

A Field Study to Determine the Communication Problems between Patients and Hospital Employees

Hüseyin Alkış

Assoc. Prof. Dr.

Adıyaman University F.E.A.S.

Department of Business Management

Yasin Taşpınar

Research Assistant

Selçuk University F.E.A.S.

Department of Public Administration

Ahmet Dervişoğlu

Karabük University S.S.I

Department of Public Administration Master Degree Student

Abstract

Hospitals are one of the places, where people mostly face communication problems, just because health staff-patient communication level is high. These communication problems often occur in hospitals because of the different educational levels of the people giving health services, and operational modes of the hospitals. By the development of technology, improvement of the people's life quality has increased expectations of them about the qualification of the health services. Some communication problems can occur when the expectations of the patients may not be satisfied, because of the reasons such as much workload of health staff and long working terms. In this study, the relation between communication problems of patients and health staff and demographical characters of the patients (age, educational level, marital status) has been studied to be determined. In the search, the patients and their relatives buying health service from the hospitals in Karabük city centre are included. As a result; it has been determined, that patients having low educational level, married, having social security for workers, aged between 16-25 face communication problems less, when compared with the other groups.

Keywords: Communication Problems, Patient, Hospital Staff

Jel Codes: C91, D83, I10

1. Introduction

Communication is a phenomenon that covers every moment of our lives. We spend most of the time -except sleeping- communicating with others. Since, all living things living in a particular community and being in relationship with other creatures need a communication system. Communication is a special skill, which helps the people to create an order to know their environment better by saving themselves from disorder, to interact for carrying out the purposes compatible with other people, and to take advantage of the existing information (Günay, 2007:259).

Communication is the lifeblood of existence, socialization, relationship between oneself and the environment; in short, life. It is a psycho-social process that had begun with the existence of human being. Thus, it is a process that has both personal and social aspects. Saying is the tool, which signifies the relationship and is necessary for establishing and carrying out the relationship. Addressing is a style of expressing ourselves to others and is a mode of approaching. Words and accents must be used effectively for having an effective style of addressing and the right form of appeal. One must pay attention to sincerity, environment and media contexts, while addressing to others. Formal addressing words must be used according to the situation (Kaynar and Kutlu, 2007:72-82)

To develop communication skills, one should be aware of the barriers to effective communication. In private and public lives, the times we have collisions or conflicts with others are not rare (Koçel, 2003:543).

Barriers to communication are different; if one is not able to get along with others, for reasons such as fears, preconceptions, insensitivity, self-distrust, resentment or continuous self-assertion, then a communication problem can be talked about (Sezgin and Akgöz, 2009:175). One can be afraid of expressing his/her thoughts, because of the fear to be misunderstood, criticized, or controlling the emotions, and pretends to bow the thoughts of the others in the environment. The thoughts on, how something is and how it should be are called preconceptions. Preconceptions have a very important role in communication problems because people having preconceptions think that the others will think similarly, will have the same attitude and will have the same values. Insensitivity, which is another issue causing communication problems is, not taking anyone else into consideration (Dicleli and Akkaya, 2000:35-39).

Today, hospitals are one of the places, where communication problems intensely occur. Communication problems can be caused, not only by patients' attitudes and behaviour in the hospital environment but also by hospital staff's working style and behaviour (Gürdal, 2008:120). Hospital staff consists of different educational and cultural groups, ranging from the most senior management to most low levelled ones. Communication problems can occur because of health care service provided by different qualities of staff, health staff's inability to access a sufficient degree of communication with each other or because of the reasons, such as the patients' entering into a different psychology in the hospitals, forgetting that health care staff are human beings like them or seeing the problems that occur because of operation mode of the hospital, as major problems (Arslan and Ertürk, 2007:138).

The behaviour that the citizens face in health care field affects them to restore their health. Because information and communication techniques, problem-solving ability, and physical examination; create pieces of effective and accurate clinical intervention. All clinical efforts can go to waste without appropriate communication techniques (Kurtz, Silverman and Draper, 1998:25-45).

Studies have shown that a large percentage of patients are not satisfied with the way of relationship with health care staff. The source of this dissatisfaction of patients was found to be often caused by the ineffective communication between patients and health care staff, not by technical inadequacies of the health care staff (Uludağ, 2001:15-25).

Nowadays, awareness of the community, increasing level of education and establishment of many new hospitals, which will increase competition in health care sector, increases importance of communication more than before (Mucuk, 2001:362). The nature of communication between patient and health care staff, affect quality of the service significantly (Özer & Çakıl, 2007:142). Patients expect a safe environment, care, respect, courtesy, etc. when they are in hospitals (Adıgüzel, 2005:10-15).

Enterprises offering health services are organizations having a different and complex structure. Health care staff are, not only affected by the people they serve, but also they affect them (Çalışkan, 2008:32). They are expected to meet the needs of the patients and their relatives and to reduce their fear and stress. It is known that; among this bundle of communication, a clear and effective communication usually does not take place and some communication problems are faced. The action of communication may not always occur in the way, which the health staff want it to be. However, agreement, reconciliation and communication should be ensured at least at a certain level, between the patient and health staff. The expectations and thoughts of the patients, who have different ideas about their affection by their health problems, from their communication with the health staff can also have variety. In this respect, communication problems in the health staff-patient relationship can be suggested to originate from lack of empathic approach and presence of the specific language of health staff. In this regard, the relationship between the patients and health staff has deep structural features, rather than simply fulfilling their roles in the relationship (Cırhınlıoğlu, 2001:65-66).

