

EVALUATION OF THE IMPACT OF MEDICAL SECRETARIES ON PATIENT SATISFACTION*

TIBBİ SEKRETERLERİN HASTA MEMNUNİYETİ ÜZERİNE ETKİSİNİN DEĞERLENDİRİLMESİ

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ABSTRACT

The study aims to examine the communication processes between patients and medical secretaries and to evaluate the impact of the organized communication training program on patient satisfaction. The research was conducted using communication satisfaction and patient satisfaction surveys with the participation of 160 patients. The health care communication questionnaire is used to evaluate communication problems with the medical secretaries responsible for referral working with the physician, while the outpatient satisfaction scale is used to determine the satisfaction levels of the individuals admitted to the hospital. Medical secretaries evaluated from the communication dimension, training program training are organized to improve communication skills and measurements are taken on satisfaction rates after the training. In the study, the patient satisfaction rate before communication education is 74.75% and communication satisfaction rate is 70.94%, and after education, outpatient satisfaction increases by 87.30% and communication satisfaction increased by 78'. The study is an important step to determine the impact of communication training for medical secretaries on patient satisfaction and may provide a model for similar future studies. These results provide a basis for making recommendations for improving communication in healthcare.

Keywords: Satisfaction, Health, Communication, Communication Training, Medical Secretary.

JEL Classification Codes: I10, I13, I18.

ÖZ

Bu çalışma, hastalar ile tıbbi sekreterler arasındaki iletişim süreçlerini incelemeyi ve düzenlenen iletişim eğitim programının hasta memnuniyeti üzerindeki etkisini değerlendirmeyi amaçlamaktadır. Araştırma 160 hastanın katılımıyla iletişim memnuniyeti ve hasta memnuniyeti anketleri kullanarak yapılmıştır. Sağlık bakımı iletişim anketi, hekimle beraber çalışan yönlendirmeden sorumlu tıbbi sekreterler ile yaşanan iletişim sorunlarını değerlendirmek için, ayaktan hasta memnuniyeti ölçeği hastaneye başvuran bireylerin memnuniyet düzeylerini belirlemek için kullanılmıştır. İletişim boyutundan değerlendirilen tıbbi sekreterlerin, iletişim becerilerini geliştirmek için eğitim programı eğitimi düzenlenmiş ve eğitim sonrasında memnuniyet oranlarına ilişkin ölçüm alınmıştır. Bu çalışmada iletişim eğitimi öncesi hasta memnuniyeti oranı %74,75 ve iletişim memnuniyet oranı %70,94 bulunmuş, eğitim sonrasında ise ayaktan hasta memnuniyeti %87,30 ve iletişim memnuniyet %78'e yükseldiği görülmüştür. Bu çalışma, tıbbi sekreterlere yönelik iletişim eğitiminin hasta memnuniyeti üzerindeki etkisini belirlemek için önemli bir adımdır ve gelecekteki benzer çalışmalara model oluşturabilir. Bu sonuçlar, sağlık hizmetlerinde iletişimin geliştirilmesine yönelik önerilerde bulunmak için bir temel sağlar.

Anahtar Kelimeler: Memnuniyet, Sağlık, İletişim, İletişim Eğitimi, Tıbbi Sekreter.

JEL Sınıflandırma Kodları: I10, I13, I18.

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EXTENDED SUMMARY

Purpose and Scope:

Healthcare personnel's communication skills are important in determining patient satisfaction in healthcare services. In this context, the communication skills of medical secretaries, directly affect the quality of healthcare services. The primary purpose of the study is to analyze the communication processes established by medical secretaries with patients and to evaluate the effect of this communication quality on patient satisfaction. In addition, the study measures the change in patient satisfaction as a result of structured communication training applied to medical secretaries. In this context the performance of medical secretaries before and after education is evaluated in terms of communication skills and the perception of health care by the user. The study aims to make the intermediary role of medical secretaries in the health system more visible and contribute to the creatiniig communication oriented development strategies.

Design/methodology/approach:

The study is designed as an experimental pre-posttest design and uses quantitative data collection techniques. 160 individuals aged 18 and over who visited the outpatient clinics of Kastamonu Education and Research Hospital between October and December 2023 participate in the study. Participants are evaluated in two groups: before (n=80) and after (n=80) communication training. The Health Care Communication Questionnaire and the Outpatient Satisfaction Survey are used as data collection tools. The communication questionnaire consists of four sub-dimensions: problem solving, respect, absence of hostility, and nonverbal closeness. Communication training program applied to medical secretaries is carried out by the faculty members of Kastamonu University Faculty of Communication. Training includes Communication Skills, Interpersonal Communication, Body Language, Empathy, Stress and Anger Control, Dealing with Difficult People, Effective Listening, Nonverbal Communication, and Communication Barriers. This training to 109 medical secretaries lasts 3 hours in total. Statistical analysis of the data is carried out using SPSS 26 program. Normal distribution tests of the data are evaluated using Kolmogrov-Smirnov and Shapiro-Wilk tests; the Pearson Correlation Coefficient test is used for the relationships between t-test and variables for comparisons. The level of significance for all data is set at 0.05.

