



The Communication between Patients and Healthcare Personnel in Psychiatry Hospital

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Abstract

People live together with communication fact in their daily lives. With communication, individuals fulfil their needs in the society. Communication, which has become a popular concept in recent years, is one of the most important issue in the healthcare field. Communication between patients and healthcare personnel is at the forefront in both private sector and public healthcare organizations. While patients are expressing their needs by using tools of communication, healthcare personnel answer their needs with the tools of communication.

With this study, it is aimed to determine the level of communication between patients and healthcare personnel in a public psychiatry hospital; evaluate the problems, which are faced during the communication, in terms of patients and measure the satisfaction levels of patients.

Study is important in terms of the assessment of effects of communication between patient and health care personnel on the satisfaction of patient.

The sampling of this study is consisted of 200 patients in the psychiatry hospital. Academic literature review was made in the study. Questionnaire technique was used for the data collection. After filling in questionnaires with patients face to face, they were computerised by coding and analysed with SPSS 15.0.

With analyses, demographic information of patients, characteristics of healthcare personnel and communication between physician and patient were evaluated.

Keywords: Communication, Patient, Health Care Personnel, Health Communication

Psikiyatri Hastanesinde Hastalar ve Sağlık Personeli Arasındaki İletişim

Öz

İnsanlar günlük yaşamlarında iletişim gerçeğiyle birlikte yaşıyorlar. İletişim ile bireyler toplumdaki ihtiyaçlarını karşılar. Son yıllarda popüler bir kavram haline gelen iletişim, sağlık alanında en önemli konulardan biridir. Hastalar ve sağlık personeli arasındaki iletişim, hem özel sektörde hem de kamu sağlık kuruluşlarında ön plandadır. Hastalar ihtiyaçlarını iletişim araçlarını kullanarak ifade ederken, sağlık personeli ihtiyaçlarını iletişim araçlarıyla cevaplamaktadır.

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Bu çalışma ile bir kamu psikiyatri hastanesinde hastalar ve sağlık personeli arasındaki iletişim seviyesinin belirlenmesi; İletişim sırasında karşılaşılan sorunları hastalar açısından değerlendirebilir ve hasta memnuniyet düzeyini ölçebilir.

Çalışma, hasta ve sağlık personeli arasındaki iletişimin hastanın memnuniyeti üzerindeki etkilerinin değerlendirilmesi açısından önemlidir.

Bu çalışmanın örneklemini psikiyatri hastanesinde 200 hasta oluşturdu. Çalışmada akademik literatür taraması yapıldı. Veri toplamada anket tekniği kullanılmıştır. Anket formları hastalarla yüz yüze doldurulduktan sonra, kodlama yoluyla bilgisayarlandı ve SPSS 15.0 ile analiz edildi.

Yapılan analizlerle hastaların demografik bilgileri, sağlık çalışanlarının özellikleri ve hekim ile hasta arasındaki iletişim değerlendirildi.

Anahtar Kelimeler: İletişim, Hasta, Sağlık Personeli, Sağlık İletişimi

1. Introduction

People live together with communication fact in their daily lives. They continue to live with the tools of communication at home, work, in the street and healthcare organizations. In brief, communication is everywhere. Communication, one of the conditions to be a society, has become a popular concept in recent years and “communication age” term is used to refer the age we are going through. Regional differences have been tried to be solved with these agencies (Bakkal, et. al., 2018:4)

Instead of “*iletişim*” (communication), which has become popular, “*haberleşme*” (communications) and “*komünikasyon*” (derived from France) terms were used. Communication, which comes from Latin “*communico*”, means “*exchanging, cooperation*”.

Communication is a process of knowledge generation, transmission and interpretation (Dökmen, 2003; 19). “Communication is the process of verbal, written or non-verbal transmission of emotions, thoughts, beliefs, attitudes and behaviours in order to affect human behaviours or reach a certain result” (Demirtaş, 2010; 413). Communication is the exchange of message between two units regarding themselves (Cüceloğlu, 2001; 71). There are many definitions for communication in the literature. However, based on these definitions; communication is the transmission of information, emotions and thoughts to the other side with the tools of communication. The voters involved in the political decision-making mechanism are politicians, bureaucrats, groups violate existing legal religious moral and cultural norms in the society by providing private benefits(Bakkal,et. al., 2018:10).

