Examining The Institutions Preferred By University Students While Receiving Health Services

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ABSTRACT

In the provision of health services, preventive, curative, rehabilitative and health promotion services are provided within the scope of primary, secondary and tertiary treatment services in the public and private sectors. It is thought that the health institutions that individuals who want to receive health services apply to vary due to issues such as their social security, economic situation, time of receiving the service, desire to be protected from diseases, desire to heal from the disease, and distance to reach the institution. This study was conducted to determine which institution students studying in the field of health prefer when receiving health services and for what reasons, and to determine what influences the preferences of individuals who will work in this sector in the future. Within the scope of the research, a survey consisting of 21 questions included in the specialization thesis published by Aksoy (2018) was applied to associate degree students studying at the health services vocational school of a private university in Istanbul. The survey was shared via Google forms and filled out by 410 students. Classification scale was used within the framework of quantitative research method and the findings were organized using descriptive analysis and Chi Square analysis in SPSS 25 program. As a result of the analysis, it was determined that the most preferred institution was 'State Hospital (56.3%)', the reason for preference was 'Because It is Close/Easy to Access (39.2%)', the institution they would not prefer was 'Family Health Center (29%)' and the reason was 'Not being able to have every analysis done (24%)'. Within the scope of the findings, it is of great importance to conduct studies on making other health institutions attractive in order to alleviate the high demand for state hospitals.

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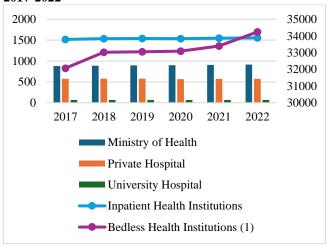
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1.INTRODUCTION

Health services are activities that include processes such as protection from diseases and disease agents, supporting the recovery process after illness, and rehabilitation of physically and mentally disabled individuals. Healthcare institutions are complex and multidimensional organizational structures that provide health services to people with different socio-cultural and demographic characteristics. Health services are examined in four main groups as preventive health services, treatment services, rehabilitation services and health development services (Aksoy, 2018). In our country, within the scope of health services, preventive, developmental and curative health services are provided by public and private health institutions as primary, secondary and tertiary health services. In this context, when receiving health services, it is necessary to choose a hospital according to the sector and service type. Tengilimoğlu (2001) defines the concept of hospital selection as "the situation in which the health care consumer or caregiver chooses one of the health institutions when he/she has the opportunity to choose". In choosing a hospital, factors such as economic status, social security coverage, proximity of the institution, reliability, approach of the staff to the patient, not being crowded, not waiting in line, the institution's wide range of diagnostic and treatment options, being able to make an appointment whenever I want, being cheap, providing detailed information, and being recommended are effective (Tengilimlioğlu,2001, Ateş vd.,2004). The fact that resources are not unlimited and there are restrictions forces consumers to make choices (Hoşgör and Gündüz Hoşgör, 2019). In order for the individual who will apply for health services to be able to choose the health institution freely, they should not have to receive the service from a different institution due to any obstacle or should not give up receiving this service. It is very important to improve and develop the health system so that individuals who will receive health services do not encounter any problems.

When we look at the developments in the health system in Turkey, Bağ-Kur, Pension Fund and Social Security Institution, which covered different working groups with the General Health Insurance program in 2006, were brought together under one roof (OECD, 2008). In 2007, arrangements were made to ensure that primary health care services are provided free of charge to all citizens throughout the country, and the expenses of examination, examination-analysis, medicine, tooth extraction and prosthesis, glasses and emergency treatment in outpatient treatments of green card holders were included in the scope of payment. In 2008, regulations were made to ensure that everyone can benefit from all kinds of health assistance free of charge in cases of epidemics, work accidents, occupational diseases and emergencies, without questioning their insurance. Subsequently, the Family Medicine system was introduced in 2010, and in 2013, 17 comprehensive city hospital projects were prepared in different regions (Karaboğa vd., 2023). There are four city hospitals serving in Istanbul (General Directorate of Public Hospitals, Our City Hospitals, 2024). Today, developments in the health system continue, and efforts are being made to produce solutions that will facilitate individuals' access to health services.

