THE ROLE OF THE NURSE IN HOME PREVENTIVE PUBLIC HEALTH SERVICES: A STUDY ON ELDERLY INDIVIDUALS IN GÖNYELİ

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ABSTRACT
This study aims to examine the satisfaction levels of individuals aged 55 years and over living in Gönyeli with home preventive health services and the roles of nurses in this process. In the study, which was conducted using quantitative research method, data were collected from 301 participants with a structured questionnaire form. The scale is the Nurse Practitioner Satisfaction Survey developed by Lucie J. Agosta and adapted by Manay (2016). The data were analyzed with the SPSS 26.0 program; normality tests and parametric analyses were applied.
In this study, the participants' overall satisfaction level with nursing services was found to be high. In general, satisfaction sub-dimensions and total scores showed that the participants were quite satisfied with nurses and that there was a low difference in this satisfaction level. There was no significant difference between male and female participants in terms of gender, and both groups showed similar satisfaction levels. In terms of educational status, the satisfaction levels of primary school graduates were higher than the other groups in the General Satisfaction sub-dimension, but no significant difference was found between the other sub-dimensions and total scores. Significant differences were observed between the number of visits to the health center and satisfaction, and participants who applied more frequently had higher scores in both the Planning sub-dimension and the overall satisfaction level. According to the health insurance variable, while individuals without health insurance showed higher satisfaction in the General Satisfaction sub-dimension, no significant difference was found in other sub-dimensions and total scores. In terms of health perception, individuals who felt very healthy showed higher satisfaction than other groups in the Planning sub-dimension; however, no significant difference was found in terms of total score and other sub-dimensions. These results reveal that the participants have a high satisfaction perception with nursing services in general.
Key Words: Home Health Services, Nurse Satisfaction, Public Health, Preventive Health Services, Elderly Individuals.

1. INTRODUCTION
1.1. Problem Status
Today, access to healthcare services for elderly individuals has become a more complex and critical public health issue due to the increase in the aging population, the extension of life expectancy, and the prevalence of chronic diseases worldwide (Yaman and Akdeniz, 2008) . While these demographic changes increase the burden on healthcare systems, they also highlight the needs of elderly individuals for not only medical intervention but also long-term care and support services. Elderly individuals generally need regular and continuous access to healthcare services due to multiple chronic diseases, mobility limitations, and physical/ psychosocial support needs. However, failure to fully meet these needs can lead to a decrease in the quality of life of elderly individuals and aggravation of their health problems. Home healthcare services emerge as an important solution to meet the health needs of elderly individuals (Avcı and Gözüm, 2017) . Home healthcare services provide individuals with quality and continuous care in their own living spaces, facilitate their access to healthcare services, and reduce the need for hospitalization. By supporting the independence of elderly individuals, it contributes positively to their social and psychological well-being (Altuntaş et al., 2010) . In particular, home preventive health services are not limited to managing existing health problems, but also aim to prevent diseases, increase health awareness and provide the necessary conditions for individuals to live a healthy life. These services enable intervention by detecting possible health problems that elderly individuals may encounter at an early stage (Merih et al., 2021) .
The role of nurses in effectively providing preventive health services at home is of critical importance. Nurses are at the center of the professional care required to continuously monitor the health status of elderly individuals, prevent diseases and support treatment processes (Jorm et al., 2010) . At the same time, they fulfill tasks such as raising awareness of individuals and family members through health education, encouraging health behaviors and ensuring that elderly individuals benefit from health services more efficiently. The roles that nurses undertake in various areas such as creating individual care plans, medication management, rehabilitation support and meeting social-emotional needs are directly effective in improving the general health status of elderly individuals. However, despite the widespread use and importance of preventive health services at home, there are still many deficiencies in the effectiveness, accessibility and sustainability of these services (Green et al., 2020) . The limited number of studies conducted especially at the local level makes it difficult to fully understand the needs of elderly individuals and leads to the inability to provide sufficient data for the improvement of services. This situation

creates an important gap both in terms of improving the quality of life of elderly individuals and in terms of more effective planning and implementation of health services (Kim et al., 2014) .

In this context, the role of nurses in home preventive health services needs to be examined in more detail and a comprehensive understanding of how these services meet the health needs of older people needs to be developed. Such an approach will not only allow the evaluation of existing services but also provide a scientific basis for the development of future health policies and practices.

1.2. Purpose of the Research

This study aims to contribute to eliminating deficiencies in this area by examining the satisfaction levels of elderly individuals living in Gönyeli with home preventive health services and the roles of nurses in this process. The study aims to establish a scientific basis for the development of these services by evaluating the impact of nurses in meeting the health needs of elderly individuals.

