

Research Article

Translation and Psychometric Testing of the Healthcare Environment Survey in Turkey

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Abstract

AIM: This study aimed to translate and psychometrically test the Healthcare Environment Survey, describe the strengths and needs of job satisfaction for nurses in Turkey, and advance an international discussion across countries that used Healthcare Environment Survey. The Healthcare Environment Survey was the only instrument found that measured multiple facets of nurses' satisfaction in caring for patients. Healthcare Environment Survey has been psychometrically tested in Jamaica, Scotland, and the USA.

METHOD: This study was a methodological design. A convenience sample of 400 nurses from 2 hospitals in Antalya, Turkey, was asked to complete the Healthcare Environment Survey. A total of 241 nurses (60.3%) responded to all 57 items.

RESULTS: Factor analysis revealed all items loaded into 10 facets, with all factor loadings greater than 0.40, except 1 item regarding executive leadership. Kaiser-Meyer-Olkin measure of 0.91 revealed a good model fit. The Healthcare Environment Survey explained 75% of the variance in nurse job satisfaction. The Cronbach alpha coefficient for the 10 facets ranged from 0.83-0.90. A comparison of these results with the other 3 countries that used the Healthcare Environment Survey revealed that caring for patients had a high factor loading in Turkey, Scotland, and the USA but a low one in Jamaica.

CONCLUSION: The Healthcare Environment Survey -Turkish form was found to be a valid and reliable tool, which could be used by nurse managers to evaluate satisfied and unsatisfied areas. It provides new opportunities for national/international benchmark, cooperation, and research with others.

Keywords: Factor analysis, health care environment, job satisfaction, nursing, psychometric testing

Introduction

Job satisfaction, as a critical element of the work experience, has been shown to support this proposition in the nursing profession, as it relates to quality of care (Bai, 2016), nurses' intention of staying in the organization (Biegger et al., 2016; Yurumezoglu & Kocaman, 2016), and turnover (Kovner et al., 2016). Understanding the nurses' state of job satisfaction is critical in seeking to improve the work experience of nurses and associated outcomes.

Despite the importance and implications of job satisfaction of nurses globally, there is currently no international repository of data that explains the latent construct of nurses' job satisfaction using rigorously tested scientific tools. Thus, there is a need for extensive research in nurses' job satisfaction globally and to raise the scientific rigor of nurses' job satisfac-

tion for the purpose of improving related outcomes around the world (Nelson et al., 2018). This position is consistent with the quadruple aim and will result in better outcomes for employees and patients.

Proper assessment of nurses' job satisfaction requires complete organizational self-assessments using psychometrically sound tools that can be used to implement and test interventions aimed at improving nurses' job satisfaction (Turkmen et al., 2011). A systematic literature review of instruments used to assess nurses' job satisfaction was conducted for the years 2006-2011 that identified 56 unique instruments to study nurses' job satisfaction (Nelson et al., 2015b). Review of the instruments specifically used to assess nurses' job satisfaction in Turkey from 2006 to 2018 revealed that the 20-item Minnesota Satisfaction Questionnaire (MSQ) short form was the most commonly used instru-

ment to assess nurses' satisfaction (Akman et al., 2016; Aslan & Yildirim, 2017; Atay et al., 2013; Celik & Hisar, 2012; Cilingir et al., 2012; Golbasi et al., 2008; Goris et al., 2016; Gorgulu & Akilli, 2017; Gurdogan & Alpar, 2016; Karagozoglu & Bingöl, 2008; Sabanciogullari & Dogan, 2015; Tarcan et al., 2017; Yurmezoglu & Kocaman, 2012). Although the MSQ is the most commonly used tool that has been tested and measures 20 facets of job satisfaction, it does not measure the facet of caring for the patient as a core aspect of nurses' jobs. Omission of measuring core elements of a job suggests that a tool misses the specified measure of job satisfaction for professions that provide patient care (for example, nurses).

The Healthcare Environment Survey (HES) in Turkish, Sağlık Bakım Çevresi Ölçeği (SBÇÖ) (Appendix 1) measures social and technical facets of job satisfaction as described above (Nelson, 2001; Nelson et al., 2015b). The HES was initially developed in 2001 to measure nurses' satisfaction with caring for the patient within the primary nursing framework (Nelson, 2001). The central interest focused on how the 4 dimensions of patient care delivery of primary nursing explained nurses' job satisfaction, which includes continuity of care, collaboration with others, care planning, and relationship with the patient (Nelson, 2001). The instrument has demonstrated adequate psychometric properties in a number of countries, including Jamaica (Anderson-Johnson & Nelson, 2012), Scotland (Nelson & Cavanagh, 2018), and the USA (Nelson et al., 2015b; Nelson et al., 2017).

