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VALIDITY AND RELIABILITY OF A QUESTIONNAIRE TO MEASURE THE PATIENT SATISFACTION WITH NURSING CARE QUALITY-TURKISH VERSION

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ABSTRACT

BACKGROUND AND PURPOSE: Patient satisfaction is an essential quality-result indicator of health services in hospital and ambulatory care settings. There has been limited use of questionnaires to measure patient satisfaction with nursing care quality in Turkey. This study aimed to assess the psychometric properties of the Turkish version of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQ).

METHODS:
This study was carried out in a bronchology unit of a state hospital in Istanbul between January and May 2021. The sample consisted of 149 participants and was recruited using convenience sampling. Data were collected using an online questionnaire.

RESULTS:
The Content Validity Index of the questionnaire was calculated at .95. Item-total correlations ranged from .76 to .91 for 19 items. The minimum factor load was .781, and the questionnaire items explained 79% of the total variance. Alpha coefficient was calculated as .98 for the whole questionnaire. To test reliability analysis, the Spearman-Brown correlation value was 0.881, and the Guttman Split-Half value was 0.933. Test re-test correlation was .88. Confirmatory factor analysis confirmed the one-factor model.

CONCLUSIONS/IMPLICATIONS FOR PRACTICE:
The Turkish version of the PSNCQ questionnaire is a valid and reliable tool for evaluating patient satisfaction with nursing care. Valid and reliable instruments are crucial to effectively assess patient satisfaction with nursing care to improve health quality.

KEYWORDS

nursing care, patient satisfaction, quality of care, validity, reliability. Turkey

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INTRODUCTION

In the last twenty years, fast developments worldwide have impacted both healthcare and healthcare providers. Due to the increase in health literacy and the gradual spread of news about health on the internet, the passive role of the receivers of healthcare services has started to become an active role in the health system. This change has led to an important notion called patient satisfaction, and it is seen currently as a healthcare system formed and based on patient satisfaction. [1-3]

Patient satisfaction is defined generally based on the difference between the patients' expectations and the actual care they receive. [2-4] Satisfaction from health care is the right of all patients. [5] There is a higher possibility in the patients' suggestion of the hospital, of the care they are satisfied with, to their family members and friends. [4,6] Patient satisfaction is determined by their expectations of the nursing care they should receive and the perception of the nursing service provided. [7,8] Therefore, a patient who had experienced the quality of nursing and the care given in a better manner than expected reported more satisfaction in his/her hospitalization period, and dissatisfaction emerged when his/her expectations were not met. [7-9] The American Nursing Association defined patient satisfaction with nursing care as a patients' values and attitudes toward the care they received from the nursing staff during their hospitalization. [8] Socio-demographic characteristics determine patients' satisfaction level in nursing, past experiences, motivations, health conditions, and expectations. [1,3,8] Patients who are satisfied with the nursing care conform to the instructions and recommendations of healthcare professionals more, and the probability of their recommending the hospital to others is higher; thus, nursing is essential for the hospital.[7,8,10] Patient satisfaction in nursing is the most significant determinant of the patients' general satisfaction with hospital care services. [1,4,7] Nursing care is multidimensional, and the level of satisfaction is an individual notion. Therefore it is not easy to measure various aspects of care. [7] Measuring patients' satisfaction, in terms of nursing, makes forming the standards for care and may be effective in improving the service quality of nursing. [6] Measuring the expectation and satisfaction of patients through nursing care quality provides critical information for healthcare managers by providing important sources for processes such as improving the service quality of nursing planning and implementing the necessary training by determining the areas of failure.

Patient satisfaction is an essential quality-result indicator of healthcare services in a hospital environment and nursing, in relation to the satisfaction of the patient in terms of nursing is particularly significant in terms of its being the primary determinant of the general satisfaction of patients in their hospitalization. [11-13] This is measured more based on the quality of the care provided by the nurse, who is at the core of the care, and concordantly it can be said that there is a significant correlation between nursing and patient satisfaction. [1,12,14] The patients' opinions about the quality of the care are the best sources to indicate the service's critical aspect; therefore, that information can be used in health care planning and evaluation.[6,8] Patient satisfaction is a concrete and challenging measure criterion for evaluating healthcare quality. [1,3,15] Measuring patients' satisfaction in terms of nursing makes forming the standards for care and may be effective in improving the service quality of nursing. [6,13] Measuring the expectation and satisfaction of patients through nursing care quality provides critical information for healthcare managers by providing important sources for processes such as improving the service quality of nursing, planning and implementing the necessary training by determining the areas of failure. [16]

Healthcare providers can enable increasing patient satisfaction and the quality of care by improving the quality of the healthcare system if they measure patient satisfaction in terms of nursing care by factual data. Within this context, preventing malpractice is essential in increasing the reliability of healthcare professionals and developing healthcare services. The measurement of patient satisfaction with nursing care quality is essential in assessing whether the needs of patients have been met, healthcare plans have been organized, and the development of quality nursing interventions has been successful for patients. [9] Therefore, it is essential to measure patient satisfaction with nursing care with a valid and reliable tool.

