

Factors Affecting Attendance of Healthcare Institutions

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Abstract

The purpose of this study was to investigate the beliefs and attitudes of Palestinian and Turkish citizens towards the factors affecting attendance at healthcare facilities. To this ends, the researchers have conducted a comparative cross-sectional study on the beliefs and attitudes of the citizens concerned. They administered a questionnaire in both Palestine and Turkey to collect data regarding factors that encourage people to seek sustainable healthcare at health institutions. The researchers have administered the questionnaire to 4,100 people: 2,600 from Ankara, Turkey and 1,500 from Nablus, Palestine. After its collection, the researchers conducted data analysis, using SPSS18, 0 programs. They also conducted the statistical test for frequency distributions, made a descriptive analysis and ANOVA. This study has found that there were statistically significant differences ($p < 0.05$) between Palestinian and Turkish citizens in the factors affecting their dealing with the healthcare institutions which could be attributed to their beliefs and attitudes.

Keywords: Healthcare Attendance; Belief; Attitude; Healthcare Services; Socioeconomic Factors; Political Views

Introduction

Health can be defined as the interactive relationship between humans and the surrounding environment to keep physical and psychological wellness of the individuals and the communities.¹Man's health from birth to death is affected by socio-economic determinants such as income, cultural competence, healthcare system,^{2,3}and politics.⁴⁻⁶These factors play an important role in improving the quality of health services.⁷Religion can as well protect and promote a healthy lifestyle.⁸It is well known that equity and quality of healthy life are achieved primarily by easy access to comprehensive and quality healthcare services.⁹This access can be defined as the "opportunity to identify the needs, to seek and obtain the actually needed health care services."¹⁰Beliefs and attitudes towards frequency in seeking healthcare services differ from one individual to another and from one community to another. There are factors that affect the citizen's attractiveness to healthcare institutions. Several studies have found that neither cost, geographical distance¹¹ nor the need for healthcare services^{12,13} alone explain why some people seek and consume health service frequently while others do not. For example, one study, conducted in Lagos, Nigeria, identified the major factors affecting attendance of

primary healthcare clinics. These factors were socioeconomic, psychological, and demographic.¹⁴ Another study, conducted on the factors affecting attendance of antenatal care, found that accessibility, attitudes towards antenatal care, such as waiting time, quality of care, and interpersonal relationships with the healthcare providers, played an important role in attracting attendance.¹⁵ On the level of global studies, carried out in different countries and on different ethnic minorities, it has been found that attendance of healthcare service institutions or non-attendance were determined by socio-demographic factors, health beliefs, attitudes and behaviours, human and enabling resources, healthcare providers' skills and their attitudes and healthcare systems.¹⁶ In this context, it is important to point out that the mass media, print, visual and electronic, have a considerable potential role in changing health behaviour, attitude and compliance with healthcare instructions.¹⁷ Since the health system aims primarily at restoring, protecting and improving health,¹⁸ it is considered an important aspect of the wealth of any country in the world¹⁹ like the education system, energy, health and the policy options for this state which in turn affect the development of the country at a unique level.²⁰ It leads to development of quality of life^{21, 22} and socioeconomic policy guidance to health,²³ in other words, health in all policies²⁴. Some countries strive to improve the health systems and health of their own people. France, Ireland, Sweden, Japan, Norway, Canada, Finland, USA and Turkey are cases in point.²⁵ Turkey has adopted a holistic approach to health,²⁶ and this has led to the success of healthcare reform whose slogan is "People Are First." It aims to improve the efficiency and quality of the healthcare sector by restructuring, re-organizing developing and strengthening the management functions of the ministry of health.²⁷ As a result, the equalization of the benefits package for all²⁸ has been achieved through equal screening of all Turkish citizens, prevention of diseases, use of diagnostic techniques and personalized patient treatment with suitable technologies.^{29,30} In Palestine, the political situation is one of the key determinants of health. In fact, it is almost impossible to separate health from

Despite these challenges, the Palestinian Ministry of Health has realised healthcare outcomes that are no less compatible than those of other countries in the region.³¹ Given the spatial dimension of this study (the historical relationship between Turkey and Palestine) and unique political and socio-economic conditions in both countries, the researchers have wanted to examine the attitudes and beliefs of the two communities towards the factors that affect attendance of healthcare institutions to find out where they cross and meet.

