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A STUDY OF OPINIONS OF HEALTHCARE PROFESSIONALS ON HEALTH TRANSFORMATION PROGRAM (EXAMPLE KIRKLARELI)

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Abstract

This study was conducted in order to inquire opinions of health care professionals on health transformation program. The study is cross-sectional and descriptive. Random sample was used for the study. Data for the study were collected from 297 voluntary health care professionals working at Kırklareli, Babaeski, Lüleburgaz, Pınarhisar and Vize public hospitals affiliated to Union of Public Hospitals in Kırklareli Province, where surveys of 263 participants were validated and 34 surveys were excluded.

It was found out that 184 of 263 participants (69.2 %) did not have detailed knowledge on Health Transformation Program, 193 (73.3 %) did not investigate about HTP program while 68 (25.6 %) investigated about the issue. 196 participants (75.9 %) did not know 7 main titles of HTP policy and 67 (23 %) knew them. Another important question that participants answered was related to the organization that planned HTP. 252 (94.7 %) thought that it was planned by the Ministry of Health while 11 (4.1 %) responded negatively. It was found out that while n: 91, %34,6 was most used by public hospitals and n: 90, %34,2 by private hospitals for treatment, family practice was not used much with n: 23 %8,7. It was seen that people learnt about the program of Reform in Health via press and internet with n: 142 %54. While the rate of those finding the performance of SDP positive was n: 129, %49, those indicating negative opinion was n: 97 %36,9 and those who stated that they have no information was found n: 37 %14,1

Findings of the present study show that healthcare professionals do not have extensive knowledge about HTP and did not attempt to learn about the program. Authors observed that they did not know the 7 main titles of the policy but knew that HTP was planned by the Ministry of Health.

Keywords: Health transformation program, healthcare clients, health policies, health reform

Abbreviations: Health Transformation Program (HTP)

1. INTRODUCTION

Health is a universal concept that everyone has the right to. Health is defined by the World Health Organization as "a state of complete physical, mental and social well-being". Organizations that enable this complete well-being are health institutions which are among the most complex organizations of our time. These complex organizations have to offer quality and efficient service because a slight fall in service quality may cause irreparable outcomes for the service receivers.

Therefore, health care services received by people in a country must be regarded as an outcome of social policies produced and maintained by the state (McGregor, 2001). The state fulfills its responsibilities through Hospitals of the Ministry of Health, the Ministry of Defense, University Hospitals and Private Health Institutions (Akdağ, Nazlıođlu, Mollahalilođlu & Kosdak, 2011). Significant changes in health occurred in our country after the proclamation of Republic. The right to a healthy life was first included in 1961 Constitution and efforts to achieve perfection have continued until today, the year 2003.

In 1961, 224 no The Socialization of Health Services Law was accepted and put into practice and this law forms the base of the foundation of national health services in Turkey. It was put emphasis on the fact that these services need to be offered in a way to meet people's needs objectively. Within the frame of the related law, health services were aimed to be free of charge or partly paid. (Yıldırım, 2013) Considering the data of 2003 in Turkey, the Ministry of Health has a big share with about 700 hospitals, 5936 community clinics, 11740 health houses and 19586 health institutions. Thanks to the program of reform in health, the transfer of other public institutes and health institutions under SII to the Ministry of Health, their number within the body of ministry rose. (Erençin & Yolcu, 2008, s. 121) The goal of the present study is to inquire about opinions of health care professional about HTP in 2003.

HEALTH REFORM

Health is the basic constituent of mankind. It is the stable element in all changing stages of our lives. It is very remarkable that health is a natural right. In its definition of the health system of a country, World Health Organization has emphasized that the system must be capable of providing everyone the health care they need and general frame of this system must be affordable, efficient and recognizable by the public. Each country has been recommended to establish unique health systems in consideration of these factors (Akdağ,

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2012). The most important structural problem of Turkish health system is that it is not well-organized due to multi-headedness. Lack of coordination among healthcare organizations has added to already accumulated problems of the 21st century (Akdur, 2007). The reason of failure in complete elimination of these problems is that the sector involves much more practice than other sectors (Ohioze & James, 2015). The health policy of the World Bank towards Turkey and its details has been included in a 2003 file named "Reforming the Health Sector for Improved Efficiency and Access" (World Bank, 2003).

