NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
BUSINESS ADMINISTRATION PROGRAM

# PATIENT SATISFACTION IN HEALTHCARE INSTITUTIONS AND ITS EFFECT ON THE BRAND VALUE

SELVER GÖK

PhD THESIS

NICOSIA
2020

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PhD THESIS

THESIS SUPERVISOR
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NICOSIA
2020

## ACCEPTANCE/APPROVAL

We, the jury members, certify that the dissertation '**Patient Satisfaction In Healthcare Institutions and Its Effect on the Brand Value**' prepared by the Selver GÖK and defended on ...../..../2020 has been found satisfactory for the award of PhD degree.

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# ACKNOWLEDGEMENTS

I would like to thank my esteemed lecturer and thesis advisor Prof. Dr. Emre Burckin who has guided me in choosing the subject matter of my thesis and provided encouragement all along my research with his never-ending ideas, opinions and wisdom. I also express my sincerest gratitude to Prof. Serif Zihni Eyupoglu and Prof. Mustafa Sagsan for being a part of my thesis monitoring committee to supervise my thesis and providing the right amount of support to carry out scientific studies.

# ABSTRACT


## PATIENT SATISFACTION IN HEALTHCARE INSTITUTIONS AND ITS EFFECT ON THE BRAND VALUE

It has been observed that the behaviours seeking protection of human health and raising healthy generations continue in perpetuity from the time when HOMO SAPIENS, the first intelligent men, existed on earth until today. While primarily instinctive in humans, such behaviours have transformed into voluntary and conscious actions with individual and social evolution. In modern healthcare services, patients expectations and views- in other words, patient satisfaction- begin to be determinant of service quality, thereby creating a PATIENT-CUSTOMER perspective.

As a healthcare services customer, the “patient” is the person who is aware of the healthcare services generated and offered by the institution, has the opportunity to benefit or did previously benefit from such services.

On the other hand, Brand is a concept which predicates on customer satisfaction, overlaps with the concept of prioritizing patients and customers of health institution and is/will be perceived by the patient in view of institutions’ identity value. As a result, identity value comprises self-expression attempts of the brand, while the brand is the identity value itself. This sense of perception, which has a direct effect on the customers’ desires and expectations in the healthcare institutions and creates difference and awareness as compared to others, can be defined as “BRAND PERCEPTION”.

In other words, “patient” is regarded as the main authority imparting information on to what extent values and expectations have been met and the “basic criterion” that demonstrates the quality of care.

Healthcare services must be offered in such a fashion as to meet the quality expectations in every step. Understanding whether the system is capable to meet the quality expectations is only possible through quality level indicators.

The quality management appears to be an approach that enhances the existing level of service quality of the institution by means of basic

management principles and integrates existing efforts towards progression with the practices necessary to this end.

In the quality management, pre-service impressions, expectations and perceptions of patients play a fundamental role. On the other hand, the intra-service impressions, expectations and perceptions, combined with the post-service information, expectations and perceptions complete the patient satisfaction. Patient satisfaction encompasses cognitive, emotional, and behavioral considerations. Patient loyalty relates to these patient satisfaction processes and considerations as a whole.

The quality management is to provide solutions to customers' problems and to satisfy them in the fullest sense. The use of questionnaire to determine the level of customer satisfaction would enable identification of quality management related issues and comparison of the effect of improvement activities with the past.

The branding can be characterized as a service that has a peculiar identity in the field of healthcare services. This identity can be defined as selective feature which allows people to differentiate between brands.

This thesis focuses on the branding requirements for healthcare institutions and strives to underline the importance of branding.

It comprises three chapters.

Chapter I addresses healthcare institutions and healthcare services, and seeks to examine the historical course of services.

Chapter II deals with the topic of patient and patient satisfaction in the healthcare institutions, and is centered on related concepts, quality, total quality, quality of service, quality management, and standardization.

Chapter II also seeks to provide an explanation of brand – patient satisfaction relationship. It aims to explain basic concepts of brand and also contains an examination of the effect of communication on the brand value. Besides, a previous research on the brand perception in healthcare institutions is also included herein as an essential section. This Chapter purports to give a

description and general assessment of the research along with explanation of the conclusion arrived.

Then comes the assessment of the results of research and their verification by use of multi-dimensional analysis techniques. Due to its technical specifications that fit the subject, Amos program was used in the research to assess and validate the verificatory factor analysis with structural equation model.

The third and final Chapter presents a proposal for “developing patient satisfaction-oriented branding strategy in healthcare institutions”, followed by the conclusion of thesis.

***Keywords:*** Healthcare Institutions, Patient Satisfaction, Quality and Quality Management, Brand Value.

# ÖZ

## SAĞLIK KURUMLARINDA HASTA MEMNUNİYETİ VE MARKA DEĞERİNE ETKİSİ

İnsan sağlığını koruma ve sağlıklı nesiller yetiştirmeye yönelik davranışların, ilk akıllı insan olan HOMO SAPIENS'in yeryüzünde var oluşundan bugüne kadar bir süreklilik içinde devam ettiği görülmektedir. Bu davranışlar, insanlarda öncelikle içgüdüsel iken insanın bireysel ve toplumsal gelişimi ile istemli ve bilinçli davranışlara dönüşmüştür. Çağdaş sağlık hizmetlerinde, hasta beklenti ve görüşleri bir başka deyişle hasta tatmini hizmet kalitesinin niteliğinin belirleyicisi olmaya başlamış ve böylelikle HASTA- MÜŞTERİ perspektifini oluşturmuştur.

Bir sağlık hizmeti müşterisi olan "hasta" ise sağlık kuruluşunun ürettiği ve sunduğu sağlık hizmetlerinden haberdar ve bu hizmetlerden yararlanma fırsatı olan veya daha önce bu hizmetlerden yararlanmış kişidir.

Öte yandan marka ise hasta ve sağlık işletmesi müşterilerine önem verme kavramları ile paralel, hasta tatminine dayanan ve hastanın sağlık işletmesinin kimlik değerine bakarak algıladığı- algılayacağı bir tatmindir. Sonuç olarak kimlik değeri, markanın kendini ifade etme katkılarından oluşan bir olgudur. Marka ise bu kimlik değerinin bizzat kendisidir.

Sağlık işletmelerinde müşteri istek ve beklentilerine doğrudan etki yapan, diğerlerine göre farklılık ve farkındalık oluşturan bu algılama duygusu "MARKA ALGISI" olarak tanımlanabilir.

Bir başka deyişle değer ve beklentilerin ne düzeyde karşılandığı konusunda bilgi veren esas otoritenin "hasta" olduğu ve bakım kalitesini gösteren "temel ölçüt" olduğu kabul edilmiştir.

Sağlık hizmetlerinin sunumu, her adımında kalite beklentilerini karşılayacak şekilde gerçekleştirilmelidir. Sistemin kalite beklentilerini karşılayıp karşılamadığını anlayabilmek ancak kalite düzeyine ilişkin göstergelerle mümkündür. Kalite yönetimi ise temel yönetim ilkeleri aracılığı ile işletmenin var olan hizmet kalitesi düzeyini yükselten, var olan ilerleme çabalarını ve

bunun için gerekli olan uygulamaları bütünleştiren bir yaklaşım olarak öne çıkmaktadır.

Kalite yönetiminde; hasta tarafından hizmet öncesi duyumlar, deneyimler, algılar büyük yer tutmaktadır. Öte yandan hizmet anında edinilen duyumlar, deneyimler ve algılar hizmet sonrası oluşan duyumlar, deneyimler ve algılarla hasta tatminini tamamlamaktadır. Hasta tatmininde bilişsel, duygusal ve davranışsal değerlendirmeler olmaktadır. Hastanın bağlılığı (sadakat) ise tüm bu hasta tatmini süreçlerinin ve değerlendirmelerinin tamamına ilişkindir.

Kalite yönetimi, müşterilerin sorunlarına çözümler sunmak ve onları tam anlamıyla tatmin etmektir. Müşterilerin tatmin olma düzeylerinin belirlenmesine yönelik anketlerin yapılması ile kalite yönetimine ilişkin konular belirlenebilecek ve iyileştirme çalışmalarının etkisi geçmiş ile karşılaştırılabilecektir.

Markalaşma, sağlık hizmetleri alanında kendine özgü kişiliği olan bir hizmet olarak nitelenebilir. Söz konusu kişilik ise insanların bir markayı diğerinden ayırmasını sağlayan seçme olgusu olarak tanımlanabilir.

Tezde sağlık işletmelerin markalaşma gereksinimleri üzerinde durulmuş ve marka olmanın önemi vurgulanmaya çalışılmıştır.

Tez üç bölümden oluşmaktadır.

Birinci bölümde, sağlık işletmeleri ve sağlık hizmetleri ele alınmış ve hizmetlerin tarihsel süreci incelenmeye çalışılmıştır.

İkinci bölümde ise, sağlık işletmelerinde hasta ve hasta memnuniyeti-tatmini konusu ele alınarak konu ile ilgili kavramlar, kalite, toplam kalite, hizmet kalitesi ile kalite yönetimi ve standartlaşma üzerinde de yoğunlaşılmıştır.

Ayrıca bu bölümde, marka ve hasta memnuniyeti-tatmini ilişkisinin açıklanmasına yöneliktir. Marka ile ilgili temel öğeler açıklanmaya çalışmış ve ayrıca iletişimin marka değerine etkisi incelenmiştir. Ayrıca tezin önemli bir noktası da, sağlık işletmelerinde marka algısı üzerine yapılan araştırmada burada yer almıştır. Bu bölümde araştırmanın tanım ve genel değerlendirmesi ile ulaşılan sonuç açıklanmaya çalışılmıştır.

Daha sonra ise sonuçları değerlendirilen araştırmanın çok boyutlu analiz teknikleri kullanılarak doğrulanması yapılmıştır. Çalışmada konuya ilişkin teknik özelliklerinin uygunluğu nedeni ile Amos programı ile doğrulayıcı faktör analizleri yapısal eşitlik modeli ile değerlendirilmiş ve doğrulanmıştır.

Üçüncü ve son bölüm de ise “sağlık işletmelerinde hasta tatmini odaklı marka oluşturma stratejisi” önerisi getirilerek tez sonuçlandırılmıştır.

**Anahtar kelimeler:** Sağlık İşletmeleri, Hasta Memnuniyeti, Kalite ve Kalite Yönetimi, Marka Değeri.

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# LIST OF ABBREVIATIONS

**AFNOR** : Association Française de Normalisation

**AGFI** : Adjusted Goodness of Fit Index

**AMOS** : Analysis of Moment Structures

**ANSI** : American National Standards Institute

**ANOVA** : Analysis of Variance

**BSI** : British Standards Institute

**CFA** : Confirmatory Factor Analysis

**CFI** : Comparative Fit Index

**DFA** : Deterministic Finite Automata

**GFI** : Goodness of Fit Index

**ISO** : International Organization for Standardization

**DL** : Decree Law

**PCDL** : Conceptual Branding Model ( Positioning / Communication / **Delivering / Leveraging)**

**RMR** : Root Mean Square Residual

**RMSEA** : Root Mean Square Error of Approximation

**SCC** : Standards Council of Canada

**SEM** : Structural Equation Model

**SRMR** : Standardized Root Mean Square Residual

**SSPS** : Statistical Package for Social Sciences

**TUİK** : Turkish Statistical Committee

**WHO** : World Health Organization

**TSE** : Turkish Standards Institute

**AMOS** : Analysis of Moment Structures

# INTRODUCTION

In modern healthcare services, patients' expectations and views- in other words, patient satisfaction- begin to be determinant of service quality, thereby creating a PATIENT-CUSTOMER perspective.

Healthcare services must be offered in such a fashion as to meet the quality expectations in every step. Understanding whether the system is capable to meet the quality expectations is only possible through quality level indicators. This study was carried out to identify indicators of quality management in patient satisfaction and light the way for healthcare managers henceforth.

**Similar studies previously published on the subject of this study**

Although they are not exactly the same as the subject of the study, literature search made during the working period of thesis (2014- 2018) revealed similar studies. These studies are summarized below:

According to Motwani and Shrimali (2014), as the importance of service and marketing has simultaneously increased, the managers of healthcare institutions started to value marketing more with every passing day and made the marketing their focus; therefore, the managers of healthcare institutions attempted to determine the reasons in patients' choice of healthcare institutions. Motwani and Shrimali found out that transparent service prices, accessibility of services, attitude of healthcare personnel, and the use of technological developments play an important role in differentiating healthcare institutions from their competitors, making a major contribution to the matter.

Chan and Kao (2011) noted six major factors affecting customers' choice of healthcare institutions as follows: free medical consultancy, references from friends and relatives, free clinical treatment, sending clinic programs to prospective customers by e-mail, advertising on television, and providing training to community on hygiene and community healthcare. On the other hand, the critical factors for achieving the topmost customer loyalty are identified as follows respectively: high recommendation rate by friends and relatives, television apparency and noticeability (advertisements), free medical

consultancy, free clinical treatment, and providing training to community on hygiene and community health care.

Chao-Chan Wu (2011) investigated the effect of brand perception on the patients' satisfaction and hospital loyalty in the healthcare institutions. The author detected a positive correlation between these two variables. A positive brand perception increases the patient loyalty as well as the patient satisfaction by improving the quality of delivered service, resulting in a higher re-visiting rate for healthcare institution.

Miller (2010) reported that healthcare institutions had a fixed customer base previously due to their location, but now the patients are assessing the institutions in more different aspects. The author also suggested that in addition to easy access, the patients also seek for a comfortable environment and prefer a combination of both.

Vinodhini and Kumar (2010) suggested that a successful management of customer relations devolve on the trust, customer satisfaction, strong customer relations ties, brand loyalty and brand awareness which collectively impact creation of brand perception.

Vinodhini and Kumar demonstrated that healthcare institutions would succeed in creating a positive brand perception, but the way to do this involves establishing successful and positive customer relations.

Consuegra, Molina and Esteban (2007) investigated the relationship between the fair price and price acceptance, customer satisfaction and loyalty. They concluded that satisfaction and loyalty directly affects price acceptance. In addition, they demonstrated that underneath the effect of fair pricing on price acceptance lie customer satisfaction and loyalty. Consuegra, Molina and Esteban recommended to take notice of price transparency and reliability when the prices go up.

Evans (2006) advances that social marketing practices may be helpful in the field of healthcare in many ways.  He broached that healthcare managers are able to transmit and strengthen their opinions through social marketing messages delivered in social campaigns that are against smoking and narrate

the risks and hazards of illegal abortion, for instance. He figured out that the reliability of hospital and doctors would boost if the healthcare institutions emphasize the social marketing messages and directly or indirectly communicate with the patients.

On the other hand, there are several studies performed to investigate elements of patient satisfaction in Turkish private healthcare institutions. They include: "Investigating the Elements of Customer Satisfaction in Private Health Care Institutions" Aslan, Ş., Sezgin, M., Haşıloğlu, S.B.; *"Factors Affecting Patient Satisfaction in Healthcare Services" Çakıl, O.E., 2007; Health Services Quality Perception of Patients Receiving Treatment At Public and Private Hospitals" Bakan İ., Erşahan B., Kefe İ., and Bayat M.*

We also find the thesis "Elements Affecting Patient Satisfaction in Healthcare and Health Industry Applications" by (Tatarlın, 2007).