Findings:

According to the findings from the study, before the introduction of communication training, the average health care communication score is 46.11 ± 8.87 , patient satisfaction score is 26.91 ± 4.75 . After communication training, the average health care contact score is 50.69 ± 10.47 , while patient satisfaction score is 31.43 ± 3.58 . This increase is found to be statistically significant as a result of the analysis ($p < 0.05$). When the Health Care Communication Survey is examined in terms of sub-dimensions, a significant difference is achieved only in the sub-dimension ($p = 0.001$) of "Non-Enemy. Although there are increases in other sub-dimensions, these increases are not statistically significant. While there is a moderate positive correlation between patient satisfaction and the communication skills of pre-training medical secretaries ($r = 0.571$, $p < 0.001$), this correlation is found to be weakly positive after training ($r = 0.355$, $p < 0.001$). In addition, the sub-dimensions of "Problem Solving" and "Respect" of the Health Care Communication Survey are found to be positively related to patient satisfaction at a high level, and a positive relationship is determined at a weak level in the sub-size of "Non-verbal Closeness". As a result, communication training given to medical secretaries increased patient satisfaction by 12.55% and communication satisfaction by 7.06%. This increase shows that the offered communication training program is successful in improving the communication skills of people.

Conclusion and Discussion:

The results from the research clearly show that medical secretaries' communication skills have a direct and powerful impact on patient satisfaction. The study shows that the quality of communication established by medical secretaries, particularly those working in areas such as registration and referral, which are the first point of contact in healthcare services, is a decisive factor in determining overall satisfaction with the service. The significant increase in satisfaction observed after the education shows that the widespread implementation of structured and systematic communication skills training programs in healthcare institutions is inevitable. While satisfaction studies in the literature mainly focus on physicians and nurses, the study takes a unique stance by directly focusing on medical secretaries and, in this respect, makes an important contribution to the literature. In addition, after training, not only there is an increase in overall satisfaction scores, but a statistically significant increase in the "lack of hostility" sub-dimension is also observed. This situation suggests that education creates a positive transformation not only at the level of knowledge but also at the level of attitudes and behaviors. However, some limitations of the study should also be considered. The fact that it is conducted in a single hospital and that sample size is relatively limited are among the factors that reduce the generalizability of the findings. Therefore, more comprehensive studies conducted in collaboration with healthcare institutions at different levels and from different geographical regions are needed in the future. At the same time, follow-up studies are recommended to understand the extent to which training programs have lasting effects in the long term. In conclusion, improving the communication skills of medical secretaries is a priority that must be addressed at a strategic level, not only in the context of personal professional development, but also in terms of increasing patient satisfaction, strengthening patient-healthcare worker interactions, and improving the overall quality of healthcare services. This study serves as a strong starting point that can provide scientific support for restructuring healthcare management services and service delivery policies based on communication.

GENİŞLETİLMİŞ ÖZET

Amaç ve Kapsam:

Sağlık personelinin iletişim becerileri, sağlık hizmetlerinde hasta memnuniyetinin belirlenmesinde önemlidir. Bu bağlamda, tıbbi sekreterlerin iletişim becerileri, sağlık hizmetlerinin kalitesini doğrudan etkilemektedir. Bu çalışmanın temel amacı tıbbi sekreterlerin hastalarla kurduğu iletişim süreçlerini analiz etmek ve bu iletişim kalitesinin hasta memnuniyeti üzerindeki etkisini değerlendirmektir. Ayrıca bu çalışma tıbbi sekreterlere uygulanan yapılandırılmış iletişim eğitimi sonucunda hasta memnuniyetindeki değişimi ölçmüştür. Bu kapsamda tıp sekreterlerinin eğitim öncesi ve sonrası performansı, iletişim becerileri ve kullanıcı tarafından sağlık hizmeti algısı açısından değerlendirilir. Çalışma, tıbbi sekreterlerin sağlık sistemindeki aracı rolünü daha görünür hale getirmeyi ve kreatiniig iletişim odaklı geliştirme stratejilerine katkıda bulunmayı amaçlamaktadır.

Yöntem:

Deneysel ön test tasarımı olarak tasarlanan ve nicel veri toplama teknikleri kullanılan çalışma. Ekim ve Aralık 160 arasında Kastamonu Eğitim ve Araştırma Hastanesi polikliniklerini ziyaret eden 18 yaş ve üzeri 2023 kişi çalışmaya katılmıştır. Katılımcılar iki grupta değerlendirildi: önce (n=80) ve sonra (n=80) iletişim eğitimi. Sağlık Hizmetleri İletişim Anketi ve Ayakta Memnuniyet Anketi veri toplama aracı olarak kullanılmıştır. İletişim anketi dört alt boyuttan oluşur: problem çözme, saygı, düşmanlık yokluğu ve sözsüz yakınlık. Tıp sekreterliklerine uygulanan iletişim eğitimi programı Kastamonu Üniversitesi İletişim Fakültesi öğretim üyeleri tarafından yürütülmüştür. Eğitim, İletişim Becerileri, Kişilerarası İletişim, Beden Dili, Empati, Stres ve Öfke Kontrolü, Zor İnsanlarla Başa Çıkma, Etkili Dinleme, Sözsüz İletişim, İletişim Engellerini içerir. 109 tıbbi sekretere verilen bu eğitim toplamda 3 saat sürdü. Verilerin istatistiksel analizi SPSS 26 programı kullanılarak gerçekleştirilmiştir. Verilerin normal dağılım testleri Kolmogrov-Smirnov ve Shapiro-Wilk testleri kullanılarak değerlendirildi; karşılaştırmalar için t-testi ve değişkenler arasındaki ilişkiler için Pearson Korelasyon Katsayısı testi kullanıldı. Tüm veriler için anlamlılık seviyesi 0.05 olarak belirlenmiştir.