1.2.1 Hypotheses

H0: Participants' satisfaction level with nurses is low.

H1: Participants' satisfaction level with nurses is high.

H0: The Public Health Nurse Satisfaction Scale sub-dimensions and total score do not give a significant result regarding the level of satisfaction.

H1: Public Health Nurse Satisfaction Scale sub-dimensions and total score give significant results regarding the level of satisfaction.

There is no significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and gender.

H1: There is a significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and gender.

There is no significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and educational status.

H2: There is a significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and educational status.

H0: There is no significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and the number of applications to the health center.

H3: There is a significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and the number of applications to the health center.

There is no significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and health insurance.

H4: There is a significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and health insurance.

There is no significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and health perception.

H5: There is a significant relationship between the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale and health perception.

1.3. Importance of the Research

This research focuses on the access of elderly individuals to health services and their satisfaction levels with these services, along with the increase in the aging population and the prevalence of chronic diseases. Preventive health services at home are of great importance, especially in terms of improving the quality of life of elderly individuals, preventing health problems and facilitating the management of existing diseases. In this context, nurses play a critical role in meeting the health needs of individuals and increasing the effectiveness of health services.

The research aims to provide a better understanding of the roles of nurses in home preventive health services and to evaluate the impact of these services on the health status of elderly individuals. Determining the factors that affect the access of elderly individuals in Gönyeli to health services and their satisfaction levels with the services they receive from nurses will provide concrete data for the improvement of these services.

1.4. Limitations

This study has certain limitations and the generalizability of the results should be evaluated in light of these limitations:

- The research covers only elderly individuals living in the Gönyeli region.
- Demographic and personal characteristics of individuals participating in the study, such as age, gender, health status, education level and health perceptions, may have a limiting effect on the interpretation of the results.

- The Public Health Nurse Satisfaction Scale used in the study is based on the subjective perceptions of the participants.
- The research was conducted within a specific time period.
- The study focused only on home preventive healthcare and the roles of nurses. Considerations of the roles of other healthcare professionals (e.g., physicians, physiotherapists) were beyond the scope of this study.

1.5. Definitions

Home Preventive Health Services : Refers to health services provided to elderly individuals in their own living spaces to prevent diseases and protect their health (Sahlen et al., 2008) .

Public Health Nurse : Refers to a nurse who works with the aim of protecting and developing public health and provides preventive, curative and rehabilitative health services to meet the health needs of individuals and families (Daghan, 2017)

Public Health Nurse Satisfaction Scale : It is a 5-point Likert- type scale with 3 sub-dimensions and 28 items , used to measure the extent to which participants are satisfied with the health services they receive and the nurses who provide this service. The sub-dimensions of the scale are General Satisfaction **,** Communication And It is planning (Manay , 2016).

General Satisfaction : It is a sub-dimension of the Public Health Nurse Satisfaction Scale and measures the satisfaction levels of individuals regarding the physical conditions, staff and general service quality of the center where they receive health services (Manay , 2016).

Communication : It is the second sub-dimension of the scale and measures how satisfied individuals are with the verbal and emotional communication they establish with nurses during healthcare services (Manay , 2016).

Planning : It is the third sub-dimension of the scale and measures the satisfaction levels of individuals regarding the ease of access to health services, the examination process and the way services are organized (Manay , 2016).

2. THEORETICAL FRAMEWORK

2.1. Home Care and Health Services

Home care and health services are a health service model that aims to meet the medical and personal care needs of individuals in their own homes without going to a hospital environment. These services are especially important for the elderly, chronically ill patients, disabled individuals and people with limited mobility. Home care services reduce the risk of hospital infection and allow individuals to receive treatment in a more comfortable environment (Yılmaz, 2021).

Home care services include meeting the health and care needs of individuals by professional healthcare professionals in the home environment. These services include doctor's examination, nursing services, medication monitoring, wound care, physical therapy and rehabilitation. Support in daily living activities, personal care and psychosocial support are also within the scope of home care services (Kara and Demir, 2020). Home care services aim to meet the social and emotional needs of patients as well as their medical care needs. In this context, services such as diet planning, psychological support and patient education are also offered. In particular, management of chronic diseases is one of the most important benefits of home care services (Özkan, 2021).

