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Smiling and accessible health services: Assessment of patients

Havva Ozturk^a, Department of Fundamentals and Management of Nursing, Faculty of Health Sciences, Karadeniz Technical University, 61080, Trabzon, Turkey.

Esra Caylak^{b*}, Department of Fundamentals and Management of Nursing, Faculty of Health Sciences, Karadeniz Technical University, 61080, Trabzon, Turkey.

Sule Kurt^c, Department of Nursing, School of Health, Recep Tayyip Erdogan University, Rize, Turkey.

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Abstract

The current study was done to determine whether smiling and accessible healthcare services were provided to the patients. This descriptive study was conducted at a university. The sample of the study was composed of 188 patients who were hospitalized in hospitals. The data were collected with a questionnaire consisted of 15 questions about patients' demographic characteristics and their views about smiling and were analyzed with percentages, means, chi-square test. In the selection of the healthcare personnel, 62% of the patients paid attention to the fact that healthcare personnel should be caring and behave well. However; 83% of the patients stated that they could contact nurses easily while only 2% of the patients could reach physicians easily. In conclusion, patients thought that nurses were more smiling and accessible than physicians and particularly medical secretaries.

Keywords: Health service; nursing; smiling; Turkey.

* ADDRESS FOR CORRESPONDENCE: **Esra Caylak**, Department of Fundamentals and Management of Nursing, Faculty of Health Sciences, Karadeniz Technical University, 61080, Trabzon, Turkey.
E-mail address: esracaylak86@gmail.com / Tel.: +90 462 230 88 62

1. Introduction

While delivering healthcare, sometimes a word or even a gesture supplies the effective communication or transfer of emotions between patient, patient's relatives and healthcare personnel. But sometimes, unhappiness or surliness of healthcare personnel cause patients or patients' relatives to not express their problems hence the delay of health problem's solution or not being solved at all. For this reason, not only healthcare personnel's laying down their jobs gains importance, but also their approach towards patients, body language and means of communication. Healthcare personnel are unconditionally expected to serve with a smiling face, in other words friendly, sincerely, politely and delicately even if they are going through very bad circumstances such as earthquakes or floods themselves Sur (Sedattli & Tengilimoglu, 2013). Also, it is emphasized that the delivery of the healthcare service should be done in the shortest time, available, in compliance with medicine and ethical rules, fair, debonair, communicable and served in the best quality possible with patient informed about the whole process (Akdag, 2012; 2014).

Among the healthcare personnel, patients face physicians and nurses the most while healthcare service is being delivered. Patient expects the doctors and the nurses to listen, be sensitive, allow time for him/her and treat politely, respectfully and debonairly (Celebi, 2015). Nursing care, in parallel, is based on foundations such as understanding, listening, knowing, care, doing something for the others, feeling (touching), presenting alternatives, invoking thought by feedback and giving feedback between the patient and the professionals (Swanson, 1993; Andershed & Olsson, 2009). In a study where patients' expectations from nurses were determined, patients' biggest expectations were towards nurses were being understanding, loving, helpful, debonair and tolerant, well-mannered and well-groomed. As Tortumoglu and friends stated, being debonair and accessible comes before expertise for the patients (Tortumluoglu et al., 2005). Because being debonair opens ways for communication, gives patients the opportunity to access nurses and physicians and express their problems. Also, this situation is not only an expectation for the patient, it is a right (Patient Rights Regulations, 1998). Hence, this item is stated as one of the main 8 components of Health Transformation Program in 2003 at "Extensive, accessible and debonair healthcare system" title since it is important for communicating with the patient in an accessible, merry and effective way (Turkey Republic Ministry of Health, 2003).

In this respect, this study was conducted to determine whether the patients served in Rize central district state hospitals had access to a merry, communicable healthcare service from their own perspectives. Research questions are as follows;

1. Which one of the healthcare personnel do the patients find more smilingly?
2. Which one of the healthcare personnel do the patients think to be more understanding?
3. Which one of the healthcare personnel do the patients perceive as more informative?
4. Is there a relationship between the patients' sociodemographic variables and their expectations?

2. Tools and Methods

2.1. Type and aim of the study

This was a descriptive study done to determine smiling and accessible healthcare services were provided to the patients.