Graphic 1. Health institutions information between 2017-2022



(1)Health Centres, Family Medicine Units, Health Houses, Tuberculosis Dispensaries, Child, Adolescent, Women and Reproductive Health (ÇEKÜS) Units (AÇSAP Centres), Cancer Early Diagnosis, Screening and Training Centres, Private Polyclinics, Private Medical Centres are included in the total. For the pre-2000 period, healthy data suitable for the definition could not be obtained. With the 'Regulation on Community Health Centres and Affiliated Units' published on 25/05/2018, the name of the Mother and Child Health and Family Planning (AÇSAP) Centre was changed to Child, Adolescent, Women and Reproductive Health (ÇEKÜS) Unit.

Source: Turkish Statistical Institute (TUIK), Health and Social Protection, 2024

When the number of health institutions in our country is examined within the framework of the Turkish Statistical Institute data, it is seen that the number of health institutions affiliated with the Ministry of Health increased from 879 to 915 between 2017 and 2022, according to the data in Graphic 1. No significant increase was observed in the number of private and university hospitals. The number of health institutions with beds increased from 1,518 to 1,555, and the number of health institutions without beds increased from 32,069 to 34,240. When evaluated specifically for Istanbul, it was determined that there were a total of 234 health institutions in 2022; 54 of them were hospitals affiliated with the Ministry of Health, 16 were university hospitals and 164 were private hospitals (TUIK, Health and Social Protection, 2024).

Table 1. Number of physicians between 2017-2022

Yıl	2017	2018	2019	2020	2021	2022
Number of Physicians	149.997	153.128	160.810	171.259	183.569	194.688
Total Number of Applications per Physician	4793	5110	5055	3505	3681	4388
Total Number of Physicians per Thousand People	539	539	517	488	461	438

Source: TUIK, Health and Social Protection, 2024

When Table 1 is examined, it is seen that the number of physicians increased by 44,691 people between 2017 and 2022. While the number of physicians per thousand people was 539 in 2017, this number decreased to 438 in 2022. According to the data in the Health Statistics Yearbook published in 2022, while the population per family medicine unit in Turkey is 3,072, this number is stated to be 3,187 in Istanbul (Republic of Turkey Ministry of Health, Health Statistics Yearbook, 2022). The development in health service with the studies carried out in our country is determined with the data in Graph 1 and Table 1. In addition to this improvement, situations such as increasing population, economic processes, disease diversity are important factors affecting the increase in the demand for services from health institutions. There are many people who cannot get service from the institution they want for various reasons It is thought that the institution that an individual who wants to receive health services first chooses, the institution that he/she avoids choosing, or the path he/she follows in cases where he/she wants to choose but does not have the means to do so, will be an important guide in the development of health services. Within the scope of this subject, a literature review was conducted on what is effective in hospital selection and relevant studies were examined. In the study conducted by Doghaither et al. (2002), male participants, participants with high income and education levels, young participants and participants working in the private sector preferred private hospitals. In the study conducted by Aydın (2003), when the factors affecting the preferences of patients receiving service from private, state and university hospitals were investigated, it was determined that the most important factor affecting hospital preference was security, diagnosis and examination opportunities and the location of the hospital were other important factors affecting patient preference, appointment, price and recommendation factors were effective in state hospital preferences, the fact that the doctor and other employees were caring about the patient, the patient knowing the doctor were effective in private hospital preferences, and young individuals, those with high income levels, those with high education levels and those working in the private sector preferred private hospitals. In the study of Akıncı et al. (2004), it was determined that the most important factor

