



## Research Article

### Inpatients' Trust in Nurses and Satisfaction with Hospital Services: A Cross-Sectional Study\*

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#### Abstract

**Objective:** The study was conducted to evaluate inpatients' satisfaction with hospital services and trust in nurses.

**Method:** The descriptive and correlational study was conducted with 278 patients who had been hospitalized for 3 days or more in a training and research hospital and were at the discharge stage. Data were collected using the Demographic Data Form, Visual Analog Patient Satisfaction Scale, and Trust in Nurses Scale. Data were evaluated using descriptive statistical methods, Man Whitney U test, Kruskal Wallis test and correlation analysis.

**Results:** Ninety-three point two percent of the participants stated that they would prefer and recommend the hospital again. The mean score of the Visual Analogue Patient Satisfaction Scale used to determine the satisfaction of inpatients with hospital services was  $7.86 \pm 1.62$  (min:1 max:10). The mean score of the Patients' Trust in Nurses Scale was found to be  $21.78 \pm 2.16$  (min:4 max:24). According to the participants' ages, educational status, length of hospitalisation and the units in which they were treated, the scores of the Trust in Nurses Scale differed. A moderate positive and statistically significant relationship was found between the Visual Analogue Patient Satisfaction Scale and the Trust in Nurses Scale ( $p < 0.05$ ,  $r = 0.366$ )

**Conclusion:** In this study, it was found that inpatients' perceptions of satisfaction with hospital services and trust in nurses were quite high. Patients' satisfaction with hospital services and their perceptions of trust in nurses were found to be related

**Keywords:** Patient satisfaction, Inpatients, Hospital, Nurse, Trust

## INTRODUCTION

The scope of health services has been developing and changing from past to present. Patient expectations also play a role in the development of the scope of health services. Patient satisfaction assessment is used to meet patient expectations in health services (Priporas et al. 2008). Patient satisfaction shows what the patient's expectations about hospital services are and to what extent these expectations are met (Birkelien, 2017). Patient satisfaction has an important impact on improving the services of healthcare organizations (Alfred et al., 2016). In the health system, it ensures that the structure, processes and outputs are positively affected as well as the patient's compliance with the treatment (Mühlbacher & Stolk, 2023). As a result of patient satisfaction assessments, organizations determine their strengths and weaknesses and take initiatives to improve service quality. For this purpose, factors affecting patient satisfaction are often identified. According to the studies conducted in the international literature on patient satisfaction evaluations, satisfaction with health professionals is stated as the factors that affect hospital services the biggest (Liu et al., 2024; Reis et al., 2024; Gavurova et al., 2021; Woo & Choi, 2021; Liang et al., 2021). According to the American Association of Colleges of Nursing, nurses are health professionals who constitute the basic workforce in health services and are at the forefront of patient care. Especially in the case of hospitalized patients, satisfaction with nurses is in a leading position in terms of shaping patient satisfaction (American Association of Colleges of Nursing, 2024).

Nurses are also one of the health professionals who work in the hospital 24 hours a day, seven days a week, who are closest to the patient in the process of care and treatment, who inform and follow up the patient's compliance with the treatment, and with whom patients can interact

for the longest time during the hospitalization period (Michel et al., 2021).

Taking into account the physical, psychological and sociocultural characteristics of the individual, the nurse takes part in the processes of protecting, developing and improving health, planning care, ensuring compliance with treatment, and health education steps (Öncel & Yılmaz, 2023). The nurse offers a patient-centred individual care with many physical, psychological and sociocultural characteristics of the patient, especially in terms of care. Therefore, nursing is not only a professional profession but also a profession with roles that include art. Nurse managers should take a holistic approach by considering all these roles of nurses (Karatzula, 2020).

It is important to trust the nurse at the point of developing the professional care relationship between the nurse and the patient and obtaining positive care outcomes (Ozaras & Abaan, 2018). There are studies showing that trust in the nurse positively affects the patient's treatment process and improves patient care outcomes (Abed Elhadi Shahbari et al. 2022; Haavisto & Jarva, 2018). Trust shapes patient satisfaction (Gavurova, Dvorsky and Popesko. 2021). As the quality of nursing care increases, trust in the nurse increases (Bahari et al., 2024).