2.2. Population and sample of the study

This descriptive study was conducted in Recep Tayyip Erdoğan University Rize Training and Research Hospital and Rize State Hospital, affiliated to General Secretariat Rize State Hospitals Office Association. Universe of the research is formed by 34.711 patients served in average in Rize central county town training and research hospital and 15.058 served in average in state hospital, according to 2015 year data. Sample is formed by the accepted patient count in daily average, which is 187.

2.3. Data collection tools

Data was collected with face-to-face interviews between 9-30 March 2016 through a questionnaire that is a total of 25 items; 6 including sociodemographic attributes such as age, marital status, income, hospitalization rate, hospitalization time and 19 including items related to the opinions on smiling and communicable healthcare personnel such as satisfaction with healthcare in hospital, ease of treatment, criteria considered when choosing healthcare personnel, attitudes and manners of healthcare personnel regarding the patients, facial expression representations, benefits of accessing the healthcare personnel and analyzed by percentage, average and chi-square test.

2.4. Ethical aspect of the research

To conduct the study, a written permission was taken from General Secretariat of Rize City State Hospitals Association on 09.03.2016. Also, patients were informed verbally prior to the research and the participants' information was guaranteed to be kept confidential

3. Findings

58% of the patients are women, 53% are 31 years old and above, 83% are married and 56% have middle income. 19.5% are hospitalized at least once a month and 81% stayed at hospital nearly for 10 days (Table 1).

Table 1. Patients' introductory attributes (N=187)

	n	%
Sex		
Female	107	58.0
Male	79	42.0
Age		
30 and below	85	46.0
31 and above	99	53.0
Marital Status		
Married	153	83.0
Single	31	17.0
Income		
1000 TL and below	32	18.5
1001-2000 TL	97	56.0
2001-3000 TL below	44	25.5
Hospitalization Rate		
At least once a month	31	19.5
Twice or thrice a year	44	24.9
Once a year	40	22.6
Once or twice in a lifetime	62	35.0
Hospitalization Time		
0-9 days	150	81.0
10-19 days	25	13.5
20-29 days	10	5.5

91% of the patients stated that they had treatment at the hospital easily and 89% stated that they were satisfied with the healthcare services they had. Also, 62% stated that they paid regard to treating patients in a nice and caring way while 54% paid regard to debonairness towards patients. 88% stated that they were not shy about the healthcare personnel while 9% were shying away from physicians due to their sullenness. However, 61% stated that their problems were not solved since patients were abound in there. When the problems were not solved, 46% stated that they were most feeling anger while 47% made only complaints in case of facing a negativity. Despite all, 72% stated that they felt safe from debonairness of the healthcare personnel and 62% could ask questions (Table 2).

Table 2. Patients’ thoughts on healthcare personnel and hospital (n=187)

	n	%
Satisfaction with healthcare services in hospital		
Yes	166	89.0
No	21	11.0
Ease of treatment in hospital		
Yes	171	91.0
No	15	9.0
Criteria considered when choosing healthcare personnel		
Hospital accessibility	100	53.5
Ease of access to services like policlinics, labs without waiting	94	50.3
Hospital utilities (car park, restaurant, barber etc.)	53	28.3
Experience and educatedness of healthcare personnel	93	49.7
Good and caring attitude of healthcare personnel	115	62.0
Debonairness of healthcare personnel	100	54.0
Communicability of healthcare personnel/ability of self-expression	56	29.9
Contribution of healthcare personnel’s debonairness to patients		
I feel safe	134	71.7
I heal faster	56	29.9
I express my problems easier	94	50.3
I ask my questions without shying away	116	62.0
I don’t hide information	34	18.2
Patients shying away from healthcare personnel		
Yes	18	12.0
No	164	88.0
Reason for shying away from healthcare personnel		
Incommunicable/sullen	16	61.0
Angry and reproving	4	16.0
Other	6	23.0
The most shied away healthcare personnel		
Physician	17	56.7
Nurse	5	16.7
Medical secretary	8	26.7
Reaction of patient with problems unsolved		
I feel anger	85	46.0
Desire to commit violence	8	4.3
I don’t wanna disturb	51	27.3
I remain unresponsive/ tune out	49	26.2
Reasons for healthcare personnel being unable to solve problems according to patients		
Affluence of patients	114	61.0
Short-staffedness	84	44.9
Lack of knowledge	15	8.0
Obliviousness/insensitivity towards patients	14	7.5
Treating patients like business instead of humans	23	12.3
Exhaustion and surfeit due from work	45	24.1
Making a complaint against a negativity in hospital		
Yes	88	47.0
No	84	43.0
Healthcare personnel’s more debonairness and carefulness towards patients compared to the past years		
Yes	149	79.7
No	32	17.1

