



## EVALUATION OF THE APPLICATIONS TO THE PATIENT RIGHTS UNIT

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**Abstract:** In Turkey, as in the world, health services, have gained importance as a key indicator of social and economic development. Healthcare professionals should be aware of the rights of patients, encourage the use of this right when necessary, and provide training and promotion in this area. Primary healthcare is an ideal field for patient education. The aim of the study is to evaluate the usage status of the patient rights unit. The study was conducted by retrospectively examining the application records made to Samsun Training and Research Hospital Gynecology and Obstetrics Campus patient rights unit between 2011 and 2018. The demographic characteristics of the applicants such as age, gender and educational background were noted. The descriptive statistical analysis of the data obtained was made with the SPSS 20.0 package program. The total number of applicants, gender, age, educational status and professions were examined. Applicants are most often between the ages of 31-35. It is seen that the applications are changing from face-to-face applications to applications made in the digital environment. Most of the applications were made about outpatient services. It has been observed that applications related to secretary, security and cleaning personnel were made most frequently. As a result of our study, it was thought that women preferred to use the patient rights unit less and did not know their rights in this area. The participant age of the research population was found to be small. This situation revealed that public informing about patient rights should be done more effectively. Primary health care and family medicine is an important field for patient education.

**Keywords:** Patient rights, Patient safety, Health services, Primary care

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Received: April 01, 2021

Accepted: June 16, 2021

Published: September 01, 2021

Cite as: Yazicioğlu B, Dikmetaş Yordan E. 2021. Evaluation of the applications to the patient rights unit. BSJ Health Sci, 4(3): 246-251.

### 1. Introduction

The term right has three main uses. First is freedom; the second is equality; the third means utilizing the services (Peele and Palmer, 1980). Human rights are rights that arise from the nature of a person's being human (Gürçan, 2011). Before the 1940s, the term human rights were a very rarely used term and there is no guarantee to defend or protect these rights (Cmiel, 2004). In 1948, the Universal Declaration of Human Rights was published. Patient rights came to the fore as a subtitle in the period after this declaration (Topbaş et al., 2005).

How to treat a patient is the specialty of the medical profession (Pols, 2003). In Turkey, as in the world, health services have gained importance as a basic indicator of social and economic development (Büken and Büken, 2004). Patient rights have recently been secured by regulations, laws, constitutions and international treaties (Yürümez et al., 2010). Healthcare professionals' responsibility does not only consist of therapeutic services (Zaybak et al., 2012). Healthcare professionals must be aware of and respect patients' rights (Kılıçarslan et al., 2012). Development of Patient Rights in the World Although the regulations on patient rights have been recently regulated, it is thought that there are general ethical rules in this field that extend back to Hippocrates.

There are important written declarations and conditions in the process of developing patient rights in the world (Smith, 2005; Topbaş et al., 2005).

The Declaration of Helsinki is one of the most important ethical rules for biomedical research involving human subjects, prepared by the World Medical Association. It was first announced in 1964 and subsequently revised 7 times in total (Carpenter et al., 2003). In 1981, patient rights were defined for the first time with the Lisbon Declaration. The most important feature of this declaration is that it is the first international written document on patient rights (Aydemir and Işıksan, 2012). The Amsterdam Declaration was drawn up in 1994. It is aimed to improve patient rights in Europe in more detail than the Lisbon declaration by the European countries which are members of the World Health Organization (Öztürk Türkmen, 2014).

1995 Lisbon Declaration was updated by the World Medical Association in Bali. With the Bali Declaration, the right of the patient to receive quality health care, to choose a doctor and health facility, to make his own treatment decision, to be informed, to demand privacy, to receive health education, to protect his own dignity and to receive religious assistance is defined (Önal and Tümerdem, 1999). In 1996, the Ljubljana Charter on

Reforming Health Care was published. It was emphasized that the health needs of those who cannot benefit from health services in Southeast European countries should be met (Madenoglu Kivanç, 2015). The European Charter of Patients' Rights charter was published in 2003. One of the aims of the document is to ensure harmony between European countries and to prevent possible violations of national rights (Emre and Sert, 2014). The Santiago Declaration is the last update in 2005 after the Lisbon Declaration, first published in 1981, was updated in Bali in 1995. (Öztürk Türkmen, 2014).