On the other hand, Cop, R., Baş, Y. wrote a research titled "A Research on Consumer Perception of Elements of Brand Awareness and Brand Image", but this research is not related to healthcare institutions.

**Choosing the Subject of Study**

In the 21st century, the consumers expect easy solutions to difficulties and complexities they experience in any segment of life, including the health sector. As the competition multiplies, healthcare managers diversify the services provided in healthcare institutions. On the other hand, the patients compare the benefits of a wide range of services and facilities. Employing the scientific methods, this study aims at expounding the factors that affect patients' choice of healthcare institutions and verifying the interpretation of the resulting findings. The preceding states the main purpose of this study.

**Purpose of Study**

The purpose of this study is to pursue a strategy which overlaps with the concept of patient satisfaction predicated on prioritizing patients and patients' relatives, to create an identity value in this regard and to measure and establish the effect of this identity value on patient satisfaction and brand value in the

context of corporate identity activities in healthcare institutions. The study addresses branding requirements of healthcare institutions and seeks to accentuate the importance of being a brand.

The objective is to enhance the satisfaction of the parties and render it sustainable.

The concept of sustainable satisfaction is signified by treating an adequately satisfied patient profile not only as an objective but also as a culture which, in our opinion, would bring continuity to corporate trust and reputation and eventual achievement of corporate identity and brand objectives of the institution.

**Theoretical Significance of Study**

In modern healthcare services, patients expectations and views- in other words, patient satisfaction- begin to be determinant of service quality, thereby creating a PATIENT-CUSTOMER perspective.

As a healthcare services customer, the “patient” is the person who is aware of the healthcare services generated and offered by the institution, has the opportunity to benefit or did previously benefit from such services.

This study is intended to theoretically examine the factors governing the relationship between the patient and healthcare institution and to prove ensuing results by use of statistical modeling.

On the other hand, Brand is a concept that extends parallel to the concept of prioritizing patients and customers of health institution, is predicated on customer satisfaction, and is/will be perceived by the patient by viewing identity value of the institution. Consequently, identity value comprises self-expression attempts of the brand, while the brand is the identity value itself. This sense of perception, which has a direct effect on the customers’ desires and expectations in the healthcare institutions and creates difference and awareness as compared to others, can be defined as “BRAND PERCEPTION”.

To put it differently, “patient” is regarded as the main authority imparting information on to what extent values and expectations have been met and the “basic criterion” that demonstrates the quality of care.

Healthcare services must be offered in such a fashion as to meet the quality expectations in every step. Understanding whether the system is capable to meet the quality expectations is only possible through the quality level indications. The quality management appears to be an approach that enhances the existing level of service quality of the institution by means of basic management principles and integrates existing efforts towards progression with the practices necessary to this end.

In the quality management, pre-service impressions, expectations and perceptions of patients play a fundamental role. On the other hand, the intra-service impressions, expectations and perceptions, combined with the post-service impressions, expectations and perceptions complete the patient satisfaction. Patient satisfaction encompasses cognitive, emotional, and behavioral considerations. Patient loyalty relates to these patient satisfaction processes and considerations as a whole.

The quality management is to provide solutions to customers’ problems and to satisfy them in the fullest sense. The use of questionnaires to determine the level of customer satisfaction would enable identification of quality management related issues and comparison of the effect of improvement activities with the past.

The branding can be characterized as a service that has a peculiar identity in the field of healthcare services. This identity can be defined as selective feature which allows people to differentiate between brands, which brings us to the practical significance mentioned below.

**Practical Significance of Study**

It is to pursue a strategy which overlaps with the concept of patient satisfaction, which is predicated upon prioritizing patients and patients’ relatives, to create an identity value in this regard and to measure and establish the effect of this

identity value on patient satisfaction and brand value, in the context of corporate identity activities in healthcare institutions.

In the healthcare institutions, the corporate identity adopting a social marketing approach is only possible through an in-housepractice and a strategy management fulfilling the desires and needs of service recipients. A healthcare institution placing importance on marketing activities will be able to communicate better with its customers than its competitors, and more easefully determine to whom to direct its activities and how to respond. They are regarded as important steps for the evolution of corporate identity.

The institutions that fulfil their social marketing responsibilities make themselves distinct, gain reputation, trust and prestige, and provide transparency. The corporate reputation is consequent to establishing and maintaining good relations with the target audience. Except for the diagnosis and treatment of patient in the healthcare institutions, it may be said that establishing a good relation with the patients, fulfilling their expectations and generating a feeling of trust between patient and institution are vital. On the other hand, another important issue that comes to the fore in ensuring corporate reputation is the corporate image. The corporate image will change into a brand in time.

The satisfaction with a brand that transpires when a healthcare institution is compared with another is deemed by patients and their families to be a convincing factor to favor that institution vis-à-vis competitors in respect of the different (higher) price policy of the first institution. In our opinion, this is economic and practical significance of branding.

**Methods and Techniques Used**

In the modern healthcare services, the patient’s expectations and opinions- in other words “patient satisfaction”- have become a determinant of service quality, and success and survival of healthcare institutions. Therefore, evaluation of services by the patients and their families in the healthcare institutions has become an essential tool to measure the satisfaction level and conditions. The main objective of this study is to prioritize patients and their

families in the healthcare institutions, discuss a strategy that overlaps with the concept of satisfaction, create an identity value and to measure a brand value phenomenon derived from utterance of this identity value and determine its effects on the brand value.

The thesis approaches the particulars of healthcare services and the healthcare institutions in the first place as a method. Next sections elaborate on satisfaction of patients and their families, trying to explain elements and characteristics of this satisfaction. The effect of patient satisfaction on the branding is analyzed, with a focus on the brand perception. All these topics handled within the content of study are underpinned by theoretical and empirical academic sources on these topics, and stated in accordance with objective of the study.

In our opinion, the notable element of the study is the research conducted on the brand perception in the healthcare institutions. It is the outcome attained by the description and general evaluation of the research.

Research model involves measuring how the service recipients perceive the brand awareness in healthcare institutions and by this approach, correlating the brand image with service preference. The questionnaire has been measured with delienative statistical values in light of demographic data whose reliability was tested. In this research, the effect of social security and private health insurance on preference is assessed and responses are grouped.

Research was evaluated according to the criteria and capabilities used in selection of the research problem. These criteria and capabilities are materiality, innovation, compliance with established code of conduct, field competence, adequacy in methods and techniques, data collection permission, sufficiency of time and opportunity, sufficiency of participants' interest. Research investigated the effect of branding on service recipients' attitudes of consumption in the health institutions which are the subject of selected problem. With the selected model, a research was made in compliance with established code of conduct. The required permissions were

obtained to collect data during research and attempt made for maximum utilization of time and other facilities.

**Verification and Validity Testing of Study**

This stage involves verification of study, whose results were assessed, using multi-dimensional analysis techniques.

We used Amos program to perform confirmatory factor analysis and Structural Equation Model to assess and verify results.

In recent years, Structural Equation Modeling, a multi-variable statistical method that defines causal relationships between measurable and latent variables has been widely encountered in disciplinary studies, mainly in economy and marketing.

No other asperities and limitations were experienced in practice in the course of preparing the study. It was noted that literature includes adequate sources for scrutiny of theoretical sections.

**Anticipated Objectives and Goals**

Corporate identity success, branding, sustainability, corporate reputation and confidence based marketing can be accomplished by strategic models in healthcare industry.

Requirement for a communication system to be managed between the parties, achieving a fine communication in the healthcare industry, identification and solution-oriented management of all channels, necessities and problems.

The objective is to enhance contentedness, in other words satisfaction of the parties and render it sustainable.

The concept of sustainable satisfaction is signified by treating an adequately satisfied patient profile not only as an objective but also as a culture which, in our opinion, would bring continuity to corporate trust and reputation and eventual achievement of corporate identity and brand objectives of the institution.

This study comprises three chapters.

**Chapter I**

Academic sources treat healthcare institutions under various classifications. While healthcare institutions are characterized as medical organizations in this Chapter, it is explained that, to be sustainable, they must realize management and other financial principles within their activities.

Again in this Chapter, the historical evolution of healthcare institutions is given as a preface to the subject. On the other hand, it purports to demonstrates importance of patient satisfaction for management principles, suggesting equivalence of “patient” to “customer” in the field of management. Quality of patient satisfaction in terms of creating awareness, total quality, all concepts and historical process of quality management and service quality are elucidated.

The following Chapter II will address brand and patient satisfaction relationship and the quality of service- the focus of relationship-.

**Chapter II**

This Chapter first provides general information on the brand and brand scope. As the subject unfolds, the branding, corporate identity, and effect of concept of brand perception and principles on the communication is emphasized. The branding process and reasons why healthcare institutions need a brand are presented. Footnote references are made to relevant academic sources on the subject to make up universal academic opinions in this concept. All these explanations and actions supported also by our original statements convey our opinion on the subject matter.

In this Chapter, a field research is conducted on the brand perception in healthcare institutions. The purpose of research, its model and processes, limitations and assumptions, universe and sampling, data collection method and process are described, along with a general assessment. Research model is to measure how service recipients perceive the brand awareness in healthcare institutions and using this approach, to correlate the brand image

with service preference. Universe comprises healthcare consumers who are aged over 15 and reside within the provincial border of Istanbul. Study sampling was set by using “stratified random sampling method”, a probability sampling method.

Assessment of field study has been carried out in four stages. At stage I, demographic data of participants was assessed by cross grouping. Stage II included assesment of the use of social security and private health insurance.

At stage III, the responses to questions about the services provided at healthcare institutions and to the statements regarding service expectations were assessed. At the last stage, brand perception of the service recipients and its effect on the expectations were comparatively assessed.

In conclusion, this research was performed specifically in Istanbul as a field study at chain health institutions that create a brand perception to analyse brand perception of healthcare service recipients.

Next stage involves verification of study, whose results were assessed, using multi-dimensional analysis techniques.

We used Amos program, a statistical analysis program which is also widely used in technical sciences, further to its use primarily in academic studies in the fields of social sciences and healthcare. There are various reasons why Amos program has become so popular. The first is that this program can concurrently analyse multiple dependent variables and a large number of independent variables. Program enables detailed examination of relations and influences between a large number of dependent and independent variables by using implicit and observed variables in combination.

Our study applied confirmatory factor analysis with Amos program due to its extensive functions and used Structural Equation Model for assessment and verification of analysis results.

In recent years, Structural Equation Modelling, a multi-variable statistical method that defines causal relationships between measurable and latent

variables has been widely encountered in disciplinary studies, mainly in economy and marketing.

The attribute of modelling is that it presumes existence of causality structure between the latent variables. Analyses firstly test measurement model to see whether the relevant model structures are accurately measured. At the second stage, the structural models are examined. If the statements that are thought to measure the structures do not sufficiently measure the structure in question, structural model analysis will not present a meaningful result. Two-stage method becomes prominent in academic studies with the aim to evaluate data support, and primarily identify and exclude any possible errors emanating from the measurement model.

General satisfaction scoring was analyzed with Structural Equation Modelling by using AMOS computer program. Then, the modelling was performed within the program and results comparatively assessed with regard to the previous research.

Consequently, two separate researches were carried out with different samplings and General Satisfaction being the research subject was verified with the structural equation model as indicated above. It appears and verified as the most effective criterion for selecting private hospitals.

This was an anticipated finding for us.

Next Chapter intends to introduce a “proposal for branding strategy inclusive of patient satisfaction” for the managers of healthcare institutions in light of research and verification findings.

**Chapter III**

The third and last Chapter includes a “proposal for branding management strategy in healthcare institutions”.

Here, selection and implementation of strategies, and verification of strategic outcomes were explained as strategic management process.

The notable point we see here is that implementation of new strategies requires, as a requisite starting point, performance of environmental analysis by means of current organizational structure. The proposed strategic brand model would ensure dynamism and thus, sustainability of institution.

For this purpose, the following constitutes the proposal of strategic brand that emerges identity value in healthcare institutions:

- carrying out "Patient Satisfaction-oriented" activities without deviating from competition and service quality;
- periodically measuring the perception,
- setting different strategies to give a new dimension to service quality based on the measurement results,
- raising patients' and their families awareness of positive differences which have transpired in the healthcare institutions.

# CHAPTER 1

# 1. HEALTHCARE INSTITUTIONS AND HEALTHCARE SERVICES

## 1.1. Definition of Healthcare Institutions and Healthcare Services

The institutions are classified in academic sources under various categories for instance in regard to quality, quantity, field of business, line of work and ownership. From the standpoint of our subject, the position of healthcare institutions must be clearly defined in such categorization.

If categorization is made in reference to the industry they belong, the organizations may be grouped as follows:

- Industrial enterprises,
- Commercial enterprises,
- Service enterprises (Tengilimoğlu Dilaver *et al.* 2017)

The industrial enterprises alter raw materials and materials during manufacturing process in form, physical properties and chemical properties in order to derive a new and different product.

The commercial enterprises are engaged in either retail or wholesale activities. They may exist in different commercial stages from the manufacturer to the consumer.

On the other hand, the service enterprises fall within the scope of this study. These are banks, finance institutions, entertainment industry, tourism industry and similar organizations and the organizations other than the foregoing industrial and commercial enterprises that mostly operate on human labor.

This scope also covers healthcare institutions. While they are medical organizations, health institutions must take notice of management and other financial principles within their operations to be sustainable.

The service they produce is abstract, whole and unstockable. They are mostly labor-intensive. However, today's modern world calls for the use of technology as well to provide services in a higher quality fashion and avoid interruption of medical diagnosis and treatment. Therefore, we believe that although the service is labour-intensive, capital intensity has increased remarkably as compared to the past.

Health and presentation of healthcare services has particular importance for human survival, and creation and protection of life quality. In this respect, measuring the quality of services rendered by healthcare institutions will, in light of resulting data, provide crucial information for enhancing service quality, and greatly contribute to such institutions preparation of future plans and setting future policies and strategies (Derin *et al.* 2013).

Health is "the state of physical, mental and social well-being" according to the definition of the World Health Organization (WHO) and is a fundamental human right which everyone should equally, fairly and economically benefit from (Doğan *et al.,* 2017).

Healthcare services that are based on protection and healing of human physical, mental and social health (Aslantekin *et al.,* 2007) constitute one of the fundamental elements which have a direct effect on improving, and ensuring the continuity of, the quality of human life. Such services are defined as "all planned activities which are carried out with the aim of protecting the health of individuals and societies, providing treatment when they become sick, rehabilitating those who cannot be fully recovered and suffer disability so as to enable such persons to lead a life without dependence on others and improving the social wellbeing level" and are divided into three categories namely preventive, therapeutic and rehabilitative (www.megep.meb.gov.tr,2012) (Doğan *et al.* 2017).

The preventive healthcare services as a category of wide-ranging services refer to entire set of measures which are taken for individuals and environment so as to protect and improve human health before any disease can occur. The practices such as immunization, protection by drugs, early diagnosis, maternal and infant health, family planning, control of supplies and food and monitoring of the elements that pose environmental risks are considered to fall within the ambit of preventive healthcare services (Çıraklı *et al.*, 2009) (Doğan *et al.* 2017).

