A Qualitative Study to Explore the Perceptions of Health-Care Professionals on the Use of Dialogic Communication Tools in Health Institutions

Sağlık Çalışanlarının Sağlık Kurumlarında Diyalogsal İletişim Araçlarının Kullanımıyla İlgili Algılarının Keşfine Dönük Nitel Bir Çalışma

Mutlu Doğan
GÜLLÜPUNAR [ID]

Sağlık Bakanlığı Isparta İl Sağlık Müdürlüğü, Isparta, Türkiye

ABSTRACT

Today's corporate organizations focus on two-way communication with their target audiences. This is also one of the criteria for the institutionalization of an organization because the developments in communication technologies force organizations to communicate with their target audiences based on continuous interaction. New communication technologies have increased the likelihood of businesses or organizations facing crises and created opportunities to overcome them. For this reason, corporate enterprises, institutions, or organizations prioritize being in constant dialogue with their environment. This study deals with the perceptions of Isparta Provincial Health Directorate employees about the dialogue tools of public health institutions in Isparta through qualitative research. Public health institutions use applications and tools that allow dialogic communication, such as Ministry of Health Communication Center, Presidential Communication Center, social media accounts, corporate web pages, and Central Hospital Appointment System, with the use of Internet or telephone technology. In the research, 12 people were interviewed using the purposive sampling method. Participants' perceptions about dialogue tools were examined in five different basic dimensions. These dimensions are the perception of trust, the perception of privacy protection, the perception of timely access to health services, feedback, and transparency. The results generally showed that the participants did not have sufficient knowledge about the dialogue tools used by public health institutions because the opinions expressed were generally within the framework of general opinions. It was not possible to make an in-depth evaluation of the dialogue tools.

Keywords: Dialogic communication, health institutions, new communication technologies, dialogic tools, Isparta

ÖZ

Günümüz kurumsal örgütleri, hedef kitleleriyle yürüttükleri iletişimde iki yönlülüğe ağırlık vermektedirler. Bu aynı zamanda bir örgütün kurumsallaşması kriterlerinden biridir. Çünkü iletişim teknolojilerindeki gelişmeler kurumları hedef kitleleriyle sürekli etkileşime dayalı bir iletişim için zorlamaktadır. Yeni iletişim teknolojileri işletme ya da kurumların hem krizle karşılaşması olasılığını artırmıştır hem de krizlerin üstesinden gelebilmek için fırsatlar yaratmaktadır. Bu nedenle kurumsal işletmeler, kurum ya da kuruluşlar çevreleriyle sürekli diyalog içinde olmayı öncelikli hedefleri arasına almaktadırlar. Bu çalışma Isparta İl Sağlık Müdürlüğü personelinin Isparta'daki kamu sağlık kurumlarının diyalog araçlarıyla ilgili algılarını nitel bir araştırmayla ele almaktadır. Kamu sağlık kurumları internet ya da telefon teknolojisinin kullanımıyla SABİM, CİMER, Sosyal Medya Hesapları, Kurumsal Web Sayfaları ve MHRS gibi diyalogsal iletişime imkan veren uygulama ve araçlar kullanmaktadır. Araştırmada amaçlı örneklem yöntemiyle 12 kişiyle görüşülmüştür. Katılımcıların diyalog araçlarıyla ilgili algıları beş ayrı temel boyutta incelenmiştir. Bu boyutlar güven algısı, mahremiyetin korunması algısı, sağlık hizmetine zamanında erişebilme algısı,

geribildirim ve şeffaflıktır. Sonuçlar genel olarak katılımcıların kamu sağlık kurumlarının kullandığı diyalog araçlarıyla ilgili yeterli bilgiye sahip olmadığını göstermiştir. Çünkü dile getirilen görüşler genellikle katılımcıların genel kanaatleri çerçevesinde olmuştur. Diyalog araçlarıyla ilgili derinlemesine bir değerlendirme yapma imkânı olmamıştır.

