

Customer Satisfaction in the nursing care process: assessing the quality of the care relationship between health care provider and patient post Covid-19

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ABSTRACT

Patient-centeredness and improved care have long been the focus of interest in national health care facilities. In order to identify possible critical issues and to be able to increase the quality of the offered services, a pilot study was conducted to assess the communication satisfaction between health professionals and users within the NICU and the Cardiology O.U. of the Pellegrini Hospital in Naples.

In particular, we're presenting a qualitative observational survey of the helping relationship during the pandemic emergency and the post-pandemic period. Through the administration of two mirrored questionnaires, one addressed to hospitalized and discharged patients and the other to health care workers, it was possible to demonstrate that, despite the important restrictions following the COVID-19 pandemic, the quality of the caregiver-patient relationship didn't lose value, confirming what has been already observed within a pilot study conducted at San Paolo hospital in Naples [1]. From a health psychology perspective, it is interesting to promote such reflections in the health worker/patient/caregiver relationship to strengthen that salutogenetic power represented by the aforementioned relationship.

INTRODUCTION

Customer Satisfaction is a very effective tool to receive real feedback on the health service provided, identify any critical issues, and be able to improve the quality of the services provided [2]. In particular, the study presented here focuses on the health worker-patient relationship. Thus, a qualitative observational survey of the helping relationship as a discriminating indicator of the care process especially in pandemic emergency situations and in the post-pandemic period was carried out, following a pilot study already conducted at San Paolo hospital in Naples [1].

The following paper shows the results obtained from the administrations of two questionnaires, "Patient-Health Care Provider Relationship" and "Health Care Provider-Patient Relationship": one addressed to inpatients and discharged patients and the other, mirrored, to health workers (physicians and nurses) within the U.O.S.D. NICU and the U.O.C. Cardiology of the Pellegrini Hospital. Considering the socio-demographic dimension, the interpersonal dimension, and patients' perceptions of the quality of the relationship established with

health care providers and vice versa, the purpose of the investigation was to show that despite the major restrictions following the COVID-19 pandemic, the quality of the relationship has sharpened the empathic side [1].

It has been possible to explore some dimensions of the quality of the relationship with the framework of the "Life Skills" described by Carol Ryff [3-4], particularly the good relationships with others. Important in this regard is the role of empathy and active listening that enable a decoding of nonverbal language in order to grasp the deeper meaning of what is being communicated.

MATERIALS AND METHODS

The study was conducted through the administration of two interviews aimed at investigating the health care quality perception and relationship with patients. This was in order to develop, in a process of empowerment, a reflection on one's state of mind and its influences in the relationship and communication, both verbal and nonverbal [5]. Within the questionnaires, therefore, two scales were included to detect the state of mind of the



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subjects surveyed. For health care workers, the Mood Visual Analogue Scale (MVAS-9) [6] was used, which measures mood in the week prior to the administration through two components: energetic activation and emotional tone. For inpatients, on the other hand, it was preferred to use a simplified, purpose-built bimodal scale, wanting to delve into their perception of illness and quality of care. Prior to this process, a team meeting of the health care staff of the U.O.S.D. NICU and the O.U. Cardiology of Pellegrini Hospital was convened, where the reasons, purpose, and appropriateness of the administration steps were explained, and the questionnaire was shared with the health care staff. For healthcare workers absent from the meeting, it was possible to receive the questionnaire at a later time. The administration of questionnaires was offered exclusively in paper and anonymous form, constructed with the help of the "Google Forms" platform, which allows the creation and dissemination of survey forms.

The interviews were printed and distributed during the shifts by health care staff, nurses, who helped patients in filling them out.

The distribution procedure proceeded as follows: for inpatients, at bedside; for patients being discharged either at bedside or, before leaving, accompanied by staff to a room designated for administration.

Those who presented with vision or text comprehension problems, in addition to explanation procedures such as privacy, informed consent, and questions regarding symptomatology and nonverbal communication, were supported by a nurse to complete the questionnaire.

The two interviews are accompanied by an information sheet, in which the criteria, objectives of the survey, and implementation protocol are stated.

RESULTS

What follows is an analysis of the data that emerged from the administration of the two questionnaires: Patient-health worker ratio on a sample of 154 users (including 74 M and 80 F); Health worker-patient ratio on 55 health workers (27 M and 28 F).