Methodology

In this study, the researchers have used "Likert-type scale model." They developed a two-part questionnaire. Part one was devoted to socio-demographic data about the participants. They included variables of gender, age, place of residence, level of education, income, health status and political views. Part two included 19 statements about the factors that were likely to affect the attendance of healthcare institutions based on participants' beliefs and attitudes. The participants were asked to grade them according to their influence on their attendance of healthcare facilities. Grading was between 0 to 10: 0 (no response) and 10 (high response). The results were evaluated within subgroups of gender, age, education level, income status, health status and political opinion. To represent both areas for comparison more accurately, two cities were selected. One represented Turkey (Ankara) and another represented Palestine (Nablus). At the time of doing this research, the population of Ankara was 5,045,083 whereas the population of Nablus was 336,380. Based on population ratios, the questionnaire was administered to the two samples in both areas: 2,600 in Ankara, and for comparison 1,500 in Nablus. The researchers received 60.4% of Ankara sample (1,570 participants) and 78% of the Nablus sample (1,171 participants). Populations of both cities were stratified according to gender, age, education, health and income. The researchers received help from Turkish and Palestinian central bureaus of statistics. The questionnaire, in Turkish and Arabic, was administered between July 2013 and March 2014 with the assistance of the Justice and Development Party, municipalities, private and public company managers/directors, Palestine Embassy in Ankara, Gazi University professors, Labor and Social Security Ministry, the Ministry of Health and other public institutions. After its collection, the data was entered into SPSS 18.0. In data analysis, the researchers made frequency distributions and descriptive analysis of sociodemographic characteristics, chi-square test for comparison of the groups according to their scores. To further examine the results, the t-test, as well as the two-way variance of analysis were used for the two independent groups. To measure the reliability of the items of the instrument, a reliability analysis revealed an alpha value for the statements concerning the participants' views of the factors affecting attendance of healthcare institutions. It was found that the reliability quotient was strong. Its value was 0.964.

Demographic Characteristic of Participants

After data analysis, it was found that 51.5% of the Palestinian participants were females and 48.5% were males. It was also found that 54.6% were 18 -35 years old and only 6.3% were 66 years and older.

Pertaining to the level of income, it was found that 50.7% of the participants made US \$ 320.51-960.57 while 29.5% participants earned US \$ 320.19 or less and close to 7% of participants said they were unemployed. Concerning the level of education, 47.7% were holders of a diploma or a higher degree while 52.3% had secondary and primary schooling. The study also found 91.8% of the participants had good and very good health status and 41.0% had a normal body mass index. Furthermore, 47.3% of the participants reported facing

health problems and nearly 45.8% of the participants were hospitalized. About 43% made visits to emergency departments in 2014. Close to 22% of participants suffered from hypertension, 19.4% had diabetes and 16.8% had depression. Finally, concerning their political views it was found that 45.3% were moderates, 21.6% conservative, 14.3% social democrats and 1.7% liberal.

In contrast, it was found that 50.1% of the Turkish participants were females and 49.9% were males. It was also found that 55.0% were between 18 -35 years old and only 1.9% were 66 years and older. Pertaining to the level of income, the study found that 51.0% of the participants earned US \$ 320.51-960.57 as opposed to 17.9% who made US \$ 320.19 or less. Only 2.7% of the participants said they were unemployed. The study also showed that 66.6% were holders of a diploma or a higher degree and 30.6% had secondary and primary education. Pertaining to their health status, 96.0% reported having good and very good health and 55.0% had a normal body mass index. Of all the participants, 44.3% reported having health problems and closer to 60% stayed in hospitals and 50.8% visited the emergency departments in 2014. More than 18% of the participants reported suffering from depression, 14.4% had hypertension, 14.2% had rheumatic disease and 13.4% diabetes. Finally, the study found 29.0% of the participants were conservatives, 14.0% moderates, 12.8% nationalists and 4.5% were liberals.

It has been noted in this study that Palestinian participants reported admission to the hospital more than 6 times with a 13.2% frequency and visits to emergency departments more than 4 times with 8.1% frequency in 2014. In contrast, the Turkish respondents had 3.2% and 4.9% frequencies respectively. This could be attributed to Turkey's significant strides in the improvement of the quality of life of its citizens over the last two decades. The Palestinians, in contrast, are living under miserable political conditions which in turn have affected the quality of their life. As a result, there was a high frequency of admission to hospitals and visits to emergency departments.

Results and Discussion

Tables 1 and 2 show the participant's beliefs and attitudes regarding factors which might affect their attendance of healthcare institutions in Turkey and Palestine. Respondents were asked to make ratings from 0 to 10: 0 is for "no impact" and 10 "has a very strong influence" on attendance of health care institutions. Values 8-10 were considered to have a strong impact, and the results were summarized accordingly. To reduce the effects of bias, the factors were randomly selected and assessed as full samples and sub-samples according to gender, education level, income, health status, and political opinion.