This study aimed to assess inpatient satisfaction with hospital services and trust in nurses among patients hospitalized in internal, surgical, and mixed units. Specifically, it investigated the relationship between satisfaction with hospital services and the level of trust in nurses. It is thought that this study will contribute to supporting employees to establish and maintain trust in the patient-nurse relationship.

## METHOD

The study was conducted between 10.07.2017 and 15.11.2017 in a training and study hospital randomly selected from the Ministry of Health hospitals in Ankara. The sample size of the study consisted of patients who had been hospitalized for 3 days or more in the same clinic in a training and research hospital, were 18 years of age or older, were conscious, had no psychiatric disorders, could speak and understand Turkish easily, had no hearing impairment, gave consent for the study, and were at the discharge stage. This descriptive and correlational study was primarily conducted to determine the relationship between trust in nurses and satisfaction with hospital services among inpatients. The study aimed to address the following questions: (1) What is the level of satisfaction among inpatients with general hospital services? (2) What is the level of inpatients' trust in nurses? and (3) Is there a relationship between the sociodemographic characteristics of patients and their levels of satisfaction with hospital services as well as their trust in nurses?

In order to determine the research sample, the number of patients who were hospitalized in the hospital for 3 days and discharged between January 2015 and January 2016 was 47,556. Using G-power 3.1.9.7 analysis, the power of the study was 99%, the alpha value was 0.05, the effect level was 0.25, and the sample size was found to be 278 in the G power program. The wards where the patients were treated were classified as internal, surgical and mixed units according to their diagnoses. Proportional stratified sampling method was applied to determine how many patients from each unit would be included in the sample. Firstly, the number of individuals in each stratum was divided by the number of individuals in the population and the weight of each stratum was

found. Then, stratum weights were multiplied by the number of individuals to be sampled and the number of patients to be recruited from each stratum was calculated.

Formula for finding stratum weight:

$$N_i/N = a_i$$

$\hat{G}$  = Stratum number

$N_i$  = Number of individuals in stratum  $i$

$N$  = Number of individuals in the population

$a_i$  = Weight of stratum  $i$

Formula for how many patients will be taken from each stratum:

$$a_i * n = n_i$$

$i$  = Stratum number

$a_i$  = Weight of stratum  $i$

$n$  = Number of individuals to be sampled

$n_i$  = Number of individuals to be taken from stratum  $i$

The sample of the study consisted of 63 patients from the internal unit, 117 patients from the surgical unit and 98 patients from the mixed unit.

## Data Collection Tools

The data of the study were collected using the Demographic Data Form, Visual Analog Patient Satisfaction Scale, and Trust in Nurses Scale.

**Demographic Data Form:** It includes questions about the inpatient unit, age, gender, education level, previous hospitalization, number of days of hospitalization, presence of a companion during hospitalization, preference and recommendation of the same hospital again (National Health Service, 2017). It was developed by the researchers with the support of the literature. It consists of 9 questions in total.

**Visual Analog Patient Satisfaction Scale:** It was developed by Kılınçer and Zileli. It is a scale that can be easily applied by patients with any diagnosis, in any language and at any level of education, which has been developed for the patient to easily express whether he/she is satisfied with the health service provided to

him/her in an understandable way. The Visual Analog Patient Scale has a straight vertical line. The patient indicates the point on the vertical line corresponding to the degree of satisfaction with a cross (X). A score of 1 indicates that the patient is not satisfied at all, and a score of 10 indicates that the level of satisfaction is at the highest level. In the visual scale applied to determine satisfaction with hospital services, as the value approaches 1, the level of satisfaction with hospital services decreases, and as it approaches 10, the level of satisfaction with hospital services increases (Kılınçer & Zileli, 2006). Permission to use the Visual Analog Scale was obtained from Zileli via e-mail.

