

Original Article

The Needs and Expectations in the Waiting Room for the Relatives of Patients Who Undergo Surgery

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Abstract

Purpose: To evaluate needs and expectations in the waiting room of relatives of patients who underwent surgery.

Design: The study was a cross-sectional descriptive

Methods: The study was conducted with 300 relatives of patients undergoing surgery in the operating room waiting area located in Karabuk University Education and Training Hospital between May 2016 to July 2016. Data were gathered using a questionnaire of 30 items developed by the researcher and evaluated by number and percentage.

Results: In the study, 83% of the patients' relatives were first-degree relatives undergoing surgical intervention; 94.7% had information about the surgery to be performed and 80.7% were not in surgery. The majority of patients' relatives determined the sufficient number of chairs, lighting, heat and information screens in the waiting area. 29.2% of the patients' relatives suggested the waiting area should be more comfortable; 25.4% suggested there should be more information; 20% suggested there should be food and beverage services and 9.7% suggested informative leaflets should be available.

Conclusion: The operating room waiting area was recommended to have comfortable for patients' relatives based on physiological, psychological, environmental, social and cultural aspects and to provide for their needs and expectations.

Keywords: Expectation, need, operating room, patients' relative, waiting area.

Introduction

The goal of nursing, which is a blend of art and science, is to interact with the patient as a person, together with his or her family and environment. Holistic approach focuses on wellness and creating environment with individuals and families and this approach is too necessary in surgical process (Selimen & Andsoy, 2011; Mariano, 2007).

Waiting is not among the planned activities for an ordinary person, but individuals may face the situation of waiting. Waiting times can cause anxiety because of uncertainty. Especially, patients' relatives waiting in the waiting area in the vicinity of the operating room experience

stress, and therefore, must be comfortable and sufficiently relaxed to receive information and to feel secure in frame of holistic approach (Carmichael & Agre, 2002; Hanson-Heath, et al., 2016). Psychological and physical relaxation is provided for the patients' relatives through the physical and visual comfort designed in the waiting area. (Carmichael & Agre, 2002; Baskaya, et al., 2005). Patients' relatives waiting for family members to leave surgery, expect a comfortable and aesthetic environment to increase their satisfaction which also creates a positive image for the health care providers (Carmichael & Agre, 2002; Leather, et al., 2003; Ozer & Cakil, 2007). In Turkey, there is evidence regarding the needs of patients'

relatives in intensive care unit, polyclinic and emergency unit waiting area. These findings demonstrate the importance of patients' relatives' needs and expectations for reducing anxiety level and satisfaction (Yildirim & Muslu, 2006; Baskaya, et al., 2005; Yordan, et al., 2008; Yildirim, 2015). The strength of this study is that it focuses the needs and expectations of the relatives of patients who underwent surgery. This is important because if the patient's relatives feel comfortable and peaceful, the anxiety level will decrease, they will make a positive contribution to the recovery process and patient care participation. Therefore, the purpose of this study is to evaluate the needs and expectations in the waiting room for the relatives of patients.

Background

Anxiety and stress result from waiting and uncertainty and can be seen in patients' relatives who are waiting for a surgical patient (Michael, et al., 2013; Hanson-Heath, et al., 2016; Barberi, 2015; Stefan, 2010). The area in which feelings of anxiety occur needs to be a comfortable and relaxed space that meets the needs of patients' relatives by providing them with adequate information and a feeling of security (Celik & Aksoy, 2005; Yordan, et al., 2008; Arneill & Devlin, 2002).

A well-designed waiting area provides psychological and physical relaxation for patients' relatives (Carmichael & Agre, 2002; Baskaya, et al., 2005). It is necessary to ensure that the waiting area is well-ventilated; that the space is hygienic; that the lighting is well adjusted; that a suitable sound level is maintained; that seating is adequate and comfortable, and that visual comfort is ensured (Carmichael & Agre, 2002; Leather et al., 2003; Yildirim & Muslu, 2006; Becker & Douglass, 2008; Ozer & Cakil, 2007).