Anahtar Kelimeler: Diyalojik iletişim, sağlık kurumları, yeni iletişim teknolojileri, diyalojik araçlar, Isparta

Introduction

One of the most critical debates in corporate communication today is whether dialogue-based communication between the institution and its target audience can be established. Historically, organizations as an organized structure have had a dominant position in communication with their target audiences. They have the power to direct their target audience in the way they want and to persuade them to accept organizational outputs. The stage of communication technologies, the transformation of information into a phenomenon that people can access more efficiently, and the establishment of a legal order in which individual rights are more protectable have caused organizations to adopt an equal relationship in their communication with their target audiences. Therefore, the last phase of this form of communication between organizations and their target audiences is defined as the two-way symmetrical model in the four-way public relations model put forward by Grunig and Hunt. This model represents an understanding based on reciprocity between the organization and its target audience (Peltekoğlu, 2016, p. 96). Symmetric communication is a communication process that takes place within democratic conditions based on the creation of a common ground between the organization and its target audience (Sharpe, 2000, p. 350).

The principle of reciprocity aims to ensure that both the source and the receiver of communication are on an equal footing. This also allows a dialogic process to operate on both sides of the communication. Dialogue has the meanings, "To hold a dialogue or conversation, especially with another person; to communicate by speech or writing"(OED, 2023), "mutual conversation, listening to each other, mutual exchange of ideas and ideas for the purpose of reviewing differences of opinion" (Lognmen Metro, 1993, p. 385), and "mutual conversation" and "agreement, adaptation, working in this way" (TDK, 2023). According to Buber (1985), dialogue is a goal for one communication side to understand the other. It emphasizes the concepts of reciprocity, participation, and openness (Kent & Taylor, 2002, p. 22).

At the institutional level, dialogue is a process that requires the institution to be open to the thoughts, actions, and comments of its target audiences and to focus on mutual benefit (Şentürk & Selvi, 2019, p. 18). For this, unlike traditional communication methods, technology is needed to ensure the flow of communication from the target audience to the organization. In this sense, Web 2.0 stands out with its interactive and dialogic aspects (Grunig, 2009, p. 7). Both the source and the receiver in communication are active in content production. These contents are transmitted mutually (Boztepe, 2014, p. 33). This transmission can take place simultaneously or at different times, thanks to internet technology (Muckensturm, 2013, p. 15).

Conducting corporate communication with a dialogical approach is closely related to the communication behavior of the institution from the past to the present. In this respect, on one side of the dialogic communication to be established between the institution and its target audience are the institution's employees, representing the institutional behavior, and on the other side are the target audiences of the institution. This study is qualitative research conducted to explain the perceptions of health workers in Isparta about the communication carried out by public health institutions with dialogic communication tools. Success in dialogic communication is based on the awareness of these tools by the employees of the institution and their effective use because dialogic communication allows health-care professionals to educate health service recipients, learn their reactions to treatment, monitor the changing conditions of service recipients, and answer questions (Harris et al., 2022).

Field Studies on Dialogic Communication

Looking at previous research, dialogic communication is generally discussed in connection with corporate social responsibility, digital technologies, and business crises. The prominent issue in the articles prepared within the framework of corporate social responsibility is the relations with internal staff and customers. In a study, it was examined how customers evaluate the corporation in programs where the corporate social responsibility program is implemented with a bottom-up hierarchy within the company. Customers perceived the existence of corporate-employee dialogic communication at a higher level in bottom-up corporate social responsibility programs compared to corporate social responsibility programs implemented with a top-down hierarchy within the company. This perception caused customers to have a positive attitude towards the company, purchase intention, and a behavioral tendency to support corporate social responsibility practices (Kim et al., 2023, p. 1). Another study on the effects of corporate social responsibility (CSR) and dialogic communication with internal staff was conducted with an online survey method and with the participation of 660 people. The study revealed both relational and behavioral benefits of CSR for both CSR dialogic communication and managers' behaviors that facilitate employees' participation in CSR. This is because the development of a mutual and reciprocal relationship between employees and the organization limited their negative discourse towards the organization and encouraged positive discourse. This study has therefore provided strategic insights for organizational leaders and public relations professionals on how to effectively create an engaged and supportive workforce when it comes to CSR initiatives (Song & Tao, 2022, p. 10).