This study provides the evaluation of a valid and reliable tool for assessing patients' satisfaction with nursing care quality. Patients' satisfaction with nursing has been examined using several assessment instruments in previous research.[9,13,17] 'Newcastle Satisfaction with Nursing Care Scale' [18] and 'Patient Perception of Hospital

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Experience with Nursing Scale' [19] are widely used tools in Turkey to measure patient satisfaction with nursing care. Although satisfaction scales have been translated into Turkish, the "Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ)" developed by Laschinger et al. [4] differs in terms of evaluating the quality of care holistically during a hospital stay, such as ensuring the coordination of nursing care for patients in the hospital and after discharge, communication of nurses with doctors as well as patients, patient's satisfaction with nurses' teamwork, tests, and a variety of other factors. [4] The questionnaire can be used for both outpatient and inpatient patients, and it covers post-discharge satisfaction. It gives a general satisfaction rating of the service offered by the health institution from which the patients are discharged, based on the nursing care received by the patients. This measuring instrument will serve as a guide for the development of nursing care when the level of patient satisfaction is measured. The evolution of hospital services is also dependent on patient satisfaction.[8] PSNCQQ has been translated into other languages and is often referenced in the international literature. [1,7] Karaca and Durna [6] translated it into Turkish, although exploratory and confirmatory factor analyses were not carried out.[6] PSNCQQ is expected to contribute to the literature by being an easily understandable and adaptable scale that reveals the location of satisfaction with nursing services offered in the satisfaction of the entire service supplied by the health facility.

STUDY AIMS

The primary aim of this study was to describe the translation process and assess the validity and reliability of the Turkish version of the PSNCQQ. The secondary aim was to evaluate the sociodemographic properties and patient satisfaction in a hospital in Istanbul.

METHODS

DESIGN

A cross-sectional and methodological study design adapted the PSNCQQ into Turkish and evaluated its psychometric properties.

SAMPLE

A convenience sampling technique was employed to recruit 149 patients who received care in a bronchology unit of a state hospital in Istanbul, Turkey. Although there are different views in the literature about the ideal number of samplings for scale development and validity studies, the number of samplings, which is 5-10 times per item, is accepted as satisfactory. [20-22] The number of participants in this study is 149, and 7.8 samples are available per item. The criteria of inclusion in the study were determined as (i) being 18-65 years old, (ii) having bronchoscopy treatment in the Bronchology Unit, (iii) being in the second week following the treatment, (iv) having no cognitive disability, (v) being a volunteer to participate in the study. [23]

DATA COLLECTION

This methodological study data was collected from the Bronchology Unit of a state hospital in Istanbul between January-June 2021. The potential participants having the bronchoscopy treatment were informed before the treatment about the study, and the patients who accepted to participate in the study were telephoned in the second week of their discharge from the hospital. The online-prepared data collection form link was sent to the patients who accepted to attend the study via e-mail or Short Message Service (SMS). A personal information form and the PSNCQQ were used for collecting data.

Personal information form: This form included age, gender, education, marital status and monthly income status.

Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ): Was developed in 2005 by Laschinger et al. 4] The PSNCQQ, which comprises 19 items in total, includes 4 items that evaluate the perception of general satisfaction and are not included in the calculation. A 5-Point Likert type scale is scored between "(5) excellent" and "(1) poor". The PSNCQQ, where two different methods can score, was scored by adding the scores for all items and averaging each patient. The Cronbach a reliability factor in the original study of the scale was perfect (.97). Total correlations of the item were between values ranging from .61 to .89. The original scale was in the single factor structure, and the factor loads were between .753 - .89.
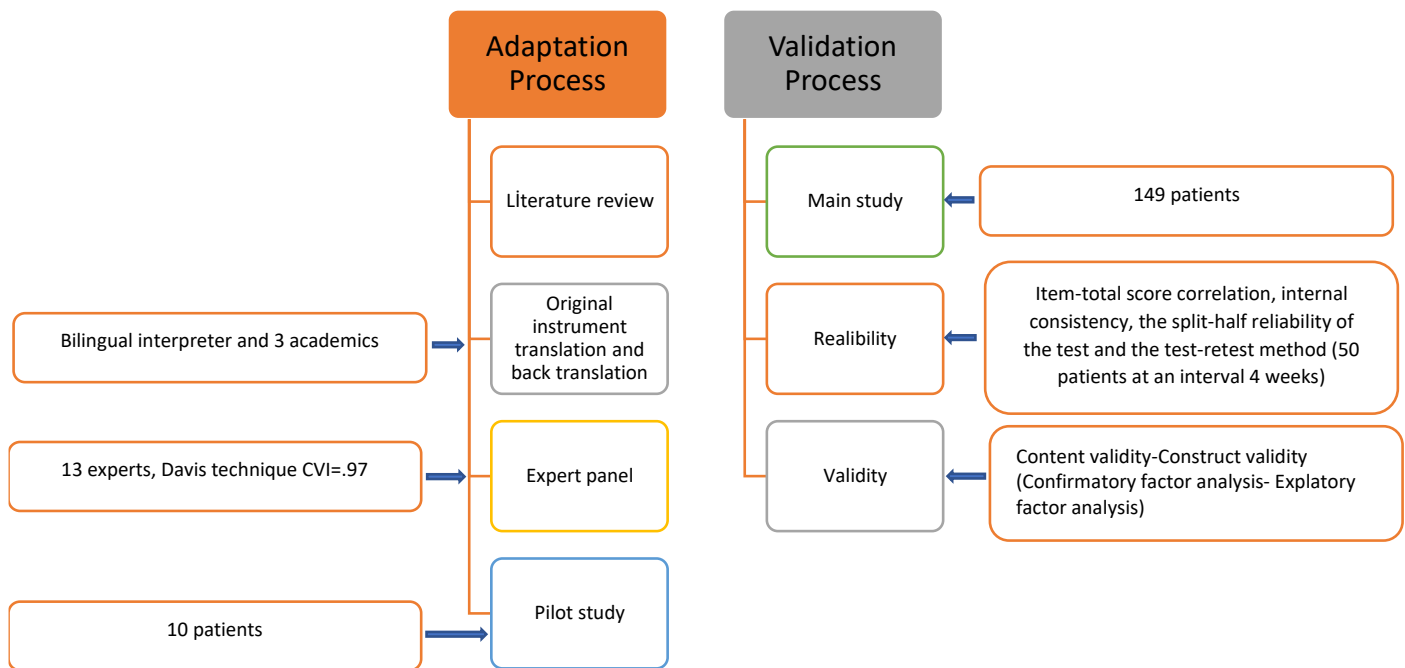
PROCEDURES

Upon receiving the permission of the scale owner, the original form of the scale was translated into Turkish by a language expert who knows English and Turkish and three academics who know English well. The research team examined the translations, and a consensus was reached on a text form for the Turkish versions representing each item best. Finally, the Turkish form was back-translated by a

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language expert who had not participated in the translation in the first phase, and the translation was compared to the original form by the research team.[20] This study adopted the World Health Organization's steps for translation and adapting instruments.[24] It followed the Strengthening the Reporting of Observational Studies in Epidemiology statement in reporting this study.[25] All of the study processes are shown in Figure 1.

FIGURE 1. STUDY PROCESS

Adaptation Process
- Literature review
- Original instrument translation and back translation ← Bilingual interpreter and 3 academics
- Expert panel ← 13 experts, Davis technique CVI=.97
- Pilot study ← 10 patients

Validation Process
- Main study ← 149 patients
- Realibility ← Item-total score correlation, internal consistency, the split-half reliability of the test and the test-retest method (50 patients at an interval 4 weeks)
- Validity ← Content validity-Construct validity (Confirmatory factor analysis- Explatory factor analysis)

DATA ANALYSIS

The number, percentage, average and standard deviation were calculated for descriptive statistics. Cronbach alpha-factor and Spearman-Brown and Guttman split-half factors were calculated for the reliability of the questionnaire. Furthermore, a re-test was conducted with the participation of 50 patients, and the Pearson correlation test was used to present the consistency between the two measurements.