The development of patient rights in Turkey has a similar history with the world. This right is secured step by step with important legal regulations. The Public Health Law, published in 1930, contains general protective provisions. It covers almost all health issues and is considered a constitution of health services (Aydın, 2002). The law defines health care as a public service (Kasapoğlu, 2016). The Medical Deontology Regulation came into force in 1963. It contains general issues and rules that physicians must obey in their relations with each other, their patients and health-related professional groups (Esenlik and Bolat, 2010). The criticism in terms of rights is that it points to physicians as the only decision-makers in health (Güven, 2014). With the 1961 Constitution, the right to health is constitutionally guaranteed (Yılmaz, 2018).

In 1998, Patient Rights Regulation was published. According to this regulation, patient rights are defined as the rights of individuals who need to benefit from health services, which are guaranteed by the Constitution of the Republic of Turkey, international treaties, laws and other legislation, just because they are human (Hasta Hakları Yönetmeliği, 1998). It has been defined as a right to benefit from every place where health care is provided and to encompass everyone, not just those who benefit from the service (Hasta Hakları Yönetmeliği, 1998). It is similar to the Amsterdam Declaration in terms of content (Zülfikar and Ulusoy, 2001).

Patient rights units were established with the Patient Rights Regulation (Hasta Hakları Yönetmeliği, 1998). The patient rights unit is defined as the units where the applicants are welcomed by trained personnel, easily accessible in the outpatient clinic environment and where privacy is taken into consideration (Önal, 2012).

Ministry of Health Communication Center (SABİM; Sağlık Bakanlığı İletişim Merkezi) 2004 was established. It is aimed to put people at the center of service. It aimed to ensure the multi-interactive participation of the beneficiaries of the service. This service unit has also become a basic unit on patient rights (Bostan et al., 2014). Among the goals of the organization, to increase the accessibility in health and to receive the feedbacks of the users about the service. Accessible via telephone, fax and internet channels (Asri et al., 2011).

The Prime Ministry Communication Center (BİMER; Başbakanlık İletişim Merkezi), established in 2006, was another important communication center where

applications can be made in the field of public services, interactive applications were collected and necessary procedures were initiated (Yeşiltaş and Erdem, 2019). Citizens' participation in the administration and service process is encouraged by providing direct access to the highest political authorities (Karkin and Zor, 2017). BİMER could be reached via phone and internet. However, management system changes have been made in Turkey in 2018. The activities of the Prime Ministry office and BİMER have been closed. The transactions of this service have been transferred to the Presidential Communication Center (CİMER; Cumhurbaşkanlığı İletişim Merkezi) (Mert, 2019; Turan et al., 2015).

## 2. Material and Methods

The study was carried out in the Patient Rights Unit, which was opened in 2011, located in the Obstetrics and Pediatrics service building of Samsun Training and Research Hospital. All 2998 applications made to the Patient Rights unit from the opening of the unit until the end of 2018 were included in the study. Data collection took place between 01 March and 30 June 2019. Simultaneously, in the hospital automation system, the total number of outpatient clinics, emergency outpatient clinics, and operation numbers for the same years were calculated. General data of SABİM, BİMER and CİMER applications were also obtained and interpreted.

The aim of the study is to evaluate the use of the patient rights unit by the patients or their relatives and to have information about the use of this unit. Another aim is to provide guiding suggestions to health managers with the results.

### 2.1. Statistical Analysis

Descriptive statistical analysis of the obtained data was done by SPSS package program (for windows) version 20.0.

## 3. Results

The total number of applications made to the patient rights unit of Samsun Training and Research Hospital Gynecology and Pediatrics service building from the beginning of 2011 to the end of 2018 was 2998.