The therapeutic healthcare services are one tier above the preventive healthcare services and involve examination, diagnosis and treatment when a disease risk occurs. These services are handled in three categorizations: first-tier services covering at-home and outpatient treatment; second-tier services covering inpatient treatment; and third-tier services covering treatment at specific branch hospitals as cancer hospitals, psychiatric hospitals.

The rehabilitative healthcare services are designed for individuals who have become mentally or physically disabled in the wake of a severe disease or natural disasters like earthquake and fire, or unexpected events like traffic or work accidents, seeking to restore such persons to socio-economic life in physical and social terms and thereby enabling them to gather morale (Doğan *et al.* 2017).

A healthcare organization that can completely perform the functions specified above is handled as a “HOSPITAL” (in the relevant field).

### 1.2. Historical Evolution of Healthcare Service

It has been observed that the behaviours aimed at protecting human health and raising healthy generations proceed in continuity from the time when Homo Sapiens, the first intelligent men, existed on earth until today. While primarily instinctive in humans, such behaviours have transformed into voluntary and conscious actions with individual and social evolution. On the other hand, social developments carried these behaviours to a rational and conscious level.

As a natural result of all these rational and conscious individual as well as communal behaviours the healthcare services industry has emerged. A perusal of human history shows that majority of scientists were engaged in medicine. Basically, the cause thereof has been psychosocial factors and its experimental object -the focus of science- is the “very self of human”.

Therefore, it can be said that healthcare services have existed concomitantly with the humanity, and history of healthcare services is coeval with the human history (Akdur, 1999).

The healthcare industry has evolved and changed in parallel to technologic, economic and social developments. This evolution and change resulted in scientific build-up via its own dynamics, on one hand, and taken on a determining role in the style in which the services are provided in the industry. This role will be explained in the next sections of thesis.

The healthcare services can be divided into eras as follows in terms of practices in the course of history (Ersoy ve Şimşek, 2000).

### 1.2.1. Pre-historic Era of Healthcare Services

Every human, animal and moving entity is alive and exists according to the life conception of prehistoric human. Therefore, they have a soul (animistic view). In this context, humans’ pre-historic notion of disease is based on the animistic view. For example, a substance or an adverse effect penetrates into the body from the outside and causes diseases or an inner force separates human soul from the body (escape from inward to outward) causing ingress of diseases in the vulnerable body.

The major treatment methods were acquired through observation of nature as by observing the changes in the nature and imitating the animals and these were empirical, trial-and-error and instinctive methods. For instance, they discriminated among plants as herbs and toxic plants, and stopped a bleeding wound by licking, compressing, binding and squeezing it. Besides the methods of hemostasis, extracting foreign substances as a pricked thorn or arrow, wrapping up a broken bone using plant fibers or mud to secure it, or minor surgical interventions may be cited as examples.

### 1.2.2. Era of Etiologic Healthcare Services

In parallel to developments in science and meanwhile, in the medical sciences, the cause or occurrence mechanism of many diseases were discovered and apprehended. Ultimately, it was recognized that each diseases are discrete phenomena. Therefore, peculiar treatments were developed towards the cause or occurrence mechanism of diseases. Examples are the discovery of microorganisms, the cause of communicable diseases, and of the antibiotics against them, and discovery of occurrence mechanism and treatment of hormonal and degenerative diseases. This evolvement ended up with the era in which separate treatment is applied to each disease having regard to occurrence mechanism and cause thereof.

### 1.2.3 Modern Era

The scientific developments did not only induce discovery of causes and occurrence mechanism of diseases, but also discovery and demonstration of all environmental factors and associations (physical, biological, social) which creates predisposal to diseases. It has been understood that elimination of certain adverse environmental factors could prevent diseases and even erase them from the surface of the earth.

### 1.2.4 Principles of Modern Healthcare Mindset

Today, healthcare services are one of the most important functions that so-called “social state” approach has assigned to the state and all of its subordinate units.

The healthcare services are provided to protect and improve the physical and mental health of the society, and by ensuring the continuity of this situtation, to promote the welfare level and happiness of the society (Aslan Tekin *et al.,* 2007). One notable attribute of healthcare services is that they should be obtainable by individuals in an adequate level and quality when required. The fundamental principle is that cost of such services is covered by the governmental policies rather than personal income.

The medical transformation policies following this principle and objective are constantly designed in administrations of modern states, striving to bring healthcare management policies into being which are adaptive to the changing social and economic conditions.

These policies must be accessible, appropriate, continuously effective, reliable, and well-timed.

Therefore;

An important factor deserving consideration is that how should healthcare services be reorganized in accordance with current demographic structure. Healthcare priorities in society must be determined as a prerequisite, considering the fact that monetary financial resources are scarce and limited at all times.

Otherwise speaking, rising the intrasystem service efficiency is intended by ensuring effective and rational use of available scarce resources, which would improve the service quality offered to society.

The questions as how to decide on the benefits of using technology and on setting a balance between the services for protection and improvement of health and treatment services should only be answered in parallel to an objective assessment of the health industry.

### 1.2.5 Principles of Transformation of Modern Healthcare Services

In recent years, the technological progress emerged in the field of medicine has heightened human knowledge on health, and transportation facilities becoming relatively easy caused an increased demand for healthcare services. However, this led to occurrence of several problems in system financing. Rapid population growth and efforts to rise effectiveness level of inadequate healthcare services in developing countries, and elderly population boost and excessive use of healthcare services in developed countries may be cited among demographic factors that cause inflated medical expenses. So, all these have raised the issue of taking serious measures in the provision

and particularly in the financing of healthcare services in either developing or developed countries (Hayran *et al.,* 2009).

A literature search into relevant scientific studies has been conducted to obtain information on the evolution process of healthcare industry in consideration of performed situation assessments (Çeliksoy ve Gümüş, 2011) (Aydın ve Hatırlı, 2003) (Hayran, 2014).
The opinion basically focusing the change on the following has been observed to be predominant:

- Infrastructural applications;
- Expansion of the training of medical personnel and their services;
- Continuous and consistent finance management in the realization of healthcare services;
- Management of healthcare services.

On the other hand, the health infrastructure appears to have improved substantially in Turkey likewise in the world, given the developments taking place in Turkey with regard to the principles and objectives for medical transformation. The information and communication technologies appear to be the basic factors that accelerate this improvement.

On the other hand, when we examine the medical infrastructure, the quality of undergraduate education, particularly in medicine, tends to drop subject to rapid quota increase. This is likely to affect development process of industry as a grave future problem.

When we evaluate the relevant scientific opinions, another important point appears to be the distribution of occupational groups. In assessing the health in terms of distribution of manpower and physicians, while general practitioners should outnumber specialist physicians, it is demonstrated that, on the contrary, the number of specialist physicians has reached a much higher level as compared to general practitioners. As a result, the cost of education increased and the most needed manpower including midwives, nurses and paramedical staff stayed at a very low level. Therefore, in line with the foregoing principles and purposes, focus is placed on the necessity for training

personnel possessing the qualifications indicated above, who would undergo an easier and quicker education through an infrastructure which is formed according to the new arrangements.

The healthcare services represent a significant cost item within the national budget. This cost item is being sought to be reduced through insurance system. But the problem is that contributions intented to be transferred to the insurance system are not capable of running to finance the system. The fundamental reason is adverse circumstances in the system coming from the past. If such adverse conditions are eliminated in time, then financing approach will be possible by means of insurance. Another important point is “Management of Healthcare Services”.

The management of healthcare services can be shaped under the following headlines within the frame of modern health approach:

- Programs to identify local diseases and inform local people;
- Increasing the medical screening and preventive medicine training based on the local geographical conditions;
- Training medical managers to identify and manage behaviors of local community regarding health,
- Extention of training services to enhance intermediate staff services, to wit, paramedical services.

Put differently, the success of healthcare services management today hinges on educating managerial personnel as an indispensible requirement.

The focus of this thesis is on patient satisfaction and brand relationship, but eventually, the point in question here is management science as it relates to education and raising awareness of healthcare managers (Çelik and Gümüş, 2011).

### 1.3. Patient and Patient Satisfaction in Healthcare Institutions

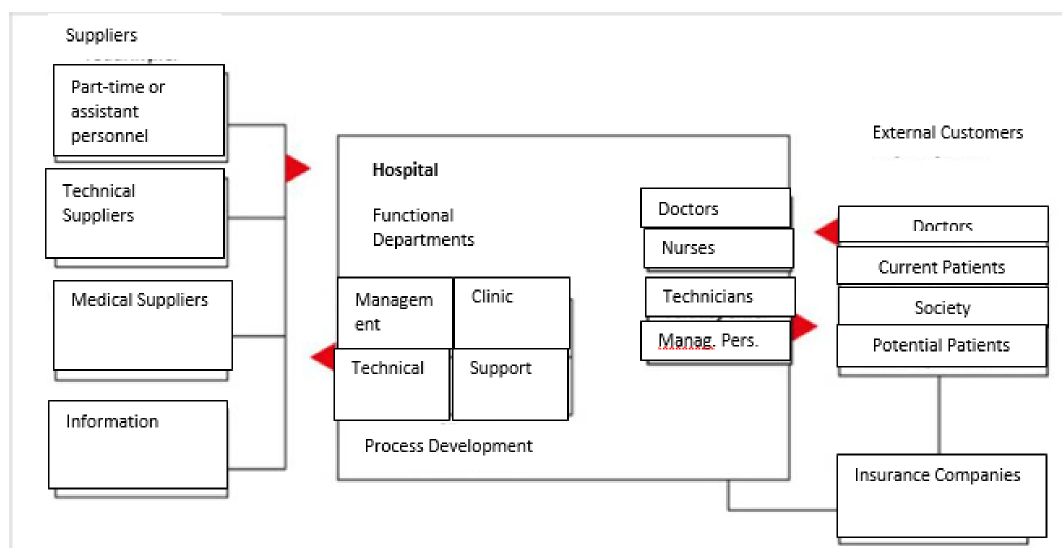
#### 1.3.1. Certain Relevant Concepts

The complex structure of healthcare institutions also shapes complex blend of customers. Therefore, the customers of healthcare institutions may be said to

have a heterogeneous blend. The idea suggesting that patients are not sole customers of healthcare institutions has ceased to a significant extent to be valid today. While, in the past mention of the customers of healthcare institution would only bring the patient into mind, but now, “all individuals and organizations who participate in production process of healthcare services” are considered to be customers (Kavuncubaşı, 2000). (Devebakan, 2006).

As in many organizations, the customers of healthcare services can be categorized into two groups: internal and external customers Kavuncubaşı, 2000) (Devebakan, 2006). The internal customers consist of persons or groups who work at the healthcare institution and have an organic link with it. The external customers consist of persons and entities who directly or indirectly benefit from the services of healthcare institution.

The patients are usually defined as primary customers in the healthcare institution and also form a large group of external customers.




**Graphic 3:** Internal and External Customers of Healthcare Institution

Source : (Devebakan, 2000).

In modern healthcare services, patients’ expectations and views- in other words, patient satisfaction- begin to be determinant of service quality, thereby creating a PATIENT-CUSTOMER perspective. The success and survival of

healthcare institutions largely depend on their ability to meet customers' demands and expectations.

The concept of customer in the healthcare industry does not only cover patients as in the past but also, seeing from a broader perspective, all individuals and entities who are involved in the process of healthcare services (Kavuncubaşı, 2000).

The customer satisfaction can be defined as increased level of satisfaction and reduction in customers' loss in consequence of "fulfilment of customers' needs and desires".

Generally speaking, as a healthcare services consumer, the "patient" is the person who is informed of the healthcare services generated and offered by the institution, has the opportunity to benefit or did previously benefit from such services.

### 1.3.2. Patient Satisfaction

Services offered to patients (customers) by healthcare institutions should have fine quality and be reliable because such services are of nondeferrable nature. In this context, patient satisfaction today takes an important place. Hospitals must develop sensitivity to "Patient-Customer Satisfaction" concept which is the sole reason of their survival in an ever-increasing competitive environment (Taşlıyan and Gök, 2002).

Although healthcare services have been taken for a professional and technical issue lately, patients' expectations and views, namely patient satisfaction, begins to be determinative today. While traditional patient care operations handle healthcare services from the providers' perspective and focus on this conception, patient care nowadays focuses on customer perspective (Esatoğlu, 1997). The customer satisfaction is to fulfil customers' needs and desires. It is the customer experience towards the product or service. It can also be defined as a psychological state emanating from matching of customer expectations with the customer experience of using product or service (Back, 2005).

Therefore, it can be underlined that learning how to identify and measure the customer satisfaction is one of the important functions of hospital management. Patient-Customer satisfaction can be portrayed as a situation where their expectations and demands are met, grievances become sporadic, new customers gained and no former customers lost.

Customer satisfaction may give rise to an instance of customer-to-customer recommendation. It can help build an emotional bond between the patients and the identity value which we will try to examine in the subsequent sections.

In brief, patient satisfaction refers to a function of perceived quality and expected quality. Accordingly, a patient has some expectations prior to receiving service and has certain perceptions after the service has been delivered based on their experience. Patient decides whether he/she is satisfied by making a comparison between the expected and perceived quality (Berry, et al., 1985).

The patient satisfaction also brings along an influence that might be positive on patient compliance and outcome (Simpsan et al. 1991).

Thus, a satisfied patient can demonstrate more clear, plain and resolute behaviors when it comes to compliance with some conditions his/her health problems dictate. This might eliminate or minimize possible negative impact on the outcome of delivered service (Özgen,1995) (Tükel et al., 2004).

Patient Satisfaction is expressed to be “the basic criterion which demonstrates the service quality and verifies the patient as the main authority who provides information on to what extent patient’s expectations and values are met” (Kılınç, 2009).

The subject is exhaustively addressed in academic studies. Taking a glance at some academic evaluations on the subject:

Grasping the patients’ feedbacks on the service they have received and measuring their satisfaction level are considered an important tool in ensuring and maintaining a superior service environment in the healthcare institutions.

As a consumer of healthcare services, the “patient” is defined as follows: “all persons who are aware of the healthcare services generated and offered by a healthcare institution, have the opportunity to benefit or did previously benefit from such services”.

The patient satisfaction is “a function which is contingent upon the benefits patients expect from the service they receive, difficulties they would avoid suffering , expected performance of the service, conformity of the way service is furnished with the socio-cultural values (his/her own personal and familial culture, social class and status, his/her own tastes and habits, life style and preconceptions” (Engiz,1997).

Patient Satisfaction is deemed to be “the basic criterion which demonstrates the service quality and verifies the patient as the main authority who imparts information on to what extent patient’s expectations and values are met”. To our mind, patient satisfaction may be regarded as “compatibility of patients’ expectations with the care they receive”.

There is a large and heterogeneous group of customers that must be satisfied by the healthcare institutions. In the past, mention of the customers of healthcare institution would only bring the patient into mind, but today, “all individuals and organizations who participate in production process of healthcare services” are considered to be customers (Çakıl, 2007). However, the subject of this thesis deals with persons in a particular sense.

### 1.3.3. Raising Awareness of Patient Satisfaction

Information and communication technologies truncate the distances globally and consumption is becoming universal in terms of fulfilling the needs. In today’s world, both national and international enterprises must create differences to gain competitive edge (Yarar, 2008).

The health industry that is in continuous progress as a matter of its subject fields must have a dynamic structure. To ensure sustainability, the managers of healthcare institutions must carry out patient satisfaction-oriented activities without deviating from the profitability, competition and service quality, which

are the core objectives of institution. This is an important factor for healthcare institutions to avoid loss of and raise their market share.

