



## Original Article

# “How do you prefer to be addressed?”: The relationship between forms of address in nurse-patient communication and nursing care

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### Abstract

**Objectives:** The aim of this study is to examine the relationship between the forms of address used between nurses and patients and their effect on nursing care in Turkish culture.

**Methods:** This descriptive study was completed with 186 inpatients at Akdeniz University Hospital in Antalya, Turkey. A personal information form and two scales concerning nursing care were used. The personal information form asked which forms of address the patients used with nurses. The data were analyzed using descriptive statistics, normality tests, the chi-square test and the Mann-Whitney U test.

**Results:** The mean age of the patients was  $50.9 \pm 16.5$ , and 50% were female. The study found that 54.9% of the patients were hospitalized for chronic disease, and 39.8% has been in treatment for 2-5 days. The formal form of address was used most by both nurses (59.1%) and patients (69.4%). Two-thirds of the patients (66.1%) preferred to be addressed informally by nurses. There were statistically significant differences between forms of address and age, education, marital status, number of children and occupation. There were statistically significant relationships between the Scale of Patient Perception of Hospital Experience with Nursing, the Nursing Care Behaviors Inventory-24 and forms of address ( $p < 0.05$ ).

**Conclusion:** The formal form of addresses is usually used in communication between patients and nurses. However, most patients want nurses to address them informally. As patients' age increases, nurses' use of informal address also increases. The study also determined that the patients who were addressed informally were more satisfied with their nursing care.

**Keywords:** Forms of address; nurse-patient communication; nurse-patient relationship; nursing care; transcultural nursing.

### What is known on this subject?

- Form of address is an element of communication that varies by culture. It may be used formally or informally in communication between patients and nurses.

### What is the contribution of this paper?

- This study determined that the formal form of address is usually used in the communication between patients and nurses; however, patients prefer to be addressed informally, and the patients who were addressed informally were more satisfied with their nursing care.

### What is its contribution to the practice?

- Patients' preferred form of address should be determined and used because forms of address affect nursing care.

Communication is a process during which emotions, thoughts, intentions and needs are mutually transmitted between individuals.<sup>[1]</sup> It establishes relationships between individuals, groups and organizations, and is thus important in everyone's social life.<sup>[2]</sup> The interpersonal process<sup>[3]</sup> of communication in nursing is a key element in developing relationships between nurses and patients.<sup>[4]</sup> Some conditions must be met to make these relationships therapeutic. One of them is knowing the culture of the patients<sup>[5]</sup> because nursing is an intercultural profession that should provide culturally compatible and beneficial healthcare.<sup>[6]</sup> Therefore, nursing care

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requires a cultural perspective, be aware of expectations and make nursing care as compatible with patients' cultural values as possible.<sup>[6,7]</sup>

Culture is a result of social interaction, and it affects its members' styles of communication and their specific world view. Cultural modes of thought, lifestyles and values are reflected in language.<sup>[2,8]</sup> Intercultural communication is the effective and culturally appropriate use of communication skills by nurses who consider patients' verbal and nonverbal expressions, cultural values, care needs and perceptions.<sup>[8]</sup> One of the defining cultural features of nursing care is communication. Communication includes collecting data regarding forms of address when determining cultural features.<sup>[9,10]</sup> Forms of address vary by culture. The words, *bey* and *hanım* (mister and madam), are used as formal forms of address in Turkish culture. The words, *amca*, *teyze*, *ağabey* and *abla* (paternal uncle, aunt, older brother and older sister), are used as informal forms of address for people who are older than speaker.<sup>[11]</sup> Studies have found that formal and informal forms of address are used between healthcare professionals and patients.<sup>[12-17]</sup> A study of relationships between patients and physicians in Turkey asked patients how they prefer to be addressed. The participants' preferred forms of address were: only name and surname for 30.2%, *beyefendi* (sir) or *hanımefendi* (madam) for 37.1%, *ağabey* or *abla* for 32.7%.<sup>[15]</sup>