**Trust in Nurses Scale:** The Trust in Nurses Scale developed by Radwin and Cabral with hematology-oncology patients was used (Radwin & Cabral, 2010). The cronbach alpha value of the original scale: 0.81. The scale is a 6-point Likert scale. It is scored between “1=never, 6=always”. It consists of a total of 5 items and is unidimensional. The scale score is calculated over a minimum of 5 and a maximum of 30 points. The scale score is calculated by summing the answers given to each question. It is thought that the higher the score, the higher the patients' perception of trust in nurses. The Turkish validity and reliability study of the scale was conducted by Çınar Yücel and Ay (2013) with hematology-oncology patients. Turkish Cronbach alpha value was 0.95 (Çınar Yücel & Ay, 2013). In the validity and reliability study conducted to apply the Trust in Nurses Scale to the general patient population, the item “The frequency of nurses giving accurate information about the disease (cancer)” was deleted and the validity and reliability test was applied to the scale again. The validity-reliability coefficient of the scale was found to be 0.829 in the current study. In this study, the Trust in Nurses Scale was evaluated over 4 questions. Accordingly, the lowest score that can be

obtained from the scale is 4 and the highest score is 24. As the score level approaches 24, the level of trust in nurses increases. There were no reverse coded items in the scale. Permission was obtained from Radwin and Çınar Yücel via e-mail for the application and use of the trust in nurses scale in the general patient population.

### **Statistical Analysis**

The data were analyzed with the SPSS for Windows 2020 package program. Descriptive statistics of continuous variables in the study were shown as mean, standard deviation, minimum-maximum values, and descriptive statistics of categorical variables were shown as frequency and percentage. In order to determine the distribution of the data; Kolmogorov Smirnov Normality Test was applied. Since the data were not normally distributed, nonparametric tests were used. In the analysis of the data; mean, standard deviation, median, number, percentage values were used. Visual scale scores were used to determine satisfaction with hospital services and gamma coefficient was used to determine whether it varied according to descriptive characteristics. In order to determine whether the score obtained from the Trust in Nurses Scale varies according to the descriptive characteristics, nonparametric Mann Whitney U test was applied for questions with two categories and Kruskal Wallis test analysis was applied for questions with more than 2 groups. Spearman's Rho correlation coefficient was calculated to examine the relationship between the visual analog scale developed to determine the level of satisfaction with hospital services and trust in nurses. The correlation coefficient (r) between 0.00-0.29 can be evaluated as weak; between 0.30-0.64 as moderate; between 0.65-0.84 as strong; between 0.85-1.00 as very strong (Ural & Kılıç, 2013). The significance level was accepted as  $p < 0.05$  in statistical analyses.

## RESULTS

Our study was conducted with the participation of 278 patients. The mean age of the participants was  $51.63 \pm 18.19$ . Male and female participants were equal and 42.4% of them were primary school graduates. 42% of the participants were hospitalised in a mixed units. 71.2% had been hospitalised before. 59.7% had been hospitalised for 3-5 days. 79.1% had a companion. 93.2% of the participants stated that they would prefer and recommend the hospital. When the participants were asked about the situation/people they were most satisfied with

during the hospitalisation process, 55.1% stated that they were most satisfied with nurses and doctors. When the participants were asked about the situation/people they were least satisfied with during the hospitalisation process, 84.53% stated that they were least satisfied with the physical facilities (Table 1).

**Table 1.** Descriptive characteristics of the participants (n=278)

Identifying Features		Mean $\pm$ Std. Deviation	(min-max)
Age		51.63 $\pm$ 18.19	(18-90)
Variables		n	%
Gender	Female	139	50.0
	Male	139	50.0
Age	18-32 ages	49	17.6
	33-47 ages	49	17.6
	48-62 ages	52	18.7
	63-77 ages	70	25.2
	>78 ages	58	20.9
Unit	Surgical units	63	22.7
	Internal units	98	35.3
	Mixed units	117	42.0
Level of Education	Illiterate	18	6.5
	Literate	17	6.1
	Primary School	118	42.4
	Middle School	39	14.0
	High School	54	19.4
	Licence	32	11.6
Previous hospitalisation status	Inpatient	198	71.2
	Not hospitalized	80	28.8
Number of days of inpatient treatment in hospital	3-5 days	166	59.7
	6-9 days	57	20.5
	10 days and more	55	19.8