It is important to provide visual comfort in the waiting area. For this to happen, it is necessary to avoid obstructive objects and spaces that produce excessive shadows, and instead, to paint surfaces in light colors and select appropriate lighting systems in correct areas (Leather, et al., 2003; Becker & Douglass, 2008; Altuncu & Tansel, 2009; Ozenc & Kuner, 2014).

Appropriate lighting systems affect the comfort of patients' relatives and the performance and health of employees positively. For this reason,

the lighting system should be well designed (Ozenc & Kuner, 2014). Good lighting systems were found to be effective in improving the performance of night shift employees in terms of controlling depression and in the regulation of brain activities and the melatonin hormone secreted by the body (Ozel & Hancer, 2005).

The physical characteristics of the waiting area also affect the perception-behavioral characteristics of the patients' relatives. Comfortable, well-designed and arranged furniture in waiting areas with paintings and tables increased the perception that the service provided in these areas for the patients and their relatives is of good quality (Carmichael & Agre, 2002; Leather et al., 2003; Becker & Douglass, 2008; Altuncu & Tansel, 2009).

Air-conditioning systems must be able to maintain appropriate heat and humidity levels. Ventilation systems in hospital environments are important for patients, relatives and hospital employees. In hospitals where ventilation systems are inadequate, fatigue, muscle cramps and somnolence due to sweat and fluid-electrolyte loss are seen in patients and their relatives especially in summer. Swelling of the sweat glands causes debris throughout the body and thus a feeling of coldness. Coldness, when experienced in a humid environment, causes chills in the person (Huang, et al., 2006; Beypazarli, et al., 2016).

The waiting area should be close to spaces where individuals can meet basic requirements such as using the telephone or toilet and accessing drinking water. The waiting area should be a quiet and calm space where individuals can talk to each other throughout the waiting process and also stay alone if and when necessary (Carmichael & Agre, 2002; Celik & Aksoy, 2005; Baskaya, et al., 2005). To reduce the anxiety and stress of individuals waiting for their patients, it is recommended to have various media available such as newspapers, magazines, TVs and even a library, additional playgrounds and gardens to keep them relaxed while waiting (Carmichael & Agre, 2002; Celik & Aksoy, 2005; Becker & Douglass 2008).

It is important to meet the information needs of patients' relatives and to know their expectations (Carmichael & Agre, 2002; Michael, et al., 2013; Hanson-Heath, et al., 2016; Stefan, 2010; Davis, et al., 2014; Hope & Melissa, 2014). Knowledge

of the patients' progress during surgery reduces anxiety for the patients' relatives (Michael, et al., 2013; Hanson-Healt, et al., 2016; Stefan, 2010; Davis, et al., 2014; Hope & Melissa, 2014; Blum, 2008). Studies have shown that regular and continuous knowledge of the patients' circumstances during surgery actually reduces the patients' relative's anxiety levels and helps to meet their information needs (Michael, et al., 2013; Hanson-Health, et al., 2016; Barberi, 2015; Stefan, 2010; Davis, et al., 2014; Blum, 2008; Muldoon, et al., 2011). Moreover, brochures, magazines, information screens, the location and use of a bell, and how to communicate with the operating room should be provided in the waiting area (Carmichael & Agre, 2002; Yildirim & Muslu, 2006; Hanson-Health, et al., 2016; Barberi, 2015; Stefan, 2010; Davis, et al., 2014; Akdag, et al., 2010). Turkey's Ministry of Health, in their 2010 guide, published what an appropriate waiting area for relatives of patients should entail (Cinal & Demir, 2011). This guideline stated that waiting areas should be equipped with appropriate seating, hygiene and adequate air-conditioning for the patients' relatives (Ersan, 2014; Redley, et al., 2003). Providing physical and psychological comfort during the waiting period for patients' relatives is effective communication and information important in terms of quality health service provision and patient satisfaction (Carmichael & Agre, 2002; Celik & Aksoy, 2005; Hanson-Health, et al., 2016; Stefan, 2010; Hope & Melissa, 2014; Akdag, et al. 2010).

