DETERMINING THE SATISFACTION STATUS OF PATIENTS IN THE INTERNAL MEDICINE INTENSIVE CARE UNIT WITH NURSING CARE

Evrim Sahan
evrimsahan97@gmail.com

Uzm. Dr. Hüseyin Cenkler
hcenkler@yahoo.com

Yrd. Doç. Dr. Azmiye Yinal
azmiye.yinal@akun.edu.tr

ABSTRACT
This study, which examines the satisfaction of patients hospitalized in the internal medicine intensive care unit with nursing care, was designed as a quantitative research. The population of the study consisted of patients hospitalized in the internal medicine intensive care unit in public/private hospitals in the Turkish Republic of Northern Cyprus (TRNC) between 01.01.2023 and 01.05.2023. The sample consisted of 278 patients who volunteered to participate in the study. The Newcastle Satisfaction with Nursing Care Scale was used to evaluate the quality of nursing care in the hospital. The data obtained were analyzed with SPSS for Windows 28.0 package program. At the end of the study; satisfaction levels were given according to nursing care parameters. It was determined that the majority of the patients were "satisfied and very satisfied" with the care they received. The highest mean level of "satisfaction" was found to be with "the nurses' respect for your privacy", whereas the lowest level of satisfaction was found to be with "the amount of freedom given to you in the ward". It was seen that the difference between the groups in the scores of the Satisfaction with Nursing Care Scale according to gender was significant. According to this, it can be said that the satisfaction status of female patients is higher than male patients. It was seen that the difference between the groups according to the age of the scale scores was not significant. It was seen that the difference between groups according to marital status of the scale scores was significant. Accordingly, it can be said that the satisfaction level of married patients is higher than single patients. It was seen that the difference between groups according to the educational level of the Satisfaction with Nursing Care Scale scores was significant. Accordingly, it can be said that the satisfaction level of patients with a master's degree is higher than that of patients with other education levels. It is seen that as the level of education increases, the level of satisfaction also increases. On the other hand, it was observed that the difference between the scale scores according to occupation was not significant. In addition, it was seen that the difference between the groups according to the previous hospitalization status of the scale scores was not significant.
Keywords: Internal medicine, Intensive care, Patient, Nurse, Satisfaction.

Introduction
Problem
Internal medicine busy care in the unit lying down patients nursing in terms of satisfaction situations, many to the factor connected aspect It changes. Nurses with patient effective communication establishment , patients your concerns to listen And understand , clear And understandable One way relating to doctorate information to give It is important . sick and family treatment process about informed , planned procedures , treatment methods like clear information on relevant topics , doctor by by taking to the patient Giving patient satisfaction increases (Aktaş and Arabacı, 2016) .

patients emotional your needs aware be them _ comfort And to support It is important. of nurses with patients empathy establishing , understanding And kind to be , emotional support to provide and patient focused One approach Demonstrating patient satisfaction positive effects (Onganer et al., 2014) . Patients , busy care in the unit trustworthy And comfortable to feel whether...or . Cleanliness , hygiene , noise control like factors ensuring patient comfort increases . Additionally , patient safety for   suitable measures receiving And infection under control attention It is also important to do so (Akalın, 2005) .

Busy care units , multidisciplinary One team his work requires . of nurses other health with its employees effective One way communication establishment , collaboration to do And coordination inside work , patient care effective And productive One way execution provides . Busy care patients often with pain struggle (Ozkan, 2017). Of nurses the pain effective One way assessment, appropriate pain management strategies application And patients to relax to provide It is important. Of nurses patients and their families treatment to the process including, patient education to ensure and the patient is discharged when continue will care And treatment about informative resources to present It is important (Yınal, Kalkan et al., Çakici, 2022). Sick and family of treatment

at home to do the one which in the section by being informed And by being trained to treatment active participation, patient satisfaction increases (Kara, 2007) . Patient satisfaction, patients experiences and to your expectations connected aspect It changes. Every patient is different and needs difference shows. Therefore, nurses individualized one approach to adopt and patients special needs to understand It is important. Patients back notifications listen, dissatisfaction in cases problems to solve and improvements It is also important to do (Kummbasar, 2016). Additionally , patient satisfaction to evaluate for   surveys And back notification mechanisms is used . patients , nursing with care relating to your thoughts And experiences to share encouragement is done . this back notifications , nursing services improving And more Good a patient experience by providing important informations get is done And to the patient positive contribution provides (Akdere et al., 2020).

