the quality that patients perceive and expect. According to this statement, a patient has some expectations before receiving the service and has certain perceptions based on his experience as a result of the service he receives. The patient decides his satisfaction by comparing the perceived and expected quality⁵. As evident here, patient satisfaction is determined by the patient’s expectations and perception of the received service. The first factor, expectations, encompasses the features sought or desired by patients from healthcare institutions. These expectations vary based on the patient’s age, gender, education level, socio-cultural characteristics, health services, and previous experiences with healthcare institutions. The second factor is measured based on the services individuals receive and their opinions or evaluations about this process. The perception factor varies according to the characteristics of the patients and their experiences with health institutions³. Since patient satisfaction is considered a cognitive response influenced by many factors, its subjective perception makes it difficult to compare results¹. The behavior of doctors, nurses, and other health professionals, ease of access to the hospital or examination room, general cleanliness of the hospital, staff cleanliness, patient privacy, and trust between the patient and patient-physician are the factors that affect patient satisfaction the most⁵.

Although patient satisfaction is a difficult perception that can vary between individuals, it is essential in shaping and managing the service provided. In recent years, the interest in patient satisfaction in health institutions has increased, and measurement studies have become widespread³. Patient satisfaction is gaining increasing prominence in medicine; however, there needs to be more knowledge regarding patient satisfaction in women’s health and other specialties. The most effective way to learn about the patient’s satisfaction with the health service they receive is to use the evaluation tools prepared to determine their thoughts. Questionnaires designed to measure patient satisfaction also serve this purpose⁶.

This study aimed to evaluate the satisfaction levels and expectations of the patients hospitalized in the Department of Gynecology and Obstetrics of the Kafkas University Training and Research Hospital to determine whether the satisfaction level differs according to socio-demographic characteristics and to restructure the light of the positive and negative data obtained.

Materials and Methods

This study used face-to-face and under-observation survey methods on 655 patients who received inpatient service in the Department of Gynecology and Obstetrics of the Kafkas University Training and Research Hospital between May 2021 and September 2022. The Ethics Committee of Kafkas University Training and Research Hospital obtained written permission for the study. The study sample comprised patients over 18 hospitalized in the Gynecology and Obstetrics Department. The participants could understand what they read, communicate with each other, and volunteered to participate in the study. Patients in the intensive care unit were excluded from the study.

In addition to the independent variables in the questionnaire used in the study, age, marital status, education level, length of stay, working, and having children, there is a section with 14 questions to determine their views on satisfaction. The questions about satisfaction included questions about the patient’s room, hospital food, the hospital’s and staff’s hygiene status, the hospital staff’s attitude, treatment, and discharge. The questions were answered as ‘yes’, ‘a little’, and ‘no’.

The data were analyzed using the IBM Statistical Package for Social Sciences (SPSS) program version 21.0 program. The normal distribution of variables was assessed via Kolmogorov-Smirnov and Shapiro-Wilk tests. Categorical variable comparison between groups was conducted using the Pearson Chi-square test. The Mann-Whitney U test was utilized for independent two-group continuous variables that did not follow a normal distribution. For continuous variables that did not adhere to normal distribution, the Kruskal-Wallis test was applied, with Pairwise Comparison determining differences between groups. Multiple Linear Regression analysis was carried out in the study to identify independent risk factors influencing the satisfaction level. The significance level was accepted as $p < 0.05$.

Results

Six hundred fifty-five patients received inpatient treatment in the Department of Obstetrics and Gynecology of Kafkas University Training and Research Hospital participated. Some socio-demographic characteristics of the participating patients are given in Table 1. The mean age of the patients was 38.63 ± 8.61 . 40.9% (268 people) of the patients were under 35 years old, 85.2% (558 people) were married, 98.8% (647 people) had children, 64.3% (421 people) had a secondary school education level and below, and 50.4% (330 people) were not working. It was determined that 67.8% (444) of the participants were treated in the gynecology service, and 35.7% (234) were hospitalized for three days or more.

Participants of the research, Patient room, hospital food, hospital hygiene, staff attitudes toward hygiene, doctors, nurses, and other personnel, and satisfaction levels regarding treatment and discharge are given in Table 2. The comparison of the satisfaction levels of the participants with their demographic characteristics is shown in Table 3.

Upon analyzing the patients' responses to the survey questions, the highest yes rate was 90.5% (593 people), and "I was informed about my treatment and care by the nurses." and "My doctor was interested in me." Their statement, "The hospital was clean in general" with the lowest satisfaction rate of 12.2% (80 people) found in the statement. "The hospital was generally clean," with 67.9% (445 people) of the lowest yes option. None of the participants "I was informed about my treatment and care by the nurses.", "My doctor was interested in me." and "The service at the hospital was generally good." did not tick the no option to their statements.