One study examined the effect of consumers' perceptions of corporate social responsibility on their intention to engage in dialogic communication with the company. The results of the study showed that there is a significant relationship between corporate social responsibility activities and consumers' intentions to engage in dialogic communication with the company. In other words, the study found empirical evidence that when consumers perceive a company as socially responsible, they are more likely to engage in dialogic communication with that company.

The study also showed that consumers' perceptions of a company's corporate social responsibility increase their identification with the company. This finding suggests that customer–company identification leads to customers' intentions to engage in dialogue. Therefore, the study showed that there is a strong relationship between customers' identification with the company and their company-preferring behaviors, such as communicating product or service improvement ideas and contacting the company about potential problems (Hong et al., 2010, pp. 197–198). In another study, customers' brand trust was examined in the context of monological and dialogic social responsibility activities. In the study, it was concluded that the dialogic social responsibility communication strategy was significantly more effective than monological communication strategies in terms of consumers' brand trust, purchase intentions, and positive word-of-mouth communication (Dai & Reich, 2022, p. 231).

Another study on corporate social responsibility and dialogic communication was conducted in the context of environmental companies. This study groups 106 petrochemical companies in terms of their environmental practices and looks at the relationship between dialogic communication and corporate social performance. The companies are divided into four groups (green, gray, toxic, and neutral) in terms of environmental and social responsibility. Therefore, the study concludes that green companies are more likely to facilitate dialogic communication and that company size positively affects the propensity for dialogic communication (Uysal, 2018, p. 100). Accordingly, environmentally friendly companies give more importance to dialogic communication with both employees and customers. At the same time, when a direct proportion is established between the size of the company and its institutionalization, it can be said that institutionalized companies have a vast network of responsibility in their relations with society. This may make companies more socially responsible, and as a result, they may give more priority to dialogic communication.

It can be said that the intensification of studies on the concept of dialogic communication is closely related to the development of Internet technology. In this respect, one of the issues addressed in many of the studies on dialogic communication has been social networks and digital technology. Social media, in other words, social networks, are one of the platforms that companies use to establish dialogic communication with their target audiences. In a study, the link between the communication content and style produced by international companies with different cultural backgrounds and the reactions of their customers, such as likes and retweets, was analyzed. In this context, two global companies of Chinese and German origin were analyzed on Sina Weibo, one of China's largest social networking sites. The study examined the valuable content produced by these companies to enhance dialogic communication and their culturally influenced communication styles. The results show that both German and Chinese companies share similar content about products/services, corporate attractiveness, and relationship building, and there is no significant difference in communication styles. However, the public was more receptive to the content related to products/services shared by German companies and responded more to the content related to corporate attractiveness for Chinese companies. The public tended to respond more positively to individualistic communication messages produced by German companies than collectivist communication messages produced by Chinese companies (Ngai et al., 2020, p. 1). Therefore, a more

emotional evaluation is made about the outputs of the Chinese company with a cultural influence.

In a study on corporate communication management in social networks, the basic dimensions of dialogic communication were conceptually defined. According to the study, five basic dimensions were identified: "active presence," "interactive attitude," "interactive resources," "responsiveness," and "conversation" (Capriotti et al., 2021, pp. 46–47). These dimensions determine the course of action of an organization that wants to establish dialogic communication with its target audiences through social networks. Another study on social networks is related to the importance of conscious communication on these platforms. The study examined two companies in the German food industry in the context of holistic, dialogic corporate communication. The results show that social media is the right and economical tool to reach a target group of conscious consumers. It is also concluded that a successful social media post encourages interaction with online and offline users (Veldung et al., 2022, p. 69). Another research was conducted in Indonesia with a sample of closed groups. The study concluded that the use of information communication technology such as WhatsApp groups improves the ability to create a positive relationship between the company and its target audience. Furthermore, the results showed that these groups could produce a chance for harmonization of the differences between the company and its target groups (Nurjanah, 2017, p. 334).