Bulgular:

Araştırmadan elde edilen bulgulara göre, iletişim eğitimi verilmeden önce, ortalama sağlık bakım iletişim skoru $46,11 \pm 8,87$, hasta memnuniyeti skoru $26,91 \pm 4,75$ ' idi. İletişim eğitiminden sonra, ortalama sağlık bakım iletişim puanı $50,69 \pm 10,47$, hasta memnuniyeti puanı $31,43 \pm 3,58$ olarak tespit edildi. Bu artış yapılan analizler sonucunda istatistiksel olarak anlamlı bulundu ($p < 0,05$). Sağlık Bakım İletişim Anketi alt boyutlar açısından incelendiğinde sadece "Düşmanlığın Olmaması" alt boyutunda ($p = 0,001$) anlamlı bir fark elde edildi. Diğer alt boyutlarda artışlar olsa da bu artışlar istatistiksel olarak anlamlı bulunmadı. Hasta memnuniyeti ile eğitim öncesi tıbbi sekreterlerin iletişim becerileri arasında orta düzeyde pozitif korelasyon varken ($r = 0,571$, $p < 0,001$), eğitim sonrasında bu korelasyon zayıf düzeyde pozitif olarak saptandı ($r = 0,355$, $p < 0,001$). Ayrıca Sağlık Bakım İletişim Anketinin "Problem Çözme" ve "Saygı" alt boyutları hasta memnuniyeti ile yüksek düzeyde pozitif ilişkili bulunmuş olup, "Sözsüz Yakınlık" alt boyutunda zayıf düzeyde pozitif bir ilişki saptanmıştır. Sonuç olarak tıbbi sekreterlere verilen iletişim eğitimi ile birlikte hasta memnuniyetinde %12,55 düzeyinde, iletişim memnuniyetinde ise %7,06 düzeyinde bir artış sağlanmıştır. Bu artış, sunulan iletişim eğitimi programının kişilerin iletişim becerilerini geliştirmede başarılı olduğunu göstermektedir.

Sonuç ve Tartışma:

Araştırmadan elde edilen sonuçlar, tıbbi sekreterlerin iletişim becerilerinin hasta memnuniyeti üzerinde doğrudan ve güçlü bir etkiye sahip olduğunu açıkça göstermektedir. Çalışma, tıbbi sekreterler tarafından kurulan iletişim kalitesinin, özellikle sağlık hizmetlerinde ilk temas noktası olan kayıt ve sevk gibi alanlarda çalışanların, hizmetten genel memnuniyetin belirlenmesinde belirleyici bir faktör olduğunu göstermektedir. Eğitim sonrasında gözlemlenen memnuniyetteki önemli artış, sağlık kurumlarında yapılandırılmış ve sistematik iletişim becerileri eğitim programlarının yaygın bir şekilde uygulanmasının kaçınılmaz olduğunu göstermektedir. Literatürdeki memnuniyet çalışmaları esas olarak hekimlere ve hemşirelere odaklanırken, bu çalışma doğrudan tıbbi sekreterlere odaklanarak benzersiz bir duruş sergiliyor ve bu açıdan literatüre önemli bir katkı sağlıyor. Buna ek olarak, eğitimden sonra, sadece genel memnuniyet puanlarında bir artış olmadı, aynı zamanda "düşmanlık eksikliğinde istatistiksel olarak anlamlı bir artış" alt boyutu da gözlemliydi. Bu durum eğitimin sadece bilgi düzeyinde değil, tutum ve davranışlar düzeyinde de olumlu bir dönüşüm yarattığını göstermektedir. Bununla birlikte, çalışmanın bazı sınırlamaları da göz önünde bulundurulmalıdır. Tek bir hastanede yapılması ve örneklem büyüklüğünün nispeten sınırlı olması bulguların genellenebilirliğini azaltan faktörler arasındadır. Bu nedenle, gelecekte farklı düzeylerde ve farklı coğrafi bölgelerden sağlık kurumlarıyla işbirliği içinde yürütülen daha kapsamlı çalışmalara ihtiyaç vardır. Aynı zamanda, eğitim programlarının uzun vadede ne kadar kalıcı etkileri olduğunu anlamak için takip çalışmaları önerilir. Sonuç olarak, tıbbi sekreterlerin iletişim becerilerini geliştirmek, sadece kişisel mesleki gelişim bağlamında değil, aynı zamanda hasta memnuniyetini arttırmak, hasta-sağlık çalışanı etkileşimlerini güçlendirmek ve sağlık hizmetlerinin genel kalitesini iyileştirmek açısından da stratejik düzeyde ele alınması gereken bir önceliktir. Bu çalışma, sağlık yönetimi ve iletişim temelli hizmet sunma politikalarının yeniden yapılandırılması için bilimsel destek sağlayabilen güçlü bir başlangıç noktası olarak hizmet vermektedir.

1. INTRODUCTION

On a global scale, health systems are now expected to provide holistic well-being by considering the physical, psychological and social needs of individuals rather than treating diseases. As the scope of health services expands, patient satisfaction stands out as an important indicator of health care quality. It is considered a fundamental performance measure in different fields from general medicine to dentistry (Afrashtehfar et al., 2020). However, patient satisfaction is a complex structure. Because many studies focus mostly on health care delivery, less attention is paid to patients' perceptions about their own experiences and expectations (Orhan et al., 2021). In addition, with the emergence of new service models such as tele-medicine, the concept of patient satisfaction is constantly evolving these models bring their own unique set of challenges and satisfaction markers (Sungur, 2020). This suggests the need for research that directly focuses on the interaction between the patient and the service provider.