The content analysis content validity ratio (CVR) was calculated, and the content validity index (CVI) was determined by calculating the average of CVRs. Davis technique was used for this purpose. According to this technique, it is suggested to take 3-20 expert views, and a CVI over .80 is deemed acceptable in terms of content validity.[26] Within this scope, four stages are "The item does not represent the feature (1)", "The item needs considerable correction (2)", "The item needs a little correction (3)" and "The item represents the feature (4)" were evaluated. The draft questionnaire, which was finalized based on the expert views, had been applied to 10 patients before it was applied to the study sampling group, and it was finalized based on the suggestions received.

The construct validity of the PSNCQQ was evaluated using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). Kaiser-Meyer-Olkin (KMO) test and Bartlett test. Kaiser- Meyer-Olkin test (ranges from 0 to 1) greater than .50, and the result of the Bartlett test of sphericity was considered eligible to perform EFA. Bartlett's sphericity test and Kaiser–Meyer–Olkin tests were used to evaluate the sampling sufficiency.[27]

A confirmatory factor analysis (CFA) was performed using AMOS to assess how well the model gleaned from the EFA matches the observed data and whether a one-factor model fits the data better. Patient satisfaction levels were compared across different demographics using a *t*-test and one-way analysis of variance (ANOVA). Analysis was conducted in SPSS version 25.0 (IBM, Inc., Armonk, NY, USA) with a significance level of 0.05.

ETHICAL CONSIDERATIONS

The researchers' permission who developed the original

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questionnaire was received via e-mail before starting the study. The procedures were reviewed and approved by the University of Health Sciences ethics committee with a decision no: 2021/74. The participants who agreed to participate in the study were informed before bronchology treatment, and their verbal confirmations were taken. They were asked to read the information document in the first part of the form sent to them and to mark the option "I accept to participate in the study," showing their confirmation to participate in the study by all eligible patient volunteers (*N*=149).

RESULTS

Participants and their satisfaction regarding nursing care quality was identified.

Socio-demographical characteristics of the participants (*N*=149) are presented in Table 1. The mean age of the participants was 55.73 years old (Standard Deviation (*SD*) =14.6). The participants were primarily male (70.5%), graduated from primary school (52.3%), were married (78.5%) and had an income less than their expenses (47%). There is no statistically significant difference between the participants based on comparing their socio-demographical characteristics and nursing care satisfaction score averages (Table 1). The patients' satisfaction in terms of the quality of the care provided by the nurses is over the average score (4.11±851).

RELIABILITY

Item-total score correlation, internal consistency, the split-half reliability of the test and the test-retest method were used to evaluate the PSNCQQ. It was determined that the item-total score correlations of the questionnaire formed of 19 items were between .762 and .913 (Table 2).

TABLE 1. COMPARISON OF THE SOCIODEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS AND THE MEAN TOTAL SCORE ON THE SATISFACTION LEVEL OF NURSING CARE

Variables	Number (%)	Mean (SD)	Statistics
Age group			
≤ 30 years old	12 (8.1)	4.39 (.666)	
31-59 years old	64 (43)	4.09 (.815)	p=.489
≥ 60 years old	73 (49)	4.08 (.908)	F=.718
Age. Mean ±Standard Deviation (Min.-Max.)	55.73±14.6 (20-84)		
Gender			
Female	44 (29.5)	4.24 (.737)	
Male	105 (70.5)	4.05 (.891)	p=.217 t=1.239
Educational Status			
Illiterate	11 (7.4)	3.81 (1.3)	
Literate	11 (7.4)	4.3 (.74)	
Primary school	78 (52.3)	4.09 (.831)	p=.675
High school	28 (18.8)	4.12 (.824)	F=583
University and above	21 (14.1)	4.23 (.756)	
Marital status			
Single	32(21.5)	4.05(.903)	p=.153
Married	117(78.5)	4.3(.596)	t=-1.435
Income status			
Income less than expenses	70 (47)	4.01 (.887)	
Income equals expense	66 (44.3)	4.18 (.76)	p=.433
Income more than expenses	13 (8.7)	4.23 (.1.08)	F=.841

TABLE 2. ITEM TOTAL SCORE CORRELATIONS AND PRINCIPAL COMPONENT ANALYSIS AND EXPLORATORY FACTOR ANALYSIS RESULTS OF THE PATIENT SATISFACTION QUESTIONNAIRE ON NURSING CARE QUALITY