Crises are situations that occur unexpectedly and have negative consequences for the organization. Communication is one of the most critical priorities to manage in times of crisis. Therefore, it is necessary for organizations or companies to establish strong communication with their target audiences both before, during, and after the crisis. Dialogic communication is a strategic approach for crisis situations. In this respect, there are various studies on crisis and dialogic communication in the literature. Especially with the development and widespread use of the internet and digital technologies, studies in this field have become more intense. Because digital technologies both provide opportunities in terms of crisis communication management and can exacerbate crises, in this respect, the dialogic communication opportunities of digital technologies should be utilized in order to manage crisis communication effectively. Research conducted with this approach addresses the willingness of companies to engage in dialogic communication in times of crisis. The study analyzed the corporate web communication of Tabung Haji, a company facing allegations of financial mismanagement. The analysis found some evidence of dialogic communication, but the organization practiced silence and selective disclosure. It was concluded that the company needs stronger relational connectivity and is reluctant to utilize the non-textual features offered by web communication to reduce reputational risk. This suggests that the company's effective communication is compromised (Nair et al., 2021, p. 120).

A study has been conducted to examine the dialogic communication of South African JSE-listed companies with their investors. This study was carried out at a time when the South African capital market was struggling with frequent corporate scandals. The study concludes that stakeholders are more skeptical about the accuracy and transparency of information communicated by publicly traded companies; therefore, companies should engage in dialogue with investors (Serfontein & Bornman, 2022, p. 73).

Another study on crisis management and dialogic communication concluded that organizations should incorporate digital and social media into their crisis communication and risk management plans so that they are in a better position to communicate credibly and transparently with different stakeholders. (Camilleri, 2021, p. 1). Trust or mistrust is crucial for crisis communication management. Dialogic communication has a function that builds trust. In a study on dialogic communication, corporate social responsibility, and company evaluation based on trust and distrust, it was concluded that trust creates a higher perception of dialogic communication, corporate social responsibility, and company evaluation than distrust (Park & Kang, 2020, p. 1).

Research Questions
Based on the results of a quantitative study conducted by Güllü-punar (2022, pp. 147–150), which measured citizens' perceptions of the dialogic communication tools and practices of Isparta public health institutions, the questions of this study were formulated as follows:

- How can the sense of trust created by dialogue tools be explained?
- How do health professionals evaluate the functions of dialogue tools in relation to the protection of privacy?
- How do health workers evaluate the contribution of dialogue tools to access to health care timely?
- How is the feedback issue evaluated by the health-care personnel in the dialogic communication carried out by Isparta public health institutions with citizens?
- What do health-care professionals think about the transparency of dialogic communication carried out by Isparta public health institutions?

Methods

This study deals with how the dialogic communication tools and practices of public health institutions in Isparta are perceived by health-care personnel. The dialogical communication tools of public health institutions discussed in this study are the Ministry of Health Communication Center (SABİM), Presidential Communication Center (CİMER), social Media Accounts, corporate web pages, and the Central Hospital Appointment System (MHRS), which were defined in the doctoral thesis study conducted by Güllüpunar (2022). This research is a qualitative study based on quantitative research results conducted in the relevant thesis study. Therefore, an explanatory design was used in the study. Explanatory design is a research approach in which the data collection tools of qualitative research are determined based on quantitative research results. Therefore, the general quantitative research results are explained in detail (Creswell, 2017, p. 38). In this context, a semi-structured interview questionnaire was developed as a data collection tool. The question form basically consists of five sections and 11 sub-questions. In the first section, regarding the sense of trust created by the dialogue tools, in the citizens, the perception of the staff about whether the messages of the citizens are conveyed to the right place, the perception of the citizens about whether they find an interlocutor in the dialogue tools and the perception of the way these tools are used by the health institution are discussed. In the second section, the perception of the health-care personnel about the protection of confidentiality in dialogue tools is focused on the perception of health-care personnel about the concealment of information about the citizen's illness and identity. In the third section, the

perception of the health-care personnel about early diagnosis or reaching the right health-care personnel at the right time was discussed in relation to the function of dialogue tools for timely access to health-care services. In the fourth section, in relation to the feedback application in dialogue tools, the comparison of dialogue tools with each other, the use of social media in feedback, and the importance of giving feedback were evaluated. In the fifth and last section, the situation of clear rules about the functioning of the communication process was discussed in relation to the transparent use of dialogue tools.