Factors Affecting Citizens' Attendance of Healthcare Institutions	(%)	Gender (%)		Age (%)		Education (%)			Income Level (US Dollar) (%)			Health Status (%)			Political Views (%)					
	Full Sample	Women	Men	≤ 35	≥ 36	Secondary Education	College	Graduate & Postgraduate	≤ 320.19	320.51-960.57	≥ 960.89	Bad	Good	Very good	Conservatives	Moderates	Liberals	Social Democrats	Nationalists	No Idea
Geographical proximity to health institution	65,3	71,6*	59,0	64,6	66,1	63,5	64,2	66,8	63,6	64,5	67,5	64,5	65,8	63,5	64,1	66,7	58,0	72,6	67,0	63,2
Waiting time	69,6	75,9*	63,1	70,6	68,2	65,6*	74,1	70,8	59,8*	71,0	72,7	59,0	70,6	67,5	71,6	70,1	62,0	71,5	71,4	66,7
Good staff attitude and behaviour	73,0	79,3*	66,6	70,7	75,7	71,7	77,5	72,	65,8*	73,9	75,5	73,8	73,3	71,5	74,0	74,8	66,2	71,5	74,7	71,8
Meeting the same doctor always	60,1	65,2*	55,1	57,0*	64,0	59,3	63,7	59,7	58,8	57,9	64,5	62,3	59,6	61,7	59,1	64,9	60,6	63,3	59,3	57,8
Availability of treatment	70,9	76,5*	65,3	68,9	73,4	68,1	74,8	71,6	69,4	70,8	72,0	68,3	70,6	72,7	71,4	73,2	67,1	76,4	71,1	67,5
Place of living; city, village or refugee camp	63,4	67,3*	59,4	62,4	64,6	58,6*	62,1	66,7	59,0*	62,3	67,6	65,0	62,8	65,1	63,8	65,8	62,3	68,9	62,6	59,9
Presence of human resources department in health institution	49,1	54,4*	43,7	47,2	51,4	53,4*	55,1	44,7	52,2	49,4	46,8	58,3*	47,2	54,8	47,4	50,7	40,6	57,5	53,0	46,0
Better trained healthcare workers	57,3	63,3*	51,4	55,3	59,8	57,4	58,0	57,2	56,9	57,2	57,9	61,3	56,6	59,5	55,7	59,6	59,4	64,2	59,5	53,7
Presence of performance evaluation system	53,5	57,9*	49,1	53,0	54,1	53,7	59,1	51,8	55,5	53,6	52,2	58,1	52,3	57,0	54,2*	55,8	44,9	60,1	58,3	47,9
Regulations concerning the transport of patients from hospital to home or opposite	61,5	67,4*	55,7	61,2	62,0	60,0	64,6	61,7	62,2	62,8	59,1	69,4	61,4	60,5	62,7	58,4	57,1	67,0	63,3	59,5
Offering information about treatment time, dose and side effect.	63,5	71,1*	55,7	63,6	63,3	65,9	64,1	61,8	63,3	65,1	60,9	72,6	63,8	60,5	60,9	65,8	62,3	66,1	67,5	62,2
Patient/family education	67,1	72,4*	61,7	67,6	66,4	66,1	69,3	67,1	65,7	68,8	65,1	67,7	66,2	70,5	65,8	65,6	65,2	73,6	71,9	64,5
Presence of infection prevention guidelines in health facilities	60,2	66,5*	53,7	61,2	58,9	61,6*	68,0	57,1	61,1	61,8	57,0	58,1	60,1	61,0	57,3	59,4	56,5	63,7	63,8	61,0
Adoption of international prevention standards	63,0	69,5*	56,4	63,8	61,9	63,7	66,2	61,6	63,1	63,8	61,6	67,2	62,1	65,6	60,2*	58,8	68,1	73,7	66,3	61,2

Applying cleaning and disinfection procedures in the health facilities to minimize contamination	68,4	77,1*	59,5	68,5	68,3	68,0	74,5	66,9	65,6	68,7	69,4	67,2	68,2	69,3	65,9	72,4	67,2	71,9	67,0	68,1
Storage of clean and dirty materials in separate locations	75,3	82,7*	67,8	74,3	76,5	74,5	81,0	74,3	71,5	76,1	76,2	70,5	75,7	74,9	75,3	79,6	77,6	75,3	72,5	74,0
Presence of health institutional mission	62,0	67,1*	56,8	60,6	63,7	62,9*	73,1	58,4	58,5	64,4	60,1	71,2	61,9	60,7	60,0	67,4	59,7	64,9	62,9	59,9
Implementation of quality improvement programs	67,3	72,2*	62,4	66,1	68,9	65,4	74,2	66,6	61,6	68,9	68,0	70,5	67,1	67,4	66,7	69,2	65,7	72,9	65,5	65,7
Employees' awareness of quality improvement programs	65,8	71,9*	59,5	65,6	66,0	66,1*	73,4	63,5	60,9	67,7	65,3	77,0	66,1	62,4	62,0	67,1	59,7	71,8	66,5	67,2

*P < 0.05

Table 1 shows beliefs and attitudes towards the most effective factors in attracting the Turkish participants in sustainable dealing with Turkish health institutions. About 73% of them were attracted by health care providers' separation of clean materials from dirty materials, 73.0% were attracted by good staffers' attitude and behaviours, 70.9% by availability of medication, 69.6% by waiting time and 68.4% by application of cleaning and disinfection procedures in the health facilities to minimize contamination, regardless of gender, age, level of education, income, health status and political affiliation/background.