These problems in health sector have made Turkish Health Transformation Program inevitable. With the advent of Health Transformation Program in 2003, significant changes were planned in organization and provision of health care services in consideration of past experience of the country. Transformation was based on 1982 Constitution and developed (Karar, 2013). State support and intervention is necessary for universal and equal health care services. This role of the state is seen as a requirement of social democracy and welfare society (Koçak, 2009).

AIMS AND OBJECTIVES OF HEALTH REFORM

Main purpose of Health Transformation Program is organization of an affordable, efficient system for the benefit of every citizen (Karar, 2013). Increased demand for services and health expenditure must not be seen as issues to fight against (Tatar, 2011) because health care is a non-profit field (Laughlin, Danie, Olson & John, 2012). Definition of cost calculations in health sector has recently become a popular issue for policy makers. It is important to follow distribution of limited resources on the sector, analyze past activities and estimate future values in order to set goals (Mollaoğlu et al. 2002-2003). Health Transformation Program introduced the most radical health reforms in our country in an attempt to cope with chronic problems (MÜSİAD, 2009). Health Transformation Program has both planning and supervising functions as it regulates health policy and working conditions of health professionals (Karasu, 2011).

Social security systems have an important function in fighting against poverty which stems from income level inequality. Social security systems must be strengthened in order to reduce negative developments in times of increased economic problems and unemployment (Turkish Medical Association, 2005). Therefore, the aim of Health Transformation in our country is to develop a social insurance model based on the principle of equality where the public will support the system in proportion to their income and benefit from medical services they need. Other goals of social security is to provide fair and accessible services and more efficient protection against poverty (Özgülbaş, 2009). Another goal is to introduce national accreditation system with Health Transformation Program (Aydın, Demirel & Atak, 2005).

Several attempts were made in order to harmonize current social security institutions until the establishment of legal and institutional infrastructure of general health security. One of these attempts was the foundation of Repayment Committee that involved employees of SSK, BAĞKUR, Ministry of Finance, Retirement Fund, State Planning Organization, Ministry of Health and Ministry of Treasury with Regulations of Medicine Prices in 2004. This committee organized a joint model and working system replacing the different paying models applied previously. The goal of this attempt was to include Ministry of Health, Ministry of Finance and Ministry of Labor and Social Security and all security institutions in a model where the public might be able to receive healthcare services from university and state hospitals (Akdağ et al, 2008).

Our study is important in finding out how much healthcare professionals know about this radical change and their positive and negative perceptions.

2. MATERIALS AND METHODS

The goal of this cross-sectional and descriptive study was to measure positive and negative perceptions of healthcare professionals about Turkish Health Transformation Program between 29 May-27 August 2015 at every Primary and Secondary health institution in Kırklareli province. The data were collected through a survey designed by the authors according to local and international surveys. The survey includes three sections. The first section includes General Questions to obtain demographic and descriptive data of participants while the second section includes a Lichert-type scale consisting of 16 statements to measure satisfaction of participants after health transformation. The third section includes detailed questions on Health Transformation Program. Scale statements were designed with a careful screening of relevant literature and similar studies.

Authors asked relevant scholars of their opinions about content validity and designed the final version of the survey. This survey was conducted on 40 people as a pre-test and then ambiguous or conflicting expressions were amended.

While evaluating the expressions on the 16-question scale, "1" was scored as the lowest value (I totally disagree) and "5" as the highest value (I totally agree). The scale is scored according to 5 Lichert type response categories. Scale results ranged between 5.00-1.00= 4.00. This range was divided into five and

section levels were determined. Scale expressions and scores were evaluated according to the following criteria.

Options	Scores	Range of Score	Scale Evaluation
I totally disagree	1	1.00-1.79	Very Low
	2	1.80-2.59	Low
	3	2.60-3.39	Moderate
	4	3.40-4.19	High
I totally agree	5	4.20-5.00	Very High

Health Transformation Program scale included 16 expression questions responded as “I totally disagree, I disagree, I partly agree, I agree, I totally agree”. In reliability analysis, questions 2, 3, 4, 5, 6, 9 and 14 were removed because their item total correlation coefficients were negative and higher than Cronbach Alpha coefficient and after their removal Cronbach Alpha was found 0,901. This coefficient showed that reliability level of scale was high. Item-Total correlation coefficients ranged between 0,395 and 0,841. Questions on the scale are homogenous and relevant to each other (Anova F:4,013 p <0,001).