2. Communication Process

Expression of attitude, judgement, idea or feeling, which informs people about the, objects, events, and facts in the environment, transfers the information on those subjects to each other, carries the feeling about similar situations, realised in a community or society, is called communication. Communication can be defined as; transmission, receipt or replacement of the material, which is information, opinion or thought, using writing, speaking visual means or some of them together, in order to make it understood by all the concerned (Çağırıcı and Yeğenoğlu, 2007:33). There are some important key elements affecting the communication process. These provide communication access its purpose and to occur in a healthy way. These are:

Motivation: Reason for the creation of communication, and the main stimulation the underlying communication in general. In a company, it is the attempt to make more profit than last year.

Objective: Objective is the specific reason for the generation of communication. Three main types of objectives can be mentioned. Providing information; telling a topic in a simple way. Persuasion; affecting people in order to create a specific change in behaviour, encouraging, guiding people to do something.

Information: This is the full content, which we want to convey to the listener or reader. It is the material, where communication is structured. It can be composed of concrete information, a thought or a combination of both.

Sender: The sender is the person responsible for sending the material to be transmitted. It may be an individual or a company, a group and even be a political party.

Message: The sender identifying the information to be transmitted converts that into the best expression. Information takes the form of the message, when it is converted to expression. Message may be in the form of a smile or even a shrugging behaviour, in accordance with the structure of the information to be transmitted.

Recipient: The person or body to get the message. It may be an individual or a group such as a company.

Coding and Analysis: Conversion of the message content to code symbols is called "encoding". Analysis is the process of decoding the coded incoming message to recover the contents of it (Cüceloğlu, 1997:76).

Feedback: This is transmission of the message in the form, which the receiver expects. When we talk with someone, he/she laughs or smiles as a response, which means you will receive a positive reaction. If that person seems angry or resentful, that means he/she gives an adverse reaction. Feedback includes such instant reactions (Sillars, 1995:8-29).

2.1. Factors Affecting Communication in Health Services

It has been determined by the research about health staff that; stressors in the work environment negatively affect communication between health staff and patients. Long-term and often stressful workplace experiences cause physical health problems such as migraine, coronary artery diseases, muscle tensions, sleep problems, fatigue; mental health problems such as and helplessness, depression, increased use of alcohol and drug usage; and occupational and social problems such as job dissatisfaction, reduced work-related self-confident, reduction in the efficiency of work, absenteeism, burnout syndrome, job quit, smoking, alcohol, drug addiction, deterioration of family relationships, interpersonal communication problems (Tel et al., 2003:14).

Health services; One of the most important indicators of countries' level of socio-economic development is the quality of the health services. The main purpose of health care services is to provide the service needed by the community; at any time, in the required quality, with the least possible cost. Health care services aims to protect peoples' physical, mental and social health; improve and sustain the welfare and happiness of society (Peşkirçioğlu, 1994:53-63).

Communication and its importance for health care services; Physical, psychological expectations of the patients, who are the target audience of the hospitals, are different from ones of the target groups of other institutions (Altunışık et al., 2006:212). People are important, because they are individuals; they give observable responses, when they do not met their needs. Those responses of the individual are determined by the properties of the current situation, past experiences, future expectations, objectives and the individual's perception of these factors (Gürhan and Terakye, 1995:35-45).

The purpose of health care should be protecting and saving people from diseases. In the area of health care, staff; especially individuals such as doctors, midwives, nurses, health officers should have knowledge about communication with people, as well as professional knowledge and skills to achieve that goal more easily. If the staff do not gain the ability to cure patients and protect their health, harming conditions for presentation of health services may occur (Seçinti, 1994:1-9).

Health staff should be aware of their tasks such as behaving well to the patients, understanding and listening to them. The interaction between patients and health care professionals may have a major impact on the effectiveness of the service and patients' health status. Interaction with patients, which is important for the diagnosis and treatment process of the disease to be effective, is the major factor affecting patient satisfaction and quality of service (Kavuncubaşı, 2000:55-75).

According to new approaches, health care service is perceived as "a communication and exchange made in a certain environment" and the user's point of view, value judgments and decisions are primarily taken into consideration (Fidaner, 1993:50-56).

Communication in the process of health services its functioning; In health care delivery, the patient enters into a contact directly or indirectly with the staff providing the services. Doctors and nurses are the occupational groups getting into the closest contact with patients. In order to improve the quality and success of health care services, significant part of the responsibilities of personnel working in institutions, should be communicating with patients in accordance with their expectations, acting respectfully to the rights of people and establishing reliability (Ataç and Uçar, 2003:309-314).

Relationships between people are affected by some of the features of both sides, just because each individual has his/her specific characteristics, and are different from each other. Each individual develops, kneaded in the culture, which he/she lives. Values and beliefs, which are formed with or without being aware, vary. With these values and beliefs, individual's perceptions and evaluations; thus feelings and behaviour about the events differs. For this reason, every individual may give different reactions to the same event or an individual's reactions to the same event at different time periods can be different (Öz, 2003:9-14).

The current image of health staff; Image is the thoughts of persons about an object, person or institution. It may always not correspond with the reality (Okay, 2000:15-25). The image of health care providers and organizations, can influence the access of the citizens to the health care services positively or negatively (Aksoy and Bayramoğlu, 2008:87). Health care personnel working in health care facilities having a negative image should accept the patients' having some prejudices. Likewise, health staff with a negative image should also accept the peoples' prejudices about themselves (Uludağ, 2001:15-25).

