



EXPLORING THE COMMUNICATION EXPECTATIONS OF HEALTH CARE WORKERS: EMPIRICAL EVIDENCE FROM TURKEY

Şakir GÜLER¹

1 Dr., Public Relations and Publicity, Suleyman Demirel University, Turkey, sakirguler@yandex.com

Abstract

The aim of this study is to demonstrate the communication expectation levels of healthcare workers (HCWs) and their level of emotion. This study, in which 521 Turkish health workers participated, is a survey study. I explored the communication expectations and emotion levels of the participants in terms of professional title, gender and geographical region. The results show that the adverse emotions felt by healthcare workers are at a high level and that the workers have high expectations of attention, understanding, patience, and tolerance from the people they interact with. Those in the Aegean feel a higher level of negative emotion than those working in other regions. The results show that society has substantial responsibilities for healthcare workers. Society should avoid stigmatizing behavior towards healthcare workers and should be treated in a way that makes them feel good.

Keywords: *Communication Expectations, HCW, Covid-19, Adverse Feels, Turkey*

1. INTRODUCTION

The World Health Organization (WHO) reported that more than 60 million people were infected and more than 1.5 million died in November 2020 (WHO, 2020a). Healthcare workers (HCWs) are struggling in this process. As the number of cases increases, the working hours and workload of workers gradually increase. Moreover, this increases the likelihood of healthcare workers getting viruses. Studies (e.g. Banerjee et al., 2020; Muiry, Parsons & Madan, 2020) show that healthcare workers are more likely to get the virus due to fatigue and stress. Based on the data of July 2020, HWCs constitute 10% of positive cases worldwide (Who, 2020b). When this rate is considered for November 2020, it is thought that approximately 6 million healthcare workers have been infected with the virus.

According to the results of a study conducted in China, 50.4% of the healthcare workers experience depression, 44.6% anxiety, 34% insomnia, and 71.5% trouble. The mental health of the personnel serving in regions where covid positive cases are intense is under more threat than those working in others (Lai et al., 2020). Similarly, in another study conducted in Ecuador in March 2020, Chen et al. (2020) reported that 32% of HCWs experienced psychological distress and 28.2% had anxiety disorder. The situation is similar in countries like Italy (Di Tella et al., 2020).

Studies indicate that workers are more concerned about infecting their families, lack of equipment, and lack of social security. Women workers, elderly personnel, and HCWs who have contact with positive patients are more negatively affected by the developments caused by covid-19 (e.g. Almaghrabi et al, 2020; Chen et al., 2020; Di Tella et al., 2020). Despite all these adverse developments, healthcare workers continue to do their jobs without interruption.

People in various countries went out on the balcony to applaud HCWs to show their gratitude (Yıldırım & Taşdan, 2020). Public transportation was made free of charge for HCWs in big cities (Göçümlü, 2020). There was frequent news on television channels glorifying HCWs. Although there is positive news in the media that healthcare workers are declared heroes (Congar, 2020), unfortunately, researches also reveal that healthcare professionals are stigmatized by society (Ramaci et al., 2020; Taylor et al., 2020). Based on a study conducted on 3551 people in the United States, one-fourth of participants think that healthcare workers should be kept separate from society and their families. Also, participants stated that workers should be subject to restrictions because they think healthcare professionals may carry viruses (Taylor et al., 2020). Unfortunately, society's stigmatization of healthcare workers adversely affects the mental health and emotions of workers. Moreover, stigma affects emotionally

sensitive workers, have poor coping skills, and have suicidal attempts, more adversely. Teksin et al. (2020) state that Turkish healthcare workers (n452) who come into contact with covid 19 patients, show symptoms of covid-19, delay testing due to anxiety, and receive psychological support have higher perceptions of stigma. Moreover, the developments caused by covid-19 are so terrible that healthcare professionals even stigmatize their colleagues because of the virus. An example is given in the following excerpt. Grover (2020) recounts the experience of a healthcare worker stigmatized by her/his colleagues (p. 1);