In our opinion, the patient has traits analogous to that of a customer. A patient is like a customer purchasing a product or service. A brief and succinct definition would be: “persons who are aware and informed of the services produced by healthcare institutions and will potentially or did previously benefit from them.”

Healthcare services are produced in order to enhance quality, and to ensure sustainability and protection, of human life. When producing such services, measuring previous service quality and identifying new strategies and sustainability based on measurement results to bring a new dimension to the quality is essential for patient satisfaction.

Service quality is a subjective concept. Understanding how the customers think about the service quality forms the basis of effective management. Despite existence of a common consensus denoting that service quality is an attitude regarding service superiority or a holistic judgment, no general agreement is yet reached about the nature or structure of such attitude.

It is extremely important for healthcare providers to identify the factors associated with patient satisfaction, as, for instance, how service quality is perceived by patients and what is worthy for them, and understanding where, when and how the service improvements are to be realized (Zineldin, 2006).

The following is considered to signify the quality of healthcare services: reduced waiting time in surgical interventions, providing true emergency care in the emergency room, minimizing differences in clinical practices, eliminating incompetent or incorrect clinical applications, implementing present-day scientific facts, using up—to-date technologies, maintaining doctor-patient and personel-patient relationships at certain levels, or improving the community health (Tükel vd., 2004).

The service quality facilitates and augments patient satisfaction on one hand, and plays an important role by causing the patient to receive the same service or advise other people to receive it on the other.

Aslantekin, Göktaş, Uluşen and Erdem asserted that quality would be procured, preserved at all times and improved by systematic work, not by coincidence (Göktaş et al., 2005).

The quality would allow healthcare institution to adjust itself to competitive environment, gain protection and/or achieve the desired position. As a natural result of this, healthcare institutions have retired from conventional methods and adopted a mindset to provide quality services and maintain an ever-changing and evolving management approach.

The perception of patients is largely ignored in developing countries. However, it appears that developed countries utilize it as a powerful tool for shaping healthcare services. For example, in the United States, data obtained from patients via questionnaires is widely used to improve the quality of health.

Consequently, the focus of quality management is customer. The customer-focused approach assigns the principle of satisfying  customers needs and expectations as the common task of all employees in the organization and aims for the quality of product and service (Şimşek, 2000).

The “patient”, as customer of healthcare institution, is the focus of system. Therefore, patient-customer concept is presented in many sections of this thesis. The customer focus in quality management is regarded as the patient focus in healthcare services, therefore this concept finds its place. The concepts of patient satisfaction and customer satisfaction present equivalent outcomes (Duggıralama, et al., 2008.

#### 1.3.4. Quality in Patient Satisfaction

For maintaining human life at a sustainable level of quality, the healthcare services must be provided in such a manner as to satisfy the quality expectations in each step. Understanding whether the system is capable of meeting quality expectations is only possible through quality level indications (Neslihan *et al.,* 2013).

The academic circles have described the concept of quality measurement in healthcare services as having three dimensions. The first dimension is

technique. This concerns the professional knowledge of medical personnel. The next dimension pertains to relations. This dimension involves careful, scrupulous and willing attitude of medical personnel towards patient and patient's family. The final dimension involves the physical comfort provided by the healthcare institution to patient and patient's family. In other words, it generates comfort (Turner, et al., 1995)

A customer is also specified as a person or group of persons who does not only pay the money but also utilizes the service produced by institution, including for example, the patients in hospitals, students in schools, and passengers carried by mass transportion vehicles (Kılınç, 2011) The customer focused approach can be summarized as understanding customers' needs and expectations and seeking to continuously improve the customer satisfaction (Oturgan, 2006).

In our opinion, the following concepts of quality and service should be examined for a better clarification.

#### 1.3.5. Quality, Total Quality, Quality Management and Historical Process

In semantic terms, the quality is synonymous with the words "qualified" and "skilful" and is of Latin origin. The quality related operations in organizations can be considered the first rising step of an endless change. Determining and/or predicting the time of last step requires keeping pace with the ever-changing and constantly evolving human life, which is beyond possibility.

We believe that this matter is boundless. The current quality and total quality approaches are mingled with industrialization process. The quality phenomenon is considered one of the major criteria applied by organizations to document their superiority over competitors along with industrialization. The financial strength of customers of products or services produced by organizations is also related straight to supply-demand balance of the product or service. Today, quality is perceived as a life style and mode of behavior. It is anticipated to hold true not only in the business environment but also in each phase of daily life (Çağlar, 1998).

In practice, the quality and total quality are integrated and interchangeably used. Total quality should be considered an approach to originate quality in the healthcare institutions. The quality is a combined value created by involvement of all employees. The total quality approach is underpinned by fulfilment of expectations of customers who utilize that value, thereby accomplishing the quality.

The quality management is considered an approach that ameliorates existing service quality of an organization through basic management principles and integrates the current progress efforts with required practices therefor. The purpose is to ensure a continuous improvement by managing quality of production and/or services of organization. The quality management is termed a business management approach grounded on analytical assessment of business processes, improvement of quality culture, and delegation of authority to employees.

In another definition, it is phrased as a participative management which enables continuous review and improvement of all operations of healthcare institutions, and through a team work of all employees, satisfaction of and surpassing their and customers' expectations (Kömürcü, 2006).

We believe that quality management is a system which launches a customer-oriented service conception, responds to requirements, maintains the course of and desire for change towards this purpose and secures the survival and progress of organization.

Especially, the World War II brought the quality to attention in parallel to the industrial development. An attempt was made to fill the business life with qualified manpower. Therefore, standards, regulations and directions were required to have a "Quality Job" done. For these reasons, the written documentation systems of establishments were remarkably advanced during the war (Özevren, 2000).

The concept of quality became prominent in Japan during the World War II. The Japanese set philosophy of constant improvement (Kaizen) through minor

but constant progresses in establishments, reached the Western quality standards in time, and developed new quality standards in many areas. The basic objective of Kaizen philosophy incorporates the importance of continuous education and continuous improvement to “provide goods and services in compliance with the customers’ desires and expectations (Aktan, et al., 2004).

An eminent figure, William Edwards Deming, a military advisor should be named when making mention of quality management and total quality management. Deming developed “Shewhart Cycle” as a management conception which involves operational control through statistical data distribution and control Tables. Regarded as cornerstones of quality management, the fourteen principles set by Demin are cited below (Külçü, 2006).

- Perpetuate the objective of product and service improvement
- Implement a new management philosophy,
- Do not only rely on audits to ensure quality
- Avoid giving only monetary rewards,
- Continuously improve the production and service philosophy,
- Institutionalize training,
- Institutionalize leadership,
- Eliminate the fear,
- Remove the barriers between the units,
- Do not strain the manpower through slogans, setting numerical goals,
- Do not set numerical quotas for the manpower,
- Ensure that employees are proud of their job,
- Allow persons to educate themselves,
- Carry out the activities to perform transformation.

Deming’s 14 principles are deemed to have brought a philosophical insight to the corporate management. Deming defines the change in corporate philosophy in the context of approaches that magnifies productivity. He views

quality not as an outcome, but an objective which can be achieved by an effective audit during manufacturing process. He states that corporate quality need to base upon forthright system regulations, not upon persons (Külcü, 2006).

The concept of quality which emerged along with industrialization in the 19th century transformed into total quality concept during World War II, resulting in development of corporate quality systems and re-definition of corporate communication and quality responsibilities. In this context, the managerial process appears to have undergone an evolution as shown in Graphic 4 (Özevren, 2000).

**Graphic 4:** Evolution of Managerial Process

As seen in Graphic 4, the managerial process, that was initially defined as a one-way process, has become a two-way process in time, and today evolved into a multi-dimensional and multi-directional communication due to total quality management concept. Driven by these developments, total quality management are now defined in line with following principles in corporate structures (Özevren, 2000).

- The quality is process-focused.
- The cost of quality must be calculated,
- The manufacturing processes must be defined within the cycle of design, production, control and correction measures.

- The decisions must be based on the facts, and the facts must be based on the statistical data.
- Continuous improvement must be adopted.
- Goal-driven management must be performed.
- Participative management and team work must be adopted.
- The concept of internal customer must be adopted, and the employees must be perceived as in-house customers.
- Action must be taken to avoid errors within the process.
- A customer-oriented service mentality must be selected.

The evolution of quality from end-product control to statistical quality and control and from total quality control to quality assurance systems has set quality standards and set up organizations to ensure and audit such standards. These organizations are ignored herein because they are not directly relevant to the subject matter. The occupational competence of personnel is contingent upon the adaptation process to pre-established norms and standards.

Prevalence of industrialization and technology has highly complicated corporate functions. Production-driven rise in the standards of living led to a simultaneous growth of consumption with production, implying a concurrent deelopment of economic and social conceptions. The desires and expectations towards quality feature an ever-lasting course of change along with consumption. This change has forced product or service producing entities to develop strategies with respect to varying expectations. The concept of quality that was initially used as synonymous with “inspection” has undergone substantial changes in time. Ample supply volumes coming from escalated mechanization due to industrial revolution and switch of production mode from workshop-type to mass production, combined with the preceding, emerged a picture that deeply affected the organizations. Such developments did not only affect the production but also the service sector (Özevren, 2000).

In America, Taylor investigated efficiency activities at workshop level, and Max Weber, another notable figure, reviewed the public administration at scientific level and developed new theories on public administration in Germany. Weber

set up principles on distribution of organizational duties and powers in particular (Aktan, 1997).

Following Weber, Elton Mayo focused on human factor. Those studies established that teams consisting of small groups are increasing business efficiency regardless of physical conditions, and the close and structured relations of these teams improve the quality as a whole. The quality approach starting with Mayo is said to be the foundation of “Quality Circle” and “team works” applied at  organizations (Koçel, 2000).

### 1.3.6. Quality of Service

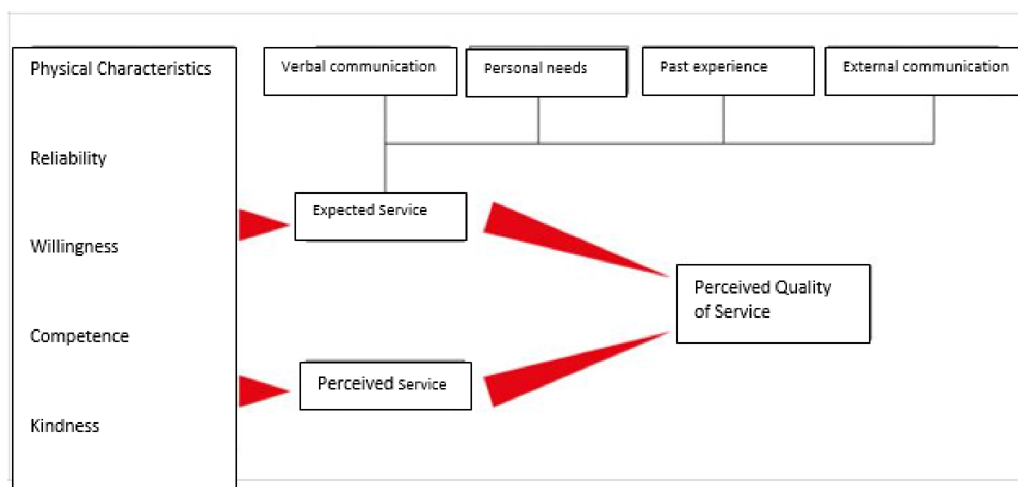
The services utilized are products produced to satisfy expectations. Service can also be defined as economic activities that provide benefits as to time, place, form and psychological benefits. According to another definition, it is portrayed as social activities that require customer and service provider to build mutual communication (Zerenler and Öğüt,2009).

In our opinion, this is the most comprehensive definition as regards the subject of thesis. The service quality refers to relations as a whole between customer and healthcare institution in all service organizations. Presence of the patient and the service provider in the same location and communication are directly proportional to the service quality. Research included in the end of thesis presents this relationship as being one of important reasons for creating brand perception. Any services provided are subject to good assessment of service users, understanding and predicting the process.

The purpose is to adopt a customer focused approach. Such approach will eventually satisfy the service user and improve service quality, or make it a fine quality service, put it differently. In theory, the quality is also defined as “pursuit of perfection” in terms of “effectiveness”. According to (Omachonuya), the quality comprises two interconnected parts: first, actual quality and second, perceived quality. Actual quality is compliance with standards. Perceived quality denotes satisfaction of customer expectations. Quality is a strategic factor in securing  effectiveness and efficiency, improving customers’ feedback

on purchasing and promoting the desire for purchasing. Therefore, the quality must be measured and managed (Zerenler and Öğüt, 2009).

The following Graphic shows the dimensions of service quality and the perception relationship between them.




**Graphic 5:** Dimensions of Service Quality

Feedback from the patients is a very effective tool to measure service quality. Assessment of feedback may be made by mutual conversations or similar channels. The information obtained through these channels will constitute a basis for potential management style of healthcare institution.

On the other hand, Duggirala used the following criteria for shaping perception of total quality services (Derin and Demirel,2013)

Criteria:

i) Infrastructure: Related to physical structuring of healthcare institutions. Waiting room, treatment room, patient rooms, food, beds, ambulance services, laboratory services, pharmacy, etc.

ii) Quality of personnel: Patient perception of care, attention, etc. provided by physicians, nurses, managers and other support staff.

a) Physician Care: The relationship between physician and patient is usually a formal and long term relationship. Patient's assessment of relationship depends on the degree of trust.

b) Nursing Care: The nurses assume the care of patients as long as they stay in the service and the patients contact with nurses most. Therefore, nursing services have prior importance to produce the quality of patient care.

c) Quality of Pharmacists and Other Support Staff: Attention, care, empathy, skill and ability of all staff matter for patient's perception of quality.

d) Quality of Communication: The communication between all hospital staff and patient greatly matter in terms of quality perception. A positive communication allows patient to have easier access to data on severity and treatment of disease. Patient's decision whether to accept the therapy or otherwise largely depends on the power of communication between physician and patient. The communication is a significant skill for healthcare staff to succeed.

iii) Clinical Service Process: Patient's experience in different clinics during his/her hospitalization. There are numerous factors acting in combination in the process such as mode of service, certain physical features of organization, and personnel.

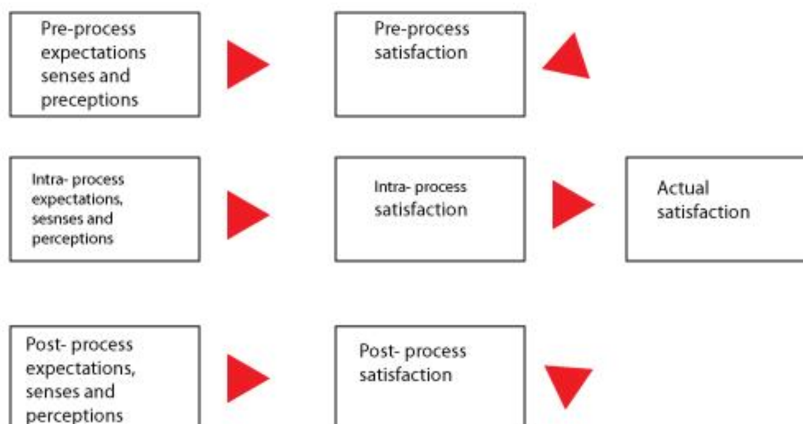
iv) Safety Indicators: Patient's perception in the sense that hospital is physically a safe place for them. Safety must be one of the primary objectives of organization. An ethical and humanitarian philosophy must be invoked to ensure patient safety.

v) Experience in Receiving Medical Therapy: Refers to quality of medical care. If patient perceives a high quality of care and treatment, their inclination to comply with recommendations and treatment will further. So, healing will take place and the patient will be more likely to choose the same hospital when they subsequently need medical care.

vi) Social Responsibility: One of the most important indicators in patients' perception of quality is the extent to which hospitals are fulfilling their social responsibilities towards community. Wensing and Elwyn discusses information of patients and execution of care and treatment in accordance with ethical and legal rules.