Understanding the social and technical facets of nurses' jobs was important for refinement of the operations of care. Because the relevant facet of the HES was to measure nurses' job satisfaction, the authors selected to translate and test this instrument psychometrically. This study aimed to 1) examine the psychometric properties of the HES using a convenience sample of staff nurses employed in the 2 Turkish hospitals, 2) use the data for addressing the state of job satisfaction in the 2 Turkish hospitals, and 3) engage in scientific dialogue with other facilities and countries using the HES to improve nurses' job satisfaction.

Research Questions

1. Is the Healthcare Environment Survey valid and reliable for Turkish nurses?
2. Which facets is strong or weak of job satisfaction for nurses in Turkey?

3. Are there any similarities or differences from other countries nurses?

Method

Study Design

The study was designed as a methodological study.

Sample

A total of 400 nurses were selected because 400 was deemed as an adequate number to conduct a factor analysis (Tabachnick & Fidell, 2007). Inclusion criteria for the HES-Turkish form (HES-TR) included being a permanent nurse in either of the 2 participant hospitals. Exclusion criteria included nurses who were on leave, were new to the job and still in orientation, or had a temporary contract. A convenience sample of 400 nurses from 2 hospitals in a large city in Antalya, Turkey, was invited to participate in the survey. An e-mail containing an encrypted electronic link to access the HES-TR was sent to these nurses. An introductory message with a brief review of the study and an invitation to participate was sent to the nurses who met the inclusion criteria. Because some nurses in these 2 hospitals reported a preference to respond via hard copy, a paper-and-pencil format of the HES-TR was also offered. Survey administration of the HES-TR occurred from January to July 2017.

The final dataset contained 288 (72.0%) submitted surveys, which included 25 completely blank and 22 incomplete forms. After deducting these 47 incomplete surveys, a total of 241 nurses (60.3%) who responded to every item were included in the analysis.

Data Collection

The tool was administered by Healthcare Environment Incorporated, a survey and data management company for healthcare located in the USA. Survey administration protocols from previous studies that used the HES (Nelson, 2013; Nelson et al., 2015b) were deployed for this study in Turkey.

The HES is a 57-item, multi-faceted measure that examines 11 facets of nurses' job satisfaction, both social (4 facets) and technical (7 facets). Social dimensions include satisfaction with caring for the patient and relationship with coworkers, nurses, doctors, and the unit manager (Nelson, 2001; Nelson, 2015b). Technical facets of the HES include satisfaction with autonomy, workload, executive leadership, professional growth, distributive justice, scheduling,

and resources (Nelson, 2001; Nelson, 2015b). There is also 1 global item that states, "Generally speaking, I am very satisfied with my current job." This single global item serves as a criterion validity testing with the multi-faceted HES. The 11 facets and the single global item (52nd item) for nurses' job satisfaction were measured using a 7-point Likert scale. Respondents selected from strongly disagree (1) to strongly agree (7) to indicate their level of satisfaction for each facet of nurses' job satisfaction. Scores from all items were summed and then divided by the number of items to arrive at a mean score.

The HES also includes demographic questions and 2 qualitative questions (53rd and 54th items). The qualitative items ask the respondents to identify any job satisfaction items that were not asked on the HES.

Language Validity

The translation and adaptation of the HES was carried out according to the recommendation of the World Health Organization 2017 guidelines (ITC, 2018) using the following process: translation, expert panel, back-translation, pretest and cognitive examination, and extraction of the final version. Language and content validity were conducted to ensure validity of the survey. The measurement tool was reviewed by the researchers using a group translation method. Expert opinions were received from academic staff (all of whom possessed at least a PhD.) with various levels of nursing expertise and clinical nurses (who possessed at least a bachelor's degree). Each item was considered for both linguistics and the Turkish culture. To evaluate expert opinions, a 4-point rating criterion ranging from not convenient (1) to very convenient (4) was used in the study. Experts were asked to evaluate each item according to a ranking varying from 1 to 4. A total of 80% of the items were expected to be evaluated as convenient or very convenient by the experts. Items falling below the minimum convenience limit in the examination were rearranged. To ensure content integrity and simplicity of language, the survey items were placed in their final form and pilot tested in a sample of 10 staff nurses who were employed within the participating hospitals.

Validity

The content validity index (CVI) was calculated with the percentage of agreement between expert opinions regarding the translated scale. Exploratory factor analysis was conducted for testing the construct validity of the HES-TR, and criterion validity was also evaluated.

Reliability

The Cronbach alpha coefficient was used for reliability.

