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RECREATION POSSIBILITIES OF ERCIYES UNIVERSITY HEALTH RESEARCH AND IMPLEMENTATION CENTER

TülinFilik[1], DemetÜnalan[2], ÖzcanÖzyurt[3], Murat Borlu[4]
[1] Erciyes University Health Researchand Implementation Center,Specialist, Deputy Manager
[2] Erciyes University Halil Bayraktar Health Vocational College, Prof. Dr.
[3] Erciyes University Health Researchand Implementation Center, Specialist, Head Manager
[4] Erciyes University Health Researchand Implementation Center, Prof.Dr. Deputy Chief Physician
*E-mail: tulinfilik@hotmail.com

Abstract

The purpose of the study is to determine the adequacy of the recreation possibilities of Erciyes University Health Research and Implementation Center for patients, patient relatives, and hospital attendants and in terms of design.The population is included 893 patients (69.4%) who accept to join the research out of 1286 hospitalized patients at Erciyes University Health Research and Implementation Center during January-March 2016. A questionnaire form to attain the information about descriptive features of the patients and patient relatives and a scale questioning the adequacy of the recreation fields of the hospital was used as the data collection tool. In statistical analysis, student t test was used to compare two groups in independent groups, and analysis of variance was used to compare more than two groups. It is determined that patients and patient relatives spend their free time in the hospital by reading books at least and on the internet at most. Patient relatives think that waiting areas and cafeteria areas are adequate and they are sufficient to meet the needs of the hospital attendants. They state that guidance staff and secretary and cleaning services staff are sufficient, hospital environment is quiet and have enough lighting and that they find green areas and forestation sufficient. Men's scores of agreement with the opinions related to the recreative areas for patients and recreative areas for hospital attendants and patient relatives are found significantly high ($p<0.05$). The group aged 20 and below has the highest scores of agreement with the opinions related to the recreative areas. The scores of illiterate patients are found significantly higher than those having post graduate degree. Primary school graduate hospital attendants and patient relatives' scores of agreement with the opinions related to recreative areas are found significantly higher than those high school graduates and having associate's degree. It is determined that patients, hospital attendants and patient relatives find recreative possibilities at medium-level in terms of design.

Keywords: Recreation, Hospital, Recreative Area, Patients

Introduction

The word 'recreation' is derived from 'recreation' in Latin and it is formed with the combination of the words 're' and 'creation', and it means game, entertainment and refreshing (Kara, 2007; 12). In Turkish it is used for making use of spare time. Recreation as a social institution, knowledge community and a professional field in modern meaning, is a full and happy life tool independent from work, valuable in itself and it fulfills one's many important needs (Sevil, 2012; 6).Recreation is defined as the activities done as optional and voluntarily individually or in a group in the free and independent time except for the time of work and obligatory needs in order to regain and maintain the imperiled or negatively affected physical and spiritual health affected by intense work load, routine way of life or negative environmental effects and at the same time to get pleasure (Karakucuk, 1997; 54).

Generally, around the world, Recreation services are handled as two parts in terms of health; one is given in the scope of preventive health services to healthy individuals, and the other is given in the scope of improvement and health services to disabled and inadequate people. Recreation services given to healthy people are defined as "Recreation" and those given to disabled people and people with health problems are defined as "Recreation Therapy"(Austin 2004).When recreation is used in hospitals, clinics and in every field of life, it is a significant therapy tool. It helps to restore physical, emotional and social skills. (http://www.rehabilitasyon.com/action/makale/1/Terapi_Rekreasyonu-1908).

The purpose of this study is to determine the efficiency of the recreative possibilities of Erciyes University Health Research and Implementation Center in terms of patients, patient relatives, hospital attendants and design.

Material – Method

The population of the research is included 893 patients (69.4%) who accept to join the research out of 1286 hospitalized patients at Erciyes University Health Research and Implementation Center during January-March 2016. A questionnaire form to attain the information about descriptive features of the patients and patient relatives such as age, sex, educational status, etc. and a five point likert scale including 24 questions and 2 open ended suggestion states and questioning the adequacy of the recreation fields of the hospital was used as the data collection tool. Implementation permission for the scale has been got from those who developed it (Murat et al, 2016). Cronbach's Alpha (α) value of the scale was found as α=0.915.SPSS 17.0 package software was used in the statistical analysis of the data. In the comparison of two groups, student t test was used in independent groups, and analysis of variance was used to compare more than two groups. Significance level is accepted as $p< 0.05$ in the evaluations.

Results

29.3% of the individuals included in the research group were patients and 70.7% were patient relatives.