There was a significant difference in satisfaction level scores between the age groups of the patients ($p=0.028$). It was demonstrated that the group aged 35 and below showed higher satisfaction compared to those aged 45 and over ($p=0.024$).

A significant difference was found in the satisfaction level scores among the groups categorized by the education status of the participants ($p<0.001$). The satisfaction level score of the group whose education level is a university and above is significantly lower than the group with high school ($p<0.001$) and secondary school and below ($p<0.001$).

Table 1. Socio-demographic characteristics and hospitalization status of the patients

	n	%
Age		
35 years and under	268	40.9
35–45 years	242	36.9
45 years and older	145	22.1
Marital status		
Married	558	85.2
Single	97	14.8
Status of having children		
No	8	1.2
There is	647	98.8
Education status		
Middle school and below	421	64.3
High school	130	19.8
University and above	104	15.9
Working status		
Working	309	47.2
Not working	330	50.4
Retired	16	2.4
Service		
Gynecology	444	67.8
Obstetrics	211	32.2
Length of stay		
1 day	188	28.7
2 days	233	35.6
3 days or more	234	35.7
Total	655	100.0

Table 2. Patients' answers to survey questions

	Yes n (%)	A little n (%)	No n (%)
The patient room and its surroundings provided a quiet and calm environment.	479 (73,1)	172 (26,3)	4 (0,6)
The furniture in the room was in working condition.	543 (82,9)	89 (13,6)	23 (3,5)
The staff distributing food acted according to the hygiene rules	541 (82,6)	81 (12,4)	33 (5,0)
The temperature of the food was appropriate.	542 (82,7)	96 (14,7)	17 (2,6)
I was informed about my disease by my doctor.	589 (89,9)	65 (9,9)	1 (0,2)
I was informed about my treatment and care by the nurses.	593 (90,5)	62 (9,5)	0 (0,0)
My doctor was interested in me.	593 (90,5)	62 (9,5)	0 (0,0)
Nurses were concerned about me.	589 (89,9)	63 (9,6)	3 (0,5)
The cleaning staff was concerned about me.	548 (83,7)	43 (6,6)	64 (9,8)
The hospital staff took care of my privacy.	557 (85,0)	91 (13,9)	7 (1,1)
The hospital was generally clean.	445 (67,9)	130 (19,8)	80 (12,2)
I reached my doctor when I needed it regarding my illness.	577 (88,1)	18 (2,7)	60 (9,2)
The service provided at the hospital was generally good.	563 (86,0)	92 (14,0)	0 (0,0)
While leaving the hospital, I was informed about the post-discharge process.	564 (86,1)	73 (11,1)	18 (2,7)

Table 3. Satisfaction scores according to patients' socio-demographic characteristics and hospitalization status

	Median (min-max)	p
Age		
35 years and under	28 (17–28) ^a	0.028
35–45 years	27 (11–28)	
45 years and older	27 (12–28) ^b	
Marital status		
Married	28 (11–28)	0.354
Single	27 (11–28)	
Status of having children		
No	28 (20–28)	0.557
There is	28 (11–28)	
Education status		
Middle school and below	28 (11–28) ^a	<0.001
High school	27 (19–28) ^a	
University and above	22 (12–28) ^b	
Working status		
Working	27 (11–28) ^a	<0.001
Not working	28 (11–28) ^b	
Retired	27 (12–28)	
Service		
Gynecology	28 (11–28)	0.101
Obstetrics	27 (12–28)	
Length of stay		
1 day	28 (22–28) ^a	<0.001
2 days	27 (17–28) ^b	
3 days or more	27 (11–28) ^b	

p-value: Mann-Whitney U test, Kruskal-Wallis test; a, b: Different characters indicate the difference between groups.

When Table 4 is reviewed, it is observed that there is a significant difference in satisfaction levels among the groups when analyzed according to their employment status ($p < 0.001$). The satisfaction level score of the employed group was determined to be lower than that of the non-employed group ($p < 0.001$).

A significant difference was found in the satisfaction level scores between the groups determined according to the length of hospitalization of the participants ($p < 0.001$). The satisfaction level score of those hospitalized for 1 day was significantly higher than the group hospitalized for 2 days ($p < 0.001$) and hospitalized for 3 days or more ($p < 0.001$).

There was no significant difference in the median scores of the satisfaction level in the groups determined regarding marital status, having children, and the service they were hospitalized ($p > 0.05$).

According to the results of the multivariate linear regression analysis, which included the parameters affecting the satisfaction level of hospitalized patients according to the univariate analysis, it was determined that age, education status, and length of stay affected the satisfaction level independently of other variables ($p < 0.001$). It was observed that working status did not affect satisfaction ($p = 0.434$).