The significance of this study for nursing is that it gave a voice to perioperative nurses. The desire of the patients' relatives, who participated in this study, was to share their perspectives to encourage more dialogue around the importance of creating a positive hospital waiting room culture. On the other hand, human beings are a bio-psychosocial entity that interact with the environment, the self and their point of view about family and relatives. The nursing profession is based on a holistic approach which treats the individual and the family as a whole (Demirsoy, et al., 2011; Ergul & Bayik, 2004). Surgical nurses have great responsibilities in meeting the needs of patients and their patients' relatives. Thus, it is essential to determine the expectations and needs of patients' relatives (Davis, et al., 2014; Hope & Melissa, 2014; Uzun, et al., 2002).

Implications For Nursing

This study is important for perioperative nurse's holistic approach for patient and relatives. The desire of the patients' relatives, who participated in this study, was to share their perspectives to encourage more dialogue around the importance of creating a positive hospital waiting room culture. On the other hand, human beings are a bio-psychosocial entity that interact with the environment, the self and their point of view about family and relatives. The nursing profession is based on a holistic approach which treats the individual and the family as a whole (Demirsoy, et al., 2011; Ergul & Bayik, 2004). Surgical nursing is based on the physiological, psychological and socio-cultural needs of the individual before, during and after surgical intervention for the promotion of health. Surgical nurses have great responsibilities in meeting the needs of patients and their patients' relatives (Kanan, 2012). Thus, it is essential to determine the expectations and needs of patients' relatives (Uzun, et al., 2002).

Methods

Design: This study was a cross-sectional descriptive model

Sample and Setting: The study was conducted with relatives of patients undergoing surgery in the operating room waiting area located in Karabuk University Education and Training Hospital in Turkey between 16 May to 23 July 2016 between the hours of 08:30 and 16:00. 300 relatives were included who were 18 years or older and willing to participate in the study.

Operating room waiting area properties: The patients' waiting area is 95 square meters located at the entrance of the operating rooms. There are two separate entrances and exits from the outpatient clinic in the waiting area that provide a bright and spacious image with a glass wall situated in the area. The temperature is maintained with central air-conditioning. There are thirty chairs in the waiting area. The waiting area has an information ring situated at the entrance to the operating room to inform the patients' relatives.

Measuring instrument: As the data collection tool, a questionnaire consisting of 30 items prepared by the researcher in accordance with relevant literature (Carmichael & Agre, 2002; Erdal, et al., 2013; Redley, et al., 2003) was

employed. After questionnaire is constituted, it was taken expert opinions of three health professionals, afterwards a preliminary application were carried out with 15 surgical patients' relatives. In the questionnaire, 8 items addressed descriptive characteristics, 10 items addressed knowledge and thoughts of the patients' relatives about surgical process and 12 items needs and expectations of the patients's relatives about waiting room properties. A questionnaire was given to relatives of the patients' who gave both an oral and written affirmation, in face to face interview. The questionnaire completed about 15 minutes.

Statistical analysis: The data were assessed with SPSS Statistical for Windows, v22.0 (Armonk, NY:IBM Corp) program. The data evaluated by number and percentage.

Ethical considerations

Ethical approval was obtained from the Ethics Committee for Nonclinical Researches and the hospital administrations. All participants were informed about the study, and their written

consent was obtained. No images, photographs, or sound recordings of the patients were obtained. They were assured that participation in this study was voluntary and anonymous, and declining to participate would not have any impact on their work and life.

Results

Patients' relatives of the age mean were 46 ± 13.78 , 52% were female. 35.7% were primary school degrees, university degrees were held by 28.3% of the participant. 40.7% of the patients' relatives were first-degree relative and 54.7% were lived with the patient. 94.7% of the patients' relatives had been given information about the operation to be performed on the patient. It was determined that 67.3% of the relatives of the patients' had information from the surgeon and 52.3% of the patients had information about the anesthesia to be applied. 80.7% of the patients' relatives stated that they were not informed about their family members during the surgery and 21.7% stated that they felt alone in the waiting area (Table 1).