Purposive sampling was used in the research. Purposeful sampling consists of people who the researcher believes will find answers to the research questions. The criterion for determining the interviewees is the researcher's judgment (Coşkun et al., 2015, p. 142). In this framework, 12 health-care personnel working in the Isparta Provincial Health Directorate were interviewed. The number of people interviewed has been determined according to the repetition of the answers. The termination criterion of the research is the limit at which the participants in the research begin to give similar answers intensively. Of the interviewed health-care personnel, four were nurses, three were midwives, one was a medical secretary, two were data preparation and control operators, one was an X-ray technician, and one was a pharmacist. The research data were analyzed with the descriptive interpretive analysis technique in the context of the basic categories formed by the research questions. In descriptive interpretive analysis, the researcher interprets and presents the conversations, narratives, behaviors, rumors, and interview notes taken over a period of time. He/she does not present all the data obtained. He writes the ones he chooses among the data by putting them in a particular order and interprets them(Sönmez & Alacapınar, 2016, p. 273).

Results

The perception of the staff of the Isparta Provincial Directorate of Health regarding the applications and platforms such as SABİM, CIMER, social media accounts, corporate web pages, and MHRS, which are defined as the tools of dialogic communication with citizens, are discussed in the following basic dimensions. These dimensions are the sense of trust created by dialogue tools in citizens, protection of citizens' privacy (confidentiality of disease or identity information) in the dialogic communication process, the function of dialogue tools to provide timely access to health services, feedback, and the principle of transparency in communication carried out with dialogue tools.

Dialogue Tools and the Sense of Trust They Create
Seven participants (P1, P2, P5, P6, P7, P10, and P11) expressed positive opinions about whether dialogue tools create a sense of trust among citizens. Therefore, seven participants think that the Isparta Provincial Directorate of Health creates a sense of trust among citizens through dialogue tools. In this context, in general, the messages conveyed through dialogue tools reach the right points. Citizens can find an interlocutor in the institution regarding their demands. Citizens' demands are meticulously evaluated by the health institution.

One of the essential issues emphasized by the participants who expressed positive opinions about the sense of trust created by dialogue tools is the idea that the messages conveyed by citizens through dialogue tools are exaggerated and do not reflect reality. Especially P1 and P5 emphasized this issue. P1 said, "I am sure it

creates a sense of trust. But the messages are mostly exaggerated." P5 said, "Messages are conveyed to the right points. However, the majority of these messages do not reflect the reality."

One of the prominent evaluations in the interviews is the idea that citizens are overconfident. Some of the participants, who stated that dialogue tools create a sense of trust in citizens, said that citizens behave overconfidently while communicating their demands. P5 said, "Citizens are overconfident in using these channels unnecessarily." In addition, among these participants who expressed positive opinions, P10 said, "When people apply to such places, they think that they are cared about," P11 said, "However, it is not possible to satisfy everyone. Lack of empathy of citizens in unfair requests causes dissatisfaction. This also damages trust."

The participants who expressed negative opinions about the sense of trust created by dialogue tools were P3, P8, and P12. In addition, although P4 and P9 expressed positive opinions, they also expressed some reservations. When we look at the statements of these participants, P3 said,

> *Messages reach the right place to a great extent. Since written feedbacks are made, it does not create a sufficient sense of confidence in citizens in finding an interlocutor. The perception is that the demands are meticulously evaluated, but this is not the case in reality.*"

P12 said, "Everything continues the old system. There is a hierarchical order. It isn't easy to find an interlocutor. Therefore, there is no meticulous evaluation of the requests." P8 said, "In some departments, even an appointment cannot be made through these tools."