Statistics Analysis

The data were analyzed using Statistical Package for Social Sciences 23.0 (IBM SPSS 23 Akdeniz University licensed) Principal axis factoring was used for data extraction, and direct oblimin was used for data rotation for construct validity. Eigen values were set to be greater than 1.0, and the model fit was assessed by using Kaiser–Meyer–Olkin (KMO) with a desired fit of 0.90 or greater. Factor loadings were desired to be greater than 0.30 (Yaslioglu, 2017). Bartlett's test was used to assess for sphericity. The Cronbach alpha coefficient was used to evaluate the HES-TR for reliability with a desired alpha of 0.80 or greater. Correlation analysis was used for criterion validity between HES-TR (57 items) and single item (52nd item) about job satisfaction.

Thematic analysis of the responses to the qualitative question helped to identify facets of job satisfaction that are not included in the HES within the context of Turkey. Thematic analysis was carried out by a review of all 4 authors of the study. The author from the USA provided the first review of the comments and provided the initial list of themes to the other 3 authors who were from Turkey. Themes and sorting of items by theme were validated by the other 3 authors of this report. Any disagreements were evaluated and discussed until a consensus was reached. If a consensus could not be reached, the item was labeled as "other."

Ethical Considerations

Ethical permission to conduct the research study at both hospitals was received from Akdeniz University Medical Faculty Clinic Trials Ethics Committee (IRB date February 11, 2016, number 572). Prospective participants were informed about the purpose of the study, and signed informed consent forms were obtained before participants were allowed to begin the study. The HES-TR was reproduced with the permission of Healthcare Environment Incorporated, original author of the HES.

Results

Respondents included within the final analysis were most likely to work in hospital 1 (n=144, 59.8%), be female (n=225, 93.4%), be married (n=171, 71.0%), be 30–39 years of age (n=98, 40.7%), hold a bachelor's

Table 1
Descriptive Features of Participants (n=400)

Demographic	n	%		n	%
Hospital			Years in same facility		
Hospital 1	144	59.8	Less than 5	57	23.7
Hospital 2	91	37.8	5–10	68	28.2
Missing	6	2.5	11–15	50	20.7
Sex			16–20	40	16.6
Male	12	5.0	21–25	14	5.8
Female	225	93.4	26–30	6	2.5
Missing	4	1.7	31–35	2	0.8
Marital status			Missing	4	1.7
Married	171	71.0	Years in same profession (that is, nursing)		
Widowed	8	3.3	Less than 5	35	14.5
Single	49	20.3	5–10	48	19.9
Divorced	9	3.7	11–15	53	22.0
Missing	4	1.7	16–20	50	20.7
Age (years)			21–25	27	11.2
Less than 20	3	1.2	26–30	22	9.1
20–29	54	22.4	31–35	3	1.2
30–39	98	40.7	Missing	3	1.2
40–49	80	33.2	Number of hours scheduled per week		
50–59	2	0.8	10 or less	2	0.8
Prefer not to answer	1	0.4	16–20	2	0.8
Missing	3	1.2	31–35	6	2.5
Education			36–40	204	84.6
Diploma	9	3.7	Other	24	10.0
Associate degree	35	14.5	Missing	3	1.2
Bachelor's degree	161	66.8	Hours actually worked per week		
Master's degree	32	13.3	Less than 10	2	0.8
Doctorate	1	0.4	31–35	4	1.7
Missing	3	1.2	36–40	110	45.6
Years on same unit			More than 40	121	50.2
Less than 5 household	121	50.2	Missing	4	1.7
5–10	61	25.3	Primary source of income in		
11–15	29	12.0	Yes	106	44.0
16–20	15	6.2	No	120	49.8
21–25	6	2.5	Prefer not to answer	10	4.1
26–30	4	1.7	Missing	5	2.1
31–35	1	0.4			
More than 35	1	0.4			
Missing	3	1.2			

Table 2
HES-TR Items Factor Loadings and Subscales

Subscales				
Participative management		Factor loadings		
Item 40		0.949	Item 14	-0.865
Item 41		0.924	Item 11	-0.851
Item 42		0.868	Item 15	-0.769
Item 43		0.812	Professional growth	
Item 39		0.784	Item 45	-0.964
Distributive justice			Item 44	-0.817
Item 28		0.959	Item 47	-0.788
Item 27		0.950	Item 46	-0.516
Item 26		0.909	Autonomy & workload	
Item 29		0.908	Item 22	-0.836
Item 30		0.897	Item 21	-0.793
Item 25		0.870	Item 18	-0.721
Item 24		0.760	Item 20	-0.699
Item 23		0.696	Item 19	-0.665
Patient care			Item 16	-0.639
Item 35		0.898	Item 17	-0.634
Item 34		0.865	Resources	
Item 33		0.845	Item 60	0.913
Item 36		0.834	Item 59	0.908
Item 32		0.831	Item 61	0.453
Item 31		0.706	Scheduling	
Item 37		0.684	Item 58	0.755
Item 38		0.434	Item 57	0.715
Relationship with coworker			Item 56	0.713
Item 9		0.872	Item 55	0.634
Item 8		0.803	Executive leadership*	
Item 4		0.783	Item 51	0.597
Item 3		0.772	Item 49	0.593
Item 7		0.769	Item 50	0.267
Item 6		0.760		
Item 5		0.698		
Item 2		0.680		
Item 10		0.664		
Item 1		0.563		
Relationship with doctor				
Item 13		-0.928		
Item 12		-0.914		