Patients, "especially those who cope with the disease or accompany their loved ones", are emotionally dense and psychologically fragile. While this situation reveals the need for open, empathetic and supportive communication, the forms of communication established in the process directly affect the satisfaction they receive from health services. (Kim et al., 2004). Research shows that patients in such cases are more sensitive to the tone, clarity and content of interpersonal interactions than healthy individuals (Altıntaş, 2014; Kaya et al., 2017). Therefore, effective communication in healthcare system is not only the transmission of information, but also the regulation of emotions, expectations and relationships. This form of communication should be adapted to the psychological states and socio-emotional realities of patients and their relatives (Yüce, 2011). This makes communication not just theoretical but also a dynamic process that requires emotional intelligence, cultural competence, and ethical sensitivity.

Numerous studies highlight that the effectiveness of health care is significantly influenced by the administrative staff, including clinicians and all health care workers (Akca et al., 2020). In this context, as defined in Avedis Donabedian (1988) fundamental "Yapı-Süreç-Sonuç" healthcare quality model, it is an indicator of concepts such as patient satisfaction, organizational performance, patient centeredness and quality of care, reflecting how well healthcare services are delivered. Furthermore, patient a strategic element that affects the patterns of healthcare utilization, the institution's reputation, patient loyalty and economic sustainability. Therefore, effective communication plays a central role in establishing trust-based relationships between patients and healthcare workers, and in managing care in a responsive, inclusive, and tailored manner to the needs of different patients (Tukel et al., 2004; Nesanir & Dinç, 2008).

Following the models laid out by Street et al. (2009)', it has been shown that the ability of health professionals to communicate clearly, empathically and respectfully with patients is consistently associated with better health outcomes, increased patient satisfaction and higher compliance with treatment protocols (Tükel et al., p. 4) Communication is not only a complementary skill; it is a necessity that shapes the entire experience of the patient from a clinical and institutional point of view. This study addresses the gap by focusing on the impact of the communication skills of administrative staff on patient perception and the quality of health care.

In recent years, the need to promote a biopsychosocial perspective and the understanding of patient-centered care (Mead & Bower, 2000), which advocates the sharing of power and responsibility between the patient and the health worker, further emphasizes the need for non-clinical staff communication skills Research shows that health care institutions that prioritize communication education and promote a culture of empathy and professionalism among administrative staff report higher rates of patient satisfaction and better corporate performance (Akça et al., 2020). Effective communication at the administrative level also plays a significant role in meeting the emotional and psychological needs of patients. For many patients struggling with chronic illness, hospitalization, or complex diagnoses, being able to express their fears, share their uncertainty, and get empathetic responses is a healing experience in itself (Çelik, 2021). Medical secretaries with strong communication skills can humanize corporate environments, reduce patient anxiety, and strengthen the perception of quality of care. Thus, communication becomes not only a means of information transmission but also a component of the healing process. This demonstrates that the need for continuing professional development programmes, which are specifically designed according to the roles and responsibilities of medical secretaries. Such programs should be include patient feedback, and be supported by continuous audit and assessment mechanisms (Özdemir, 2023).

While health communication research often focuses on physicians and nurses; medical secretaries have often been overlooked despite playing an important role in shaping patients' first impressions and overall attitudes (Kalkan & Özbaş, 2021). These professionals are responsible not only for administrative tasks such as appointment scheduling, records management and orientation, but also for facilitating interpersonal interactions, interpreting verbal and nonverbal cues of patients and responding to their concerns in a professional and empathetic manner. At the same time, these people are often the center of communication process because they are the first points of contact between patients and health institutions.

Medical secretaries are important mediators that ensure the smooth flow of communication between patients and healthcare worker, contributing to the feeling that patients are seen, heard and supported. While core competencies such as patience, active listening, verbal openness, emotional control and respectful communication are important this role (Kılıç & Topuz, 2015) these communication skills are not innate; they can be developed through training programs through practical applications and feedback from patients or colleagues.

Medical secretaries are an integral part of communication processes in health care institutions, as well as their individual-level skills. They serve as bridges by linking the clinical and operational dimensions of health care with a large number of stakeholders, such as patients, doctors, nurses, administrative staff and management (Tukel et al., 2004). With their ability to transfer accurate information, reassure and soothe emotionally tense situations, they significantly contribute to patient safety and satisfaction.

In this context, empirical studies in which the relationship between the communication skills of medical secretaries and patient satisfaction is systematically examined are limited in the literature. Most of the available studies focus on physician or nurses, ignoring the support staff. Furthermore, even in cases where the importance of medical secretaries is recognized, quantitative data revealing how specific communication training interventions are reflected in patient satisfaction indicators are insufficient.

In order to address the critical gap in this field, this study aims to evaluate the impact of a structured communication training program for medical secretaries on patient satisfaction levels and to examine patient satisfaction data before and after training and to conclude the role of communication in improving the quality of health services. It also highlights the importance of recognizing and investing in the communication capacity of all medical staff, regardless of their clinical status. Ultimately, this study will contribute to the growth of knowledge advocating the systematic development of communication practices in healthcare institutions to increase patient well-being and corporate effectiveness.

2. METHOD

This study employed a quasi-experimental pre-test/post-test design to evaluate the impact of a communication skills training program on patient satisfaction. Following approval from the Kastamonu University Ethics Committee (decision number 2023-KAEK-86, dated October 4, 2023), all procedures were conducted in accordance with ethical guidelines.