Conclusion as , internal medicine busy care in the unit lying down patients nursing in terms of satisfaction situations , communication , empathy , security , comfort , team work , pain management and patient education like to factors It depends . Nurses are patient- oriented One approach exhibit , patients to your needs sensitive to be And effective One communication establishing , patients your satisfaction increases And more positive One health experience provides .

Aim
The aim of this study is to determine the satisfaction level of nursing care patients in the internal medicine intensive care unit.

Hypotheses
The research hypotheses are given below:

H_1: Patients' gender and $_{satisfaction}$ with nursing care There is a significant relationship between

H_2: Patients' age and $_{satisfaction}$ with nursing care There is a significant relationship between .

H_3: : Patients' marital status and satisfaction with nursing care There is a significant relationship between

H_4: Patients' satisfaction with education level and nursing care There is a significant relationship between

H_5: Patients' satisfaction with their profession and nursing care There is a significant relationship between

H_6: Patients' satisfaction with previous hospitalization and $_{nursing\ care}$ There is a significant relationship between

Assumptions
The assumptions of the research are listed below;

- The method preferred in the research was assumed to be suitable for the purpose of the research.
- The scales and questions chosen to collect data were assumed to be reliable and valid.
- The data obtained were assumed to be valid and reliable.

Researched Areas
This research; In the Turkish Republic of Northern Cyprus (TRNC) It is limited to patients hospitalized in the internal medicine intensive care unit in public/private hospitals between 01.01.2023 and 01.05.2023 . The resources used and the scale questions were limited to the participants to whom the survey was applied.

Definitions
Intensive care unit (Intensive resort unit): It is one of the medical units and is a department where patients with serious health problems or life-threatening conditions are intensively followed, treated and monitored (Orucu and Geyik, 2008).

Internal medicine intensive care unit: The care unit is an intensive care unit specialized in internal medicine (Hintistan et al., 2009).

Patient: It refers to a person who has a health problem or illness (Atıcı, 2007) .

Nurse satisfaction: It expresses the level of satisfaction of patients with the care service provided by nurses (Gülen and Zaybak, 2023) .

Importance of the Study
Nurses in intensive care units constantly monitor patients' vital signs (pulse, blood pressure, respiratory rate, body temperature, blood oxygen value, etc.) and other vital functions. Additionally, it performs the correct use and management of medical devices such as respirators, heart monitors, enteral or parenteral nutrition systems for patients in intensive care units. Nurses also plan patients' medication treatments, administer medications in the correct doses and on time, and perform smart medication administration. They work carefully to prevent medication errors, keeping patient safety at the forefront. Intensive care nurses ensure the comfort and hygiene of patients, take precautions to prevent bedsores, and assist with patient posture . Additionally, they communicate with patients and their families, providing them with information about the treatment process and

providing support such as a social worker. Based on all this information, it is thought that this study will not only contribute to other colleagues but also guide nurses in achieving its goal.

Conceptual Framework
Intensive Care and Intensive Care Unit
Busy care (MS), serious diseases or injuries because of vital functions unable to sustain patients busy surveillance , treatment And of your care is provided One health service is the area . Busy care units (ICU) are usually in hospitals is found And high to technology owner medical with equipment is equipped . Busy care , life threatening who makes situations managing vital functions to support And patients improvement to their processes helper to be for the purpose of It was designed (Güler , 2018). Busy care patients Generally severe respiratory distress , serious heart failure , organ failure , severe burns , intense surgical operations post- or serious infections like with situations they apply (Kutlu, 2000).

