

Ortopedik Cerrahi Alanında Sağlık Hizmeti Alan Hastaların Taburculuk Sonrası Geri Bildirimlerinin Değerlendirilmesi

Post-discharge Feedback Evaluation of Patients who Have Received Health Care in Orthopedic Surgery

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ÖZ

GİRİŞ ve AMAÇ: Çalışmada yatarak tedavi gören hastaların taburculuk sonrasında memnuniyet düzeylerinin ve geri bildirimlerinin değerlendirilmesi amaçlanmıştır.

YÖNTEM ve GEREÇLER: Tanımlayıcı tipte bir çalışmadır. Çalışma bir kamu hastanesinde ameliyat olup taburcu olan 18 yaş üstü ve çalışmayı kabul eden kişilere yapılmıştır. Sosyo demografik form, memnuniyet anketleri, EQ-5D-3L ve EQ-VAS ölçeği uygulanmıştır. Çoklu gruplar arası karşılaştırmalarda tek yönlü varyans analizi, alt grup karşılaştırmalarında Tukey çoklu karşılaştırma testi, ikili grupların karşılaştırmasında bağımsız t testi, nitel verilerin karşılaştırmalarında ki-kare testi kullanılmıştır.

BULGULAR: 225 kişi anketi doldurdu. Hastaların geldikleri şehire, cinsiyetine, medeni durumuna, eğitim durumuna ve gelir düzeyine göre memnuniyetleri anlamlı ($p<0.05$) farklılık göstermiştir. Hastanede yatış süresi, kaldığı oda, taburculuk sonrası geçen zaman, yaşı, işi, yürümeye yardımcı araç kullanıp kullanmadığı, alkol sigara kullanımı, kaldığı eve göre hekimlik hizmetlerinden ve hemşirelik hizmetlerinden memnuniyetlerinin karşılaştırılmasında anlamlı bir farklılık bulunmamıştır ($p>0.05$). Hastaların %95'i tekrar ameliyat gerekirse yine aynı kuruma başvuracaklarını belirtmiştir. Taburculuk sonrası EQ-5D-3L ölçeği değerlendirmeleri iyi orta arası çıkmıştır.

TARTIŞMA ve SONUÇ: Hastaların istek ve gereksinimlerinin belirlenmesi hizmet kalitesinin değerlendirilmesinde önemli bir gösterge olmasının yanı sıra verilecek hizmete yön vermesi açısından da önemli bir role sahiptir. Bu nedenle hasta memnuniyetinin yükseltilmesi ve sağlık hizmetlerinde mükemmelliğe ulaşmak için periyodik bilimsel araştırmalar yapılmalıdır. Hekimlerin ve hemşirelerin hasta memnuniyeti üzerinde en önemli etkiye sahip oldukları unutulmamalıdır.

Anahtar Kelimeler: Hasta memnuniyeti, Geribildirim, Ortopedik Cerrahi

ABSTRACT

INTRODUCTION: In this study, we aimed to evaluate the satisfaction levels and feedbacks of inpatients after discharge.

METHODS: This descriptive study was conducted at a state hospital on patients aged over 18 who have undergone surgery and were discharged. A sociodemographics form, satisfaction surveys, the EQ-5D-3L and EQ-VAS scales were used in collecting the data. One-way variance analysis in multiple group comparisons, Tukey's multiple comparison test in subgroup comparisons, independent samples t-test in binary groups, and chi-square test in comparison of the qualitative data has been used for evaluation.

RESULTS: In total, 225 people completed the survey. The satisfaction level of the patients according to the city, gender, marital status, education level, and income level showed a significant difference ($p<0.05$). There was no significant difference in the comparison of duration of hospitalization, room stay, time after discharge, age, work, whether or not the patient used walking aids, alcohol use, smoking, or satisfaction with medical services and nursing services ($p>0.05$). Of all the patients, 94.7% stated that they would apply to the same institution again if surgery was necessary. After discharge, the EQ-5D-3L scale scores ranged between good and moderate.

DISCUSSION AND CONCLUSION: Determining the needs of the patients is an important indicator in the evaluation of the quality and direction of the services to be provided. For this reason, periodical scientific researches should be conducted to increase patient satisfaction and achieve excellence in healthcare services. It should also be noted that physicians and nurses have the most important impact on patient satisfaction.

