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The Reflections of the Communication Style on Patient Satisfaction and Nurses' Perceptions of the Profession

İletişim Tarzının Hasta Memnuniyeti ve Hemşirelerin Meslek Algularına Yansımaları

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Abstract: Objective: Nurses need to know and apply interpersonal communication techniques to provide care to individuals in a manner that respects their rights and privacy within their unique characteristics, personality, and integrity. The study aimed to experimentally reveal and do an in-depth examination of nurses' formal and informal address and communication style on patient satisfaction with nursing care and nurses' perceptions of the profession. Methods: This study used a quantitative-qualitative mixed method. The sample of the quantitative study consisted of 12 nurses and 32 patients. The data collection form for patients and nurses, Newcastle Satisfaction with Nursing Scale, and Perception of Nursing Profession Scale were used to collect quantitative data. The qualitative study involved in-depth interviews were conducted with six nurses and seven patients in total. Results: It was found that there was no statistically significant relationship between the form of address and satisfaction with nursing care and nurses' perception of the nursing profession. In-depth interviews revealed that nurses considered the informal form of address as part of care. The patients stated that the use of the informal form of communication enhanced their compliance with treatment. Conclusions: A formal form of address should be used when patients are first met, patients should be asked how they would like to be addressed in the continuation of the care process, and nurses should be addressed to patients according to patients' request.

Keywords: Communication, Nursing care, Nurse patient relationship, Patient satisfaction.

Öz: Amaç: Hemşirelerin, bireylere benzersiz özellikleri, kişilikleri ve bütünlükleri içinde haklarına ve mahremiyetlerine saygı duyarak bakım verebilmeleri için kişiler arası iletişim tekniklerini bilmeleri ve uygulamaları gerekir. Bu çalışmada, hemşirelerin hemşirelik bakımından hasta memnuniyeti ve mesleğe ilişkin algıları üzerindeki resmi ve resmi olmayan hitap ve iletişim biçimlerinin deneysel olarak ortaya çıkarılması ve derinlemesine incelenmesi amaçlanmıştır. Yöntem: Bu çalışmada nicel-nitel karma yöntem kullanılmıştır. Nicel araştırmanın örneklemini 12 hemşire ve 32 hasta oluşturmuştur. Nicel verilerin toplanmasında hasta ve hemşireler için veri toplama formu, Newcastle Hemşirelikten Memnuniyet Ölçeği ve Hemşirelik Mesleği Algısı Ölçeği kullanılmıştır. Derinlemesine görüşmelerin yer aldığı nitel çalışma, toplam altı hemşire ve yedi hasta ile gerçekleştirilmiştir. Bulgular: Hitap şekli ile hemşirelik bakımından memnuniyet ve hemşirelerin hemşirelik mesleğine ilişkin algıları arasında istatistiksel olarak anlamlı bir ilişki olmadığı saptandı. Derinlemesine görüşmeler, hemşirelerin gayri resmi hitap şeklini bakımın bir parçası olarak gördüklerini ortaya çıkardı. Hastalar informal iletişim biçiminin kullanılmasının tedaviye uyumlarını artırdığını belirtmişlerdir. Sonuç: Hastalarla ilk karşılaşıldığında resmi bir hitap şekli kullanılmalı, bakım sürecinin devamında hastalara nasıl hitap edilmesini istedikleri sorulmalı ve hastaların isteğine göre hemşireler hastalara hitap etmelidir.

Anahtar Kelimeler: İletişim, Hemşirelik bakımı, Hemşire hasta ilişkisi, Hasta memnuniyeti.

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Introduction

With the advancement of technology and globalization, the health system has adopted a quality and patient-oriented service delivery. Patient satisfaction has become a primary determining factor of quality and patient-oriented service delivery (Al-Neyadi, Abdallah, and Malik, 2018; Fatima, Malik, and Shabbir, 2018; Lim, Lim, Heinrichs, Al-Aali, Aamir, and Qureshi, 2018). Patient satisfaction varies based on the patient's expectations and the suitability of the service to the patient's socio-cultural values (Khiavi, Qoliour, Saadati, Dashtinejad, and Mirr, 2018; Oyeniran, Adeyeye, and Sowunmi, 2020). Studies on this topic have shown that factors, such as the medical service quality, patient waiting time, and behaviors of the health personnel (communication, courtesy), affect patient satisfaction (Kılıç and Topuz, 2015). Considering these factors, it is thought that the communication that the healthcare professionals establish with the patient and whether the language used in the communication is formal or informal may affect patient satisfaction.