Discussion

Using performance indicators to evaluate these aspects is a means of assessing the quality of the healthcare system. It serves as a roadmap for future actions. The healthcare sector, particularly institutions like hospitals, plays a crucial role in ensuring the widespread availability of high-quality healthcare services⁷.

A quality health service cannot be considered independent of patient satisfaction. For this reason, patient satisfaction research is one of the basic needs to provide better quality service in hospitals. The academic hospitals express satisfaction with the feasibility of their proposal for a concise, dependable, valid, and discriminatory questionnaire to measure patient satisfaction⁸.

Omotayo et al. observed in their study that patients' satisfaction was reflected in their favorable remarks concerning various aspects of healthcare delivery, including the overall facility, doctor's consultations, and the efficiency of the healthcare system. These findings indicate a positive perception and contentment among patients regarding the services they receive. Additionally, the majority's consistent and regular utilization of healthcare services contributes to patient satisfaction⁹.

Our study's general satisfaction level with hospital services was 86.1%. Many studies have been done on

Table 4. Factors affecting the level of satisfaction in patients, multiple linear regression analysis

	Not standardized β	Standard error	Standardized β	t	p	%95 confidence interval for β	
	33.009	0.915		36.08	<0.001	31.212	34.805
Age	-0.568	0.211	-0.097	-2.699	0.007	-0.982	-0.155
Education	-1.999	0.248	-0.334	-8.070	<0.001	-2.486	-1.513
Working status	0.274	0.349	0.033	0.783	0.434	-0.412	0.960
Length of stay	-1.959	0.198	-0.348	-9.873	<0.001	-2.348	-1.569

Dependent variable: Inpatient satisfaction level score; $R^2 = 0.251$; $F = 54.527$; $p < 0.001$.

patient satisfaction before. In their study, Kaya et al. demonstrated varying overall client satisfaction with health services¹⁰.

In their study, Marama et al. found that respondents who lived in rural areas had a hospital stay of less than four days, were admitted for the first time, and reported satisfaction with privacy assurance were more likely to express satisfaction than their counterparts¹¹.

In their study, Akinlusi et al. assessed patients' satisfaction with gynecological services at a tertiary hospital to facilitate improvements in health service delivery. The study involved face-to-face interviews using closed-ended questionnaires. The participants had a mean age of 37.8 ± 10.9 years, with 63.8% having tertiary education. Findings revealed that 20.8% of respondents experienced delayed retrieval of medical records, 22.2% expressed dissatisfaction with hospital meals, and 31.6% were displeased with waiting time¹².

In their study, Patel and colleagues have found that although several factors influence patient satisfaction, adopting factors such as reducing waiting times, ensuring effective patient-physician communication, and involving patients in the decision-making process might aid physicians in achieving optimal results¹³.

In their study, Widjaja demonstrated a significant correlation between socio-demographic factors and patient satisfaction. The findings revealed that most satisfied respondents were between 18–25 and were single. Additionally, most were college graduates, unemployed, and from the low-middle socioeconomic class¹⁴.

Mahfouz et al. emphasized the need to assess patient satisfaction regarding the quality of care across all aspects of hospitals, from admission to discharge. In their study, the overall satisfaction with general medical care was found to be 44.3%, and most patients were satisfied with admission, toilets, and the food provided to them¹⁵.

In the study conducted at Marmara University Medical Faculty Hospital, the satisfaction level of hospitalized patients was found to be 64.5%³. Similarly, in the study conducted at Dicle University Medical Faculty Hospital, the satisfaction level in the inpatient wards was reported as 91.8%¹⁶. Furthermore, in the Gynecology and Obstetrics Service of Süleyman Demirel University Medical Faculty Hospital, the inpatients' satisfaction level was 90.2%¹⁷. However, in

the study conducted at Silvan State Hospital, the satisfaction level was found to be 76%¹⁸.

No cut-off value for patient satisfaction has been determined. Still, the literature has stated that values of 70% and above reflect satisfaction³. In our study, when we compare this ratio, the level of satisfaction is high. The high satisfaction may be because there is only one university hospital in our city and no private hospital. Hence, people compare the university hospitals with state hospitals. We think that university hospitals have academic staff and more technological facilities, that their employees serve in this direction, and that the services provided are carried out as scientifically as possible, an essential reason for patient preference and satisfaction.

In the study of Önsüz et al., the average age of the group that stated that they were generally satisfied with the service they received was higher than the average age of the group that said that they were not satisfied³. In our study, a significant difference was found between the age groups and satisfaction levels of the patients. It has been shown that the level of satisfaction is higher, especially in the group aged 35 and below, compared to the group aged 45 and above. This result may be because of the prolongation of the treatment due to chronic disease and the comorbidities of the elderly group. In our study, chronic diseases were not considered, but the length of hospital stay was evaluated. Participants' hospitalization times were assessed, and the satisfaction levels of those who received hospitalization for 1 day were higher than those who received hospital treatment for 2 or more days.