Keywords: Patient Satisfaction, Feedback, Orthopedic Surgery

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INTRODUCTION

While patient satisfaction is a subjective perception of the patient and the patient's relatives, it is considered to be the most important indicator of quality in healthcare services. It may be considered as the basic criteria that provide information about the level of meeting the patient's expectations and values, thus indicating the quality of healthcare. By evaluating the satisfaction rates, institutions learn how strong or weak they are, and accordingly can work on providing an effective competitive environment (1). Satisfaction is a complex concept associated with many factors including lifestyle, past experiences, future expectations, and individual and societal values (2). Quality studies performed within the hospital are collected from three different departments: inpatient, outpatient, and emergency room. Following quality and efficiency standards, a satisfaction survey is applied to hospitalized patients before discharge. This study is important because it reflects the opinions of the patients who come to follow-up at the outpatient clinic. Patients' perceptions of the service quality after discharge affect their decision on reselecting the same hospital and recommending it to family members and friends. Quality service delivery is increased by identifying and correcting the parameters causing dissatisfaction during the health service delivery process.

In this study, we aimed to evaluate the satisfaction levels of inpatients in our hospital for the services they received from our hospital after discharge.

MATERIAL AND METHODS

This descriptive study was prepared based on the studies from the literature and patient satisfaction surveys prepared by the Turkish Ministry of Health. The study was performed in a state hospital serving in the field of orthopedics and traumatology. Permission was obtained from the institution's medical specialty training board (Decision No:12.11.2018/37) prior to the study.

This study was conducted to evaluate the satisfaction and feedback of patients admitted to the hospital's outpatient clinic after discharge, and used a sociodemographics form, the EQ-5D-3L general quality of life scale, the EQ-VAS scale and a

satisfaction survey. Questions assessing satisfaction were prepared using a 5-point Likert scale, in which answers ranged from "continuous" to "never". Informed consents were obtained from all participants.

In 2018 when this study was conducted, the sample size was calculated to be 200 for patients from the follow-up clinic (margin of error: 5%, confidence level: 95%). In addition to the descriptive statistical methods, the one-way variance analysis was used in multiple group comparisons, Tukey's multiple comparison test in subgroup comparisons, independent samples t-test in binary groups, and chi-square test in comparison of the qualitative data. Results were evaluated at a significance level $p < 0.05$. The SPSS v.20 software was used for statistical analyses.

RESULTS

Of the 300 patients who applied to the follow-up polyclinic and took the survey, 225 completed it. Of these, 64 patients (28.4%) completed the survey between 1-14 days after discharge, 111 patients (49.3%) between 15-44 days, and 50 patients (22.2%) 45 days after discharge was 50 (22.2%). The mean duration of hospitalization was 4 days (range: 1 to 68 days). Of the 225 patients, 138 (61.3%) were hospitalized between 1-3 days, 52 (23.1%) between 4-6 days, and 29 (12.9%) over 7 days, whereas six patients (2.7%) did not answer this question.

According to the central population administrative system records, 174 patients (77.3%) were from the same province as our hospital and 51 (22.7%) were from outside the province. A significant difference was found when comparing the satisfaction level of the patients from within and from outside the province regarding the hospital general services, medical services and nursing services ($p < 0.05$). Satisfaction averages of those from outside the province were higher.

One hundred and fifty-three patients (68%) stayed in the wardroom, 20 (8.9%) stayed in a private room, three (1.3%) were admitted to the ward first then a private room, two (0.9%) first stayed in the ward and then in a private room, whereas 47 patients (20.9%) left this question unanswered. There was no significant difference between the satisfaction level of the patients who

stayed in private rooms and wards in terms of general hospital services, medical services, and nursing services ($p>0.05$). Sociodemographics of the patients are given in Table 1. Satisfaction of the patients according to the city, gender, marital status, education level, and income level showed a significant difference ($p<0.05$). Those from outside Istanbul were found to be more satisfied than those from Istanbul, those who were married were more satisfied than those who were single, secondary school graduates were more satisfied than high school and university graduates, and those who worked for minimum wage were more satisfied than those who earned twice as much (Table 2).

There was no significant difference in the comparison of duration of hospitalization, room stay, time after discharge, age, work, whether or not the patient used walking aids, alcohol use, smoking, or level of satisfaction regarding medical services and nursing services ($p>0.05$).