Table1.Distribution of the individuals constituting the research group according to various features

Variable	Number	%
Sex		
Male	521	58.3
Female	372	41.7
Age group		
20 and ↓	59	6.6
21-30	285	31.9
31-40	384	43.0
41-50	91	10.2
51 and ↑	74	8.3
Educational Level		
Secondary School	547	61.3
High school	180	20.2
Associate's degree	74	8.3
Graduade	72	8.1
Post graduate	20	2.2
Level of income/TL		
1000 TL and ↓	267	29.9
1001-2000	447	50.1
2001-3000	119	13.3
3001 and ↑	60	6.7
Length of hospital stay/day		
1-3	163	18.3
4-7	452	50.6
8-11	108	12.1
12 day ↑	170	19.0
Number of hospital visits in the recent year		
1-2	179	20.0
3-4	326	36.5
5-6	193	21.6
7-8	89	10.0
9 and ↑	106	11.9

58.3% of the individuals included in the research group are male, 43.0 % are between 31-40 years old, level of income of 50.1%isbetween 1001-2000 TL, 50.6% have been hospitalized between 4-7 days and 36.5% have visited hospital 3-4 times in the recent year (Table 1).

Table 2.Opinions of the individuals included in the research group related to the recreative areas of the hospital.

	X±SD
Recreative areas from the point of the patients	2.5±0.8
Recreative areas from the point of the hospital attendants and patient relatives	2.4±0.9
Recreative areas with regard to design	2.5±0.7

Opinions of the patients and patient relatives included in the research group related to the recreative areas of the hospital are presented in Table 2. It is determined that patients, hospital attendants and patient relatives find the recreative possibilities of the hospital with regard to design at medium-level.

Table 3.Opinions of the individuals included in the research group related to the recreative areas

Opinions related to the recreative areas	**X±SD**
Hospital staff leads us to the activities to make use of our spare time.	2.5±1.1
I spend my free time by reading books in the hospital.	2.3±1.1
I spend my free time on the internet in the hospital.	2.6±1.2
I can keep track of my business in the hospital.	2.5±1.1

When the opinions of the individuals included in the research group are evaluated, it is seen that patients and patient relatives spent their free time in the hospital by reading books at least and on the internet at most (Table 3).

Table 4.Opinions of the individuals included in the research group related to the recreative areas from the point of view of the hospital attendants and patient relatives

Opinions related to the recreative areas	**X±SD**
I think hospital attendants can spend their free time in the hospital without getting bored.	2.4±1.1
The design of the hospital has been made taking into account of the areas where hospital attendants can make use of their spare time.	2.4±1.1
Waiting rooms and cafeteria is sufficient for the patient relatives.	2.5±1.2
I think sickrooms are sufficient to meet the needs of the hospital attendants.	2.5±1.2

When the opinions of the individuals included in the research group related to the recreative areas from the point of view of the hospital attendants and patient relatives are evaluated, it is seen that patient relatives think that waiting rooms and cafeteria areas are sufficient and sickroom are adequate to meet the needs of the hospital attendants (Table 4).

Table 5.Opinions of the individuals in the research group related to the recreative areas in the hospital with regard to design

Opinions related to the recreative areas with regard to design	**X±SD**
There are places in the hospital where I can host my guests except my room.	2.3±1.1
I find the café, canteen, etc. possibilities of the hospital sufficient.	2.4±1.1
I find the outer space of the hospital (park, garden) sufficient for patients and patient relatives.	2.5±1.1
I find the areas in the hospital where patients can spend their free time by doing sports.	2.3±1.1
The hospital has been designed as taking into account of the areas where patients make use of their spare time.	2.3±1.1
Areas in the hospital where patients and patient relatives can spend their free time by praying.	2.4±1.1
There is a library and a reading room in the hospital.	2.2±1.1
I find the sitting areas in the hospital garden sufficient.	2.5±1.2
I find the parking areas in the hospital garden sufficient.	2.4±1.2
I find walking trails in the hospital garden sufficient.	2.7±1.2
I find parking areas and walking trails in the hospital garden sufficient for the use of the disabled.	2.6±1.2
Green area and forestation in the hospital garden is sufficient.	2.8±1.2
The hospital has been built on a point that patients and visitors can reach by public transport easily.	2.7±1.2
There are sufficient guidance signboards to go to the units in the hospital.	2.7±1.2
The hospital environment is quiet and lighting is sufficient.	2.8±1.3
The guidance staff, secretary and cleaning services of the hospital are sufficient.	3.0±1.3

When the opinions of the individuals in the research group related to the recreative areas in the hospital are evaluated, it is seen that they state that guidance staff, secretary and cleaning services of the hospital are sufficient, the environment of the hospital is quiet and lighting is sufficient, and green area and forestation in the hospital garden is sufficient (Table 5).