Permission was granted for the study from General Secretary of Public Hospitals Union in Kırklareli Province. Target population was 700 health professionals. No sample was used. Surveys were conducted by the author. Participants filled the survey on their own with no time restriction and returned to the author. The survey was a self-declaration form and responses of health care service receivers to the questions and scale were analyzed as their own evaluations. Health professionals were informed about the study, 294 health professionals who accepted to participate filled in surveys and 263 surveys were deemed valid and analyzed. Names of participants were kept confidential. The data from the surveys were handled on Microsoft Excell 2013 and SPSS 2.0 version. No ethics board approval is required for the study according to the legislations as of its starting date.

Varimax corrected category analysis was used in order to determine sub-categories. Kaiser-Meyer-Olkin (KMO) value is the criteria for modeling data through categorical analytic model and it was found 0,806, which indicated that questions were fit for dimensional analysis. Highly significant result was achieved eith Barlett test ($X^2=2024,07$ p<0,001). There is high correlation between variables. Factors with self-values (Eigenvalue) greater than 1 were selected as significant. Thus, there are 2 factors on the survey greater than 1. The first factor accounts for 47,329 % of total variance while two factors together account for 74,255 %.

In data analysis, non-parametric methods are used in cases where number of sample is insufficient or parametric test assumptions could not be fulfilled although the number is sufficient. (Demirgil, p 85-110) (Büyüköztürk, 2011, p. 145-166). Kolmogorov Smirnot test showed that variables did not have normal distribution (p<0.05). Non-parametric methods were preferred in data analysis. When comparing quantity differences, Mann Whitney U-test (MW) was used to find the difference between two groups while Kruskal Whallis H Test (KW) was used for inter-group comparisons of parameters and post hoc Bonferroni corrected Mann Whitney U-test for detecting the difference-making group. In categorical data, chi-square trend analysis was used in order to check for significant difference between categorical variables (Büyüköztürk, 2011, p. 148).

Study findings may not be generalized.

3. RESULTS

Demographic data show that 14.1 % of participants are 25 years old or younger, 52.9 % between 26-40 years and 33.1 % 41 years or older. 25.1 % (n=66) have postgraduate and doctorate degrees, 47.1 % (n=124) are university graduates and 23.6 % (n=62) are high school graduates.

Table 1: Demographic Variable of Participants

		N	%
Age	25 years and younger	37	14.1
	26-40 years	139	52.9
	41 years and older	87	33.1
Educational Status	Primary School	11	4.2
	High School and equivalent	62	23.6
	University	124	47.1
	Postgraduate and doctorate	66	25.1
Title	Professional health staff	67	25.5
	Assistant Healthcare Services	101	38.4
	Administrative and technical services	95	36.1
Total Working Period in the Institution	2 years or shorter	65	24.7
	3-5 years	56	21.3
	6-10 years	75	28.5
	Longer than 10 years	67	25.5
Institution preferred for treatment	Family physician	23	8.7

	Public hospital	91	34.6
	Private hospital	90	34.2
	University	59	22.4

According to the table, 38,4 % of the health staff (n=101) are assistant health staff, 25.5 % (n=67) professional health staff and 36.1 % (n=95) administrative and technical staff. Another finding is that 25.5 % (n=67) have been working for longer than 10 years, 28.5 % (n=75) 6-10 years, 21.3 % (n=56) for 3-5 years and 24.7 % (n=65) for two years or shorter. Participants also responded to the question "What is the first institution you prefer for treatment?" and their preferences are public hospitals by 34.6 % (n=91), private hospitals by 34.2 % (n=90) and university hospitals by 22.4 % (n=59).

Table 2: Evaluations of Healthcare Professionals on Health Transformation Program

		n	%
1- Do you have detailed information on Health Transformation Program?	Yes	79	30
	No	184	70
2- Where did you first learn about Health Transformation Program?	Press and Internet	142	54
	Seminars	61	23.2
	Other	60	22.8
3- Did you make any inquiry in order to obtain information about Health Transformation Program?	Yes	68	25.9
	No	195	74.1
4- Do you know the main 7 titles of Health Transformation Program?	Yes	68	25.9
	No	195	74.1

Participants were asked questions about their evaluations on Health Transformation Program. The first question was "Do you have detailed information on Health Transformation Program?" and 30 % (n=30) answered yes and 70 % (n=187) no. Another question was "Where did you first learn about Health Transformation Program?" which 54 % (n=142) answered press and internet, 23.2 % (n=61) seminars and 22.8 % (n=60) other resources. Another question was "Did you make any inquiry in order to obtain information about Health Transformation Program?" and 25.9 % (n=68) answered yes and 74.1 % (n=195) answered no. The last question was "Do you know the main 7 titles of Health Transformation Program?" and 25.9 % (n=68) answered yes and 74.1 % (n=195) answered no.