Dialogue Tools and the Perception of Protected Privacy
In the dialogic communication process, seven of the participants (P1, P2, P4, P5, P6, P7, and P10) expressed a positive opinion, two (P8 and P12) expressed a negative opinion, and three (P3, P9, and P11) supported the positive opinion but stated that they had some concerns. Those who expressed a favorable opinion generally stated that the essential quality of health services is based on privacy. Therefore, they stated that health-care personnel are trained in line with these requirements and pay attention to the issue of confidentiality. For example, while P1 used the expression "it is highly cared about" in relation to the issue of confidentiality, P2 said, Patient privacy in health institutions is not something to be overlooked." P4, P7, and P11 stated that confidentiality is respected. According to them, issues related to both health information and identity information are only known to those who are involved.

It can be said that the participants who stated that confidentiality is not protected in the communication established between the health institution and the citizen through dialogue tools expressed their insecurities on this issue based on their general opinions. P8 said, "I do not believe that sufficient sensitivity is shown regarding the protection of personal data in our country." P12 said, "These platforms are not reassuring." Participants who generally expressed positive opinions on the subject but had reservations stated that problems related to the protection of privacy could be encountered in practice. P3 stated,

> *I think that privacy is successfully protected. However, due to the security vulnerabilities in the web pages of state institutions in recent years, the sincere efforts of the personnel in this regard have been in vain. In requests and complaints made by citizens, care is taken to ensure anonymity. However, while conducting research and investigation on the subject, the person who made the complaint can be understood if the complained personnel is asked a question about whether the complaint is true or not. This can put the citizen who made the complaint in a difficult situation in the following process.*

P9 said, "Due care is taken to protect privacy. However, I think there are problems in practice. For example, while waiting in line, the patient's name is not fully visible on the screen. However, the patient whose turn comes is called loudly from the clinic with the patient's open name."

Perception of Dialogue Tools and Timely Access to Health Services
One of the basic requirements of health services is that they can be provided at the right time. In the study, the role of dialogue tools in this regard was questioned. Therefore, the contribution of dialogue tools to early diagnosis of diseases or timely access to health-care personnel was discussed with the participants. In this framework, four of the participants (P2, P3, P6, and P7) expressed positive opinions, one (P8) expressed negative opinions, and six (P1, P4, P5, P9, P10, and P12) stated that they had reservations despite their positive opinions. One of the participants (P11) did not give an answer on the subject.

It can be said that the participants who expressed positive opinions about the timely delivery of citizens to health services by dialogue tools especially expressed their opinions about MHRS. It is stated that MHRS prevents loss of time; it is possible to make an appointment without going to the hospital, and this tool contributes to the timely receipt of health services and early diagnosis because of the right to choose the health-care personnel. Regarding this issue, P2 said, "A person who would normally go later and learn about his/her illness later may learn about his/her illness earlier thanks to these tools." P3 said, "Especially, MHRS is a great blessing for those who have difficulty in travelling to health institutions. Although it is difficult to find an appointment for most departments, going to the hospital at the appointment time instead of waiting in health institutions all day long shortens the service time. However, the "What's wrong with me?" system in MHRS may help people in this regard." P6 said, "I can say that the fact that patients can easily choose the physician and hospital they will go to already contributes to the diagnosis and treatment of their diseases. MHRS channel is one of them."

P8, who expressed a negative opinion about the role of dialogue tools in early diagnosis or timely access to health services, stated this opinion based on his personal experience. The participants who expressed positive opinions on the subject but also expressed reservations stated that citizens do not use these tools effectively, the health service capacities of the provinces (such as physical facilities, number of physicians, and number of patients) are different from each other, and some problems may arise in practice. Therefore, they stated that, due to such problems, dialogue tools might need to be improved for early diagnosis or timely access to health-care personnel. P1 and P5 stated, "The function of these tools (MHRS) for early diagnosis or timely access to health personnel is related to the capacity of the provinces in the field of health. Population, number of patients, number of staff, number of physicians, etc. are important." P9 said, "An appointment can be made for a very late date for a disease. By

that time, the complaints have already passed. Therefore, it does not contribute to early diagnosis in this respect."