Having a companion	Accompanying person	220	79.1
	Not accompanying person	58	20.9
Patient's preference for the hospital	Yes	259	93.2
	No	19	6.8
Patient's recommendation of the hospital	Yes	259	93.2
	No	19	6.8
The most satisfied situations/people during the hospitalisation process	Doctor and nurse	142	55.1
	Doctor	45	17.4
	Nurse	40	15.5
	Treatment speed/process	31	12
Situations that cause dissatisfaction during the hospitalisation process	Physical Facilities	235	84.5
	Hospital meals	13	4.67
	Non-responsive	30	10.8

Visual Analog Patient Satisfaction Scale mean score value: 7.86 (1.62). The difference between the inpatient unit and visual analog patient satisfaction scale was found to be statistically significant ( $p<0.05$ ). The difference between the inpatient unit and visual analogue patient satisfaction scale was found to be statistically significant ( $p<0.05$ ).

The satisfaction level of the participants who were treated in internal units was found to be higher than the satisfaction level of the patients in other units. There is a moderate negative relationship between the type of unit and satisfaction with hospital services ( $p<0.05$ ). There

is a moderate negative relationship between the level of satisfaction with services according to the presence of companions ( $p<0.05$ ). Patients without a companion were found to have a higher level of satisfaction with hospital services ( $p<0.05$ ) (Table 2).

**Table 2.** Comparison of the descriptive characteristics of the participants and visual analogue patient satisfaction scale levels (n=278)

Satisfaction with Hospital Services Visual Scale		Mean $\pm$ Std. Deviation	
		7.86 $\pm$ 1.62	
Variables	n	Median (IQR)	(min-max)
	278	8 (2)	1- 10
<b>Age</b>			
18-32 ages	49	8 (3)	4-10
33-47 ages	49	8 (2)	4-10
48-62 ages	52	8 (3)	1-10
63-77 ages	70	8 (3)	4-10
>78 ages	58	9 (2)	3-10
Test statistic*	0.093		

p	0.549		
Unit			
Surgical units	63	8 (3)	1-10
Internal units	98	9 (2)	6-10
Mixed units	117	8 (2)	4-10
Test statistic*	-0.671		
p	0.001		
Gender			
Female	139	8 (2)	1-10
Male	139	8 (2)	3-10
Test statistic*	0.264		
p	0.302		
Level of Education			
Illiterate	18	9 (3)	6-10
Literate	17	9 (2)	5-10
Primary School	118	9 (2)	1-10
Middle School	39	8 (2)	3-10
High School	54	7 (2)	2-10
Licence	32	7 (2)	4-10
Test statistic*	-0.311		
p	0.105		
Previous hospitalisation status			
Previous hospitalizations	198	8 (3)	2-10
No previous hospitalizations	80	8 (2)	1-10
Test statistic*	-0.208		
p	0.462		
Number of Days of Inpatient Treatment in Hospital			
3-5 days	166	8 (2)	1-10
6-9 days	57	8 (2)	4-10
10 days and more	55	8 (3)	5-10
Test statistic*	0.099		
p	0.652		
Having a companion			
There is	220	8 (2)	1-9
None	58	9 (3)	3-10
Test statistic*	-0.673		
p	0.038		

\*Kruskall gamma; IQR: (Interquartile Range)= Q3-Q1 p<0.05

In our study, the mean scores of the participants on the Trust in Nurses Scale are shown (Table 3). According to the results of the analysis, the mean score was 21.77 (2.16); median value was 22 (min-max value: 16-24). As a result of the

analysis, the median score of the Trust in Nurses Scale of participants over 78 years of age was 22.60 (1.78), which was significantly higher (p<0.05). A difference was observed between the units in which the participants stayed during their

hospitalisation and the scores obtained from the Trust in Nurses Scale. The median score of the Trust in Nurses Scale for patients hospitalized for more than 10 days was 23.18 (1.25). Patients hospitalized for more than 10 days had a statistically significantly higher score than patients hospitalized for a shorter period ( $p < 0.05$ ). According to the patients' educational status, the median scores of illiterate patients on the Trust in Nurses Scale were 22.83 (1.34). Statistically higher than the other patients ( $p < 0.05$ ) There was no statistically significant difference between the presence of the patients' companions and the median scores obtained from the Trust in Nurses Scale ( $p > 0.05$ ) (Table 3).