affecting hospital preference is proximity, technological competence, physical appearance and condition of the hospital's facilities, image and reputation of the hospital, and the scope of health insurance. In the study conducted by Ayhan and Canöz (2006), it was determined that the most important factor affecting the choice of hospital was the image of the hospital, and that the hospital had an agreement with the institution it worked for, recommendations from acquaintances, and the prestige of the hospital in the society were also effective in the choice. It was observed that as the level of education of the participants increased, the preference for private hospitals increased. Among the problems that the participants encountered in the hospital in the study, it was seen that the bureaucratic procedures were many and complicated, the hospital was crowded, appointments were given to later dates, and the number of staff was insufficient. In the study of Asığbulmuş (2016), it was determined that the first three factors that are effective in hospital choice are trust, specialist doctor and satisfaction, that the satisfaction factor is even more important than the price factor in hospital choice, that the most frequently used health institutions are public hospitals, private hospitals, university and family medicine, and that the problems encountered are related to practices and prices. In the study of Ataman and Kurşunluoğlu Yarımoğlu (2018), it was determined that the most important factor affecting the hospital preference is that the doctors who are health service providers are experts in their fields and their experience is important, those who prefer private hospitals give importance to the cleanliness factor, those who prefer public hospitals prefer them because the work progresses quickly, the familiarity factor comes to the fore in the preference of public hospitals, and the participants prefer hospitals that are close to their place of residence. In the study of Yetim and Çelik (2021), it was determined that the preferred hospitals were state hospitals, private hospitals and university hospitals, respectively, and the most important factors affecting hospital preference were proximity, satisfaction, necessity and acquaintance, while proximity and necessity factors were especially prominent in the preference of state hospitals.

In the light of the findings obtained within the scope of the literature review, this research was prepared to determine which institution university students prefer when receiving health services and the reasons for their preference.

2. MATERIALS AND METHODS

This study was planned to determine what university students pay attention to when choosing a health institution. In literature, the process has generally been examined from the public's perspective, and this study focused on university students in order to evaluate the process from a different perspective. The universe of our study, which is a cross-sectional and descriptive research, consists of university students. The sample group, determined by the purposive sampling selection technique, consists of students studying at the health services vocational school of a private university in Istanbul.

In the study, a questionnaire consisting of 21 questions in the specialization thesis published by Aksoy (2018) was used. The survey was shared with students via Google forms and filled out by 410 students. Classification scale was used within the framework of quantitative research method and the findings were organized using descriptive analysis and Chi Square analysis in SPSS 25 program. The Ethics Committee decision numbered E-53938333-050-15782 was taken for the study on 28.06.2022.

3. RESULTS

The data obtained in the study were analyzed and the results were tabulated.

Table 2. Distribution of some descriptive characteristics of the students participating in the research

Class	N	%
1st Class	271	66
2 st Class	139	34
Total	410	100
Who do you live with in you	ır _N	%
home?	11	70
Family	292	71
Alone	16	4
Digs	65	16
Other	12	3
Friend	25	6
Total	410	100
Income Type	N	%
Family	303	74
I am working	57	14
Studentship	48	12
Other	2	1
Total	410	100
Chronic Disease	N	%
Woman	74	18
Man	14	3
Not Having Chronic Disease	322	79
Total	410	100

Chronic Disease Type	N	%	
Neurological Diseases	2	1	
Chest Diseases	16	4	_
Stomach Diseases	28	7	_
Blood Diseases	13	3	_
Heart Diseases	8	2	_
	g, ₁₈		_
Rheumatism, etc.)	°'18	4	
I do not have a chronic diseas	e 325	79	
Total	410	100	
Continuously Used Medicin		%	
Yes	57	14	_
No	353	86	_
Total	410	100	_
First preferred heal	th	0/	
institutions by gender	N	%	
Public Hospital	170	56	
Family Health Cente	r 72	24	
Private Hospital	34	11	
Training and Research	ch ₂₁	7	
Woman Hospital	21	/	
University Hospital	3	1	
Special Inspection	0	0	
Pharmacy	1	0	
Total	301	100	
Public Hospital	61	56	
Family Health Cente	r 15	14	
Private Hospital	21	19	
Training and Research	ch ₅	5	
Man Hospital	3		
University Hospital	3	3	
Special Inspection	3	3	
Pharmacy	1	1	
Total	109	100	