Specifically, the results of the responses reported in the Tables are analyzed below in both absolute values and percentages:

About the results of the analysis of the data that emerged from the Interview regarding the users, the sample analyzed, 90% of whom are Italian and with an average age of 66 years old, 41% are married and 4% single/unmarried, the majority have middle (37%) and high school (47%) degrees, and only a minority are college graduates as specified in the following Table 1.

The symptoms caused by COVID-19 were also analyzed as detailed in Table 2.

The responses to the questions posed to the target users are described below, specifying the incidence in terms of percentages. The responses were recorded on a 5-level Likert Scale of satisfaction and analyzed by percentages over the total sample.

Factor	Level	Value
Age, mean (SD)		66.2 (12.0)
Sex	M	74 (48.1%)
	F	80 (51%)
Citizenship	Italian	140 (90%)
	Non Italian	14 (9.1%)
Marital Status	Unmarried	6 (3.9%)
	Cohabitant	32 (20.8%)
	Married	64 (41.6%)
	Divorced	16 (10.4%)
Education Degree	Widow	36 (23.4%)
	Middle School Diploma	57 (37.1%)
	High School Diploma	72 (47.1%)
	Bachelor's Degree	19 (12.3%)
	Master's Degree	5 (12.3%)
	PhD	1 (0.6%)

Table 1. Descriptive analysis

Factor	Level	Value
Shortness of Breath	NO	35 (22.7%)
	YES	119 (77.3%)
Fever	NO	72 (46.8%)
	YES	82 (53.2%)
Chest Pain	NO	63 (40.9%)
	YES	91 (59.1%)
Abdominal Pain	NO	81 (52.6%)
	YES	73 (47.4%)
Loss of taste/smell	NO	40 (26%)
	YES	114 (74%)

Table 2. Descriptive analysis of the symptoms caused by COVID-19.

The summary tables show the Levels of satisfaction where 1 represents the minimum value i.e., "at all," 2 "a bit," 3 "enough," 4 "very much," and 5 "a lot" Gender differences were not examined, which will be the subject of a more in-depth analysis to continue the survey of a larger sample for the sake of a quality improvement process. Specifically, in Tab. 3: Question 8.1, asking for the user's assessment of the effectiveness and attention to care by heal-

th care staff, responses were mostly positive (68.2 percent answered, “very much” and 19.5 percent “a lot”). In question 8.2, 57.1% of users reported a very good level of clarity about the information provided by caregivers about treatment and health status. In question 8.3, the majority of users said they were very much (48.1%) and a lot (33.1%) satisfied with the organization of care after discharge; Fifty percent of the surveyed target group was very satisfied (item 8.4) with the understanding they found, and the emotional support (item 8.5) provided by the caregivers (45.5%); in particular (item

8.6) whether it was important to have a look in the care relationship, which 62.3% of the users felt was “very” important.

For the entirety of the surveyed sample, it is important to be empathetic in the care relationship (item 9), and 61.0% of the target audience perceived a high level of empathy in their relationship with caregivers (10.1%). The majority are also aware that their own state of mind can greatly (42.9%) and a lot (26.6%) of influence their relationship with health care personnel (10.2%)