Busy care process , patients on both physical and psychological to the effects owner it could be . patients , long duration bed rest , mechanical ventilation or other invasive transactions due to muscle weakness , joint hardness And coordination problems like physically problems They can live . Therefore , physiotherapists _ And work therapists , patients your strength And movement ability again to win helper It is possible . Speech therapists , respiratory support area to patients respiratory exercises And speech rehabilitation provides . Busy care process Moreover in patients anxiety , depression , trauma post- stress disorder And other psychological Problems are also on the way can open . psychosocial support And consultancy services , patients And their families This tough by process start over to come out helper It is possible . psychologists or psychiatrists , patients emotional their kindness supports And when necessary medicine treatment provides (Foreword, 2013).

Busy care of the process Then , patients discharged to be made or more low One care to the level to pass may be required . At this stage , follow-up services It is important . patients organised checks , medication management , health of their situation monitoring And when necessary support ensuring is provided . In this process , patients and family , health with his team partnership by doing improvement in the process to the requirements suitable way is directed . Busy care , vital danger supply who makes situations to manage for critical One health service presents . However , this period same in time patients And families for stressful And compelling it could be . Therefore , patients and family for holistic One approach should be adopted , information , communication And support must be provided . Busy care units , expertise , technology And experience requiring One team his work requires And patients health their situation to improve for various disciplines between partnership does (Özdemir and Biçer 2019).

Patient Satisfaction
Patient satisfaction can be defined as the harmony between the patient's expectations and perception of the services during the treatment process. However, it should not be forgotten that diversity in the field of health also manifests itself in expectations, and it should be remembered that different expectations make satisfaction difficult. Different expectations and wishes should not be ignored, but everything that needs to be done is for the treatment and well-being of the patient, there should be no other expectations. The biggest disadvantage of health services compared to other branches of service is that it is a field that does not accept errors, is of vital importance and requires advanced expertise, and the buyer of the service has insufficient knowledge about the service he receives. In the health sector, it is very difficult for patients to make scientific or technical evaluations of the service and its providers, both during the service delivery and after benefiting from the service. Since technical quality cannot be made by the consumer society, technical quality evaluation in health care services remains among the experts (Kamakshaiah and Venugopal , 2018). In other words, in the field of health, since the patient does not have sufficient knowledge and skills about his health, he cannot decide what kind of treatment or examination will benefit him, or cannot participate consciously in the decision. Technical and scientific quality in the field of health is related to the abilities of personnel to demonstrate their knowledge. For example; Issues such as a physician's presentation of knowledge in the clinic or during an operation, a nurse's understanding of the diagnosis, recognition of medications, a laboratory technician's ability to perform and transmit tests, infection rates, and the duration of a patient's hospital stay are within the scope of technical quality (Devebakan , Aksaraylı 2003).

In healthcare institutions, patient satisfaction is expressed as providing service above expectations. Considering this statement, it can be seen that two factors determine patient satisfaction. The first element is buyers' expectations. Expectations in healthcare businesses include what patients want to find in the organization in terms of scientific, managerial and behavioral features (Derin and Demirel, 2013). However, these expectations vary depending on the individual's age, gender, education level, socio -economic characteristics and past experiences in the field of health. The second factor that determines patient satisfaction is the individual's

perception of the service he receives. During the evaluation phase of this service, patients differ in terms of their demographic characteristics and experiences. The person who benefits from health services decides whether or not to purchase the same service again, depending on their satisfaction with the service provided. The patient compares his decision with other institutions where he has received treatment before and expresses his satisfaction if he is satisfied. (Kavuncubaşı 2000).

Method
Research Model
This study was designed as research. The relational screening model, which is considered as a research method, was used in the study. The relational screening model is one of the research methods and is used by the researcher to examine the relationships between variables. In this model, the researcher conducts statistical analysis to determine the relationship between two or more variables and explain this relationship. In the relational screening model, the researcher determines variables on the basis of a hypothesis or research question and collects data to test the relationship between these variables (Karasar , 2011).

Sampling Method
The population of the research is in the Turkish Republic of Northern Cyprus (TRNC). It consisted of patients hospitalized in the internal medicine intensive care unit in public/private hospitals between 01.01.2023 and 01.05.2023. The purpose of the study was selected using the sampling method. In this method, researchers determine and select the sample in line with the sampling objectives and research questions (Kılbaş and Cevahir, 2023). The sample consisted of 278 patients who volunteered to participate in the study.