Information on the demographic characteristics, health institution preferences and health status of the students participating in the study are presented in Table 2. When Table 2 is examined, it is seen that 66% of the participants are first-year students. It was determined that 71% of the participants live with their families, and 74% of their income is covered by their families. It was determined that 21% of the participants had a chronic disease; this rate consisted of 18% female and 3% male participants. When the types of chronic diseases were analyzed, it was observed that the highest rate was in stomach diseases with 7%. The rate of participants who use medication regularly was determined as 14%. When asked about the first institution they applied to when they needed health services, it was seen that 56% of female participants preferred a state hospital, 24% preferred a family health center, and 11% preferred a private hospital. Among male participants, it was determined that 56% preferred public hospitals, 19% preferred private hospitals and 14% preferred family health centers.

Table 3. First preferred health institutions according to monthly income

Monthly Income	N	Publ Hosp		Fam Heal Cent	lth	Trainin Researc Hospita	.11	d Univ Hos	versity pital	Privat Hospi		Spec Insp	cial oectio	Pha	rmacy	Test Statistics
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	P
Under 150 TL	0149	95	41	36	41	9	35	1	17	8	15	0	0	0	0	
Between 1500-3000 TL	82	49	21	10	12	6	23	4	66	11	19	1	33	1	50	_
Between 3000-5000 TL	98	45	20	28	32	5	19	1	17	18	33	1	33	0	0	p<.05
Over 500 TL	081	42	18	13	15	6	23	0	0	18	33	1	33	1	50	_
Total	410	231	100	87	100	26	100	6	100	55	100	3	100	2	100	

Pearson Chi-Square-Asymptotic Significance (2-sided)- p<.05

When Table 3 is examined, it is seen that there are differences according to income group in the responses given to the question "Please indicate the first health institution you would prefer to go to in case of illness or discomfort" (p<.05). It has been determined that as the income level increases, the number of applications to private hospitals and clinics increases, while the number of applications to public institutions decreases.

Table 4. Participants' reasons for preferring or not preferring health institutions

In case of a disease or illness, please specify the health institution you would prefer to go to first.		In case of a disease or illness, please state your reason for choosing the health institution you prefer to go to first (you can select more than one option).	definitely consider in c illness/dis	health n would you not applying to ease of order? (You more than n).	Please state your reason for not applying to this institution, which you would definitely not consider applying to in case of illness/illness. (You can tick more than one option).		
Institutions	Number of Preferred	Percentage of Preferred	Reasons for Preference (p<.05)	Number of Those Who Do Not Prefer	Percentage Not Preferred	Reasons for Not Preferring (p<.05)	
Family Health Center	87	21	 Due to social security, Because it is close/easy to reach Because their approach to the patient is good 	118	29	 Inability to print the desired prescription Being too crowded Waiting time is too long 	
Public Hospital	231	56	 Due to social security, Because it's cheap, Because it is close/easy to reach 	71	17	• Insufficient institutional equipment	

			 Because their approach to the patient is good The institution has a wide range of diagnostic and treatment opportunities, To be examined by a specialist doctor, Because the organization's employees are more enlightening, Since detailed research has been done, Because it is recommended. 	
Training and Research Hospital	26	6	 The institution has a wide range of diagnostic and treatment 26 6 opportunities, To be examined by a specialist doctor 	 Health Personnel Are Indifferent Does Not Give A Feeling Of Confidence Too crowded Paperwork is Tiring
University Hospital	6	2	 Because the organization's employees are more enlightening, 144 35 Since detailed research has been done. 	 Health Personnel Are Indifferent Does Not Give A Feeling Of Confidence I cannot make an appointment for the date I want Inability to print the desired prescription Paperwork is Tiring
Private Hospital	55	13	 Because their approach to the patient is good Because I wasn't kept waiting, Because the institution is clean, The institution has a wide range of diagnostic and treatment opportunities, 	 I cannot have every test done I cannot make an appointment for the date I want