In this regard, to support an empowerment process

ITEMS	Level	Value F (%)
8.1 “How carefully and effectively do you think the doctors, nurses, and all the health personnel involved participated in your care?”	3	19 (12.3%)
	4	105 (68.2%)
	5	30 (19.5%)
8.2 “Do you believe that you clearly received information regarding your health status and treatment during your hospitalization period?”	2	1 (0.6%)
	3	27 (17.5%)
	4	88 (57.1%)
	5	38 (24.7%)
8.3 “Was the information on how to arrange your care and treatment after discharge provided clearly and comprehensively?”	2	1 (0.6%)
	3	28 (18.2%)
	4	74 48.1%)
	5	51 (33.1%)
8.4 “How understood did you feel by your doctors, nurses, and all health care personnel with respect to Covid-19 disease?”	3	30 (19.5%)
	4	77 (50.0%)
	5	47 (30.5%)
8.5 “During the treatment period, how emotionally supported did you feel by your doctors, nurses, and all health care staff despite the limitations imposed by Covid-19?”	3	30 (19.5%)
	4	70 (45.5%)
	5	54 (35.1%)
8.6 “Do you think the gaze is important in the care you received given your condition during the pandemic period?”	3	13 (8.4%)
	4	99 (62.3%)
	5	42 (27.3%)
9 “Do you think being empathetic is important on the part of a physician, nurse, and other health care providers?”	YES	154 (100%)
10.1 “What level of empathy do you feel was achieved in your relationship with the health workers with whom you had contact during the pandemic?”	2	1 (0.6%)
	3	24 (15.6%)
	4	94 (61.0%)
	5	35 (22.7%)
10.2 “How much do you think your state of mind affects your relationship with health care providers?”	1	3 (1.9%)
	2	14 (9.1%)
	3	30 (19.5%)
	4	66 (42.9%)
	5	41 (26.6%)

Table 3. Items in the questionnaire administered and relative responses.



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of their own state of mind, respondents also filled out self-perception scales related to the week prior to the administration of the questionnaire. Frequency and percentage were calculated as for previous responses, reporting that the majority polarized on the following values: Quiet (76.6%) and Anxious (76.6%), Irritated (77.3%) and Resigned (63.6%), Confident (83.8%) and Worried (69.5%), as described in the Figure 1.

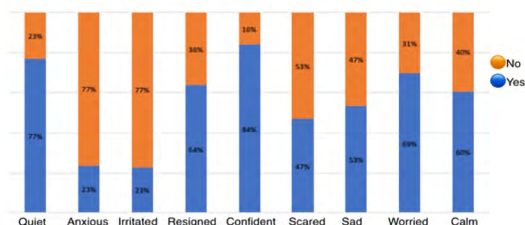


Figure 1. Frequency and percentage of the responses

Finally, the last section of the questionnaire asked what service not currently present would be useful to have, both for the patient’s reception and for the health care provider’s well-being. Table 4 records in descending order the patients’ need for parking, bar service, technological aids, and a psychological listening desk.

Factor	Level	Value F (%)
Restoration Service	NO	20 (13%)
	YES	134 (87.0%)
Reading Area	NO	92 (59.7%)
	YES	62 (40.3%)
Wi-Fi	NO	53 (34.4%)
	YES	101 (65.6%)
Psychological Help	NO	28 (18.2%)
	YES	126 (81.8%)
Tech instruments	NO	28 (18.2%)
	YES	126 (81.8%)
Parking	NO	7 (4.5%)
	YES	147 (95.5%)

Table 4.

As per protocol, the mirror questionnaire was administered to operators working in the NICU (49%), the Cardiology OU (45%) or both OUs (5%). The target group of 55 operators consisted of 60% nurses, 24% physicians and the remaining 16% social and health workers, all of whom were found to be Italian citizens and had an average age of 49 years Table 5.

Specifically, we summarize in tables, also for this sample, the responses in terms of absolute values

Factor	Level	Value
Age, mean (SD)		49.2 (10.2)
Sex	M	27 (49.0%)
	F	28 (51.0%)
Citizenship	Italian	55 (100%)
	Non Italian	0 (0%)
Professional title	Doctor	13 (23.6%)
	Nurse	33 (60%)
	H.S.W.	9 (16.4%)
Education degree	Bachelor’s degree	32 (58.2%)
	Doctorate	14 (25.5%)
	H.S.W. grad	9 (16.4%)

Table 5. Descriptive analysis of social and health workers who received the questionnaire

and percentages. In particular, Table 6 illustrates that:

To question 8.1, on the level of attention and effectiveness to patient care, the majority of providers answered very much (52.7%) and a lot (27.3%) positively;

To question 8.2, 52.7% of providers reported a very good level of clarity about the information provided about treatment and health status.

In question 8.3, operators said they were enough (34.5%) and very much (41.8%) satisfied with the organization of care after discharge.

In question 8.4 about the difficulties incurred during the pandemic, only one caregiver did not feel understood, while the majority responded positively.

The majority felt that they were able to emotionally support their patients despite the use of protective equipment (items 8.5). In particular (item 8.6), about the importance of the gaze in the care relationship no operator responded at all or a little.