*48th item can be used (it is optional) if there is an executive nurse manager.
Note. n=241, KMO=0.91, Explained variance=75%

degree (n=161, 66.8%), have worked on the same unit for less than 5 years (n=121, 50.2%), have worked in the same facility for 5–10 years (n=68, 28.2%), have worked in the profession of nursing for 11–15 years (n=53, 22.0%), have scheduled 36–40 hours per week (n=204, 84.6%), have worked more than 40 hours per week (n=121, 50.2%), and be not the primary source of household income (n=120, 49.8%). The full review of demographics is noted in Table 1.

The KMO value was 0.91, and Bartlett's test value was $p < 0.001$ (chi-squared=15507.107, df=1596, sig=0.000), indicating a good model fit. All items loaded into their

Table 3
HES-TR Mean, Standard Deviation, and Cronbach Alpha Reliability Coefficients

Satisfaction with	Item Number	n	$\bar{X} \pm SD$	Cronbach Alpha
Relationship with coworkers	10	241	5.48±1.12	0.94
Patient care	8	241	5.30±1.64	0.94
Participative management	5	241	5.21±1.72	0.97
Scheduling	4	241	4.70±1.69	0.92
Professional growth	4	241	4.46±1.36	0.89
Executive leadership	3	241	4.41±1.46	0.83
Resources	3	241	4.33±1.67	0.90
Workload	3	241	4.36±1.57	0.86
Autonomy	4	241	4.26±1.49	0.92
Relationship with doctors	5	241	4.19±1.58	0.95
Distributive justice (including pay)	8	241	2.28±1.31	0.96
Job satisfaction (all subscales combined, total HES-TR)	57	241	4.49±0.94	0.97

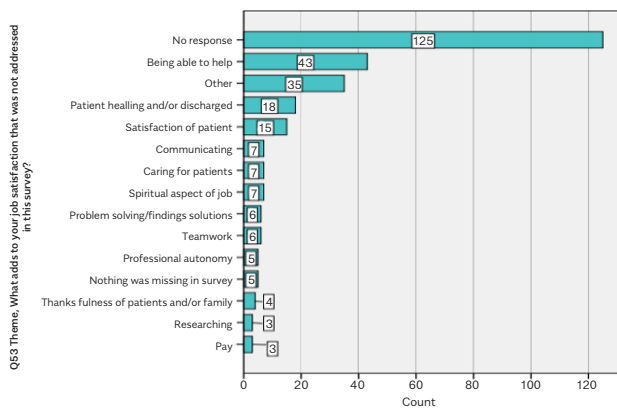


Figure 1.
Themes for What is Missing in HES-TR

respective subscales, except for Workload and autonomy, which loaded within the same subscale. The absolute values of all path coefficients for every item, except item 50 in the subscale called executive leadership, were greater than 0.3, which is the minimum value to accept for factor loading. Item 50 had a path coefficient value of 0.267. The values for all path coefficients can be found in Table 2. The 10 subscales explained 75% of the variance of nurses' job satisfaction.

Examination of the single global item to measure nurses' job satisfaction revealed a mean score of 4.14 (SD=1.76) and range of 1–7. Correlation between the total HES-TR score and the global item for job satisfaction was 0.61 ($p < 0.001$).

Descriptive statistics, the Cronbach alphas for all facets of job satisfaction, and the total job satisfaction score

are noted in Table 3. Examination of the descriptive statistics revealed that relationship with coworkers had the highest mean score ($\bar{X} = 5.48$, $SD = 1.12$), whereas distributive justice had the lowest mean score, which included pay ($\bar{X} = 2.28$, $SD = 1.31$). The mean score for job satisfaction (with all subscales combined, HES-TR) was 4.49, just above the midpoint of 4.0 on a 7-point scale ($SD = 0.94$). The Cronbach alpha for the HES-TR (all subscales combined) was 0.97.

Thematic analysis of the qualitative data revealed 164 responses for what was not addressed in the HES-TR regarding nurses' job satisfaction. The highest number of responses ($n = 39$) related that being able to help was not addressed. The patient healing and/or discharged ($n = 18$) and satisfaction of the patient ($n = 15$) are also components of participants' job satisfaction that were not addressed. All items with not enough information to determine a theme, or if less than 3 times were listed, were grouped as "other." All the components of job satisfaction that contributed to job satisfaction of nurses in these 2 hospitals in Turkey and not addressed by the HES-TR are noted in Figure 1.