2.1. Participants and Sampling

In this study, instead of power analysis, the sample size was determined by reference to precedents in comparable studies, which is a common and accepted practice in health care research. In this context, 22 empirical studies on patient satisfaction and health communication were reviewed. Based on the total number of 2020 participants in these studies, the average sample size for research groups was approximately 91 people. This number was considered a criterion and the research was conducted, taking into account the sample of 80 participants per group of the current study (N=160 total) as a solid and comparable dimension that would provide sufficient statistical power for the analysis. The sample of the study consisted of 160 people who visited Kastamonu Training and Research Hospital between October and December 2023. The criteria for participation were determined as voluntary individuals who received outpatient treatment over the age of 18. Persons under the age of 18 and refused to complete the questionnaire and the patients who were lying down were excluded. Written informed consent was obtained from all participants before the questionnaire were applied.

2.2. Intervention: Communication Skills Training

The intervention consisted of a communication skills training program provided to medical secretaries working with physicians in outpatient clinics or responsible for referrals. The training was conducted by faculty members from Kastamonu University's Faculty of Communication and Department of Radio, Television, and Cinema. The curriculum covered communication skills, interpersonal communication, body language, empathy, stress and anger management, dealing with difficult people, effective listening, nonverbal communication, and communication barriers. This 3-hour training was delivered to 109 medical secretaries.

2.3. Data Collection Instruments and Procedure

Data were collected using two separate instruments administered through written questionnaires. Satisfaction data from the first group (80 individuals) were collected before the training (maximum 15 days prior), and measurements were taken from the second group (80 individuals) after the training.

Outpatient Patient Satisfaction Scale: Outpatient satisfaction levels were measured using the Outpatient Patient Satisfaction Scale, which was developed according to the guidelines of the Ministry of Health. A prior validity and reliability study for this scale could not be found in the literature. Therefore, to determine the internal consistency reliability of the scale for the current study, the Cronbach's Alpha coefficient was calculated and found to be .799. This value indicates that the scale has a good level of reliability for this study's sample.

Health Care Communication Questionnaire: The Health Care Communication Questionnaire, developed by Gremigni et al. (2008) cite_start, was used to evaluate healthcare professionals' communication skills from the patient's perspective. The Turkish validity and reliability of this questionnaire were established by Kalkan and Özbaş (2021). In their study, the total Cronbach's Alpha internal consistency coefficient for the scale was reported as .91, while the coefficients for the sub-dimensions were reported to range from .78 to .88 (Problem-Solving: .85, Respect: .88, Absence of Hostility: .78, and Nonverbal Closeness: .82). These values indicate that the Turkish form of the scale is highly reliable. The five-point Likert-type scale consists of 13 items and 4 sub-dimensions.

2.4. Data Analysis

All data were analyzed using the SPSS 26 program. The normality of data distribution was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests. For group comparisons between the pre- and post-training data, the independent samples t-test was used. The relationships between variables were examined using the Pearson correlation coefficient. The statistical significance level was set at $p < 0.05$ for all analyses.

3. FINDINGS

A total of 160 individuals participated, with 80 before and 80 after the training. The Kolmogorov-Smirnov and Shapiro-Wilk tests confirmed the normal distribution of total scores from the Health Care Communication Questionnaire, its sub-dimensions, and the Outpatient Satisfaction Questionnaire, as Skewness and Kurtosis coefficients were within the -1 to +1 range (Büyükoztürk et al., 2009).

Table 1. Findings Related to Demographic Characteristics of the Patients Participating in the Study

Variables		Secretary Education Status			
		Secretary Before Training		Secretary After Training	
		n	%	n	%
Is this your first visit to our hospital?	Yes	29	36.25	23	28.75
	No	51	63.75	57	71.25
Gender	Woman	47	58.75	19	23.75
	Man	33	41.25	61	76.25
Education	SchoolPrimary	22	27.50	16	20.00
	High School	34	42.50	32	40.00
	University	24	30.00	32	40.00
Age	Average ± Ss	36.50±11.09		34.98±12.14	

According to Table 1, before the communication skills development training was provided to the secretaries, 36.25% of the participants were first-time visitors, 63.75% were not, 58.75% were female, 41.25% were male, 27.50% had primary school education, 42.50% had high school education, 30% had university education, and the average age was 36.50±11.09 years.

After the training, 28.75% of the patients were first-time visitors, 71.25% were not, 23.75% were female, 76.25% were male, 20% had primary school education, 40% had high school education, 40% had university education, and the average age was 34.98±12.14.

Table 2. Descriptive Statistics of Health Care Communication and Its Sub-Dimensions and Outpatient Satisfaction Survey Scores Used in the Scope of the Study

	Secretary Before Training					Secretary After Training			
	N	Min	Max	\bar{x}	Ss	Min	Max	\bar{x}	Ss
Health Care Communication Questionnaire	80	22	64	46.11	8.87	21	65	50.69	10.47
Problem Solving Subscale	80	4	20	14.16	3.51	4	20	15.33	4.44
Respect Subscale	80	4	20	13.96	3.52	4	20	14.86	4.20
Absence of Hostility Subscale	80	3	15	11.03	2.58	3	15	13.25	2.64
Nonverbal Closeness Subscale	80	3	10	6.96	1.92	2	10	7.25	2.14
Outpatient Patient Satisfaction Questionnaire	80	15	34	26.91	4.75	20	36	31.43	3.58

According to Table 2, before the communication skills development training was provided to the secretaries, the participants' total health care communication scores ranged from 22 to 64, averaging 46.11±8.87. The total scores from the Outpatient Patient Satisfaction questionnaire ranged from 15 to 34, averaging 26.91±4.75.

After the training, the total health care communication scores ranged from 21 to 65, with an average of 50.69±10.47, and the total scores from the Outpatient Patient Satisfaction questionnaire ranged from 20 to 36, with an average of 31.43±3.58.

