

# Use of Family Health Centers in Patients Receiving Health Services from University Hospital

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Original Research / Orijinal Araştırma

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## ABSTRACT

**Aim:** Use of health services is considered to be the most basic right. For this purpose, many methods have been searched to provide the health service. In this study, our aim is to investigate the use of primary health care services for patients receiving healthcare services at the university hospital in Eskişehir, Turkey.

**Methods:** Our study was conducted in Eskişehir Osmangazi University Faculty of Medicine. 531 patients who applied to Eskişehir Osmangazi University Hospital with some problems between 2 April 2018 to 31 July 2018 included in our study. The questionnaire form, which was formed by the researchers, was completed by using face to face interview method.

**Results:** When the place they apply for their non-emergency complaints were asked, 42% of the respondents stated that family health centers is the first application place. When reasons of applying to health centers were examined; patients who apply to family health centers stated that they preferred family health centers because they think it's reliable and they're being examined better without waiting for their results for too long.

**Conclusion:** Application rates to family physicians who can treat a majority of diseases are considerably lower than target rates.

**Keywords:** Family Practice, primary prevention, public health

## Üniversite Hastanesinden Sağlık Hizmeti Alan Hastaların Aile Sağlığı Merkezlerini Kullanımının İncelenmesi

### ÖZ

**Amaç:** Sağlık hizmetlerinin kullanımı en temel hak olarak kabul edilmektedir. Bu amaçla, sağlık hizmetini sağlamak için birçok yöntem araştırılmıştır. Bu çalışmada amacımız, Eskişehir'deki üniversite hastanesinde sağlık hizmeti alan hastalar için birinci basamak sağlık hizmetlerinin kullanımını araştırmaktır.

**Yöntem:** Çalışmamız Eskişehir Osmangazi Üniversitesi Tıp Fakültesi'nde gerçekleştirildi. Çalışmamıza 2 Nisan 2018-31 Temmuz 2018 tarihleri arasında Eskişehir Osmangazi Üniversitesi Hastanesi'ne bazı şikayetlerle başvuran 531 hasta dahil edilmiştir. Anket formu yüz yüze görüşme yöntemi ile uygulanmıştır.

**Bulgular:** Acil olmayan şikayetleri için başvurdukları yer sorulduğunda, ankete katılanların% 42'si Aile Sağlığı Merkezleri'nin ilk başvuru yeri olduğunu belirtmiştir. Sağlık merkezlerine başvuru nedenleri incelendiğinde, aile sağlığı merkezlerine başvuran hastalar, güvenilir olması, daha iyi muayene edilmeleri ve beklemeden sonuç almalarından dolayı aile sağlığı merkezlerini tercih ettiklerini belirtmişlerdir.

**Sonuç:** Hastalıkların büyük bir bölümünü tedavi edebilen aile hekimlerine başvuru oranları hedeflenen oranlardan oldukça düşüktür.

**Anahtar kelimeler:** Aile Hekimliği, primer korunma, halk sağlığı

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## Introduction

Use of health service is considered to be the most basic right. For this purpose, from the beginning of 20th century, many methods have been searched to provide the health services. In the following periods, primary health care (PHC) services has an important place because of its benefits for preventive health care and treating diseases. Nowadays, with the increase of average life-time, and with the aim of providing primary health care services to be comprehensive, economic and effective; many health policies have been developed and implemented in Turkey, like in many European countries (1).

With the increase in patients with chronic disease, living functional losses requires the coordination of health professionals and caregivers (2). While coordination is mandatory for high quality maintenance; there may be difficulties to provide the coordination between both PHC and the centers where different specialists work (3). A study in Canada showed that the quality of maintenance is improved by formal cooperation between primary health care specialists which give the integrated health service (4). In most care centers in Norway, visits to general practitioners are usually the first and the last consultations. Physicians, have an important mission as patients advocate and coordinator of health care services. So they are in key position to promote the coordinated and integrated health services (5).

In this study, our aim is to investigate the use of primary health care services for patients receiving health care services at the university hospital in Eskisehir, to evaluate their thoughts and attitudes towards family physicians and to evaluate the reasons of preference of health institutions.