Home care services also play an important role in reducing the financial burden on the health system. This service, which reduces the cost of long-term hospital stays, contributes to the more efficient operation of health systems. The cost-effectiveness of home care services becomes more evident, especially in chronic diseases and long-term rehabilitation processes. Home care services have an important advantage of reducing the risk of infection. (Yılmaz, 2020). The concept of home care services is an important health service that increases the quality of life by ensuring that individuals' health and care needs are met in the home environment. This service helps individuals maintain their independence, strengthen their social ties, and contributes to the more efficient operation of health systems. The expansion of home care services is of critical importance in supporting the physical, psychological, and social well-being of individuals (Ayten and Demir, 2022).

2.2. Concept of Home Healthcare Service

Home health services are a type of health service that allows individuals to meet their health needs in a home environment. This service, which is provided in an environment outside of traditional hospitals or clinics, especially for the elderly, disabled or those struggling with chronic diseases, includes various services such as personal care, treatment and rehabilitation. Home health services support physical and psychological well-being by allowing individuals to receive health services in the environment they are accustomed to. It is also stated that home care is less costly and less stressful compared to a hospital or clinic environment (Kaya, 2022).

The scope of home health services is quite wide. Basically, it covers many areas of expertise such as nursing services, physiotherapy, doctor follow-up, psychological support, dietitian services. Nurses ensure that patients take their medications regularly, perform wound care, and monitor their general health. While physiotherapists continue the physical treatments of patients at home, psychologists provide psychological support. Each of these services is carried out within the framework of a care plan specially designed for the patient. Home health services

provide great convenience for the patient and their family because patients staying at home allows them to continue their daily lives more independently. (Yıldız and Bayram, 2023). One of the most important advantages of home health services is that patients experience less stress during the treatment process. While patients stay in the environment they are accustomed to, they adapt to the treatment process more easily and may tend to recover faster. family members can also actively participate in this process, thus making the care process more personalized. Home health services increase individuals' compliance with treatment and reduce the psychological effects of the disease process. For example, elderly individuals may prefer to receive treatment at home rather than in hospitals because the home environment can make them feel more comfortable and safe. (Karakurt , 2021).

Home health services provide significant benefits not only for individuals but also for the health system. The widespread use of these services reduces the burden on hospitals and contributes to the creation of a more efficient health system. Especially when considering the care needs of chronic diseases and old age, treating patients at home frees up hospital beds for more urgent cases. In this way, health resources are used more efficiently (Doğan and Çetin, 2020). Home health services have become an important part of the modern health system. Offering many advantages for both patients and health professionals, this service is of great importance especially for the elderly, the disabled and individuals with chronic diseases. The widespread use of home health services not only improves the health of individuals, but also enables health systems to function more efficiently. However, various regulations and policies need to be developed to increase the quality and accessibility of home health services. (Erdem, 2021).

2. 3. Private Institutions in Home Health Services: Applications in TRNC

The role of private institutions in home health services is becoming increasingly important worldwide. Many countries are using private institutions to expand home health services due to reasons such as increasing elderly population, chronic diseases and insufficient hospital capacity. The private sector is actively involved in this area in the United States, European countries and Asia. Home care companies, private hospitals and medical device providers are especially effective actors in the provision of these services.

In Turkey, home care services are provided within the scope of home health services initiated by the Ministry of Health. These services are provided free of charge, especially for elderly individuals, disabled people and individuals with chronic diseases. In addition to the Ministry of Health, municipalities and private health institutions also provide home care services. The expansion of home care services in Turkey is important in terms of reducing the burden on the health system and improving the quality of life of individuals. In order to further develop these services, training of health workers and increasing social awareness are necessary (Demir and Çelik, 2020).

In the Turkish Republic of Northern Cyprus (TRNC), home care and health services are becoming increasingly important due to the increasing elderly population and the prevalence of chronic diseases. The development of modern health systems and the increasing costs of hospital-based services have led individuals to prefer to receive care at home. Home health services allow individuals to receive quality health services in their own home environment, while also reducing the burden on the health system by reducing hospitalizations (Ayten and Demir, 2022).

Although home health services in the TRNC are generally organized by the state , there are various studies suggesting that private institutions should also operate in this area. When examples from around the world are examined, it is seen that it is important for the TRNC to cooperate with the private sector to improve home health services. In their study, Demir and Aydın (2022) stated that the role of private institutions in home health services in the TRNC is limited and that institutions can make significant contributions to increasing the accessibility and quality of health services. The study emphasized that private home care companies and medical device provider companies should be supported in the TRNC (Demir and Aydın, 2022).