Table 3. Comparison of Health Care Communication and Its Sub-Dimensions and Outpatient Satisfaction Scores Used in the Scope of the Study According to the Communication Skills Training Given to Secretaries Before / After

	Communication Skills Training	n	\bar{x}	t	df	p
Health Care Communication Questionnaire	Before Training	80	46.12±8.87	-2.981	158	0.003*s
	After Training	80	50.69±10.48			
Problem Solving Subscale	Before Training	80	14.17±3.52	-1.836	158	0.068
	After Training	80	15.33±4.45			
Respect Subscale	Before Training	80	13.97±3.52	-1.470	158	0.143
	After Training	80	14.87±4.2			
Absence of Hostility Subscale	Before Training	80	11.03±2.59	-5.390	158	0.001*
	After Training	80	13.25±2.65			
Nonverbal Closeness Subscale	Before Training	80	6.97±1.92	-0.895	158	0.372
	After Training	80	7.25±2.14			
Outpatient Patient Satisfaction Questionnaire	Before Training	80	26.92±4.76	-6.784	158	0.001*
	After Training	80	31.43±3.58			

Table 3 shows a statistically significant difference between the Health Care Communication scores of the patients participating in the study related to the secretary before and after the secretaries received communication skills (t=-2.981 p<0.05). Looking at the mean scores of the Health Care Communication questionnaire, the health care communication scores of the patients after the communication skills training of the secretary (50.69±10.48) are

significantly higher than the scores before the training (46.12 ± 8.87) ($p < 0.05$). The problem-solving, respect, and Nonverbal Intimacy sub-dimension scores of the Health Care Communication related to the secretaries of the patients participating in the study do not show a statistically significant difference between the scores before and after the secretaries received communication skills ($p > 0.05$). At the same time, there was a statistically significant difference between the pre- and post-training scores of the patients participating in the study regarding the Absence of Hostility sub-dimension of Health Care Communication related to the secretary ($t = -5.390$ $p < 0.05$). Looking at the means, the scores of the patients after the communication skills training of the secretary in the sub-dimension of absence of hostility in health care communication (7.25 ± 2.14) are significantly higher than the scores before the training (6.97 ± 1.92). There was a statistically significant difference between the Outpatient Patient Satisfaction scores of the patients before and after the secretaries received communication skills training ($t = -6.784$ $p < 0.05$). Looking at the means, the Outpatient Patient Satisfaction scores of the patients (31.43 ± 3.58) after the communication skills training given to the secretary are significantly higher than the scores before the training (26.92 ± 4.76).

Table 4. Investigation of the Relationship Between Health Care Communication / Sub-Dimensions and Outpatient Satisfaction Scores

	Communication Skills Training of Secretaries		
		Before Training	After Training
		Outpatient Patient Satisfaction Questionnaire	Outpatient Patient Satisfaction Questionnaire
Health Care Communication Questionnaire	r	0.571	0.355
	p	0.001	0.001
	N	80	80
Problem Solving Subscale	r	0.591	0.289
	p	0.001	0.009
	N	80	80
Respect Subscale	r	0.519	0.355
	p	0.001	0.001
	N	80	80
Absence of Hostility Subscale	r	0.175	0.065
	p	0.121	0.567
	N	80	80
Nonverbal Closeness Subscale	r	0.369	0.363
	p	0.001	0.001
	N	80	80

According to Table 4, before the secretaries received communication skills training, there was a moderate positive correlation between outpatient patient satisfaction scores and health care communication scores, problem-solving, and respect sub-dimension scores ($r = 0.571$, $r = 0.591$, $r = 0.519$, respectively; $p < 0.01$). There was a weak positive correlation with the nonverbal closeness sub-dimension score ($r = 0.369$, $p < 0.01$) and no statistically significant relationship with the absence of hostility sub-dimension score ($p > 0.05$). Similarly, after the secretaries received communication skills training, there was a weak positive correlation between outpatient satisfaction scores and health care communication scores, problem-solving, respect, and nonverbal closeness sub-dimension scores ($r = 0.355$, $r = 0.289$, $r = 0.355$, $r = 0.363$, respectively; $p < 0.01$), and no statistically significant relationship with the absence of hostility sub-dimension score ($p > 0.05$).

4. DISCUSSION

In this study, a 12.55% increase in patient satisfaction and a 7.06% increase in satisfaction with communication were observed after medical secretaries received communication skills training. The primary findings of this study provide compelling evidence that a structured communication training for medical secretaries has a statistically significant and positive impact on patient satisfaction. The post-training increase in the mean outpatient satisfaction score from 26.92 to 31.43 ($t=-6.784$; $p<.001$), and the rise in the overall health care communication score from 46.12 to 50.69 ($t=-2.981$; $p=.003$), offer strong quantitative support for the study's central hypothesis. These results underscore the fundamental role of medical secretaries in shaping patient experience and overall perception of quality of health care.

A analysis of the communication sub-dimensions reveals a more detailed picture of the training's effects. The training was effective in improving the "Absence of Hostility," the only sub-dimension showing a statistically significant increase. However, although there were increases in the "Problem Solving" ($p=0.068$), "Respect" ($p=0.143$), and "Nonverbal Closeness" ($p=0.372$) sub-dimensions, these increases were not statistically significant. There are several possible explanations for this. The 3-hour training may have been sufficient to change more basic attitudes like "Absence of Hostility," but more complex skills may require longer, repetitive interventions. Furthermore, the relatively high scores for the sub-dimensions of "Problem Solving" and "Respect" prior to training may have had a ceiling effect.