...Although she had not come in contact with any known high-risk contact for COVID-19, she decided to get herself tested for COVID-19. Just prior to getting herself tested, she informed her supervisors about her going for the testing. However, immediately, after getting herself tested, she started receiving messages and phone calls from the colleagues about the rumors of her being tested positive. Everyone at her workplace was informed that she is positive for COVID-19. She felt very bad and helpless about the same. Next day her COVID-19 test came out to be negative, but she had to undergo a quarantine/self-isolation for 2 weeks as per the protocol. Throughout these 2 weeks she would hear about the rumors of her being COVID-19 positive and people blaming her for carrying the infection to the workplace. Due to this, she started remaining distressed, would often break into tears, had difficulty in falling asleep and maintaining asleep, her appetite reduced, was not able to concentrate on her work, would feel helpless, would be worried about the reaction of others in the future. During the self-isolation, she found that other HCWs living close to her accommodation, who were earlier friendly with her had started to avoid her, would walk in the corridor in such a way, as if trying to avoid physical contact with her. This would make her more distressed; make her feel an outcast and being ridiculed at...

All these developments cause physiological and psychological difficulties for workers. The ability of healthcare professionals to perform more effectively against the virus depends on their well-being and strong emotional resilience. Therefore, instead of stigmatizing healthcare professionals, it is necessary to understand their communication expectations and improve their well-being. As a matter of fact, this requirement is also a social responsibility.

In the current study, I explore the communication expectations of healthcare professionals and their positive and negative emotional levels in the context of demographic factors. The results contribute to the discussion aimed at reducing the anxiety and adverse feelings of the health care workers. The questions of the research are as follows;

- RQ1: What are the communication expectation levels of healthcare professionals?
- RQ2: What is the level of positive and negative emotions experienced by healthcare professionals?
- RQ3: Do the communication expectations of the participants differ according to the

professional title?

- RQ4: Do the feelings of the participants differ according to the professional title?
- RQ5: Do the communication expectations of healthcare professionals differ according to gender?
- RQ6: Do the emotions felt by healthcare professionals differ according to gender?
- RQ7: Do the communication expectation levels of healthcare professionals differ according to the geographical region?
- RQ8: Do the emotions felt by healthcare professionals differ according to the geographical region?

2. RESEARCH METHOD

This study is a survey research. According to Sukamolson (2007) “*survey research uses scientific sampling and questionnaire design to measure characteristics of the population with statistical precision*” (p. 4).

2.1. Procedures

I gathered from health care workers in Turkey on research data of 2-15 October 2020. Participants were people working in randomly selected hospitals. After obtaining legal permissions, I sent the survey link to the hospitals' Facebook, Telegram, and WhatsApp groups. When the participants clicked on the research link, they confirmed that they "voluntarily filled out the questionnaire" on the screen. The survey form was created through the website surveey.com and the survey form consists of 3 different parts. These sections are; The Personal Information Form (PIF), Communication Expectations Form (CEF), and The Scale of Positive and Negative Experience (SPANES).

2.2. Measures

Personal Information Form

The items in this form ask the healthcare personnel for information about their gender, age, marital status, whether or not they have a child, job title, geographic region where they work, and whether positive patients are cared for.

Communication Expectations Form

CEF was developed by Aktaş and Pasinlioğlu (2017). This research has been adapted for CEF healthcare professionals. The form contains items that measure the extent to which the participants have expectations from other people they interact with. Responses range from “1”

(I have no expectations) to “5” (My expectations are very significant). The increase in the response scores indicates that the communication expectations of the participants are high. The items are presented in Table 1.

Table 1. Items of Communication Expectations Form

It is about to be greeted with a smiling face comes from others...
It's about others listening to me well and caring about what I say...
It is about others being more patient with me...
It is about others being sincere to me..
It is about giving me confidence that comes from others...
It's about others avoiding incriminating statements against me...
It's about others showing more interest and understanding for me...
It's about other people's respect for me...

The Scale of Positive and Negative Experience (SPANE)

SPANE was developed by Diener et al. (2009) to measure positive and negative experiences. The scale includes 12 items, 6 measure positive emotions and 6 measure negative emotions. In this study, 4 items were used to measure positive emotions and 4 items to measure negative emotions. Because when the items in the scale are translated into Turkish, some items have very close meanings. The reliability value (cronbach alpha) for the positive and negative emotions dimension of SPANE is $\alpha = .84$ and $\alpha = .80$ (p.257). SPANE includes inclusive expressions such as “good - positive - pleasant - bad - negative - unpleasant” to identify positive and negative emotions. In this way, SPANE can easily determine whether the emotions in different cultures are positively or negatively. Also, SPANE can focus on emotions that take place within a certain time frame. In this research, SPANE focused on how healthcare professionals felt in October 2020.