2.2. Communication Process between the Patients and Hospital Staff

Doctor-patient relationship is a process, in which both sides are influenced mutually. In this process, impressions acquired during interviews are very important in terms of describing the problem and its solution. This can be put forward to be the basis of the negotiations of clinical trials. In order to do an effective interview, staff training, knowledge and experience, and also their communication techniques and problem-solving ability are important as well (Doğanay and Keskin, 2008:17). Health professionals having good communication skills can make a more accurate determination about the patients' problems, can further allow compliance and satisfaction of them, and also can reduce occupational stress induce job satisfaction. Doctor's allocation of time for the patients, allowing them to ask questions and informing them about their disease affect patients and increase their confidence in the doctor. There is a positive relationship between the time allocated for the patient and patient satisfaction (Altuntaş, 2007:4).

Being respectful, Open and sincere communication is the most important point of respect. One of the most important signs of respect should be communicating with others in an open and honest manner. Good communication in the organization not only develops a sense of respect, but also increases motivation and productivity. Good communication means "transfer", and it means 'good' listening as well. Ask questions while talking allows one to communicate better (Okay, 2000:10-20). Treating patients with respect will cause them to cause fewer problems. Thus, fewer communication problems will be faced and also patients will be more satisfied with the service.

Confidence-making, One of the most important features of health care staff should be giving people confidence during communication. This feature involves features such as time-compliance, sincerity and honesty (Eren and Uyer, 1991:9-25). Reliability is important, because reliability of the person or institution offering a message reinforces the credibility of the message transferred. Health staffs' behaviour to the patients and their relatives will have a positive impact and that will create the presence of the patients' opportunity to use health care service provided, beneficially.

Equal treatment, Unequal treatment of the health care staff to the patients not only leads to a crisis of confidence, but also decreases the reliability of the health care staff.

Therefore, problems that may arise and the quality of health care may be reduced. On the basis of equality; the patients should not be subjected to a distinction in terms of social status, nationality, gender or other characteristics.

Taking care: Health care personnel should behave respectfully, equally and dependably, and also pertinently to patients, as well. She/he must take care of the patients' problems closely, must not forget the patient being human and should not think that his/her responsibility is over just after fulfilling health care duty.

3. Methodology

In the study; after evaluating the information obtained from the literature, a questionnaire was prepared. In the first part of the questionnaire, questions to determine the demographic characteristics of the patients are presented. The second part of the questionnaire aims to determine patients' health-related problems and also their experiences about their communication problems with health care staff. Questions were prepared according to five-point Likert scale. That Questionnaire form was applied to the selected sample group, and a data base was formed using received answers. Research data was firstly transferred to the log file generated in SPSS (Statistical Packages for Social Sciences) package program and the data was coded in accordance with the objectives intended to be achieved by the research, to make statistical analysis available. The following tests were performed in the analysis of data:

- 1) Frequency table was created for each question.
- 2) The chi-square test was used to test hypotheses in the research and analysis of variance technique was used.

The universe of the study is formed by the citizens using health institutions in the city centre of Karabük. Due to big size of the universe, a sample group was created. However 280 questionnaires were distributed, 213 fully completed questionnaires were taken into consideration.

Aim and Hypotheses of the Study

The purpose of this study is to determine the effect of demographic characteristics over the communication problems between patients and health care professionals. The study is expected to give some ideas about what to do for achieving patients' satisfaction and providing a better health service delivery.

Many researchers have studied about management problems of hospitals and the problems of health care professionals, up to the present. However, there are not many studies about the communication between the patient and the healthcare staff. The hypotheses created in order to test the relationships put forward in the aim of the study can be listed as follows;

- H1: There is a significant relationship between acceptance level of the patients to the statement "Doctors give information about the examinations and therapeutics to be used." and their educational level.
- H2: There is a significant relationship between acceptance level of the patients to the statement "Doctors listen to our complaints sincerely and wholly." and their educational level.
- H3: There is a significant relationship between acceptance level of the patients to the statement "Nurses make our treatment precisely." and their educational level.
- H4: There is a significant relationship between acceptance level of the patients to the statement "Laboratory technicians speak admonishingly and in high volume." and their educational level.
- H5: There is a significant relationship between acceptance level of the patients to the statement "X-Ray technicians speak admonishingly and in high volume." and their educational level.
- H6: There is a significant relationship between acceptance level of the patients to the statement "I can ask questions to the doctor about my disease easily." and their marital status.
- H7: There is a significant relationship between acceptance level of the patients to the statement "Nurses make our treatment precisely." and their marital status.
- H8: There is a significant relationship between acceptance level of the patients to the statement "Laboratory technicians behave well humouredly and politely." and their marital status.
- H10: There is a significant relationship between acceptance level of the patients to the statement "Doctors give information about the examinations and therapeutics to be used." and gender.
- H11: There is a significant relationship between acceptance level of the patients to the statement "I feel comfortable in the examination room." and gender.
- H12: There is a significant relationship between acceptance level of the patients to the statement "Laboratory technicians speak admonishingly and in high volume." and gender.
- H13: There is a significant relationship between acceptance level of the patients to the statement "X-Ray technicians make explanations when necessary." and gender.

H14: There is a significant relationship between acceptance level of the patients to the statement "Information and guidance services in the hospitals are sufficient." and gender.

H15: There is a significant relationship between acceptance level of the patients to the statement "Doctors listen to our complaints sincerely and wholly." and age groups.

H16: There is a significant relationship between acceptance level of the patients to the statement "Laboratory technicians behave well humouredly and politely." and age groups.