Dialogue Tools and Feedback

In the questions about whether public health institutions in Isparta Province provide feedback to citizen applications, eight of the participants (P1, P2, P3, P4, P5, P6, P7, and P8) defended the view that feedback is provided. While P11 stated that he had no information about the subject, P9, P10, and P12 stated that feedback was given, but there were some inadequacies. For example, P10 stated that "feedback is given. But they are not solution-oriented; they are used to distract the citizens."

When dialogue tools are compared with each other in terms of giving feedback, participants generally know CIMER and SABİM as platforms where feedback is given more quickly. It was stated that feedback in these tools is a systemic obligation, and it was emphasized that feedback is mainly provided via e-mail. The MHRS, on the other hand, is known as a tool where feedback is given via telephone message. Regarding the subject, P1 stated, "feedback is provided as soon as possible in SABIM and CIMER," P3 stated,

> I have information only for SABIM and CIMER. After the applications are passed through the relevant institutions and units, a text is created for the response, and feedback is provided to the citizen through the system. In emergencies, the telephone is used.

P4 said, "Sabim and CIMER are used for complaints, and MHRS is used for appointments." As can be understood from this, a technical evaluation based on the system was made on the feedback of dialogue tools. No evaluation was made in terms of the quality or analytical power of the feedback. This shows that healthcare personnel do not have sufficient information about whether these tools are used effectively or not.

Only three of the participants (P8, P10, and P12) have knowledge about giving feedback to citizens on social media. Three participants also stated that social media is not utilized sufficiently. For example, P10 said, "It is not enough. There is a need for more qualified personnel on the subject."

Regarding the importance of providing feedback to citizens, many participants (P1, P4, P5, P9, P10, and P12) brought up the concept of "trust." It was expressed that feedback would increase the quality of service, contribute to the solution of problems, give a sense of importance, and thus increase the sense of trust of citizens. Regarding this issue, P1 stated, "Providing feedback increases the trust of citizens in health institutions by finding an interlocutor." P4 stated, "Providing feedback creates a sense of trust and caring and increases service quality," and P10 stated, "As feedback is provided, trust increases and problems are solved more quickly." P12, who expressed his concern on the subject, said, "Feedback improves trust. But the answers in the form of warning and punishment arouse suspicion." Therefore, only P12 made a statement about the nature of the feedback. He states that the general answers that the relevant personnel are warned or punished in case of a complaint are suspicious.

Transparency in Dialogue Tools

Another dimension addressed in the study is whether the communication established through dialogue tools is transparent, whether the rules are clearly defined, and whether the citizens are aware of these rules. Four of the participants (P1, P4, P5, and P7)

expressed the view that the dialogue tools are operated in a transparent manner. On the other hand, five of the participants (P6, P8, P9, P10, and P11) argued that transparency is not observed in the operation of dialogue tools. In addition, three of the participants (P2, P3, and P12) stated that dialogue tools are operated transparently, but there are also some negatives.

Participants who stated that dialogue tools are operated in a transparent manner stated that the rules are generally defined and citizens are aware of this. It was stated that citizens especially use SABİM and CİMER for their complaints, and it was argued that the awareness of citizens about these platforms is quite high. In this regard, P1 stated, "it is very easy and simple for citizens to access and use these tools. Citizens' awareness that they have these opportunities is quite high, especially for SABİM and CİMER." and P5: "Although these tools are absolutely transparent, citizens are very aware of SABİM and CİMER, especially with regard to complaints."

Respondents who had a negative view of the principle of transparency of dialogue tools mostly evaluated the issue in line with their general convictions. This may also be a general prejudice they have against dialogue tools. For example, P8 said, "There is no job description in health. Therefore, the rules are not clearly defined." and P10 said, "I don't think most citizens are aware of these platforms. There is not enough information on this issue." P11 expressed his negative opinion on more concrete grounds. P11 said, "The rules are not clear. Even if there is a defined rule, most citizens are not aware of it. This can be understood both from the complaints, the reality of the requests, the empathy of the applicants, the seriousness, and the language used. Especially in cases of complaints, this problem is clearly seen."