For the totality of the operators, it is important to be empathetic in the care relationship (item 9) assesses high the level of empathy (items 10.1) established; moreover, also the majority of this target group believes that their own state of mind (Item 10.2) can influence very much (40%) or a lot (35.5%) the relationship with their patients.

The Mood Visual Analogue Scale (MVAS-9) included in the questionnaire was used to record the mood of health care workers in the week prior to administration by detecting high levels of energy and concentration.

It reveals to us that during the week prior to administration about 40 percent some tension and irritation, 49 percent of the operators perceived enough tiredness and some sadness, 46 percent enough calm, 62 percent much concentration and 51 percent much energy, as evidenced in more detail in the Figure 2.

ITEMS	Level	Value F (%)
8.1 "How closely and effectively do you think you have participated in the care of your patients?"	2	1 (1.8%)
	3	10 (18.9%)
	4	29 (52.7%)
	5	15 (27.3%)
8.2 "Do you believe that you have clearly provided information regarding health status and treatment during the inpatient period?"	3	16 (29.1%)
	4	29 (52.7%)
	5	10 (18.9%)
8.3 "Was information on how to organize patient care and treatment after discharge provided clearly and comprehensively?"	2	4 (7.3%)
	3	19 (34.5%)
	4	23 (41.8%)
	5	9 (16.4%)
8.4 "How much did you feel understood by your patients with respect to the difficulties you faced in dealing with the Covid-19 pandemic?"	1	1 (1.8%)
	2	9 (16.4%)
	3	23 (41.8%)
	4	14 (25.4%)
	5	8 (14.5%)
8.5 "During the treatment period, how well were you able to support your patients emotionally despite the limitations imposed by Covid-19?"	2	3 (5.4%)
	3	17 (30.9%)
	4	23 (41.8%)
	5	12 (21.8%)
	5	12 (21.8%)
8.6 "Do you think that gaze is important in the care given to the patient during the pandemic period?"	3	5 (9.0%)
	4	26 (47.3%)
	5	24 (43.6%)
9 "Do you think that being empathetic is important for health care personnel to be empathetic toward users?"	YES	55 (100%)
10.1 "What level of empathy do you feel was achieved in your relationship with your patients with whom you had contact during the pandemic?"	2	1 (1.8%)
	3	9 (16.4%)
	4	32 (58.2%)
	5	13 (23.6%)
10.2 "How much do you think your state of mind affects your relationship with patients?"	1	1 (1.8%)
	2	5 (9.0%)
	3	8 (14.5%)
	4	22 (40%)
	5	19 (35.5%)

Table 6. Items in the questionnaire administered to operators.

Finally, operators were also asked what service not present in the Pellegrini hospital facility would be useful to have. Table 8 shows in descending order the operators' need for parking, Wi-Fi, technologi-

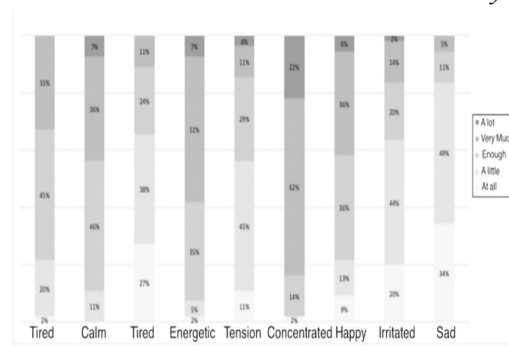


Figure 2. Frequency and percentage of responses.

Factor	Level	Value F (%)
Restoration Service	NO	8 (14.5%)
	YES	47 (85.4%)
Reading Area	NO	13 (23.6%)
	YES	42 (76.4%)
Wi-Fi	NO	3 (5.5%)
	YES	52 (94.5%)
Psychological Help	NO	8 (14.5%)
	YES	47 (85.5%)
Tech Instruments	NO	6 (10.9%)
	YES	49 (89.0%)
Parking	NO	1 (1.8%)
	YES	54 (98.2%)

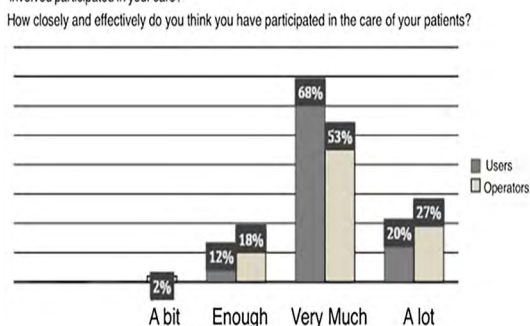
Table 8. Operators' need for parking, Wi-Fi, technological aids, psychological listening desk and bar service.

cal aids, psychological listening desk and bar service.