## Methods

Our study was conducted in Eskisehir Osmangazi University Faculty of Medicine. Ethical approval was taken from Eskisehir Osmangazi University Ethics Committee of Non-Interventional Clinical Researches Committee. 531 patients who applied to Eskisehir Osmangazi University Hospital between 2 April 2018 to 31 July 2018 included in our study. The

questionnaire form, which was formed by the researchers, was completed by using face to face interview method. The socio-demographic properties of patients recorded as sex, age, job, marital status and educational status.

The continuous data in statistical analysis are given as mean  $\pm$  standard deviation. The categorical data are given as percentage (%). Shapiro Wilk's test was used to investigate the suitability of data to normal distribution. To compare groups with normal distribution, independent-samples t test analysis was used in two group status. Pearson Chi-Square, Yates Chi-Square, Pearson Exact Chi-Square and Fisher's Exact Chi-Square analyzes were used to analyze the cross tables. IBM SPSS Statistics v21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) were used for analysis. p value of  $< 0.05$  was considered as the criterion for statistical significance.

## Results

A total of 531 volunteers involved in our study, 270 of them (50.8%) were male and 231 of them (49.2%) were female. The average age was  $40.34 \pm 14.0$  years. 370 of them (69.7%) were married, 161 of them (30.3%) were single. According to professions, 156 of them (29.4%) were officers, 137 of them (25.8%) were private sector employees, 42 of them (7.9%) were workers, 40 of them (7.5%) were students, 71 of them (13.4%) were retired, 85 of them (16.0%) stated that they are not working. When the living environment were questioned; 75.3% of them (n=400) were living in city center, 21.7% of them (n=115) in district center, 1.5% (n=8) in village, 1.5% of them (n=8) stated that they are living in town.

**Table 1.** Health centers in first application with non-urgent complaint

Health Center	n	%
FHC	223	42.0
Public Hospital	126	23.7
University Hospital	85	16.0
Private Hospital	75	14.1
Anywhere	14	2.6
Private Polyclinic	8	1.5
Total	531	100

**Table 2.** Health centers applied by participants who live in city center

Participants who live in city center	Health center that first application made					Total	
	FHC	University Hospital	Private Hospital	Public Hospital	Private Polyclinic		Anywhere
	165	77	75	61	8	14	400
	41.25 %	19.25 %	18.75 %	15.25 %	2.0 %	3.5 %	100 %

When the places they apply for their non-emergency complaints were asked, 42% of the respondents stated that family health centers (FHC) is the first application place (Table 1). Centers, they apply for non-emergency complaints of 400 respondents who stated that they live in city center, are shown in Table 2. Use of FHC for non-emergency complaints was found to be significantly higher in participants who stated that they live in city center ( $p < 0.001$ ,  $X^2$ : 124.566).

When reasons of applying to health centers were

asked; patients who apply to university hospital stated that they preferred because they think it's reliable and they are having good treatment; patients who apply to FHC stated that they preferred because they think it's reliable and they're being examined better and they do not have to wait long to get their results. Among the reasons for applying to public hospital were easy transportation, low cost of examination and treatment; and among the reasons for applying to private hospital were obtaining results quickly and well behavior towards patients (Table 3).