There are some language behavior models used in communication in various areas of daily life in every society. These language behavior patterns, which have often become a social norm, are usually used when communicating with someone or addressing someone, making compliments, or saying goodbye to people (Kurtz, Draper, and Silverman, 2017). Ways of addressing people, which are one of these types of language behaviors, are among essential routine language behaviors of daily life, which are shaped by the relationship of people in interaction with each other in particular, and by individuals' age, education level, cultural background, and similar factors in general (Turkish Language Society, 2020).

Nurses need to know and apply interpersonal communication techniques to provide care to individuals in a manner that respects their rights and privacy within their unique characteristics, personality, and integrity (Kornhaber, Walsh, Duff, and Walker, 2016; Vertino, 2014). In addition to the use of communication techniques, addressing the patient by name, power distribution, trust, sociability, autonomy and responsibility and thought for privacy help develop care relationship, and the type and quality of communication established with patients in the health sector contributes directly to patient satisfaction (Sibiya, 2018; Zamanzadeh, Jasemi, Valizadeh, Keogh, and Taleghani, 2015).

Whether the communication between the nurse and the patient should be informal or formal is a controversial issue. It is reported that when informal communication is established

between the patient and the nurse, a feeling of trust develops in the patient, and the patient can easily convey their requests and complaints to the nurse thanks to the informal communication, and this facilitates patient compliance with the treatment applied (Kwamea and Petrucka, 2020). On the other hand, it is recommended that the formal way of address, "you", should be adopted and that the words of courtesy, such as "sir", "madam," should be used in health communication in Turkey. The rationale for this proposal is the presumption that when the words "aunt" and "uncle" are used as a way of address to patients, the professional distance to be maintained will be lost (Gültekin, 2016).

Turkey is a multi-cultural country where different groups with very different ethnic and socio-cultural features live. Culture is unique to human beings and is determined by social rules (Yağbasan and Demirbağ, 2017). The form of address and attitudes, and behaviors exhibited can differ significantly from society to society and from culture to culture (Limon, Perry, Granot, Gordon, Stemmer, and Stemmer, 2016). These differences in communication behaviors result in problems, such as incomprehension/ misunderstanding or misunderstanding/misinterpretation in intercultural communication, thus leading to the development of mutual prejudices and "communication accidents" resulting in resentment (Cüceloğlu, 2012). Therefore, nurses use different styles and forms of address in their communication with patients. Within the scope of culturally appropriate care, formal (madam, sir) or informal (uncle, aunt) forms of address can be used for groups with socio-cultural differences. However, there is no study finding how patients perceive these different forms of address, how they feel, and how they affect the care process and care satisfaction. A qualitative study conducted solely on physician-patient communication revealed that half of the patients wanted to be addressed formally (Atilla, Oksay and Erdem, 2012). On the other hand, it is not known what form of address and communication style nurses use, how they decide on these forms of address, and how their care is affected by this style of address and communication.

Methods

Design

This study used a mixed method. Sequential explanatory design, which is one of the mixed method patterns, was used. In this design, predominantly quantitative data is collected and analyzed. Priority is usually in quantitative data. This design is particularly useful in explaining unexpected research findings or associations (Creswell, 2003). In this study, it was aimed to

examine the formal and informal addressing of nurses on patient satisfaction in nursing and their perceptions of the profession.

Participants

The study's universe consisted of nurses working in all inpatient wards of a state hospital in Ankara and patients in the same wards. In the direction of homogeneous sampling, one of the purposeful sampling methods for the sample of the research; The nurses and patients working in the internal medicine service were selected considering the long hospitalization of the patients, the similar weights of the patients of both sexes, and the wide age distribution of the patients. Twelve nurses work in the internal medicine service, and there are 40 patients in the service. Three of the patients who had psychiatric, perceptual, or consciousness problems, and another three illiterate were not included in the sample, and two discharged patients were excluded. Besides, if any of the patients did not agree to participate in the study, all of the patients in the same room selected for the study would be excluded from the sample; however, no such situation was encountered. The sample of the study consisted of 12 nurses and 32 patients based on voluntary participation.