Table 1. Distribution of Information and Opinions Related to the Surgical Process of the Patients' Relatives

Questions	n (%)
Do you have any information about the surgery to be performed?	
Yes	284 (94.7)
No	16 (5.3)
Do you have any information from the surgeon about the surgery?	
Yes	202 (67.3)
No	98 (32.7)
Did you get information about the anesthesia to be applied?	
Yes	157 (52.3)
No	143 (47.7)
Have you been informed about the condition of your patient during the surgical procedure?	
Yes	58 (19.3)
No	242 (80.7)
Do you feel lonely in the waiting area?	
Yes	65 (21.7)
No	235 (78.3)
Total	300 (100.0)

Table 2. Distribution of Reflections on the Physical Characteristics of the Patients' Waiting Area

Questions	n (%)
Are the number of seats in the waiting area sufficient?	
Yes	181 (60.3)
No	119 (39.7)
Is the chair in the waiting area comfortable?	
Yes	149 (49.7)
No	146 (48.7)
No idea	5 (1.6)
Is lighting in the waiting area sufficient?	
Yes	275 (91.7)
No	25 (8.3)
Is the temperature in the waiting area appropriate?	
Yes	275 (91.7)
No	25 (8.3)
Does the waiting area meet your eating and drinking needs?	
Yes	33 (11.0)
No	267 (89.0)
Is the size of the information screen sufficient?	
Yes	194 (64.7)
No	106 (35.3)
Total	300 (100.0)

Table 3. Patients' Relatives Information Display Screen and Bell	
Questions	n (%)
Did you look at the screen for information about your patients' progress?	
Yes	274 (91.3)
No	26 (8.7)
Did you worry less when you saw the name of your patient on the information screen? * (n = 274)	
Yes	206 (75.2)
No	55 (20.1)
No idea	13 (4.7)
Is the screen information understandable?	
Yes	260 (86.7)
No	40 (13.3)
Did you use the notification bell?	
Yes	67 (22.4)
No	233 (77.6)
How many times did you use the notification bell? ** (n = 67)	
1-5 times	67 (100)
Total	300 (100.0)
Table 4. Problems and Expectations of the Patients' Relatives	
	n (%)
Are there any problems experienced in the waiting area? (n = 300)	
Yes	16 (5.3)
No	278 (92.7)
No idea	6 (2.0)
<i>If your answer is yes, what are the problems?</i>	* (n = 16)
The number of chairs is insufficient.	6 (37.5)
There was no room for me to eat and drink.	10 (62.5)
Recommendations (n = 185)	
More comfortable (TV, seats, music, WI-FI).	54 (29.2)
Food and beverage service.	37 (20.0)
More Information.	47 (25.4)
More chairs.	29 (15.7)
More books, magazines, informative leaflets.	18 (9.7)
Total	300 (100.0)

A 60.3% of the patients' relatives stated that the number of seats was sufficient in the waiting area while 39.7% said that they did not feel comfortable; 49.7% said that the chairs in the waiting area were comfortable while 48.7% did not find the chairs comfortable. It was found that 91.7% of the patients' relatives agreed the lighting in the waiting area was appropriate and 91.7% were satisfied with the temperature while 89% believed that the waiting area did not meet their eating and drinking needs and 64.7% thought the size of the information screen was sufficient (Table 2).

In the study, 91.3% of the patients' relatives viewed the information screen for information about the patients' progress, and 75.2% of them were found to have anxiety when they saw the patients' name on the information screen. It was determined that 22.4% of the relatives of the patients used the notification bell (Table 3). 92.7% of the patients' relatives did not have any problems in the waiting area. 29.2% of patient's relative's were found that the waiting area comfortable (Table 4).

Discussion

Assessment of the needs and expectations of the patients' relatives is one of the important criteria used to assess the quality of health care. Specifically in special units such as those located adjacent to the operating theater, it is very important to determine the needs of people waiting for their patients and to evaluate their expectations. In our study, it was determined that 94.7% of the patients' relatives had information about the operation to be performed on the patient and 67.3% had information about the surgeon who will perform the operation. In a study conducted by Celik and Aksoy (2005), it was determined that 60% of the patients' relatives were informed in the preoperative period and 94.2% were informed by the patient's physician. In other studies found that 83.9% of the relatives were given adequate information, 68.2% of the patients received information from the doctor, 86.7% of parents were informed about their child's surgery and 43.9% found the information inadequate (Ozer & Cakil, 2007; Karaca, et al., 2016). Study results have shown we were successful in gathering information about the patients' relatives.