DISCUSSION

From the results obtained in the section regarding the quality of communication, it was possible to observe the perceptions of users toward health care providers and vice versa in order to compare them. Regarding participation in care, the majority of users responded positively, a perception also confirmed by the majority of health care providers as shown in Graph 1.

Graph. 1: How carefully and effectively do you think the doctors, nurses, and all the health involved participated in your care?



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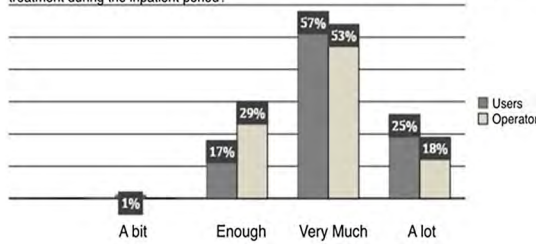
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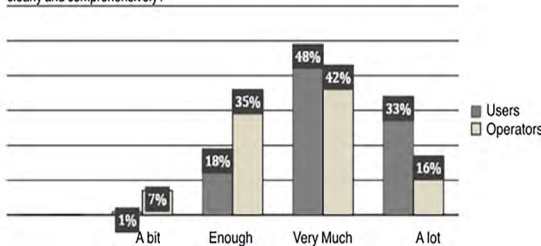
When asked about the clarity of information received during the inpatient period, about 80 percent of users perceived that they clearly get the information they received about their health status, a perception confirmed by 71 percent of healthcare providers (Graph 2).

Graph 2: Do you believe that you clearly received information regarding your health status and treatment during your hospitalization period?
Do you believe that you have clearly provided information regarding health status and treatment during the inpatient period?



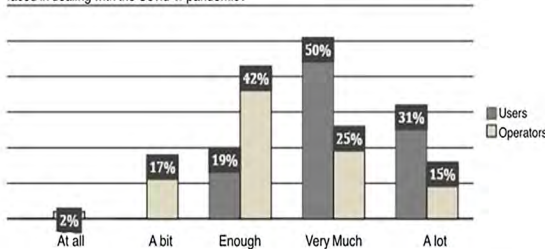
Regarding the clarity of information for the post-discharge period, more than 80 percent of users responded “very much,” but this perception was confirmed by only 58 percent of caregivers (Graph 3).

Graph 3: Was the information on how to arrange your care and treatment after discharge provided clearly and comprehensively?
Was information on how to organize patient care and treatment after discharge provided clearly and comprehensively?



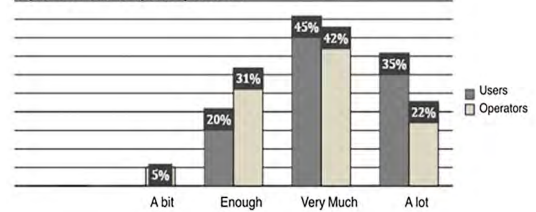
When asked about the degree of understanding toward health care workers in the pandemic period, more than 80% of the patients surveyed said they understood the difficulties; however, this is not completely confirmed by the perception found among health care workers (Graph 4).

Graph 4: How understood did you feel by your doctors, nurses, and all health care personnel with respect to Covid-19 disease?
How much did you feel understood by your patients with respect to the difficulties you faced in dealing with the Covid-19 pandemic?



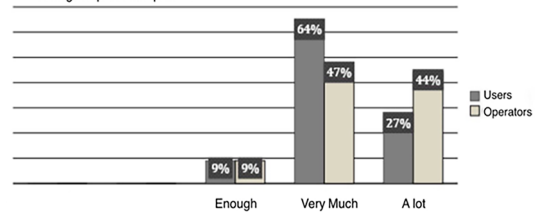
Regarding emotional support despite the limitations of the pandemic 80% of users report that they were very supported by caregivers; however, only 60% of caregivers confirm this perception (Graph 5).