Data Collection

The study was carried out between October 2018 and January 2019. The study had three phases. In the first phase of the study, in-depth interviews were conducted with patients and nurses. In the second and third phases, quantitative data were collected.

Collection of qualitative data

Qualitative interviews were conducted at the first stage of the research, before the experimental stage of the research, and the views of the participants on the way of addressing were presented without any intervention.

The interviews were held according to a semi-structured questionnaire's instructions, including 4 to 5 questions, and new questions were added when necessary. Questionnaire instructions were created separately for nurses and patients.

Questions prepared for nurses;

1- How do you usually address your patients (ma'am-sister, uncle-aunt, by name)? Which communication style (formal; you-with-us or informal; you-me) do you use? From where?

2- Does the form of address affect professionalism in nursing? How?

3- Does the form of address affect patient satisfaction? How?

4- Are there any problems between the patient and the nurse when different forms of addressing and speaking styles are used? What problems can occur?

Questions prepared for patients;

1- How do nurses usually address you (ma'am-sister, uncle-aunt)? How do they talk to you? (you-usli or senli-meli) Why do you think they are addressing and speaking in this way?

2- How would you like nurses to address you? From where?

3- What is the difference in terms of addressing you in this way and not in another way?

4- Do different forms of address affect your satisfaction with the service in the hospital? How?

5- Do different forms of address affect your adherence to treatment/recovery process? Why how?

The interviews continued until the data were repeated, and in-depth interviews were conducted with six nurses and seven patients in total. Two researchers, including the interviewer and one as the observer, were present during the interviews. The interviews were held in an empty room in the clinic, where only participants and researchers were present. The interviews were held at appropriate times for the participants, out of the treatment and mealtimes, not to interrupt the interviews and not distract them. Before the interview started, the participants were informed that the interview would be audio-recorded, and the recording was made after their approval. Each interview took approximately 20-25 minutes.

Collection of quantitative data

In the second stage, the first part of the data collection form and the Newcastle Satisfaction with Nursing Scale were administered to the patients in the selected ward, and the first part of the data collection form and the Perception of Nursing Profession Scale were administered to the nurses. Then, nurses were asked to informally address the patients who were included in the sample, such as "uncle or aunt" or directly by name for a week. At the end of one week, the patients were administered the second part of the data collection form, and the

Newcastle Satisfaction with Nursing Scale and the nurses were administered the second part of the data collection form and the Perception of Nursing Profession Scale.

In the third phase of the study, nurses were asked to formally address the same patients, such as "madam, sir," for a week. At the end of the week, the patients were administered the third part of the data collection form and the Newcastle Satisfaction with Nursing Scale, and the nurses were administered the third part of the data collection form and the Perception of Nursing Profession Scale.

Data Collection Tools

The data collection form was developed separately for patients and nurses.

The data collection form for patients consists of three parts. There are five questions to determine the demographic characteristics of the patients in the first part, eight questions to determine the views of the patients about the informal address style using titles such as "uncle/aunt" in the second part, and eight questions to reveal their thoughts about the formal address style using titles such as "sir/madam" in the third part.

The data collection form for nurses consists of three parts. There are six questions to determine the demographic characteristics of the nurses in the first part, eight questions to determine the views of the nurses the informal address style using titles such as "uncle/aunt" in the second part, and eight questions to reveal their thoughts about the formal address style using titles such as "sir/madam" in the third part.

Newcastle Satisfaction with Nursing Scale (NSNS): The Newcastle Satisfaction with Nursing Scale was developed by Thomas et al. in 1996. Akın and Erdoğan (2007) conducted the Turkish validity and reliability study of the scale. The scale has 19 items about nursing care and a 5-point Likert-type rating structure. After the scores of all marked items on the scale are summed, the total score is obtained, and it is converted to a score in the range of 0-100. A total score of 100 indicates satisfaction with all aspects of nursing care. Cronbach's alpha coefficient of the scale was found as 0.96 in the study of Thomas et al. (1996). It was 0.96 in the study of Akın and Erdoğan (2007) (Akın and Erdoğan, 2007; Thomas, McColl, Priest, Bond, and Boys, 1996). The present study's coefficient was found as 0.96 for the pretest, 0.96 for the posttest-1, and 0.94 for the posttest-2.