Findings and Reviews of the Study

Distribution of the sample group according to the educational status variable is given in Table 1. Accordingly, 33.8% of them had graduated from primary school, 33.3% from university, 30% from high school, 2.8% had graduated from the master's degree or higher. When the distribution of the sample according to marital status variable is examined; it is seen that 65.7% of them are married, and 34.3% are single. As social insurance position is respected; 58.2% are members of SSI, 28.6% of them are SRF members and 13.1% of them are members of other social security institutions (agricultural insurance, BAG-KUR, etc.). Additionally 81.2% of the participants are males and 18.8% of them are females. According to age; 29.1% of the participants are seen to be between the ages of 16-25, 24.4% between the ages of 26-35, 16.9% between the ages of 36-45, 14.6% between the ages of 46-55 and 15% of them are 56 years and older.

Table 1: Numerical and Proportional Distribution of the Sample Profile

	Number (n)	Percentage (%)		Number (n)	Percentage (%)
EDUCATIONAL LEV.			MARTIAL STATUS		
Primary School	72	33,8	Married	140	65,7
Secondary School	64	30	Single	73	34,3
University	71	33,3	TOTAL	213	100.0
Master or higher	6	2,8	SOCIAL SECURITY		
TOTAL	213	100.0	SSI	124	58,2
AGE			SRF	61	28,6
16–25 years	62	29,1	Other	28	13,1
26–35 years	52	24,4	TOTAL	213	100.0
36–45 years	36	16,9	GENDER		
46–55 years	31	14,6	Female	40	18,8
56 years and higher	32	15	Male	173	81,2
TOTAL	213	100.0	TOTAL	213	100.0

12.7 percent of the patients, who had graduated from primary school, strongly agree with the statement of "Doctors give information about the examinations and therapeutics to be used." and 10.3% of them agree with this statement. while participating. While 10.3% of them strongly agree with the statement of "Doctors listen to our complaints sincerely and wholly." 18% of participants agree with that statement.

Table 2: Distribution of the Patients' Answers According to Educational Status

EDUCATIONAL STATUS	STATEMENT 1: Doctors give information about the examinations and therapeutics to be used.											
	Strongly Agree		Agree		Partially Agree		Disagree		Strongly Disagree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Primary	27	12,7	22	10,3	13	6,1	9	4,2	1	0,5	72	33,8
Secondary	21	9,9	7	3,3	21	9,9	8	3,8	7	3,3	64	30
University	12	5,6	20	9,4	32	15,01	10	4,7	3	1,4	71	36,2
Total	60	28,2	49	23	66	31	27	12,7	11	5,2	213	100,0
	STATEMENT 5: Doctors listen to our complaints sincerely and wholly.											
Primary	22	10,3	18	8,5	20	9,4	7	3,3	5	2,3	72	33,8
Secondary	11	5,2	13	6,1	26	12,2	8	3,8	6	1,4	64	30
University	8	3,7	13	6,1	34	16	19	8,9	3	1,4	77	36,1
Total	41	19,2	44	20,7	80	35,6	34	16	14	5,2	213	100,0
	STATEMENT 11: Nurses make our treatment precisely.											
Primary	20	9,4	29	13,6	17	8	6	2,6	0	0	72	33,8
Secondary	17	8	17	8	21	9,9	5	2,3	4	1,9	64	30
University	6	2,8	22	10,4	31	14,5	16	7,5	2	0,9	77	36,2
Total	43	20,2	68	31,9	69	32,4	27	12,7	6	2,8	213	100
	STATEMENT 14: Laboratory technicians speak admonishingly and in high volume.											
Primary	12	5,6	17	8	10	4,7	22	10,3	11	5,2	71	33,8
Secondary	9	4,2	15	7	14	6,6	19	8,9	7	3,3	64	30
University	2	0,9	14	6,6	23	10,8	19	9	19	8,9	77	36,2
Total	23	10,7	46	21,6	47	22,1	60	28,2	37	17,4	213	100,0
	STATEMENT 16: X-Ray technicians speak admonishingly and in high volume.											
Primary	10	4,7	22	10,3	8	3,8	21	9,9	11	5,2	72	33,8
Secondary	9	4,2	11	5,2	13	6,1	18	8,5	13	6,1	64	30
University	1	0,5	16	7,5	23	10,8	23	10,8	14	6,6	77	36,2
Total	20	9,4	49	23	44	20,7	62	29,3	38	17,9	213	100

At statement 1, when the acceptance levels of the patients to statement of "Doctors give information about the examinations and therapeutics to be used." is examined, it is seen that: despite majority (12.7%) of the participants, who had graduated from primary school strongly agree, the university graduates remained the lowest (5.6%) level of participation. Partially agree (15.1%) and disagree (4.7%) answers of the university graduates to the statement 1 also supports the relative abundance.

At statement 5 it is seen that; primary school graduates strongly agree (10.3%), and university graduates disagree (8.9%) with the statement "Doctors listen to our complaints sincerely and wholly".

At statement 11 it is seen that; primary school graduates strongly agree (9.4%), and agree (13.6%) representing the relative average; university graduates disagree (8.9%) with the statement "Nurses make our treatment precisely".

At statement 14 it is seen that; primary school graduates strongly agree (5.6%); university graduates strongly disagree (8.9%) with the statement "Laboratory technicians speak admonishingly and in high volume".

At statement 16 it is seen that; primary school graduates strongly agree (4.7%); university graduates strongly disagree (6.6%) with the statement "X-Ray technicians speak admonishingly and in high volume".