In the study of Önsüz et al., no relationship was found between education level and general satisfaction levels³. In the study of Uzuntarla et al., a significant difference was found between the education level of the participants and their satisfaction level. It was observed that those who graduated from primary or secondary school were more satisfied than those who were illiterate⁶. Our study found a significant difference in the satisfaction level among the participants' educational background groups. The satisfaction level of the group whose education level is at a university and above is significantly lower than those whose education level is at high school and secondary school and below. A significant difference was found between the groups' satisfaction levels regarding working status. The satisfaction level of the working group was lower than that of the non-working group. This difference may be because as

the level of education and participation in social life increases, people's standards rise, and the level of satisfaction becomes more difficult due to increased expectations due to more information about alternatives.

No significant difference was found in the satisfaction level. The median scores of the groups were determined based on marital status and having children. The service they were hospitalized in indicates that these factors may not significantly affect patient satisfaction in our study.

In our study, the highest level of satisfaction was for the nurses giving information about the treatment and care to the patient and the doctor's interest in the patient. Providing information makes patients feel valued and establishes interpersonal trust¹⁹. Research shows that the quality of communication between doctors and patients contributes to patient satisfaction. Good self-expression of patients provides physicians with a more accurate diagnosis and a more effective treatment plan. It is observed that when doctors can communicate clearly with their patients about diagnosis, treatment options, and treatment, patients are more likely to comply with the treatment plan thanks to a stronger patient-physician trust relationship, increasing patient satisfactionⁿ³.

In their study, Chang et al. also discovered that the highest increase in overall medical treatment satisfaction was associated with improved satisfaction with medical professionals. However, the most negligible impact was observed concerning service personnel in the general and gynecology clinics²⁰.

In their studies, Aksakal and Bilgili found that the satisfaction level of informing in nursing services was low²¹. Some studies have stated that satisfaction with nurse services is more important than overall satisfaction. This result may be related to the fact that inpatients communicate with nurses the most, reach them quickly, and receive more support from them³. As a result, physicians and nurses have adequately informed patients about their current diseases and procedures, positively affecting patient satisfaction. Jha et al. found that hospitals with high nurse staffing levels are associated with better patient experiences, indicating areas that require improvement. Their study also proves hospitals can deliver high-quality clinical care and a positive patient experience²².

In their study, Hussain and colleagues found that 90.9% of patients expressed satisfaction with their treatment.

In comparison, 89% of patients had confidence in the competency of their doctors. However, only 60% of patients considered the treatment affordable, and cleanliness was satisfactory for only 20%. Additionally, how doctors greeted their patients satisfied only 17% of patients. The study suggests an urgent need to improve doctors' communication skills and hospital cleanliness. Effective communication with patients regarding their illness and treatment is crucial in reducing anxiety, dispelling misconceptions, and promoting treatment compliance. By achieving these good health standards, patients can develop confidence in the healthcare system²³. Yen and Eryn's research suggests that by combining previously successful methods of improving patient satisfaction and enabling physicians to utilize individualized patient-centered communication, patient satisfaction can be further enhanced²⁴.

Patient satisfaction affects the attitudes and behaviors of physicians, nurses, and other personnel toward patients, as well as the physical conditions of the hospital. In our study, while the general satisfaction level was found to be high with the patient rooms and their belongings, the general satisfaction level regarding the cleanliness of the hospital was found to be low. This situation reveals that Kafkas University Training and Research Hospital should give more importance to cleaning.

Some factors may affect satisfaction but were not evaluated in our study. These include the number of personnel working, job satisfaction of working personnel, chronic disease history of patients receiving health services, transportation to the hospital, canteen services, companion satisfaction, reasons for choosing the hospital and re-preferring. As well as measuring patient satisfaction, ensuring the continuity of satisfaction is also important. It is important to repeat the studies at regular intervals to try to eliminate the deficiencies revealed as a result of the studies and to determine the needs and wishes of the patients. Ensuring the employees' satisfaction is one of the crucial factors in patient satisfaction¹⁹.

Conclusion

As a result, the general satisfaction levels among patients hospitalized in the Department of Gynecology and Obstetrics at Kafkas University Training and Research Hospital were high. It was concluded that a statistically significant difference existed based on socio-demographic characteristics, including age,

educational status, working status, and length of stay. In the general cleaning of the hospital, where the satisfaction level of the patients is the lowest, addressing the cause of dissatisfaction as personnel error, lack of personnel, and lack of material and making improvements will be beneficial in terms of patient satisfaction and service quality. Assessing patient satisfaction with healthcare services, identifying the reasons for patient dissatisfaction, and addressing them will enable opportunities for improvement. Through such studies, significant contributions can be made to enhance national health policies and hospital standards.

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