However, when it came to subgroup answers, based on their demographic characteristics, it was found that 75.3% of the Turkish participants believed that the good handling of clean and dirty materials was the most effective factor attracting them to deal with the health institutions as opposed to 73.8%, who had poor health and preferred good staffers' attitude and behaviours. When it came to political affiliation, 76.4% of social democrats gave priority to the availability of drugs while 75.3% to separation of clean materials from dirty materials. In contrast, 74.7% of the nationalists preferred good staffers' attitude and behaviours as opposed to 72.5% who liked good handling of clean and dirty materials.

As we can see, good staffers' attitude and behaviors ranked second when it came to maintaining the sustainability of dealing with health institutions. In contrast, for 76.4% of the social democrats and 67.1% of liberals, availability of drugs ranked second. Good staffers' attitude and behavior, were valued by 71.5% of the social democrats and 66.2% of liberals. Moreover, 71.9% of the social democrats believed that applying disinfection procedures, had priority while 72.9% believed that the implementation of quality improvement programs had priority and 73.7% said that patient and family education should have priority. Pertaining to good staffers' attitude and behaviours, 71.5% of the participants said it had priority.

It is worth noting here that 72.7% of the Turkish citizens who self-reported "very good health" and 69.4% of those who earned ≤ 320.19 US dollars gave second priority to the availability of drugs. In contrast, 71.5% of the former group and 65.8% of the latter group gave second priority to good staffers' attitude and behaviour.

Turkish participants gave the availability of medications third rank in playing an important role in maintaining the sustainability of dealing with a health institution. In contrast, 77.1% of the female participants gave applying disinfection procedures a high score as opposed to 76.5% who gave first priority to the availability of drugs.

Pertaining to waiting time factor, 70.6% of the Turkish participants, aged ≤ 35 years old and earned between 320.51-960.57 US dollars, believed that waiting time affected their attendance of health institutions. However, 68.9% of the former group (less than 35 years old) said that the availability of drugs affected their decision to visit health institutions as opposed to 70.8% of the latter group, earning 320.51- 960.57 US dollars, which believed that drug availability affected their decision to seek treatment in health institutions.

What is so noticeable here is that 77.0% of the participants whose self-reported "poor health" believed that employees' awareness of quality improvement programs attracted their attendance of healthcare institutions as opposed to 68.3% who said that the availability of drugs determined their visits to healthcare facilities. Concerning the waiting time factor, 71.6% of the conservatives and 71.4% of nationalists said that it determined their visits to health facilities as opposed to 71.4% and 71.1% who attributed their frequent visits to them to the availability of drugs, respectively.

Table 1 shows statistically significant differences within the Turkish respondents' beliefs and attitudes toward the factors affecting the continuous consumption of health institution services. The differences could be attributed to the sex variable and were in favor of women. About 71.6% of Turkish women believed that geographical proximity, as opposed to 75.9% who said that waiting time, was behind their continued consumption of health institutions' services and 65.2% who said that meeting the same doctor affected their continuity of getting health care service. In contrast, 59.0% of Turkish men said that the geographical proximity determined their regular visits to health facilities while 63.1% said that waiting time was behind their regular visits to health institutions for treatment by the same doctor and 55.1% said that meeting the same doctor made them take the decision to go to health facilities.

There were also statistically significant differences in Turkish participants' attitudes towards the continuous consumption of health institutions' services which could be attributed to the age variable. As Table 1 shows, 57.0% Turkish respondents, aged ≤ 35 years old, believed that meeting the same doctor affected their attendance of healthcare institutions as opposed to 64% of respondents aged ≥ 36 years old.

Furthermore, Table 1 shows statistically significant differences in the respondents' education levels concerning waiting time, place of living, the presence of the human resources department in the health institutions, the presence of infection prevention guidelines, institution mission's and awareness of employees for quality programs. For example, 58.6% of the participants who had a high school education believed that the place of living affected their continuity in seeking health care services as opposed to 62.1% who had a college education and 66.7% who had undergraduate and graduate education.