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						can n appoint when organ emplo	ot crow Be nake an intment ever I	ecaus t want ecaus i's ure m	se I								
Special Inspection	3			1		•	't kept	go	ing,	95	2	.3		-			
Pharmacy	1			,5		• is clo	Be se/easy	caus to r		17	4	-		-			
Other	1			,5		-					•		•				
Total	41	0	•	100	•	-	•			•				•	•	•	
Total	410	231	100	87	100	26	100	6	100	55	100	3	100	2	100		

Pearson Chi-Square-Asymptotic Significance (2-sided)- p<.05

When Table 4 is examined, findings regarding why hospitals that are and are not the first choice for any health problem are not preferred can be seen. 56% of the participants stated that the State Hospital is the institution they would first prefer in case of any health problem. Participants prefer the State Hospital because it provides social security, is economical (cheap), transportation is easy, the approach to the patient is good, it offers extensive diagnosis and treatment opportunities, it provides the opportunity to be examined by a specialist doctor, and the staff provides enlightening information and is recommended. Participants who did not prefer the State Hospital (17%) stated that they did not prefer this institution due to insufficient institutional equipment (p<.05).

Table 5. The last healthcare institution where the participants received healthcare services

Where did you last	The	Percentage
apply for health	Number of	of
care?	Applicants	Applicants
Family Health Center	67	16
Public Hospital	218	53
Training and	28	7
Research Hospital	20	,
Private Hospital	59	14
University Hospital	6	2
Special Inspection	20	5
Pharmacy	12	3
Total	410	100
For what reason did you apply for health care before this application?	The Number of Applicants	Percentage of Applicants

(You can tick more		
than one option).		
For My New	190	46
Complaint		
Chronic Disease	25	6
Control		
To Prescribe	83	20
Medicine		
Due to	32	8
Emergency/Accident		
S		
Due to pregnancy	0	0
status		
Oral Health	39	9
Due to Surgery	10	2
For Children's	1	,2
Vaccinations		
To Get Information	65	16
About My Disease		
Other	13	3
Are there times	The	Percentage
when you need	number of	of
health care but do	participant	Participant
not apply?	S	S
Yes	315	77
No, I Always Apply	95	23
Total	410	100
State your reason	The	Percentage
for not seeking	number of	of
health care.	participant	
(You can tick more		-
than one option)	S	S
Ignoring the Disease	118	29
Inability to Access	118	29

Self-Medication	111	27
No Time	69	17
Because I Don't Want	89	23
To Wait		
My Financial	49	12
Situation Is Not		
Sufficient		
The Hospital	46	11
Environment Annoys		
Me		
I am applying	2	1
Other	12	3

When Table 5 is examined, findings regarding the participants' last preferred health institution and reasons for applying, as well as the reasons for not applying despite needing health services, are included. It was observed that the institution where the majority of the participants last received health care was the State Hospital with 53% and 46% of these applications were made due to a new disease. 77% of the participants stated that they did not seek healthcare services even though they needed them. The most common reasons for not applying include ignoring the disease (29%), lack of access to health services (29%) and self-medicating (27%).

Table 6. Participants' thoughts about healthcare services

Which of the following definitions defines "health services" in your opinion? (You can select more than one option).

Definitions	The number of participan ts	Percentage of Participants
Being able to reach a doctor whenever I	173	42
need it. It is the service of institutions that I can apply for my urgent health needs.	166	41
It is a service that I do not use unless I have to.	56	14
It is the protection of the health of individuals, families and communities.	139	34
It is a service that I use with confidence.	119	29
It is a service provided only by the state.	22	5
It is the treatment of those who are sick.	220	54
Other	1	1

'Health promotion is the process by which people increase control over and ensure their health'. According to this definition of the World Health Organization, what can you do to improve your health? (You can tick more than one option).

Things That Can Be	The number of	Percentage of
Done to Improve Health	participan ts	
Eating Healthy	324	79
Exercising Regularly	277	68
Reading Regular Health Bulletins	71	17
Treatment Control Regarding My	222	54
Current Diseases		
Attending Health- Related Meetings	66	16
Paying Tax Regularly	23	6
Environment That Threatens Public Health	127	31
Food and Nutrition	152	37
Planning My Economic Situation	77	19
Health Promotion	66	16

In your opinion, what are the three most important elements in healthcare delivery? Please tick the 3 statements below that are most important to you.