**Table 3.** The reasons why the participants choose health centers

Reason of Choosing	Health center that first application made				Test Value $X^2$ ; p
	FHC (n=223)	Public Hospital (n=126)	University Hospital (n=85)	Private Hospital (n=75)	
Being treated well	71 (31.8 %)	33 (29.5 %)	37 (46.8 %)	20 (29.9 %)	15.362; 0.008
Being behaved well	74 (33.2 %)	13 (11.6 %)	31 (39.2 %)	40 (59.7 %)	54.265; < 0.001
Being reliable	90 (40.4 %)	14 (12.5 %)	39 (49.4 %)	7 (10.4 %)	71.008; < 0.001
Being cheap	35 (15.7 %)	38 (33.9 %)	8 (10.1 %)	0 (0.0 %)	43.681; < 0.001
Because of the social assurance	58 (26.0 %)	29 (25.9 %)	28 (35.4 %)	0 (0.0 %)	51.276; < 0.001
Take a result without any waiting	91 (40.8 %)	18 (16.1 %)	16 (20.3 %)	60 (89.6 %)	119.714; < 0.001
Many facilities to treatment and tests	47 (21.1 %)	14 (12.5 %)	6 (7.6 %)	0 (0.0 %)	63.585; < 0.001
Thinking that examination and treatment are better	115 (51.6 %)	19 (17.0 %)	8 (10.1 %)	14 (20.9 %)	98.761; < 0.001
Making research	28 (12.6 %)	14 (12.5 %)	9 (36.7 %)	0 (0.0 %)	46.863; < 0.001
Getting advice	20 (9.0 %)	8 (7.1 %)	6 (7.6 %)	6 (9.0 %)	1.785; 0.878
Consultation	85 (38.1 %)	57 (50.9 %)	14 (17.7 %)	14 (20.9 %)	37.947; < 0.001
Having familiar staff	26 (11.7 %)	31 (27.7 %)	22 (27.8 %)	0 (0.0 %)	38.502; < 0.001
Having conscious personnel	14 (6.3 %)	0 (0.0 %)	0 (0.0 %)	21 (31.3 %)	76.103; < 0.001

Four hundred ninety-six of all participants (93.4%) stated that they used FHC, 35 participants (6.5%) stated that they never used FHC (Table 4). When the satisfaction from family physician's knowledge, attitude and behaviors questioned, 454 of participants (91.5%) stated that they are satisfied, 71 of them (14.3%) stated that they are thinking of

changing their family physicians. 263 of participants (53%) think that if they compare their family physicians with other specialists, their family physician take care of them; 278 of them (56%) think that family physicians don't follow scientific developments. 293 of the participants (59.1%) stated that family physicians give enough information about

protection from diseases and treatment plans of diseases; 356 of them (71.8%) stated that family physicians give correct treatment for their complaints. When we ask the status of being informed about cancer screening; 325 of participants (65.5%) stated that they were not being informed by their family physicians. In addition to this, 190 of them (38.3%) stated that they were being informed by their family physicians about annual flu vaccine before.

**Table 4.** Frequency of FHC using by participants

Frequency of use	n	%
More than once a month	6	1.1
Once a month	26	4.9
Once in 3 months	66	12.4
Once in 6 months	175	33.0
Once in a year	76	14.3
Less than once in a year	86	16.2
Do not remember	61	11.5
Do not use	35	6.6
Total	531	100

The participants' reasons for using FHC more commonly were for examination, prescribing and for laboratory testing (Table 5).

**Table 5.** The reasons why the participants use FHC

	Yes	No	Total
For examination	337 (67.9 %)	159 (32.1 %)	496 (100 %)
For prescribing	296 (59.7 %)	200 (40.3 %)	
For testing	176 (35.5 %)	320 (64.5 %)	
To vaccinate my children	90 (18.1 %)	406 (81.9 %)	
To follow or to control	86 (17.3 %)	410 (82.7 %)	
Dressing or injection	90 (18.1 %)	406 (81.9 %)	
To take report for driving license etc.	70 (14.1 %)	426 (85.9 %)	
To take rest report	49 (9.9 %)	447 (90.1 %)	
Getting information about my health	37 (7.5 %)	459 (92.5 %)	
For family planning	30 (6.0 %)	466 (94.0 %)	
For adult vaccination	21 (4.2 %)	475 (95.8 %)	
For drug report to issue a medication report	12 (2.4 %)	484 (97.6 %)	
To take home care	0 (0.0 %)	496 (100 %)	

## Discussion

Primary health care meets an important part of health services in Turkey, and this fact has been clearly stated in 1961 in the law of the Socialization of Health Services (6). Despite there are important changes in health service delivery and prediction in Turkey; the data is limited about the way of using the health services and its variables. In a study examining the use of health services it was found that; public hospitals were used by low-skilled workers and blue-collar workers, university hospitals were used by highly qualified workers and white-collar workers, and private health services were used more by employers (7).