Original Scale Items	Item Mean	Item total correlation	Factor Loads
Item 1. Information you were given	4.05	.856	.872
Item 2. Instruction	4.05	.852	.866
Item 3. Ease of getting information	4.11	.836	.853
Item 4. Information given by nurses	4.07	.839	.854
Item 5. Informing family or friends	3.9	.815	.830
Item 6. Involving family or friends in your care	3.93	.762	.781
Item 7. Concern and caring by nurses	4.28	.773	.793
Item 8. The attention of nurses to your condition	4.17	.859	.877
Item 9. Recognition of your opinions	4.08	.847	.865
Item 10. Consideration of your needs	4.11	.883	.898
Item 11. The daily routine of the nurses	4.06	.913	.926
Item 12. Helpfulness	4.23	.896	.913
Item 13. Nursing staff response to your calls	4.16	.902	.917
Item 14. Skill and competence of nurses	4.28	.821	.843
Item 15. Coordination of care	4.18	.797	.819
Item 16. The restful atmosphere provided by nurses	4.21	.854	.873
Item 17. Privacy	4.24	.855	.875
Item 18. Discharge instructions	4.07	.789	.809
Item 19. Coordination of care after discharge	3.97	.823	.842

TABLE 3. DATA ON THE SPEARMAN-BROWN AND GUTTMAN SPLIT-HALF VALUES AND GOODNESS OF FIT INDICES OF THE PATIENT SATISFACTION QUESTIONNAIRE ON NURSING CARE QUALITY

Cronbach's Alpha	1st Half	Value	.965
		Item total	10a
	2nd Half	Value	.969
		Item total	9b
	Total Number of Items		19
Inter-half Correlation			.881
Spearman-Brown Coefficient	Equal distance		.937
	Unequal distance		.937
Guttman Split Half Coefficient			.933
Guttman Split-Half Coefficient			.779
The goodness of Fit Indices/One factor	Factor loadings		≥ .78
	X^2		717.44

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df	152
RMSEA	.097
GFI	.76
IFI	.784
CFI	.783

It was detected that the Cronbach's alpha of the whole questionnaire was .98. According to the analysis of the split-half reliability of the test, the Spearman-Brown correlation value was calculated as .93, and the Gutman Split-Half value was calculated as .933 (Table 3). The test-retest method was used to assess the time durability of the questionnaire. The PSNCQQ was administered twice to 50 patients at 4 weeks. According to the findings, the correlation coefficients for the total questionnaire were .882, and all items were between .735 and .936.

VALIDITY VERIFICATION

Content Validity

The Turkish form (see Appendix) and the original English form were submitted for the opinion of 13 experts studying in the fields of nursing in various institutions (with five from public health nursing, two from psychiatric nursing, three from the management of nursing, three from pediatric nursing) regarding language and content validity. The experts' selection criteria were determined to have at least ten years of nursing experience, work as an academician for at least five years, and work as a manager in the working lifetime. The content validity ratio and content validity index were calculated for the whole questionnaire due to the evaluation of the expert opinions. Based on the examination of the experts, the content validity ratio (CVR=the number of experts replying properly/total number of experts/2-1) was calculated for each item based on the Davis technique. Then the content validity index (CVI) was calculated as .97, averaging these values.

Construct validity

Exploratory factor analysis: Kaiser-Meyer-Olkin (KMO) value was calculated as .935 for detecting the sufficiency of the sampling, and the Bartlett test was found significant ($p<0.001$) which is calculated as the KMO value in the research, shows that the sampling is sufficient. According to the result of the essential components analysis and the analysis conducted using the varimax rotation, the items form 79% of the total variants, and it was seen that the whole items were gathered under a single factor. The factor loads of the questionnaire items ranged between .781 and .926 (Table 2).

Confirmatory factor analysis: Confirmatory factor analysis confirmed the one-factor model, with Chi-squared (X^2)/degrees of freedom (df)=717.44/152, Root mean square error of approximation ($RMSEA$)= .097, Goodness-of-fit (GFI)= .760, Incremental Fit Index (IFI)=.784 and Comparative fit index (CFI)= .783 (Table 3).

