What Has The Health Transformation Program In Turkey Changed For Patients?

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ABSTRACT

Activities aimed at the reconstruction of the health sector in Turkey have gathered pace in recent years. The current political administration has put the main objectives whose implementation in the health field is foreseen under the heading of "Health for All" before the public under the name of the Health Transformation Program (HTP). One measure of the success of the program will be what these newly developed measures change from the patient's perspective. According to our research, conducted in Turkey using the questionnaire method, patients' views about the HTP are generally positive but they emphasize that problems have still not been completely resolved. Although partial success has been established with the new measures, permanent success will only be possible with health criteria being conducted in a sustainable manner on the basis of OECD country averages.

Key Words: *Health Transformation Program, Patient, Hospital, Health Policy, Health Management*

Hastalar Açısından Sağlıkta Dönüşüm Programı Neyi Değiştirdi?

ÖZET

Sağlık sektörünün yeniden yapılandırılması amaçlı çalışmalar son yıllarda giderek hız kazandı. Mevcut hükümet "herkese sağlık" hedefiyle başlatmış olduğu sağlık reformu çalışmalarını "Sağlıkta Dönüşüm Programı" başlığı altında toplamış bulunmaktadır. Programın başarısının önemli bir ölçüsü hasta bakış açısıyla program uygulamalarının değerlendirilmesidir. Anket yöntemiyle Türkiye'deki hastanelerdeki hastalar üzerinde yaptığımız araştırmaya göre, program uygulamaları hakkında hastaların görüşleri genel olarak olumlu olmakla beraber, sorunların kısmen çözüldüğü bildirilmektedir. Elde edilmiş kısmi bir başarı olmasıyla birlikte, ancak sağlık göstergelerinin OECD ortalamalarını yakalaması ve sürekli kılınmasıyla kalıcı bir başarı söz konusu olacaktır.

Anahtar Kelimeler: *Sağlıkta Dönüşüm Programı, Hasta, Hastane, Sağlık Politikası, Sağlık Yönetimi*

I. INTRODUCTION

The world we live in continues to change at an intense rate. The speed of change and discovery outpaces individual ability to keep up with it. The organizations we work in or rely on to meet our needs and wants are also changing widely in terms of their strategies, structures, systems, boundaries and expectations of their staff and managers. In short, ours is a period of change. This is not unusual in the history of mankind (Diefenbach 2007). It was the ancient Greek philosopher Heraclitus who maintained that one never

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steps into the same river twice (Cameron, Green 2004]. What is perhaps different this time is that change will be managed. This is true for societies and individuals, but in particular for organizations (Diefenbach 2007).

After the early 1980s, Turkey underwent an important transformation, especially in terms of economic and organizational change in the public sector. Most public utilities were privatized, and independent administrative authorities were established to regulate and control various parts of the economy (in energy, banking, etc.) (Dogan 1993). The oil crisis and public deficits in developed Western countries resulted in criticism of the welfare state based on Weberian bureaucratic organizations (Saylan 1997). A shift in states' priorities and goals came in the 1970s with the emergence of the New Right. This, in contrast to the previous period, "restated the case for free-market economies and individual responsibility" (Heywood 1999). For the last two decades, this shift in the Western thought has affected almost all aspects of states. Countries are striving to adapt themselves to this change. In this context, for instance, most advanced capitalist democracies initiated the public sector reform as a response to the public sector expansion process that had been a dominant feature of these countries after the Second World War (Lane 1997).

The new right parties took power in the United States of America and the United Kingdom. The same path was followed in Turkey (Saylan 1997). The Motherland Party (Anavatan Partisi/ANAP) won the election in 1983 after the military coup (1980). The ruling party privatized the public corporations and simplified public body procedures.

The provision of justice and sustainable development in health services to all sections of society is one of the main problems in the world as a whole. Developed countries are striving to revise the system according to health needs reshaped by social and technological changes. Developing countries are trying to resolve existing problems as well as to meet new demands brought with them by global changes.

With its new reform activities in the field of health in recent years, Turkey has attracted the attention of international organizations such as the World Health Organization and other concerned parties. In 2003, the Ministry of Health began implementing new reformist policies in the health sector under the heading "Health for All." These measures were referred to as the Health Transformation Program (HTP). The intention was to resolve problems in the health field resulting from long years of accumulation through structural change programs.