3. METHOD OF THE RESEARCH
3.1. Research Model

This study was conducted using quantitative research methods. Quantitative research involves the collection, analysis and interpretation of data in numerical form (Aslan, 2018) . In this direction, Nurse Practitioner Satisfaction Numerical data were collected from the participants using the Survey (NPSS) scale and these data were analyzed with statistical methods. The NPSS used in the study is a scale that aims to measure the satisfaction levels of the participants with primary health care services and the nurses who provide the service. The data were collected through a structured questionnaire form, thus making the results objective, measurable and suitable for statistical analysis. The quantitative research method is an appropriate approach in terms of increasing the generalizability of the results , examining relational and causal connections, and determining satisfaction levels (Creswell and Creswell , 2021) . The data obtained in the study were evaluated with various statistical methods such as frequency analyzes, correlation tests, factor analyzes and reliability analyzes. This process enabled the general trends, relationships and statistical significance levels regarding satisfaction levels to be revealed.

3.2. Universe and Sample

in Gönyeli , a town connected to Nicosia in the Turkish Republic of Northern Cyprus (TRNC), and benefit from home preventive health services. Gönyeli is a town located right next to Nicosia and offers a suitable universe for the research with its demographic structure and elderly population rate. The universe includes individuals who regularly access these services and actively benefit from home health services. The sample of the research consists of individuals who represent the universe and certain criteria were taken into consideration in the selection of individuals included in the sample. Simple random sampling method was used as the sampling method. This method is a sampling method in which each individual in the universe has an equal probability of being selected and the individuals to be included in the sample are determined completely randomly (Yağar and Dökme, 2018). A total of 301 individuals were included in the sample group within the scope of the research. The sample size was determined at a sufficient level to represent the universe and to ensure the validity of the statistical analyses. Participants vary in terms of demographic and health variables such as gender, age, health status, health perception, education level and health insurance .

3. 3. Data Collection Tools

The scale used in this study was adapted by Manay (2016) and developed by Lucie J. Agosta in 2005. Practitioner Satisfaction Survey based. The scale was designed to assess satisfaction with primary health care services and nurses and was tested with 300 participants.

The scale consists of 47 questions , 28 of which are 5-point Likert- type and 19 of which are for the purpose of collecting socio -demographic information. Likert- type questions consist of three sub-dimensions: General Satisfaction (18 items), Communication (6 items) and Planning (4 items). Questions are scored from 1 to 5, with higher scores indicating higher satisfaction. The total score range of the scale is 28-140.

Cronbach's Alpha coefficient was calculated as 0.978 and 0.922 in the adapted form. High reliability was found in the test-retest analysis (r=0.709; p=0.00). The scale is a reliable tool for measuring the satisfaction level of individuals.

3.4. Analysis of Data

Data were analyzed using SPSS 26.0 program. Normality was assessed using Kolmogorov-Smirnov and Shapiro-Wilk tests, and in both tests, significance values ($p < 0.05$) showed that the distribution was not normal. However, skewness (-1.050) and kurtosis (1.503) values were within normal limits, indicating that the distribution was close to normality. Therefore, parametric tests were used in the analyses. Independent Samples T-Test was applied to analyze the difference between two groups, and variance equality was checked with Levene's Test. In case of significance ($p < 0.05$), it was concluded that there was a difference between the groups. One-Way ANOVA was used to compare means between three or more groups, and in cases of significant differences, differences between groups were examined with Post-Hoc tests.

4. FINDINGS

Table 1. Demographic Information of Participants

		n	%
Gender	Woman	187	62.1
	Male	114	37.9
Age	55-64 years old	27	9
	65-74 years old	164	54.5
	74 and above	110	36.5
Marital status	Married	198	65.8
	Single	103	34.2
Education Status	Primary education	118	39.2
	Secondary Education	108	35.9
	High school	69	22.9
	Bachelor's/Master's Degree	6	2.0
Working Status	Doesn't work	13	4.3
	Retired	288	95.7
Number of household members	1 person	83	27.6
	2-4 people	197	65.4
	5-7 people	14	4.7
	8 people and above	7	2.3
	Total	301	100.0

A total of 301 people participated in this study. 62.1% of the participants were female (n=187), 37.9% were male (n=114). In the distribution by age groups, 9% of the participants were between the ages of 55-64 (n=27), 54.5% were between the ages of 65-74 (n=164), and 36.5% were 74 years of age and over (n=110). In terms of marital status, 65.8% of the participants were married (n=198), and 34.2% were single (n=103). When the educational status was examined, 39.2% were primary school graduates (n=118), 35.9% were secondary school graduates (n=108), 22.9% were high school graduates (n=69), and 2% had a bachelor's or master's degree (n=6). In terms of employment status, 4.3% of the participants are unemployed (n=13), 95.7% are retired (n=288). When the number of household members is examined, 27.6% of the participants live in 1-person households (n=83), 65.4% in 2-4-person households (n=197), 4.7% in 5-7-person households (n=14), and 2.3% in households of 8 or more people (n=7).