The correlation test showed a positive and significant relationship between satisfaction with the hospital general services, medical services and nursing services (Table 3).

Regression analysis showed that the general satisfaction level with the hospital and the satisfaction level with the physicians ($\text{sig.}=0.000$)

and with nurses ($\text{sig.}=0.000$) were positively correlated ($r=0.417$ and $r=0.439$, respectively). The same was true with the satisfaction level with nurses and the satisfaction level with physicians ($\text{sig.}=0.000$) ($r=0.390$). The responses of the patients regarding their satisfaction level with the general hospital services, medical services, and nursing services are given in Table 4. Answers to the question “Why they would prefer the hospital and which institution they would apply to if they needed to undergo surgery again?” are presented in Table 5.

The EQ-5D-3L and EQ-VAS overall quality of life scales were also applied to the patients. Patients were asked to give a score of 0-100 regarding their current health status. There was also a visual analog scale (VAS), from 0 to 100 points, for the participants to self-evaluate their state of health, where ‘0’ meant the worst health state and ‘100’ the best health state that could be imagined. The average of the responses was 72.87 (range: 10 to 100). The EQ-5D-3L is a self-reporting scale and helps evaluate movement, self-care, daily routine activities, a feeling of pain/discomfort, and anxiety/depression in five questions. The distribution of the EQ-5D-3L scale responses is given in Table 6.

Table 1. Socio-demographic characteristics

Question	Options	(n)	(%)	Question	Options	(n)	(%)
Time After Discharge	1-14 day	64	28,4	City	İstanbul	174	77,3
	15-44 day	111	49,3		another	51	22,7
	45 day and above	50	22,2	Gender	Female	88	39,1
Duration Of Hospitalization	1-3 day	138	61,3		Male	124	55,1
	4-6 day	52	23,1	Age	20-30	44	19,6
	7-9 day	19	8,4		31-40	34	15,1
	10 day and above	10	4,4		41-50	33	14,7
	unanswered	6	2,7		51-60	38	16,9
Working status	not working	106	47,1		61-65	12	5,3
	retired	34	15,1	65-70	11	4,9	
	desk work	16	7,1	71-75	10	4,4	
	physical work	51	22,7	76-	5	2,2	
	unanswered	18	8,0	unanswered	38	16,9	
Income rate	Under Minimum Wage	48	21,3	Education	illiterate	27	12,0
	Minimum wage	92	40,9		Primary school	74	32,9
	2 Times Minimum Wage	31	13,8		junior high school	37	16,4
	> 3 Times of Minimum Wage	5	2,2		High school	40	17,8
	unanswered	49	21,8		University	29	12,9
Marital status	Married	139	61,8		unanswered	18	8,0
	Single	73	32,4				
	unanswered	13	5,8				

Table 2. Satisfaction Relations

Question	Satisfaction	Options	Mean (1-5)	Standard deviation	P-Value
Comparison of satisfaction of patients from Istanbul and other provinces	Hospital General Services Satisfaction	İstanbul	4,44	0,64	0,00*
		another	4,75	0,36	
	Medical Services Satisfaction	İstanbul	4,55	0,69	0,02*
		another	4,78	0,38	
	Nursing Services Satisfaction	İstanbul	4,57	0,72	0,03*
		another	4,79	0,43	
Gender	Hospital General Services Satisfaction	Female	4,36	0,65	0,01*
		Male	4,58	0,56	
	Medical Services Satisfaction	Female	4,59	0,59	0,92*
		Male	4,60	0,69	
	Nursing Services Satisfaction	Female	4,62	0,65	0,99*
		Male	4,62	0,70	
Marital status	Hospital General Services Satisfaction	Married	4,56	0,56	0,03*
		Single	4,37	0,62	
	Medical Services Satisfaction	Married	4,70	0,55	0,00*
		Single	4,37	0,77	
	Nursing Services Satisfaction	Married	4,67	0,59	0,05*
		Single	4,48	0,82	
Education	Hospital General Services Satisfaction	illiterate	4,62	0,52	0,02**
		Primary school	4,50	0,61	
		junior high school ***	4,70	0,40	
		High school	4,40	0,66	
		University ***	4,26	0,55	
	Medical Services Satisfaction	illiterate	4,76	0,34	0,00**
		Primary school	4,63	0,61	
		junior high school ***	4,82	0,47	
		High school ***	4,40	0,85	
		University	4,32	0,67	
	Nursing Services Satisfaction	illiterate	4,73	0,50	0,11**
		Primary school	4,65	0,65	
		junior high school	4,77	0,49	
		High school	4,45	0,85	
		University	4,41	0,81	
Employment	Hospital General Services Satisfaction	Under Minimum Wage	4,55	0,58	0,03**
		Minimum wage ***	4,62	0,47	
		2 Times Minimum Wage ***	4,27	0,70	
		> 3 Times of Minimum Wage	4,38	0,88	
	Medical Services Satisfaction	Under Minimum Wage	4,59	0,62	0,07**
		Minimum wage	4,66	0,55	
		2 Times Minimum Wage	4,36	0,87	
		> 3 Times of Minimum Wage	4,95	0,11	
	Nursing Services Satisfaction	Under Minimum Wage	4,70	0,47	0,03**
		Minimum wage ***	4,70	0,63	
		2 Times Minimum Wage ***	4,31	0,91	
		> 3 Times of Minimum Wage	4,76	0,54	