Communication is also important in the health sector in which human relations are dense. The size of communications is determined by the attitudes and behaviours of healthcare personnel and patient (Eriş, 2016;94).

Health Communication

Although there are scientific and technological developments in the healthcare field, communication is seen as the heart of clinical procedure, including diagnose, treatment and patient (Gordon et. al., 2014; 21). It seems that communication between health personnel and patients influences satisfaction of patients about healthcare services.

Health communication is the practice of concepts and theories of communication about interaction and processes on health between individuals for health improvement (Koçak et. al., 2010;7). We can define health communication as all kinds of interpretation and information transfer between individuals and the healthcare party. In another definition, it is defined as all kinds of human interactions regarding health. Health communication is communication activity that includes every process from transmission of information, thoughts and emotions between patients and health care personnel, involved in health care process to the spread of all kinds of information on health by using mass media.

The concept of health communication, which started to develop within the North American Sciences after 70s, is a brand new issue in Turkey while it has been discussing in Europe for a couple of years. It is difficult to limit this concept, including different disciplines. Uniting social sciences and field of medicine makes difficult to define the concept of health communication (Okay, 2014;10).

Communication Process In Health Care Services

Physical and psychological characteristics of patients and their relatives, the target group of hospitals, and their expectations are different from psychological characteristics of the target groups of other organizations. Patients and their relatives, who apply to a hospital, are generally under stress with the feelings of uneasiness, anxiety, fear and distress – rather than other people - and, that’s why; their psychology or the crisis, which they are going through, can lead them to act in a different way (Tengilimioğlu,2004;181). Hence, communication concept is important when it comes to providing healthcare services.

While providing health care services, personnel communicate directly or indirectly with the patient. Occupational groups that make the closest contact with patients are physicians and nurses among the personnel, providing healthcare services (Adıgüzel, 2005; 58).

To increase the quality and success of service, provided in the healthcare organizations, personnel should communicate with patients in accordance with their expectations, respect their personal rights and create a safe environment (Atai et.al, 2003; 310).

Communication between Patient-Physician

Burgoon and et. al., divide the model of interpersonal relationships in three categories as “asymmetric, symmetric and parallel relationships”. Asymmetric relationship is the type of relationship that one side plays dominant role and the other side accepts the passive role(Aktürk ,2016:78) In the symmetric relationship, it is believed that both sides have equal rights to determine the relationship. In parallel relationship, every side can control some areas and one can play active role or passive role. In the relationship between patient and physician, patient is completely weak and physician has the authority in every sense (Kaygin, 2012; 74).

The basis of the relationship between patient and physician starts with the demand of patient to understand the medical background of physician. During the treatment process, physicians are expected to fulfil the needs of patients and minimize the fear and stress of them. However, a series of factors determines the structure, content and way of relationship between patient and physician during this process. Within the broadest frame, gender, age, ethnic origin, socio-economic status, the structure of general healthcare system and place are effective factors in the formation of relationship between patient and physician. A direct relationship between patient and physician cannot establish and this causes the problem of miscommunication when all these factors create an asymmetric relationship by engaging (Şengün, 2014;71).

Communication Between Patient-Nurse

Nursing is one of the professions that directly serves to people by the tools of communication with individuals. The most important instrument of relationship between patient and nurse, who transfers information to the patient and accompanies with him/her, is communication (Yalçın, 2010;4). In another definition, nursing is defined as the processes of activities, reactions, communication and relationship to meet the basic needs of people from every age and socio-economic status and help them deal with their health problems (Osmanllari, 2014;71).

The relationship between nurse and patient does not realize at once, it is formed by interest and skill; and structured on the confidence of patients in nurse. Confidence takes time. Due to the nature of treatment, the communication between patient and nurse is limited during the short-term treatment in the public or private healthcare organizations but the ability of empathy, one of the basic communication skills, should be used to leave an impression in a short time. However, the relationship between patient and nurse arises inevitably in long-term treatment (Şengün, 2014; 78).