3. ANALYSIS

Kurtosis and skewness values of the data are between +1 and -1 (Table 2). Hair et al. (2014) state that data with kurtosis and skewness values between +1 and -1 are normally distributed. Therefore, I analyzed the data with parametric tests.

I evaluated the communication expectations of the participants based on the average scores of the CEF form. Similarly, I evaluated the positive and negative emotion levels of the participants based on the average scores on the SPANE scale. I analyzed how the level of communication expectations of healthcare professionals and their emotions differ according to demographic factors with ANOVA and T-Test. I evaluated the groups with significant differences with the Tukey test.

4. RESULTS

The communication expectation levels of the participants and the positive and negative emotion levels they felt during the pandemic period are shown in Table 2.

Table 2. Descriptives Statistic

	Mean	SD	Skewness	Kurtosis		
	St.	St.	St.	SE	St.	SE
<i>Communication Expectations Form (CEF)</i>	3,57	1,005	-,880	,107	,120	,214
It is about to be greeted with a smiling face comes from others...	3,32	1,186	-,568	,107	-,533	,214
It's about others listening to me well and caring about what I say...	3,65	1,123	-,958	,107	,228	,214
It is about others being more patient with me...	3,41	1,207	-,658	,107	-,563	,214
It is about others being sincere to me..	3,49	1,228	-,671	,107	-,502	,214
It is about giving me confidence that comes from others...	3,58	1,244	-,748	,107	-,405	,214
It's about others avoiding incriminating statements against me...	3,62	1,264	-,755	,107	-,463	,214
It's about others showing more interest and understanding for me...	3,60	1,228	-,857	,107	-,206	,214
It's about other people's respect for me...	3,86	1,294	-,741	,107	-,089	,214
POSITIVE EMOTIONS	3,46	,77658	-,396	,107	-,106	,214
NEGATIVE EMOTIONS	2,52	,80676	,083	,107	-,329	,214
<i>x=1.0 - 2.0 Mean: Low Level</i>			<i>x=2.1 - 3.1 Mean: Medium Level</i>			<i>x=3.2 - 5.0 Mean: High Level</i>

RQ1: Based on the average values in Table 2, the health personnel's expectation of empathic communication ($x = 3.57$) is very high. Particularly workers have very high expectations from people about "not using accusatory expressions against themselves" and "being understanding towards themselves".

RQ2: The adverse/negative emotions felt by the workers during the pandemic period also have a high level. On the other hand, the positive emotions they feel are moderate.

RQ3: The communication expectations of the participants do not differ significantly according to the professional title ($F_{3,517} = 2.45, p > .05$).

RQ4: The level of negative emotion felt by the participants according to the occupational title does not differ significantly ($F_{3,52} = 1.84, p > .05$). The level of positive emotion felt by the workers differs significantly according to the professional title ($F_{3,52} = 5.51, p < .05$). When the significant differences between binary groups are examined (Tukey); Doctors experience more positive feelings than nurses ($x = .31014^*$) and health technicians ($x = .40795^*$).

RQ5: The communication expectations of the participants significantly differ according to gender ($t_{519} = 2.71, p < .05$). Empathic communication expectations ($x = 3.6$) of female HCWs are higher than expectations of male HCWs ($x = 3.3$).

RQ6: The positive emotions felt by the participants differ significantly according to gender. ($t_{240.6} = -2.13, p < .05$). Male workers ($x=2.6$) feel more positive than female ($x = 2.4$) workers. The negative emotion level of the participants also varies significantly according to gender ($t_{231.5} = 4.27, p < .05$). Female health workers ($x = 3.5$) feel more negative emotions than male workers ($x = 3.2$) during the pandemic period.

RQ7: The communication expectations of healthcare professionals differ significantly depending on their geographic region ($F_{6,51} = 2.71, p < .05$). Significant differences between dual groups were analyzed using the Tukey test. The results show that those in the Marmara Region ($x = .48939 *$) and those in the Mediterranean Region ($x = 56357 *$) have a higher level of communication expectation than those in the Southeastern Anatolia Region.