Discussion

In this article, besides adapting the HES to the Turkish language, the strengths and risky facets of nurse job satisfaction in the group in which the study was conducted were also determined and compared with other countries where the same scale was used.

Validity

Based on the evaluations received from the expert panel, adapted linguistically, the content validity of the HES-TR was over 80%. This value is accepted as a good level (Esin, 2014).

In the study, even if 400 targeted participants for factor analysis could not be reached, the calculated KMO and the Bartlett's test sphericity value for the HES-TR indicated that the sample size was sufficient to perform a satisfactory factor analysis. The HES-TR was found to be a valid and reliable tool, explaining 75% of the variance of job satisfaction in this sample of nurses in Turkey. This is considered a good value in multifactorial structures explaining of the variance (Çokluk et al., 2018). This is similar to the other countries that studied nurses' job satisfaction using the HES, including Scotland where it explained 79% of the variance (Nelson & Cavanagh, 2018) and the USA where it explained 74% of the variance (Nelson et al., 2015a). Each of the countries that have used the HES, and now HES-TR, found the same items load within the same subscales, including Jamaica (Nelson, 2015b), Scotland (Nelson & Cavanagh, 2018), and the USA (Nelson et al., 2015b). This same psychometric behavior was found for the HES-TR, with each item loading in the respective subscale of the HES. Having a specified instrument to measure nurses' job satisfaction that had been calibrated to be used in multiple countries with the same psychometric behavior and explained the majority of what comprised nurses' job satisfaction holds potential for an international dialogue in how social and technical dimensions are the same or vary from country to country or context to context.

Factor loading of items in the HES suggest which facets of nurse job satisfaction are most important to nurses in a particular context. In factor analysis, the higher the factor loading, the more important it is to the responders of the study. The highest loading and most important facet of nurses' job satisfaction in this study was participative management. Factor loadings of items within participative management ranged from 0.784 to 0.949. The highest loading item was item 40, which stated, "I am satisfied with how the manager of my unit/department gives me adequate and meaningful consideration when I ask him or her a question about my work." Thus, the hospitals who tested this instrument in Turkey must ensure their managers are providing adequate and

meaningful consideration to the employees who ask questions about their work.

The high rank of participative management in this study contrasted with the study in Scotland by Nelson and Cavanagh (2018), who found participative management was the 6th ranked facet of nurses' job satisfaction with factor loadings from 0.687–0.887. Participative management was ranked as the 6th facet in Jamaica as well with a factor loading of 0.72 (Nelson, 2015b). Nurses in the USA ranked participative management as the 4th highest facet, with factor loadings for the 5 items ranging from 0.79–0.92 (Nelson et al., 2015b).

Relationship with coworkers was consistently found to be the highest loading facet of nurses' job satisfaction in Jamaica (Nelson, 2015b), Scotland (Nelson & Cavanagh, 2018), and the USA (Nelson et al., 2015b). However, relationship with coworkers was the 4th highest loading facet of nurses' job satisfaction in this study.

In this study, the 2nd highest loading item was distributive justice, with factor loadings ranking from 0.696–0.959. This factor loading in distributive justice was item 28, which stated, "I am satisfied with how the organization rewards me when I consider the work I have done well." Similarly, nurses in Scotland (Nelson & Cavanagh, 2018) and the USA (Nelson et al., 2015b) found distributive justice to be the 2nd highest ranked facet of job satisfaction, with factor loadings from 0.0829–0.945 and 0.67–0.96, respectively. Nurses in Jamaica had a lower rank of distributive justice, reporting it to be 6 of 11 in rank with a factor loading of 0.49 (Nelson, 2015b). It was particularly interesting to find that distributive justice in this study was the 2nd highest factor loading in the factor analysis but had the lowest mean score. The mean score of 2.32 indicated that the staff "disagreed" that they were satisfied with this facet of job satisfaction. Moreover, no other facet of job satisfaction had a mean score less than 4.0. This low mean score, with a concurrent high rank in factor loading, suggested the largest gap in what was important to what was occurring within job satisfaction. This measure is about satisfaction with rewards from the organization, including pay. It is important to consider that the 8 items of the subscale are weighted by the nurses' level of education and experience. It has been shown that organizational rewards are a volatile facet of job satisfaction until the statements or

questions about rewards are constructed to include the nurses' education and experience level (Nelson, 2001). Other studies in Turkey that evaluated nurses' job satisfaction with pay also found that nurses reported low levels of satisfaction with pay (Öztürk et al., 2015).