Collection of Data
Newcastle test used to evaluate the quality of nursing care in hospitals. Satisfaction with Nursing Care Scale (NHMSS), Thomas et al. (1996) by evaluating, through individual and group-based interviews, how 150 patients hospitalized in internal medicine and surgery clinics in a hospital in England perceived nursing care as "good" or "bad". In their study to measure patients' satisfaction with nursing care, Walsh and Walsh (1999) tested the use of NHBMS in practice and stated that using NHBMS to create nursing standards is a useful measurement tool. With NHBMS, the patient's satisfaction with nursing care is evaluated as long as he stays in the patient room. Patients describe their satisfaction with various aspects of nursing care using a 19-item, 5-point Likert scale. In the scoring used to determine the degree of satisfaction; The following statements are included: "1- I was not at all satisfied," 2- "I was rarely satisfied," 3- "I was satisfied," 4- "I was very satisfied," 5- "I was completely satisfied." In our country, Uzun studied 280 patients in 2003 and concluded that the scale can be safely applied to Turkish people and surgical patients. Chronbach's alpha coefficient of the Nursing Care Satisfaction Scale was determined as $r = 0.94$ (Uzun, 2003).

Analysis Method
In this study, which examined the satisfaction levels of nursing care patients in the internal medicine intensive care unit, the data obtained as a result of the application of measurement tools for the size were analyzed with the SPSS for Windows 28.0 package program.

Percentage, frequency, mean and standard deviation statistics were used to determine the descriptive characteristics of the findings regarding demographic variables. Reliability analysis of the scales was applied. Kruskall Wallis test was applied when comparing the scale scores according to age and educational status variables . In case of differences, Mann Whitney U tests with Bonferroni correction were used.

The error rate (α=0.05) was determined in all tests, and the difference between comparisons was considered statistically significant when $p<0.05$. Ms -Excel 2010 and SPSS Statistics 28.0 were used for statistical analysis and calculations .

Findings

Demographic Information of Participants
Table 1. Frequency and Percentage Values of Participants' Demographic Variables

		N	%
Gender	Woman	127	45.0
	Male	155	55.0
Age	22-30 years old	11th	3.9

	31-40 years old	52	18.4
	41-50 years old	88	31.2
	51+ years old	131	46.5
marital status	Married	191	67.7
	Single	91	32.3
Educational background	Primary-Secondary Education	63	22.3
	High school	140	49.6
	Licence	39	13.8
	Degree	40	14.2
Job	Employee	57	20.2
	Officer	26	9.2
	Housewife	90	31.9
	Small business	13	4.6
	Self-employment	15	5.3
	Retired	70	24.8
	Student	11th	3.9
Previous Hospitalization Status	Yes	245	86.9
	No	37	13.1
	Total	282	100.0

When Table 1 is examined, 55% of the participants are male; 45% are women. 46.5% of the participants are in the age group of 51 and over, while 49.6% are high school graduates. 31.9% of the participants are housewives , 24.8% are retired and 20.2% are workers. It was observed that 86.9% of the participants had been hospitalized before.

Analysis of Satisfaction Status with Nursing Care
Table 2. Distribution of Satisfaction with Nursing Care (N=282)

Nursing Care Parameters	SATISFACTION LEVELS									
	I was not happy at all		I was rarely satisfied		I was satisfied		I was very pleased		I was completely satisfied	
	n	%	n	%	n	%	n	%	n	%
The amount of time nurses devote to you			78	27.7	129	45.7	75	46.6		
Nurses' skill in their work	13	4.6	80	28.4	148	52.5	41	14.5		
Having a nurse nearby to take care of you at all times					190	67.4	92	32.6		
The level of knowledge nurses have about your care			93	33	72	25.5	117	41.5		
Nurses come immediately when you call					190	67.4	92	32.6		
feel like you're at home.			50	17.7	151	53.5	81	28.7		
Ensuring that nurses give you adequate information about your condition and treatment			48	17	157	55.7	77	27.3		
Make sure nurses check you are okay frequently enough			15	5.3	164	58.2	103	36.5		
Nurses helping you					131	46.5	149	52.8	2	0.7