In general terms, there were inequalities in the Turkish health system stemming from regional and rural/urban divisions. It was more difficult and expensive for rural inhabitants to gain access to health services. Since the majority of health expenditure was divided into in- and out-patient based treatment, the appropriation efficiency of health services was very low. Public health insurance was different for blue collar workers, the self-employed and white collar workers. The Social Security Institution (SSI) provided blue collar workers with health services through its own dispensaries and hospitals. There was a "green card" system for those with low monthly incomes and people unable to pay premiums. This led to a fragmented and duplicative system of health financing and provision. Hospital capacity take-up was 60% (Turkish Ministry of Health 2002) and average hospital stay 5.9 days. Ninety-two percent of hospital bed capacity belonged to the public sector, standing at 2.3 beds per 1000 people. More than 90% of fully established hospitals operated at an inadequate level of technical efficiency (Ersoy et al. 1997). Public health expenditure represented 4% of GDP.

Thirty-seven percent of health spending was made out of pocket. Poorly paid public health personnel received little encouragement to care for patients. Physicians earned supplementary income by opening private surgeries. As with other patients with health insurance, green card holders (poorer sections of society entitled to free health care) generally made unregistered payments for physicians' services (Tatar et al. 2007). Compared with wealthy individuals, out of pocket spending in the health field represented a far heavier burden on the poor (OECD, World Bank 2008).

The aims of the HTP, developed in order to resolve existing problems, have been set out as the efficient, productive and equitable organization of health services and the procurement and provision of financing (Turkish Ministry of Health 2003).

The main principles of the project were set out under nine headings; human-centrality, sustainability, constant quality improvement, participation, reconciliation by negotiation, voluntary nature, division of powers, local administration and competition in service (Turkish Ministry of Health 2003). The aims under the program were to disseminate health services by re-organizing them, to strengthen financial protection, to make use of the private sector, especially in the field of therapeutic health services, and to increase micro-economic productivity.

The reform program as a whole entailed no new legal arrangement. Changes that could be implemented under existing laws were carried out under administrative arrangements. For example, measures regarding patient rights were set up solely through directives and notices. Other measures have been made possible through various changes in laws. New laws were passed for measures as yet lacking arrangements, such as family practice and General Health Insurance. Credit was obtained from the World Bank for the implementation of the program.

The HTP encompasses an extensive structurally transformation, in terms of the preventive and therapeutic health system in Turkey and is pressing ahead with new measures and reforms. A significant part of the reforms have affected therapeutic services, particularly those provided in hospitals. Some of the reforms in which patients have been affected in receiving services from patients may be summarized as follows.

Public hospitals (excluding university and Ministry of Defense hospitals) have been brought together under the roof of the Ministry of Health and patients have been given the right to choose their hospitals. In addition, fragmented public health insurance systems have been combined under the umbrella of the SSI. The "Green Card," used by the poorer sections of society, has been affiliated to the SSI by expanding the framework of no-premium public health insurance. Patients with public health insurance have been given the right to benefit from private hospitals by the payment of a contribution share.

Patients have been given the right to choose their hospitals, and the wages of personnel working in hospitals affiliated to the Ministry of Health have been raised by the introduction of a performance-based payment system. The performance-based system has been formulated in such a way as to encourage physicians to renounce their rights to private work and work full-time in state hospitals alone. There has thus been a significant rise in the number of physicians working full time in the public sector.

Other significant measures include regular mass quality management and accreditation activities in Ministry of Health hospitals, the structuring and implementation of patient rights, computer automation and in-patients' drug and medical equipment needs being met by the hospital.

The provision of equity and efficiency and sustainable improvement of patient satisfaction is an important indicator in the measurement of health services. Many measures brought in under the framework of the HTP have restructured health services in general and hospital services in particular. Professional organizations, labor unions, health workers, politicians and the public are discussing the new arrangements in the media and the press. Several positive and negative opinions have been expressed. Various sections of society think they have been positively or negatively affected by the arrangements. Health services affect all sections and parts of society, either directly or indirectly. But the essential reason for health services is disease. The determination of patients' views regarding the measures in the HTP represents a significant marker in the evaluation of the program. Did patients feel the need for a reform of the health service? Which measures affected them positively or negatively? What has changed in health care services from the patient's point of view? How, in patients' eyes, was the transition carried out? From the patient's perspective, who and which sectors were affected by the program measures? The answers to these and many other questions need to be found.

