



The Effect of Nursing Process Implementation using “Accessible Care Cards” Method on Satisfaction Rate of Nurses, Patients and Parents of Inpatient Children of Care Manner

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ABSTRACT

Objective: Nursing process is standard to provide nursing services. This study has been designed and implemented with the aim of determining the effect of implementing nursing process using “accessible care cards” method on the satisfaction level of nurses, patients and inpatient children’s parents of the care style in hospital. **Methodology:** This study is a semi-empirical intervention research. Sample size among nurses was equal to 38 people, which was fixed before and after the project implementation. The sample size of patients in control group was equal to 38 people and 66 people in case group consisting of parents of impatient children and adult patients of Pediatric intensive care unit and special unit in Golestan Hospital of Ahwaz selected using random sampling. Implementation of project was done by nurses using the form of “patient identification” and the form of “care cards”. Data collection instrument in this study is questionnaire of satisfaction of nurses, patients and parents of impatient children of care style, which was fulfilled before and after implementation of the project by samples individuals. The data analysis was done using SPSS-19 software. **Results:** The satisfaction level of nurses was equal to 20.79 before intervention and was equal to 25.05 after the intervention and the values showed significant statistical difference ($p < 0.001$). for the case group, 98.5% of patients and parents of impatient children and in the control group, 28.9% of the individuals claimed that the care style in the hospital is excellent. Statistical test showed significant difference ($p = 0.001$). **Conclusion:** Implementation of nursing process using “accessible care cards” method could affect increase in satisfaction of nurses, patients and parents of impatient children of the care style in the hospital and on better implementation of nursing process.

Keywords: Nursing process, Satisfaction, Accessible Care Cards, Nurse, Parents of impatient children

INTRODUCTION

The function and activity of nurses is a combination of interaction of concepts such as person, health, environment and nursing. Nursing is a direct service covering wide range of clients, groups and societies during their lifetime. The context of advent of nursing function is where the interaction is provided between nurse and client with the aim of meeting needs and desires of clients (patients) to get nursing services [1].

Nurses accept various functions in line with their performance including care giving, protective, medical, supportive and matching and educational roles [2]. As the main role of nurses is taking care of patients, the most important policy in this field could be the nursing process model, in which care taking role of nurses could be completed with two major parts of science and art [3].

According to Ahmadi et al, today due to the habits and repetitive process of care functions of nurses and paying less attention to patient and the reason to give cares as a serious defect in nursing, public efforts are in direction of

replacing the current method of nurse care giving using patient-oriented methods and with emphasis on preserving the existential integrity of the patient and the personal needs through providing nursing and are under consensus of all nursing scholars [4].

The nursing process could organize and standardize nursing services provided for the patients. Studies have revealed that when nursing cares are created based on nursing process, the quality of care provided and their effects would be increased and the time needed to supply services is reduced [5]. The nursing process could be implemented and adjusted under any condition and this could save time and energy and prevent making any mistake [6].

In different studies, the advantages of nursing process are discussed. For example, in the study conducted by Akbari, teaching the application of nursing process to nurses has been able to be effective in enhancing the quality of nursing cares for patients with schizophrenia [5]. Although the references have referred to advantages and interests of nursing and its education is existed in nursing education, it has been remained in theoretical level and nursing activities are being taken in traditional form more and less. According to available information, the systematic method is not applied in Iran or is used in limited range [7]. Lack of using nursing process as care standard could lead to lack of proper valuation, decline of nursing in academic and practical terms, reduction of quality of care giving, taking routine actions without thinking, taking one-dimensional cares, reduction of independence of patients and paying a lot to take repetitive measures [8]. Akbari, et al. have conducted a study in Tehran and found that only 13.3% of nurses use this method, but not completely [9].

Various studies have presented various reasons for low use of nursing process. In the study of Akbari, lack of enough time to implement nursing process because of plurality of patients, lack of support of authorities to implement nursing process, assignment of non-nursing affairs to nurses, high workload and lack of nursing personnel are the main barriers to implement nursing process [10].