* Independent T-Test,

** One-Way Variance Analysis

(one-way variance analysis was used for multiple group comparisons, Tukey multiple comparison tests were used for subgroup comparisons, indicated by

*** showing significant difference. Independent t-test was used for binary groups, Results were evaluated at significance $p < 0.05$.)

Table 3 Relationship Between Satisfaction (Pearson Correlation)

		Satisfaction With Hospital General Services	Satisfaction from Medical Services	Satisfaction from Nursing Services
Satisfaction With Hospital General Services	r	1	0,646**	0,662**
	p		0,000	0,000
Satisfaction from Medical Services	r	0,646**	1	0,625
	p	0,000		0,00
Satisfaction from Nursing Services	r	0,662**	0,625	1
	p	0,000	0,000	

Correlation is significant at the 0.01 level (2-tailed).

Table 4. The responses of the patients regarding General Hospital Services, Medical Services, and nursing services satisfaction

	Continuous (%)	Most of the time (%)	Sometimes (%)	once in a while (%)	Never (%)	Mean (1-5)	Standard deviation
Evaluation of General Hospital Services by Patients						4,50	0,57
The hospital was generally clean	52,4	32,9	7,6	3,6	0,9	4,36	0,85
There was a quiet environment	41,3	30,7	16,9	3,6	4,9	4,03	1,10
The things in the room were working.	69,8	16,4	6,2	2,7	0,9	4,58	0,81
Hospital staff took care of my privacy	74,7	15,6	4,0	1,3	2,2	4,63	0,82
The temperature, the taste, etc. of the food was good.	50,2	26,2	14,2	3,6	3,6	4,19	1,05
I found the hospital service good	65,3	23,1	6,7	1,3	0,9	4,55	0,76
When I left the hospital, I was informed about the post-discharge process.	75,6	14,2	4,9	0,9	0,9	4,69	0,70
hospital staff was very friendly and helpful	69,3	18,2	6,7	2,2	1,3	4,55	0,83
I felt safe in the hospital	75,6	17,3	2,7	0,9	0,9	4,70	0,66
Evaluation of Medical Services by Patients						4,60	0,63
I was able to reach the doctors at any time	61,3	26,7	6,7	2,2	0,9	4,49	0,80
I was informed by doctors about my illness and treatment	76,4	16,4	3,1	1,3	0,4	4,71	0,64
I am pleased with my doctor's interest and approach	80,9	11,6	4,4	0,4	0,4	4,76	0,60
I was able to reach the doctors at any time after discharge.	67,6	15,6	8,4	1,3	4,0	4,46	1,00
Evaluation of Nursing Services by Patients						4,62	0,66
I was able to reach the nurses whenever I wanted.	76,0	15,6	3,1	0,9	0,9	4,71	0,66
I was informed by nurses about my treatment and care	76,9	13,8	3,1	1,8	1,3	4,68	0,75
The nurses were taking care of my medical care	76,0	15,6	3,6	1,8	0,0	4,71	0,63
I was satisfied with the nurses ' services related to care and practice	76,4	14,2	3,6	2,2	0,9	4,68	0,74
After the discharge, I was able to reach the nurses at any time.	63,1	15,1	8,0	1,3	7,6	4,31	1,19