The Perception of Nursing Profession Scale (PNPS): The Perception of Nursing Profession Scale is a 5-point Likert-type scale and consists of 22 items and two subscales.

Scoring of the expressions used to determine the level of perception is as follows: strongly disagree (1 point), disagree (2 points), neutral (3 points), agree (4 points), and strongly agree (5 Points). The minimum and maximum points that can be taken from the scale ranged from 22 to 110. Increased total scores obtained from the scale indicates the positive perception of the profession. Cronbach's alpha coefficient of the scale was found as 0.83 (Eşer, Khorshid, and Denat, 2006). The present study's coefficient was found as 0.94 for the pretest, 0.92 for the posttest-1, and 0.64 for the posttest-2.

Data Analysis

The SPSS 24.0 (Statistical Package for Social Sciences, version 24.0, for Windows) software package was used to analyze the quantitative data. Mean \pm standard deviation values, numbers, percentages, Chi-square, and Wilcoxon test, one of the non-parametric tests, were used to analyze the data.

In the qualitative data analysis, the audio-recording obtained during the interviews was transcribed word-by-word by the researchers, and thus the research findings were transformed into written documents. In analyzing the qualitative data extracted from the written documents, the content analysis technique was used, and the findings were supported by the participants' direct statements.

Ethical Consideration

The SPSS 24.0 (Statistical Package for Social Sciences, version 24.0, for Windows) software package was used to analyze the quantitative data. Mean \pm standard deviation values, numbers, percentages, Chi-square, and Wilcoxon test, one of the non-parametric tests, were used to analyze the data.

Results

A total of 12 nurses and 32 patients participated in the study. The socio-demographic characteristics of the participants are shown in Table 1.

Findings of nurses' experiences on formal and informal address form

After the nurses addressed the patients as aunt/uncle for a week, the nurses' experiences with the use of aunt/uncle address are shown in Table 2. While addressing as aunt/uncle, 58.3% of the nurses stated that they felt comfortable, 58.3% of them stated that this form of address did not affect their professionalism, and 66.7% stated that this form of address had a positive effect on patients' compliance with treatment (Table 2).

Table 1: Socio-demographic characteristics of the participants

Socio-demographic characteristics of the nurses	$\bar{X}\pm SD$	Min.-Max.
<i>Age</i>	40±5.44	28-46
<i>Working years as a nurse (year)</i>	18.5±6.2	7-25
	Number	%
<i>Sex</i>		
Female	10	83.3
Male	2	16.7
<i>Education</i>		
High school	3	25.0
Undergraduate or above	9	75.0
<i>Economic status</i>		
Income less than expenses	4	33.3
Equal income and expenses	7	58.3
Income more than expenses	1	8.3
Socio-demographic characteristics of the patients	$\bar{X}\pm SD$	Min.-Max.
<i>Age</i>	56.7±20.4	17-85
	Number	%
<i>Sex</i>		
Female	20	62.5
Male	12	37.5
<i>Education Level</i>		
Literate	16	50.0
Elementary school	9	28.2
High school	6	18.8
Under graduate or above	1	3.1
<i>Economic status</i>		
Income less than expenses	18	56.3
Equal income and expenses	9	28.1
Income more than expenses	5	15.6
<i>The longest place of residence</i>		
Village-town	13	40.6
District	14	43.8
City	4	12.5
Metropolis	1	3.1
Socio-demographic characteristics of the nurses	$\bar{X}\pm SD$	Min.-Max.
<i>Age</i>	40±5.44	28-46

After the nurses addressed the patients as "sir/madam" for a week, the nurses' experiences with the use of the address "sir/madam" are shown in Table 2. When using the sir/madam address form; 66.7% of the nurses stated that they felt comfortable, 66.7% of them stated that this form of address did not affect their professionalism, and 41.7% of them stated that this form of address had a positive effect on the compliance of the patients with the treatment (Table 2).