This study aims; a) to determine the impacts of HTP on patients who directly receive the health services from health institutions, b) to contribute the relevant literature by interjecting the antecedents and consequences of the HTP.

II. METHOD

We preferred to use the questionnaire method in the collection of patients' views regarding the HTP measures. Research criteria were prepared by a scan of the literature and considering the views of practitioners practitioners (doctors, nurses, and the other health professionals), experts (academicians, the managers of the targeted health institutions, ministry experts) in the field, and finally the patients and patient's relatives. Criteria validity was tested with a pilot study. The pilot study was designed to test the clarity and understandability of the questionnaire. The outputs of the pilot study examined and the questions elaborated with the feedbacks taken from the participants. A questionnaire was constructed consisting of 8 descriptive questions and 38 others expressing value judgments. The 38 questions expressing value judgments were grouped together under 3 factors. These were Patient Evaluation of HTP Measures, Changes from Patients' Point of View with the HTP and Patients' Individual Views Regarding the HTP. In the first factor in the questionnaire drawn up using the ranking method, patients' evaluation options were Not good (1), No change (2), Good (3) or Very good (4); options in the second factor were Not good (1), No change (2), Good in parts (3) or Good (4). The third factor, enquiring into Patients' Individual Views Regarding the HTP, was arranged in such a way as to offer 4 response options from negative to positive for the relevant judgment. The evaluation of some questions unsuited to ranking measurement was based on percentages.

The population investigated in the framework of the research project was determined as 498 hospitals in 81 provinces, hospitals with more than 100 beds affiliated to the Ministry of Health, university hospitals and private sector hospitals with more than 50 beds. These boundaries were based on hospitals' institutional status and the visibility of the measures in the hospitals. Permission was obtained from the Ministry of Health for the study to proceed.

Research questionnaires were sent to hospitals by post in May 2008 and were administered at face-to-face interviews with patients by heads of patient rights units or public relations units. The reason for collaboration with these units is to avoid from social pressure (regard) in favor of the patients. According to the time limits of the research four patients who represents four patient groups, (on in-patient in internal disease departments, one out-patient in internal disease departments, one in-patient in surgical departments and one out-patient in surgical departments) were selected at random from each hospital. In the process of distributing questionnaires, a "how to fill out the questionnaire guide" also provided to the heads of patient rights units or public relations units. In addition, telephone calls are conducted in order to inform for further questions. A total of 1089 valid patient questionnaires were returned in September, from 284 hospitals in 75 provinces. Data were analyzed using SPSS. Factor analysis to measure the research validity, KMO Sampling Adequacy Co-Efficient was 0.92 and Bartlett Sphericity Factorability Co-Efficient 8570.36 with significance at the P<000 level, and with Quartimax Rotation Factor resolution the Maximum Likelihood Technique accounted for 37.82% of total date variance. Reliability co-efficient was calculated as Cronbach alpha 0.94. The presence of a significant difference between independent variables and dependent variables was analyzed using ANOVA and the post-hoc Tukey and t test.

III. FINDINGS

Characteristics of patients involved in the study sampling are shown in Table 1.

Table 1. Patient Characteristic Data

Geographical Regions	**N**	**%**
Marmara	245	**22.5**
Aegean	204	18.7
Mediterranean	92	8.4
Central Anatolia	178	16.3
Black Sea	202	18.5
Southeast Anatolia	131	12.0
Eastern Anatolia	37	**3.4**
Patient Type		
Admitted to department of internal diseases	273	25.1
Admitted for surgery	266	24.4
Internal diseases clinic patient	274	25.2
Surgery clinic patient	276	25.3
Gender	**N**	**%**
Female	596	**54.7**
Male	486	44.6
Employment		
Unemployed	36	**3.3**
Housewife	343	**31.5**