The philosophy of intercultural nursing emphasizes the necessity of addressing patients with *siz* (formal you) rather than *sen* (informal you) to protect and favor patients' identities and self-respect. However, people who live in rural areas where everyone knows one another, and relationships are more intimate may be used to *sen* as a form of address and are not annoyed by it. Therefore, *sen* can be used to address them. With both forms of address, nurses should try to show respect towards patients using tone of voice, gestures and facial expressions. Pronouncing a person's name correctly is a sign of respect in every culture. Hospitalized patients want their identities and self-respect to be protected and favored.<sup>[5,8]</sup> Therefore, healthcare personnel should address patients by name and surname when they meet and then ask them how they wish to be addressed.<sup>[8,18,19]</sup>

Although the literature supports this idea, observations found that nurses tend to use *siz* to address patients because they think that if they do not do so their professional relationships will be harmed and the quality of the care will be negatively affected in Turkey. The undergraduate nursing curriculum teaches them about nurse-patient communication, transference between nurses and patients, and the necessity of using formal address to avoid counter-transference and maintain professional relationships. However, some patients do not like to be addressed formally because it makes them uncomfortable. They prefer to be addressed as *amca* or *teyze*. Nurses are taught to use formal address rather than what patients actually prefer. The researchers did a literature review using the keywords "nursing care," "Turkish culture," "Turkish," "cul-

ture," "address" and "forms of address" on PubMed, CINAHL, Web of Science, Google Academics and EBSCO in December 2016. They found that there were no studies of forms of address between nurses and patients in Turkish culture and their effects on nursing care. The aim of this study was to examine the forms of address used between nurses and patients, and their effects on nursing care. In accordance with this purpose, here are the questions it seeks to answer:

1. What forms of address are used between nurses and patients?
2. Are there any significant differences between the participants' characteristics and the forms of address used by nurses and patients?
3. Are there any significant differences between the forms of address used by nurses and patients, and nursing care?
4. How important are forms of address to patients?

## Materials and Method

### Study Design and Sample

This descriptive study was conducted at Akdeniz University Hospital from June to July 2017. Akdeniz University Hospital is a training and research hospital located in Antalya, a city in Turkey's southern Mediterranean Region. This study was conducted with 186 patients who were hospitalized for at least two days in the internal and surgical clinics, were older than 18, participated voluntarily, and had no auditory, visual, psychological or perceptual impairments.

### Data Collection

The data were collected in face-to-face interviews. The patients were informed that their personal responses would not be shared with their nurses, and that their care would not be affected. They were asked to answer the questions freely. A personal information form, the Scale of Patient Perception of Hospital Experience with Nursing (PPHEN) and the Caring Behaviors Inventory-24 (CBI-24) were used as data collection tools.

- The personal information form was developed by the researchers. It has 22 questions: 10 questions on sociodemographic characteristics, three questions on individual's disease-related experiences and nine questions about form of address. Of the questions about forms of address, three were open-ended.
- The PPHEN was used to assess the quality of nursing care and measure general satisfaction with nursing care. It was developed by Dozier et al. in 2001, and its Turkish validity and reliability study was conducted by Çoban and Kaşıkçı<sup>[20]</sup> in 2010. The Cronbach's  $\alpha$  reliability coefficient of the scale was found to be 0.92. It contains 15 items and uses a 5-point Likert-type scale. Lower scores indicate satisfaction with nursing care and perceptions of quality care. The Cronbach's  $\alpha$  reliability coefficient of the scale was found to be 0.92 in this study.