Table 2. Participants' Access to Health Services and General Health Status

		n	%
Number of applications to the Health Center in the last year	1 time	16	5.3
	2-4 times	75	24.9
	5-7 times	131	43.5
	8 times and above	79	26.2
Health Insurance	None	66	21.9
	General Health Insurance (BAĞ-KUR, SSK, Retirement Fund)	230	76.4
	Private Health Insurance	5	1.7
Treated Disorders	High Blood Pressure (Hypertension)	84	27.9
	Depression/ Anxiety	11	3.7
	Infectious Diseases	4	1.3
	Asthma/Lung Diseases/Shortness of Breath	18	6.0
	Heart Diseases	41	13.6
	Diabetes Mellitus	70	23.3
	High Cholesterol	12	4.0
	Cancer	13	4.3
	Thyroid Diseases	21	7.0
	None	27	9.0
Health perception	Very Healthy	47	15.6
	Healthy	134	44.5
	A Little Healthy	106	35.2
	Not Healthy	14	4.7
	Total	301	100.0

When the total of 301 people who participated in this study were examined in terms of the frequency of their applications to the health center center in the last year, 5.3% (n=16) applied once, 24.9% (n=75) 2-4 times, 43.5% (n=131) 5-7 times and 26.2% (n=79) 8 times or more. According to the health insurance status of the participants, 76.4% (n=230) have general health insurance (BAĞ-KUR, SSK, Emekli Sandığı), 1.7% (n=5) have private health insurance, but 21.9% (n=66) do not have any health insurance.

In the section on diseases being treated, most participants indicated more than one disease. However, in order to make the data simpler and more meaningful during the analysis process, this information was evaluated based on the most prominent or most important disease of each participant and based on a single option. This selection was made to reflect the disease that best represents the participant's health status. In this way, the analysis of the data became more consistent and the interpretability of the results was increased. This approach does not mean that other diseases were ignored; only a prioritization was made in line with the focus of the study . When evaluated in terms of diseases being treated, 27.9% (n=84) of the participants were treated for high blood pressure, 23.3% (n=70) for diabetes, 13.6% (n=41) for heart disease, 6.0% (n=18) for asthma/lung diseases or shortness of breath, 4.0% (n=12) for high cholesterol, 4.3% (n=13) for cancer, and 0.7% (n=2) for thyroid disease. Additionally, 3.7% (n=11) were diagnosed with depression or anxiety . 9% (n=27) of the participants did not report any illness.

In terms of health perception, 15.6% (n=47) of the participants stated that they felt very healthy, 44.5% (n=134) felt healthy, 37.1% (n=112) felt somewhat healthy, and 4.7% (n=14) felt unhealthy. These data provide important information about the participants' health status, treatment history, and frequency of use of health services.

Table 3. Satisfaction Level with Nurses

		n	%
Satisfaction level with the nurse	1	2	0.7
	4	1	0.3
	5	2	0.7
	6	6	2.0
	7	14	4.7
	8	69	22.9
	9	144	47.8
	10	63	20.9
	Total	301	100.0

In this study, the participants' satisfaction level with the nurses was rated between 1 and 10 and the results were distributed as follows: 0.7% (n=2) of the participants evaluated the satisfaction level as 1, 0.3% (n=1) gave 4 points, and 0.7% (n=2) gave 5 points. The rate of those who stated the satisfaction level as 6 was 2.0% (n=6), while those who gave 7 points remained at 4.7% (n=14). 22.9% (n=69) of the participants evaluated the satisfaction level as 8, and 47.8% (n=144) evaluated it as 9. The highest satisfaction level, 10 points, was given by 20.9% (n=63) of the participants. These findings show that the majority of the participants were quite satisfied with the nurses.

Table 4. Sub-dimensions of the Public Health Nurse Satisfaction Scale and Statistical Values Regarding the Total Score of the Scale

	Min.	Max .	Avg.	Ps .
Overall Satisfaction	3.00	5.00	4.4446	0.35441
Communication	2.67	5.00	4,3887	0.46116
Planning	2.00	5.00	4.4344	0.53508
Scale Total	2.94	5.00	4.4226	0.37276

The scale is graded from 1 to 5, and the mean and standard deviation values of each dimension can be interpreted as follows:

The minimum value of the General Satisfaction Sub-dimension is 3, the maximum value is 5 and the mean score is 4.4446. This value shows that the general satisfaction levels of the participants are high. The standard deviation value is 0.35441, indicating that there is a low variability in satisfaction levels among the participants. In the communication sub-dimension, the minimum score is 2.67, the maximum score is 5 and the mean is 4.3887. This mean shows that the satisfaction levels of the participants with communication are also quite high. The standard deviation value is 0.46116, indicating that there is a slightly higher variability compared to the other sub-dimensions. The minimum value for the planning sub-dimension is 2, the maximum value is 5, the mean is 4.4344 and the standard deviation is 0.55308. This result shows that the satisfaction level in the planning sub-dimension is also high and that there is a slight difference in this regard among the participants. In the total score covering all dimensions, the minimum value is 2.94, the maximum value is 5 and the mean is 4.4226. This mean value reveals that the participants' nurse satisfaction levels are generally quite high. The standard deviation value is 0.37276, indicating that there is a low variance among the participants in the general satisfaction level .

These results show that the participants are generally highly satisfied with nursing services. The mean values presented in the table (range 4.38-4.44) are quite close to the upper limit of the scale, indicating that the level of satisfaction is high. The low standard deviation values of the scale indicate that the differences between satisfaction levels are limited and that the participants have similar perceptions in terms of satisfaction. Since an increase in the total score means an increase in satisfaction, these values indicate a positive perception of satisfaction.

Table 5. Relationship between the Sub-dimensions and Total Scores of the Public Health Nurse Satisfaction Scale and the Gender Variable

		n	Avg.	Ps .	f	p.
Overall Satisfaction	Woman	187	4,4219	0.36624	0.025	0.873
	Male	114	4,4820	0.33231		
Communication	Woman	187	4,3797	0.45652	0.983	0.322
	Male	114	4.4035	0.47031		
Planning	Woman	187	4.4398	0.54814	0.142	0.706
	Male	114	4,4254	0.51518		
Scale Total	Woman	187	4.4138	0.37199	2,786	0.096
	Male	114	4.4370	0.37522		

p <0.05

As a result of the analysis, no statistically significant difference was found between female (n=187) and male (n=114) participants in terms of the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale (all p values > 0.05). General Satisfaction In the sub-dimension, the average score of women was found to be 4.4219 and 4.4820 for men, with a p value of 0.873 . In the communication sub-dimension, the average score of women was 4.3797 and 4.4035 for men, with a p value of 0.322. In the planning sub-dimension, the average score of women was calculated as 4.4398 and 4.4254 for men, with a p value of 0.706. In terms of the total score of the scale, the average of women was 4.4138 and 4.4370 for men, with a p value of 0.096. The results show that there is no significant difference in the sub-dimensions and total score of nurse satisfaction levels according to the gender variable, and the satisfaction levels of female and male participants are similar.

Table 6. Relationship between the Sub-dimensions and Total Scores of the Public Health Nurse Satisfaction Scale and the Educational Status Variable

		n	Avg.	Ps .	f	p.
Overall Satisfaction	Primary education	118	4,4675	0.36400	2,532	**0.047** 1> 2
	Secondary Education	108	4,4218	0.34255		
	High school	69	4.4106	0.35448		
	Bachelor's/Master's Degree	6	4,7963	0.16728		
Communication	Primary education	118	4.4040	0.47010	1,912	0.128
	Secondary Education	108	4.3997	0.42564		
	High school	69	4.3140	0.49386		
	Bachelor's/Master's Degree	6	4,7500	0.39087		
Planning	Primary education	118	4.4703	0.51075	0.978	0.403
	Secondary Education	108	4.3889	0.57735		
	High school	69	4.4203	0.51538		
	Bachelor's/Master's Degree	6	4.7083	0.40052		
Scale Total	Primary education	118	4.4473	0.37716	2,126	0.097
	Secondary Education	108	4.4035	0.35884		
	High school	69	4.3816	0.38462		
	Bachelor's/Master's Degree	6	4,7515	0,25649		

p<0,05

As a result of the analysis, some differences were observed in terms of the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale according to the educational status variable. General Satisfaction In the sub-dimension, a significant difference was found between the groups according to educational status (p = 0.047 < 0 .05). The average score of primary school graduates was calculated as 4.4675, the average of secondary school graduates as 4.4218, the average of high school graduates as 4.4106 and the average of bachelor's/master's degree graduates as 4.4167. As a result of post-hoc tests, it was determined that the satisfaction level of primary school graduates was significantly higher than that of secondary school graduates (1 > 2). In the communication sub-dimension, the average of primary school graduates was found as 4.4040, the average of secondary school graduates as 4.3927, the average of high school graduates as 4.4094 and the average of bachelor's/master's degree graduates as 4.7500. However, this difference was not statistically significant (p = 0.128 > 0.05). In the planning sub-dimension, the average score of primary school graduates was 4.4703, the average of secondary school graduates was 4.4075, the average of high school graduates was 4.4638 and the average of bachelor's/master's degree graduates was 4.5833. No significant difference was found between the groups in terms of educational status (p = 0.408 > 0.05). In terms of Scale Total Score, the average of primary school graduates was 4.4473, the average of secondary school graduates was 4.4035, the average of high school graduates was 4.4358 and the average of bachelor's/master's degree graduates was 4.7515. However, this difference was not found to be statistically significant either (p = 0.097 > 0.05).