Table 3: Evaluations of Health care Professionals on Health Transformation Program

		n	%
5- Which institution has planned the Health Transformation Program?	Ministry of Health	Yes 252	95,8
		No 11	4,2
6- Who does General Health Insurance cover?	Prime Ministry	Yes 125	47,5
		No 138	52,5
	World Bank	Yes 39	15
		No 221	85
	International Bank of Reconstruction and Development	Yes 33	12,6
		No 228	87,4
7- Which is not a requirement under Health Transformation Policy?	Ministry of Labor and Social Security	Yes 49	18,8
		No 212	81,2
7- Which is not a requirement under Health Transformation Policy?	Citizens who have completed military service	Yes 183	69,6
		No 80	30,4
	Citizens below 25 who have finished higher education	Yes 220	83,7
		No 43	16,3
	Detainees and prisoners	Yes 186	70,7
		No 77	29,3
7- Which is not a requirement under Health Transformation Policy?	Citizens below 20 who have finished secondary school	Yes 144	54,8
		No 119	45,2
	Settling previous increases in medicine prices on an evidence basis	Yes 51	19,5
		No 210	80,5
	Setting norms and standards of medicine and pharmacy	Yes 29	11
		No 234	89
7- Which is not a requirement under Health Transformation Policy?	Employment of foreign physicians with health transformation	Yes 207	78,7
		No 56	21,3
7- Which is not a requirement under Health Transformation Policy?	Gathering everyone under a single health insurance according to financial	Yes 46	17,5

capability of each citizen on principle of justice	No	217	82,5
Health transformation program aims to make a human-centered change for both service providers and receivers.	Yes	30	11,5
	No	230	88,5

Questions on Health Transformation Program and responses of participants are as follows; 95.8 % (n=252) answered yes and 4.2 % (n=11) answered no for The Ministry of Health option in the question "Which institution has planned the Health Transformation Program?". Another question was "Who does General Health Insurance cover?". 69.6 % (n=183) said "Citizens who have completed military service", 83.7 % (n=220) "Citizens below 25 who have finished higher education" and 70.7 % (n=186) "Detainees and prisoners". Another question was "Which is not a requirement under Health Transformation Policy?". 78.7 % (n=207) answered yes and 21.3 % (n=56) answered no for the "employment of foreign physicians" option.

Table 4: Opinions of Health care Professionals on Health Transformation Program Evaluation Factors

	Yes	No	No idea
	n (%)	n (%)	n (%)
1- I find Health Transformation Program positive.	129 (49)	97 (36,9)	37 (14,1)
2- Purpose of Health Transformation Program is to pass onto a new system without damaging the current structure .	106 (40,3)	92 (35)	65 (24,7)
3- General health insurance pays for the total cost of health care services.	84 (31,9)	97 (36,9)	82 (31,2)
4- In family practice, Family Physician or Family Health Care Staff will be employed on contract.	148 (56,3)	27 (10,3)	88 (33,5)
5- Duties of Family Health Care Staff includes referring patients and enabling coordination with the referred institution.	100 (38)	71 (27)	92 (35)
6- Protective health services for environmental health are a part of Family Practice.	87 (33,1)	50 (19)	126 (47,9)
7- Referral chain is a remarkable principle of health transformation program.	125 (47,5)	82 (31,2)	56 (21,3)
8-"Service Quality Paper" issued for qualified hospitals has started with Health Transformation Program and is a practice of the Ministry of Labor and Social Security.	133 (50,6)	(-)	130 (49,4)
9- Under Health Transformation Program, National Institution of Medicine and Medical Devices will assume a duty on medicine, materials and standardization of medical devices.	126 (47,9)	32 (12,2)	105 (39,9)
10- Family Health Care Staff needs to be approved by Family physician to work.	156 (59,3)	34 (12,9)	73 (27,8)