Spearman Rho correlation analysis was performed to determine the relationship between the mean score of the Visual Scale of Satisfaction with Hospital Services and the mean score of the Trust in Nurses Scale (Table 4).

It was determined that there was a moderate, positive and statistically significant relationship between the scores obtained from the Satisfaction with Hospital Services Visual Scale and the scores obtained from the Trust in Nurses Scale ( $r = 0.366$   $p < 0.05$ ).

**Table 3.** Comparison of patients' descriptive characteristics and Trust in Nurses Scale scores (n=278)

Trust in Nurses Scale			
Mean (Std. Deviation)		Median (IQR)	Min-max
21.77 (2.16)		22 (2)	16-24
Variables	n	Median (IQR)	Mean (Std. Deviation)
Age			
18-32 ages	49	22 (4)	21.43 (2.47)
33-47 ages	49	21 (2)	20.92 (2.04)
48-62 ages	52	22.5 (4)	21.63 (2.15)
63-77 ages	70	22 (4)	22.04 (2.06)
>78 ages	58	23 (2)	22.60 (1.78)
Test statistic*	20.323	difference: 33-47 ages	
p	0.00		
Unit			
Surgical units	63	22 (4)	21.57 (2.31)
Internal units	98	24 (4)	22.33 (2.27)
Mixed units	117	22 (2)	21.66 (1.83)
Test statistic*	8.351	difference: Internal units	
p	0.015		
Gender			
Female	139	22 (4)	21.93 (2.09)
Male	139	22 (4)	21.63 (2.22)
Test statistic**	8921.000		
p	0.258		
Level of education			
Illiterate	18	23.5 (2)	22.83 (1.34)

Literate	17	23 (3)	22.35 (1.87)
Primary School	118	22.5 (3)	22.13 (1.95)
Middle School	39	22 (5)	21.41 (2.52)
High School	54	21 (4)	20.89 (2.19)
Licence	32	22 (4)	21.53(2.33)
Test statistic*	18.699	difference: illiterate	
p	0.002		
Previous hospitalisation status			
He's been hospitalised before	198	22 (4)	21.91 (2.08)
Never been hospitalised before	80	22 (4)	21.44 (2.32)
Test statistic**	7039.500		
p	0.137		
Number of days of inpatient treatment in hospital			
3-5 days	166	22 (4)	21.75 (2.17)
6-9 days	57	21 (4)	21.30 (2.15)
10 days and more	55	24 (4)	22.35 (2.04)
Test statistic*	7.692	difference: 6-9 days. 10 days and more	
p	0.021		
Availability of patient's accompanying person			
There is	220	22.00(4.00)	21.24 (2.70)
None	58	22.00(4.00)	21.16 (2.71)
Test statistic**	6260.00		
p	0.821		

\*Kruskall Wallis H test; \*\*Man Whitney U test; IQR: (Interquartile Range)=Q3-Q1

\*\*\*The average score that can be obtained from the scale is in the range of 4-24.

**Table 4.** Correlation Analysis of Participants' Satisfaction with Hospital Services Visual Scale Scores and Trust in Nurses Scale Scores

Data Collection Tools	Trust in Nurses Scale	
	r	p
Satisfaction Scale for Hospital Services	0.366	0.00

\*p<0.05 r=0.30-0.64 (medium)

## DISCUSSION

In the study, it was found that patients were generally very satisfied with hospital services, and the majority of patients had the intention to prefer and recommend the hospital again. In the international literature, it is stated that

approximately three-quarters of patients are satisfied with hospital services (Karaferis & Niakas, 2024; Hospital Consumer Assessment of Healthcare Providers and Systems 2024). Some studies conducted in Turkey found that patients were satisfied with hospital services (Akay& Filiz, 2023; Özmen & Ocakdan, 2022; Biçer& Yurtsal,

2021). It can be said that the result of the study is in parallel with the literature.