Table 6.The relation between the opinions of the individuals in the research group related to the recreative areas with regard to their various features

Variables	RECREATIVE AREAS		
	With regard to patients	**With regard to hospital attendants and patient relatives**	**Recreative areas with regard to design**
Sex			
Male	2.5±0.03	2.5±0.8	2.5±0.7
Female	2.3±0.9	2.3±0.9	2.5±0.8
p value	**0.001**	**0.001**	0.637
Age group			
20 and ↓	2.6±0.9	2.6±0.9^{ab}	2.5±0.8
21-30	2.4±0.9	2.3±0.9^{b}	2.5±0.8
31-40	2.5±0.7	2.4±0.8^{ab}	2.5±0.6
41-50	2.5±0.8	2.3±0.9^{b}	2.6±0.9
51 and ↑	2.4±1.0	2.3±0.9^{b}	2.7±0.9
p value	0.541	**0.005**	0.098
Educational Level			
Literate	2.1±0.9^{a}	2.2±0.8^{ab}	2.5±0.7
Primary education	2.5±0.8^{ab}	2.6±0.8^{a}	2.6±0.7
Secondary education	2.4±0.7 ^{ab}	2.4±0.8^{ab}	2.4±0.7
High school	2.5±0.8 ^{ab}	2.3±1.0^{b}	2.6±0.8
Associate's degree	2.3±1.0 ^{ab}	2.2±0.9^{b}	2.4±0.8
BA degree	2.5±0.9 ^{ab}	2.3±1.0^{ab}	2.7±0.7
MA degree	2.8±0.7^{b}	2.6±1.0^{ab}	2.4±0.5
p value	**0.030**	**0.001**	0.060
Level of income/TL			
1000 TL and ↓	2.3±0.9^{a}	2.4±0.9	2.6±0.8
1001-2000	2.6±0.8^{b}	2.4±0.8	2.5±0.7
2001-3000	2.4±0.8^{ab}	2.3±1.0	2.5±0.8
3001 and ↑	2.6±0.9^{ab}	2.4±0.8	2.5±0.6
p value	**0.001**	0.437	0.344
Length of hospital stay/day			
1-3	2.3±0.9^{a}	2.4±0.9^{ab}	2.5±0.8
4-7	2.5±0.8^{b}	2.5±0.7^{a}	2.5±0.6
8-11	2.4±0.9^{ab}	2.4±1.0^{ab}	2.6±0.9
12 and ↑	2.5±0.8^{ab}	2.3±1.0^{b}	2.6±0.8
p value	**0.046**	**0.012**	0.371
Number of visits to the hospital in the recent year			
1-2	2.2±0.8^{ab}	2.3±0.8	2.5±0.8
3-4	2.5±0.8^{ab}	2.5±0.8	2.5±0.7
5-6	2.5±0.8^{b}	2.5±0.9	2.6±0.6
7-8	2.8±0.8^{ab}	2.5±1.0	2.5±0.9
9 and ↑	2.6±1.0^{ab}	2.4±0.9	2.7±0.9
p value	**0.001**	0.376	0.209

In "recreative areas with regard to patients and recreative areas with regard to hospital attendants and patient relatives," the scores of the agreement with the opinions of male participants are found significantly high ($p<0.05$) (Table 6).

The group aged 20 and below has the highest scores of agreement with the opinions related to the recreative areas with regard to patient relatives. The difference between the agreement scores of the groups with the opinions related to recreative areas with regard to the age groups are found statistically significant. The difference arises from the age groups of 21-30, 41-50 and 50 and above ($p<0.05$) (Table 6).

The scores of the illiterate patients are found significantly lower than the ones who have post graduate degree. The agreement scores of the primary school graduates with the opinions related to recreative areas with regard to hospital attendants and patient relatives are found significantly lower than of those who are high school graduates and have associate's degree ($p<0.05$) (Table 6).

The agreement scores of the patients whose income levels are 1000 TL and ↓ with the opinions related to the recreative areas are found significantly lower when compared to the patients whose incomes are between 1001 – 2000 ($p<0.05$) (Table 6).

The scores of the patients who have hospitalized for between 1-3 days are found significantly lower than the ones who have hospitalized for between 4-7 days. The scores of the hospital attendants and patient relatives who have stayed in the hospital for 12 days and more are found significantly lower than the ones who have stayed in the hospital for between 4-7 days ($p<0.05$) (Table 6).

The scores of the ones whose number of visit the hospital between 7-8 times in the recent year are found significantly high ($p<0.05$) (Table 6).