Regarding all applications made to the patient rights unit in 2011-2018; the total number of applicants, the distribution of the applicants by gender-age-education status and professions were analyzed. General features of these data are as shown in Table 1. The distribution of applicants by gender is close to each other. The most frequent applicants are between the ages of 31-35. Among the applicants, high school graduates are the most common educational status. Self-employed and tradesmen applied most frequently.

By years; considering the total applications made through the patient rights unit, CİMER and SABİM, it is seen that the applications made increase every year (Table 2). It is observed that the applications have changed from face-to-face applications to applications

made through digital media. When the total number of applications was evaluated, it was observed that the lowest application was made in 2011 and the highest in 2018.

Considering the content characteristics of the application made to the patient rights unit, the distribution is as

shown in Table 3. It was observed that applications were made most frequently for outpatient clinic services. In the examination of the personnel groups about whom an application was made; it was observed that applications were made most frequently about the secretary, security and cleaning personnel group.

**Table 1.** Demographic features

Demographic features	Count	Ratio	
Gender	Male	1481	49.40
	Female	1517	50.60
	Total	2998	100
Total applications made to the hospital	Male	2211416	36.40
	Female	3858790	63.60
	Total	6070206	100
Age	31-35 years old	999	33.30
	26-30 years old	780	26.00
	36-40 years old	601	20.10
	40 years and older	395	13.20
	25 years and under	223	7.40
	Total	2998	100
	Education	High school	1551
Primary education		793	26.50
University		593	19.80
Master / Doctorate		38	1.30
Illiterate		23	0.80
Total		2998	100
Profession	Self-employment / Tradesman	1099	36.70
	Housewife	976	32.60
	Public staff	505	16.80
	Retired	240	8.00
	Student	70	2.30
	Worker	57	1.90
	Other professions	51	1.70
	Total	2998	100

#### 4. Discussion

Data of 1481 male (50.6%) and 1517 female (49.4%) patients or their relatives were used in the study. When the total applications made to the hospital were examined, it was seen that 63.6% of the total 6070206 applications were female and 36.4% were male. It is seen that there are fewer female applications in the study than they should be due to the fact that there was a study conducted in the branch hospital. This situation made us think that women do not prefer to use the patient rights unit and do not know their rights in this area.

When the literature is reviewed, a similar rate of participation was observed with this study (Kıdak and

Keskinoğlu, 2008; Kırgın Toprak and Şahin, 2012; Şahinli and Özdemir, 2019; Zaybak et al., 2012). When the age distribution of the applicants is examined, the most common age categories are 31-34 and 26-30, respectively. These two age ranges constitute 60% of the total complaints. Kıdak and Keskinoglu found in their study in the province of Izmir that the most frequent applicants were 41 years and older (Kıdak and Keskinoğlu, 2008). Since the study was conducted in a branch hospital such as Obstetrics and Pediatrics, it was thought that the population of the study was composed of young parents and expectant mothers with small children.

**Table 1.** Distribution of all applications made by application channels and years

Years	Patient rights unit	SABIM	CIMER	Total
2011	210	-	-	210
2012	393	-	-	393
2013	651	-	-	651
2014	782	-	-	782
2015	441	330	-	771
2016	395	533	62	990
2017	42	778	345	1165
2018	84	1402	811	2297
Total	2998	3043	1218	5223

SABIM= (Sağlık Bakanlığı iletişim merkezi) Ministry of health communication center, CIMER= (Cumhurbaşkanlığı iletişim merkezi) Presidential communication center.