The patient satisfaction involves three processes (Derin and Demirel 2013):

- Past experiences, impressions and perceptions
- Pre-service expectations, impressions and perceptions
- Intra-service expectations, impressions and perceptions
- Post-service expectations, impressions and perceptions
-




**Graphic 6:** Patient satisfaction process

Previous experiences, impressions and perceptions occupy a considerable place in patient satisfaction. Impressions, experiences and perceptions acquired during service delivery also greatly matter. Entire patient satisfaction is complemented by post-service experiences, impressions and perceptions. Post-service satisfaction usually depends on the success of telephone conversations. Patient satisfaction involves cognitive, emotional, and behavioral evaluations. Patient loyalty depends on the preceding patient satisfaction processes and assessments on the whole.

A source search has noted following factors affecting the patient satisfaction.

Personnel-Patient Interaction: Hospital services require a team work. The service quality is the responsibility of all hospital staff. If any part of service or one of service provider groups has a hitch or disarray, patients' feeling of these problems also influences other areas, impairing the hospital image.

Attitude of Medical Personnel: When assessing the quality of service provided by doctors, patients take manners of conduct of doctors  as listening, being

sensitive, allocating enough time, kindness and respect into account more than their specialty.

The attitude of doctors improves the effectiveness of service as well as patient satisfaction. In case of a positive relationship between the patient and doctor, the patients are fully complying with doctor advice and not interrupting their treatment.

On the other hand, the main function of nurses in the provision of healthcare services is to assist healty or sick individuals. This assistance involves activities intended to give the knowledge, will and strength required for healty persons to live a well life and for the patients to recuperate.

Information: Information of patient and patient’s family by doctors allow the former to exhibit a more open-minded reaction to their pathological condition.

Nutritional Services: The surveys conducted to identify the factors affecting patient satisfaction have found out that patients give primary weight to food services as their feedbacks and remarks indicate. The patients are not only affected by the quality of food but by the persons presenting it and its presentation mode and appearance as well.

Physical and Environmental Conditions: The internal and external physical conditions of hospital appear to be one of the aspects of satisfaction on which individuals put a particular emphasis. The unmaintained hospitals and poor room conditions turn into an absolute reason of complaint by patients and an element of dissatisfaction.

Bureaucracy: One critical factor affecting patient satisfaction is bureaucratic barriers in the hospital, resulting in loss of time and long waiting hours during procedures. In many hospitals, hospitalization and discharge services can become a problem because of keeping the patients and their families wait for long hours.

Trust: Accommodating to a strange environment in the shortest time possible is related to the patient feeling secure. The confidence put in hospital’s medical

care and treatment, teams and setting must be in a sufficient level to satisfy the patients.

The cardinal reason for an organization to exist is to find solutions to customers' problems and fully satisfy them. Making surveys at least once a year to identify patient satisfaction level can help determine matters calling for improvement and compare the effect of succeeding improvement activities to the past (Küçük, 2004).

### 1.3.7 Standardization In Quality Management

With the total quality management having proven its effectiveness in the corporate management, studies to formulate underlying criteria in the context of quality-based management mindset have started.

It is a known fact that many organizations worldwide fall short of and fail to be effective against quality problems. Implementation of sanctions against poor quality products has caused quality standards to be set.

Quality standards in current use are mostly derived from military practices. The following Table provides a summary.

**Table 1.**

*Development of Quality Standards*

| Years | Countries | Codes | Designation | Areas |
|---|---|---|---|---|
| 1959 | USA | MIL-Q9858 | Quality system requirements for suppliers | Military |
| 1968 | NATO | AQAP | Allied Quality Assurance Publishing | Military |
| 1970 | USA | IOCFR50 | Quality Assurance Criteria for Nuclear Weapons | Civil |
| 1972 | UK | BS4891 | Quality Assurance Manual | Civil |
| 1978 | CANADA | CSA7-299 | Standards for Quality Assurance Program | Civil |

The following Table shows historical development of Quality Management standards (Kavrakoğlu, 1995).

**Table 2.**

*Historical Development of Standards*

| Years | Standardized Areas |
|---|---|
| 1950 | Examination |
| 1960 | Statistical Concept of Quality |
| 1970 | Quality Circle |
| 1980 | Statistical Concept of Process |
| 1980 | Product Development |
| 1990 | Total Quality Management |
| 1990 | Quality Assurance Items |

Prevalence of mass production in the field of manufacturing, to put it otherwise, the level of production increase being in excess of necessities and the proportional absence of consumption gave rise to globalization. Meanwhile, the effect of technology, and of the progress in the area of communication in particular, should not be denied.

Surplus of supply influenced consumer preferences which thereupon shifted to organizations that are producing quality goods and services and giving guarantee for production.

On the other hand, the economic crises in the aforesaid periods accelerated occurence of this fact, i.e., development of quality and assurance standards.

For example;

Many small and medium sized enterprises affected by oil crisis in England were not able to go back to the business. The experts from British Standards Institution (BSI) investigating the matter stated the need for a system in order to ensure business continuity in those enterprises. An investigation into aticenterprises that survived such crisis produced exactly the opposite result. Those enterprises did have a systematic functioning. The efforts initiated in the early 1970s in England to ensure business continuity in enterprises were

transformed into British National Standards, called BS 5750, in early 1980s (Yalnızoğlu, 2000).

On an international scale, the first general quality management and quality assurance standard is ISO 9000. A committee established in 1979 (Technical Committee No. ISI/TC176) had the purpose of regulating quality control methods used by enterprises in the manufacturing industry, as per minimum international norms.

The activities of Technical Committee eventuated in “ISO 9000 Quality Management Standards in 1987 under the supervision of 20 active and 10 observer countries (International Organization for Standardization, 2012b). It is stated that the following standard setting organizations of four countries played a determining role in the establishment of International Organization for Standardization and development of ISO 9000 standard (Bozkurt, 1999):

- American National Standards Institute (ANSI)
- Association Francaise de Normalisation (AFNOR)
- British Standards Institute (BSI)
- Standards Council of Canada (SCC)

In Turkey, TSE (Turkish Standards Institute) is an ISO member and its sole representative in Turkey, and is setting the quality standards. The objectives of ISO Standards can be addressed in two stages.

The first stage is corporate quality management. In this stage, the enterprises that wish to adapt to effective quality systems must assist with plotting and implementing applicable data maps.

The second stage requires that enterprises wishing to adapt to quality assurance and make it sustainable primarily familiarize themselves with the quality assurance in regard to their own internal flow and procure other participants to accept quality assurance system.

Enterpises which have adopted and try to implement aforementioned objectives are inspected by audit authorities having supervisory power over

the relevant matter in order to determine whether they carry out the applicable actions and procedures set out in the specified standards.

The enterprises that are found to be in compliance with ISO standards as a result of audit are granted quality assurance system certification. However, the supervision and audit are continuous. The objective of ISO is to develop a quality system which is compatible with enterprises' own structure and market rules. The natural result thereof is that the enterprises will have in place a quality system that is compatible with international standards.

**Table 3.**

*Quality Assurance Models in ISO standards and Description*

| Qua. Assurance Models | Title | Description |
|---|---|---|
| ISO 9001:1994 | Quality Systems – Quality Assurance Model for Design, Development, Manufacturing, Installation and Service | Design of quality assurance by the suppliers, and requirements for development, manufacturing and installation |
| ISO 9002:1994 | Quality Systems – Quality Assurance Model for Manufacturing, Installation and Service | Requirements to be met by the suppliers for implementation of quality assurance in manufacturing and installation processes when required |
| ISO 9003:1994 | Quality Systems – Quality Assurance Model for Final Inspection and Tests | Requirements to be met by the suppliers for the implementation of quality assurance in final inspection and tests when required |
| ISO 9001:2000 | Requirements for Quality Management Systems (established by the review and harmonization of standards in 1994) | The required conditions for the quality management system must be met to increase the customer satisfaction by means of meeting the customer requirements and the requirements set out in the legislation. |
| ISO 9001:2008 | Quality Management System (established by the review and harmonization of standards in 2001) | The new version of the standard does not introduce any new requirements, however minor amendments and additions were made to the version that was published in 2001. In this context, TC 176 is referenced for the process management and approach. The ambiguous statements in the previous version are clarified by providing footnotes, for harmonization with ISO 14001. |
| ISO 9004:2011 | Quality Management Approach (management for sustainable achievement for an organization) | A manual developed to enhance understanding of ISO 9001 standard. This standard is a manual developed to support achievement of sustainable success for an organization through a quality management approach. It is applicable to any organization regardless of size, type and operations. |

Three standards with general content issued in 1994 and described in the Table above (ISO 9001-9002-9003) were reviewed in 2000 and converted into one single standard, called ISO 9001:2000, and the latest revision thereof was issued in 2008. A research found out statistically significant differences in perceptions of patient satisfaction after ISO 9002 certification and ISO-9002 quality assurance system implemented according to total quality management principles including customer focus and continuous improvement was seen to be effective (Dalbay and Biçer, 2002).

Although standardization is not directly related to this subject, it is briefly touched upon in this section because it is considered to be a result of quality system.

**Summary of Chapter 1**

Academic sources treat healthcare institutions under various classifications. This Chapter explains that while healthcare institutions are characterized as medical organizations in this Chapter, it is explained that, to be sustainable, they must realize management and other financial principles within their activities.

Again in this Chapter, the historical evolution of healthcare institutions is given as a preface to the subject. On the other hand, it purports to demonstrate importance of patient satisfaction for management principles, suggesting equivalence of “patient” to “customer” in the field of management. Quality of patient satisfaction for creating awareness, total quality, all concepts and historical process of quality management and service quality are elucidated.

The following Chapter II will address brand and patient satisfaction relationship and the quality of service- the focus of relationship.

# CHAPTER 2

# BRAND – PATIENT SATISFACTION RELATIONSHIP

## 2.1. Brand and Scope in Legal Terms

In Turkey, the trademarks which are subject to industrial property rights are regulated and protected under the “Decree Law No. 556 On Protection of Trademarks” and “Regulation On Implementating Decree Law No. 556 On Protection of Trademarks” as well as communiques issued by Turkish Patent Institute. Turkish Law does not require registration of trademarks for the use thereof. However, registration is mandatory to benefit from protection provided under the Decree Law No.556. As for unregistered trademarks, they merely benefit from protection provided under the provisions of Turkish Commercial Code, Turkish Code of Obligations, and Turkish Civil Law.

In article 5 of Decree Law No.556 on Protection of Trademarks, a trademark is defined as “any mark, including the name of persons, especially the words, shapes, letters, numbers, form or packaging of goods, that can be indicated by drawing or expressed in a similar way, published or reproduced by pressing provided that it discriminates goods and services of an enterprise from the goods and services of other enterprise”. Turkish Patent Institute defines trademark as a picture, letter, sign or distinction that is used to describe or discriminate particular goods from the others.

In the Decree Law No.556, the word “mark” is used in a broad sense and is held to include figures as well as graphics, designs, name of persons, words, letters, logos, forms of packaging, slogans containing multiple words, combinations of words and images, three-dimensional images, short melodies

used in the credits and to introduce a program, colors and color combinations. The condition in the Decree Law reading as "that can be indicated by drawing or expressed in a similar way, published or reproduced by pressing" does not mean only two-dimensional marks may be trademarks, but a sound or melody put into notation or two-dimensional version of a three-dimensional image are also covered.

The trademarks can be handled in different classifications based on their various characteristics. However, there is no generally accepted classification in relation to trademarks. Decree Law No.556 lays down four classifications: collective marks, guarantee marks, commercial marks and service marks. Decree Law contains descriptions of guarantee mark and collective mark. A "guarantee mark" is a trademark used by many entities to guarantee their common characteristics, manufacturing procedures, geographical origin and quality, under the control of trademark owner. It is prohibited to use the guarantee mark on the goods or services of trademark owner or entities that are economically associated with such owner. The "Collective Mark" is a trademark that is used by a group of manufacturing or trading or service enterprises to discriminate the goods or services of group enterprises from the goods and services of other entities (Turkish Official Gazette No. 22326 dated 27.06.1995) (Turkish Official Gazette No. 25781 dated 09.04.2005).

## 2.2. Brand, Branding and Corporate Identity and Brand Perception

### 2.2.1. Brand, Branding

The first observed instance of branding in the history was a marking put on a particular product to inscribe where and by whom it was manufactured (Taşkın, and Akat, 2012).

Wally Olins is in the forefront of the most notable figures in modern branding. His thinking ability and clarity brought him up to this level. According to Olins, it is very important to produce works that are notionally beyond time. His views on the brand culture can be summarized as follows (Mikman, 2012):

- The communication element of an organization in the context of written and visual communication is a restricted element of that organization.

- Some parts of an organization are stronger and more important, and even more efficient and effective than its advertisements.
- Advertising serves for a significant tactical purpose.
- Advertising is not only way of communicating who or what is an organization.
- The managers must have faith in what they are doing and must be able to read other persons.

On the other hand, approaching people, speaking to them, listening to them, encouraging them and somehow telling them when they show underperformance are important aspects of branding and also expression of human understanding. In other words, the brand is related to concept of belonging. The branding is a kind of emotion that triggers the sense of belonging. Therefore, future existence of an organization depends on their ability to rapidly change, to create a brand and achieve branding.

Another definition of brand suggests that it carries further meaning for an enterprise than just naming or symbolizing the products and services. Branding is a significant strategy when it comes to dividing the market and fulfilling different consumer requirements and demands with different brands and products. Brand is the yesterday and toworrow of a product. It gives an identity and meaning to the product and furthermore, it enables to build an emotional bond between enterprise and consumer (Tengilimoğlu *et al.,* 2014).

From a standpoint of services, brand is a service which has a distinctive character. Such character can be defined as a selective feature which enables a person to differentiate a brand from the other (Aker, 1995).

However, we consider that this feature should not lead people to expect far beyond they have actually purchased; otherwise exaggerated expectations would not bring any added value to the organization, on the contrary, it may bring a negative value.

Currently, globalization has become a driving force for branding. Different meanings that are associable with any brand may be present. Such meanings

may be new at that particular time, but gain continuous effect in time (Millman, 2012).

We consider that branding is a process of producing meaning that extends from largest and most brave move of an organization through its smallest move.

All academic studies express that a brand is an idea and nothing more. This fact should not mean that brands do not exist or are worthless. The brand value occupies a major position in today's economy and the organizations live together with the correct branding strategy. In practice however, various definitions of brand and branding come forth as different opinions and options emerge.