In the study, 55% of the patients reported that they were most satisfied with nurses and doctors. In the international literature, the factors that patients reported the most satisfaction were generally reported as doctors and nurses (Reis et al. 2024; Gavurova et al., 2021; Maqsood et al. 2017) The study result is similar to the literature.

In this study, the factor that patients were least satisfied with was found to be 'physical facilities'. In another international study, it was similarly stated that physical conditions such as the location of the hospital room, noise level and cleanliness were limited in terms of satisfaction in general hospital services (Gavurova, Dvorsky, & Popesko, 2021). In Turkey, Bilgin and Göral (2017) reported that physical conditions had no significant effect on patient satisfaction, while Arslanoğlu and Seçil Varol (2022) reported a strong correlation between physical conditions and satisfaction. Thus, it is seen that there are contradictory findings in the literature about the effect of physical facilities on patient satisfaction. It is stated that the physical conditions of the hospital (especially ventilation) and the social communication of the nurses have an important effect on the patient's healing process and the satisfaction perceived from the hospital (Tian, 2023).

In the study, there is no significant difference between the age groups of the participants in terms of satisfaction with hospital services. In international studies on satisfaction with hospital services, it has been reported that age affects patient satisfaction (Ferreira et al. 2023; Kineaar et al. 2021). Especially Ferreira et al. (2023) emphasised that age is one of the most determinant factors in terms of patient satisfaction. In some studies conducted in Turkey: Talmaç and Sosyal (2021) stated that older

participants gave higher satisfaction scores than younger participants, while Lleshi and Mustafa (2024) stated that age group did not affect satisfaction perception. According to Ferreira et al. (2023) study; when the health status of elderly patients reaches a level where they need the support of others, their satisfaction with hospital services may increase. However, Batbaatar et al. (2017) stated that since patient satisfaction is a subjective phenomenon, contradictory findings may be seen in research results. Therefore, it can be said that the lack of difference between age groups in our study is in parallel with the results in the literature.

In our study, it was found that the satisfaction of male and female patients with hospital services was similar. In some international studies, it was stated that male patients were more satisfied with hospital services than female patients (Karaferis & Niakas, 2024; Chen & Wang, 2016;). In some studies conducted in Turkey, it was determined that male patients were more satisfied with hospital services (Akay & Filiz, 2023; Atıgan, 2020). Patient satisfaction is a subjective experience. Therefore, it is thought that the result of the study is similar to the literature.

It is seen that the satisfaction levels of patients treated in the internal unit are higher than those of patients treated in other units. In another study conducted in Turkey, it was found that the satisfaction of patients treated in the internal medicine ward was higher than that of other patients (Karaca & Durna, 2019). Chronic diseases can cause physical, psychological and social problems (Erikmen & Keskin, 2022). Nursing is a profession with many roles such as patient education, advocacy and counselling (Aydemir & Çetin, 2019). It is thought that the fact that the perception of satisfaction with hospital services of patients receiving inpatient treatment due to chronic diseases is higher than patients treated in other units is due to the fact that they are

together with the nurse for a long time due to chronic diseases. It can be said that the result of the study is similar to the literature.

In our study, it was found that illiterate participants were more satisfied with hospital services. In some international studies, it was found that patients with lower education level reported higher satisfaction (Alhowaymel et al. 2022; Elayan & Ahmad 2018), while in another study, it was reported that patients with lower education level had lower satisfaction levels (Dokurugu et al., 2025). Similarly, in a study published in Turkey, patient satisfaction was found to be higher in patients with lower education level (Karaca & Durna, 2019), while in another study, it was reported that patients with higher education level were more satisfied (Ayranci & Atalay, 2019). This contradiction can be understood considering the subjective nature of patient satisfaction and its close relationship with expectations. As the level of education increases, patients' expectations for service quality and facilities increase, which may lead them to evaluate standard services more critically (Nguyen et. al, 2021). Based on this, it can be said that the relationship between education level and satisfaction level is consistent with the literature. It may be recommended to consider the educational level of patients in quality improvement studies for patient satisfaction.