**Table 3.** General features of the applications

	Count	Ratio	
Service unit applied for	Polyclinic services	1576	52.6
	Emergency and first aid services	863	28.8
	Clinical services	252	8.4
	Cleaning services	129	4.3
	Laboratory / Imaging services	87	2.9
	Security services	77	2.6
	Operating room services	14	0.5
	Total	2998	100
Employee group applied for	Secretary, Security and Cleaning staff	1838	61.3
	Physician	546	18.2
	Assistant health personnel	254	8.5
	Midwife / Nurse	226	7.5
	Administrative unit employees	134	4.5
Total	2998	100	

When the applications made through all application methods are evaluated, it is seen that the total number of applications is increasing every year, but in recent years, application channels have mostly moved from the patient rights unit to the electronic environment. In the hospital patient rights unit, the unit's own records were kept for 2011 and beyond. The data for the applications made to CIMER for the year 2016 and after, for the applications made to SABIM for the year 2015 and after are available. Since both SABIM and CIMER databases are not open to hospital users and administrators, the characteristics of the data of SABIM and CIMER applications could not be examined.

In the education status classification of applicants, it was observed that high school graduates applied most frequently. Similarly, there are studies in the literature in which high school graduates are more. (Kırgın Toprak and Şahin, 2012; Şahinli and Özdemir, 2019). In the distribution of professions of the applicants, it was seen that the most frequent self-employed workers were the

housewives in the second place with a close ratio. In the study Şahinli and Özdemir conducted in Istanbul, it was observed that public employees were in the first place. (Şahinli and Özdemir, 2019). These results are thought to be compatible with the hospitals' own locations and the hospitals' own general characteristics.

The most frequently applied unit to the patient rights unit was outpatient services. It is compatible with the literature. (Kıdak and Keskinoğlu, 2008; Şahinli and Özdemir, 2019). It is a fact that the number of service providers in the provision of healthcare services is insufficient. Especially in polyclinics, the patient density is very high and accordingly, the time in the examination periods is very short. This situation makes it difficult for the applicants to get the correct diagnosis and treatment, and it is thought that the short examination period negatively affects the satisfaction of the patients and their relatives, causing complaints in this area.

The most frequently complained occupational group is the medical secretary, a private company employee,

which includes the security and cleaning service class. Applications for the physician group were found in the literature (Kıdak and Keskinoglu, 2008; Şahinli and Özdemir, 2019). Pediatric outpatient clinics are generally very busy polyclinics. This situation can cause stressful communication in the waiting area (Pazarcıkçı and Efe, 2018). It is necessary to wait for a long time to take and wait for the examination. During the examination waiting, the most contacted employees are the secretaries. For this reason, it is thought that the most frequently applicants are those who work in this service. As a result of the evaluation of the distribution of service groups applied for by gender, it was observed that physicians and administrative unit employees complained mostly by men, and midwives / nurses and other assistant healthcare personnel mostly by women. When the distribution of service units complained of with gender difference was examined, it was observed that men complained more about polyclinic services, laboratory / imaging, emergency health services and security services. Women complained more about clinical services and cleaning services.

### 5. Conclusion

Female gender is higher among those who apply to the hospital. Due to the intimate gynecological examination for women, more female applications are expected. However, the result made us think that women use this right less. In addition, it was thought that the applications were made not only by the patients, but also by the relatives of the patients to a greater extent.

Patient rights are not yet fully sufficient in terms of use. Being illiterate negatively affects the access and enjoyment of the rights. It is recommended that the state ensure that individuals receive their education fairly and equally. Applications made to patient rights units increase every year, but the application channel has shifted from face-to-face communication to electronic media. Primary health care can be an important service area in terms of patient education in face-to-face communication.

In recent years, technology has facilitated access to information and documents and diversified communication. The ability to apply at any time and place provides convenience for those who benefit from this right. Easy access is thought to suggest that feedback will also be quick and easy.

There are not many studies conducted to evaluate patient rights units in the literature. It is observed that there are generally studies to measure the knowledge of patients' relatives and healthcare professionals about patient rights. It is recommended to strengthen the literature in this area by further researching patients' rights.

### Author Contributions

BY and EDY revealed the main hypothesis of the study. BY and EDY designed the study. BY collected data. BY and EDY analyzed and interpreted the data. BY and EDY

drafted the article. All authors have reviewed and approved the final version of the article

### Conflict of Interest

The authors declare that there is no conflict of interest.