While most authorities ascribe the brand idea to tribal instinct, some others associate the elements of branding with the inherent nature of being a human(Millman, 2012).

An emotional bond comes into being between consumer and brand of any product or service when they again purchase or benefit from such product or service they need or desire.

The word "brand" is derived from "*brands*" which means "burn with fire" in the Old Norwegian. In 1876, after passing of Trademark Registration Act in the United Kingdom, Bass Ale (brand) applied for trademark status for their red triangle, which had been grown into a typical example, becoming the first registered trademark owner in the world (Millman, 2012).

The brand gives image and value to a product or service, creating a communication bond with the consumer. The product offers a functional and palpable benefit while the brand is an abstract value built on this functionality. A good and reliable brand symbolizes the notion of trust and guarantee manufacturer has left on consumers (Karahan, *et al.*, 2017).

On the other hand, industrial revolution brought dramatic innovation into manufacturing and communication. This led to the initial mass marketing

activities of commercial artists and advertising tools. Today, the designers and marketers promote change through brand and branding.

The idea that brand forms an emotional bond with the consumer with the brand naturally drags the consumer into the course of brand preference. Prime moment in this process is the “decision making moment”.

“Decision Making Moment” refers to the moment when the consumer decides to purchase a brand. From that moment onward, an individual relationship grows conditional upon whether the brand appeals to the consumer’s values and desires in a meaningful way.

To our mind, linking a brand to a mission is important and necessary. The main idea behind purpose-oriented brands is to see, embrace and celebrate that the brands can upgrade human life and cause people to feel better.

Consolidation of thinking and creation skills represents one of the greatest talent in creating a brand. In other words, it can be said that a brand is a phenomenon with which one builds an “unexplainable emotional connection”.

### 2.2.2. Corporate Identity and Brand Perception

From a general perspective, corporate identity is an organization’s way of expressing itself. All activities guiding how an organization would be perceived when representing itself are defined as corporate identity process.

Identity value is derived from self-expression attempts of the brand and represents the value of brand in the eyes of consumers. Corporate identity for healthcare institutions is constructed through all branding-orientated activities which purport to create differences having a direct influence on customers’ desires and expectations.

We tried to explain that brand is a value generating an emotional bond with patient (customer). Brand perception is a concept that extends parallel to the concept of prioritizing patients and customers of hospital, is predicated on customer satisfaction, and is/will be perceived by the patient by viewing identity value. Consequently, identity value consists of self-expression attempts of the brand and the Brand is that identity value itself. Brand perception can be

defined as a sense of perception which has a direct effect on the customers' desires and expectations in the healthcare institutions and creates difference and awareness as compared to others.

### 2.3. Constitutive Elements (Concepts) of Brand

Management of organization must determine a specific mode of management to achieve its objectives and goals. The expression of this management mode vis-à-vis third parties is the brand itself.

Therefore, several basic constitutive elements of brand are clarified below (Taşkıran, 2007) (Tengilimoğlu, *et al.*, 2017).

They are:

- Brand identity
- Brand image
- Brand association
- Brand personality
- Brand awareness
- Brand preference
- Brand loyalty
- Brand value

Brand identity refers to everything people directly or indirectly associate with the brand the moment they see it.

Brand identity is a value that identifies with the person and persons who have these expressions and creates a difference as compared others (other brands and/or users of different brands). In other words, the brand identity denotes all services in their entirety provided by an organization to customers. This covers existing brand characteristics, contributions, benefits, performance, quality, experience and the value when it is owned. The brand identity is the essence of how customers perceive the organization (Tengilimoğlu, *et al.,* 2017).

This value may comprise subjective perceptions and expectation such as life of person and persons, life style, dressing style or associate with objective demands and expectations such as feeling of trust, comfort, and being in safe

hands. Therefore, the brand identity must be managed in paralle to target audience to which it addresses.

Albeit absence of a whole consensus of opinion over the definition of brand image in theory, we believe it is an established value of perception that puts many positive or negative personal experiences or the experiences narrated by others together. In conclusion, the brand image changes in parallel to any change in these perceptions. The feelings or impressions forged by the image link up the product perception, beliefs, attitudes, brand personality, characteristics and emotions (Uztuğ, 2007).

Brand association can be described as being a mentally established link with the target audience at the time of a brand briefing or conversation. In other words, it is a mentally formed information network and contains the meaning of brand for consumers (Karahan, *et al.,* 2017).

A high level of brand association in the target audience causes occurrence of other brand elements. Brand personality is intended to establish a special connection between the customers and brand based on peculiarities which are imputed to brand among customers. In other words, when customers begin to perceive the brand as a real person, brand personality has been created.

Brand personality utilizes the brand to present differences that distinguish personal characteristics from others. Brand personality is brought into being by imputing human characteristics to the brands. Strictly speaking, it stands for the answer to the question: “If the brand was a person, how would he/she be like? Hence, brand personality intensifies personal meaning of product to consumers allowing them to identify with the product. Researches show that, as to personality traits they represent, Mr. Coffee brand is considered to be trust worthy, friendly, skillful, kind, and intellectual whereas Harley Davidson tough and outdoor lover. Thus, brand personality is defined as an element that is brought into existence by reflecting upon the brand of personality traits that allow consumers to differentiate among various brands.

The core values owned should be taken into consideration in selecting a proper brand personality. Otherwise, the brand personality will constantly change,

creating doubt in consumer’s mind. “Doubt” is an undesirable situation for brand loyalty. It impairs brand-consumer relationships.

Brand awareness is knowledge and/or recollection of potential customers (buyers) of an existing brand available in category of goods or services they want to purchase.

Buyers are extremely reluctant to purchase a brand they do not know about. Therefore, awareness matters when purchasing any goods or services. Consequently, awareness is a significant function to the buyer in purchasing goods or services. Brands that have been developed on an effective level of recall and gained a strong presence in the eyes of consumers grow stronger due to their innovation and capability increasing with the passing years.

Brand preference is re-preference of a brand as a result of buyers’ positive experiences. Buyers do not re-prefer the goods or services which they are not satisfied with or are described by them as a negative experience and tend to have experience with other brands.

Brand loyalty is frequency (repeat frequency) of brand preference. We believe that brand loyalty would enhance upon fulfilment of expectations, in other words, achivemenet of buyer satisfaction, resulting in prolonged lifetime of goods or services.

Brand value can be defined as a positive influence or influences that a brand name and/or symbol has brought forth in the mind of buyers. This value clarifies the reason why the buyer has preferred the service and/or product in question, borne additional costs or made sacrifices for such preference.

Brand value is the aggregate of responsibilities that add value to, or diminish value of, a product or service that is produced for an enterprise and/or its customers and arise in connection with the names and symbols associated with that brand.

Healthcare institutions gain leverage from increased brand value in four ways (Bohrer, 2007). First, it downsizes all marketing costs. Although some costs will be incurred at the time of planning to increase awareness, costs of

marketing actions such as advertising will fall due to increased brand loyalty of customers and their repeated purchases in the course of time. Second, it will facilitate brand growth initiatives. With the increased brand value, making additional products under that brand name will be easier. Third, brand value offers a mechanism for a defensive positioning of hospital against competitors and sets up barriers to market entry of competitors. Finally, it will boost hospital's market share. This difference will be seen clearly if a hospital with a high brand recognition is compared to another hospital.

The brand value emerges in two ways. First, it originates from the identity of organization, which is due to influence of founder or managers. Second, it originates from the viewpoint of consumers (external process). This distinction is reflected in the methods used to describe brand value. The internal methods concern with corporate identity whereas external methods concentrate on factors such as consumer-perceived image. Both methods must be considered in order to deeply understand brand value and contradictions between the image and identity of organization (Işık, 2016).

### 2.4. Branding Process

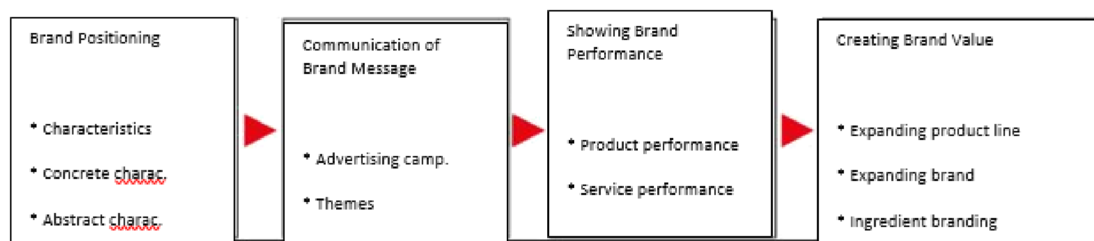
In our opinion, branding is the most sensitive point of the subject matter hereof, and proposed objectives would only be achieved via a strategic approach and management process. A thorough research period lies beneath this process. Research period is related to accuracy of analysis findings to be obtained. These findings can either be results that pertain to enterprise itself or to economic, social, technologic and political spheres involving it. Actual results will constitute reasons, in other words, justification of upcoming decisions.

The purpose of this is to solve actual or possible external or internal problems, if any, in the first place, thereby precluding them to restrict and/or obstruct branding process.

On the other hand, as previously stated, brand is an idea allowing distinguished perception of itself against other brands at the time of purchasing a product or service. It is ultimately customer-focused. Branding process has therefore to be customer-oriented also and a successful branding process

requires research analyses to be performed for target audience. Such analyses will allow determination of factors playing a critical role in branding process such as customer requirements, expectations, functional and emotional benefits anticipated from brand, as well as factors that will affect the bond between customers and brand (Taşkıran, 2007).

Ghodeswar, who developed a conceptual branding model called PCDL, reports that branding process includes four stages: brand positioning, communication of brand message, displaying brand performance and creating brand value (Taşkıran, 2007).




**Graphic 7:** PCDL Model

According to PCDL model, branding process begins with brand positioning including palpable and abstract brand characteristics, product functions, benefits offered by brand and brand actions and is intended to establish brand-consumer communication that will be discussed as part of management of brand communication.

Coming to the forefront in the stage of brand performance are what kind of performance brand has in terms of particulars of product and service that can be directly linked to brand, whether such product/service performance meets consumer expectations, how customer service approach is implemented, and whether consumer satisfaction and pleasure is achieved in line with brand performance. Final stage of branding process contains “creating brand value” which is often mentioned when talking about successful brands. The existence of brand value is an element that economically manifests and materializes the contribution brand will make to the organization, and also is the basic

indication of achievement of success of being a brand in real terms. Therefore, it is not surprising that branding process ends with the stage of “creating brand value”(Taşkıran, 2007).

**2.5. Corporate Identity and Brand Relationship**

The purpose of this relationship is to discuss a system in which corporate identity activities of healthcare institutions are in coherence with the concept of prioritizing patients and hospital customers, to create an identity value and to demonstrate that this identity value is a brand value deriving from self-expression attempts. This section concentrates on the necessity of branding for healthcare institutions. In practice, corporate identity activities of healthcare institutions have started with such concepts as ethics-sustainability-quality, technological modernization, and prioritizing patients and hospital customers. This has paved the way for an increase in the number of private hospitals.

On the other hand, increased income level of society gives rise to better service expectations of patients. Shortage of healthcare institutions, shortage of practising doctors and nurses at hospitals, failure to meet material and equipment requirements necessitates taking of corrective actions and improvement of service quality in this sector (Papatya, et al., 2012).

The corporate identity and brand can only be realized through social marketing. The concept of social marketing emphasizes that marketing principles and methods can sell not only the goods and services but ideas also. As is known, brand consists in an idea in its narrowest sense.

Social marketing combines “marketing and social change practices” to achieve the desired social objectives and implements marketing techniques towards social objectives.

Branding developed by social marketing has following characteristics Nakibpoğlu, *et al.*, 2016):

- The social marketing brand should give such messages to target audience that they can achieve their dreams, live longer, and change is not difficult as anticipated.
- It must be consistent with how target audience perceive themselves and their lifestyle.
- It must support and foster target audience members' personal perception of happiness and peace.
- It should form a bridge between the person a target audience member is today and his/her dream of becoming a person who would be in relationships whatever he/she wants to.

Organizations use social marketing to satisfy desires of their target audience and to assume an important role in protecting public interests as well. Social marketing primarily aims to identify target audience and to offer social solutions, that suit their desires and needs, to their problems, at a social price and in an appropriate place and time, and to inform target audience, society and administrations of such activities through social promotions (Torlak, 2001).

For healthcare institutions, accomplishing a corporate identity through social marketing means a strategic approach to respond to desires and needs of service recipients rather than being an internal practice. A healthcare institution that appreciates marketing activities would certainly establish better communication with patients, and determine who to direct its activities and know how to respond exactly. This is considered an important step in developing a corporate identity.

The institutions that fulfil their social marketing responsibilities make themselves distinct, gain reputation, trust and prestige, and provide transparency. Corporate reputation requires organizations to establish and maintain good relations with the target audience. Except for the diagnosis and treatment of patient in the healthcare institutions, establishing a good relation with patients, fulfilling their expectations and generating a feeling of trust between patient and institution are vital.

### 2.5.1. Reasons for Necessity of "Brand" for Patient Satisfaction

Where a comparison of a healthcare institution with another demonstrates satisfaction with a brand, payment of an acceptable higher price or acceptance by patient of assuming a further burden will come up as an issue. This is a positive result of branding.

What are the reasons of it? This can be explained by addressing the following issues:

- The individuals believe they minimize risks if they buy the brand.
- Although individuals are aware that a part of price paid is spent on advertising when it comes to health, they do not wish to take risk and utilize a service whose quality they are not certain about.
- The individuals buy a brand for "status"
- The individuals sometimes buy something "only "because" it has a high price. There are situations, albeit not extravagant, observed in healthcare industry where this is the case. Individuals feel more passionate about a brand they like/trust than others, as, for example, by looking for the most popular heart surgeon or brain surgeon.
- Especially in health sector, patients maintain their relationship with institutions they like/trust and are thereby attached to, and doctors with their patients, for long periods of time.
- The healthcare institutions increase their reputation through branding.
- In particular, it is very hard for physicians to express themselves. This may be construed as self-praise. However, sharing successful activities on regular basis ensures branding and sustainability.
- The healthcare institutions could raise awareness through branding.
- One of the common features of healthcare institutions that have succeeded in becoming a brand is that they choose a group of people as a target and reach them; for example, a hospital specialized in cardiology and a healthcare institution that provides aesthetics services.
- Branding brings added value and further advantages to organizations.

- All organizations which have succeeded in becoming a brand are always one step ahead of their competitors. They will always be the preferred one “in the first place”. So, the primary objective is to become a brand and gain success.
- Alternatively stated, as long as added “value” given by branding to an organization can be maintained as a brand, it will be obviously different from its competitors. So, what are the branding conditions relevant to health industry? These conditions can be listed as follows:
- A brand that displays a service-oriented approach aiming at satisfaction of parties;
- A brand that actively incorporate patient in treatment process and educates people on healthy life;
- A brand that builds a relationship having regard to mutual trust and reputation between parties;
- A brand that makes services easily accessible and easily understandable.

A brand that incorporates all mentioned values as a whole and a management approach devoted to this scope is fundamental hallmark for a sustainable corporate success and branding in the health sector.

In the health sector, achievement of corporate identity, branding and sustainability are conditional upon development of marketing strategy models in which corporate reputation relies on trust. This matter is briefly touched upon here because it is out of scope of this thesis.