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FIGURE 2. CONFIRMATORY FACTOR ANALYSIS FOR THE TURKISH VERSION OF THE PATIENT SATISFACTION WITH NURSING CARE QUALITY QUESTIONNAIRE (PSNCQ
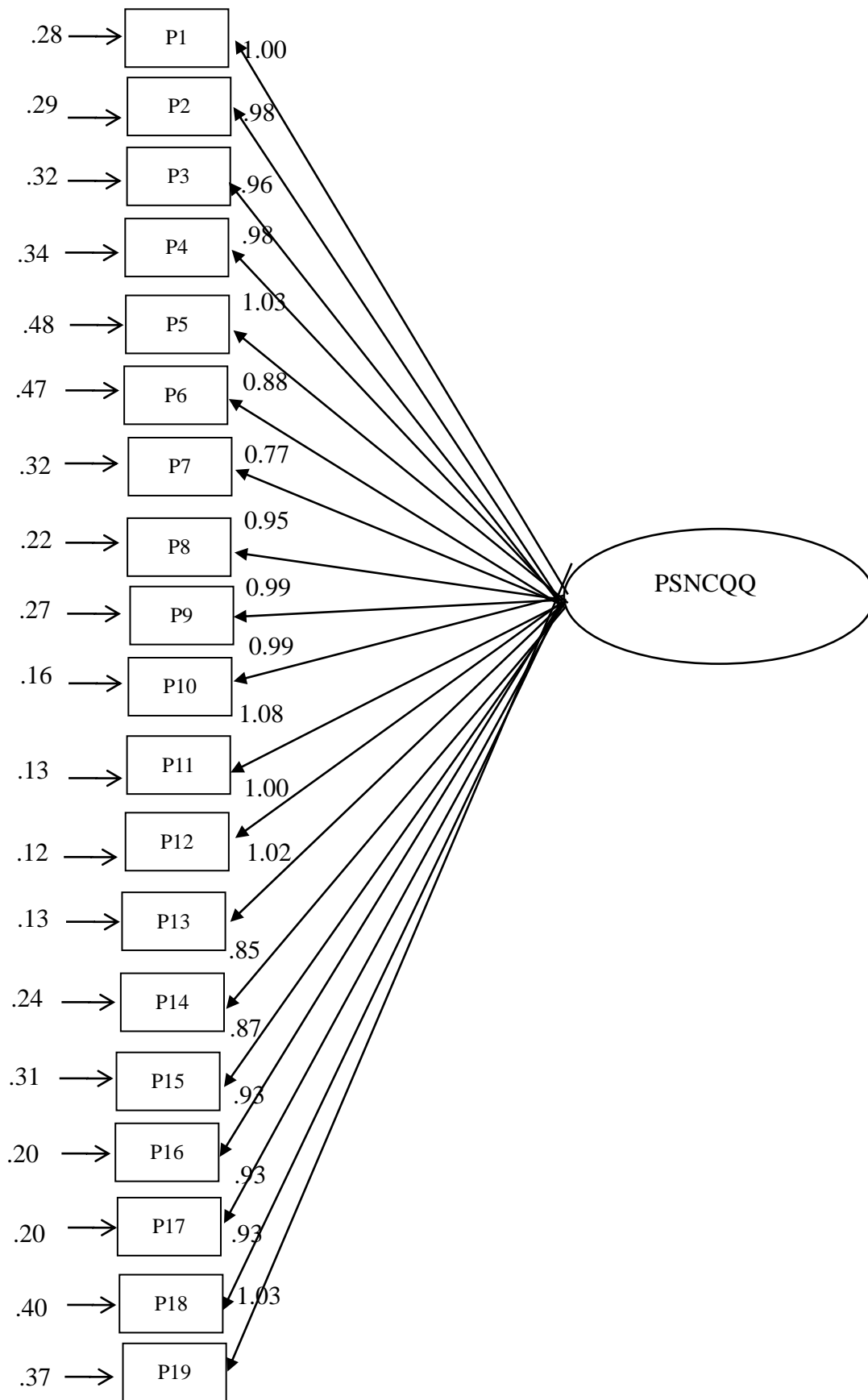
DISCUSSION

The psychometric evaluation and adaptation of the PSNCQQ to the Turkish language were evaluated based on the sampling of bronchoscopy patients in this study. It was decided that the questionnaire was understandable and helpful in evaluating the patients' satisfaction in terms of nursing based on the study results.

When sociodemographic characteristics and patient satisfaction with nursing care quality were compared, no statistically significant difference was found. Similarly, in the study by Al-Awamreh & Suliman [12], it was found that there was no significant difference between gender and age satisfaction with nursing care quality.[12] Palese et al. [28] found that there was no difference between age and a level of satisfaction, similar to our study, but unlike our study finding, women were less satisfied with nursing than men. [28] These findings indicate that more studies are needed.