Another important finding of the study is that the "Absence of Hostility" sub-dimension did not show a statistically significant correlation with patient satisfaction in either the pre and post training periods ($p>0.05$). While this may seem surprising at first, it can be explained in the context of communication and satisfaction. Patients may not see the absence of hostility as something that makes them more satisfied, but rather as a basic "hygiene factor" that is expected. In other words, the presence of hostility would seriously reduce satisfaction. However, its absence alone may not be sufficient to increase satisfaction. "Problem Solving" and "Respect" are the sub-dimensions that correlate most positively with patient satisfaction. Patients report feeling more satisfied when they believe their problems are solved. They also report higher satisfaction when they feel people actively respect them.

It is also important to consider that the demographic profile of our sample may have influenced the reported satisfaction levels. A study by Angel-MARCOS et al. (2023) confirmed that demographic factors such as age and education level significantly affect patient satisfaction. Furthermore, studies show that older patients tend to be more satisfied with the services provided, while more educated and younger patients tend to be more critical. This indicates that to obtain a complete picture of satisfaction, it is necessary to analyze both the quality of service delivery and the characteristics of the patient population. Furthermore, regardless of the form of service delivery, effective communication principles are universally important. This study highlights the impact of face-to-face interaction with medical secretaries and complements the growing body of evidence in the field of healthcare communication. For example, a study examining online doctor-patient interactions found that the physician's informative and emotional support were key drivers of patient satisfaction (Zhao et al., 2020). Similarly, research on teleconsultations has shown that while technical quality is important, the quality of communication and interaction with the patient remains the primary determinant of satisfaction (Lu et al., 2021). This demonstrates that supportive human interaction, which our training aims to develop, is a critical component in the delivery of healthcare services.

Patient satisfaction rates are significantly affected by the attitude and communication style of medical secretaries, who are the first point of contact with patients (Taşlıyan & Akyüz, 2010). It is often the case that medical secretaries are the first point of contact for patients, and they can have a significant impact on how patients perceive healthcare institutions. The ability to establish a good relationship, show empathy and provide accurate information is crucial for a satisfying experience. Therefore, communication training programmes are vital interventions that promote patient-centred care and sensitivity to emotional and informational needs (Kılıç & Topuz, 2015). Most research in this area focuses on clinical healthcare workers such as doctors and nurses, but this study is one of the first to explicitly evaluate the impact of communication training specifically designed for medical secretaries and its effects on patient satisfaction (Kılıç & Topuz, 2015). Despite their central role in coordinating and ensuring continuity of patient care, non-clinical staff are often underrepresented in the literature. Our findings demonstrate that structured, context-sensitive communication training programmes for medical secretaries can significantly improve perceived healthcare quality, and these programmes could serve as a pioneering model for future research aimed at integrating non-clinical staff into patient-centred quality improvement frameworks.

Healthcare services in Turkey have undergone a major transformation in recent years due to demographic growth, advances in medical technology and systemic reforms aimed at increasing efficiency (Kaplan & Köksal, 2017). In particular, since the launch of the medical documentation and secretarial program at Hacettepe University's Faculty of Health Services in 1984, the responsibilities assigned to medical secretaries have increased significantly. Today, medical secretaries play a crucial role in almost every stage of the patient care process. Recent employment trend in the Turkish healthcare sector shows that the number of medical secretary positions has surpassed the growth in nursing roles and currently accounts for more than half of the total number of physicians. This increase reflects the importance of these roles in maintaining organizational efficiency and patient satisfaction (Habertürk, 2023; DHY Rehberi, 2023; Sağlık Bakanlığı Yönetim Hizmetleri Genel Müdürlüğü, 2023).

The medical secretary's ability to establish empathetic communication is one of the key factors in patient satisfaction; therefore, continuous development through purpose-driven training programs is of vital importance. Although Akça et al. (2020) concluded in their study that communication training did not affect individuals' communication skill levels, Korkut's (2005) study showed that improving the quality and ensuring the continuity of communication training would increase individuals' communication skills. In our study, communication training was provided by experts in the field, resulting in a 7.04% increase in the communication skills of medical secretaries.