While 83% of the patients stated that the easiest access was to the nurses while only 2% felt the same about the physicians. 88% of the nurses, 83% of the physicians and 72% of the medical secretaries were told to have good manners towards patients. Also, 49% of the physicians, 48% of the nurses and 29% of the medical secretaries were told to be understanding, 61% of the nurses, 51% of the physicians and 39% of the medical secretaries were told to be debonair as 46% of the nurses, 45% of the physicians and 39% of the medical secretaries were told to be informative. However, 15% of the patients found medical secretaries to be the most sullen and incommunicable while 2% found physicians angry/reproving (Figure 1).

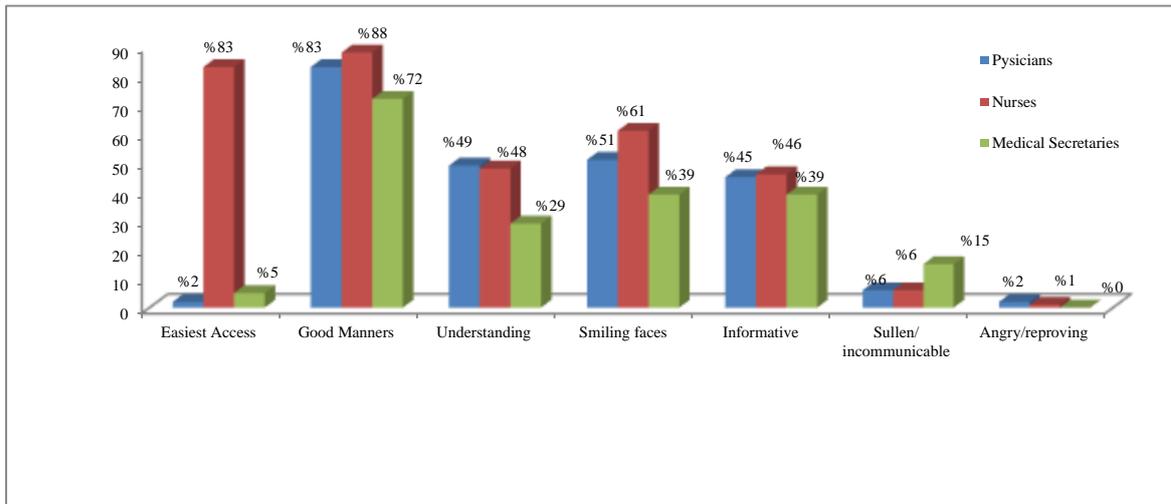


Figure 1. Healthcare personnel's attitudes and manners towards patients

Compared to the patients that are 30 years old or younger, patients that are 31 years old or older (%90) finding healthcare services more debonairly is statistically meaningful ($X^2=7.021$, $p=0.008$). Compared to the singles, married patients being easier to treat is (94%) is statistically meaningful ($p=0.024$). Compared to female patients, male patients being more satisfied with healthcare services in hospital is statistically meaningful ($X^2=4.291$, $p=0.038$). Compared to the dissatisfied patients, satisfied patients (98%) being treated easier ($p=0.000$), (93%) and not shying away from healthcare personnel ($p=0.009$) and (47%) and not making a complaint in case of facing a negativity is statistically meaningful ($X^2=7.192$, $p=0.007$) (Table3).