Another underlying issue considered currently in field of providing nursing cares, in addition to achievement of desired quality in cares, is to gain satisfaction of the patients [11]. The beginning time of considering this issue dates back to 1950s decade [12]. Since 1990s decade, satisfaction of patients has been considered as the most important index for quality of services in valuation of nursing performance in healthcare centers of America [13]. Underhill has claimed that patients have right to receive desirable and high-quality nursing cares. Satisfaction is the cognitive and emotional response to environment, in which people announce their satisfaction and it is a phenomenon playing key role in protecting the health and preventing the diseases, so that the more the amount of satisfaction is increased, the better and faster the process of mental and physical improvement would be [14]. Effective management through reducing costs, increasing efficiency, improving performance and improving quality of services could lead to satisfaction and trust of clients and impatient people as the main customers of hospital [15].

Various classifications have been taken for better valuation or hospital and one of them is classification based on age and dividing patients to two groups of children and adults. In every society, children have created the most vulnerable social class because of special physical and growth features, fast growth and the impact of various maternal factors and before delivery and hence, they need regular healthcare. As children form the huge majority of billions of people on the earth, the way of care giving and satisfaction of parents by the received care services could be underlying [16]. The difference between child and adult patients, in addition to age difference and age-related features, needs special caregiving and it could be also considered in terms of the impact of disease in growth process. It means that any kind of pause in natural process of life (like disease) could disturb the normal process of child growth and hence, any kind of adequate planning for the disease period could help the compensation of probable pauses in the growth process and repair of normal life process of child directly and indirectly.

Over the years, all healthcare services have been improved to provide high quality services for the covered clients. Evaluation of these services provided for the clients could affect improvement of healthcare services. Clients could get the healthcare services in shorter time and with higher quality, provided that they could express their opinions. In the impatient children without ability to express their attitude in field of healthcare service quality, considering the attitude of caregivers (parents) is very important, since they have not sufficient evolution in terms of understanding and can't express their opinions.

In the qualitative study conducted by Abbasi Zadeh, et al. with the objective of determining the perception of mothers of satisfaction by nursing services; the barriers to healthcare in unreal concept are attributed to weakness in ability of

nurses, negligence of mother's needs and ineffective relationship to make mothers participate. It seems that through meeting these problems, effective steps could be taken in way of improving nursing services provided [17].

Department of Accreditation of Department of Treatment has followed some goals such as increasing the satisfaction level of patients in order to improve the quality of services using standard models of quality management. Moreover, it could be mentioned that accurate measurement of healthcare services is important in success of healthcare and medical organizations as much as achievement of the suitable process for supplying services is. In Iran, beginning of enforcement of nursing process was begun in 2010 and with the invitation and training of metronomes of hospitals across Iran on behalf of Department of Nursing, Department of Treatment in the Ministry of Health.

To achieve these goals, it is vital to have emphasis on 3 axes including process-orientation, customer-orientation and continuous enhancement with the aim of increasing satisfaction of patients. Recently, in Ahwaz and as a result of the agenda of 2010, the nursing process has been implemented in some sectors using the guide books of nursing process designed by Health Organization on behalf of the Department of Nursing of the Department of Treatment in the university. In this approach, the nursing process is specified based on each disease and the nurses use available nursing diagnosis through referring to the relevant disease. Unfortunately, this method has not been applicable since that time to the date for different reasons such as lack of forces, need to write a lot and being time-consuming, lack of sufficient skill of nurses to write caregiving schedule and other reasons. No study has been also found in Iran in field of various methods of implementing the nursing process in Iran.

As choosing the documentation method of nursing care project is provided for the hospitals and medical institutes to choose the method with higher efficiency and facility for them with regard to heir conditions [18], this method is used for the first time by Ahwaz University of Medical Sciences with the support of Department of Nursing, Department of Treatment.

In this study, a method called "accessible care cards" including forms containing standard nursing diagnosis, the causes causing the problem, problem solving solutions and expected feedbacks are designed in form of typed items. It is expected that with reduction of need to write and accessibility of forms containing nursing diagnosis (one form for each diagnosis) and lack of need to reference to diagnosis booklet to select the diagnosis and treatment solutions (as the current method in the nursing process), the barriers like lack of time and human resource are met.

Moreover, through providing standard information in care cards continuously, the way could be paved to enhance the information and the implementation level of nursing process in hospitals. As a result, with easier implementation of nursing process, satisfaction could be increased in nurses by the way of providing care services and with perfect and systematic implementation of nursing cares, the conditions could be paved to increase the satisfaction by services in patients. So far, various studies have been conducted in Iran in field of barriers or effective factors in implementing the nursing process; although no study has been conducted in field of methods to reduce these barriers to meet them and help better implementation of nursing process. Hence, the present study has been conducted with the aim of determining the effect of implementing nursing process implementation using "accessible care cards" method on satisfaction of patients by the nursing cares for better implementation of nursing process and as a result, improvement of satisfaction of patients and improvement of satisfaction of nurses by implementation of cares in Golestan Hospital of Ahwaz.