Nursing Care Parameter							
The way nurses explain things to you				127	45	155	55
The way nurses comfort relatives and friends	38	13.5	52	18.4	116	41.1	76.27
Nurses' attitudes towards doing their job			11th	3.9	118	41.8	153 54.3
The adequacy of the information the nurses give you regarding your condition and treatment.			11th	3.9	116	41.1	155 55
treat you like an important person					131	46.5	151 53.5
nurses listen to your concerns and fears					130	46.1	152 53.9
The amount of freedom given to you in the service	126	44.7	156	55.3			
voluntary response to your requests regarding your care and treatment.			16	5.7	169	59.9	97 34.4
Nurses' respect for your privacy			48	17	196	69.5	38 13.5
are aware of your needs regarding your care and treatment			115	40.8	167	59.2	

Satisfaction levels according to nursing care parameters are given in Table 2. It was determined that the majority of patients were "satisfied and very satisfied" with the care they received. The highest average "satisfaction" rate It was observed that the lowest satisfaction was with "The respect that nurses show to your privacy" with 69.5% (n=196), whereas the lowest satisfaction was with "The amount of freedom given to you in the service" with 44.7% (n=126).

4.3. Average Scores of Satisfaction Level with Nursing Care
Table 3 shows the distribution scores of the average scores of satisfaction level with nursing care.

Table 3. Distribution of Average Scores of Satisfaction Level with Nursing Care (N= 282)

Nursing Care Parameters	Minimum	Maximum	mean	Ss .
The amount of time nurses devote to you	2	4	2.9894	0.73781
Nurses' skill in their work	one	4	2.7695	0.74989
Having a nurse nearby to take care of you at all times	3	4	3.3262	0.46967
The level of knowledge nurses have about your care	2	4	3.0851	0.86027
Nurses come immediately when you call	3	4	3.3262	0.46967
feel like you're at home.	2	4	3.1099	0.67384
Ensuring that nurses give you adequate information about your condition and treatment	2	4	3.1028	0.65896
Nurses check you are okay frequently enough	2	4	3.3121	0.56763
Nurses helping you	3	5	3.5426	0.51313
The way nurses explain things to you	3	4	3.5496	0.49841
The way nurses comfort relatives and friends	one	4	2.8156	0.98098
Nurses' attitudes towards doing their job	2	4	3.5035	0.57373

The adequacy of the information the nurses give you regarding your condition and treatment.	2	4	3.5106	0.57364
treat you like an important person	3	4	3.5355	0.49963
nurses listen to your concerns and fears	3	4	3,539	0.49936
The amount of freedom given to you in the service	one	2	1.5532	0.49805
voluntary response to your requests regarding your care and treatment.	2	4	3.2872	0.5651
Nurses' respect for your privacy	2	4	2.9645	0.55208
are aware of your needs regarding your care and treatment	2	3	2.5922	0.4923
Satisfaction Level Score with Nursing Care (Evaluated out of 5)			3.12	0.60

Table 3 shows the average score distribution of satisfaction level with nursing care. Accordingly, the average satisfaction level calculated out of five was determined to be 3.12±0.60. Since I am completely dissatisfied was scored as "1" and completely satisfied was scored as "5", the highest satisfaction rate (3.5496 ± 0.49) was " The way the nurses explained to you ", whereas the lowest satisfaction rate (1.5532 ±0.49) was " In the service ". It was determined that the amount of freedom given to you was.

4.4. Descriptive Analyzes Between Demographic Variables and Nursing Care Satisfaction Scale
" H1 : Patient satisfaction with nursing care based on gender The analysis carried out to test the hypothesis " There is a significant relationship between " is given in Table 4.

Table 4. Satisfaction Scale with Nursing Care Comparison of Scores by Gender

Gender	N	Median (IQR)	Group Comparison
Woman	127	60.11 (4.03)	Z= 30.09; **p=0.000**
Male	155	58.84 (2.62)	

$p < 0.05$
Satisfaction with Nursing Care It was tested whether the difference in the scale scores between the groups according to the gender variable was significant or not, and it was found that the difference in the scale scores between the groups according to gender was significant ($p < 0.05$). Accordingly, it can be said that the satisfaction level of female patients is higher than male patients (60.11 ± 4.03). In this case, $_{H1}$ hypothesis was accepted.