Table 3. Comparison of patients' sociodemographic attributes and their opinions on healthcare services

Patients' attributes/opinions	Finding of healthcare services better compared to the past						
	Yes		No		Total		Test
Age	n	%	n	%	n	%	X ² =7.021
30 and below	63	74	22	26	85	100	p=0.008
31 and above	84	90	9	10	93	100	
	Ease of treatment at hospital						
	Positive		Negative		Total		Test
Marital Status	n	%	n	%	n	%	
Married	143	94	9	6	152	100	p=0.024
Single	25	81	6	19	31	100	
	Satisfaction with healthcare services in hospital						
	Satisfied		Not satisfied		Total		Test
Sex	n	%	n	%	n	%	X ² =4.291
Female	90	84	17	16	107	100	p=0.038
Male	75	95	4	5	79	100	
Easier treatment at hospital	n	%	n	%	n	%	
Positive	161	94	10	6	171	100	p=0.000
Negative	4	27	11	73	15	100	
Making a complaint in case of facing a negativity in hospital	n	%	n	%	n	%	
Yes	71	81	17	19	88	100	X ² =7.192
No	80	95	4	5	84	100	p=0.007
Shying away from healthcare personnel	n	%	n	%	n	%	
Yes	12	8	6	29	18	10	p=0.009
No	149	92	15	71	164	90	

4. Discussion

The main purpose of healthcare services is to serve a balanced healthcare service and increase people's life quality and living standard by ensuring accessibility and benefitting from these services fairly (Incesu et al., 2013). However, people receiving healthcare services from the hospitals also have expectations of services such as communication, accommodation, transport and comfort. There is a heterogenous patient group with expectations from the hospitals (Yilmaz, 2001). This group's failure at communicating with healthcare personnel and delivering their problems/demands may sometimes result in feeling anger towards the healthcare personnel, delay in treatment process and even wrong diagnosis, mistreatment or malpractice (Buyukbayram & Okcay, 2013). There are reforms in our country as in the rest of the world to prevent these setbacks and deliver a better healthcare service to patients. In this direction, Ministry of Health aimed to deliver an effective, efficient, economic, qualified and accessible healthcare service by Health Transformation Program since 2003. Outside these purposes, Ministry of Health aimed to enhance health status indicators, protect the citizens from financial risk and increase satisfaction from healthcare services and made important changes, notably in legal and institutional areas (Eken et al., 2013).

The patients (62%) that are mostly women, 31 years old and above with middle income, approximately fifth hospitalized at least once a month and staying at least for 10 days pay regard to treating patients in a concerned and well-mannered way, and more than half of them to healthcare personnel being debonaire. Because as stated in some resources, healthcare personnel's behaviours are source of satisfaction for patients (Tortumluoglu et al., 2005; Aytar a& Yesildal, 2004; Onsuz et al., 2008).

Also, nearly all patients (88%) stated that they didn't shy away from health personnel while tenth of them (9%) stated the opposite due to the sullenness of physicians. This situation is a big obstacle in

building an effective communication (Effective Communication, 2016) and result in patient's unwillingness to communicate in all topics, including the patient's problem. Effective communication is important for the patient since it provides self-expression, obtaining the needed information, encouragement for patient to be more compliant with treatment process, relaxation, peace and satisfaction (Aktas, 2014).

In addition to these, more than half of the patients (61%) stated that their problems weren't solved due to the abundance in patient count. Also, patients are aware of the fact that nurses are in such a hurry to officiate. Patients do not blame nurses for the failure in communication due to their workload. In fact, patient-based communication's role in improvement of patient care quality shouldn't be forgotten (McCABE, 2004).

Nearly half of the patients (46%) stated that they felt anger the most when their problems aren't solved and made a complaint when they faced a negative situation. Perceiving the unsolved problems as threats would be interpreted as a manifestation of patient's self-defense mechanism (Soykan, 2003; Tatioglu & Karaca, 2013). Likewise, in the study, the feedback from the patients about making complaints against negative situations would be interpreted as they are aware of their rights and they know the in-house and non-house authorities to access to make complaints to. In Toprak's study (2012), the major cause of complaints in healthcare services was found out as being passed over for services and not being shown respect and comfort (Kirgin et al., 2012).

However, as patients' opinions and healthcare personnel's attitudes and manners are evaluated, nurse accessibility comes first (92%) while physicians come in a minute amount (2%). There are studies (Arikan et al., 2007) suggesting that the patients go to nurses first before doctors in case of problems besides studies (Savas & Bahar, 2011; Baris & Karabacak, 2013) suggesting that the patients find nurses the most accessible among all. In some studies, this situation is validated through patients' satisfaction with nursing services (Sise & Altinel, 2012; Arslan et al., 2012).