METHODOLOGY

This study is a semi-empirical intervention research, in which the effect of using nursing process (using accessible care cards) as independent variable on satisfaction level of patients and parents of impatient children and nurses by care style as dependent variable is investigated.

Statistical population in this study consists of all nurses and parents of impatient children in the Pediatric Intensive Care Unit (PICU) and Adult Care Unit (Kidney Transplantation, ICU Neurosurgery, ICU Neurology and CCU) in Golestan Hospital, Ahwaz.

In this study, sample size is equal to 38 people for the group of nurses, which was fixed before and after implementation of project and for the group of patients and parents of impatient children in PICU and special units (Kidney Transplantation, ICU Neurosurgery, ICU Neurology and CCU) of Golestan Hospital, Ahwaz. Number of sample individuals was equal to 38 people in control group and in the case group, all acceptable items were desired with least

base number of 38 people and the number reached 66 people due to the implementation period of acceptable item project.

In this study, for purpose of data collection, questionnaire was used. Questionnaires included questionnaire of satisfaction of nurses, patients and parents of impatient children specified by number and fulfilled before and after implementation of the project by sample individuals and the obtained results have been used as the research data. Data collection instrument includes questionnaire of nurse satisfaction by case function designed by the author in field of healthcare. The questionnaire contains 9 items and the questionnaire of satisfaction of patients and parents of impatient children of the received cares contains 22 items ranged based on 5-point Likert scale and form of demographic information.

In order to measure the reliability or academic reliability of applied instrument, due to the opinion of statistics counsellor, questionnaire of demographic information and satisfaction of nurses and satisfaction questionnaire of patients and parents of impatient children were fulfilled by 20 individuals of the population using test-retest method. Using Cronbach's alpha coefficient, the reliability of questionnaire was measured and was respectively obtained to $r=0.75$ and $r=0.90$ and the academic reliability of the questionnaire was confirmed.

The procedure of the project was done by samples (nurses) using two forms including "patient identification" and "accessible care cards" (nursing process forms). The form "patient identification" was designed previously with the cooperation of Faculty of Nursing and Department of Treatment of Jondishapour University of Medical Sciences and is currently being used in the impatient units and is among the papers of file of patients (adults and pediatrics). At the beginning of entering to hospital, the patients were analyzed by nurses based on this form and the list of problems was recorded on relevant form. After that, accessible care cards (nursing process form) relevant to each unit were copied to required number and were placed in a zonkan in a place in unit, so that the nurses in different shifts could analyze the status of patients and extract list of the problems and determine the required nursing diagnoses and select them from care card list. For easier selection of nursing diagnosis, the author placed a list of relevant nursing diagnoses of common diseases of each unit separated for each disease and placed them in the first page of zonkan. The papers (accessible care cards), along with other measurement charts of intake and output of liquids and record of vital signs, were placed below the bed of patients and they were collected at the end of 3 working shifts (morning, evening and night). Each form included predefined standard nursing measures and the nurses selected the desired measures due to needs of patient and signed each measure taken in each shift in the nursing process form. At the end of each working shift, the results of measures were recorded in about 2-3 sentences based on evaluation based on problem-orientation with mentioning the information of nurse in each shift. During the first week, the author and the assistant controlled the proper implementation of the project with continuous presence (morning and evening) in relevant units beside the personnel and through controlling the nursing process and face-to-face teaching. After 2 weeks of implementing the project, the questionnaire of satisfaction by the cares by nurses was again fulfilled in presence of the author. The questionnaire of satisfaction of patients and parent of impatient children of the cares were also fulfilled by patients hospitalized for at least 3 days during the project implementation time or the parents of impatient children with at least 3 days accompaniment with their children.

In this study, SPSS-19 software was used for purpose of data analysis. To describe the data, descriptive statistics including mean value, SD and tables are used and to compare quantitative variables between groups, paired t-test and independent t-test were used and to compare the qualitative variables, chi-squared (χ^2) test, Mann Whitney and Wilcoxon are used.