Responses of participants on HTP evaluation factors are as follows: 49 % of participants (n=129) answered yes and 36.9 % (n=97) answered no to the statement "I find Health Transformation Program positive" while %37 (n=14.1) said they were indecisive. 31.9% (n=84) of participants answered yes and 36.9% (n=97) answered no to the statement "General health insurance pays for the total cost of health care services" while 24.7% (n=65) said they had no idea. Another statement was " In family practice, Family Physician or Family Health Care Staff will be employed on contract". 56.3% of participants (n=148) said yes and 10.3% (n=27) said no to this statement and 33.5 % (n=88) said they had no idea. Another statement was "Referral chain is a remarkable principle of health transformation program". Those who answered yes constituted 47.5% (n=125) of the study group while 31.2% (n=82) said no and 21.3% (n=56) said they had no idea. Another statement was "Family Health Care Staff needs to be approved by Family physician to work". 59.3% (n=156) answered yes, 12.9 % (n=34) answered no and 27.8% (n=73) said they had no idea.

Table 5: Distribution of Responses to Health Transformation Program Survey
Below are the responses of participants to 16 statements about HTP.

	I totally disagree	I disagree	I partly agree	I agree	I totally agree	Mean.±SD	Min.-Max.
	n (%)	n (%)	n (%)	n (%)	n (%)		
1- Health Transformation Program is an applicable program in our country.	2 (0,8)	72 (27,4)	102 (38,8)	56 (21,3)	31 (11,8)	3,16±0,98	1-5
2-I find it positive that the Ministry opened the way for using private sector to receive health care services with Health Transformation Program.	47 (17,9)	48 (18,3)	96 (36,5)	58 (22,1)	14 (5,3)	2,79±1,14	1-5
3- The new regulatory and auditory role of the Ministry rather than service provider shows that it is inclined to	56 (21,3)	22 (8,4)	75 (28,5)	25 (9,5)	85 (32,3)	3,23±1,51	1-5

withdraw from its role and responsibilities in health							
4-Hospitals who have gained administrative and financial autonomy with Health Transformation Program will transform doctor-patient relationship into tradesman-client relationship.	20 (7,6)	73 (27,8)	48 (18,3)	22 (8,4)	100 (38)	3,41±1,42	1-5
5- Family practice is necessary in our country.	26 (9,9)	54 (20,5)	27 (10,3)	55 (20,9)	101 (38,4)	3,57±1,42	1-5
6-I would like to work as Family Physician or Family Health Care Staff under Family Practice.	82 (31,2)	2 (0,8)	47 (17,9)	113 (43)	19 (7,2)	2,94±1,41	1-5
7- Dropping VAT of medicine from 18% to 8% is positive.	68 (25,9)	34 (12,9)	59 (22,4)	39 (14,8)	63 (24)	2,98±1,51	1-5
8- Gathering health records of all citizens at one point is a positive development.	17 (6,5)	76 (28,9)	44 (16,7)	90 (34,2)	36 (13,7)	3,2±1,18	1-5
9- Health Transformation Program aims to enhance financial rights of the staff.	14 (5,3)	110 (41,8)	55 (20,9)	63 (24)	21 (8)	2,87±1,09	1-5
10- Health Transformation Program aims to improve Diagnosis and Treatment efficiency.	19 (7,2)	63 (24)	99 (37,6)	53 (20,2)	29 (11)	3,04±1,08	1-5
11- Health Transformation Program aims to eliminate hospital infections.	21 (8)	48 (18,3)	122 (46,4)	65 (24,7)	7 (2,7)	2,96±0,93	1-5
12- Health Transformation Program aims to increase the number of well-quality hospital beds.	67 (25,5)	9 (3,4)	69 (26,2)	115 (43,7)	3 (1,1)	2,92±1,24	1-5
13-Health Transformation Program has set patient security as an important goal.	16 (6,1)	94 (35,7)	20 (7,6)	132 (50,2)	1 (0,4)	3,03±1,06	1-5
14- Health Transformation Program targets security of health care professionals.	48 (18,3)	()	98 (37,3)	47 (17,9)	70 (26,6)	3,35±1,36	1-5
15-Health Transformation Program aims to improve pharmacy services.	14 (5,3)	52 (19,8)	102 (38,8)	76 (28,9)	19 (7,2)	3,13±0,99	1-5
16- Health Transformation Program aims to realize the principle of "health environment healthy man".	17 (6,5)	51 (19,4)	114 (43,3)	79 (30)	2 (0,8)	2,99±0,89	1-5

Participants are asked to respond with one of these statements; "I totally disagree", "I disagree", "I partly agree", "I agree" and "I totally agree". Responses to several factors are as follows.