Table 1. Patient Characteristic Data (Continues)

Employment		
Manual worker	197	18.4
White collar	207	19.0
Small trader	44	4.0
Self-employed	98	9.0
Retired	146	13.4
Health Insurance		
None	53	**4.9**
Green Card	91	8.4
Blue collar-GHI	518	**47.6**
Small trader-GHI	127	11.7
White collar-GHI	272	25.0
Age		
0-24	94	**8.6**
25-34	304	**27.9**
35-44	259	23.8
45-54	162	14.9
55+	152	14.0
Education		
None	42	**3.9**
Primary	397	**36.7**
High School	378	34.7
University	235	21.6
Postgraduate	31	**2.8**
Visits to Hospital over the Previous Year		
1 or 2 Times In A Year	197	18.1
3-4	259	**23.8**
5-7	225	20.7
8-10	158	14.5
11-15	89	8.2
16-20	51	4.7
21+	51	4.7
Total	**1089**	**100.0**

Table 1 shows that the distribution of patients participating in the study is compatible with that of hospitals and the Turkish population.

There is a balanced distribution among the internal diseases and surgical branches and patients receiving in- and out-patient treatment, and female diseases, housewives, GHI members with blue collar status and primary education and high school graduates are in the majority. Looking at hospital attendance over the previous year, those visiting 3-4 and 5-7 times were in the majority, while 32.1% of patients visited hospital 8-20 times or more. Calculation suggests that patients visits hospital 6.5 times a year on average. These data agree with those in the OECD report for Turkey.

Data regarding patient evaluation of the measures applied in the framework of the HTP and their results are shown in tables 2, 3 and 4.

Table 2. Patient Evaluation of Health Transformation Project Measures

Questions	Response Options										Average	Standard Dev.
	Not good		No change		Good		Very good		No response expressed			
	No.	%	No.	%	No.	%	No.	%	No.	%		
1. Combining public hospitals under the body of the Ministry of Health	113	10.4	128	11.8	532	48.9	310	28.5	6	0.6	2.9	0.90
2. Patients being able to go directly to the public hospital of their choice	41	3.8	68	6.2	494	45.4	482	44.3	4	0.4	3.3	0.75
3. Patients with public health insurance going directly to private hospitals;	39	3.6	85	7.8	469	43.1	487	44.7	9	0.8	3.3	0.76
4. Hospitals having a separate examination room (polyclinic) for each specialist physician	10	0.9	73	6.7	436	40.0	562	51.6	8	0.7	3.4	0.66
5. Patients being given the possibility of preferring among physicians working in the same specialist field in the hospital	16	1.5	67	6.2	366	33.6	620	56.9	20	1.8	3.4	0.68
6. Circulating capital payments for physicians working in state hospitals being paid on the basis of performance	192	17.6	143	13.1	462	42.4	261	24.0	31	2.8	2.7	1.02
7. Physicians working in state hospitals being encouraged to close private surgeries	116	10.7	130	11.9	365	33.5	463	42.5	15	1.4	3.0	0.98
8. The patient referral chain being in large part eliminated	28	2.6	37	3.4	355	32.6	660	60.6	9	0.8	3.5	0.68
9. Simplification and automation of patient record and documentation procedures	18	1.7	38	3.5	364	33.4	643	59.0	26	2.4	3.5	0.64
10. Importance being attached to quality activities in hospitals;	14	1.3	107	9.8	490	45.0	471	43.3	7	0.6	3.3	0.69
11 The establishment of patients' right units;	19	1.7	72	6.6	401	36.8	591	54.3	6	0.6	3.4	0.69
12. The establishment of patient rights rules	26	2.4	105	9.6	455	41.8	492	45.2	11	1.0	3.3	0.74
13. Many services in hospitals being performed through service purchasing	103	9.5	112	10.3	463	42.5	385	35.4	26	2.4	3.0	0.92
14. Public health insurance systems being combined under the Social Security Institution	93	8.5	129	11.8	483	44.4	380	34.9	4	0.4	3.0	0.89
15. The establishment of General Health Insurance	168	15.4	205	18.8	496	45.5	190	17.4	30	2.8	2.6	0.94