RQ8: The positive ($F_{6,51} = 3.33, p < .05$) and negative ($F_{6,51} = 4.56, p < .05$) emotions felt by healthcare professionals differ significantly according to the geographical region they work in. Comparisons between groups are shown in Table 3. Based on Table 3, the negative emotion felt by the health personnel working in the Aegean region is higher than the employees in all other regions.

Table 3. Positive and Negative Emotions of Workers by Region

Dependent Variable			Mean		
	(I) Region:	(J) Region:	Difference (I-J)	SE	Sig.
Positive Emotions	Aegean Region	Eastern Anatolia Region	-,61806*	,16784	,005
	Blacksea Region	Eastern Anatolia Region	-,53350*	,16409	,021
Negative Emotions		Marmara Region	,52982*	,12139	,000
	Aegean Region	Central Anatolia Region	,41627*	,12897	,022
		Eastern Anatolia Region	,66944*	,16045	,001
		Mediterranean Region	,45204*	,12476	,006

5. DISCUSSION AND CONCLUSION

Within the scope of this research, the positive and negative emotion levels felt by healthcare professionals in October 2020, and the communication expectation levels of the workers were explored. Besides, communication expectations and positive-negative feelings of the workers were examined in terms of factors such as occupational title (e.g doctor, nurse), gender, geographical region where they work, and covid-19 patient contact.

The results show that the communication expectations of healthcare professionals are quite high. Based on the results, employees experience high levels of negative feelings during the pandemic period. On the other hand, positive emotions felt by the employees are at average

levels. The level of positive emotion may increase when employees' communication expectations are satisfied. Therefore, society has substantial responsibilities. People should avoid expressions that stigmatize HCWs. As Teksin et al. (2020) stated, some individuals are sensitive among healthcare professionals. When these people are exposed to stigmatizing behavior, their mental health is in serious danger. Besides, the behaviors of healthcare workers towards each other also affect the positive and negative emotions (Grover et al., 2020). Therefore, workers should adopt an attitude that meets the communication expectations of their colleagues while dealing with their colleagues. Healthcare professionals in higher positions have substantial duties in this regard. Although the official procedure takes the subordinate-superior relations as a reference, the HCWs' being kind and more understanding towards each other during the pandemic period will make the employees feel better.

According to the results, negative emotions felt by healthcare workers residing in the Aegean region are higher than all other regions. By examining the working conditions in the Aegean region, strategies can be developed to improve the living conditions of healthcare professionals.

The subject that workers expect the most within the scope of their communication expectations is that "people do not use accusatory expressions against them". Stigmatizing behavior of people towards healthcare professionals may have influenced this result (Teksin et al., 2020; Ramaci et al., 2020; Taylor et al., 2020). Some people think that healthcare workers carry viruses. Therefore, healthcare professionals are exposed to discrimination even in the buildings they reside in. For example, in an incident in Sinop, the apartment management left a note on the elevator door for healthcare workers not to use the elevator. Thereupon, the health personnel residing in the building; *we sacrifice our own lives in order to serve the society. This discriminatory approach adversely/negatively affects our determination to work. You are discriminating even though you have to ask "Do you need help?"* answered in the form (Sözcü, 2020).

Finally, in the pandemic period when online education has become widespread, various trainings for the society can be given via television or the internet. In these trainings, the communication expectations of healthcare professionals can be explained to the public. Thus, collective consciousness can be created in the fight against the virus.