The adaptation of scale tools developed in one language to another is a complicated process requiring careful planning concerning the content, psychometric characteristics, and validity.[29-30] Cross-cultural adaptation in the scale adaptation covers both language translation and cultural adaptation for creating a form to be used in another country. [22] In this study, the "scale translation and adaptation process" suggested by WHO was followed to provide the scale's language validity.[24] The adequacy of the Turkish-language scale, which is the first of the adaptation level of the scale, was evaluated with the *CVI* and the translation and back-translation process. The number is sufficient for expert opinion. [31,32] The scales are expected to give similar results in scale development studies or scale adaptation studies in different languages when implemented under the same conditions. Many analysis methods can be used to evaluate the stability of the scales named reliability. [33] In this study, the scale's reliability was evaluated through item-total score correlation, test-retest, internal consistency, and split-half reliability of the test. Cronbach's alpha internal consistency, test-retest, and results of the split-half reliability analysis of the test reveal that the scale is a reliable measurement tool. Cronbach's alpha factor for the whole scale was calculated as .98, and item-total correlations were found between .762 and .913. It was seen that Cronbach's alpha factor was found to be .97, and total item correlations were found between .61 and .89 in the original scale, similar to our study. [4] In the study of

Milutinovic et al. (2012), Cronbach's alpha factor of the scale adapted to Serbian was found to be .94, and item-total correlations were found between .56 and .76.[7] In another study carried out in Turkey, the Cronbach's alpha factor was found to be .98, and item-total correlations were found between .80 and .89.[6] In the Albasharey et al. (2019) version, adapted to the Arabic language, the Cronbach's alpha factor was found as .96. [1] It was presented that the scale was a reliable measurement tool having internal consistency according to the Spearmen-Brown correlation factor (.937) and Guttman split-half factor (.993) results. In the study of Albasharey et al. (2019), Guttman split-half coefficients were found to be .94, similar to our study. [1] Split-half coefficients were found as .965 and .969 (1st and 2nd Part). In the study of Albasharey et al. (2019), it was seen that it was found as .91 and .95 (1st and 2nd part). [1] According to test re-test results, the correlation factor of the scale to the whole of the scale was found to be .882.

In the studies of adapting the scales to another language in the literature, it is recommended to test the current factor structure through confirmatory factor analysis).[34,35] However, in many studies, exploratory and confirmatory factor analyses were used together [34]. The CVI of the scale, which was presented to the opinion of experts for content validity, was found to be .97. It was found that CVI was between the said values.[33] Similar to our study, it was found that .94 in Albashrey et al. [1] According to the result of the exploratory factor analysis conducted upon meeting the conditions in which the *KMO* value is over .60 and the Barlett test was significant to conduct the exploratory factor analysis, it was seen that the items in the original scale gathered under a single factor and the factor loads ranged between .781 and .926. It was seen that the factor loads were between the required values. [33] It is seen that the factor loads ranged between .753 and .890 in the original study of the scale, similar to the results of our study. [4] It was seen that factor loads ranged between .60 and .95 in the study of Milutinovic et al. (2012). [7] While the total variant resulting after varimax rotation was found at 79% in our study, it was found at 59.9% in Milutinovic et al. (2012). [7] The explained variances of the scale gathered under two factors in Albashrey et al. [1] study was 46.4% and 22.9%. Unlike the result of Albashrey et al. [1]'s study, the findings of our study are congruent with the findings of the original study with the one-factor model. [4] *RMSEA* cut-off points are recommended in the range of .05 to .10 to indicate proper fit. [36] *RMSEA* value was calculated at .097 in this study, providing a mediocre fit. The *GFI, IFI* and *CFI*

statistics range from 0 to 1, and recommended value is above .90. However, the closeness of these values to 1 is considered an indication of proper fit. [36,37]

CONCLUSIONS AND SUGGESTIONS

Over the last decades, patient satisfaction with nursing care has been considered a crucial indicator of the quality of care. Measuring nursing care quality has become a priority for healthcare providers and policymakers. It is known that there is a high correlation between nursing care quality and patients' overall satisfaction with health services. Although there are questionnaires assessing nursing care quality, PSNCQQ is a practical tool to apply and assess nursing care quality in clinical and ambulatory care settings. This questionnaire may help increase the contribution and visibility of nursing care in health services. PSNCQQ in the Turkish language was evaluated based on the sampling of bronchoscopy patients in this study. This questionnaire is a valid and reliable measurement tool that evaluates patients' satisfaction at 18 years old and older in the bronchoscopy units. Therefore, the findings of this study may limit the generalizability of other settings. The PSNCQ, adapted to Turkish, is thought to be used by nurses working in the clinical and ambulatory care settings and the researchers studying in this field.