- The CBI-24 was used to assess satisfaction with nursing care. It was developed by Wolf in 1981 with 75 items. It was restructured by Wu et al. in 2006 to include 24 items in four subdimensions (assurance, knowledge-skill, respect and adherence). The inventory can be used with both patients and nurses. Its Turkish validity and reliability study was conducted by Kurşun and Kanan (2012).<sup>[21]</sup> The Cronbach's  $\alpha$  reliability coefficients of the scale's subdimensions ranged from 0.89 to 0.93. Higher scores on this 6-point Likert-type scale indicate perceptions of quality care. The Cronbach's  $\alpha$  reliability coefficient of the scale was found to be 0.95 in this study.

### Data Analysis

The data were analyzed using SPSS 23.0 software. Descriptive statistics, normality tests, Pearson's chi-square test and the Mann-Whitney U test were used to analyze the data. The threshold for significance was  $p < 0.05$ . The responses to the three open-ended questions on the personal information form were compiled and categorized.

### Ethical Dimensions of the Study

The authors who conducted the scales' validity and reliability studies gave permission to use them during design phase of the study, and the Research Ethics Committee for Non-Invasive Clinical Studies of Akdeniz University gave approval before it was conducted (30.11.2016-628-2012-KAEK-20). Institutional approval from Akdeniz University Hospital was obtained. Informed consent was obtained from the patients during data collection.

### Limitations of the Study

The limitations of the study are that it was conducted in Turkish culture, and that more than half of the patients were from the Mediterranean Region.

### Results

The mean age of the participants was  $50.9 \pm 16.5$ , and half of them were female (50%). The education levels of 52.7% were primary school or less. Of the participants, 78% were married, 65% had between one and three children. Of the participants, 43% were still employed. Most of the participants (57.5%) had incomes that were equal to their expenses. Of the patients, 48.4% lived in the Mediterranean Region, and 55.9% lived in cities. Of the patients, 54.9% were hospitalized due to chronic disease, and 39.8% had been in treatment for two to five days. Of the patients, 72.6% had been hospitalized before, and their number of hospitalizations ranged from one to five.

### The Forms of Address Used by Nurses and Patients

Table 1 shows the patients' responses about forms of address. The nurses generally address the patients formally (59.1%), and

the patients also address the nurses formally (69.4%). However, 66.1% of the patients preferred for the nurses to address them informally. Of the nurses, 66.7% did not introduce themselves at any stage of care. The patients' form of address varied based on the nurses' form of address. The patients tended to formally address the nurses who addressed them formally, and informally address the nurses who addressed them informally.

### Comparison of Participants' Characteristics and the Forms of Address Used By Nurses and Patients

There were statistically significant differences between the variables related to forms of address used by nurses and patients, and age, education level, marital status, number of children and profession ( $p < 0.05$ ) (Table 2). There were no statistically significant differences between the variables related to forms of address used by nurses and patients, and sex, hometown, place of residence, income level, diagnosis, number of hospitalizations and treatment duration ( $p > 0.05$ ).

There was a statistically significant difference between age and nurses' forms of addressing patients, patients' form of addressing nurses and patients' preferred form of address ( $p < 0.01$ ). The nurses addressed 85.7% of the patients who were 18–35 years old and 80% of the patients who were 36–50 years old formally. They addressed 61.6% of the patients who were 51 or older informally. The rate of nurses' using informal form of address increased with the patients' age. The patients aged 51 or older use informal address with the nurses more often than the younger patients. The patients between 18–35 and 51 or

**Table 1. Forms of address used by patients and nurses**

	n	%
How do nurses address patients?		
Formally	110	59.1
Informally	76	40.9
Are patients' forms of addressing nurses important		
Yes	92	49.5
No	94	50.5
Do nurses introduce themselves to patients?		
Yes	42	22.6
No	124	66.7
Sometimes	20	10.8
How do patients address nurses?		
Formally	129	69.4
Informally	57	30.6
Are patients' form of addressing nurses important?		
Yes	126	67.7
No	60	32.3
How do patients prefer to be addressed?		
Formally	63	33.9
Informally	123	66.1