Patient care was the 3rd ranked facet of job satisfaction in this study (factor loadings 0.434-0.898). Nurses' responses for the qualitative question about help to patient, patient healing, and satisfaction of patients confirmed this result. This is consistent with the Scotland (Nelson & Cavanagh, 2018; factor loadings 0.533-0.942) and the USA (Nelson et al., 2015b; factor loadings 0.62-0.86) where patient care was the 3rd ranked facet of nurse job satisfaction. The highest ranked item in this study for patient care was 35, which stated, "I am satisfied in my daily work how I am able to build trust with the patient and family by utilizing consistent relationships and continuity of plan of care." Jamaican nurses ranked patient care last of 11 facets of job satisfaction, with a factor loading of 0.35 (Nelson, 2015b). The fact that patient care was ranked last was interpreted by some of the Jamaican nurses as "it takes a village," and the preceding 10 facets of job satisfaction are critical in order to deliver proper care to patients. In Jamaica, relationship with coworkers, relationship with physicians, and professional autonomy were the 3 highest facets of job satisfaction (Nelson, 2015b). These variances in the rank order of facets of job satisfaction from country to country suggest that culture influences rank order. Understanding the rank order of what is important to nurses' job satisfaction is critical so that resources to improve nurse job satisfaction can be prioritized and allocated accordingly.

The high rank of patient care, 3rd of 10 in Turkey, is consistent with the qualitative data where nurses reported that they felt there could have been more questions about helping others, patient healing, and patient satisfaction. Nurses in Turkey went into nursing to take care of patients, and it is important for them to be able to have the chance to talk about this facet of their job.

One of the strongest implications for measuring central aspects of nurses' job satisfaction, such as patient care, is the ability to use the findings to examine the relationship to outcomes such as workload, burnout, turnover, and other important out-

comes for nurses. Persky et al., (2011a) used the HES to measure and intervened to improve nurses' job satisfaction. They used analytics to examine social and technical facets related to various dimensions of the work environment that were of concern to nurses' job satisfaction. For example, they hypothesized and examined how the social facet of caring for the patient predicted the technical facet of workload. As already stated, the subscale for measuring relationship with the patient in the HES includes the 4 main components of primary nursing, a model of patient care delivery, including continuity of care, collaborating, care planning, and relationship with the patient. They found that having the same patient every day increased satisfaction with workload, explaining 60.4% of the variance of workload for nurses who provide patient care (Persky et al., 2011a). Persky et al. (2011b) successfully supported their hypothesis and the use of primary nursing by empirically documenting that continuity of care would help nurses anticipate patients' needs better and thus facilitate workflow and improve satisfaction with workload.

The meaningful relationship between the question evaluating the single item province job satisfaction and the items containing all HES-TR confirmed the criterion validity. A relationship in the expected direction and strength has been confirmed.

Internal consistency value when calculated with the Cronbach alpha in the study confirmed that the Turkish version of the HES was reliable for use by nurses, the study participants (Polit & Beck, 2010).

Conclusion and Recommendations

This study adds to the findings that the HES and HES-TR are psychometrically sound tools that were developed to delineate and address the social and technical facets of nurses' job satisfaction across contexts and over time. The HES and HES-TR are among the very few measures of nurses' job satisfaction that include core elements of the job, such as caring for the patient. HES-TR can be used to collaborate with other facilities, from other countries, for the purpose of pursuing international cooperation and research of nurses' jobs satisfaction.

The consistent loading of all items in the HES in previous studies in Jamaica, Scotland, and the USA and the HES-TR in this study, in the appropriate facet, suggests that it is an appropriate measure to use for

the deeper study of nurses' job satisfaction internationally. The high percentage of explained variance of job satisfaction in the countries that have used the HES or HES-TR should encourage researchers to examine predictors and outcomes of job satisfaction to more deeply understand the cultural and contextual variation in each country. This variation of factor loading rank provides a basis for a scientific discussion of how social and technical facets of job satisfaction theoretically and empirically explain the culture of care in each country.

Ethics Committee Approval: This study was approved by Ethics committee of Akdeniz University (Approval No: 572, February 11, 2016).

Informed Consent: Written informed consent was obtained from the patients who agreed to take part in the study.

Peer-review: Externally peer-reviewed.

Author Contributions: Supervision – S.G., J.W.N.; Design – S.G., J.W.N., N.Y.; Resources – S.G., J.W.N., N.Y.; Materials – S.G., J.W.N., N.Y., İ.K.; Data Collection and/or Processing – N.Y., İ.K.; Analysis and/or Interpretation – S.G., J.W.N., N.Y., İ.K.; Literature Search – S.G., J.W.N., N.Y.; Writing Manuscript – S.G., J.W.N.; Critical Review – S.G., J.W.N., N.Y., İ.K.