Table 7. Relationship between the Sub-dimensions and Total Scores of the Public Health Nurse Satisfaction Scale and the Number of Applications to the Health Center in the Last Year

		n	Avg.	Ps .	f	p.
Overall Satisfaction	1 time	16	4,4028	0.27179	2,256	0.082
	2-4 times	75	4,3919	0.35560		
	5-7 times	131	4.4288	0.35894		

	8 times and above	79	4,5295	0.35135		
Communication	1 time	16	4,4167	0.37515	1,339	0.262
	2-4 times	75	4.3556	0.42829		
	5-7 times	131	4.3524	0.47844		
	8 times and above	79	4,4747	0.47373		
Planning	1 time	16	4.5313	0.38595	2,798	**0.040** 4> 2
	2-4 times	75	4.3333	0.55192		
	5-7 times	131	4,4027	0.56208		
	8 times and above	79	4,5633	0.47614		
Scale Total	1 time	16	4,4502	0.24152	2,921	**0.034** 4 > 2
	2-4 times	75	4,3602	0.34777		
	5-7 times	131	4,3946	0.38725		
	8 times and above	79	4,5225	0.37845		

$p < 0.05$

As a result of the analysis, significant differences were observed in terms of the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale according to the variable of the number of applications to the health center center in the last year. In the General Satisfaction sub-dimension, the p-value was found as 0.082 between the application number groups and no statistically significant difference was found between the groups. However, the average score of those who applied 8 times or more was observed to be 4.5205, which was higher than the other groups.

In the communication sub-dimension, the p value was 0.056, which is close to the significance limit. The average score of the participants who applied 8 times and above was 4.4747, which was higher than the other groups. This situation shows that increasing the number of applications can positively affect communication satisfaction. In the planning sub-dimension, the p value was calculated as 0.024 and a significant difference was found between the groups. As a result of the post-hoc tests, it was determined that the average score of those who applied 8 times and above was 4.5225, which was significantly higher than those who applied 2-4 times (average 4.3636). In terms of the Total Scale Score, the p value was calculated as 0.034 and a significant difference was found between the groups. The total scale score average of those who applied 8 times and above was 4.5225, which was higher than the other groups. As a result of the post-hoc tests, it was seen that this difference was especially between those who applied 8 times and above and those who applied 2-4 times.

Table 8. Relationship between the Sub-dimensions and Total Scores of the Public Health Nurse Satisfaction Scale and Health Insurance

		n	Avg.	Ps .	f	p.
Overall Satisfaction	None	66	4,5513	0.40875	4,641	**0.010** 1> 2
	General Health Insurance (BAĞ-KUR, SSK, Retirement Fund)	230	4.4106	0.33177		
	Private Health Insurance	5	4,6000	0.34561		
Communication	None	66	4,4697	0.50120	2,412	0.091
	General Health Insurance (BAĞ-KUR, SSK, Retirement Fund)	230	4,3594	0.44634		
	Private Health Insurance	5	4,6667	0.45644		
Planning	None	66	4,4621	0.59685	0.557	0.573
	General Health Insurance (BAĞ-KUR, SSK, Retirement Fund)	230	4,4217	0.51808		
	Private Health Insurance	5	4,6500	0.48734		
Scale Total	None	66	4,4944	0.42347	2,625	0.074
	General Health Insurance (BAĞ-KUR, SSK, Retirement Fund)	230	4,3973	0.35355		
	Private Health Insurance	5	4,6389	0.41326		