Those who expressed positive opinions on the transparency of dialogue tools but expressed some reservations stated that there may be problems arising from the personnel managing the process on the one hand and the citizens' inability to understand the rules on the other. P3 stated,

> I think that these tools are operated in a transparent manner to a great extent, but I am not sure whether this transparency can be maintained according to the position and status of the persons subject to the complaint. In addition, the rules regarding the functioning of dialogue tools are announced in general terms. However, I think that citizens often do not follow these rules and summarise their complaints in general terms. I witnessed that during the examination of most applications, applicants were contacted again and asked for information about their applications." and P2: "The rules are clearly defined. However, I don't think that people are aware of this. It is generally known by word of mouth as much as what other people say.

Conclusion and Recommendations

This study deals with the perceptions of the staff working in the Isparta Provincial Health Directorate about the dialogue tools (SABIM, CIMER, SOCIAL MEDIA, Corporate Web, MHRS) used by Isparta public health institutions with a qualitative approach. The study focuses on five dimensions of dialogue tools. These dimensions are trust, confidentiality, timely access to health services, feedback, and transparency.

Regarding the sense of trust created by the dialogue tools among the citizens, the majority of the personnel participating in the

research expressed a favorable opinion. The main reason behind this opinion is the idea that the message conveyed by citizens to health institutions through these tools goes to the right place. They stated that there may be some problems, but these are caused by the citizens. It is thought that certain problems may arise due to the overconfidence of the citizens, their unnecessary use of this area, their lack of empathy of the citizens, and exaggeration of the messages they convey. Participants who expressed their concerns about the trust-building dimension of dialogue tools stated that the perception that the work is carried out in a systematic and orderly manner is created due to the written feedback. However, they stated that written feedback leads to the problem of not being able to find an interlocutor and causes mistrust. In addition, a group of interviewees were of the opinion that the communication carried out through these tools is not suitable for dialogic communication. The reasons for this were hierarchy, difficulty in finding an interlocutor, and problems of meticulous evaluation.

The participants who expressed a positive opinion about the protection of confidentiality stated that confidentiality was taken care of because the health-care personnel were trained with this formation. Therefore, the participants approached their colleagues with a positive prejudice. The participants who expressed negative opinions about the protection of confidentiality emphasized that the negativity was generally caused by the practice.

Participants who evaluated that dialogue tools assume a positive function in terms of timely access to health services and early diagnosis especially emphasized MHRS. The fact that MHRS prevents loss of time and provides the opportunity to choose a physician was considered necessary in terms of fulfilling these functions. However, although some participants expressed positive opinions, they stated that the functions of timely access to health care and early diagnosis could not be realized due to the inability of citizens to use these tools effectively and the different capacities of each province to provide health services.

Participants generally based on the feedback dimension of dialogue tools on systemic features. They did not dwell on the quality or analytical power of the feedback provided by dialogue tools. This situation may be due to the fact that health-care personnel do not have sufficient knowledge about dialogue tools. A small number of participants who emphasized social media accounts in relation to feedback expressed the inadequacies of health institutions in this regard. The view that social media is not used sufficiently in terms of dialogic communication is dominant. In addition, the main emphasis on the importance of feedback was the concept of "trust." Participants argued that giving feedback would increase citizen trust in dialogue tools and health institutions.

Regarding the transparency dimension, the majority of the participants stated that these instruments are not operated transparently enough. The participants expressed these negative views mostly in line with their general opinions. They generally did not put forward concrete reasons for transparency. Only one participant explained the lack of transparency in the communication process based on concrete reasons.

As a result, it is understood that the participants made their positive or negative opinions based on their general opinions about the dialogue tools in terms of creating a sense of trust, protecting confidentiality, providing timely access to health services, providing

feedback, and whether these tools are operated in a transparent manner. This shows that the participants do not have detailed information about the dialogue tools to provide concrete reasons. Therefore, in the next stage of this research, which deals with the perception of the staff working in health institutions about dialogue tools, a qualitative study can be conducted with the participation of corporate communication staff responsible for the use of these tools in order to make an in-depth examination of dialogue tools. This will provide a more in-depth examination of this issue.

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