- 38.8% of participants (n=102) said that they partially agreed with the statement "Health Transformation Program is an applicable program in our country" and this response was the most popular one.
- Rate of participants who partially agreed with the statement "I find it positive that the Ministry opened the way for using private sector to receive health care services with Health Transformation Program." is 36.5% (n=96).
- Most popular response of participants to the statement "Family practice is necessary in our country" is "I totally agree" with 38.4% (n=101).
- The most popular response to the statement "Dropping VAT of medicine from 18% to 8% is positive" is "I totally agree" with 24% (n=63), followed by "I partially agree" with 22.4% (n=59). Table 5 shows that rate of participants with positive views is higher.

Table 6: First institution that participants prefer for treatment and their evaluations on HTP

		Age						P
		25 years and below		26-40 years		41 years and over		
		n	%	n	%	n	%	
First institution preferred for treatment	Family physician	13	35,1	7	5	3	3,4	0,000
	Public hospital	13	35,1	51	36,7	27	31	
	Private hospital	9	24,3	48	34,5	33	37,9	
	University	2	5,4	33	23,7	24	27,6	
1- Do you have detailed information on	Yes	11	29,7	41	29,5	27	31	0,969

Health Transformation Program?	No	26	70,3	98	70,5	60	69	
2- Where did you first learn about Health Transformation Program?	Press and internet	21	56,8	75	54	46	52,9	0,776
	Seminars	10	27	33	23,7	18	20,7	
	Others	6	16,2	31	22,3	23	26,4	
3- Did you make any inquiry in order to obtain information about Health Transformation Program?	Yes	10	27	30	21,6	28	32,2	0,205
	No	27	73	109	78,4	59	67,8	
4- Do you know the main 7 titles of Health Transformation Program?	Yes	13	35,1	34	24,5	21	24,1	0,380
	No	24	64,9	105	75,5	66	75,9	

Pearson Chi-Square, Fisher's Exact test

According to the table of first-choice health institutions and HTP evaluations;

There was significant difference between groups with regards rate of first-choice health institutions ($p < 0,05$). There was significant difference between groups with regards other variables ($p > 0,05$).

Table 7: Age groups of participants and evaluations on the planner of HTP

		Age						p
		25 years and below		26-40 years		41 years and over		
		n	%	n	%	n	%	
Ministry of Health	Yes	36	97,3	133	95,7	83	95,4	1,000
	No	1	2,7	6	4,3	4	4,6	
Prime Ministry	Yes	16	43,2	63	45,3	46	52,9	0,463
	No	21	56,8	76	54,7	41	47,1	
World Bank	Yes	5	13,5	18	13	16	18,8	0,484
	No	32	86,5	120	87	69	81,2	
International Bank of Reconstruction and Development	Yes	5	13,9	12	8,7	16	18,4	0,087
	No	31	86,1	126	91,3	71	81,6	
Ministry of Labor and Social Security	Yes	9	24,3	20	14,6	20	23	0,189
	No	28	75,7	117	85,4	67	77	

Pearson Chi-Square, Fisher's Exact test

According to the table of age groups and evaluations on the planner of HTP, there was no significant difference between the groups ($p > 0,05$).

Table 8: Distribution of participants' opinions on HTP Evaluation Factors According to Their Titles