Table 3: Chi Square Relationships between Agreement Levels of the Patients with the Statements about the Communication Problems with Hospital Staff

STATEMENTS		Value	Degrees of Freedom	Asym.P.Sig. (2-way)
STATEMENT 1: Doctors give information about the examinations and therapeutics to be used.	Pearson Chi-Square	28,716	12	0,004
	Probability Ratio	30,864	12	0,002
	Linear Relationship	6,356	1	0,012
STATEMENT 5: Doctors listen to our complaints sincerely and wholly.	Pearson Chi-Square	28,835	12	0,004
	Probability Ratio	29,628	12	0,003
	Linear Relationship	6,359	1	0,012
STATEMENT 11: Nurses make our treatment precisely.	Pearson Chi-Square	27,39	12	0,007
	Probability Ratio	29,987	12	0,003
	Linear Relationship	6,359	1	0
STATEMENT 14: Laboratory technicians speak admonishingly and in high volume.	Pearson Chi-Square	25,59	12	0,012
	Probability Ratio	25,673	12	0,012
	Linear Relationship	6,919	1	0,009
STATEMENT 16: X-Ray technicians speak admonishingly and in high volume.	Pearson Chi-Square	22,861	12	0,029
	Probability Ratio	24,76	12	0,016
	Linear Relationship	4,831	1	0,028

In table 3, it has been tested if there are significant relationships between the levels of agreement to the statements about patient-hospital staff communication problems according to educational level, forming the hypotheses below, by chi-square analysis.

(H0): "With the statement of Doctors give information about the examinations and therapeutics to be used. there is a significant difference between educational status."

(H1): "With the statement of Doctors give information about the examinations and therapeutics to be used. there are no significant differences between educational status."

(p = 0.004, p < 0.05) It is understood that there is a significant relationship between the statement of Doctors give information about the examinations and therapeutics to be used. and educational level. Regarding this finding,

(H1) hypothesis was rejected.

It is seen that; there is a statistically significant difference between the answers of the participants to the statements 5, 11 and 14, according to their educational level.

Table 4: Distribution of Patients' Answers to the Statements Determining Communication Problems, According to Marital Status

MARTIAL STATUS	STATEMENT 2: I can ask questions to the doctor about my disease easily.											
	Strongly Agree		Agree		Partially Agree		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Married	46	21,6	41	19,2	32	15,0	16	7,5	5	2,3	140	64,6
Single+widow	12	5,6	25	11,7	21	9,9	6	2,8	9	4,2	73	34,4
Total	58	27,2	66	30,9	53	24,9	22	10,3	14	6,5	213	100,0
MARTIAL STATUS	STATEMENT 11: Nurses make our treatment precisely.											
	Strongly Agree		Agree		Partially Agree		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Married	35	16,4	49	23,0	43	20,2	11	5,2	2	0,9	140	65,7
Single+widow	8	3,8	19	8,9	26	12,2	16	7,5	4	1,9	73	34,3
Total	43	20,2	68	31,9	69	32,4	27	12,7	6	2,8	213	100,0
MARTIAL STATUS	STATEMENT 13: Laboratory technicians behave well humouredly and politely.											
	Strongly Agree		Agree		Partially Agree		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Married	39	18,3	48	22,5	32	15,0	14	6,6	7	3,3	140	65,7
Single+widow	10	4,7	17	8,0	28	13,1	8	3,8	10	4,7	73	34,3
Total	49	23,0	65	30,5	60	28,1	22	10,4	17	8,0	213	100,0

According to Table 4, while agreement level to the statement 2 of married participants is strongly agree (21.6%) and agree (19.2%); the level of those who are single and widows, is strongly disagree (4.2%).

For statement 11, for married participants, the rate of 16.4% is strongly agree, 23% is agree and for single and widows strongly disagree with the statement with a rate of 1.9%.

Table 5: Determining Agreement Level of the Participants with the Statements about Communicating with Hospital Staff Using Chi-Square Test

STATEMENTS		Value	Degrees of Freedom	Asym.P.Sig. (2-way)
STATEMENT 2: I can ask questions to the doctor about my disease easily.	Pearson Chi-Square	11,882	4	,018
	Probability Ratio	11,922	4	,018
	Linear Relationship	6,152	1	,013
STATEMENT 11: Nurses make our treatment precisely.	Pearson Chi-Square	16,530	4	,002
	Probability Ratio	16,400	4	,003
	Linear Relationship	15,582	1	,000
STATEMENT 13: Laboratory technicians behave well humouredly and politely.	Pearson Chi-Square	14,766	4	,005
	Probability Ratio	14,762	4	,005
	Linear Relationship	11,382	1	,001

In table 5, it has been tested if there are significant relationships between the levels of agreement to the statements about patient-hospital staff communication problems according to marital status, forming the hypotheses below, by chi-square analysis.

(H0): "With the statement of I can ask questions to the doctor about my disease easily. there is a significant difference between marital status."

(H1): "With the statement of I can ask questions to the doctor about my disease easily. there are no significant differences between marital status."

(p = 0.004, p <0.05) It is understood that there is a significant relationship between the statement of "I can ask questions to the doctor about my disease easily." and marital status. Regarding this finding, (H1) hypothesis was rejected.

It is seen that; there is a statistically significant difference between the answers of the participants to the statements 11 and 13, according to their marital status.