Nurse should pay attention to the verbal and nonverbal communication elements in the relationship between patients. It is stated that body affects 60%, voice affects 30% and words affects 10% of communication. In verbal communication, factors like words and intelligibility of them, speaking speed, tone, the use of open and short expressions and timing are important. In non-verbal communication, posture, gestic, mimics, gestures, eye contact are effective (Osmanllari, 2014;71).

Communication Between Patient-Health Care Personnel

Patients communicate first with allied health personnel when they apply to a hospital in order to get health service. Most of the complaints of people about healthcare organizations is originated at this level. That’s why, it is very important that personnel should be highly trained about their duties, communicate good-humouredly with people, who are under stress and patient psychology, and understand them (Osmanllari, 2014;75;).

2. Material and Method

2.1. Research Method And Findings

In the study, a questionnaire was conducted with 200 patients to determine the nature of communication between patient, getting healthcare service in a public psychiatry hospital, and physician and healthcare personnel. In the light of data, obtained from questionnaires, the level of communication between patient and healthcare personnel was analysed. As a result of the findings, measurements are stated about the problem that can occur because of the miscommunication.

While determining the questions, we benefit from the questionnaire form, in the master’s thesis by Edlira Osmanllari on The Impact of Communication to the Satisfaction of the Patient in Health Institutions: Albania Central Military in The Hospital One Implementation. The first part includes demographic information of patient; the second part includes questions about the communication between psychiatric patients and healthcare personnel, apart from physicians.

2.1.1. Findings And Interpretation

Table 1. Demographic Information

<i>Variables</i>		<i>Number of Patient</i>	<i>%</i>
Gender	Female	135	67,5
	Male	65	32,5
Age	Under 25	42	21,0
	Between 26-35	41	20,5

	Between 36-45	53	26,5
	Between 46-55	45	22,5
	56 and above	19	09,5
Social Insurance	Yes	87	43,5
	No	113	56,5
First person with whom patients communicate in the hospital	Public Relations	78	39,0
	Physician	65	32,5
	Nurse	33	16,5
	Other	24	12,0
People from whom patients get information	Physician	140	70,0
	Nurse	39	19,5
	Other	21	10,5
The reasons for the negative thoughts about health care personnel	Experiences	81	40,5
	Rumours	49	24,5
	Mass Media	50	25,0
	Other	20	10,0

67,5% of the participants is female and 32,5% of them is male. 56,5% of the participants does not have social insurance, 43,5% of them has social insurance. When it is analyzed the age distribution of participants, it can be said participants, between 36-45, are the majority with the rate of 26,5% and participants, 56 and above, are the minority with the rate of 9,5%. The remaining age ranges are respectively; participants, between 46-55, with the rate of 22,5%, participants, between 26-35, with the rate of 20,5%, participants, under 25, with the rate of 21%.

When participants were asked about the first person with whom patients communicate in the hospital, 39% of the participants answered as public relations, the most common answer. After public relations, they answered as physician with the rate of 32,5, nurse with the rate of 16,5% and other with the rate of 12%. Similarly, participants were asked about people from whom patients get information and answers are respectively; physician with the rate of 70%, nurse with the rate of 19,5%, other with the rate of 10,5%.

Table 2. Demographic Information

Questions About Healthcare Personnel	Strongly Disagree		Disagree		Neither Agree Nor Disagree		Agree		Strongly (Agree)	
	N	%	N	%	N	%	N	%	N	%
I do not have any negative thoughts about healthcare personnel	6	3,0	10	5,0	20	10,0	102	51,0	62	31,0
I think my expectations were met	6	3,0	9	4,5	65	32,5	93	46,5	27	13,5
Personnel helped me sufficiently	3	1,5	11	5,5	48	24,0	105	52,5	33	16,5
I know that working conditions of healthcare personnel are difficult.	17	8,5	26	13,0	72	36,0	75	37,5	10	5,0
I think that patient also partakes in a possible problem.	30	15,0	37	18,5	52	26,0	47	23,5	34	17,0
I have enough information about patient rights.	25	12,5	9	4,5	48	24,0	78	39,0	40	20,0
I think that personnel treats everyone equally.	5	2,5	17	8,5	81	40,5	41	20,5	56	28,0
I think that personnel is patient with patients.	20	10,0	24	12,0	52	26,0	65	32,5	39	19,5
I think that personnel acts authoritatively.	18	9,0	26	13,0	49	24,5	71	35,5	36	18,0
I think that personnel cares about patients.	3	1,5	29	14,5	50	25,0	88	44,0	30	15,0
I think that personnel communicates with patients pleasantly.	2	1,0	11	5,5	57	28,5	85	42,5	45	22,5