It was also found that there were statistically significant differences between respondents concerning good staffers' attitude and behaviour, waiting time and place of living which could be attributed to the level of income. It was found 65.8% of the participants, earning less than or equal to 320.19 US dollars, believed that the good staffers' attitude and behavior would play a role in their decision to seek health service in comparison with 73.9% whose income was between 320.51-960.57 US dollars and 75.5% whose income was more than or equal to 960.89 US dollars.

Pertaining to the self-reported "bad, good and very good health status," the researchers found statistically significant differences in the participants' attitudes towards the importance of the presence of a human resources department in the health institution. About 58.3% of those who

self-reported “bad health,” said that it was an encouraging factor as opposed to 47.2% who self-reported good health and 54.8% who self-reported very good health.

The political views of Turkish participants have also revealed a disparity in responses toward factors affecting attendance of healthcare institutions. About 54.2% of the conservative participants believed that the presence of performance evaluation system affected their attendance of healthcare facilities as opposed to 55.8% of moderates, 44.9% of liberals, 60.1% of social democrats and 58.3% of nationalists.

Table 2. Beliefs and Attitudes of Palestinian Citizens Towards Factors Affecting Their Attendance of Healthcare Institutions

Factors Affecting Citizens' Attendance of Healthcare Institutions	(%)	Gender (%)		Age (%)		Education (%)			Income Level (US Dollar) (%)			Health Status (%)			Political Views (%)					
	Full Sample	Women	Men	< 35	≥ 36	Secondary Education	College	Graduate & Postgraduate	≤20,19	320.51-960.57	≥960.89	Bad	Good	Very good	Conservative	Moderate	Liberal	Social Democrats	Nationalist	No Idea
Geographical proximity to health institution	64,4	70,8*	57,6	62,8	66,4	61,8	71,4	65,4	66,5	63,8	62,8	62,9	66,3	61,3	62,8	68,1	55,0	62,9	71,4	56,0
Waiting time	64,8	67,3	62,1	63,7	66,2	60,5*	73,8	67,7	65,9	63,6	66,2	71,1	64,6	63,7	60,1	69,1	65,0	65,9	65,7	57,2
Good staffers' attitude and behaviour	71,8	78,6*	64,6	68,2*	76,1	68,2*	78,0	74,8	72,5	70,0	75,3	73,2	71,9	71,3	70,0*	77,0	80,0	70,7	62,9	60,2
Meeting the same doctor always	58,8	63,8*	53,3	56,2	61,8	57,5	62,5	59,0	62,7	55,4	61,5	59,8	57,9	60,0	55,3	62,5	55,0	58,1	54,3	54,2
Availability of treatment	78,0	82,4*	73,4	74,6*	82,1	75,8	83,1	79,2	77,8	77,0	81,1	83,2	77,0	78,6	76,9*	83,2	78,9	79,0	76,5	61,8
Place of living; city, village or refugee camp	58,2	64,9*	51,0	58,2	58,2	54,2*	64,0	61,8	62,3	56,2	57,2	56,4	59,3	56,5	58,0	60,6	47,4	61,5	50,0	50,3
Presence of human resources department in health institution	59,8	65,5*	53,6	58,2	61,6	58,6	63,6	60,0	64,3	58,3	56,7	65,6	59,6	58,6	59,4	61,3	63,2	61,4	55,9	54,1
Better trained healthcare workers	69,6	74,4*	64,5	66,3*	73,5	67,3*	78,9	69,1	69,3	68,8	71,9	65,3	68,3	73,0	71,8	71,8	70,0	69,7	62,5	60,1
Presence of performance evaluation system	64,4	68,8*	59,7	61,0*	68,5	60,7*	71,3	67,0	65,6	63,2	65,5	71,3	62,2	66,6	62,6	67,6	68,4	65,8	67,6	54,2
Regulations concerning transport of patients from hospital to home or the other way round	67,0	72,3*	61,4	65,9	68,3	65,4	71,5	67,5	73,2*	65,0	63,0	70,5	66,7	66,7	66,4*	71,7	70,0	69,3	50,0	53,2
Offering information about treatment time, dose and side effect.	68,1	73,3*	62,5	67,8	68,4	66,2	72,6	69,0	71,1	67,7	64,5	69,1	68,0	67,9	65,6*	73,2	75,0	71,3	54,3	54,2
Patient/family education	73,3	79,7*	66,6	72,4	74,4	71,5	75,6	75,3	74,2	72,5	74,1	74,2	72,3	75,1	70,6*	77,7	65,0	77,2	64,7	62,1
Presence of infection prevention guidelines in health facilities	70,6	76,2*	64,7	69,1	72,4	68,3	75,2	72,2	72,4	70,0	69,6	66,3	70,4	72,0	68,1*	75,6	65,0	72,5	55,9	60,1
Adoption of international prevention standards	68,7	74,9*	62,2	65,7*	72,4	67,4	73,8	68,6	73,2	66,7	67,1	71,3	68,5	68,5	68,4*	72,4	70,0	70,7	58,8	56,9
Applying cleaning and disinfection procedures in the health facilities to minimize contamination	71,5	75,9*	67,0	67,3*	76,6	69,0*	80,8	71,5	73,2	71,5	69,2	74,7	71,0	71,7	69,0*	75,5	75,0	73,0	58,8	63,4
Storage of clean and dirty materials in separate locations	72,8	77,9*	67,3	69,8*	76,4	70,3*	80,7	73,3	77,1	70,7	71,7	76,0	73,1	71,5	75,5*	76,2	70,0	73,5	70,6	57,7
Presence of health institutional mission	65,0	73,0*	56,5	62,1*	68,4	64,2	69,3	64,4	69,7*	61,6	66,5	68,8	66,1	61,9	65,6	66,5	65,0	69,1	61,8	55,5
Implementation of quality improvement programs	68,0	75,1*	60,5	64,8*	71,9	66,5	73,5	68,1	72,6	66,6	64,9	67,7	67,2	69,6	69,8	68,9	60,0	72,3	61,8	60,7
Employees' awareness of quality improvement programs	68,3	73,7*	62,5	65,9	71,2	68,0	72,9	66,8	71,8	66,3	68,4	68,8	67,4	69,9	72,2	68,1	60,0	72,3	55,9	62,6