	The	Percentage
Elements in Health	number of	of
Presentation	participan	Participants
	ts	
I Should Be Able to	184	45
Easily Receive Health		
Care Whenever I		
Need It		
I Should Be Able to	34	8
Apply to All Health		
Institutions I Want		
All Health Services	90	22
Should Be Free		
I should be able to	46	11
make an appointment		
with the doctor I want,		
at the time I want.		
I Should Not Wait in	38	9
Line at Health		
Institutions		
Everyone Should Not	18	5
Go to Every Hospital		
Who Wants, There		
Should Be a Referral		
Chain		
Total	410	100

When Table 6 is examined, the participants' definition of health care, their ideas about what to do to improve their health status, and their evaluations of the three important elements in health care delivery are seen. When participants were asked to define health services, the most preferred definitions were " Being able to reach a doctor whenever I need it." (42%) and " It is the service of institutions that I can apply for my urgent health needs" (41%). When asked what could be done to improve health, participants responded by saying healthy eating (79%), regular exercise (68%), and checking treatment for existing diseases (54%). When asked about the three important factors in healthcare, the most preferred statements were "I should be able to easily get healthcare whenever I need it" (45%), "All healthcare services should be free" (22%) and "I should be able to make an appointment with the doctor I want at the time I want" (11%).

4. DISCUSSION

When the participants were asked about the first institution they applied to when they needed health services, it was found that the highest preference was given to State hospitals (56%). Similarly, various studies in the literature show that individuals generally choose State Hospitals as their first choice when receiving health services. For example, in their studies conducted by Baykan et al. (2001) in the Gölbaşı district of Ankara province, Mayda et al. (2003) in the Düzce province, and the Southeastern Anatolia Project Regional Development Department (2003) in the GAP region, they determined that the first place patients applied to was generally state hospitals. However, in studies conducted by Senol et al. (2002) in Antalya and by Akıllı and Genç (2007), it was observed that individuals can change their preferences depending on economic and transportation opportunities and turn to private doctors or private hospitals. These findings reveal that state hospitals are widely preferred in accessing health services, but private health institutions are also an important option when opportunities allow. Participants stated the following factors as reasons for choosing the State Hospital: valid social security, being economical (cheap), easy transportation, good approach to the patient, offering extensive diagnosis and treatment options, the opportunity to be examined by a specialist, and the staff providing enlightening information and being recommended. Various studies have shown that the most important factors in individuals' hospital selection include social security, accessibility, quality of health services and expertise of doctors. For example, Tengilimoğlu (2001) stated that the proximity of the health institution and the presence of sufficient specialists in hospitals are effective in diseases that require specialization. Erdem (2007) and Ciftçi (2010) emphasized that the attitudes and behaviors of doctors and staff as well as the hygiene and cleanliness of the hospital are important in choosing a hospital. Özkoç (2013) and Işık et al. (2013) revealed that transportation facilities and hospital cleanliness are the determining factors. Doering and Maarse (2014) and Aksoy (2018) found that factors such as distance to the hospital, previous treatment experiences and social security are important in hospital preferences. Finally, Hoşgör and Gündüz Hoşgör (2019) and Korkutan (2021) similarly determined that factors such distance, as recommendation, price and health insurance are effective in hospital selection. These results reveal that, in general, individuals consider both financial advantages and the quality and accessibility of health services when choosing a hospital.

It is noteworthy that the last institution where the majority of the participants received health services was the State Hospital and that these applications were generally made due to a new illness. However, a large portion of the participants stated that they did not seek medical care even though they needed it. The reasons for this include factors such as ignoring the disease, limited access to healthcare, and self-medication. In the study conducted by Ateş et al. (2004), it was determined that 58.2% of those who could not benefit from health services did so because they did not care about the disease. In Aksoy's (2018) study, approximately three-quarters of the participants answered "yes" to the question "Are there times when you need health services but do not seek them?". Among the reasons for this situation, ignoring the disease and preferring self-treatment methods come to the fore. Disregarding the disease indicates that individuals have low health literacy and do not sufficiently understand the importance of early diagnosis. Limited access to health services poses a serious obstacle, especially for individuals living in rural areas. Also, the tendency to self-medicate, leading to inappropriate treatment methods and health can cause their problems to worsen. To prevent these situations, health education and access opportunities need to be increased.