In our study, it was determined that the participants who did not have an accompanying person had higher satisfaction levels with hospital services. In a study conducted in China, a significant relationship was found between the satisfaction levels of emergency department patients and the presence of a companion (Wang et. al., 2024), while in another study conducted in the obstetrics service; no significant difference was found in terms of satisfaction between women with and without a companion during labour (Alwahaibi et. al., 2025). It is thought that

these differences may be due to factors such as the quality of care services provided by hospitals, patient-centred care approaches and the level of meeting individual patient needs. In modern healthcare services, protecting patient privacy and prioritising individual care may reduce the need for companionship and positively affect satisfaction levels. The effect of companion presence on patient satisfaction may vary depending on various factors. In the planning of health services, it is important to adopt patient-centred care models and to consider individual patient needs.

In our study, it was determined that the participants' perception of trust in nurses was quite high. In a study conducted in Iran, it was reported that patients' trust in nurses was high and this trust showed a positive and significant relationship with the quality of nursing care (Haavisto & Jarva, 2018). In a study conducted in Turkey, it was determined that deficiencies in nursing care (for example, in the areas of basic care and communication) negatively affect both patient trust and satisfaction. This shows that the holistic and complete provision of nursing care is critical for patient trust (İspir Demir et al., 2024). According to GALLUP's 2024 report, the nursing profession has been selected as the most trusted profession in the United States for 22 consecutive years. This situation emphasises the reliability of nurses in the eyes of society and the importance of their professional role (GALLUP, 2024).

However, according to the literature, it is difficult to build and maintain trust (Bando et al. 2018; Ozaras & Abaan, 2018). It has been stated that when trust is not established in the patient-nurse relationship, vulnerability and health may be negatively affected in the patient (Birkhauer et al. 2017). For the sustainability of trust, nurses need to improve their communication skills, increase the quality of care and adopt patient-centred approaches. These findings emphasise the

importance of structuring nursing practices and trainings in a way to strengthen patient trust. Executive nurses undertake important tasks such as planning of health services, quality assurance, ensuring patient safety and team management (Wong et al., 2020). Trust is at the centre of the nurse-patient relationship. Patients who trust their nurses cooperate more to improve their health, feel safer and are more willing to establish trusting relationships (Bahari et al. 2024). In the literature, it is emphasised that effective leadership of nurse managers increases the motivation of nursing teams, improves the quality of patient care, and consequently positively affects patient satisfaction and trust perception (Omaghomi et al., 2024; Wong et al., 2020). In this context, the high level of trust in nurses in our study can be considered as a result of both the effects of clinical nurses on direct patient care and the supportive and improving approaches of nurse managers to the care environment.

In this study, the perception of trust in nurses of patients treated in the internal unit is higher than that of patients treated in other units. In the literature, it has been found that oncology patients' perception of trust in nurses is quite high (Huz, 2019; Ozaras & Abaan, 2018; Zhao et al. 2017). Oncology patients are one of the patient groups treated in internal units. Our study is in parallel with the literature in this respect. It is thought that oncology patients are in a similar situation with oncology patients due to the fact that they mostly have chronic diseases in terms of the process that patients treated in internal units spend with nurses (Hanci, 2024; Huz, 2019; Ozaras & Abaan. 2018; Zhao et al. 2017), so they perceive more trust than other units. The result of the study is similar to the literature.

According to the findings obtained from the study; it was found that patients who were hospitalised in the hospital for more than 10 days had more trust in the nurse than patients who

were treated for a shorter period of time. In the literature, there are some studies indicating that there is no difference between the length of hospital stay and the level of trust in the nurse (Huz, 2019) and that the length of hospital stay affects the level of trust in the nurse (Stolt et al., 2016). Participants who stay longer in the hospital have enough time to trust the nurse (Stolt et al. 2016). In our study, it is possible that the higher perception of trust in nurses in patients who have stayed in the hospital for a long time is related to the time spent with nurses and the perception of satisfaction with nursing care. It has been determined that satisfaction with nursing care and trust in nurses are affected by patient-nurse communication (Hanci, 2024).