Table 2: Nurses' statements about addressing the patients using titles, such as "aunt-uncle and sir-madam"

When a different form of address is used	When titles such as "aunt/uncle" are used (n=12)		When titles such as "sir/madam" are used (n=12)	
	Number	%	Number	%
Nurses feel				
Comfortable	7	58.3	8	66.7
Nervous	5	41.7	4	33.3
Nurses think this has positively affected patients' compliance with treatment				
Yes	8	66.7	5	41.7
No	4	33.3	7	58.3
Nurses think the form of address has affected their professionalism				
Yes	5	41.7	4	33.3
No	7	58.3	8	66.7

Findings of in-depth interviews on nurses' formal and informal addressing

In in-depth interviews, some of the nurses stated that they decided the way of addressing the patients according to their socioeconomic status and age.

"If the patient comes from a village, I use "uncle, aunt," or I use "sister" if she has a conservative wearing style; it depends. In this way, they feel closer to me. They need to trust. I need to help them. I address them according to the situation." (Nurse 1)

"Uncle or aunt is something that can be used according to age. Of course, it can also be used formally. If a patient is a young person with no chronic disease, I can call the person directly by name if I know the patient. But as I said, if the person is a polyclinic patient and irritable, it is better to address them with titles such as "sir or madam." (Nurse 6)

Some of the nurses in in-depth interviews stated that informal communication was used in patient groups with long-term hospitalization and that they used formal communication in cases where there was patient circulation.

"I mostly –usually- address patients using titles such as "aunt or uncle" because we know them. This applies in the internal medicine service here. But I also worked in other services. In places where circulation is high, you use "madam, sir," because there should be a formal distance there." (Nurse 2)

In in-depth interviews, some of the nurses stated that informal address with titles "uncle or aunt" positively affected patients' compliance with treatment. Besides, they stated that informal address as part of care and felt happier while doing their work using an informal form of communication.

“After all, it is patient psychology. When they come here, they are shy, so they cannot speak freely – because they are timid. When you say "uncle aunt," they feel safe, close, and talk comfortably. Since they feel safe, they ask about things they cannot do or understand. They become timid when you use formal language. They cannot ask questions. They say that they are not satisfied, either.” (Nurse 1)

In in-depth interviews, some nurses stated that they received patients' reactions when they preferred a formal way of address by using titles such as "sir/madam" and that patients wanted to be addressed informally.

“I mean, if I say, 'madam,' they say, "you are my daughter, you are my daughter's age." For this reason, it is more sincere to call them as 'aunt/uncle'; then, they feel themselves closer.” (Nurse 4)

In in-depth interviews, some of the nurses stated that formal addresses using titles such as 'madam/sir' should be used to establish a formal relationship with the patient.

“I am a nurse, and they are patients; there must be a distance between us. There must be respect between us both for them and me. Otherwise, when you get a little more sincere, their respect for us decreases a bit. They start to get more irritable. Without letting this happen, they must see that there is formality between us and that there is a distance...” (Nurse 6)

In in-depth interviews, some of the nurses stated no relationship between the form of address and professionalism.

“I do not think professionalism has anything to do with the style of address and communication. Professionalism means the ability to understand the medical condition of the patient and to grasp what is happening at that moment; understanding if the patient's blood pressure is low or sugar level is high...” (Nurse 1)

Findings of the patients' experiences regarding formal and informal addressing

After addressing the patients as aunt/uncle for one week, the experiences of the patients regarding the use of aunt/uncle address are shown in Table 3. 96.9% of the patients stated that they felt comfortable when they were addressed as aunt/uncle, 84.4% of them stated that this form of address affected their treatment compliance positively, and 87.5% stated that addressing them as uncle/aunt and you/me did not affect their thoughts about nurses and the nursing profession. 21.9% of the patients stated that they asked the nurses "why are you addressing me

like that" in the face of this form of address, and 12.5% stated that they had problems with the nurses when this form of address was used ($p < 0.05$) (Table 3).