Graph 5: During the treatment period, how emotionally supported did you feel by all health care staff despite the limitations imposed by Covid-19?
During the treatment period, how well were you able to support your patients emotionally despite the limitations imposed by Covid-19?



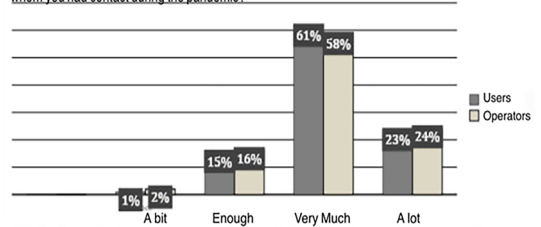
Regarding the importance of the gaze in care, 95% of users responded that they felt it was very important, and this appears to be in line with the perception of caregivers (Graph 6).

Graph 6: Do you think the gaze is important in the care you received given your condition during the pandemic period?
Do you think that gaze is important in the care given to the patient during the pandemic period?



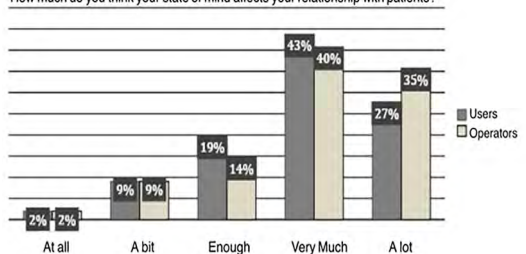
More than 80 percent of users and operators believe that they have achieved a very good level of empathy in their relationship with each other (Graph 7).

Graph 7: What level of empathy do you feel was achieved in your relationship with the health workers with whom you had contact during the pandemic?
What level of empathy do you feel was achieved in your relationship with your patients with whom you had contact during the pandemic?



70% of users believe that the state of mind greatly influences the relationship with the health worker, which is in line with the perception of 75% of operators (Graph 8).

Graph 8: How much do you think your state of mind affects your relationship with health care providers?
How much do you think your state of mind affects your relationship with patients?



Finally, both groups share a need for certain services: more than 80 percent of both would like a cafeteria service, a psychological listening desk, technological aids to monitor health status in real time, and more than 90 percent would like to take advantage of a parking option.

The data finds the importance the observed sample attaches to empathy and how much one's emotional state goes to influence the quality of the relationship [6].

It is observed that the quality of the relationship for both groups is very positive in most cases and that an interesting understanding of the difficulties encountered by health care personnel in managing users during the health emergency from Covid-19 was established.

The results regarding the perception of the quality of the user-health worker relationship are positive and confirm those that emerged from the pilot study carried out at the St. Paul hospital [2]; that is, that the health workers paid attention and care, clearly and reassuringly providing information regarding the health status and necessary treatment for the illness.

Congruence was found between users' and health care workers' opinions regarding the quality of their relationship, which could also be an important resource in managing stress caused by emergencies and disasters [7-8].

CONCLUSIONS

In conclusion, the bidirectional empathy, activated

in the relationship, allows the understanding by health care personnel that their own emotional state influences the relationship with the patient and, at the same time, fulfils a protective function because it allows users to understand the difficulties encountered by health professionals in the health emergency [9].

From the analysis of the results obtained from the administration of the two interviews, it seems interesting to propose a pathway of psychological training and support to root the process of empathy and sharing already activated during the pandemic period in the hospital in order to then be able to adequately protect oneself from experiences of frustration, mourning [8] or violence perpetrated against operators.

In such pathways it is indeed possible, through further reflection and deeper sharing, to identify critical contextual issues and concretize possibilities for finding solutions. Experimenting with the effectiveness of circular communication based on active listening and interaction with the other [10], spreads the possibility of mutual support through atonement between emotional states and breaks down barriers created for defence against deeper involvement. By improving the complementary relationship between the giver and the receiver of help, problems are better addressed in order to solve them in the most appropriate way and resilience [11] and individual sense of efficacy are increased. Fundamental to improving care quality is to continue on the path toward increasingly effective circular communication.

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Conflicts of Interest:

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