References

- Aktaş, S., & Pasinlioğlu, T. (2017). Ebelere verilen empati eğitiminin postpartum dönemdeki annelerin beklentilerini karşılama, doğumu ve ebeyi algılama düzeyine etkisi. *Jinekoloji Obstetrik ve Neonatoloji Tıp Dergisi*, 14(2), 60-65.
- Almaghrabi, R. H., Alfaradi, H., Al Hebshi, W. A., & Albaadani, M. M. (2020). Healthcare workers experience in dealing with Coronavirus (COVID-19) pandemic. *Saudi medical journal*, 41(6), 657-661.
- Banerjee, A., Mukherjee, K., Bhattacharjee, D., Garai, D., & Chakraborty, R. (2020). Status of Health-care Workers in Relation to COVID-19 Infection: A Retrospective Study in a Level 4 COVID Hospital in Eastern India. *The Journal of the Association of Physicians of India*, 68(12), 55-57.
- Chen, X., Zhang, S. X., Jahanshahi, A. A., Alvarez-Risco, A., Dai, H., Li, J., & Ibarra, V. G. (2020). Belief in a COVID-19 conspiracy theory as a predictor of mental health and well-being of health care workers in Ecuador: cross-sectional survey study. *JMIR Public Health and Surveillance*, 6(3), e20737.
- Congar, K. (2020) 'Sosyal medyada koronavirüsle savaşan kahraman doktor ve sağlık çalışanlarına destek', Euronews, 24 March 2020. Available at: <https://tr.euronews.com/2020/03/24/foto-galeri-i-sosyal-medyada-koronavirusle-savasan-kahraman-doktor-ve-sagl-k-cal-sanlar-na> (Accessed: 08.11.2020).
- Di Tella, M., Romeo, A., Benfante, A., & Castelli, L. (2020). Mental health of healthcare workers during the COVID-19 pandemic in Italy. *Journal of evaluation in clinical practice*, 26(6), 1583-1587.
- Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D. W., & Oishi, S. (2009). New measures of well-being. In *Assessing well-being* (pp. 247-266). Springer, Dordrecht.
- Göçümlü, Ç., B. (2020) 'Sağlık çalışanlarının ücretsiz ulaşım ve sosyal tesis hakkı yıl sonuna uzatıldı', AA, 28 June 2020. Available at: <https://www.aa.com.tr/tr/turkiye/saglik-calisanlarinin-ucretsiz-ulasim-ve-sosyal-tesis-hakki-yil-sonuna-uzatildi/1955952>. (Accessed: 08.11.2020).
- Grover, S., Singh, P., Sahoo, S., & Mehra, A. (2020). Stigma related to COVID-19 infection: Are the Health Care Workers stigmatizing their own colleagues?. *Asian Journal of Psychiatry*.
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Tan, H. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3), e203976-e203976.
- Menon, V., Padhy, S. K., & Pattnaik, J. I. (2020). Stigma and aggression against health care workers in India amidst COVID-19 times: Possible drivers and mitigation strategies. *Indian Journal of Psychological Medicine*, 42(4), 400-401.
- Muiry, R., Parsons, V., & Madan, I. (2020). Risks posed by COVID-19 to healthcare workers. *Occupational Medicine*. Doi: <https://doi.org/10.1093/occmed/kqaa191>.
- Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social Stigma during COVID-19 and its impact on HCWs outcomes. *Sustainability*, 12(9), 3834.

- Sözcü, (2020). Apartmanda ayrımcılığa uğrayan sağlık çalışanlarından tokat gibi cevap!. Available at: <https://www.sozcu.com.tr/2020/gundem/apartmanda-ayrimciliga-ugrayan-saglik-calisanlarindan-tokat-gibi-cevap-5730063/> (Accessed: 07.11.2020).
- Sukamolson, S. (2007). Fundamentals of quantitative research. *Language Institute Chulalongkorn University, 1, 2-3*.
- Taylor, S., Landry, C. A., Rachor, G. S., Paluszek, M. M., & Asmundson, G. J. (2020). Fear and avoidance of healthcare workers: An important, under-recognized form of stigmatization during the COVID-19 pandemic. *Journal of Anxiety Disorders, 75, 102289*.
- Who, (2020a). *WHO Coronavirus Disease (COVID-19) Dashboard*. Available at: <https://covid19.who.int/> (Accessed: 6.11.2020).
- Who, (2020b). 17 July. Available at: <https://twitter.com/WHO/status/1284148139797209093>. (Accessed: 06.11.2020).
- Yıldırım, Ö. & Taşdan, C. (2020) ‘Bakan Koca’dan sağlık çalışanları için üst üste 3 gün alkış çağrısı’, AA, 19 March, 2020. Available at: <https://www.aa.com.tr/tr/koronavirus/bakan-kocadan-saglik-calisanlari-icin-ust-uste-3-gun-alkis-cagrisi/1772398> (Accessed: 08.11.2020).