After addressing the patients as sir/madam for one week, the experiences of the patients regarding the use of sir/madam address are shown in Table 3. All of the patients (100%) stated that they felt comfortable when they were addressed as gentleman/madam, 34.4% of them stated that this form of address had a positive effect on their adherence to treatment, and all of the patients stated that addressing them as sir/madam and with you/we did not affect their thoughts about nurses and the nursing profession. In addition, when sir/madam address is used; All of the patients stated that they did not ask the nurses "why are you addressing me this way", that they did not demand that they be addressed in another way, and that they did not have any problems with the nurses when this form of address was used (Table 3).

Findings of in-depth interviews on patients' formal and informal addressing

In in-depth interviews, some of the patients stated that using the informal form of address would be more appropriate in terms of respect. Patients stated that addressing with titles such as "aunt/uncle" was related to age.

"If they are younger than me, let them call me 'uncle'; if they are older than me, they can call me 'sir.' Of course, it is about age. They know this; of course, our age is obvious. They consider their age and our age, and they eventually call us 'sir' or 'brother.'" (Patient 2)

In in-depth interviews with the patients, some stated that they felt more comfortable and could easily express their problems when they were addressed informally.

"I will feel more comfortable when they call me 'uncle.' I will easily express my problems, but I can be a bit hesitant if they call me 'sir.' I may not be comfortable ... Now when you say, 'Mr. ...', I feel as if you see yourself in higher status and me in a lower status." (Patient 1)

"When they call me 'uncle,' I can say, 'my daughter, I have itching, I have a cough, or I have nausea.' But you come and say, 'where is your pain?', for example, putting a distance between us..." (Patient 1)

In in-depth interviews, some of the patients stated that they found the use of 'uncle/aunt' more sincere when addressing.

"Sometimes they call me 'aunt.' I like it. It sounds great and sincere." (Patient 7)

In in-depth interviews, some of the patients stated that the form of address was not important; what mattered was that health professionals did their job properly and implemented the treatment and care plan.

"After all, it does not matter if they call me 'aunt' or 'madam' when they do their job well. ... Both sound the same for me. I will be glad when they do their job well." (Patient 5)

Table 3: Statistical findings of patients' reports relating to the form of address with titles, such as "uncle/aunt and sir/madam"

When a different form of address is used	Use of "aunt/uncle" (n=32)		Use of "sir/madam" (n=32)		Test statistics*	P
	Number	%	Number	%		
Patients feel						
Comfortable	31	96.9	32	100.0	$\chi^2=1.016$	0.500
Nervous	1	3.1	0	0.0		
Patients think this has positively affected their compliance with treatment						
Yes	27	84.4	11	34.4	$\chi^2=16.583$	0.000**
No	5	15.6	21	65.6		
Patients ask nurses why they are addressing in this way						
Yes	7	21.9	0	0.0	$\chi^2=7.860$	0.005**
No	25	78.1	32	100.0		
Patients ask nurses to use a different form address						
Yes	4	12.5	0	0.0	$\chi^2=4.267$	0.057**
No	28	87.5	32	100.0		
Patients think the form of address has affected/changed their perspectives and thoughts about nurses/nursing profession						
Yes	4	12.5	0	0.0	$\chi^2=4.267$	0.057**
No	28	87.5	32	100.0		
Patients have problems with nurses						
Yes	4	12.5	0	0.0	$\chi^2=4.267$	0.057**
No	28	87.5	32	100.0		

* χ^2 : Chi-square tests were used. **: significant at 0.05

Findings of the pretest-posttest administration of the Perception of Nursing Profession Scale to nurses

The mean score of the nurses participating in the study from the PNPS obtained before using various forms of address (mean pretest score: 79.16 ± 17.09) was found to be lower compared to the mean score obtained after using an informal form of address with titles such as "aunt/uncle" (mean posttest 1 score: 85.50 ± 12.66) and the mean score obtained after using

a formal form of address with titles such as "sir/madam" (mean posttest 2: 86.91 ± 4.29) (Table 4).

Findings of the pretest and posttest administration of the Newcastle Satisfaction with Nursing Scale to patients

Table 5 presents the mean scores obtained from the administration of the NSNS to patients participating in the study before and after the use of different forms of address. According to the mean scores in Table 5, different forms of address were found not to create a statistically significant difference in terms of the patients' satisfaction with nursing care ($p > 0.05$).