*P < 0.05

Table 2 showed beliefs and attitudes of Palestinian citizens towards the factors affecting their attendance of healthcare institutions. It was found that 78% of Palestinian participants believed that the availability of medicines affected their attendance; 73.3% said that patient and family education about disease and treatment affected their attendance, 72.8% said that storage of the clean and dirty material separately had an effect on their frequent visits, 71.8% said the medical staffers' attitude and behaviour determined their attendance and 71.5% believed that applying cleaning and disinfection procedures in the health facilities to minimize contamination was the most important factor that affected their purchase of health services.

Palestinians shared each other regardless of gender, age, education, income level, health status and political views. The only exception was the liberals who believed that the availability of drugs was the most important factor in keeping near distance with healthcare institutions. The political instability in the country and the poor resources available pose many challenges for public health institutions as it is difficult to maintain a good level of pharmaceutical services provided to patients due to Israel's severe restrictions on movement from one area to another.³² Liberals had a different opinion; 80% of them believed that good staffers' attitude and behaviour were the first priority which motivated them to continue dealing with healthcare institutions in comparison with 78.9% who believed the availability of drugs was the first priority. In this context, in the eighteenth-century, liberalism advocated a universal humanitarian morality to substitute peaceful behaviour for violence, good faith for fraud and overreaching and considerateness for malice.³³

The Palestinian subgroups differed in attitudes and beliefs from the total sample. The patient/family education in the beliefs and attitudes of a full Palestinian sample ranked second in terms of affecting the continuous purchase of health services. About 76.5% of participants, aged ≥ 36 , believed that applying cleaning and disinfection procedure had the first priority as opposed to 72.4% who said that patient/family education had top priority. Around 74.2% of the participants, earning ≤ 320.19 US dollars, said that patient and family education about disease and treatment attracted them to the healthcare institutions. In contrast, more than 77% of the participants believed the process of storage and handling of medical related materials and waste affected their frequent visits to these institutions. It was also found that 75.3% of the participants, earning ≥ 960.89 US dollars, believed that good staffers' attitudes and behaviour affected their attendance of healthcare facilities while 74.1% said that patient and family education's about the disease and treatment determined their visits to healthcare institutions. About 76.0% and 74.2% of self-reported "bad health" Palestinian participants respectively gave second priority for the storage and handling of clean and dirty materials and patient and family education for frequent attendance of healthcare institutions.

It was found that 75.5% of conservatives, 70.0% of liberals and 70.6% of nationalists believed that storage and handling of medical materials and waste affected their attendance of healthcare institution as opposed to 70.6% of conservatives, 65.0% of the liberals and 64.7% of the nationalists who ranked patient and family education less.

Of all the Palestinian participants, 72.8% ranked third the storage of clean and dirty materials in separate locations as a factor behind making regular visits to the healthcare institutions. However, female participants, holding undergraduate and graduate degrees, had a different attitude; 78.6% of them ranked third good staffers' attitude and behaviour as opposed 74.8% who ranked third, storage of clean and dirty materials in separate locations as opposed to 77.9% and 73.3% female participants, holding undergraduate and graduate degrees respectively. It was also found that 71.5% of the participants, earning 320.51-960.57 US dollars, believed that applying cleaning and disinfection procedures in the health facilities to minimize contamination affected their attendance of healthcare institutions in comparison with 70.7% who said that good storage of clean and dirty materials in separate locations played a role in their attendance of healthcare facilities. Pertaining to those earning ≥ 960.89 US dollars and had moderate political views, it was found that 75.3% and 77.0%, respectively believed that good staffers' attitude and behaviour affected their attendance of healthcare institutions. In contrast, 71.7% of the former group and 76.2% of the latter group said that storage of clean and dirty materials in separate locations played a role in their attendance.