Table 5. Patients answers

Questions	Ratio (%)
“What was your reason for choosing our hospital (you can mark multiple options)”	
Special hospital for orthopedic surgery	69,6
I have heard that the Orthopedists in the institution have been successful	64,3
On recommendation	40,9
I was satisfied with the previous treatment	12,9
The doctor I want to be treated is working in this hospital	6,7
Hospital is near my house	6,2
Location of the hospital	3,6
‘If you had to have surgery again, which would you do? (mark one.)’	
I would go to your hospital again.	94,7
I would go to the Private Hospital	0,4
I would go to another State Hospital	1,8
I would go to University Hospital	0,4
Unanswered	2,7

Table 6. ratio distribution of answers given for each item of the EQ-5D scale

	Ratio (%)	
“Under each heading, please tick the ONE box that best describes your health TODAY.”		
MOBILITY	I have no problems in walking about	29,3
	I have some problems in walking about	67,6
	I am confined to bed	2,2
	Missed	0,9
SELF-CARE	I have no problems with self-care	36,9
	I have some problems washing or dressing myself	45,8
	I am unable to wash or dress myself	16,0
	Missed	1,3
USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)	I have no problems with performing my usual activities	23,6
	I have some problems with performing my usual activities	56,0
	I am unable to perform my usual activities	18,2
	Missed	0,4
PAIN / DISCOMFORT	I have no pain or discomfort	24,4
	I have moderate pain or discomfort	71,6
	I have extreme pain or discomfort	3,6
	CEVAPSIZ	0,4
ANXIETY/ DEPRESSION	I am not anxious or depressed	55,6
	I am moderately anxious or depressed	37,3
	I am extremely anxious or depressed	5,8
	CEVAPSIZ	1,3

DISCUSSION

In the present study there was male predominance in children with ALL (M/F=1.17) similar to other studies (3, 6, 11-13). Mean age was 6.6±4.38 year similar to other studies from Turkey (11, 13). Similar to ALL-BFM 95 cohort of the BFM-ALL study group, 11.1% of the patients had WBC ≥100 000/µl (3). T-cell immunophenotype, BCR/ABL and MLL/AF4 incidences were 13.5%, 2.4%, and 2.4% respectively, very similar to ALL-BFM 95 cohort, where incidences were 13.3 %, 2.1% and 2.2% respectively (3). Initial CNS involvement was 2.4% similar to BFM group studies (3.3% in ALL-BFM 95 and 2.6% in ALL-

BFM 90 cohort) (3). Distribution of the patients in SR, MR and HR groups were 27.0%, 56.4%, and 16.7% respectively. In ALL-BFM 95 cohort distribution of these groups were 34.9%, 53.3% and 11.7%. In both cohorts majority of the patients were in the MR group and minority in HR group. EFS and OS were inferior in boys compared to girls, but these differences were not significant. In ALL-BFM 95 cohort also inferiority of EFS was not The quality of healthcare is difficult to assess due to the complexity and heterogeneity of healthcare services, whereas the basic expectation of patients is first to get healthy (3). It is a fact that all

individuals and institutions providing healthcare have important responsibilities towards society. In particular, the quality of the service provided by health institutions is evaluated following certain ethical principles. In a survey conducted in a medium-sized state hospital, the attitudes of physicians and the kindness of nurses were found to be the two most important determinants of the patients' general satisfaction (4). In another study, nursing services, payments, and meals were the ones that had the greatest impact on the positive cumulative patient satisfaction, while nursing services had the strongest impact. In the same study, it was observed that patient admission services, hospitalization procedures, and television service did not have an effect on positive cumulative patient satisfaction (5). It was asserted that nurses had the most time spent with inpatients compared to other healthcare workers and therefore had the most effect on patients (6). In our study, we found that the rate of continuous and often satisfied patients regarding nursing services was high.

The communication skills of the physicians have a significant effect on the perception of satisfaction of patients. In an evaluation of the satisfaction levels of patients receiving the same service, a 66% variance was found among the responses (7). The high rate of satisfaction with medical services increases the preferability of the hospital. In a study that evaluated patient satisfaction, the 3.4% rate of dissatisfaction with physicians indicates that the patients' expectations were met in terms of medical services (8). In our study, the ratio of those who were never satisfied with the doctor's interest and approach and those who said they were fairly satisfied was 0.8%.