As the patients' opinions on finding hospital personnel understanding, nearly half of the patients found physicians and nurses more understanding than medical secretaries, other personnel and hospital cleaning staff. In some other studies, patients found physicians (Onsuz et al., 2008) and nurses (Onsuz et al., 2008; Arslan et al., 2012; Sise, 2013) polite and understanding. Besides being understanding, healthcare personnel's debonairness opens new doors into communication and allow patients to express themselves a lot better, hence faster healing (Bruce, 2008). After our study, most of the patients (61%) found nurses debonair as little more than half of them found doctors the same (51%). In Tortumoglu's study (2005) patients found nurses debonair as well. In the same study, it was found out that the higher patients' income levels went up, the more their expectations from the nurses seemed to be (Tortumluoglu et al., 2005).

Also, in our study, patients found nurses (46%) and physicians (45%) informative. Our study turned out to be in conjunction with some other studies where similar results were found (Onsuz et al., 2008; Sise & Altinel, 2012; Buber & Baser, 2012). However, Krucien and friends (2013) and Al-Mandhari (2004) stated in their studies that the patients expected physicians to inform them about their conditions, allow time for them and respond to their problems. Yilmaz (2001) stated in his study that the most important factor was communication and sufficient informing of the patient. It is expected of nurses to serve immediate care, proper application of treatments, be clean and well-groomed in case of emergencies. In Arslan and Kelleci's study (2011) patients expect nurses to deliver healthcare services in a trusted and convenient way, be knowledgeable, respectful and empathetic. Physicians and nurses' informativeness will satisfy the patients' needs of information and also reduce the concerns they feel for their health due to uncertainty. Besides this, accessibility of physicians and nurses for communication will allow patients to explain their problems with ease, prevent wrong and faulty applications on early stages and also prevent many negative situations such as anger, furiousness and violence.

In the study, patients that are single and satisfied with the healthcare services stated that they were treated easier as female patients stated that they were more satisfied with the healthcare services in the hospital. Tasliyan and Gok (2012) support this thesis in their study. Though there was no gender-based observance of difference in Aktas's study (2014), it was stated that they were into more expectations and they went through more sensitive evaluations in topics such as confidentiality, hygiene, communication and information (Aktas, 2014). Sise and Altinel (2012) found the single participants' satisfaction levels low except the nursing services. As the same, a year later in Sise's study (2013), single participants' satisfaction levels were found out to be low.

Also, it was determined that the patients who were satisfied with the healthcare services in the hospital were not shy about the healthcare personnel and didn't make a complaint when they faced a negative situation ($p=0.007$). The satisfaction of the patients that are not shy comes from the fact that they were able to express themselves and their expectations were met since they were communicated briefly. Besides this, they might not complain because they wouldn't be receiving the service they expect when they complain, that they would fear that their treatments would be delayed or they would be thinking that things wouldn't change even if they made complaints.

5. Conclusions

In our day, though there's a better debonair healthcare service, its importance still holds its place and most of the patients prefer healthcare personnel with smiling faces. In addition to this, patients find nurses the most accessible and debonair among all healthcare personnel while they state that they couldn't access physicians. And more than half of the patients find nurses and physicians informative while they state that their problems and troubles couldn't be resolved due to the excess of patient count. Besides, nearly half of the patients find physicians and nurses more understanding than medical secretaries and other hospital personnel like hospital cleaning staff. Also, it was determined that the patients who were satisfied with the healthcare services in the hospital were not shy about the healthcare personnel and didn't make a complaint when they faced a negative situation. Thereby, most of the patients were satisfied with the healthcare services delivered, women patients before all.

In this direction, physician accessibility should be ensured, in-service training activities should be arranged both for nurses and physicians to allow them to become more informative people and institutional policies should be reconstituted with respect to this subject. Also, increasing the number of hospital staff would contribute to decrease patient load, hence reducing patients' health problems. Besides, sensitivity trainings should be given to other hospital personnel such as medical secretaries, hospital cleaning staff and functionality of patient examination and admission appointment system should be ensured.

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