In the study, "H2 : Patients' age and satisfaction with nursing care" The analysis performed to test the hypothesis " There is a significant relationship between " is given in Table 5.

Table 5. Satisfaction Scale with Nursing Care Comparison of Scores by Age

Age	n	Median (IQR)	Group Comparison
22-30 years old	11th	60.18 (1.16)	$\chi^2 = 0.568$; p=0.636
31-40 years old	52	59.53 (4.51)	
41-50 years old	88	59.62 (2.93)	
51+ years old	131	59.16 (3.27)	

$p > 0.05$
Satisfaction with Nursing Care It was tested whether the difference in the scale scores between the groups according to the age variable was significant or not, and it was found that the difference in the scale scores

between the groups according to age was not significant (p>0.05). Accordingly, it can be said that the satisfaction levels of patients in all age groups are close to each other. In this case, the H2 hypothesis was rejected.

In the study, "H $_3$: Patients' marital status and satisfaction with nursing care The analysis performed to test the hypothesis "There is a significant relationship between" is given in Table 6.

Table 6. Satisfaction Scale with Nursing Care Comparison of Scores by Marital Status

marital status	n	Median (IQR)	Group Comparison
Married	191	59.83 (3.58)	Z= 7.822; **p=0.006**
Single	91	58.53 (2.73)	

p <0.05

Satisfaction with Nursing Care It was tested whether the difference in the scale scores between the groups according to the marital status variable was significant or not, and it was found that the difference in the scale scores between the groups according to the marital status was significant (p <0.05). Accordingly, it can be said that the satisfaction level of married patients is higher than single patients (59.83 ± 3.58). In this case, H $_3$ hypothesis was accepted.

In the study, "H $_4$: Satisfaction of patients with education level and nursing care The analysis performed to test the hypothesis "There is a significant relationship between" is given in Table 7.

Table 7. Satisfaction Scale with Nursing Care Comparison of Scores by Education Level

education level	n	Median (IQR)	Group Comparison
Primary-Secondary Education	63	58.80 (3.20)	x^2 = 5, 639; **p=0.001**
High school	140	59.75(3.73)	
Licence	39	57.92 (2.15)	
Degree	40	60.62 (2.70)	

p <0.05

Satisfaction with Nursing Care It was tested whether the difference in the scale scores between the groups according to the education level variable was significant or not, and it was seen that the difference between the groups in the scale scores according to the education level was significant (p <0.05). Accordingly, it can be said that the satisfaction level of patients with a master's degree is higher than patients with other education levels (60.62 ± 2.70). It is seen that as the level of education increases, the level of satisfaction also increases. In this case, $_{H4}$ hypothesis was accepted.

In the research, "H $_5$: Satisfaction of patients with their profession and nursing care The analysis performed to test the hypothesis "There is a significant relationship between" is given in Table 8.

Table 8. Satisfaction Scale with Nursing Care Comparison of Scores by Profession

Job	n	Median (IQR)	Group Comparison
Employee	57	59.35 (4.55)	x^2 = 2.564; p=0.20
Officer	26	57.92 (1.29)	
Housewife	90	60.07 (3.48)	
Small business	13	57.15 (0.80)	
Self-employment	15	59.46 (0.74)	
Retired	70	59.45 (3.26)	
Student	11th	60.18 (1.16)	

p >0.05

Satisfaction with Nursing Care It was tested whether the difference in the scale scores between the groups according to the profession variable was significant or not, and it was found that the difference in the scale scores between the groups according to the profession was not significant (p>0.05). In this case, H $_5$ hypothesis was rejected.

In the study, "H $_6$: Patients' satisfaction with previous hospitalization and nursing care The analysis performed to test the hypothesis "There is a significant relationship between" is given in Table 9.