Table 2. Patient Evaluation of Health Transformation Project Measures (Continues)

Questions	Response Options										Average	Standard Dev.
	Not good		No change		Good		Very good		No response expressed			
	No.	%	No.	%	No.	%	No.	%	No.	%		
16. The establishment of private hospitals and the institution of tighter rules aimed at regulation	82	7.5	158	14.5	515	47.3	319	29.3	15	1.4	2.9	0.86
17 All in-patients' drug and medical equipment needs to be met by the hospital	34	3.1	75	6.9	389	35.7	587	53.9	4	0.4	3.4	0.75
18. The management of Ministry of Health hospitals being turned over to Local Hospital Boards and the implementation of an arrangement foreseeing hospital autonomy	357	32.8	219	20.1	360	33.1	130	11.9	23	2.1	2.2	1.04
Total											**3.16**	**0.47**

Table 2 shows that patients evaluated patients' ability to go to the public hospital of their choice, patients with public health insurance (SII, Bağ-Kur or Emekli Sandığı) being able to go directly to private hospitals, hospitals being encouraged to obtain quality certificates, the presence of a separate examination room (polyclinics) for each specialist physician in hospitals, patients being given the possibility of selecting the physician of their choice from among those working in the same specialist field in hospitals, the simplification and automation of hospital record and documentation procedures, the elimination to a large extent of the patient referral chain, the establishment of patients' rights units to receive patients complaints in hospitals, the establishment of patients' rights rules under which complaints in hospitals can be discussed and decisions arrived at and making it compulsory for all in-patients' drug and medical equipment requirements to be met by the hospital as "very good." Patients evaluated the bringing together of public hospitals in the body of the Ministry of Health, physicians working in state hospitals being encouraged to close their private surgeries, physicians working in state hospitals being paid according to patients seen under revolving capital payments and the medical procedures performed (performance), various services in hospitals being provided by intermediary firms, public health insurance systems being brought together under the umbrella of the SSI, the imposition of stricter (obligatory) rules than previously with new arrangements made with the opening of private hospitals and new departments and the implementation of arrangements regarding health services foreseen under the General Health Insurance law as "good."

Table 3. Changes for Patients Under The Health Transformation Program

Questions	Response Options										Mean	Std. Dev.
	Not good		No change		Good in parts		Good		No opinion expressed			
	No.	%	No.	%	No.	%	No.	%	No.	%		
1. Physicians' attitudes and behavior toward patients with the implementation of the Health Transformation Program	52	4.8	167	15.3	481	44.2	375	34.4	14	1.3	3.0	0.83

Table 3. Changes for Patients Under the Health Transformation Program (Continues)

Questions	Response Options										Mean	Standad Dev.
	Not good		No change		Good in parts		Good		No opinion expressed			
	No.	%	No.	%	No.	%	No.	%	No.	%		
2. Hospital staff attitudes and behavior toward patients with the implementation of the Health Transformation Program	34	3.1	147	13.5	456	41.9	442	40.6	10	0.9	3.2	0.79
3. Success of patient treatment with the implementation of the Health Transformation Program	44	4.0	180	16.5	441	40.5	412	37.8	12	1.1	3.1	0.83
4. Respect in which hospitals are held with the implementation of the Health Transformation Program	63	5.8	185	17.0	449	41.2	372	34.2	20	1.8	3.0	0.86
5. Respect in which physicians and health workers are held with the implementation of the Health Transformation Program	84	7.7	214	19.7	389	35.7	371	34.1	31	2.8	2.9	0.93
6. Patient satisfaction with hospital services with the implementation of the Health Transformation Program	43	3.9	133	12.2	402	36.9	502	46.1	9	0.8	3.2	0.82
Total											**3.0**	**0.84**

Table 3 shows that as a result of the measures in the HTP, patients refer to "positive partial satisfaction" in physicians and hospital personnel attitudes and behavior toward patients, successful treatment of disease, respect in which hospitals are held, respect in which physicians and health workers are held and patients' satisfaction with hospital services.