52.3% of the patients' relatives were informed about the anesthesia to be applied to their family

members. In one of the studies found that 57.5% of parents suffered from anxiety about surgery to be performed, % of patients' relatives were afraid of narcotic drugs given to their loved one(s) (Celik & Aksoy, 2005; Cumino, et al., 2013). Prior to the surgery, patients' relatives are worried about the anesthesia given to the patient; that patients will not recover from the anesthesia administered; that loved one(s) might die on the operating bed, and that they might suffer from postoperative pain, nausea and vomiting. It has been reported in the literature that informing patients' relatives about anesthesia before the surgery, reduces their anxiety and helps them to participate in the care and treatment after surgery (Karaca, et al., 2016; Cumino, et al., 2013; Turan & Acaroglu, 2012).

Our study reveals that 80.7% of the patients' relatives were not informed about the patients' condition during the surgical procedure; 65.3% said the information about the patient was reliable; 60.3% said that the information about the patient included every question they wanted answered, and 52.3% admitted it was not easy to obtain information about their loved one(s). In a study conducted by Muldoon et al (2011), 94% of the patients' relatives decreased their anxiety once they were informed, with a brief telephone call, about the status of their loved one(s) before, during and after surgery. Furthermore, when information cards about surgical procedures, the estimated time of the procedure, pertinent telephone numbers, and other useful information were given to patients' relatives, this significantly reduced their anxiety level. A Huang et al (2006) study informed the relatives of the patients through the use of text messages before, during and after the surgery. Between 2 to 5 messages were sent to the patients' relatives with an aim to decrease their level of anxiety. With text messaging, there was a significant decrease in the level of anxiety, fear and anger of the patients' relatives. Thus, it is necessary to meet the needs of informing the anxiety and fear reduction of patient relatives (Celik & Aksoy, 2005; Blum, 2008; Akdag, et al., 2010). In our study, the reasons given for not informing the majority of patients' relatives about the patient during the surgical procedure was because surgeons did not want to provoke any unwanted development during the surgery as it was their preference to give information in the post-

operative period. Additionally, it was stated there was a lack of personnel.

In our study, 78.3% of the patients stated that they did not feel alone. While Erdal et al (2013) reported that 39.8% of the patients' relatives did not feel lonely, there was no study involving them in the surgery waiting area. Reasons why the majority of patients' relatives included in the study did not feel lonely may stem from their communication with others waiting for their relatives; that some waited for more than one relative at a time; and time spent with technological devices such as smart phones.

Patients' relatives whose loved ones have undergone surgery should have a comfortable, relaxed waiting area where their needs can be met during the waiting period (Celik & Aksoy, 2005; Arneill & Devlin, 2002). Proper accommodation of the physical surroundings in the waiting area makes the waiting process more enjoyable. A well-designed waiting area helps provide relief from the psychological and physical aspects of the patients' proximity to their loved one(s) undergoing surgery (Baskaya, et al., 2005). 60.3% of the patients' relatives stated that the number of seats in the waiting area were adequate whereas 39.7% found them to be inadequate. There was no study conducted to evaluate the number of seats in the operating room waiting area. In Yildirim and Muslu (2006), 55% of the patients' relatives stated that the number of seating places in the polyclinic waiting area was sufficient. In our study, there was a positive outcome whereby more than half of the patients' relatives were satisfied with the number of seats. This may have resulted in the number of seats calculated by the number of surgeries.

A 49.7% of the patients' relatives stated that the chairs were comfortable while 48.7% said they were not comfortable. Baskaya et al (2005) showed that 38.8% of the patients were comfortable at the outpatient clinic while 46.3% were uncomfortable. In our study, it was found that the comfort of the patients' chairs were found to be comfortable or uncomfortable. Patients' relatives may find the chairs uncomfortable because the chairs were not designed ergonomically.

A 91.7% of the patients' relatives were satisfied with the waiting area and 91.7% of the patients were satisfied with the room temperature.

Yildirim and Muslu (2006) determined that 87% of the patients' relatives were satisfied with the room lighting. In our study, most of the patients' relatives think that the room lighting and heat are sufficient, which suggests that the air-conditioning system works effectively. This is also thought to have contributed to the brightness of the area due to a glass wall located in the waiting area.