Determining the satisfaction levels of the patients is important in improving the quality of the service in line with the expectations of the patients. A patient who is satisfied with the provision of healthcare will return to the same institution when he/she needs it (9). Patient loyalty is a result of the patient's satisfaction with the hospital services and refers to the preference of the same hospital again and the urge to talk positively about the hospital services in his/her environment (10). A significant relationship was reported between patient satisfaction and loyalty (11). Patient satisfaction also affects the patient's confidence, and both are affected by the doctor's reputation (12). In another

study, it was asserted that satisfaction alone does not ensure patient loyalty (13). The most important factors positively affecting patient loyalty are empathy of the nurses, the validity of health assurance in the institution, and hospitality services such as meals (5). In another study, multiple analyses on customer satisfaction and loyalty at the hospital indicated that poor cleanliness of the hospital had a major negative effect (14). When patients were asked to weigh in all factors, they stated that the most important factor affecting their satisfaction was the behavior of the physicians and other health professionals towards them (15). Patient loyalty plays an important role in the evaluation of healthcare quality. As a result of this loyalty, patients recommend the institution to their relatives (16). In our study, 94.7% of the patients stated that they would apply to the same institution again if surgery was necessary, while the rate of those who said they would go to another state hospital was 1.8%. In addition, the patients stated that the reasons for choosing the hospital were; in the first place hearing that the orthopedists at the institution were successful in their work, followed by hospital's expertise in the field of orthopedics and traumatology as a training and research hospital, then other recommendations about the hospital. It was reported that informational activities also have a positive effect on patient satisfaction (17). In our study, 92.9% of the patients were informed about the disease and treatment by the doctors and 90.7% of the patients were informed about the treatment and care by the nurses.

In Nguyen et al.'s study (18), it was reported that patients who were treated and discharged while they were in danger of life were the ones satisfied the most, followed by the elderly patients who were able to care for themselves, those who had a shorter duration of hospitalization, those who came to the hospital on their own accord, and elective cases. The authors also stated that female patients had higher expectations of healthcare than men and that both genders showed the lowest level of satisfaction with the room toilet and bathroom. Another study demonstrated that those who were younger, less educated, married and had poor overall health had lower satisfaction levels (19). In our study, the satisfaction of the patients was significantly different depending on their city, gender, marital

status, educational status, and income level ($p<0.05$). Patients from outside the province were more satisfied than those from within the province, those who were married were more satisfied than those who were single, middle school graduates were more satisfied than high school and university graduates, and those who worked for minimum wage were more satisfied than those who earned twice as much.

According to the World Health Organization, quality of life is how individuals perceive their position in life in line with their goals, expectations, interests, and living standards within the culture and values system they live in (20). It has been stated that the EQ-5D is the optimal quality of life scale due to its short and easy implementation (21). In our study, the outcomes of the movement, self-care, normal activities, pain, discomfort, anxiety depression items of the scale ranged between good and moderate.

Ordinary satisfaction surveys used to evaluate health service quality and patient satisfaction over time may no longer be sufficient. Age, gender, emergency/elective status, self-sufficiency, and time of the survey should be taken into consideration and the change of specific patient groups should be compared over time (18). Orthopedic surgery patients should be classified under different areas such as hand surgery, scoliosis, arthroplasty, arthroscopy, foot surgery, and tumor. More extensive studies are needed.

Timing is of essence in survey studies. The satisfaction rate decreases as the post-discharge period increases, so the timing of the survey should be standardized (22). Two weeks after discharge has been indicated to be the most appropriate timing for e-surveys (15). In our study, the percentage of those who completed the survey between 1-14 days after discharge was 28.4%, while 49.3% completed the survey between 15-44 days, and 22.2% 45 days after discharge.

Conflict of Interest:

Determining the needs of the patients is an important indicator in the evaluation of the quality and direction of the services to be provided. For this reason, periodical scientific researches should be conducted to increase patient satisfaction and achieve excellence in health services. It should also

be noted that physicians and nurses have the most important impact on patient satisfaction.

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