Table 4: Comparison the pretest, posttest-1, and posttest-2 results of the Perception of Nursing Profession Scale

	N	$\bar{X} \pm SS$	Min.	Max.	Z	p
Pretest	12	79.16±17.09	38	105		
Posttest-1 (after using titles such as 'aunt/uncle' for addressing)	12	85.50±12.66	63	100	-0.472	0.637
Pretest	12	79.16±17.09	38	105		
Posttest-2 (after using titles such as 'madam/sir' for addressing)	12	86.91±4.29	81	94	-1.413	0.158
Posttest-1 (after using titles such as 'aunt/uncle' for addressing)	12	85.50±12.66	63	100		
Posttest-2 (after using titles such as 'madam/sir' for addressing)	12	86.91±4.29	81	94	-0.196	0.844

$p > 0.05$

Table 5: Comparison the pretest, posttest-1, and posttest-2 results of the Perception of Nursing Profession Scale

	N	$\bar{X} \pm SS$	Min.	Max.	Z	p
Pretest	32	82.31±15.03	55.26	100		
Posttest-1 (after using titles such as 'aunt/uncle' for addressing)	32	81.00±12.92	38.16	100	-0.112	0.911
Pretest	32	82.31±15.03	55.26	100		
Posttest-2 (after using titles such as 'madam/sir' for addressing)	32	86.47±10.26	61.84	100	-0.898	0.369
Posttest-1 (after using titles such as 'aunt/uncle' for addressing)	32	81.00±12.92	38.16	100		
Posttest-2 (after using titles such as 'madam/sir' for addressing)	32	86.47±10.26	61.84	100	-1.814	.070

$p > 0.05$

Discussion

Communication in nursing care, which is an interpersonal process, is a fundamental concept in forming a nurse-patient relationship and is affected by the patients' culture (Feo, Rasmussen, Wiechula, Conroy and Kitson, 2017; Kwamea and Petrucka, 2020). Intercultural communication resulting from a social interaction ensures the nurse's use of communication skills effectively by considering the patient's verbal and non-verbal expressions, cultural values, care needs, and perceptions (Özcan, 2012). In this context, it is also recommended to collect data regarding the form of address used according to the patient's culture while collecting data from patients (Larsen, Mangrio and Persson, 2020; Fakhr-Movahedi, Rahnavard, Salsali and Negarandeh, 2016).

In our study, the nurses emphasized that a formal form of address needed to be used to establish formality and distance between the patient and the health care professional and that they felt more comfortable when they employed formal forms of address compared to when they used informal forms of address. However, they stated that the form of address might change depending on some characteristics of the patient, such as age, educational status, and gender, and therefore they thought using an informal form of address would not negatively affect professionalism. A study in the literature reported that patients addressed healthcare professionals by their names and titles, and health professionals addressed patients formally at a rate of 88% (Sim, Hallahan and McDonald, 2012). In a study conducted with nurses, it was stated that 59.1% of nurses used a formal form of address when addressing patients (Şimşek Arslan, Göktaş and Buldukoğlu, 2019). In another study conducted with physicians, it was reported that a formal form of address was employed in the patient-physician relationship by using the title and name together (Moore, Yelland and Ng 2011). The findings of our study were similar to the literature in this respect.

Intercultural nursing philosophy emphasizes the necessity of using a formal form of address to protect the patient's identity and characteristics while providing care. However, it is stated that an informal form of address can also be used in cases where individuals know each other, people have more intimate relationships due to living in small regions, people coming from rural areas adopt an informal form of address, and people do not feel uncomfortable. The important thing is to show respect for every culture's individuals and protect their dignity (Kwamea and Petrucka, 2020; Özcan, 2012). Studies show that informal forms of address used

in society are also employed in addition to the use of formal forms of address between healthcare professionals and patients (Parsons, Hughes and Friedman, 2016; Limon et al., 2016). In our study, when the nurses used the informal form of address, 96.9% stated that they felt more comfortable, and 84.4% stated that it was easier to adapt to the treatment. The patients also stated that they thought it was more appropriate for nurses to use an informal (aunt/uncle) form of address due to respecting their older age and that the informal form of address facilitated expressing their complaints and was more sincere. Besides, they stated that the form of address had nothing to do with professionalism and that the important thing was the nursing care and the appropriate application of treatment.