Furthermore, close to 72% of the Palestinian participants said that that good staffers' attitude and behaviour was the fourth attracting factor that kept them continuously deal with healthcare institutions. The Palestinian respondents had different attitudes depending on their demographic distribution. For example, 68.2% of participants, aged ≤ 35 , believed that good staffers' attitude and behaviour affected their attendance as opposed to 69.1% who said the presence of infection prevention guidelines in health facilities had an effect on their attendance. Moreover, 72.5% of the Palestinian respondents, earning ≤ 320.19 US dollars, believed that good staffers' attitudes and behaviour were an attractive factor for continuity of attendance of healthcare institutions, while 73.2% said that the adoption of international prevention standards and applying cleaning/disinfection procedures in health facilities to minimize contamination factors played a role in their attendance of health facilities. It was also found that 73.0% and 72.0% of the Palestinian participants, who self-reported good and very good health status, believed that well-trained healthcare workers and presence of infection prevention guidelines in health facilities had more priority in affecting their attendance of the healthcare institutions as opposed to 71.3% who said that good staffers' attitudes played a role in their regular attendance of these institutions.

Pertaining to the role of political beliefs of the participants, 72.2% and 71.8% of conservative Palestinians believed that employees' awareness of quality improvement programs and well-trained healthcare workers affected their attendance of health care facilities as opposed to 70.0% who said good staffers' attitude and behaviour had an effect on their frequent visits of these facilities. In contrast, 73.0% of social democratic Palestinian respondents believed that applying cleaning and disinfection procedures in the health facilities to minimize contamination motivated them to frequent healthcare facilities in comparison with 72.5% who said that the presence of infection prevention guidelines in health facilities made them frequent them; 72.3% attributed their frequent visits to these facilities to employees' awareness of quality

improvement programs and 70.0% said that good staffers' attitude and behaviour had an effect on their regular attendance of these facilities.

As Tables 1 and 2 show, Palestinian women met their Turkish counterparts concerning the factors affecting their attendance of healthcare institutions. However, there were statistically significant differences when compared with their fellow Palestinian men. For example, 64.9% of Palestinian women said that the place of living affected their regular attendance of health facilities as opposed to 70.8% who said that geographical proximity to health institution determined their regular visits to them and 72.3% who attributed their frequent visits to the presence of a health institution mission. This was in contrast to 51.0%, 57.6% and 61.4% for men respectively.

Table 2 also shows, statistically significant differences in Palestinian participants' beliefs and attitudes regarding age as a determinant factor of presence of performance evaluation system, implementation of quality improvement programs, adoption of international prevention standards, applying cleaning and disinfection procedures in the health facilities to minimize contamination, good staffers' attitude and behavior and availability of treatment affecting their attendance of healthcare institutions with a score higher for those whose ages were equal or more than 36 years.

For example, 61.0% and 64.8% of Palestinian respondents, ≤ 35 years old, believed that performance evaluation system and implementation of quality improvement programs affected their attendance as opposed to 68.5% and 71.9% of respondents, aged ≥ 36 years

The study statistically revealed significant differences, due to education levels and place of living (city, village or refugee camp,) in scores of presence of performance evaluation system, waiting time, applying cleaning and disinfection procedures in the health facilities to minimize contamination, good staffers' attitude and behaviour and storage of clean and dirty materials in separate locations. The differences were found to be in favor of diploma holders. For example, 54.2% of participants who had secondary school education believed that the place of living (city, village or refugee camp) affected their attendance of healthcare institutions as opposed to 64.0% of diploma holders and 61.8% of undergraduate and graduate degree holders.

There were also statistically significant differences among the Palestinian participants concerning the factors affecting their attendance of healthcare institutions which could be attributed to the income level. Furthermore, 69.7%, 61.6%, 66.5% of respondents, whose income level was ≤ 320.19 , $320.51-960.57$ and ≥ 960.89 US dollars, attributed their attendance of health institutions to the presence of health institution mission in comparison with 73.2%, 65.0% and 63.0% of respondents, earning ≤ 320.19 , $320.51-960.57$ and ≥ 960.89 US dollars, who attributed their frequent visits to the regulations of transporting patients from home to hospital.