Table-6: Distribution of the Patients' Answers to the Statements Determining the Communication Problems, According to Gender

GENDER	STATEMENT 1: Doctors give information about the examinations and therapeutics to be used.											
	Strongly Agree		Agree		Partially Agree		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Female	4	1,9	9	4,2	16	7,5	8	3,8	3	1,4	40	18,8
Male	56	26,3	40	18,8	50	23,5	19	8,9	8	3,7	173	81,2
Total	60	28,2	49	23,0	66	31,0	27	12,7	11	5,1	213	100,0
	STATEMENT 3: I feel comfortable in the examination room.											
Female	4	1,9	7	4,3	17	8,0	7	3,3	5	2,3	40	19,8
Male	38	17,8	65	30,5	35	16,4	24	11,3	11	5,2	173	80,2
Total	42	19,7	72	34,8	52	24,4	31	14,6	16	7,5	213	100,0
	STATEMENT 14: Laboratory technicians speak admonishingly and in high volume.											
Female	2	0,9	7	3,3	3	1,4	20	9,4	8	3,8	40	18,8
Male	21	9,9	39	18,3	44	20,7	40	18,8	29	13,5	173	81,2
Total	23	10,8	46	21,6	47	22,1	60	28,2	37	17,3	213	100,0
	STATEMENT 17: X-Ray technicians make explanations when necessary.											
Female	2	0,9	12	5,6	19	8,9	6	2,8	1	0,5	40	18,7
Male	23	10,8	54	25,4	43	20,2	31	14,6	22	10,3	173	81,3
Total	25	11,7	66	31,0	62	29,1	37	17,4	23	10,8	213	100,0
	STATEMENT 20: Information and guidance services in the hospitals are sufficient.											
Female	3	1,4	5	2,3	15	7,0	13	6,1	14	6,6	40	18,8
Male	26	12,2	44	20,7	38	17,8	34	16,0	31	14,6	173	81,2
Total	29	13,6	49	23,0	53	24,9	47	22,1	35	16,4	213	100,0

It is seen that; 26.3% of males strongly agree with the statement of "Doctors give information about the examinations and therapeutics to be used." while 7.5% of females partly agree. For statement 3, 30.8 percent of males agree with the statement of "I feel comfortable in the examination room". It was determined that; 20.7% of males partly agree with the statement of "Laboratory technicians speak admonishingly and in high volume." while 9.4% of females disagree. For the statement of "X-Ray technicians make explanations when necessary." 25.4% of males agree the statement. For the statement of "Information and guidance services in the hospitals are sufficient." agreement level of males (20.7%) has a higher level.

Table 7: Determining Agreement Level of the Participants with the Statements about Communicating with Hospital Staff Using Chi-Square Test

STATEMENTS		Value	Degrees of Freedom	Asym.P.Sig. (2-way)
STATEMENT 1: Doctors give information about the examinations and therapeutics to be used.	Pearson Chi-Square	9,673	4	0,046
	Probability Ratio	10,816	4	0,029
	Linear Relationship	8,517	1	0,004
STATEMENT 3: I feel comfortable in the examination room.	Pearson Chi-Square	14,755	4	0,005
	Probability Ratio	14,699	4	0,005
	Linear Relationship	8,398	1	0,004
STATEMENT 14: Laboratory technicians speak admonishingly and in high volume.	Pearson Chi-Square	15,179	4	0,004
	Probability Ratio	15,608	4	0,004
	Linear Relationship	5,658	1	0,017
STATEMENT 17: X-Ray technicians make explanations when necessary.	Pearson Chi-Square	10,943	4	0,027
	Probability Ratio	11,797	4	0,019
	Linear Relationship	0,073	1	0,787
STATEMENT 20: Information and guidance services in the hospitals are sufficient.	Pearson Chi-Square	10,536	4	0,032
	Probability Ratio	10,713	4	0,030
	Linear Relationship	1,225	1	0,268

In table 7, it has been tested if there are significant relationships between the levels of agreement to the statements about patient-hospital staff communication problems according to gender, forming the hypotheses below, by chi-square analysis.

(H0): "With the statement of Doctors give information about the examinations and therapeutics to be used. there is a significant difference between gender groups."

(H1): "With the statement of Doctors give information about the examinations and therapeutics to be used. there are no significant differences between gender groups."

($p = 0.004$, $p < 0.05$) It is understood that there is a significant relationship between the statement of "Doctors give information about the examinations and therapeutics to be used." and gender. Regarding this finding, (H1) hypothesis was rejected.

($p = 0.004$, $p < 0.05$) When it was tested if there was a significant relationship between the statement 3, statement 14, statement 17 and statement 20 according to gender, by Chi Square Test, it is seen to be significant. Regarding this finding, (H1) hypotheses were rejected.

Table 8: Distribution of the Patients' Answers to the Statements Determining the Communication Problems, According to Age

AGE	STATEMENT 5: Doctors listen to our complaints sincerely and wholly.											
	Strongly Agree		Agree		Partially Agree		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
16-25	9	4,2	13	6,1	20	9,4	17	8,0	3	1,4	62	29,1
26-35	8	3,8	9	4,2	28	13,1	7	3,3	0	0,0	52	24,4
36-45	5	2,3	8	3,8	14	6,6	3	1,4	6	2,8	36	16,9
46-55	8	3,8	7	3,3	12	5,6	3	1,4	1	0,5	31	14,6
56 and higher	11	5,2	7	3,3	6	2,8	4	1,9	4	1,9	32	15,0
Total	41	19,3	44	20,7	80	37,5	34	16,0	14	6,5	213	100,0
STATEMENT 13: Laboratory technicians behave well humouredly and politely.												
16-25	8	3,8	18	8,5	25	11,7	3	1,4	8	3,8	64	29,1
26-35	9	4,2	16	7,5	14	6,6	10	4,7	3	1,4	52	24,3
36-45	11	5,2	11	5,2	7	3,3	5	2,3	2	0,9	36	16,8
46-55	8	3,8	8	3,8	9	4,2	3	1,4	3	1,4	31	14,5
56 and higher	13	6,1	12	5,6	5	2,3	1	0,5	1	0,5	30	15,3
Total	49	23,0	65	30,5	60	28,2	22	10,3	17	8,0	213	100,0

13.1% of the participants between 26-35 years partly agree, 8% of the participants between 16-25 years disagree, 5.2% of the participants at the age 56 and over strongly agree with the statement of "Doctors listen to our complaints sincerely and wholly". 11.7% of the participants between 16-25 years partly agree, 7.5% of the participants between 26-35 years agree, 6.1% of the participants at the age 56 and over strongly agree with the statement of "Laboratory technicians behave well humouredly and politely".