In this study, it was determined that patients' satisfaction with hospital services was quite high. In addition, it was determined that they trusted nurses very much. Trust in the nurse is important to effectively meet the needs of the patient (Stolt et al., 2016). Trust in nurses was found to be associated with individualised care quality (Stavropoulou et al., 2022; Shan et al., 2016). In a study conducted in the emergency department in Iran, it was stated that the quality of nursing care and communication of the participants were factors for trust in nurses (Bahari et al., 2024). Lack of trust lies at the basis of dissatisfaction with hospital services (Shan et al., 2016). Effective communication and positive behaviours are linked to building trust in nurses. Trust in nurses shapes patient satisfaction (Tang et al., 2019). In this study, it is seen that inpatients reported satisfaction with the services. It was found that their perception of trust in the nurse was also quite high. There is a significant positive correlation between the mean scores of the Visual Analogue Patient Satisfaction Scale and the mean scores of the Trust in Nurses Scale ( $r=0.366$ ;  $p<0.05$ ).

## CONCLUSION

According to the visual analogue scale results of the patients who participated in the study; it was seen that the patients who received inpatient treatment in the hospital were very satisfied with the hospital services. It was found that patients who received inpatient treatment in internal units and patients without a companion were more satisfied with hospital services. Patients with chronic diseases are mostly treated in internal units. In the management of chronic diseases, in addition to compliance with medication and treatment, healthy living habits should also be acquired. The health worker who manages the professional relationship with the patient at the point of gaining healthy living habits and ensuring drug compliance is the nurse. The nurse has educational, advocacy and counselling roles related to the patient. In order to fulfil all these processes, it is important to establish and maintain trust in the patient-nurse relationship. Again, according to the results of the study, it was found that patients treated in the internal unit had more trust in nurses. It is thought that the higher satisfaction with hospital services and trust in nurses, especially in internal units, is due to the longer process spent with the nurse. Therefore, it is necessary to plan the effective nurse-patient ratio, in other words, effective manpower planning, in order to prolong the time spent with the nurse. At this point, it is recommended that nurse managers should effectively plan the patient-nurse ratio in terms of demographic characteristics of patients, diagnoses of patients and the time required for patient and disease management. In the study, it was determined that the least satisfaction reported was physical facilities. It is recommended that physical conditions should be designed in accordance with the comfort of patients. It is recommended to evaluate patient care outcomes and patient satisfaction with

effective planning of physical conditions. It was determined that elderly patients and patients with low education level had more trust in nurses. It is recommended to determine patient expectations according to sociodemographic characteristics and to take measures to establish a trust relationship according to expectations. It is recommended that a training process covering the topics that trust can be shaken, which situations will damage trust, and which positive results will occur for both the patient and the nurse when a trust relationship is established should be implemented by the nurse managers to the clinical nurses. As a result of the study, it was determined that satisfaction with hospital services and trust in nurses were related. It is recommended that patient satisfaction should be evaluated regularly and improvements should be made in evaluations.

## Limitations of the Study

The study is limited to the patients who were hospitalized in the hospital where the study was conducted and who could be reached at the time of discharge

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**Ethical Approval:** First of all, for the data collection tools to be used in the study, permission to use the scale was obtained from Kılınçer and Zileli for the Visual Analog Patient Satisfaction Scale, from Radwin and Cabral, who developed the original scale, for the Trust in Nurses Scale, and from Yücel and Ay to use the Turkish adaptation of the Trust in Nurses Scale and to ensure validity and reliability for the application of the scale to the general population. Permission was obtained from the Ethics Commission of a state university on March 28, 2017 with decision number 4311-315. For the implementation of the study,

permission was obtained from the TUEK (Medical Specialty Education Board) of the hospital in which the study will be conducted on July 4, 2017. The Participants were informed about the purpose and subject of the study and their verbal and written informed consent was obtained. Patients were contacted at the discharge stage by contacting the ward charge nurses and secretaries of the wards in the internal, surgical and mixed units during the discharge planning phase.

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