		Title						p
		Postgraduate		Assistant health care services		Administrative and technical services		
		n	%	n	%	n	%	
1- I find Health Transformation Program positive.	Yes	35	52,2	48	47,5	46	48,4	0,830
	No	22	32,8	41	40,6	34	35,8	
	No idea	10	14,9	12	11,9	15	15,8	
2- Purpose of Health Transformation Program is to pass onto a new system without damaging the current structure .	Yes	30	44,8	37	36,6	39	41,1	0,293
	No	21	31,3	43	42,6	28	29,5	
	No idea	16	23,9	21	20,8	28	29,5	
3- General health insurance pays for the total cost of health care services.	Yes	23	34,3	27	26,7	34	35,8	0,001
	No	18	26,9	53	52,5	26	27,4	
	No idea	26	38,8	21	20,8	35	36,8	
4- In family practice, Family Physician or Family Health Care Staff will be employed on contract.	Yes	36	53,7	63	62,4	49	51,6	0,198
	No	6	9	13	12,9	8	8,4	
	No idea	25	37,3	25	24,8	38	40	
5- Duties of Family Health Care Staff includes referring patients and enabling coordination with the referred institution.	Yes	24	35,8	47	46,5	29	30,5	0,022
	No	16	23,9	31	30,7	24	25,3	
	No idea	27	40,3	23	22,8	42	44,2	

6- Protective health services for environmental health are a part of Family Practice.	Yes	22	32,8	42	41,6	23	24,2	0,150
	No	13	19,4	16	15,8	21	22,1	
	No idea	32	47,8	43	42,6	51	53,7	
7- Referral chain is a remarkable principle of health transformation program.	Yes	27	40,3	59	58,4	39	41,1	0,053
	No	26	38,8	26	25,7	30	31,6	
	No idea	14	20,9	16	15,8	26	27,4	
8- Service Quality Paper" issued for qualified hospitals has started with Health Transformation Program and is a practice of the Ministry of Labor and Social Security.	Yes	31	46,3	63	62,4	39	41,1	0,008
	No idea	36	53,7	38	37,6	56	58,9	
9- Under Health Transformation Program, National Institution of Medicine and Medical Devices will assume a duty on medicine, materials and standardization of medical devices.	Yes	33	49,3	57	56,4	36	37,9	0,092
	No	6	9	10	9,9	16	16,8	
	No idea	28	41,8	34	33,7	43	45,3	
10- Family Health Care Staff needs to be approved by Family physician to work.	Yes	41	61,2	67	66,3	48	50,5	0,076
	No	7	10,4	15	14,9	12	12,6	
	No idea	19	28,4	19	18,8	35	36,8	

Pearson Chi-Square, Fisher's Exact test

According to the table of titles and views of participants on HTP Evaluation Factors; significant difference was found between groups with regards their responses to the statements "General health insurance pays for the total cost of health care services", "Duties of Family Health Care Staff includes referring patients and enabling coordination with the referred institution" and "Service Quality Paper" issued for qualified hospitals has started with Health Transformation Program and is a practice of the Ministry of Labor and Social Security" ($p < 0,05$).

No significant difference was found with regards other responses ($p > 0,05$).

Judgments of Health Care Professionals on HTP

General level of the scale was found high according to Health Transformation Program evaluation factors and general scale design (table 26). Additionally, HTP scale factor, factor loads, factor score and mean values are shown on Table 9.

Table 9: Questions of Health Transformation Program Scale, Cronbach's Alpha values and factor scores

Dimensio ns	Statements	Factor loads	C.Alph a	Mean.±SD	Min.-Max.
Factor 1	10- Health Transformation Program aims to improve Diagnosis and Treatment efficiency..	0,789	0,868	3,01±0,89	1-4,67
	11- Health Transformation Program aims to eliminate hospital infections.	0,863			
	12- Health Transformation Program aims to increase the number of well-quality hospital beds.	0,868			
	13-Health Transformation Program has set patient security as an important goal.	0,792			
	15-Health Transformation Program aims to improve pharmacy services.	0,796			
	16- Health Transformation Program aims to realize the principle of "health environment healthy man".	0,853			
Faktör2	1- Health Transformation Program is an applicable program in our country.	0,705	0,747	3,11±1,01	1,33-5
	7- Dropping VAT of medicine from 18% to 8% is positive.	0,782			
	8- Gathering health records of all citizens at one point is a positive development.	0,850			
Scale in general			0,901	3,04±0,83	1,11-4,56

Factor load of the statement "Health Transformation Program aims to eliminate hospital infection" on factor 1 of Table 9 is 0,863, and factor loads of several other statements on factor 1 are as follows.

- 10th statement factor load is 0.789.
- 12th statement factor load is 0.868.
- 13th statement factor load is 0,792.
- 16th statement factor load is 0.853.

Factor loads of several statements on factor 2 are as follows..