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SAĞLIK BAKIM ÇEVRESİ ÖLÇEĞİ

Yönerge: Bu sayfadaki maddeler, işinizin bir takım yönlerinden ne kadar memnun olduğunuzun anlaşılmasına yardım etmeyi amaçlamaktadır. Lütfen mevcut işinizle ilgili olarak sizin duygularınıza en yakın olan seçeneği seçiniz. Seçenekler, kesinlikle katılmıyorum (7 butonun içinde en soldaki 1 numaralı seçenek) ile kesinlikle katılıyorum (7 butonun içinde en sağdaki 7 numaralı seçenek) arasında değişmektedir. Katılmak ya da katılmamak konusunda karar veremiyorsanız, kararsızım (4 numaralı seçenek) yanıtını seçiniz ancak bunu mümkün olduğunca nadir kullanınız.

İş arkadaşlarından memnuniyet

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

1. Çalıştığım birimde yeni çalışanların kendilerinin hoş karşılandığını hissetmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

2. Çalıştığım birimdeki ekip çalışması ve işbirliğinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

3. Çalıştığım birimdeki kişilerin arkadaş canlısı ve cana yakın olmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

4. Çalıştığım birimde birlikte çalıştığım insanların eğitim ve deneyimleri ne olursa olsun birbirleriyle iyi geçindiklerini görmekten memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

5. Birlikte çalıştığım kişilerin yardıma ihtiyacım olduğu zaman bana yardım etmelerinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

6. Bu kurumdaki hemşirelerin diğer çalışanlara saygı göstermesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

7. Hemşirelerin genel olarak çalıştığım birimdeki diğer çalışanlarla işbirliği içinde olmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

8. Çalıştığım birimdeki hemşirelerin ve diğer çalışanların bir ekip olarak birlikte iyi çalışmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

9. Birlikte çalıştığım hemşirelerin çalıştığım birimdeki tüm çalışanların bilgi ve becerilerine saygı göstermesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

10. Bu kurumdaki hemşirelerin genel olarak diğer tüm çalışanların yaptıklarını anlamasından ve takdir etmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Doktorlardan memnuniyet

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

11. Doktorların genel olarak çalıştığım birimdeki diğer çalışanlarla işbirliği yapmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

12. Çalıştığım birimdeki doktorların ve diğer çalışanların bir ekip olarak birlikte çalışmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

13. Birlikte çalıştığım doktorların çalıştığım birimdeki tüm çalışanların bilgi ve becerilerine saygı göstermesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

14. Bu kurumdaki doktorların genel olarak tüm çalışanların yaptıklarını anlamasından ve takdir etmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

15. Bu kurumdaki doktorların çalışanlara saygı göstermesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

İş yükünden memnuniyet

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

16. İşimde yaptığım faaliyet türlerinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

17. İhtiyacım olduğu zaman işimle ilgili sorunları çalıştığım birimdeki diğer çalışanlarla konuşma fırsatım olmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

18. Benden beklenen görevleri yerine getirmek için bana verilen süreden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Özerklik/Otonomi

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

19. Sorumluluklarımı düşündüğüm zaman işimde sahip olduğum yetki düzeyinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

20. İşimde sahip olduğum kontrol düzeyinden memnunum. Yöneticilerim benim adıma bütün kararları vermiyorlar.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

21. İşimde sahip olduğum bağımsızlık düzeyinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

22. Çalıştığım birimde, işimi yapılması gerektiğini düşündüğüm şekilde yapmam için sahip olduğum esneklik düzeyinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Adil dağılım /Adalet

Kesinlikle katılmıyorum	Katılmıyorum	Kismen katılmıyorum	Kararsızım	Kismen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

23. Sorumluluklarımı düşündüğümde kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

24. Aldığım ücret açısından kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

25. Eğitim düzeyimi düşündüğüm zaman kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

26. Tecrübemi düşündüğüm zaman kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

27. Emeğimi düşündüğüm zaman kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

28. Yaptığım işi düşündüğüm zaman kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

29. İşimin stresini ve zorluklarını düşündüğüm zaman kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

30. Kurumuma yaptığım katkıyı düşündüğüm zaman kurumumun beni ödüllendirme şeklinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Hasta bakımı

Kesinlikle katılmıyorum	Katılmıyorum	Kismen katılmıyorum	Kararsızım	Kismen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

31. Hastanın öyküsünü anlamak, iletişim kurmak ve hastanın karar verme sürecine aktif olarak katılması için hasta ve ailesiyle günlük olarak kurabildiğim ilişkilerden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

32. Bakım/savunuculuk süreçlerini kullanarak hasta ve ailesinde güven oluşturabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

33. Klinik bilgi ve becerilerimle hasta ve ailesinde güven oluşturabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

34. Etkili iletişimi kullanarak hasta ve ailesinde güven oluşturabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

35. Tutarlı ilişkiler ve bakım planının devamlılığını sağlayarak hasta ve ailesinde güven oluşturabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

36. Hasta ve ailesi ile birlikte karşılıklı olarak belirlenmiş bir bakım planı kullanarak onlarda güven oluşturabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