Table 4. Patients' Individual Views Regarding The Health Transition Program

Questions	Response Options										Mean	Standard Deviation
	No.	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***	***No***	***%***		
	None		***Partial***		***To a large extent***		***Yes***		***No response***			
1. The need for a deep-rooted change in the health services system in Turkey before the Health Transformation Program	22	2.0	197	18.1	518	47.6	347	31.9	5	0.5	3.0	0.75
	Not problematic		**Day-to-day problems existed**		**There were structural problems**		**Highly problematic**		**No response**			
2. Hospital provision of managerial, financial and health services before the HTP	57	5.2	185	17.0	406	37.3	414	38.0	27	2.5	3.1	0.87
	Negative		**Generally negative**		**Generally positive**		**Positive**		**No response**			
3. Views heard by patients from health workers regarding HTP measures;	103	9.5	170	15.6	413	37.9	360	33.1	43	3.9	2.9	0.94
4. Patient views heard by patients regarding the HTP	71	6.5	116	10.7	452	41.5	423	38.8	27	2.5	3.1	0.86
5. Views from professional organizations and health union regarding the HTP heard by patients;	148	13.6	195	17.9	329	30.2	356	32.7	61	5.6	2.8	1.04
6. Views form media organizations (television and newspaper) regarding the HTP heard by patients;	155	14.2	200	18.4	361	33.1	345	31.7	28	2.6	2.8	1.03
7. View about the HTP heard by patients from society in general (family and friends);	86	7.9	114	10.5	474	43.5	403	37.0	12	1.1	3.1	0.88

Table 4. Patients' Individual Views Regarding the Health Transition Program (Cont.)

Questions	Response Options										Mean	Standard Deviation
	Increased		**Did not change**		**Partly resolved**		**Resolved**		**No response**			
8 The effect of the HTP on problems in the health system;	55	5.1	115	10.6	719	66.0	172	15.8	28	2.6	2.9	0.68
9. The effect of the HTP on problems in hospitals;	57	5.2	115	10.6	719	66.0	178	16.3	20	1.8	2.9	0.69
10. The change in hospitals with the implementation of the HTP;	**Was superficial and slow**		**Was superficial and rapid**		**Was deep-rooted and slow**		**Was deep-rooted and rapid**		**No response**		2.5	1.07
	225	20.7	295	27.1	281	25.8	263	24.2	25	2.3		
11. As a whole, the HTP was;	**Unnecessary**		**Necessary, but the measures were wrong**		**Necessary and the measures were correct in part**		**Necessary and the measures were correct**		**No response**		3.2	0.84
	32	2.9	196	18.0	355	32.6	491	45.1	15	1.4		
12. Which hospitals in the health system did the HTP benefit most?	**Foundation hospitals**		**Ministry of Health hospitals**		**University hospitals**		**Private hospitals**		**No response**		2.9	0.99
	24	2.2	463	42.5	81	7.4	480	44.1	41	3.8		
13. Which individuals in the health system did the HTP benefit most?	**Health managers**		**Physicians**		**Health workers**		**Patients**		**No response**		3.2	1.04
	71	6.5	264	24.2	57	5.2	660	60.6	37	3.4		
14. Which supplier companies in the health system did the HTP benefit most?	117	10.7	259	23.8	442	40.6	198	18.2	73	6.3	2.7	0.90

As seen in Table 4, patients state that there was a need for considerable change in the health system prior to the HTP and that hospitals' provision of management, financial and health services had been problematic. Patients state that they generally hear positive views about the HTP from patients, health workers, professional organizations and labor unions, the media and people around them. Patients believe that the HTP measures have partly resolved problems in the health system and hospitals. Patients appear to hold similar views on the subject of whether change taking place in hospitals is superficial or deep-rooted or slow or fast. Patients suggest that they regard the measures in the framework of the HTP as necessary and accurate. They think that private and Ministry of Health hospitals, patients and service provider firms contribute most in this process.

It was determined from independent variables that, patients' education level, health insurance and occupational status most influenced their evaluations of the measures.

Generally, people with no, primary or high school education evaluated the measures more positively than those with a university or postgraduate education. Similarly, green card holders and blue collar workers expressed more positive judgments than white collar workers. In terms of occupation, the retired, housewives, blue collar workers and the unemployed evaluated the measures more positively than white collar workers, small traders and the self-employed.

