



Health-seeking behavior and medical facility choice in Samsun, Turkey



Cihad Dündar

Ondokuz Mayıs University, Faculty of Medicine, Department of Public Health, Atakum/Samsun, 55139, Turkey

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ABSTRACT

Objective: Examining the factors that play a role in determining patient preferences for different health-care institutions.

Method: This descriptive study was conducted in five family health centers (FHC) and in six hospitals in Samsun Province in Turkey. The data were collected from 1700 volunteer patients by using a structured questionnaire, while they were waiting for consultation.

Result: The average number of out-patient visits was 9.5 ± 6.4 per person in 2012. Individuals aged less than 18 and more than 65 years old had higher preferences for FHCs, while those aged 19–64 years preferred primarily private hospitals. The order of preferences for FHC, public and private hospitals did not vary with the educational level. An increase in educational level was associated with a decrease in the preference for FHCs and in increase in the preference for private hospitals. The first three reasons given for preferring a hospital were 'the presence of a specialist', 'availability of good equipment and technology', and 'trust on the diagnosis and treatment', while 'proximity', 'receiving adequate information', and 'being treated well' were the reasons given by participants who preferred a FHC.

Conclusion: Providing medical equipment and staff support for improving diagnostic capacity of FHCs can accommodate patient expectations and shift the demand from hospitals to FHCs.

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1. Introduction

Health services for therapeutic purposes involve the investigation, examination and treatment processes that start when an individual gets sick and applies to health institutions. Minimizing the number of visit to hospitals and emergency services is the primary way of increasing the quality in healthcare systems and reducing the costs. According to the data from the Healthcare Cost and Utilization Project conducted in USA, the cost of providing in-patient care for health problems that could likely be resolved through effective out-patient care is almost 30.8 billion dollars a year [1]. In Turkey, the requirement for citizens to make their first visit to family health centers (FHC) or to other primary official healthcare institutions was suspended in 2009, when the gate-keeper system was abolished. Separately, an amendment to law gave the possibility to civil servants and their family members to benefit from private health institutions, with unrestricted visits to public or private health institutions of any grade. In other words, the selection of a healthcare institution was completely left to the

preference of patients. Following this policy change, the annual number of visits to between 2002 and 2011, the total number of visits to hospitals increased 2.7-fold, and visits to private hospitals increased by 10.5-fold; whereas, the rate of referrals from primary healthcare to the hospital decreased dramatically [2]. In some private hospitals, the difference between the payment from the public health insurance per service and the actual hospital costs became the patient's responsibility; while, some hospitals demanded the whole amount of the expenses from the patients because the hospital did not have an agreement with the public insurance system. Several studies have pointed that people do not benefit from primary healthcare services adequately, that the referral chain did not function properly, and that increasingly hospitals had to provide primary healthcare services [3].

A well-functioning primary healthcare system should provide step-wise care: right care at the right place, at the right time, balancing quality and costs [4]. Primary care, as a patient's first point of contact with health services, facilitates entry to the rest of the health system. With the exception of the United States, most industrialized countries have achieved universal and equitable access to primary health services, some of them directly provided and others through the assurance of financial coverage for visits [5]. General practitioners provide relatively cost-efficient care and prevent

E-mail address: cdundar@omu.edu.tr

unnecessary hospital visits. Hence, many country policies target reinforcing the gatekeeper role in the primary healthcare [4]. In Turkey several reforms aimed to improve health insurance coverage and access to care in the last decade, but globally, despite increased access, the reforms had limited impact on improving health outcome indicators: the annual number of the visits to doctors per capita in 2014 was 2.9 in Sweden, 5.0 in the United Kingdom, 6.2 in Israel, 6.8 in Italy, and 8.2 in Turkey. The life expectancy at birth in the same countries are between 81.4–83.2 years; however, it is 78.0 years in Turkey. While the infant mortality rate in OECD countries is 3.5, Turkey ranks the second last with 10.8 [6].

The characteristics of patients, such as their social, epidemiological and cultural backgrounds, are different, and they are taken into consideration by many development studies along with the clinical practices requiring a patient-centered approach. Formerly conducted studies have shown that patients' preferences have significantly affected by their eagerness to receive healthcare service [7]. Understanding the preferences of patients positively affect the satisfaction received from healthcare services and lead to the perception of high-quality care. The feedback directly received from patients with respect to their preferences in medical care is used increasingly in the development of care programs [8].