There are many factors involved in patient satisfaction assessments (Hekimoğlu et al., 2015). Factors such as the hospital's structural content or its status as a referral hospital also affect satisfaction (Hekimoğlu et al., 2015). In their survey study on cardiology and cardiovascular surgery, Hekimoğlu et al. (2015) found outpatient satisfaction to be 98.5% and inpatient satisfaction to be 99.17%. The high satisfaction rate found in this study, conducted between 2011 and 2012, may be due to the hospital being a strong hospital in the region. Tükel et al. (2004) found a satisfaction rate of 90.9% among inpatients in their study conducted in the General Surgery Department of İbni Sina Hospital, and it is understood that the hospital being one of Turkey's important health centers also affected patient satisfaction. The high satisfaction rate among inpatients may be due to the fact that, as stated by Özcan et al. (2008), they communicate with healthcare personnel for longer periods of time compared to outpatients. It is known that patients evaluate the services provided during their treatment at the hospital in a multifaceted manner (Hekimoğlu et al., 2015). In their survey study, Nesanır & Dinç (2008) found satisfaction with the services provided in healthcare to be 84.6% and noted that satisfaction differed according to the type of hospital (private, public, university) (92.1% in private hospitals, 77.8% in public hospitals, and 87.8% in university hospitals). Kılıç & Topuz (2015) used separate surveys for communication and patient satisfaction and found communication satisfaction to be 78% and patient satisfaction to be 92% in private hospitals, 79% and 68% in public hospitals, and 62% and 75% in university hospitals, respectively. Nesanır & Dinç (2008) and Kılıç & Topuz (2015) showed in their studies that the highest satisfaction rates were in private hospitals and that public hospitals ranked second in terms of communication satisfaction. The communication scale used in the research by Kılıç & Topuz (2015) was prepared by researchers with the help of experts in the field and does not have any sub-dimensions. In our study, the Healthcare Communication Scale (Gremigni et al., 2008) used consists of 4 sub-dimensions, and a significant increase is seen in one of the sub-dimensions after training. Although the satisfaction rate found by Kılıç & Topuz (2015) in their study at a state hospital is similar to the pre-training satisfaction rate in our study, the increase in patient satisfaction after training, particularly in communication satisfaction, demonstrates the effect of the training provided. Tezcan et al. (2014) found a patient satisfaction rate of 78.4% in their survey study, while Özcan et al. (2008) found an overall satisfaction rate of 76% in their survey study. In the study conducted by Taşlıyan & Akyüz (2010), 83.3% of the participants were satisfied with the behavior of the healthcare personnel. Topal et al. (2013), in their survey conducted in the emergency department outpatient clinic, measured a satisfaction rate of 97% with the emergency department staff and 95% with the physical conditions of the emergency department. The studies by Özcan et al. (2008) and Topal et al. (2013) do not provide a clear definition of who the healthcare personnel are. Our study shows that patient satisfaction increased from 74.75% before training to 87.30% after training. This increase strongly indicates that improving communication skills directly affects patient satisfaction in a positive way. Although Ünalın et al. (2013) stated in their study that medical secretaries have strong communication skills, it should be kept in mind that the evaluation was conducted by hospital administrators. Furthermore, although our study provides solid evidence regarding the impact of communication, it is important to consider other variables from a holistic perspective of patient satisfaction. For example, Tekinalp and Şahinöz (2021) showed a strong negative correlation between waiting times and patient satisfaction. Although this variable was not measured in our study, it is thought that the relevant variable

contributes to overall patient satisfaction. Similarly, a study conducted in a high-stress pediatric emergency department found that the behavior of doctors and nurses was the most important factor affecting satisfaction (Yıldız & Kanburoğlu, 2021).

Our study is the first in the literature to demonstrate the potential of a training program specifically designed for medical secretaries to improve communication skills and patient satisfaction. This study may serve as a model for future similar research and contribute to the improvement of communication in healthcare services.

4.1. Limitations and Recommendations for Future Research

The study was designed using the pre-test/post-test method. However, there was no control group in the study. Since there is no control group, it is not possible to definitively distinguish whether the observed increase in patient satisfaction is entirely due to the training or whether it was influenced by external factors such as the Hawthorne effect or other positive developments in the hospital. Pre- and post-training measurements were collected from different patient groups. This reveals a significant difference in the pre- and post-training patient groups, particularly in terms of gender distribution. The proportion of female participants was 58.75% in the pre-training group, whereas it dropped to 23.75% in the post-training group. This demographic difference is a significant confounding variable, and the possibility that part of the increase in satisfaction is due to this difference cannot be ignored. The research was conducted in a single training and research hospital. This limits the generalizability of the findings to other healthcare institutions with different characteristics (e.g., private hospitals, state hospitals in different geographical regions). Although developed by the Ministry of Health, there is no comprehensive published validity and reliability study for the Outpatient Patient Satisfaction Scale used. While the internal consistency (Cronbach's Alpha) of the scale was calculated in our study, the fact that other psychometric properties such as its construct validity are unknown is a limitation. The data in the study were collected entirely through self-report questionnaires. This data is subject to subjective judgments that can be influenced by non-communication factors such as the patient's current mood, personal expectations, or waiting times.

To clearly demonstrate the effect of the training, it is recommended that future studies be conducted using a randomized controlled trial design. This type of design, in which medical secretaries are assigned to either a randomized training or control group, will increase the power to establish a causal relationship. To measure the sustainability of the effects of training, longitudinal studies should be designed that include repeated measurements at 3, 6, and 12 months after the intervention. It is also important to repeat the study in a multicenter environment that includes different types of hospitals (private, university, public) to improve the generalizability of the findings. In addition to patient satisfaction surveys, in-depth interviews with medical secretaries and patients will provide a richer understanding of the dynamics, barriers and success factors in the communication process.

5. CONCLUSION

This research is an important step to understand the impact of medical secretaries on patient satisfaction and to evaluate this effect on the forms of communication used in healthcare delivery. Although the role of physicians and nurses in influencing patient satisfaction has long been the main topic of research, there are relatively few sources that address the impact of medical secretaries on the satisfaction process. This research provides valuable evidence that structured communication training programs increase satisfaction in healthcare.

In the research, it is clearly seen that patient satisfaction remains relatively low before education and interventions to increase satisfaction are needed. Significant improvement in the satisfaction of patients whose post-training satisfaction perceptions are measured, as well as the quality of communication skills offered by medical secretaries, highlights that the spread of such programs will be effective.

Despite the limitations of the research, this study shows that efforts to improve communication in health care are not limited to health care personnel alone. It should be borne in mind that other medical personnel (medical secretary, etc.) are an integral part of the health care team and have a central role in patient satisfaction. As healthcare institutions progress towards increasingly holistic, patient-centered models, the communication skills and quality of all staff must be developed on an evidence-based basis. These efforts, along with increasing patient satisfaction, will contribute to a more effective, empathetic and sustainable health system.

DECLARATION OF THE AUTHORS

Declaration of Contribution Rate: The first author contributes 70%, the second author contributes 20% while the third author contributes 10%.

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YAZARLARIN BEYANI

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