Table 9: Determining Agreement Level of the Participants with the Statements about Communicating with Hospital Staff Using Chi-Square Test

STATEMENTS		Value	Degrees of Freedom	Asym.P.Sig. (2-way)
STATEMENT 5: Doctors listen to our complaints sincerely and wholly..	Pearson Chi-Square	32,886	16	0,008
	Probability Ratio	33,586	16	0,006
	Linear Relationship	3,184	1	0,074
STATEMENT 13: Laboratory technicians behave well humouredly and politely.	Pearson Chi-Square	27,016	16	0,041
	Probability Ratio	27,018	16	0,041
	Linear Relationship	10,053	1	0,002

In table 9, it has been tested if there are significant relationships between the levels of agreement to the statements about patient-hospital staff communication problems according to age groups, forming the hypotheses below, by chi-square analysis.

(H0): "With the statement of Doctors listen to our complaints sincerely and wholly. there is a significant difference between age groups."

(H1): "With the statement of Doctors listen to our complaints sincerely and wholly. there are no significant differences between age groups."

($p = 0.004$, $p < 0.05$) It is understood that there is a significant relationship between the statement of "Doctors listen to our complaints sincerely and wholly." and age. Regarding this finding, (H1) hypothesis was rejected.

($p = 0.004$, $p < 0.05$) When it was tested if there was a significant relationship between the statement 13 according to age, by Chi Square Test, it is seen to be significant. Regarding this finding, (H1) hypothesis was rejected.

Conclusion

Due to the reasons arising from the expectations and psychological situations of patients and the business environment, where health care professionals work; although they are not as intense as past, some communication problems between patients and hospital staff may occur. Before a conflict situation and before it gets the power to disturb the functioning of the hospital; solving the problem in time and in place may be an effective remedy.

In the provision of health services; finding new approaches for the solution of the problems about the communication between patients and hospital staff, identify those problems, find the causes of those problems and make the communication more effective, should be done before a conflict.

It was seen that there is no statistically significant difference between patients participating in the study, in terms of communication problems according to demographical characteristics. For all demographical categories patients had experienced moderate communication problems and while the level of education increases, rates of satisfaction decrease. Expectations of primary school graduated patients relating to provision of health care are less and they less transform the failures into communication problems.

Satisfaction with health care professionals is has higher rates for the patients who are married. According to social security, SSI member patients are more satisfied and have fewer communication problems. The reason of this can be SSI members' previous obligation to use SSI hospitals and their past experience of ban to use other public hospitals. Today, regardless of the patients' social security, patients can use the health institution they want, can prefer their doctor, can access high-quality health services, receive better conditions and spend less time to get health care services. These can be seen as factors increasing patient satisfaction.

Considering gender, male patients face less communication problems. According to age, patients between the ages of 16-25 have less communication problems and their satisfaction rates are higher than the other groups. This can be because of the younger aged patients' better perception of technological developments and their better adaption to those developments.

Although problems arising from internal functioning of hospitals and health professionals is decreasing in the health sector with the transition to automation system; long working hours, job stress, the income gap between statuses, work-related duties and responsibilities is not clear, some of the negative attitudes of hospital administrations and wrong implementations lead to communication problems. These communication problems are reported to the top authorities in a comfortable way and required administrative procedures can be performed, contrary with the past.

However patients receive quality health services with developments in the health care system; increasing living standards and increasing reasons and numbers of diseases, expectations from the health care services also increased patients began to demand better services. Even though these requests may be considered as understandable; if health policies continue in this way, danger of consumption culture, which must be considered as a problem in the community, to be seen in health care provision, may occur. This situation will make it difficult for the patients really in need of health care, to receive this service. So, health care is not a product to be consumed, it is an aid to be met when needed. Factors such as a clean environment, a regular lifestyle, balanced diet and reduction of harmful habits, will decrease our need for health care.

Implementation of a policy towards specialization in the health sector and increase in the number and power of private hospitals in health sector has led to a competition between health care institutions. Public hospital, which had provided much worse service than private hospitals until a short time ago, are now offering better service than the private hospitals. If both health professionals and patients try to better understand the conditions, which each other is, communication problems will be reduced. Reasons of communication problems may be seen as the result of an exam that tests the health care system itself, better than simply the visible face of an event. Even though it is not possible to end these problems, with the development of human-centred health policies, it may be possible to decrease them to very low levels.