Table 7. The suggestions of the individuals in the research group related to the recreation activities

Suggestion	Number
There should be prayer rooms	111
There should be reading rooms	102
There should be gym	71
There should be sitting areas	62
Park and garden areas should be increased	58
There should be TV room	43
There should be internet connection	37
There should be canteens, there should be canteens on the floors and the prices should be affordable	28
Sickrooms should be qualified	21
Waiting rooms should be better. There should be waiting rooms on every floor for the hospital attendants	16
Other *	21

* There should be smoking areas, balconies for fresh air, educatory areas for activities, shopping center, playgrounds for children; parking area should be expanded, there should be daily newspaper.

Discussion

It is determined that patients, hospital attendants and patient relatives find the recreative possibilities of the hospital at medium-level in terms of design. Our findings are similar to the ones found in the study conducted in Malatya State Hospital titled "Recreation in the Presentation of Qualified Health of Modern Hospitals" (Murat and et al., 2016; 525). In our study it is established that patients and patient relatives spend their free time by reading at least and on the internet at most. Patients and relatives are worried about the pain resulted from the sickness, suffering, examination and intervention and if they survive or not, so they need psychological support. Even if all those factors are ignored, especially patients are affected in a negative way psychologically since they are away from their routine work and life environments and have to live in the hospital environment. Psychiatric support will be necessary if the response of the patient runs rampart. However, whether support is needed or not, it will be very useful to create activities, collective or individual exercise programs, possibilities to follow the media and activity programs such as good morning time, tea time, etc. organized by staff such as nurses and psychologists to contribute them to be peaceful psychologically. In this regard, providing environment therapy has a great significance to increase the success of the treatment, to prevent arising or deepening psychological problems and for the patients to adopt their life environments and conditions (especially for long-stay patients).

In our study, patient relatives think that waiting rooms and cafeteria areas are sufficient and sickrooms are adequate to meet the hospital attendants' needs. They state that the guidance staff, secretary and cleaning services staff of the hospital are sufficient, the environment is quiet and lighting is adequate, and green area and forestation in the hospital garden is sufficient. Physical variables such as color, space dimensions, heat and light affects the psychology of the individuals (Ozer, 2005). The heat, cleaning, ventilation, space wideness and security of the physical environment is important in terms of patients and patient relatives satisfaction (Lovelock, 2004; 21).

Environmental conditions such as parks, gardens and playgrounds that the hospital is located in as well as the sheltering, examination and treatment environments and units for patients and patient relatives affect the psychology of the patients in a positive way and provide them with not breaking off the real life with regard to patients and patient relatives. As a result, they will affect the success during the treatment process (Karakaya and Kiper, 2011).

In "recreative areas with regard to patients and recreative areas with regard to hospital attendants and patient relatives," the scores of the agreement of male participants with the opinions are found significantly high. Women's expectations can be higher since they approach the issue more emotionally and more detailer. However, men's expectations won't be very high perhaps because their work and life environments are not very suitable and they are compulsive; in other words they can evaluate the conditions they face in the hospital more positively.

The scores of the illiterate patients are found significantly lower when compared to the ones having post graduate degree. The agreement scores of the primary school graduates with the opinions related to recreative areas with regard to hospital attendants and patient relatives are

found significantly lower than of those who are high school graduates and have associate's degree.

The agreement scores of the patients whose income levels are 1000 TL and ↓ with the opinions related to the recreative areas found significantly lower when compared to the patients whose incomes are between 1001 – 2000 ($p<0.05$). As the socio-economic, cultural and educational levels of people increases, their expectations from the city they live in and urban outer spaces will increase. Visual quality and esthetics will also come into prominence as well as functionality (Aksu and Demirel, 2012). It is expected that expectation will increase together with socio-cultural and economic levels. The Bostan and et al (2005) state that expectation level increases as educational level increases in their study. This result is important since it reveals that other factors can also be effective in determining expectations as well as socio-cultural and economic levels. It can be thought that some other determinant can also be effective such as whether people come from the countryside or urban area, their psychological state and their levels of the confidence in the institution. More detailed investigation is needed on this issue.

The scores of the patients who have hospitalized for between 1-3 days found significantly lower than the ones who have hospitalized for between 4-7 days. The scores of the hospital attendants and patient relatives who have stayed in the hospital for 12 days and more are found significantly lower than the ones who have stayed in the hospital for between 4-7 days ($p<0.05$). Satisfaction level will be low in the first days of coming to the institution since everything, every environment will be unfamiliar and suffering will be more relatively. As the treatment period increases, probably because patients will feel better in terms of their disease and the feeling of strangeness they have in the first days will turn to familiarizing and adaptation they perceive the environment in a more positive way.

Consequently, physical and environmental conditions are important for both the treatment of the physical illnesses of the patients and maintaining their psychological well-being, and it is significant to provide necessary background in this direction and to sustain the improvement efforts.

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