RESULTS

In Table 1, demographic information of nurses is presented.

Table 1 Demographic information of nurses participated in the study

Studied samples demographic information		Nurses	
		Frequency	Percent
Gender	Female	37	97.40%
	Male	1	2.60%
Age	20-30	17	46.20%
	31-40	14	35.90%
	>40	7	17.90%

Marital status	Single	17	46.20%
	Married	21	53.80%
Education level	BA	34	89.70%
	MA	4	10.30%
Employment type	Official	9	23.10%
	By agreement	16	43.60%
	Contractual	5	12.80%
	By project	8	20.50%
Working shift	Morning	10	25.60%
	Circulating shift	28	74.40%
Work experience (year)	≤5	15	38.50%
	06-Oct	10	28.20%
	≥10	13	33.30%
Unit	Transplant	8	21.05%
	PICU	6	15.70%
	N ICU	8	21.05%
	CCU	9	23.68%
	ICU Neurology	7	18.42%

According to Table 1, 97.4% of nurses are female; 46.2% are in age range of 20-30 years old; 52.8% are married and 89.7% have BA degree. 43.6% of nurses were employed by agreement and 74.4% were working on circulating shift.

Table 2 Comparing mean values of satisfaction of patients and parents of impatient children after getting nursing cares in both control and case groups after the intervention

Variables	Mean	SD
Satisfaction of patients and parents of impatient children in case group	103.65	7.41
Satisfaction of patients and parents of impatient children in control group	82.3	12.4
p-value	<0.001	

According to Table 2, mean value of satisfaction of patients in control group is equal to 82.3 and in case group; the value has been equal to 103.65. According to the results obtained from independent t-test, it could be observed that the two groups have been different statistically ($p=0.001$).

Table 3 Comparing mean value of satisfaction of adults after getting nursing cares in both care and control groups after the intervention

Variables	Mean	SD
Satisfaction of impatient adults in case group	103.42	7.73
Satisfaction of impatient adults in control group	81.85	11.42
p-value	<0.0001	

According to the results in Table 3, mean satisfaction of impatient adults in control groups is equal to 81.85 and is also equal to 103.42 in case group. According to the results of independent t-test, it was observed that the two groups are different from each other statistically ($p=0.000$).

Table 4 Comparing mean satisfaction of parents of impatient children nursing cares in both case and control groups after the intervention

Variables	Mean	SD
Satisfaction of impatient children's adults in case group	104.35	6.54
Satisfaction of impatient children's adults in control group	83.72	15.19
p-value	<0.0001	

According to Table 4, mean satisfaction of parents of impatient children in control groups is equal to 82.73 and the value has been equal to 104.35 in case group. According to the results of independent t-test, it could be observed that the two groups have been different from each other statistically ($p=0.0001$).

Table 5 Comparing frequency and percent of satisfaction by nursing services after the intervention in view of patients and parents of impatient children in control and case groups

Satisfaction by nursing services after the intervention in view of patients and parents of impatient children	Case group		Control group	
	Frequency	Percent	Frequency	Percent
Excellent	65	98.50%	11	28.90%
Good	1	1.50%	25	65.80%
Average	0	0.00%	2	5.30%
Weak	0	0.00%	0	0.00%
Total	66	100%	38	100%
p-value	<0.001			

According to Table 5, in case group, 98.5% of parents of impatient children have valued care style in excellent level and in control group, only 28.9% of participants have valued it in excellent level. According to the results of chi-squared test, significant difference was observed between two groups statistically ($p=0.001$).

Table 6 Comparing frequency and percent of satisfaction by the nursing services after intervention in view of adult patients in case and control groups

Satisfaction by the nursing services after intervention in view of adult patients	Case group		Control group	
	Frequency	Percent	Frequency	Percent
Excellent	49	98%	5	19.23%
Good	1	2%	20	76.93%
Average	0	0.00%	1	3.84%
Weak	0	0.00%	0	0.00%
Total	50	100%	26	100%
p-value	<0.000			

According to Table 6, in case group, 98% of adult patients have valued care style in excellent level and in control group, only 19.23% of participants have valued it in excellent level. According to the results of chi-squared test, significant difference was observed between two groups statistically ($p=0.000$).