I think that personnel is good-humoured.	12	6,0	32	16,0	50	25,0	68	34,0	38	19,0
I think that the physical appearance of the patient affects the behaviour of personnel.	31	15,5	46	23,0	43	21,5	52	26,0	28	14,0
I think that personnel informs patient adequately.	5	2,5	13	6,5	28	14,0	79	39,5	75	37,5
The communication of personnel with patient is satisfactory.	4	2,0	7	3,5	62	31,0	84	42,0	43	21,5
I recommend this hospital to others.	13	6,5	17	8,5	32	16,0	79	39,5	59	29,5

When we analyse the table, maximum 102 participants answered as “agree” with the rate of 51% about if they have positive thoughts about health care personnel. 3% of the participants answered as “strongly disagree”. About meeting the expectations, 46,5% of the participants gave positive answer, only 3% of the participants gave negative answer.

It was observed that 52,5% of the participants answered as “agree” about whether personnel helped them sufficiently. Also, 37,5% of the participants agreed that working conditions of health care personnel is difficult.

26% of the participants answered as “neither agree nor disagree” about the questions, which two parts have fault related to problems but they gave an objective answer by agreeing with the rate of 23,5%+17%. It is seen that 12,5%+4,5%=17% of the participants does not have enough information about patient rights.

35,5% of the participants answered as “agree” about whether personnel acts like authoritarian. It can be seen on the table that 34% of the participants said that personnel communicates with patients pleasantly, 32,5% of the participants answered as “agree” about whether personnel is patient with patients, 34% of the participants answered as “agree” about whether personnel is good-humoured.

There are close results about whether the physical appearance of patients affects the behaviour of personnel. However, participants answered as “agree” with the rate of 26% at most.

Participants answered as “agree” with the rate of 39,5% about whether personnel informs patient adequately and 42% about whether the communication of personnel with patient is satisfactory. The last question was about whether they recommend this hospital to others and the level of satisfaction related to the hospital. 39,5% of the participants answered as “agree” to this questions.

3. Results and Discussion

3.1. Conclusion

As a result of the study, mostly positive answers were given about the general characteristics of personnel in terms of being patient, good-humoured and explanatory. Participants come to agree that personnel should treat everyone equally. However, they are generally pleased with the attitudes and behaviours of personnel in the given hospital, moreover; they gave feedback about recommending it to the others.

One of the main aim of the study is to determine the nature of communication between healthcare personnel and patient, the factors, which affect the nature of communication; and act to improve this communication.

Participants answered as “physician” with the rate of 39% and “public relations” with the rate of 32,5% about the first person with whom they communicate and this shows that other people, who communicate with patients, do not work efficiently. However, the first mission of physician is to treat patient so there should be other groups, and units with which patient communicate.

One of the points, which patients emphasize, is waiting-period although there was not any question about this subject. Waiting-period puts a strain on patients’ nerve and causes a nerve interaction before the communication starts. In this regard, it is a satisfactory innovation for patients to give electronic order number.

Individuals should be dealt with as a whole in the healthcare services. To improve communication; workload of the personnel can be reduced, seminars and conferences on communication can be organized, explanatory boards can be arranged for patients, physical conditions of hospitals can be improved and advisory units can be increased. In addition, today’s marketing conditions develops in the direction of determining what the expectations of customers are. By conducting a questionnaire to determine the expectations of patients, it is possible to determine possible problems in advance and make improvements about them.

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