About 83.2% of the Palestinian participants who self-reported "bad health status," said that the availability of treatment was the first factor which played an important role in encouraging

their attendance of healthcare institutions as opposed to 77.0% who self-reported “good health status” and 78.6% who self-reported “very good health status.” However, there were no statistically significant differences among their responses.

Pertaining to the political views of Palestinian respondents, it was found that there were statistically significant differences in their attitudes towards availability of treatment, patient and family education, storage of clean and dirty materials in separate locations, good staffs’ attitude and behaviour, applying cleaning and disinfection procedures in the health facilities, to minimize contamination, presence of infection prevention guidelines in health facilities, adoption of international prevention standards, offering information about treatment time, doses, effectiveness and side effects and regulations concerning the transport of patients from hospital to home or the other way round. For example, 66.4% of the conservatives, 71.7% of the moderates, 70.0% of the liberals, 69.3% of the social democrats and 50.0% of the nationalists believed that the regulations concerning the transport of patients from hospital to home or opposite affected their decisions to frequent healthcare institutions

On examining the results of hypothesis, testing the beliefs and attitudes of the Palestinian and Turkish participants, regarding factors affecting attendance of healthcare institutions, the following results were found.

H1: There are differences between Palestinian and Turkish citizens in their beliefs and attitudes towards the factors affecting their attendance of healthcare institutions and receiving services

Table 3. Palestinian and Turkish citizens’ beliefs and attitudes towards factors affecting frequency of attendance of healthcare institutions and receiving services

Factors Affecting Attendance of Health Care Institutions	Country	n	Average	Standard Deviation	T	P-Value
	Turkey	1,561	1.6378	0.31825	-2.781	0.005*
	Palestine	1,171	1.6725	0.32752		

*p < 0.05

Independent-Samples T test was used to test whether there was a difference between living in Turkey and living in Palestine in terms of beliefs and attitudes towards factors affecting the frequency attendance of healthcare institutions and receiving services. As Table 3 shows, there were statistically significant differences at (p < 0.05). Therefore, Hypothesis1 was accepted.

The researchers can say that the cultural syndrome of belief and attitudes of citizens in both countries was expressed in a unique manner when searching for factors behind their continuity of dealing with health institutions.

We all know that belief (knowledge) consists of the environment and experiences that we live. The environment we live in, culture, demographic characteristics, like gender, age,

educational level, income level, health status, political stability and political trends of decision-makers in a society, all play a role in shaping the bases of people's beliefs or knowledge. These beliefs allow people to adopt attitudes towards things or events. Therefore, the reaction to this position floats on the surface through behaviour, which in turn reflects our attitudes and our beliefs. In the words of Abelson and Prentice(1989) "attitude is an evaluative belief." These beliefs and attitudes towards health and health care institutions take a pigment from birth to death due to the effects of culture, environment and socio economic conditions people live in.

The study results showed the belief of Turkish citizens that the handling and storing of the clean and dirty materials, medical staffers' attitudes and behaviours, availability of drugs and waiting time were the most influential factors determining citizen's decision to purchase of healthcare services. In contrast, the attitudes and beliefs of Palestinians citizens have shown that drug availability was the top priority, patient and family education about the treatment was the second priority while the handling and storing of clean and dirty materials occupied third rank and finally, the infection prevention guidelines factor ranked fourth in influencing the health service uptake.

These study results also concur with the findings of other studies carried out in other countries and among different ethnic minorities. It was found that the attendance of healthcare facilities or non-attendance was affected by several factors: socio-demographic variables, health beliefs, attitudes and behaviours, human and enabling resources, healthcare providers' skills and their attitudes and healthcare systems.¹⁶ confusing number In addition, the responses of the participants in this study revealed the awareness of citizens in both countries about the constructive and attractive factors dealing with the health system.

Political views in this study were found to play an important role in choosing the factors affecting attendance of healthcare institutions and consumption of their services. This result is not surprising as health is political as it is a human right and it is affected by economic, social and political systems. Therefore, changing the health system requires political sensibility and political contention.³⁵

In conclusion, these factors, affecting positive continuity between health institutions and citizens, reflect the social and political circumstances people live in. Therefore, this study has illustrated the impact of political and socioeconomic factors in shaping the beliefs and attitudes of the individuals and communities regarding health care uptake. In addition, the health service uptake behaviours show the importance of integration of political, social and economic systems. These are considered the pillars in the constitution of countries' health agenda. This would in turn decrease inequality in the provision of health services to the citizens and promote quality of healthcare services.

Competing Interests Statement:

We declare that we have no significant competing financial, professional or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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Data Sharing Statement

"Supporting data is available on request. Please contact w.menawi@najah.edu."

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Wafa Menawi participated in planning the study, collecting the data, conducting the analyses and writing the article. D. Güleç. participated in translation and monitoring of the language in Turkish.

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