Table 9. Satisfaction Scale with Nursing Care Comparison of Scores According to Previous Hospitalization Status

Previous hospital stay	n	Median (IQR)	Group Comparison
Yes	245	59.31 (3.50)	Z= 5.169; p=0.24
No	37	60.05 (2.41)	

p >0.05

Satisfaction with Nursing Care Previous hospitalization status of the scale scores It was tested whether the difference between the groups was significant according to the variable and the scale scores were determined according to previous hospitalization. It was observed that the difference between groups was not significant (p>0.05). In this case, hypothesis H6 was rejected.

Chapter 5. Conclusion And Recommendations
Conclusion
At the end of this study, which examined the satisfaction levels of nursing care patients in the internal medicine intensive care unit; Satisfaction levels were given according to nursing care parameters. It was determined that the majority of patients were "satisfied and very satisfied" with the care they received. It was observed that the highest level of "satisfaction" average was "With the respect that nurses show to your privacy", whereas the lowest satisfaction was with "The amount of freedom given to you in the service". The average satisfaction level was determined to be 3.12±0.60. Since completely dissatisfied was scored as "1" and completely satisfied as "5", it was determined that the highest satisfaction rate was "The way the nurses explained to you", while the lowest satisfaction rate was "The amount of freedom given to you in the service".

It was observed that the difference between the groups in Nursing Care Satisfaction Scale scores according to gender was significant. Accordingly, it can be said that the satisfaction levels of female patients are higher than male patients. It has been observed that the difference in scale scores between groups according to age is not significant. It was observed that the difference in scale scores between groups according to marital status was significant. Accordingly, it can be said that the satisfaction levels of married patients are higher than single patients.

It was observed that the difference between the groups in the Satisfaction with Nursing Care Scale scores according to the education level was significant. Accordingly, it can be said that the satisfaction level of patients with a master's degree is higher than patients with other education levels. It is seen that as the level of education increases, the level of satisfaction also increases. On the other hand, it was observed that the difference in scale scores between groups according to profession was not significant. In addition, it was observed that the difference in scale scores between groups according to previous hospitalization was not significant.

Suggestions
The following suggestions have been developed to increase the satisfaction of nursing care of patients in the intensive care unit:
- Communication and Empathy: It is important for nurses to communicate effectively with the patient, understand the patient's needs and provide emotional support. Taking time to show empathy to the patient and his family, listening to their concerns and providing open communication can increase satisfaction.
- Patient Safety: Patient safety is of great importance in the intensive care unit. To ensure the safety of patients, nurses must act in accordance with infection prevention protocols, be careful to prevent medication errors, and take measures to reduce the risk of falls.
- Providing Information and Education: Informing patients and their families about the treatment process is among the duties of nurses. Nurses should help patients understand the treatment plan and procedures and provide education about medication use and care instructions.
- Pain Management: Patients in intensive care units often struggle with pain. Nurses must follow pain management protocols, regularly assess patients' pain, and provide appropriate analgesic treatments.
- Comfort and Hygiene: Patients' comfort and hygiene are important. To prevent bedsores, nurses should practice regular turning and changing beds, provide a hygienic environment, and meet the cleaning needs of patients.
- Patient Participation: Active participation of patients in the treatment process can increase satisfaction with nursing care. Nurses should inform patients about treatment options, involve them in decision-making processes, and consider patients' preferences as part of the treatment plan.

- Psychosocial Support: It is important for patients in the intensive care unit to receive psychological and emotional support. Nurses must understand patients' concerns, provide moral and emotional support, and help patients cope with stress and anxiety.

Referance

Akalın, HE (2005). Patient safety in intensive care units. *Journal of Intensive Care* , *5* (3), Akalın, H. E. (2005). Yoğun bakım ünitelerinde hasta güvenliği. *Yoğun Bakım Dergisi*, *5*(3), 141-146.

Akdere M., Top M. ve Tekingündüz S. (2020). Examining patient perceptions of service quality in Turkish hospitals: The SERVPERF model. *Total Quality Management and Business Excellence*, 1-11

Aktaş, Y., & Arabacı, L. B. (2016). Yoğun bakımda hasta ve ailesiyle iletişim. *İzmir Kâtip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, *1*(3), 39-43.