### Ethical Approval/Informed Consent

Ethical approval was obtained for the study with the decision of Ondokuz Mayıs University Clinical Research Ethics Committee dated 14.03.2019 and numbered KAEK 2019/261, and the decision of Samsun Education and Research Hospital Medical Specialization and Ethics Committee dated 12.03.2019 and numbered TUEK 28-2019BADK/6-54.

### Acknowledgments

The study was planned as a master's thesis in Ondokuz Mayıs University, Faculty of Health Sciences, Department of Health Management and finished in 2019, and this article was derived from the thesis (İl Kamu Hastanesi Hasta Hakları Birimine Yapılan Başvuruların Değerlendirilmesi, Samsun, 2019).

### References

- Asrı İ, Bostan S, Çorumluoğlu Ö, Özlü T, Çatal H, Kalaycı İ. 2011. Türkiye geneli sağlık alanındaki şikayet verilerinin coğrafi bilgi sisteminde analizi. TMMOB Harita ve Kadastro Mühendisleri Odası 13. Türkiye Harita Bilimsel ve Teknik Kurultayı, 18-22 Nisan, Ankara.
- Aydemir İ, Işıkhani V. 2012. Sağlık Bakanlığı'na bağlı hastanelerde hasta hakları uygulamalarının değerlendirilmesi. Eskişehir Osmangazi Üniv Sos Bilim Derg, 132: 67-86.
- Aydın E. 2002. Türkiye Cumhuriyeti'nin kuruluş yıllarında sağlık hizmetleri. Ankara Ecz Fak Derg, 313: 183-192.
- Bostan S, Kılıç T, Çiftçi F. 2014. Sağlık Bakanlığı 184 SABİM hattına yapılan şikayetlerin karşılaştırmalı analizi. Global J Econ Business Stud, 35: 43-51.
- Büken NÖ, Büken E. 2004. Emerging health sector problems affecting patient rights in Turkey. Nursing Ethics, 116, 610-624.
- Carpenter WT, Appelbaum PS, Levine RJ. 2003. The declaration of Helsinki and clinical trials: A focus on placebo-controlled trials in schizophrenia. American J Psychiatry, 1602: 356-362. <https://doi.org/10.1176/appi.ajp.160.2.356>.
- Cmiel K. 2004. The recent history of human rights. The American Hist Rev, 1091: 117-135.
- Emre Ö, Sert G. 2014. Avrupa hasta hakları şartı. Türkiye Biyoetik Derg, 14: 198-205.
- Esenlik E, Bolat E. 2010. Klinik ve bilimsel araştırmalarda etik kurallar. Süleyman Demirel Üniv Sağlık Bilim Enst Derg, 12: 125-133.
- Gürkan EC. 2011. Ötanazi: Yaşama hakkı açısından bir değerlendirme. Ankara Üniv Hukuk Fak Derg, 602: 255-280.
- Güven T. 2014. Türkiye' deki tıp etiği tartışmalarının ana eksenleri ve sorunları: Eleştirel bir değerlendirme. Türkiye Biyoetik Derg, 11: 13-24.
- Hasta Hakları Yönetmeliği. 1998., Pub. L. No. 23420.
- Karkın N, Zor A. 2017. Vatandaş - idare etkileşimi bağlamında bilgi edinme hakkı: BİMER örneği ve idarede inovasyon. Marmara Üniv Siyasal Bilim Derg, 51: 25-44. <https://doi.org/10.14782/sbd.2017.47>