- 1st statement factor load is 0.705.
- 7th statement factor load is 0.782.
- 8th statement factor load is 0.850.

Table 10: HTP dimension mean scores distribution according to age groups of participants

	Age			X ²	p
	25 years and over	26-40 years	41 years and over		
	Mean.±SD	Mean.±SD	Mean.±SD		
Factor1	2,82±0,86	3,02±0,92	3,08±0,87	4,174	0,124
Factor2	3,05±0,98	3,12±1,04	3,13±1	0,206	0,902
Scale in general	2,89±0,75	3,05±0,85	3,1±0,83	1,768	0,413

Kruskal Wallis H analizi

According to Table 10, there was no significant difference between groups ($p>0.05$).

Table 11: HTP dimension mean scores distribution according to education status of participants

	Education status				X ²	p
	Primary school	High school or equivalent	University	Postgraduate and doctorate		
	Mean.±SD	Mean.±SD	Mean.±SD	Mean.±SD		
Factor1	3,3±0,77	3,21±0,81	2,94±0,91	2,9±0,94	4,706	0,195
Factor2	3,52±0,92	3,21±0,96	3,11±1,03	2,96±1,04	3,827	0,281
Scale in general	3,37±0,77	3,21±0,78	3±0,83	2,92±0,86	6,646	0,084

Kruskal Wallis H analysis

Table 11 shows Health Transformation Program dimension scores according to educational status, factor1, factor2 and general scale evaluations with Kruskal Wallis H analysis.

4. DISCUSSION

As radical changes in health sectors are made under market conditions in Turkey like the rest of the world (Guevara & Mendias, p. 347-356), they deal with many other sources. Therefore, it is not wrong to say that HTP in Turkey deals with all the sources of the current system. Current study indicated that no investigation was made about Health Transformation Program and found out that participants considered HTP as a positive development, 95 % of participants thought that it was planned by the Ministry of Health while 47.5 % thought it was planned by the Prime Ministry. These responses show that participants are of the view that the HTP was carried out both Ministry of Health and Prime Ministry. According to their titles, the rate of participants who think referral chain is an important principle is high among participants of postgraduates and assistant health care services categories. It was found the ratio of participants who find "it positive that the Ministry opened the way for using private sector to receive health care services with Health Transformation Program" is high. Another issue that participants were asked for their opinions was "dropping medicine VAT from 18 % to 8 %". 25 % of participants said they totally agreed and constituted the majority, followed by 24 % who stated positive views. It was found out that 34 % of participants find gathering health records of all citizens at one center as a positive development. Another statement that participants were asked of their opinions was that Health Transformation Program aims to enhance pharmacy services. The ratio of participants who stated positive opinions is significantly higher than those who stated negative opinion. Employment of foreign physicians was another important issue on the survey. It was concluded that there is no need to employ foreign physicians. 50 % of participants agreed with the statement "Service Quality Paper" issued for qualified hospitals has started with Health Transformation Program and is a practice of the Ministry of Labor and Social Security" while 49 % said they had no idea. 59 % gave a positive response, 12 % negative and 27 % said they had no idea about the statement "Family Health Care Staff needs to be approved by Family physician to work." 60 % of health care staff believe that family practice system must be applied in our country and another statement that health care staff approved was that HTP aims to strengthen financial rights of staff. 41 % stated negative opinions about the issue.

The statement that healthcare staff most agrees with is "Health Transformation Program is applicable in our country". 70 % stated positive opinions on the statement (I agree, I totally agree, I partly agree) because amendments and positive developments indicate that HTP is a feasible and applicable program.

5. CONCLUSIONS AND SUGGESTIONS

Findings of this study show that health care professionals do not have detailed information on health transformation program and do not attempt to gain information about the program. Therefore, health care staff working at hospitals must be given inner-service trainings about Health Transformation Program and mass media should be used. It is understood that they consider several attempts of HTP positive and the most important issue they disapprove is the employment of foreign physicians with the ratio of 78 %. Employment of foreign physicians should be subject to the requirements of our own health staff and well-quality professionals should be employed. Participants believe that using private sector for providing health care services is a positive development and health transformation program aims to increase the number of well-quality hospital beds. Participants believe that family practice is necessary and health care staff must be approved by family physicians in order to work. Study results show that health transformation program is applicable in our country while some amendments are necessary. It was also found that participants find most of the HTP activities positive.

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