On the other hand, viewing the matter from this perspective demonstrates that a well-managed communication system must exist between parties. Achievement of a high-grade communication in health sector is only possible through identifying and managing requirements and problems in all channels.

Health communication is described as raising awareness of individuals, organizations and communities regarding health and health-related matters, creating consciousness, responding to informational needs, giving correct information, creating and enhancing consciousness about health, recognizing the right of patients or individuals to health and raising awareness on this field

and using communication strategies and methods to protect the right of living in a healthy environment. Health communication represents a maturity age involving awakening and arousing processes in the scope of behavioral science activities (Ertekin, 2017).

Goals could be achieved through strong managerial staff. The purpose is to enhance and maintain satisfaction of parties. For an effective communication, satisfaction of all healthcare personnel, particularly managerial staff, should be evaluated within this scope.

Sustainable satisfaction is signified by a sufficiently satisfied patient profile. Treating satisfaction not only as a target but also a culture would bring continual trust and reputation to institution, which, by extension, would result in attainment of corporate identity and brand objectives.

In conclusion, the concept of “idea marketing” might be suggested to be the basic and indispensable element of “brand creation”, in light of social marketing principles. To put it another way, necessity of marketing the service occurs. Such activities may be turned into strong brands of healthcare institutions of a national caliber first, and thereafter, regional and international caliber.

Quality of healthcare services strengthens brand value. Therefore, a pivotal obligation of managers should be to create strong and reliable brands to introduce country and tell the world about our healthcare services

Consequently, healthcare institutions should accurately set their target audience for branding purposes and recognize the service branches in which they have relative superiority, encourage mutual relationship and accelerate branding.

Simply stated, we could say these facts can be possible through social marketing approach and conception.

### 2.5.2. Communication in Patient Satisfaction and Its Effect on the Brand Value

In its simplest definition, communication is the process of sharing feelings, information and thoughts between at least two persons to understand each other.

One of the critical factors shaping this definition is the objective of person or entity making the definition. The healthcare personnel strive to create goodness, honesty and kindness in the persons they care for and move such persons towards such virtues. Therefore, for healthcare personnel, communication is the process of sharing information, news, feelings, thoughts, attitudes and skills to cause behavioural changes.

Anything that is mutually done or not done by healthcare service providers, patients and their families carries a meaning. That is to say that communication helps make change in attitudes and behaviors through comprehensible messages, allowing the organization to operate efficiently and methodically.

Communication is a process whereby healthcare providers, patients and their families understand each other well and is perceived as exchange of experiences, feelings and opinions in the hospital.

Seeing it from the psychological perspective of a patient and/or his/her family member who is:

- Anxious, excited,
- Brave, alone
- Surprised, unhappy
- Uncertain, afraid
- Unconfident, nervous
- Skeptic, distressed
- Resentful,

communicating healtcare personnel should primarily determine purpose of communication.

Whereas the purpose of patient and patient's family is to:

- reduce interactional uncertainty;
- convey a correct and complete message;
- establish an open and clear communication,

Some academic spheres suggest service climate is another element of customer (patient and patient's family) satisfaction (Aslan, S., *et al.,* 2008).

Service climate is defined as customer perception of practices, procedures, and anticipated customer service support and respect. The persons who influence customer experience and elicit customer satisfaction most are the staff coming into contact with customers. Researhes indicate that staff exhibiting a good communicational performance play an important role in eliciting customer satisfaction.

## 2.6. A Research on Brand Perception in Healthcare Institutions

### 2.6.1 Purpose and Description

As noted in previous sections, fulfilling patient expectations –put it briefly, patient satisfaction- takes place among fundamental issues and requirements of healthcare industry. Patient satisfaction has turned into characteristic indication of service quality. Such characteristic affects patients' schoice of healthcare institution conditional on service quality. Therefore, in healthcare institutions, indicators relative to patient expectations are set to serve as instructions for satisfying the same.

Introductory part above referred to similar studies in literature on determinant aspects of marketing and patient satisfaction. Here, the following Table primarily shows contributions of such studies and their relevance to this thesis.

| RESEARCHERS | YEAR | OBJECTIVE | DEFINED CONTRIBUTIONS |
|---|---|---|---|
| MOTWANI-SHRIMALI | 2014 | WEIGHT OF MARKETING IN HEALTHCARE INSTITUTIONS | SIGNIFICANCE OF TRANSPARENT PRICES ACCESSIBILITY OF SERVICES (CONVENIENT LOCATIONS)<br>DEPORTMENT OF HEALTHCARE PERSONNEL<br>TEKNOLOGICAL ADVANCEMENTS |
| CHAO VE KAO | 2011 | SETTING THE FACTORS THAT AFFECT CHOICE OF HEALTHCARE INSTITUTIONS | FREE MEDICAL CONSULTANCY<br>IDENTIFIABILITY OF LOYALTY THROUGH REFERENCE<br>FREE CLINICAL TREATMENTS<br>TREATMENT RELATED COMMUNICATION, ADVERTISING, EDUCATION ON PUBLIC HEALTH AND HYGIENE |
| CHAO VE KAO | 2011 | EFFECT OF BRAND PERCEPTION ON PATIENT SATISFACTION AND HOSPITAL LOYALTY | UNVEILING THE POSITIVE COHERENCE BETWEEN PATIENT SATISFACTION AND HOSPITAL LOYALTY<br>POSITIVE BRAND |
| MILLER | 2010 | LOCATION OF HEALTH INSTITUTIONS | INSUFFICIENCY OF LOCATION ALONE<br>COMFORTABLE AND EASY-GOING COMMUNICATION AS AN ADDITIONAL REASON OF PREFERENCE |

| | | | |
|---|---|---|---|
| | | | |
| VINODHIM-KUMAR | 2010 | PATIENT - CUSTOMER RELATIONS | TRUST IN BRAND CREATION<br>PATIENT SATISFACTION<br>COMMUNICATION<br>BRAND LOYALTY, SIGNIFICANCE OF AWARENESS |
| CONSUEGRA, MOLINA-ESTEBAN | 2007 | PRICE, SATISFACTION AND LOYALTY RELATIONSHIP | EFFECT OF PATIENT SATISFACTION AND LOYALTY ON ACCEPTANCE OF HIGHER PRICE |
| EVANS | 2006 | EFFICACY OF SOCIAL MARKETING PRACTICES | CAMPAIGNS<br>NO TO SMOKING<br>NO TO ILLEGAL ABORTION |

| ARSLAN Ş.SEGİN - M.HASILOĞUL | 2011 | FACTORS AFFECTING PATIENT SATISFACTION AT PRIVATE HOSPITALS | QUALITY OF DOCTORS<br>QUALITY OF SERVICE<br>COMMUNICATION AND FACTORS |
|---|---|---|---|
| ÇAKIL, O.E | 2007 | FACTORS AFFECTING PATIENT SATISFACTION IN HEALTHCARE SERVICES | PATIENT SATISFACTION<br>QUALITY OF DOCTORS<br>COMMUNICATION |
| BAKA İ-ERSAHAN B-KEFE İ -BAYAT M. | | PERCEPTION OF PATIENTS RECEIVING TREATMENT AT PUBLIC AND PRIVATE HOSPITALS ON SERVICE QUALITY | EXISTENCE OF POSITIVE RELATIONSHIP AS TO SERVICE QUALITY IN PRIVATE HEALTH INSTITUTIONS |

The preceding studies have led forth the research. As follow-up to these studies, this research looks into to discover whether private health institutions which have become a brand create positive awareness and whether the factors pertinent to patient (customer) satisfaction are present at those institutions.

This caption includes the purpose, model and processes, limitations and assumptions, universe and sample, data collection method and process and general assessment of research.

The key topic addressed in research is the question “Do brands influence consumer behaviours in healthcare industry?”. Here, reply to this question is sought with the help of assumptions testing and assessment of findings of questionnaire.

Model and Processes: Research model involves measuring how the service recipients perceive the brand awareness in healthcare institutions and by this approach, correlating the brand image with service preference. The questionnaire has been measured with delienative statistical values in light of demographic data whose reliability was tested. In this research, the effect of social security and private health insurance on preference is assessed and and responses grouped.

Research was evaluated according to the criteria and capabilities used in selection of the research problem. These criteria and capabilities are materiality, innovation, compliance with established code of conduct, field competence, adequacy in methods and techniques, data collection permission, sufficiency of time and opportunity, sufficiency of participants’ interest. Research investigated the effect of branding on service recipients’ attitudes of consumption in the health institutions which are the subject of selected problem. With the selected model, a research was made in compliance with established code of conduct. The required permissions were obtained to collect data during research and attempt made for maximum utilization of time and other facilities.

Constraints and Assumptions: Results were assessed within reliability limits that exist because of limited universe and sampling error margin. Constraints of research included the assumptions that responses from participants were truthful and candid, and analyses and techniques used were appropriate. Another important constraint was that research area only covered Istanbul. Another constraint was sending of questionnaire to participants who are

service recipients of healthcare institution via e-mail or social sharing applications over mobile networks.

Universe and Sampling: For the research results to be valid, reliable and utilizable, source of data has great significance. The most accurate result is what has been obtained from entire source where data is sought. However, this is not always possible. Especially, it is extremely unrealizable if the source is very large and wide. For that reason, the researchers have to work on a particular example rather than examining the whole source. This research is limited to persons who receive services from healthcare institutions located in Istanbul.

Universe is made up of healthcare consumers who are over 15 years of age and residing within provincial border of Istanbul. Selection of persons over 15 years of age is basically because they are eligible to receive and assess healthcare services as they possess mental capacity (power of discernment), in spite of them being below the age for exercising their civil law rights. Universe is calculated by taking Istanbul population as 14,804,116 as per 2016 data issued by TSI. Research period was June 2017, and hence, assuming an increase of 1% compared to previous year, after adding 0.5% – corresponding to 74,021 people- for the first six months, population was held to be 14.878.137. After subtraction of 14.86% for people under 15 years of age, universe of questionnaire was set at 12.593.225.

Research sampling was determined by utilizing personal circles including members of some special clubs, societies and similar non-governmental organizations, their families and people in their circles and sampling size was calculated to be 820 according to the formula n=[N*p*q*Z2]/[(N-1)*t2]+(p*q*Z2) (Bal 2001), with 95% sampling reliability of and error margin of ±3.42.

Data Collection Method and Process: Questions and expressions used in the questionnaire were directed to the participants via electronic means on different platforms using Surveymonkey website data collection program.

Electronic questionnaire method was used to conduct a pilot study involving 25 persons first, and the questionnaire assessed and finalized. Questionnaire

was filled out by persons over 15 years of age recommended by references,and the results analyzed for assessment.

During research period, practical challenges were encountered, and an alert mechanism was employed to intervene and procure that questions that were left blank and questionnaires not filled out within response time are answered. This study made a positive contribution to the number of questionnaires to be assessed.

The questionnaire process includes preparation of questions, pilot application, finalizing the questions, identifying participants, sending questionnaire via electronic means, converting results into usable data sets, and interpreting data.

Participants were not obligated to state their names to increase accuracy level. Closed-end questions (multiple choice- grade, optional, fixed-response, decision imparting questions) among systematized question categories were used. Questionnaire composed of 27 questions and expressions in total and forwarded to 1050 persons. 795 participants successfully completed it and 25 persons were contacted again to give their lacking responses, and thereby sampling figure attained. 230 participants did not show interest in questionnaire or were excluded from evaluation due to lacking responses. Questionnaires with lacking questions were subjected to content analysis by way of document examination.

Research employed field study method, i.e. questionnaire. Statistical package software IBM SPSS 18.0 Windows (Statistical Packages for Social Sciences) was utilized to assess answers and perform hypothesis tests.

Data validity and reliability analysis was performed. Structural equation model and descriptive statistical methods were used to analyze data.

### 2.6.2. General Assessment of Research

At this stage, descriptive statistical values, frequency and percentage distribution of questionaire responses are displayed in tables and graphics. It also includes hypothesis tests and results thereof.

At this stage, assessment was carried out by dividing questionnaire into four sections in the sequence indicated in questionnaire. In the first section, demographic details of participants are assessed by cross grouping. In the second section, use of social security and private health insurance is evaluated.

In the third section, the responses to expresssions concerning services of healthcare institution and service expectations are assessed. Final section contains a comparative assessment of brand perception of service recipients and its effect on expectations.

The statistical data such as mean, mode, median and standard deviation relating to responses to statements that were posed to identify service expectations in healthcare institutions and service recipients' perception and expectations of corporate brand value, are displayed in tables.

Mode (Peak Value) is the most repeated data point in a numerical data set. Repeat count of it is called frequency. Median is the data point situated in the middle when a numerical data set is sequenced. Arithmetic mean is the value obtained by dividing the sum of data points in a number series by the number of those data points in that series. Standard deviation is the square root of division of the sum of squared variance of each data point in a data set with regard to arithmetic mean of that set by the number of data points *less* one.

Standard deviation is used to find how much of data is near average. If standard deviation is small, data is dispersed close to the mean. On the contrary, if the standard deviation is big, data is dispersed farther from the mean. If all values are same, standard deviation will be zero. The standard deviation shows us how uniformly and stably data is dispersed. These calculations used in statistics is called Central Tendency Measures altogether. The distance of results of all calculations from center of data is taken into account. In this way, certain decisions can be made on each data or entire series.

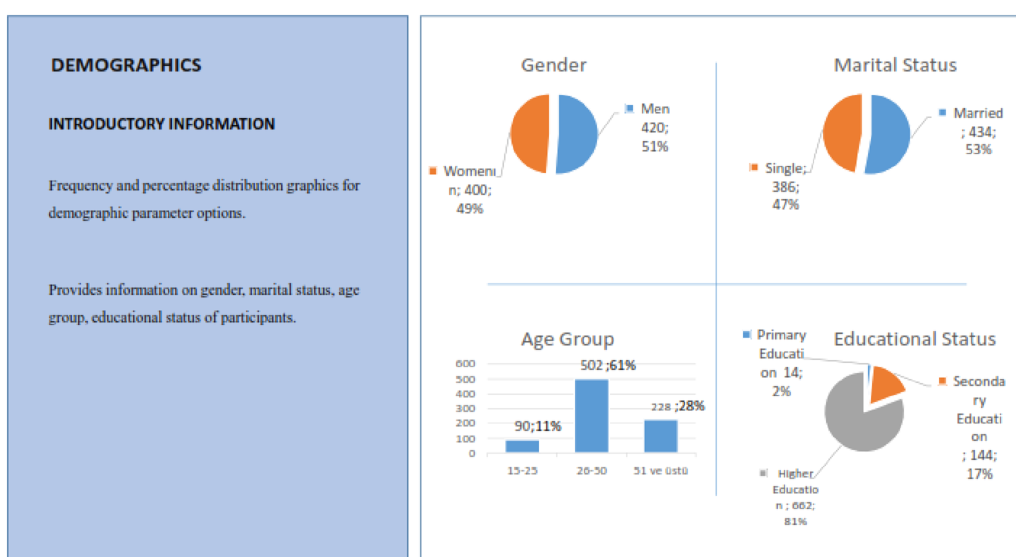
Central tendency measures are also termed mean scores. Each method calculates mean scores differently. Assessments in this research were determined based on these mean scores.