On the other hand, in our study, when the nurses addressed the patients with a formal tone, all of the patients stated that they felt more comfortable, and 34.4% of the patients stated that it was easier to adapt to the treatment. In addition to these, when the formal form of address was used, all of the patients stated that they did not experience any problems with the nurses and did not demand any other form of address. In a study examining the patient-physician relationship in our country in the literature, when patients were asked how they would like to be addressed, 30.2% of the patients wanted to be addressed only by their name and surname, 37.1% with titles such as "madam/sir," and 32.7% with titles such as "sister/brother" (Özçaka, Becerik, Bıçakçı and Kose, 2008). In another study, it was stated that 66.1% of the patients asked nurses to be addressed informally and that patients were more satisfied with nursing care when they were addressed in this style. Besides, it was reported that as the age of the patient increased, the status of addressing patients informally by nurses increased, as well (Şimşek Arslan et al., 2019). In the literature, there are also studies reporting that as the patients' age increased, their request to be addressed formally increased, as well (Najafi, Khoshdel and Kheiri 2012; Lill and Wilkinson, 2005). Our study results were similar in that patients preferred the informal form of address; they were more satisfied with nursing care in cases where informal communication was established and complied with the treatment more in this case. However, our findings differed from the literature regarding the preference of a formal form of address with increasing age. This is thought to be related to cultural communication styles. At this point, it can be said that communication styles in healthcare services are directly affected by society's cultural characteristics.

In present study was found that no statistically significant relationship between the style of address and patient satisfaction with nursing care and nurses' perception of the nursing

profession. However, the use of the formal form of address was found to positively affect both satisfaction with nursing care and nurses' perception of the profession. A study in the literature examining the relationship between nursing care and form of address reported that patients who were addressed informally by nurses and who addressed nurses informally were more satisfied with nursing care and perceived nursing care as higher quality (Şimşek Arslan, et al., 2019). The findings of our study differed from the literature in this respect. Although there was no statistically significant difference in our study, our findings showed that the formal form of address positively affected both satisfaction with nursing care and the nursing profession's perception. This suggested that nurses and patients had the perception of an "ideal form of address". Although it was thought that the ideal form of address was "formal form of address" and that it was taught to nurses during vocational education, it was found that informal form of address could also be used due to the effect of culture. In Turkish culture, informal forms of address such as "aunt/uncle" are used for aged people as an indication of respect. However, the use of such words is not considered appropriate in different countries. For example, in the USA, nurses' use of informal words, such as "honey, sweet-heart, grandma, gramps," is not welcomed (Riley, 2008).

Limitations

The form of address varies from culture to culture, from person to person, and is impacted by socioeconomic factors. To compare the use of different forms of address, our study was conducted in a state hospital's internal medicine service with low patient circulation and long-term hospitalizations. Therefore, carrying out the study in a single district and a single clinic with patients whose mean age was high and whose education level was lower than nurses was among the study's limitations.

Conclusions

Our study found no statistically significant relationship between the form of address and satisfaction with nursing care and nurses' perception of the nursing profession but that the use of formal address positively affected both satisfaction with nursing care and nurses' perception of the profession. In in-depth interviews, nurses stated that they used an informal form of address, considered the informal form of address as part of care, and felt more comfortable when they used this form of address. The patients participating in our study asked the nurses to use an informal form of address and stated that when this form of communication was used,

they were able to express their problems more efficiently and that this enhanced their compliance with treatment.

In conclusion, we recommend the following points.

- A formal form of address should be used when patients are first met, patients should be asked how they would like to be addressed in the continuation of the care process, and nurses should be addressed to patients according to patients' request.
- This study should be repeated in a larger sample including state, university, private hospitals, and different clinics.
- Since the study was conducted only in Turkish culture, it should also be carried out in different cultures.

Conflict of Interest: There is no conflict of interest between the authors.

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