**Table 2. Comparison of the participants' characteristics and forms of address used by nurses and patients\* (n=186)**

Characteristics of the participants	Patients' forms of addressing nurses					Nurses' forms of addressing patients					Patients' preferred forms of address				
	Formal		Informal		p	Formal		Informal		p	Formal		Informal		p
	n	%	n	%		n	%	n	%		n	%	n	%	
Age															
18-35	33	78.6	9	21.4	<0.01	36	85.7	6	14.3		17	40.5	25	59.5	
36-50	39	86.7	6	13.3		36	80.0	9	20.0	<0.01	24	53.3	21	46.7	<0.01
51 or older	57	57.6	42	42.4		38	38.4	61	61.6		22	22.2	77	62.6	
Education level															
Primary school or less	59	60.2	39	39.8	<0.01	46	46.9	52	53.1		23	23.5	75	76.5	
Middle and high school	43	75.4	14	24.6		40	70.2	17	29.8	<0.01	22	38.6	35	61.4	<0.01
University or more	27	87.1	4	12.9		24	77.4	7	22.6		18	58.1	13	41.9	
Marital status															
Married	99	68.3	46	31.7	>0.05	82	56.6	63	43.4	<0.05	43	29.7	102	70.3	<0.05
Single	30	73.2	11	26.8		28	68.3	13	31.7		20	48.8	21	51.2	
Profession															
Unemployed	41	60.3	27	39.7	>.05	32	47.1	36	52.9	<0.05	15	22.1	53	77.9	>0.05
Public official	20	90.9	2	9.1		17	77.3	5	22.7		11	50.0	11	50.0	
Self-employed	42	72.4	16	27.6		39	67.2	19	32.8		22	37.9	36	62.1	
Retired	26	68.4	12	31.6		22	57.9	16	42.1		15	39.5	23	60.5	
Number of children															
Çocuğu yok	27	81.8	6	18.2	<0.01	27	81.8	6	18.2	<0.01	16	48.5	17	51.5	<0.05
None	86	71.1	35	28.9		73	60.3	47	39.7		41	33.9	80	66.1	
4 or more	16	50	16	50.0		10	31.2	22	68.8		6	11.8	26	81.2	

\*The chi-square independence test was used for statistical analysis.

older preferred the nurses to address them informally, while most of the patients between 36-50 (53.3%) preferred the formal form of address.

There were statistically significant differences between education levels and the nurses' forms of addressing patients, and the patients' form of addressing nurses and the patients' preferred form of address ( $p < 0.01$ ). The rate of nurses' and patients' using the formal form of address, and patients' preferring to be addressed formally increased as education levels increased.

Although there were no statistically significant differences between marital status and nurses' forms of addressing patients and patients' form of addressing nurses, there was a statistically significant difference between marital status and the patients' preferred form of address ( $p < 0.05$ ). The single patients generally preferred the formal form of address while the married patients preferred the informal form of address.

There was a statistically significant difference between the number of children and nurses' forms of addressing patients ( $p < 0.05$ ). The rate of the nurses' and patients' using the informal form of address, and the patient's preferring to be addressed informally increased with the number of children.

Although there were no statistically significant differences between profession and the patients' form of addressing nurses and the patients' preferred form of address, there was a statistically significant difference between profession and the nurses' forms of addressing patients ( $p < 0.001$ ). The nurses addressed patients who were still employed formally, and they addressed unemployed patients informally.

### Examination of the Correlation Between Forms of Address Used by Nurses and Patients, and Nursing Care

Normality tests of the PPHEN and CBI-24 determined that results of the scales did not have a normal distribution ( $p < 0.05$ ). Therefore, the Mann-Whitney U analysis was performed to examine the variables related to scale results and forms of address used by nurses and patients. There was a statistically significant difference between total score on the PPHEN and the forms of address used by nurses and patients ( $p < 0.05$ ). The patients who addressed the nurses informally and were addressed by the nurses informally were more satisfied with their care and perceived their care to be of higher quality (Table 3).