According to Alma Ata Declaration in 1978, 85-90 % of health problems can be solved in primary care (8). PHC is the corner stone of a functional health system. With high-quality service delivery, PHC can improve health outcomes, increase equity in health care and optimize the efficient use of resources (9). In our study, in non-urgent complaints, family health centres were questioned; it was stated that only 41.6 % of them applied to FHC at the first time. This ratio showed that; the usage level of PHC is very low than target level, at the same time there is an unnecessary application to secondary and tertiary health services. In the world, PHC meets many problems of patients' every day. Long waiting times, low patient satisfaction and personnel burnout are some of the problems facing such facilities to be faced. In a study in Africa; to categorize the patients with non-urgent complaints according to their emergency status, the importance of developing innovator systems and functional triage protocol was emphasized. With the findings obtained from this study, it is stated that the systems can guide the development of a functional triage systems in PHC which are used in patients' evaluation (10). With the creation of these systems, we think that PHC will be used more effectively and will become more common.

Patient's satisfaction is a mixed concept effected by many factors and it is an important indicator of quality and comprehensive patient care. Since the theories expressing the quality of service provided to the patients are insufficient, patient satisfaction is

generally based on meeting the patient's wishes and expectations, or how much of the service is provided (11). In a study conducted by Turkish Republic, Ministry of Health in 2012; 88.1 % of patients who applied to FHC stated that they were satisfied with the services they received from family physician (1). Of the participants 91.5 % that use FHC services and take part in our study stated that they were satisfied with the services they received from family physician. The facilities offered by centers in which family physicians work, effects patient satisfaction and helps in establishing patient satisfaction. Primary health care is a health care service focused on meeting patient expectations and needs and increasing patient satisfaction (12).

Turkey Public Hospitals Authority Health Facilities Emergency Medical Services Department declared the causes of the increase in the number of emergency department visits. Because of directing patients to emergency services inside and outside the hospital due to insufficient PHC; insufficient follow-up of chronic diseases; the absence of unattended care facilities connected to emergency services; patients have to apply to emergency services (13). Durmus H. et al. (1) examined the reasons of applying to family physicians in 2015 ; determined that the most reason to applying to family physician is prescription with the ratio of 58.4 %. In our study, 69.7 % of the participants stated that they use FHC for physical examination, 59.7 % of them stated that they use FHC for prescription. This condition showed that; use of FHC, outpatient examination and prescribing etc., has a great importance of decreasing the workload in emergency services. At the same time, Dogan E. (14) in his study, determined the most common problems of physicians encounter about their patients as people want a prescription when they have no illness and relatives of patients want a prescription despite the patient is not at health center. Considering such insistence and pressure about prescribing on physicians, it may cause great problems for physicians and patients. To prevent this problem the patients and their relatives should be informed through the visual and audio communication tools by the health administrators in the provinces. We

think that dissuasive methods should be applied to people who continued insistence and persistence. Evaluation of patients who want to get a prescription from their physician, can decrease unnecessary drug usage, increase the ratio of follow-up of patients who have chronic diseases and can increase the ratio of evaluating their current situation in primary health care.

Family physicians, can take care of all family members' health. In problems which cannot be solved in PHC, family physicians can be the planner of patients' treatment by sending them to the other specialist, nutritionist etc. In this way, physician ensures significant success in the consultation. Providing orientation of the patients to the right specialist and to the right health center, secondary and tertiary health services which have higher costs can be effectively used and block the patient difficulty (8,15). In a study conducted by Edirne T. et al. (12) in the province of Van; half of the participants stated that they did not get enough information about their diseases during their consultation with family physicians. In our study 71.8 % of participants stated that they received enough information from family physicians about prevention from diseases and their treatment plans. Because of the high number of patients per physician, the number of patients who apply to physicians increases. This causes decrease in, the time spent per patient in polyclinics, the time for explaining preventive methods by physician who plans the treatment and the time for giving information about their diseases. We believe that increasing the number of physicians and auxiliary health personnel working in PHC and reducing the number of registered patients per family physicians will be effective in preventing this situation.

## **Conclusion**

Application rates to family physicians who can treat a great part of diseases are considerably lower than target rates. Necessary plans should be created to provide the awareness in the society about the orientation to PHC.

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