When participants were asked to define health services, the most preferred definitions were "I can reach a doctor whenever I need" and "It is the service of institutions that I can apply for my urgent health needs." In the study conducted by Aksoy (2018), when the answers to the questions asked to define health services were examined, it was seen that the three most preferred answers were "To be able to reach a doctor whenever I need it", "To treat the sick and to ensure that those treated can continue the rest of their lives in a healthy way" and "The services of the institutions that I can apply for in my urgent health needs". These results reveal how important it is for participants to have access to health services and to receive help in emergencies, and also show that health services play a critical role in individuals' ability to maintain their quality of life and feel health security.

When asked what could be done to improve health, participants made suggestions such as eating healthy, exercising regularly, and treating and controlling existing diseases. When asked about the three most important factors in healthcare, participants preferred being able to easily receive healthcare whenever they needed it most, having all healthcare services free of charge, and being able to make an appointment with the doctor of their choice at the time they wanted. In the Aksoy (2018) study, the most frequently preferred answers to the question asked to the participants about what can be done to promote and improve health were "eating healthy", "doing regular sports", "not neglecting the treatment and check-ups related to existing diseases" and "reporting the food and nutritionrelated factors that threaten the health of the society". In addition, as a result of comparing the answers given to the question about health promotion and development with the education level, it was determined that as the education level increases, answers such as "doing regular sports", "reading regular health bulletins", "not neglecting the treatment and check-ups related to existing diseases", "reporting environmental problems that threaten the health of the community", "reporting food and nutrition-related elements that threaten the health of the community" and "planning the economic situation and allocating a budget for being healthy" are preferred with higher statistical significance. These findings show that as the level of education increases, individuals' awareness and active participation in protecting and improving their health increases (Aksoy, 2018).

5. CONCLUSIONS

When choosing health institutions, it has been seen in both previous studies and this study that cost and transportation are the primary factors. However, the problems that individuals who apply to health institutions frequently encounter include long waiting times, not being able to perform the requested tests, not being able to make an appointment at the desired times, and not being able to have the necessary medications prescribed. These problems have existed in our health system for many years. Improvements made for these chronic problems studies are inadequate has also been revealed in this study. The short duration of reports, the fact that medicines with reports can only be prescribed by specialist physicians, the fact that family physicians cannot prescribe all medicines and the fact that not all kinds of tests can be performed in family health centres are among the main reasons for the overcrowding in health institutions. It is thought that the arrangements

to be made for these simple problems will significantly reduce the density in health institutions. For example, renewing the reports of patients using prescription drugs due to chronic diseases and requiring specialist physicians to see patients on certain dates and allowing them to buy these drugs directly from pharmacies or authorizing their family physicians to prescribe them would be an important step. The pharmacy or the family doctor will be able to keep the process under control within the framework of the specialists' notes. Within the framework of current regulations, the inability to perform simple tests such as vitamins in family health centers puts unnecessary burden on state hospitals. In order to perform such simple tests, individuals should be given the right to have these tests done at family health centers at most twice a year and these tests should be performed with the approval of a physician, which will reduce the density in state hospitals. However, when making such referrals, the need for adequate equipment and personnel in family health centres should not be ignored. In Istanbul, a metropolitan city, it is of great importance to increase the number of physicians and improve the service opportunities provided in the institution due to the dense population. In addition, the public needs to be informed about the use of health services. In general, patients' disregard for their illness or their attempts to manage the process with home medications may necessitate referral to secondary or tertiary healthcare services in advanced stages. In order to prevent this situation, it is thought that seminars and training programs organized in schools will be useful.

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The authors declare that they have no conflict of interest.

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