This study has some limitations in that conducting the study in a province and the bronchoscopy unit of a hospital is limited research. It is recommended that the conduct of further studies to measure patients' satisfaction with nursing care quality and to evaluate the effects on patients' overall satisfaction with health services is needed.

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APPENDIX

HEMŞİRELİK BAKIM KALİTESİNE İLİŞKİN HASTA MEMNUNİYETİ ANKETİ

	Mükemmel	Çok İyi	İyi	Orta	Kötü
SİZE VERİLEN BİLGİ: Hemşirelerin testler, tedaviler ve beklentileriniz ile ilgili size yapmış oldukları açıklamalar ne kadar açık ve tamdı/eksiksizdi.					
YÖNERGE: Test ve işlem/ameliyat hazırlığı ile ilgili hemşirelerin açıklamaları ne kadar iyiydi.					
BİLGİ ALMA KOLAYLIĞI: Hemşirelerin sorularınızı cevaplama istekliliği.					
HEMŞİRELER TARAFINDAN VERİLEN BİLGİLER: Hemşireler hastalar, aileler ve doktorlar ile ne kadar iyi iletişim kuruyordu.					
AİLE VEYA ARKADAŞLARI BİLGİLENDİRME: Hemşireler durumunuz ve ihtiyaçlarınız/gereksinimleriniz ile ilgili ailenizi veya arkadaşlarınızı ne kadar iyi bilgilendirdi.					
AİLE VEYA ARKADAŞLARINIZIN BAKIMINIZA KATILIMI: Aile ve arkadaşlarınızın katılımına ne kadar izin verildi?					
HEMŞİRELER TARAFINDAN VERİLEN İLGİ VE BAKIM: Size gösterilen nezaket ve saygı ne kadar samimi ve kibardı.					
HEMŞİRELERİN DURUMUNUZLA İLGİLENMESİ veya HEMŞİRELERİN DURUMUNUZLA İLGİLİ DİKKATİ: Hemşireler sizin ve durumunuzun nasıl olduğunu ne sıklıkla kontrol etti.					
GÖRÜŞLERİNİZİN FARKINDA OLMASI: Hemşireler sizin görüşlerinizi ne kadar dikkate aldı ve size seçenek sundu?					
İHTİYAÇLARINIZI GÖZ ÖNÜNDE BULUNDURMA: Hemşireler ihtiyaçlarınızı karşılama konusunda ne kadar ilgiliydi.					
HEMŞİRELERİN GÜNLÜK RUTİNİ: Hemşireler programlarını sizin ihtiyaçlarınıza göre ne kadar iyi düzenlediler.					
YARDIMSEVERLİK: Hemşirelerin sizi rahat ve güvende hissettirme becerisi nasıldı.					
HEMŞİRELERİN ÇAĞRILARINIZA KARŞILIK VERMESİ: Hemşireler size yardım etmede ne kadar hızlıydılar.					
HEMŞİRELERİN BECERİ VE YETKİNLİĞİ: Hemşireler ilaç uygulama, damar yolu tedavisini yapma gibi işlemlerde ne kadar iyiydiler.					
BAKIM KOORDİNASYONU: Hemşireler ile size bakım veren diğer hastane personeli arasındaki ekip çalışması.					
HEMŞİRELER TARAFINDAN SAĞLANAN HUZUR ORTAMI: Huzur ve sessizliğin miktarı/süresi.					
MAHREMİYET: Hemşireler tarafından mahremiyetiniz için sağlanan koşullar.					
TABURCULUK TALİMATLARI: Hastaneden taburcu olduktan sonra ne yapmanız gerektiği ve nelerin beklediğine ilişkin anlattıkları ne kadar açık ve tamdı.					
TABURCULUK SONRASI BAKIM KOORDİNASYONU: Hemşirelerin siz hastaneden taburcu olduktan sonraki ihtiyaçlarınızı karşılama konusundaki çabaları.					
GENEL ALGI	Mükemmel	Çok İyi	İyi	Orta	Kötü
Genel olarak hastanede kaldığınız süre boyunca aldığınız bakım ve hizmetlerin kalitesi.					
Genel olarak hastanede kaldığınız süre boyunca aldığınız hemşirelik bakım kalitesi.					
Genel olarak sağlığınız ile ilgili ne söylersiniz?					
Aldığım hemşirelik bakımına dayanarak bu hastaneyi aileme ve arkadaşlarıma tavsiye ederim.					

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