There were statistically significant differences between the forms of address used by the nurses and patients and scores

**Table 3. Correlation between forms of address used by patients and nurses, and nursing care\* (n= 186)**

Mean scale scores	Patients' forms of addressing nurses				Nurses' forms of addressing patients				Patients' preferred forms of address					
	Formal		Informal		Formal		Informal		Formal		Informal		Z	P
	n=129	Mean±SD	n=57	Mean±SD	Z	P	n=110	Mean±SD	n=76	Mean±SD	Z	P		
Total SPP	24.17±1.80	19.22±6.16	-3.30	<0.01	23.00±9.93	22.14±11.62	-2.08	<0.05	24.74±12.67	21.58±9.30	-1.91	>0.05		
Total CBI	123.64±21.50	132.00±16.18	-3.00	<0.01	123.35±20.96	130.32±18.80	-3.16	<0.01	123.31±14.45	127.68±17.82	-0.87	>0.05		
Respect	29.38±6.53	32.14±4.73	-2.81	<0.01	28.99±6.45	32.02±5.23	-3.71	<0.01	29.31±7.03	30.69±5.62	-1.01	>0.05		
Adherence	23.95±5.82	26.31±4.47	-2.68	<0.01	23.99±5.69	25.67±5.20	-2.34	<0.05	24.04±6.45	25.00±5.01	-0.436	>0.05		
Knowledge-skill	27.49±4.01	28.52±3.41	-2.30	<0.05	27.58±3.76	28.14±4.00	-2.15	<0.05	27.50±4.31	27.96±3.62	-0.426	>0.05		
Assurance	42.80±7.07	45.01±5.51	-2.69	<0.01	42.79±7.01	44.48±6.12	-2.18	<0.05	42.44±8.11	44.01±5.81	-1.01	>0.05		

\*İstatistiksel analizinde Mann-Whitney U testi kullanılmıştır. SPP: Scale of Patient Perception; CBI: Caring Behaviors Inventory; SD: Standard deviation.

on the CBI-24 and its subdimensions of respect, adherence, knowledge-skill and assurance ( $p < 0.05$ ). The patients who addressed the nurses informally and were addressed by the nurses informally were more satisfied with their care and perceived their care to be of higher quality (Table 3).

### The Importance of Forms of Address Used by Nurses and Patients for Patients

The patients (n=100) said that nurses' forms of addressing patients was important as a form of politeness and courtesy (49%), attention, closeness, intimacy and favor (26%), sense of wellness/security and psychological relaxation (16%) and the nurse-patient relationship and communication (8%). Of the patients, 131 did not express an opinion about why patients' form of addressing nurses is important. The patients said that their form of addressing nurses was important due to respect, politeness and courtesy (64.9%), the nurse-patient relationship and communication (19.1%), and attention, closeness, intimacy and favor (16%). Some of the patients gave more than one answer to these questions. The patients were asked if they wanted to say anything else regarding the forms of address used by nurses and patients, and here are some of their responses: "I feel more comfortable if they address me as aunt," "It makes me feel good to say mister," "Them calling me mister or sir does not make me sir after I left the hospital," "They seem nicer when they call me as uncle," "The relationship breaks down when they address me as brother," "I feel closer when I address them as daughter," and "I am aunt H., so they should call me aunt H."

### Discussion

This study found important results concerning forms of address used by nurses and patients and their effects on nursing care. It found that the reason why nurses address patients formally is because they comply with the forms of address they were taught in communication courses on Turkey's undergraduate nursing curriculum (Table 1). They believe that they are maintaining the professional relationship between nurses and patients. Although there are no studies of this subject, a study conducted with physicians found that most addressed their patients formally.<sup>[12]</sup> Thus, healthcare professionals tend to use the formal form of address to communicate with patients.