Table 7 Comparing frequency and percent of satisfaction by nursing services after intervention in view of parents of impatient groups in case and control groups

Satisfaction by nursing services after the intervention in view of parents of impatient children	Case group		Control group	
	Frequency	Percent	Frequency	Percent
Excellent	16	100%	5	41.66%
Good	0	0.00%	6	50.00%
Average	0	0.00%	1	8.33%
Weak	0	0.00%	0	0.00%
Total	16	100%	12	100%
p-value	<0.003			

According to Table 7, in case group, 100% of participants have valued the care style in excellent level and only 41.66% of samples in control groups have valued services in excellent level. According to the results obtained from chi-squared test, the two groups are significantly different from each other statistically ($p=0.003$).

Table 8 Comparing mean values and SD of satisfaction of nurses by the way of taking measures before and after intervention

Variables	Before intervention		After intervention		p-value
	Mean	SD	Mean	SD	
Satisfaction of nurses	20.79	4	25.05	4.59	<0.001

According to the results in Table 8, mean value of satisfaction of nurses before intervention is equal to 20.79 and is

also equal to 25.05 after intervention. Using paired chi-square test, it could be found that mean value of satisfaction of nurses of the nursing measures is significantly different before and after intervention statistically ($p < 0.001$).

Table 9 comparing frequency and percent of satisfaction of nurses of nursing services before and after intervention

Care services style in view of nurses	Before intervention		After intervention	
	Frequency	Percent	Frequency	Percent
Good	3	7.70%	19	50%
Average	30	79.50%	18	47.40%
Weak	5	12.80%	1	2.60%
p-value	<0.001			

According to results in Table 9, before the intervention, 7.7% of nurses have rated the satisfaction by care style in good level and the value has changed to 50% after the intervention. Chi-squared test showed significant different statistically between two groups before and after intervention ($p = 0.001$).

DISCUSSION

In regard with the first objective based on comparing satisfaction of impatient adults in Golestan Hospital of Ahwaz before and after the implementation of nursing process using “accessible care card” method and the second objective based on comparing satisfaction of impatient children’s parents in terms of care services in Golestan Hospital of Ahwaz after implementation of nursing process using “accessible care card” method, the results obtained based on tables show increase in satisfaction of adult patients in case group compared to control group and increased satisfaction of impatient children’s parents in case group compared to control group and the positive effect of this method of nursing process on their satisfaction.

The satisfaction of patients could be the outcome of a complicated set of various factors and various dimensions of services such as nursing cares, medical cares, support cares and various organizational departments should be matched to achieve that and observe absolute rights of patients in all dimensions and provide adequate conditions to create and enhance these rights. At the current world, the necessity of satisfaction of patients as one of the main criteria in determining quality of care services is clear to everyone. Hence, with the pressures imposed by societies to enhance the quality of outputs and the care processes on servicing systems, they have to show high response and pay more attention and responsibility to the satisfaction measurement results and consider more priority for the rights of customer, which is patient in healthcare service system [19].

The nursing process is the main axis of nursing and the symbol of use of science and art of nurse in prevention of diseases and improvement of health. The ultimate goal of nursing services is to provide high quality cares in regard with improving situation of patients. In this regard, Ghamari, et al. (2008) have claimed that nurses play vital role in improving the quality of cares and satisfaction of patients. To this end, it is necessary to take some measures to improve the quality of performance in this group and to improve satisfaction of patients [20]. In this field, the factors affecting enhancement of satisfaction of patients could be improvement of nursing services provided. Then, to promote the quality of nursing services provided for patients, the best method considered currently as the international standard could be implementation of cases using nursing process.

In regard with third objective “comparison of satisfaction of nurses by the care style in Golestan Hospital in Ahwaz before and after implementation of nursing process using accessible care card method”; the obtained results based on tables showed that mean value of satisfaction by nursing care service quality after intervention is increased significantly compared to the pre-test and before intervention and this shows increased level of satisfaction of nurses by this caring method compared to common method ($p = 0.001$).

Job satisfaction is an important component in life of nurses, which could affect security of patients, spirits of employees, performance and usefulness, quality, premature retirement, moving and commitment to organization and more importantly, satisfaction of patients. As nurses spend major part of their time with patients, they play vital role in satisfaction of patients in this tight relationship [21]. In hospitals, which nurses have high job satisfaction, nursing cares have also high quality and the satisfaction of patients could be also provided in better manner [22].