- Kasapoğlu A. 2016. Türkiye’de Sağlık Hizmetlerinin Dönüşümü. *Sosyoloji Araştırmaları Derg*, 192: 131-174.
- Kıdak LB, Keskinöğlü P. 2008. İzmir ilindeki devlet hastanelerine hasta hakları başvurularının değerlendirilmesi. *Tepecik Eğitim Araştır Hast Derg*, 183: 140-146.
- Kılıçarslan N, Taşkın Yılmaz F, Tarım M. 2012. Hasta haklarının sağlık çalışanları tarafından algılanması. *Sağlıkta Performans Kalite Derg*, 31: 47-62.
- Kırgın Toprak D, Şahin B. 2012. Sağlık bakanlığı hastanelerine yapılan hasta şikayetlerinin değerlendirilmesi. *Sağlıkta Performans Kalite Derg*, 13: 1-28.
- Madenöğlü Kıvanç, M. 2015. Evrensel sağlık bildirgeleri ve Türkiye’de sağlık reformları. *Sağlık Hemşirelik Yönet Derg*, 32: 162-166.
- Mert YL. 2019. Kamu yönetiminde kurumsal iletişim: WEB siteleri üzerine bir analiz. *Uluslararası Sos Araş Derg*, 1262: 1513-1522.
- Önal E, Tümerdem Y. 1999. Hasta hakları, sağlık hakkı ve tıp etiği intörnlere yönelik bir anket bağlamında. *J Medical Ethics-Law History*, 72: 72-77.
- Önal G. 2012. Hasta Haklarının Anatomisi. *Acıbadem Üniv Sağlık Bilim Derg*, 31: 7-14.
- Öztürk Türkmen H. 2014. Hekim-hasta ilişkisinde haklar ve sorumluluklar. *Toraks Cerrahisi Bulteni*, 51: 1-13. <https://doi.org/10.5152/tcb.2014.001>
- Pazarcıkcı F, Efe E. 2018. Pediatri kliniklerinde çalışan hemşirelerin hasta güvenliği ile ilgili sık karşılaştıkları sorunlar. *SDÜ Sağlık Bilim Derg*, 92: 169-174.
- Peele R, Palmer RR. 1980. Patient rights and patient chronicity. *The J Psychiatry Law*, 81: 59-71.
- Pols J. 2003. Enforcing patient rights or improving care? The interference of two modes of doing good in mental health care. *Sociology Health Illness*, 254: 320-347.
- Şahinli S, Özdemir E. 2019. Hasta şikayet başvuru içeriklerinin incelenmesi: İstanbul ili devlet hastanesi örneği. *Sağlık Yönet Liderlik Derg*, 1: 16-21.
- Smith CM. 2005. Origin and uses of primum non nocere-above all, do no harm! *J Clinical Pharmacol*, 454: 371-377.
- Topbaş M, Özlü T, Çan G, Bostan S. 2005. Hekimler hasta haklarını ne kadar biliyorlar? Bir tıp fakültesindeki asistan ve intern hekimlerin bilgi düzeyleri. *J Med Ethics*, 13: 81-85.
- Turan E, Aydılek E, Şen AT. 2015. Bimer uygulaması ve türk kamu yönetimi sistemine etkileri. *Kastamonu Üniv İktisadi İdari Bilim Fak Derg*, 8: 215-225.
- Yeşiltaş A, Erdem R. 2019. Defansif tıp uygulamalarına yönelik bir derleme. *Süleyman Demirel Üniv Vizyoner Derg*, 1023: 137-150.
- Yılmaz G. 2018. Türkiye sağlık sisteminde reformlar ve politika transferi. *Sosyal Politika Çalışmaları Derg*, 1841: 179-206.
- Yürümez Y, Çevik T, Yavuz Y. 2010. Hasta haklarını biliyor muyuz? *Akademik Acil Tıp Derg*, 2: 67-71. <https://doi.org/10.4170/jaem.2010.50023>.
- Zaybak A, Eşer İ, Günay İsmailoğlu E. 2012. Bir üniversite hastanesinde hastaların hasta haklarını kullanma tutumunun incelenmesi. *İÜFN. Hemşirelik Derg*, 202: 104-111.
- Zülfikar F, Ulusoy MF. 2001. Are patients aware of their rights? A Turkish Study. *Nursing Ethics*, 86: 487-498.