The reason patients generally address nurses formally is thought to be due to respect for their status. Nurses addressing patients formally may cause them to reciprocate. The patients were asked, "Why is your form of address of nurse is important?" and most of them said that it is important due to respect, politeness and courtesy, the relationship and communication between nurses and patients, attention and closeness. These statements can be considered indicators of aforementioned status. Studies conducted in Iran, England, Norway and Scotland with physicians also found that patients addressed physicians formally.<sup>[12,16,22,23]</sup> These studies are in line with the findings of the present study.

Although the nurses said that they mostly address patients formally, the patients usually prefer nurses to address them informally (66.1%). A study conducted in Turkey reported that most patients prefer physicians to address them informally.<sup>[15]</sup> Various studies have also found that most patients prefer physicians to address them informally using their first names.<sup>[14,22,24,25]</sup> Although the results of these studies are similar to those of this study, a study conducted in Israel reported that patients prefer to be addressed in a professional manner; however, they do not oppose healthcare professionals addressing them by their first names.<sup>[13]</sup> This study found that patients preferred to be addressed informally, and this may be due to their cultural values. Although using kinship terms as informal forms of address in the corporate environment is thought to be unprofessional, they are used to show respect to people who are older than the speaker in Turkish culture. The participants said that most of the nurses (66.7%) did not introduce themselves at any stage of their care. Similarly, Parsons et al. (2016) reported that most patients did not know the names of the treatment staff (57.3%). Another study reported that only 46% of the patients knew the names of their physicians.<sup>[26]</sup> These results are similar to those of this study, and patients' not knowing the names of their care providers can impair the continuity of the therapeutic relationship according to Parsons et al.<sup>[17]</sup>

Although the nurses addressed patients under the age of 50 formally, they often addressed patients older than 50 informally. This may be related to respecting older individuals who have acquired knowledge and experience in Eastern cultures including Turkish culture. Unlike Turkish culture, nurses' using informal forms of address such as honey, sweet-heart, granny and gramps for older people in the USA are not approved. Moreover, patients over 50 generally address nurses informally. This may be due to relationships between nurses and patients. Patients' form of addressing nurses changes according to how nurses address them. The patients under 35 may have preferred the informal form of address because their ages were close to the ages of the nurses. The patients older than 50 may have preferred the informal form of address because they want to hear the form of address that makes them feel respected and comfortable in society in the hospital, too. Studies in New Zealand and Iran found that patients prefer formal form of address as they get older.<sup>[16,24]</sup> The difference between these results and the results of this study is caused by cultural features.

This study found that the formal form of address was generally used between nurses and patients with higher levels of education or any kind of job. This may indicate respect for each other's status. There are no studies that explain the relationship between number of children and the informal form of address in the relevant literature. The fact that use of the informal form of address increased as the number of children increased can be explained by age since patients with more than one child are older. Unlike this study, one study found that socio-demographic variables did not affect forms of address.<sup>[27]</sup> More studies of this subject should be conducted.

The relationship between nursing care and forms of address showed that the patients who addressed nurses informally and were addressed by the nurses informally were more satisfied with their nursing care and thought their nursing care was of higher quality. A study that examined patient satisfaction found that patients whose physicians addressed them using their names were more satisfied with their medical care.<sup>[28]</sup> This may be due to the fact that patients felt comfortable with their relationship with the healthcare professionals, were able to express themselves more openly and felt like they were understood.

## Conclusion

This study found that the formal form of address is used most by nurses and patients in Turkish culture. However, most patients prefer for nurses to address them informally. Patients who are addressed informally are more satisfied with their nursing care and think their nursing care is of higher quality.

- Accordingly, nurses should use formal address during first encounters with patients and later ask their preferred form of address.
- They should use the patients' preferred form of address while considering the professional limits between nurses and patients.
- More studies should be carried out in different cultures since this study was conducted in Turkish culture, and this study should be repeated in different regions of Turkey.

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