37. Yatırılmasından taburcu olmasına kadar geçen sürede, hasta geçişlerinin sorunsuz olarak gerçekleştirilmesine yardım etmek için bakım planını günlük olarak geliştirebildiğim, iletebildiğim ve kolaylaştırabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

38. Bakım işbirliğinin sağlanması için multidisipliner bir ekiple işbirliği kurabildiğim için memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Birim yöneticisinden memnuniyet

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

39. Çalıştığım birim yöneticisinin işimdeki yetkinliğim kadar bir insan olarak da benimle ilgilenmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

40. Çalıştığım birim yöneticisinin kendisine işimle ilgili bir soru sorduğum zaman bana yeterli ve anlamlı bir açıklama yapmasından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

41. Çalıştığım birimin yöneticisinin kendisine problemleri, şikayetleri ya da önerileri sunmam için bana yeterli fırsatı vermesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

42. Çalıştığım birim yöneticisinin fikirlerimle ve önerilerimle ilgilenmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

43. Çalıştığım birim yöneticisinin işimi iyi yaptığımı zaman beni takdir etmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Profesyonel gelişim

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

44. Becerilerimi geliştirmem için bana verilen fırsatlardan memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

45. Bu kurumda sahip olduğum kendini geliştirme fırsatlarından memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

46. İşimde elde ettiğim kişisel gelişimden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

47. Bu kurumda kendimi geliştirmeme yardım etmek için bana sağlanan programlardan memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

Yönetici liderlik

*48. madde isteğe bağlı olup, kurumunuzda üst düzey hemşire yöneticisi (executive nurse manager) yoksa veya bilmiyorsanız yanıtlayınız.

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

48. Bu kurumdaki işimden yönetim ekibinin hangi üyesinin sorumlu olduğundan emin değilim.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

49. Bu kurumdaki diğer mesleklerin mesleğimin sorumlu yöneticisine gösterdikleri saygıdan memnunum (örn. Başhemşire/Hemşirelik Hizmetleri Müdürü/Sağlık Bakım Hizmetleri Müdürü; Tıp, Eczacılık gibi diğer disiplinlerden saygı görmektedir).

1 0 2 0 3 0 4 0 5 0 6 0 7 0

50. Meslektaşlarımla sorumlu yöneticime gösterdikleri saygıdan memnunum (örn. Başhekim/Hastane Yöneticisi doktorlardan saygı görmektedir ya da Başhemşire/Hemşirelik Hizmetleri Müdürü/Sağlık Bakım Hizmetleri Müdürü hemşirelerden saygı görmektedir, vb.).

1 0 2 0 3 0 4 0 5 0 6 0 7 0

51. İşimin yönetici liderinin işimle ilgilendiğini hissetmekten memnunum (örn. Başhemşire/Hemşirelik Hizmetleri Müdürü/Sağlık Bakım Hizmetleri Müdürü hemşirelik personeliyle ilgilenir).

1 0 2 0 3 0 4 0 5 0 6 0 7 0

İş memnuniyeti

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

52. Genel olarak mevcut işimden çok memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

53. İşinizin en çok hangi tarafı hoşunuza gider?

Lütfen yanıtlayınız.....

54. İşinizin en çok hangi tarafı sizi stres altında bırakır?

Lütfen yanıtlayınız.....

Çalışma saatlerinin planlanması (Nöbet, haftalık-aylık çizelge)

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

55. Yeni vardiya/nöbet programımın başlamasından önce bana yeterli zaman verilerek bildirimde bulunmama fırsat verilmesinden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

56. Bana verilen vardiyanın/nöbetin rotasyon biçiminden memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

57. Nöbet listesinin ilan edilmesinden önce, son programıma yaptığım katkıdan (fikrimin dikkate alınmasından) memnunum.

1 0 2 0 3 0 4 0 5 0 6 0 7 0

58. Nöbet listesi ilan edildikten sonra, eğer değiştirmem gerekirse, nöbet programımı değiştirme imkanım olmasından memnunum.

10 20 30 40 50 60 70

Kaynaklar

Kesinlikle katılmıyorum	Katılmıyorum	Kısmen katılmıyorum	Kararsızım	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5	6	7

59. İşimi yapmam için gereken malzemenin kullanılabilirliğinden memnunum.

10 20 30 40 50 60 70

60. İşimi yapmam için gerekli olan ekipmanların kullanılabilirliğinden memnunum.

10 20 30 40 50 60 70

61. İşimi yapmam için klinik uzmanlara erişebilirliğim olmasından memnunum (doktorları, eczacıları, klinik uzman hemşireleri, vb. kapsayabilir).

10 20 30 40 50 60 70

Araştırmacı ve okuyucular için önemli not: Sağlık Bakım Çevresi Ölçeği, bu makaleye atıfta bulunarak izin alınmadan kullanılabilir.

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