IV. DISCUSSION

Of the new reforms in the Turkish hospital system, hospitals being combined in the body of the Ministry of Health and the establishment of the SSI are evaluated as a reform intended to eliminate as much as possible the fragmented structure and duplication in the financing and provision of health services. Patients with public health insurance being able to go directly to public or private hospitals, physicians having their own polyclinic rooms in hospitals and patients having the right to choose physicians in hospitals, together with the referral chain to a large extent not being applied, have facilitated access to health services. This has raised applications to physicians from 2.5 a person to 6.5 a year. Physicians and health workers being paid by performance and salaries being raised in this way, the encouragement to close private surgeries and the obligation for all in-patients' drug and medical equipment requirements to be met by the hospital are striking as measures intended to reduce out of pocket payments by patients, and particularly unofficial ones. This contributes to an increase in levels of hospital capacity use and efficiency. Quality measures in hospitals, the simplification and automation of documentary procedures, the structuring and application of patient rights, and hospitals being able to purchase many service through the service purchase method are evaluated as measures intended to raise the quality of health services.

The research findings show that the measures carried out in this sphere have been positively received by patients, that there have been improvements in physicians' and health workers' attitudes toward patients, that treatment success has risen and patient satisfaction has increased. However, patients are also emphasizing that this does not mean that problems have been completely resolved. In particular, the fact that the low education and income groups evaluate matters more positively than other groups suggests improvements in overcoming injustice in the provision of access to health services.

V. CONCLUSION

In conclusion, patients in Turkey as a whole state that there were serious problems prior to the reforms in health system and hospital management, that they consider the measures taken under the program regarding the hospital system as accurate and appropriate, that there have been significant improvements in the attitude and behavior of physicians and health workers toward patients, in treatment success, in the respect in which hospitals, physicians and health workers are held and in patient satisfaction with hospital services, that the measures are in the main evaluated positively by society and various parties and that although the process has benefitted patients most of all, problems have still not been completely resolved. It is suggested that the HTP implementation process is proceeding in a positive direction in terms of patients, and that the process must be actively maintained by transforming it into one of constant improvement. Only in this way, it is suggested, advanced standards in health care can be achieved.

REFERENCES

1. Cameron E. and Green M. (2004) Making Sense of Change Management: A Complete Guide to the Models. **Tools and Techniques of Organizational Change**. Kogan Page: London.
2. Diefenbach T. (2007) The Managerialistic Ideology Of Organisational Change Management. **Journal of Organizational Change Management** 20(1): 126-127.
3. Dogan Y. (1993) **Kamu İktisadi Teşebbüsleri ve Özelleştirme (Public-Owned Enterprises and Privatization, in English).** Izmir: Fakülteler Kitabevi.
4. Ersoy E., Kavuncubasi Ş., Ozcan Y. and Haris J. (1997) Technical Efficiencies of Turkish Hospitals DEA Approach, **Journal of Medical Systems**, 21(2): 67-74.
5. Heywood H. (1999) **Political Theory: An Introduction**. MacMillan Press Ltd.: London.
6. Lane J. E. (1997) **Introduction: Public Sector Reform: Only Deregulation, Privatization and Marketization? In Public Sector Reform: Rationale, Trends and Problems**, edited by J. E. Lane, London: Sage Publications.
7. OECD and World Bank (2008) **OECD Sağlık Sistemi İncelemeleri*: *Turkiye** (Reviews of Health Systems - Turkey, in English).
8. Saylan G. (1997) Küreselleşmenin Gelişimi (Development of the Globalization, in English). **Küresellesme (Globalization, in English**), edited by I. Kansu, Ankara: Imge Kitabevi.
9. Tatar M., Özgen H., Belli P. and Berman P.(2007) Informal Payments in the Health Sector: A Case Study from Turkey. **Health Affairs**, July/August, 26 (4): 1029-1039.
10. Turkish Ministry of Health (2002**)** Statistical Yearbook, Directorate General of Curative Services. **Ministry of Health**, Ankara, Turkey.
11. Turkish Ministry of Health (2003**) Sağlıkta Dönüşüm Programı** (Health Transformation Program, in English), December.