References

- ADIGÜZEL, Zeynep (2005). Sağlık Personeli Hasta İletişiminin Niteliği ve İletişimi Etkileyen Faktörler (Master Thesis) Manisa: Celal Bayar Üniversitesi
- ARSLAN, Erhan and ERTÜRK, Ayla (2007). Genel ve Teknik İletişim. İstanbul: Lisans Yayıncılık
- AKSOY, Ramazan and BAYRAMOĞLU, Vecdi. (2008). Sağlık İşletmeleri İçin Kurumsal İmajın Temel Belirleyicileri: Tüketici Değerlemeleri. Zonguldak ZKÜ Sosyal Bilimler Dergisi, V: 4, I:7, pp. 85-96.
- ALTUNTAŞ, Yüksel (2007). Hasta Hekim İletişiminin İncelenmesi. (Şişli Etfal Hastanesinde Bir Uygulama Uzmanlık Tezi). İstanbul:2007
- ALTUNIŞIK Remzi; ÖZDEMİR Şuayip and TORLAK Ömer (2006). Modern Pazarlama. Sakarya: Değişim Yayınları
- ATAÇ, Adnan, UÇAR, Muharrem, et al. (2003). TSK Sağlık kurumlarından Yararlanan Personelin Hasta Hakları ve Sağlık Personeli-Hasta İlişkisi Konusundaki Memnuniyetlerin İtranet Üzerinden Araştırılması. Ankara: Gülhane Tıp Dergisi, V:45, I:4, pp.309-314
- CİRHİNLİOĞLU, Zafer (2001). Sağlık Sosyolojisi. Ankara: Nobel Yayınları
- CÜCELOĞLU, Doğan (1997). Yeniden İnsan İnsana. İstanbul, Remzi Kitabevi
- ÇAĞIRCI, Simge and YEGENOĞLU, Selen (2007). Genel İletişim Bilgileri Perspektifinden Hasta-Eczacı İletişimi. Ankara: Ankara Ecz. Fak. Derg., I:36 (1), pp.31-46.
- ÇALIŞKAN, Zafer (2008). Sağlık Ekonomisi: Kavramsal Bir Yaklaşım. Ankara: H.Ü. İktisadi ve İdari Bilimler Fakültesi Dergisi, V:26, I: 2, pp. 29-50
- DİCLELİ, Ayşe and AKKAYA, Serra (2000). Konaşa Konaşa. İstanbul: Mess Yayınları.
- DOĞANAY, Ülkü and KESKİN, Fatih (2008). İletişim Çalışmalarında Kişilerarası İletişimin Yeri: Türkiye'deki Kişilerarası İletişim Eğitimi Üzerine Bir Değerlendirme. Ankara: Kültür ve İletişim, V:11, I: 1, pp.9-32
- EREN, Nevzat and UYER, Gülten. (1991). Sağlık Ocağı Yönetimi. Ankara: Hatiboğlu Yayınları.
- FİDANER, Caner (1993). Sağlık Hizmetlerinde Kalite ve Maliyet Sorunu Kalite, Maliyet ve Hemşirelik Sempozyumu. İzmir: 3-5 Kasım, pp.50-56
- GÜLER, Nuran (1997). Örgütsel Sağlık ve Denge. (Sağlık Hizmetleri Uygulama ve Araştırma Hastanesinde Bir Uygulama, Master Thesis) Sivas: Cumhuriyet Üniversitesi.
- GÜRDAL, Doğan (2008). Genel ve Teknik İletişim. Trabzon: Murathan Yayınevi.
- GÜNEY, Salih (2007). Yönetim ve Organizasyon. Ankara: Nobel Yayınevi.
- KAVUNCUBAŞI, Şahin (2000). Hastane ve Sağlık Kurumları Yönetimi. Ankara: Siyasal Kitabevi
- KAYNAR, F and KUTLU, K. (2007). Görgü Kuralları. İstanbul: Yeni Asya Neşriyat.
- KOÇEL, Tamer (2003). İşletme Yöneticiliği. İstanbul: Beta Basım Yayım Dağıtım
- KURTZ, Suzanne; SILVERMAN Jonathan and DRAPER, Juliet (1998). Tıpta İletişim Teknikleri. (Translation: S. Yeniçeri). İstanbul: Beyaz Yayınları
- MUCUK, İsmet. (2003). Modern İşletmecilik. İstanbul: Türkmen Kitabevi
- OKAY, Ayla. (2000). Kurum Kimliği, Media. Ankara: Cat Yayınları
- ÖZER, Ali and ÇAKIL, Enver (2007). Sağlık hizmetlerinde hasta memnuniyetini etkileyen faktörler. Ankara: Tıp Araştırmaları Dergisi, V:5 I: 3, pp.140-143
- ÖZ, Fatma (2003). Sorgulanması Gereken Bir İlişki: Hekim-Hemşire İlişkisi", Türk Hemşireler Dergisi, V:55, pp.9-14
- PEŞKİRCİOĞLU, Nurettin (1994). Sağlık Hizmetlerinde Kalite, Ankara: Hacettepe Üniv. Hemşirelik Yüks. Dergisi, V:1, I:1, Hacettepe Üniv. Basımevi, pp.53-11
- SEÇİNTİ, Gönül. (1994). Sağlık Meslek Lisesi için Kişilerarası İlişkiler. Ankara: Somgür Yayıncılık
- SEZGİN, Murat and AKGÖZ, Erkan (2009). Genel ve Teknik İletişim. Ankara: Gazi Kitabevi
- SİLLARS, Stuard (1995). İletişim. (Translation: N. Akın). Ankara: Milli Eğitim Bakanlığı Yayınları
- TEL, Havva; KARADAĞ, Mevlüde; TEL, Hatice and AYDIN, Şule (2003). Sağlık Çalışanlarının Çalışma Ortamındaki Stres Yaşantıları ile Baş etme Durumlarının Belirlenmesi. Hemşirelikte Araştırma Geliştirme Dergisi, 2003/2
- TERAKYE, Gülşen and GÜRHAN, Nermin (1995). Psikiyatri Kliniklerinde Hastalarla Görüşmeler. Ankara: Aydoğdu Yayınları
- ULUDAĞ, Ayhan (2001). Sağlık Hizmetlerinde Halkla ilişkiler. (Master Thesis) Konya: Selçuk Üniversitesi