The relationship between job satisfaction of employees and satisfaction of patients may be resulted by various factors. On one hand, the efficiency of nurses is increased when they are satisfied by their job and fewer movements are created in their work. Studies have revealed that lack of human resources could lead to negative outcomes in patients [23]. It could be mentioned that the most important common point of satisfaction between nurses and patients is the way of providing clinical cares.

Caring the patients as an important aspect in increasing job satisfaction of nurses has some aspects as follows: to have experience of providing good care services, being appreciated by patients and their family, enjoying watching patients improved and gone home, to have deep emotional feelings and even spiritual rewarding to provide cares [24]. Low job satisfaction of nurses and the negligence of hospitals and institutes to implement some interventions to improve the satisfaction could intensify the problem of lack of nursing forces [25] and this could also lead to reduced satisfaction of patients.

Nursing managers should be aware of factors affecting job satisfaction of nurses, since they would be unable to make changes to improve the conditions and to improve satisfaction of nurses and satisfaction of patients until the time that they are not aware that what the nurses want and what factors could affect their satisfaction.

On the other hand, the dynamic and changing conditions of workplace of nurses, along with uncertain situation of clients makes the decision makers be competent and with the ability to have careful clinical judgments about the health status of patients and identify and solve the problems of clients in field of nursing. Same ability of definition, detection and solution of problems specified to nursing could lead to identification of the identity of the profession and could differentiate professional nurses from other care personnel [26]. Unfortunately, majority of Iranian nurses believe that care giving refers to same routine activities with inadequate social position. Over the years, nurses of Iran and some other countries have been criticized because of reduced quality of caregiving [27]. Some people have attributed the reason for this issue to inability and lack of their interference in decision making process [28]. According to Ahmadi, the routine nature of nursing process at the current age could be considered as a serious deficit in nursing [29]. A clinical nurse is a professional and efficient person, when he/she uses care standards in practice. One of these standards is use of nursing process [30].

Nursing process is considered as practical standard for work of nurses [31] and could be also considered as the most effective plan. Also, implementation of nursing cares could cause effective relationship between nurse and patient and increase their cooperation in field of caregiving and increasing quality of nursing services [32].

Satisfaction is also one of the main factors causing interest or lack interest of person in job. In the study conducted by Khosravan, et al. with the objective of determining the effect of using nursing process on job satisfaction of nurses in care units; the results showed that the total satisfaction value and innate satisfaction of nurses before and after use of nursing process showed significant difference ($p < 0.001$) and the value was significantly increased after intervention. However, the value of external satisfaction of nurses was not significantly different before and after intervention ($p < 0.136$) and the value was only increased about 1.7 after the intervention. The final result of the research, in addition to probability of implementing nursing process in clinic, showed that use of nursing process could enhance their job satisfaction, which is in consistence with the present study [33].

In relation to the first research hypothesis “implementation of nursing process using accessible care card method could enhance satisfaction of adult patients by care style”; through comparing mean value of satisfaction obtained from common method (81.8) and the accessible care cards (103.42) using Mann Whiney test, significant statistical difference was observed ($p < 0.000$). As a result, satisfaction of adult patients by care style using accessible care card method was significantly increased compared to common method and the hypothesis is confirmed [34].

In regard with second hypothesis “implementation of nursing process using accessible care card method could enhance satisfaction of impatient children’s parents by care style”; through comparing mean value of satisfaction obtained from common method (83.7) and the accessible care cards (104.3) using Mann Whiney test, significant statistical difference was observed ($p < 0.000$). As a result, satisfaction of patients and parents of impatient children by care style using accessible care card method was significantly increased compared to common method and the hypothesis is confirmed [35].

In regard with third hypothesis “implementation of nursing process using accessible care card method could enhance

satisfaction of care style in nurses”; through comparing mean value of satisfaction obtained from common method (20.79) and the accessible care cards (25.05) using Wilcoxon test, significant statistical difference was observed ($p < 0.000$) and the hypothesis was confirmed. As a result, satisfaction of nurse care style using accessible care card method was significantly increased compared to common method and the hypothesis is confirmed [36].

CONCLUSION

In conclusion, as the satisfaction of patients has been today changed into one of the main indices to measure effectiveness of health system, the authorities and managers of hospitals should take measures to increase the satisfaction of patients by health services more than before. The results obtained from this study could provide evidences for health system managers; so that they could have better understanding of job satisfaction of nurses in their future plans and could also pay more attention to role and position of nurses in field to enhance satisfaction of patients.

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