Atıcı, E. (2007). Hasta-hekim ilişkisi kavramı. *Uludağ Üniversitesi Tıp Fakültesi Dergisi*, *33*(1), 45-50.

Derin N.ve Demirel E. (2013). Sağlık hizmetlerinde kalitenin göstergesi olan hasta memnuniyetine yönelik ölçek geliştirme çalışması. *The Journal of Academic Social Science Studies*, 1111-1130.

Devebakan N. ve Aksaraylı M. (2003). Sağlık işletmelerinde algılanan hizmet kalitesinin ölçümünde servqual skorlarının kullanımı ve Özel Altınordu Hastanesi Uygulaması. *Dokuz Eylül Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 42-43

Ersoy, 2003

Gülen, D., & Zaybak, A. (2023). Hemşirelik Bakım Kalitesinin Hasta ve Hemşireler Tarafından Algılanması: Tanımlayıcı Çalışma. *Turkiye Klinikleri Journal of Nursing Sciences*, *15*(1).

Güler E.A. (2018). Yoğun bakım ünitelerinde yatmakta olan hastaların yakınlarının öfke düzeyi ve öfke ifade tarzının değerlendirilmesi, Yüksek Lisans Tezi. Çukurova Üniversitesi Sağlık Bilimleri Enstitüsü.

Hintistan, S., Nural, N., & Öztürk, H. (2009). Yoğun bakım ünitesinde yatan hastaların deneyimleri. *Yoğun Bakım Hemşireliği Dergisi*, *13*(1), 40-46.

Kamakshaiah M. and Venu G., R. (2018). A Study on ımpact of hospital service quality on patients behavior with special reference to private diabetic clinics. Sumedha *Journal of Management*, 171-191.

Kara, B. (2007). Hemodiyaliz hastalarında tedaviye uyum: çok yönlü bir yaklaşım. *Gülhane Tıp Dergisi*, *49*(2), 132-136.

Karasar, N. (2011). *Bilimsel araştırma yöntemleri*. Ankara: Nobel Yayınları.

Kavuncubaşı, Ş. (2000). *Hastane ve sağlık kurumları yönetimi*. Ankara: Siyasal Kitabevi.

Kılbaş, E. P. K., & Cevahir, F. (2023). Bilimsel araştırmalarda örneklem seçimi ve güç analizi. Journal of Biotechnology and Strategic Health Research, 7(1), 1-8.

Kumbasar, B. (2016). Hasta odaklı sağlık hizmetlerinde iletişim. *Sağlık Bilimleri ve Meslekleri Dergisi*, *3*(1), 85-90.

Kutlu, K. (2000). Yoğun bakım ünitelerindeki hastaların aile bireylerinin sorunları. Yoğun Bakım Hemşireleri Dergisi, 4(2), 86-88

Onganer, E., Bozkurt, B., & Kılıç, M. (2014). Hastalar için hasta güvenliği. *J Kartal Tr*, *25*(2), 171-174.

Orucu, M., & Geyik, M. F. (2008). Yoğun bakım ünitesinde sık görülen enfeksiyonlar. *Duzce Medical Journal*, *10*(1), 40-43.

Önsöz, S. B. (2013). *Yoğun bakım hemşirelerinin ölüme karşı tutumları ile ruhsal durumları arasındaki ilişkinin incelenmesi*, Yüksek Lisans Tezi. Ege Üniversitesi Sağlık Bilimleri Enstitüsü.

Özdemir H. ve Biçer E. B. (2019). Algılanan hizmet kalitesinin yatan hasta memnuniyeti üzerine etkisi: bir üniversite hastanesi örneği. *Turkish Journal of Marketing,* 242-264.

Özkan, 2017).

Uzun Ö. (2003). Hemşirelik Bakım Kalitesi İle İlgili Newcastle Memnuniyet Ölçeğinin Türkçe Formunun Geçerlilik Ve Güvenilirliğinin Saptanması, Türk Hemşireler Dergisi, 54 (2): 16- 24.

Yınal, A., Kalkan, F., & Çakici, M. (2022). A qualitative study on violence against women and the impact of printed media in the Turkish Republic of Northern Cyprus. Alpha psychiatry, 23(3), 128.