In our study, 89% of the patients' relatives reported that they could not meet their eating and drinking needs in the waiting area. In a study conducted, it was stated that there were supplements such as a food basket and fresh water supply in the waiting area near the patients in the operating room (Carmichael & Agre, 2002). In our work, the relatives patients' may have met these requirements by taking their own food and/or using the cafeteria.

In this study, 64.7% of the patients' relatives stated that the size of the information screen in the waiting area was sufficient. There was no study conducted about the size of the information screen in the operating room waiting area. In our work, when the screen is of sufficient size and mounted at an appropriate height on the wall, more than half of the patients' relatives may have found the screen size to be sufficient.

In our study, 75.2% of the patients' relatives had less concern when they saw the patients' name on the screen. Barberi (2015) found that the level of anxiety of patients' relatives was reduced by informing them during surgery using electronic information screens. In the literatures, it has been indicated that uncertainty and anxieties in waiting room about the status of the patients' situation during surgery can be reduced through the use of information screens, telephone calls and text messaging (Barberi, 2015; Blum, 2008; Muldoon, et al., 2011). In our study, patients' relatives who had information about the patients name and status on the information screen in the waiting area might have been successful in reducing the anxiety that their loved one(s) surgery was proceeding successfully and that the patient was not alone.

A 22.4% of the patients' relatives stated that they used the information bell. There was no study conducted on the information bell in the operating room waiting area. Our work may be affected by the fact that the information screen is separate from the information bell, that the patient

is out of the field of vision from the patients' relatives; that the information bell panel size is small; and that the information screen is used for obtaining information.

In the literature, it has been emphasized that physical conditions such as comfortable furniture, walls, tables, television screens, books, magazines and brochures should be kept in the waiting areas to provide physical and visual comfort (Leather, et al., 2003; Baskaya, et al., 2005; Altuncu & Tansel, 2007). In our study, 92.7% of the patients' relatives did not experience any problems. On the contrary, 29.2% of the patients' relatives prefer that the waiting area be more comfortable (TV, seating, music broadcasts, wireless network), 25.4% of the information flow should be increased, 20% can be served food, 15.7% can increase the number of seats and 9.7% have books, magazines and information brochures. Carmichael and Agre (2002) found that 84% of the patients' relatives had a special area for interviews with physicians, that 77% had access to public telephones and that 81% believed there should be large windows that allow daylight. In the survey conducted by Celik and Aksoy (2005), it was found that 64.2% of the patients had sufficient features in the waiting room, 15.7% for seating, 11.4% for buffet, 10% for quiet, television, magazine, telephone and newspaper, 5.7% of the respondents said they wanted a section with information. Baskaya et al (2005) stated that 62.5% of them favored the paintings and sculptures found in the space, 62.5% said they watched the television, 75% said they enjoyed the flowers, 61.3% said they listened to music while they were waiting, 74% said there should be access to daylight while waiting. The research of Yildirim and Muslu (2006) stated that those patients' relatives waiting in the polyclinic wanted to see images on the walls, decorative accessories and flowers in the waiting room. In a study conducted by Carmichael and Agre (2002), it was also found that pictures on the walls of the hospital waiting areas, large windows or glass walls that allow outside light in, newspapers, magazines, television, internet, parks, gardens and courtyards can be used to cultivate positive aspects of the experience. Additionally, it is stated in the literature that music has a positive effect on people and applications such as television and music broadcasting may increase the morale of patients (Carmichael & Agre,

2002; Baskaya, et al., 2005). Our study has underscored that expectations of the patients' relatives may help make a positive contribution to their psychological state. It may also help satisfy the needs of the patients' relatives by having a catering machine or cafeteria where they can meet their eating and drinking needs in the waiting area. Our study finds similarities with the studies conducted.

Limitations

This cross sectional study was conducted with those who answered questionnaire forms in a province located in the western Black Sea Region, Turkey. The data included the surgical patient relatives' opinion and thoughts. Therefore, these opinion and thoughts cannot be generalized.

Conclusion

From the perspective of the patients' relatives, the physiological, psychological, environmental, social and cultural aspects in the design of the waiting room should meet the design needs should create a space of relaxation and comfort, and these locations already in existence should be re-designed to meet their expectations.

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