Preventing unnecessary healthcare expenses in a developing country like Turkey where healthcare resources are limited is important. For this purpose, it is necessary to assure that patients have a higher preference for primary healthcare institutions, such as FHCs, where the diagnosis and treatment of many diseases may be provided at a much lower cost instead of hospitals where specialist doctors are employed and relatively expensive diagnosis and treatment methods are applied. At this context, knowing the factors which impact patients' choice when selecting a healthcare institution and their expectations from ambulatory care facilities will be beneficial. Therefore, the purpose of this study is to determine the factors that impact patient preferences and frequency in visiting FHCs, state hospitals and private hospitals in the city center of Samsun.

2. Method

Samsun is a coastal town located in the Black Sea Region of Turkey with a mid-size population and surface area. The healthcare services provided in this city are similar to the ones provided in the other cities in Turkey. In the City Centre of Samsun are six state hospitals, 48 FHCs, and seven private hospitals connected to

the Ministry of Health (Turkey), one of which is a training and research hospital. This descriptive study was conducted in five different FHCs and in six hospitals, four of which are state hospitals and two of which are private ones. The sampling size was computed as 1535 (population of Samsun: 1,300,000, the confidence level: 95% and the margin of error: 2.5%). A total of 1700 people, 800 of whom would be from state hospitals, 400 from private hospitals, and 500 from five different FHCs determined through the draw, were interviewed. The data were collected by using a structured questionnaire form through face-to-face interviews. The survey was conducted in Internal Diseases, Urology, Physical Therapy, Otorhinolaryngology, and Pediatrics outpatient clinics, which are considered as subject that may be treated in the primary healthcare institution. The participants consisted of individuals who were waiting for a doctor consultation in the outpatient clinics or in FHC, and who volunteered to participate in the study.

SPSS (Version 15 for Windows, SPSS Inc, Chicago, IL, USA) statistical package program was used for doing statistical analysis. While the distribution of the frequencies of the answers given to the questions in the questionnaire was being checked, internal inconsistencies were found within seven questionnaire forms, which were, in this case, excluded from the study. In determining the factors that played a role in the individuals' preferences of a health institution; age, gender, and educational level were taken as the independent variables, whereas the reason for the visit, the frequency of visits and institutional preference were taken as the dependent variables. The data were presented as arithmetic mean \pm standard deviation, and the chi square test was used in the statistical analyses. The ethical approval for the study was received from the Ethics Committee of the Clinical Researches, Ondokuz Mayıs University.

3. Results

The mean age of a total of 1693 individuals comprising the research group, 682 (40%) of whom were male and 1011 (60%) of whom were female, was 43.7 ± 16.1 years. While half of the participants (55%) were in the 19–44 age group, 14% of them had not finished any school, and 51% of them were unemployed (Table 1). A total of 98% of the participants were registered to a FHC.

The average number of visits to FHCs for any reason within the year was 4.5 ± 4.2 per person, whereas this number was 3.3 ± 3.4 in public hospitals, 1.6 ± 2.7 in private hospitals, and 0.08 ± 0.5 in

Table 1
Socio-demographic characteristics of the study group, 2012.

Age Groups (year)	Male		Female		Total	
	N	%	N	%	N	%
≤18	13	1.9	12	1.2	25	1.5
19–44	327	47.9	614	60.7	941	55.6
45–64	240	35.2	285	28.2	525	31.0
≥ 65	102	15.0	100	9.9	202	11.9
Educational Level						
Not graduated from primary school	66	9.7	173	17.1	239	14.1
Primary and Secondary Schools	331	48.5	517	51.1	848	50.1
High School and above	285	41.8	321	31.8	606	35.8
Work Status						
Own workplace worker	52	7.6	12	1.2	64	3.8
Civil Servant	140	20.5	62	6.1	202	11.9
Private Sector Employee	134	19.6	68	6.7	202	11.9
Seasonal/Daily worker	44	6.5	3	0.3	47	2.8
Retired	232	34.0	82	8.1	314	18.5
Unemployed	80	11.8	784	77.6	729	51.1
Having health insurance						
Yes	670	98.2	999	98.8	1669	98.6
No	12	1.8	12	1.2	24	1.4
Total	682	100.0	1011	100.0	1693	100.0

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