$p < 0.05$

As a result of the analysis, some differences were observed in terms of the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale according to the health insurance variable. A significant difference was found between the groups in the General Satisfaction sub-dimension (p = 0.010 < 0.05). The average score of the participants without health insurance was 4.5513, the average score of the participants using General Health Insurance (BAĞ-KUR, SSK, Emekli Sandığı) was 4.4106 and the average score of the participants with Private Health Insurance was 4.6000. As a result of post-hoc tests, it was determined that the satisfaction level of the participants without health insurance was higher than those using General Health Insurance (1 > 2). No significant difference was found between the groups in the Communication sub-dimension (p = 0.091 > 0.05). The average score of the participants without health insurance was calculated as 4.4697, the average of those with General Health Insurance was 4.3594 and the average of those with Private Health Insurance was 4.6667. This shows that there is no significant difference depending on health insurance in the communication sub-dimension. No significant difference was found between the groups in the planning sub-dimension (p = 0.573 > 0.05). The average score of the participants without health insurance was 4.4735, the average of those with General Health Insurance was 4.4217 and the average of those with Private Health Insurance was 4.6500. There was also no significant difference between the groups in terms of Scale Total Score (p = 0.251 > 0.05). The total score average of the participants without health insurance was 4.4944, the average of those with General Health Insurance was 4.3970 and the average of those with Private Health Insurance was 4.6339.

Table 9. Relationship between the Sub-dimensions and Total Scores of the Public Health Nurse Satisfaction Scale and Health Perception

		n	Avg.	Ps .	f	p.
Overall Satisfaction	Very Healthy	47	4,5177	0.27268	1,668	0.174
	Healthy	134	4.4362	0.35291		
	A Little Healthy	106	4,4067	0.39085		
	Not Healthy	14	4,5675	0.28175		
Communication	Very Healthy	47	4.4362	0.42499	0.284	0.837
	Healthy	134	4.3856	0.47862		
	A Little Healthy	106	4,3664	0.45856		
	Not Healthy	14	4.4286	0.46093		
Planning	Very Healthy	47	4,5053	0.38831	3,132	**0.026** 1> 3
	Healthy	134	4,4851	0.52185		
	A Little Healthy	106	4,3137	0.59768		
	Not Healthy	14	4,6250	0.44668		
Scale Total	Very Healthy	47	4,4864	0.26773	1,923	0.126
	Healthy	134	4.4356	0.38771		
	A Little Healthy	106	4,3622	0.38956		
	Not Healthy	14	4,5403	0.35816		

p <0.05

As a result of the analysis, some differences were observed in terms of the sub-dimensions and total score of the Public Health Nurse Satisfaction Scale according to the health perception variable. In the General Satisfaction sub-dimension, the p value was calculated as 0.174 and no statistically significant difference was found between the groups (p > 0.05). The average score of the participants who felt very healthy was 4.5177, the average of those who felt somewhat healthy was 4.4362 and the average of those who did not feel healthy was 4.4567. In the Communication sub-dimension, the difference between the groups was not found statistically significant (p = 0.837 > 0.05). The average score of the participants who felt very healthy was 4.4362, the average of those who felt somewhat healthy was 4.3664 and the average of those who did not feel healthy was 4.3843. In the Planning sub-dimension, a significant difference was found between the health perception groups (p = 0.026 < 0.05). According to the post-hoc test results, the mean score of the participants who felt very healthy in the planning sub-dimension (4.5930) was found to be significantly higher than those who felt somewhat healthy (4.4038) and those who did not feel healthy (4.2941) (1 > 2 and 1 > 3). In terms of the Scale Total Score, no significant difference was found between the health perception groups (p = 0.149 > 0.05). The mean total score of those who felt very healthy was calculated as 4.4644, the mean of those who felt somewhat healthy was 4.3964, and the mean of those who did not feel healthy was calculated as 4.5403.

4. RESULTS AND DISCUSSION
The research results show that general satisfaction with nursing services is high and this situation is largely consistent with similar studies in the literature. In particular, the positive effect of nurses' communication skills on satisfaction supports the findings of Çağlar and Gülel (2015) and İnce et al. While Arslan and Gürsoy (2021) drew attention to the importance of planning and service access processes, similar findings were obtained in this study.

The relationship between education level and satisfaction varies in the literature. While some studies indicate that satisfaction decreases as the level of education increases (Cerit, 2016), this study found that primary school graduates had higher levels of satisfaction. However, in general, no significant difference was found according to level of education.

No significant difference was found between demographic variables (gender, age, marital status) and satisfaction. This is consistent with some studies such as Cerit (2016), but contradicts studies conducted in different contexts such as Qirk et al. (2024). Literature shows that the perception of satisfaction may vary depending on the context, cultural factors, and characteristics of individuals.

The effects of variables such as frequency of visits to health centers and health insurance on satisfaction have been examined. The satisfaction level of individuals who visit more frequently was found to be higher, and this was explained by familiarity with the services and meeting expectations. The high satisfaction level of individuals without health insurance was associated with finding the services they receive more valuable. However, some studies, such as Önsüz et al. (2008), have indicated that health insurance increases satisfaction.

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