The hypothesis testing included t tests for two independent groups, Variance Analysis ANOVA parametric tests for more than two independent groups, Mann-Whitney U Test for two independent groups, and non-parametric Kruskal-Wallis H test for more than two independent groups.

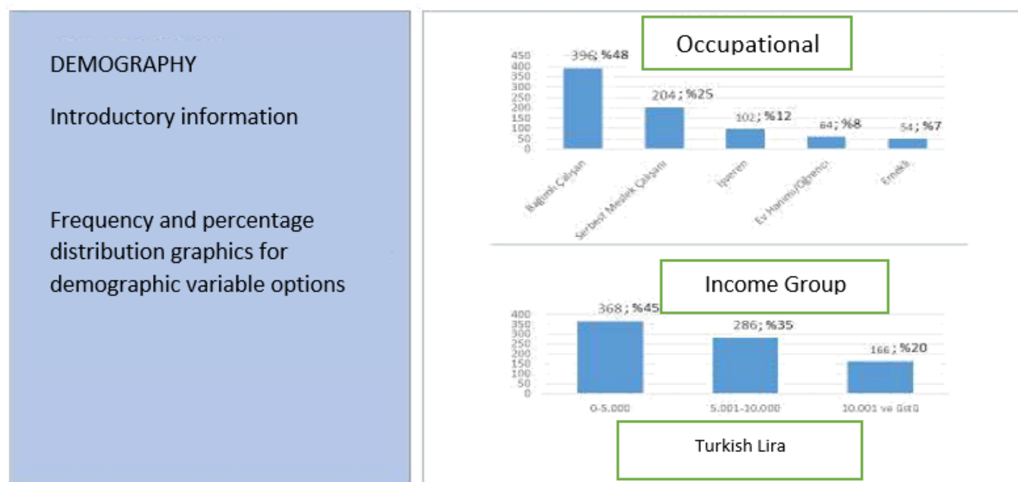
Tests proved fulfilment of our basic assumption which implied homogenity of normal dispersion and variances between the groups, and that the Sig. value of ANOVA tests was greater than 0.05.

### Evaluation of Demographic Data

This stage involves examination of dispersion between elements of demographic variables, i.e., personal information including gender, marital status, profession, age group, income group, education and higher education(see Graphic 8).




**Graphic 8:** Demographic Data




**Graphic 9:** Occupational and Income Groups

A probe into elements of demographic variables indicates a sampling distribution of persons who are preponderately close in gender and marital status, mostly university or higher education graduates, 26-50 years of age, with a income level below TL 10,000.

Below indicated table scores demonstrate formation of a distribution that is compatible with mean scores for Turkey in terms of gender. Marital status distribution in the sampling has close percentage values. 47% of participants reported their marital status as being single, and 53% married.

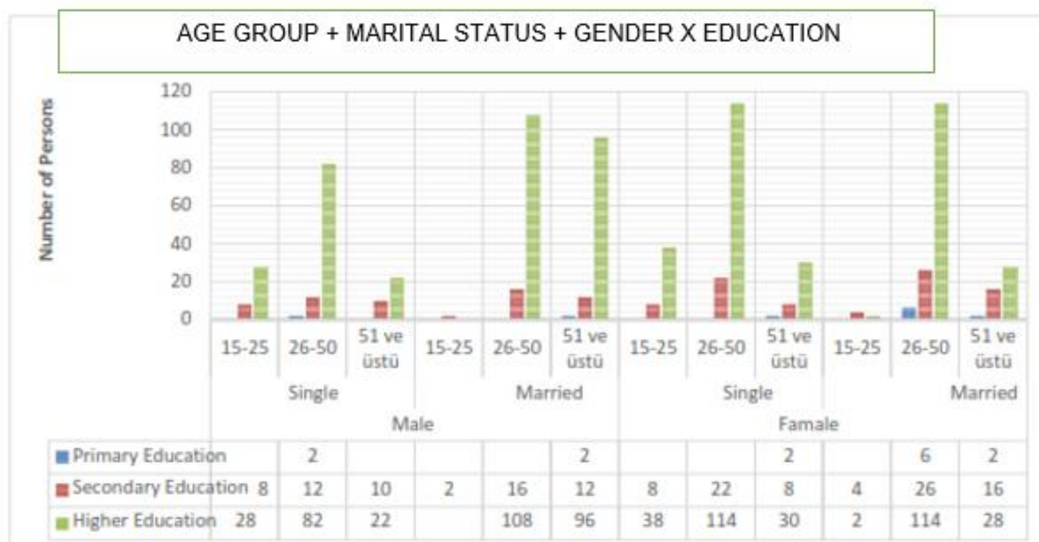
Research was carried out on persons who are minimum 15 years of age, which has been determined as the baseline for age grouping. 26-50 age group was predominantly effective in sample distribution with a rate of 61%. Concerning the education status of participants included in the sample, the higher education had the highest rate with 81%.

In selecting participants, reflection of the personal circles of references on the questionnaire has influenced this rate being a little higher than expected.

**Table 4.**

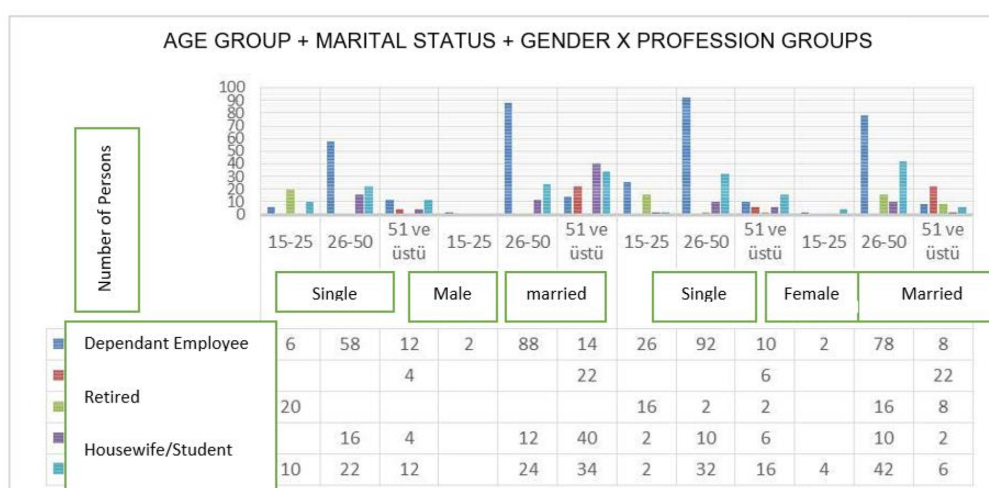
*Frequency and Basic Statistical Values for Options of Demographic Variables*

| S1 | Gender | Value | Frekans | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| | Male | 1 | 420 | 51,22% | 1 | 2 | 1 | 1,49 | 0,50 |
| | Female | 2 | 400 | 48,78% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S2** | **Marital Status** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Married | 1 | 434 | 52,93% | 1 | 2 | 1 | 1,47 | 0,50 |
| | Single | 2 | 386 | 47,07% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S3** | **Profession** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Employed | 1 | 396 | 48,29% | 1 | 5 | 2 | 2,00 | 1,23 |
| | Self-employed | 2 | 204 | 24,88% | | | | | |
| | Employer | 3 | 102 | 12,44% | | | | | |
| | House wife / Student | 4 | 64 | 7,80% | | | | | |
| | Retired | 5 | 54 | 6,59% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S4** | **Age group** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | 15-25 years | 1 | 90 | 10,98% | 1 | 3 | 2 | 2,17 | 0,60 |
| | 26-50 years | 2 | 502 | 61,22% | | | | | |
| | 50 or over | 3 | 228 | 27,80% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S5** | **Income group** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | 0-5.000 | 1 | 368 | 44,88% | 1 | 3 | 2 | 1,75 | 0,77 |
| | 5.001-10.000 | 2 | 286 | 34,88% | | | | | |
| | 10.001 or over | 3 | 166 | 20,24% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S9** | **Education** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Primary school | 1 | 14 | 1,71% | 1 | 3 | 3 | 2,79 | 0,45 |
| | Secondary school | 2 | 144 | 17,56% | | | | | |
| | Higher education | 3 | 662 | 80,73% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S10** | **Higher Education** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Associate's degree | 1 | 106 | 15,92% | 1 | 4 | 2 | 2,42 | 0,90 |
| | Undergraduate study | 2 | 300 | 45,05% | | | | | |
| | Postgraduate | 3 | 170 | 25,53% | | | | | |
| | Doctorate | 4 | 90 | 13,51% | | | | | |
| | **Total** | | **666** | **100,00%** | | | | | |



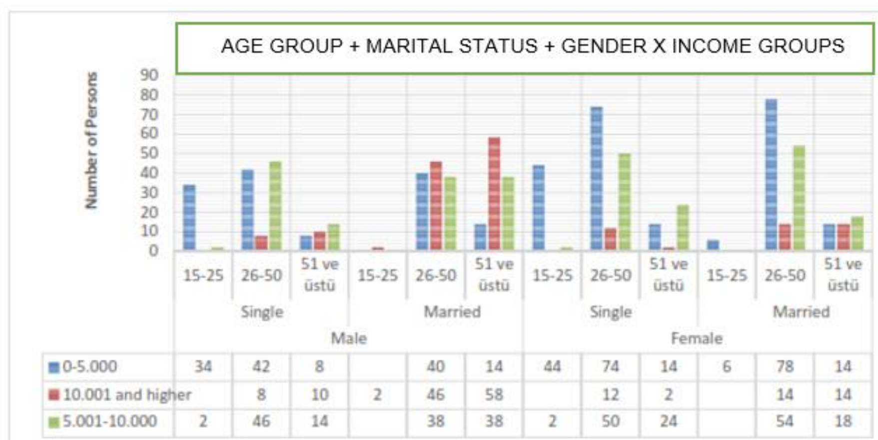

**Graphic 10:** Frequency Relationship for Educcation on the demographiv variables graphic

Method of income earning is taken as the basis in forming the groups of professions where those who work for a person or entity in return for a salary were classified as employee, those who work on freelance basis as self-employed, and those who own a business as employer. “Other” field in the question was filled out by participants who were retired, house wife/student as content analysis showed and therefore, these groups were included in the question options.




**Graphic 11:** Multi-Dimensional Frequency Distribution of Demographic Characteristics Over Occupational Group X

73% of sample group participants consisted of employees and self-employed. As for income classification, 80% of participants earn between 0- below 10,000 TL per month as responses indicate.

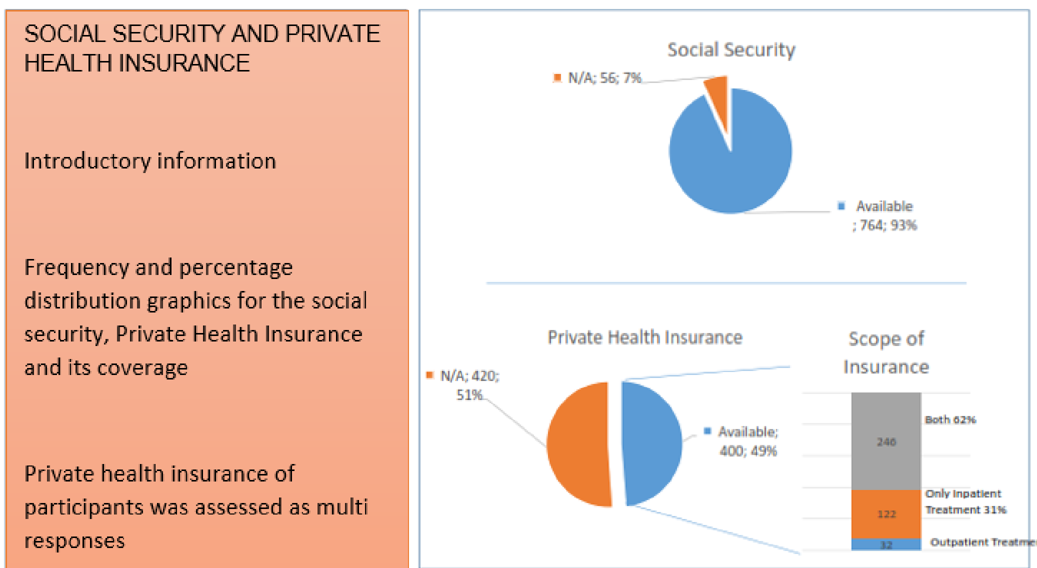



**Graphic 12:** Multi-dimensional frequency distribution of demographic characteristics over income groups x

General evaluation of participants' responses to questions about their personal details demonstrated that male participants outnumber with a slight difference. Among the participants, group majorities are formed by those who are married, between 26-50 years of age, completed undergraduate studies and hold a employee position in marital status, age, education and employment categories, respectively.

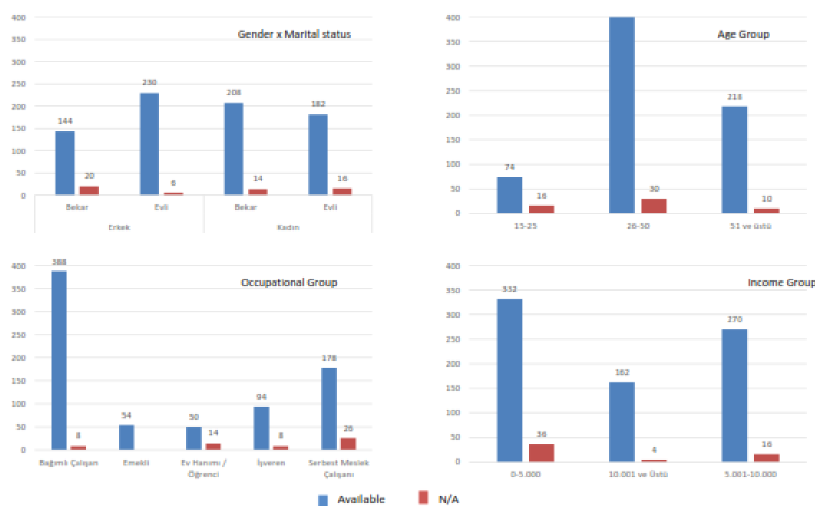
**Basic Statistical Values**

As seen in the Table, cross comparison between social security and private health insurance, a group of 7% reported they had no social security coverage, however, 14% of those so reporting said they had a private health insurance. In this sample, 48 participants who neither have social security nor a private health insurance correspond to 5.85%.




**Graphic 13:** Relationship Between Social Security and Holding Private Health Insurance

A multi-dimensional comparison between social security and demographic variables demonstrated that single men, married women, members of 26-50 age group, self-employed and housewifes, who are in the group featuring the absence of social security most, have declared an income ranging between 0-5,000 TL.




**Graphic 14:** Multi-Dimensional Cross Comparison of Presence of Social Security

On the contrary, married men and single women constitute the group possessing social security coverage most. We see that employees have highest percentage of social security coverage.

Along with the combined presence of private health insurance and social security(49%), more than half of insured mostly adopt the coverage including both outpatient treatment and inpatient treatment schemes (62%), as graphic demonstrates.

### Assessment of Private Health Insurance and Social Security

At this stage, participants were directly asked whether they had a social security. 93% of participants reported presence of social security. In addition, as for private health insurance, 49% reported they had one, but 51% reported otherwise (see Table 5).

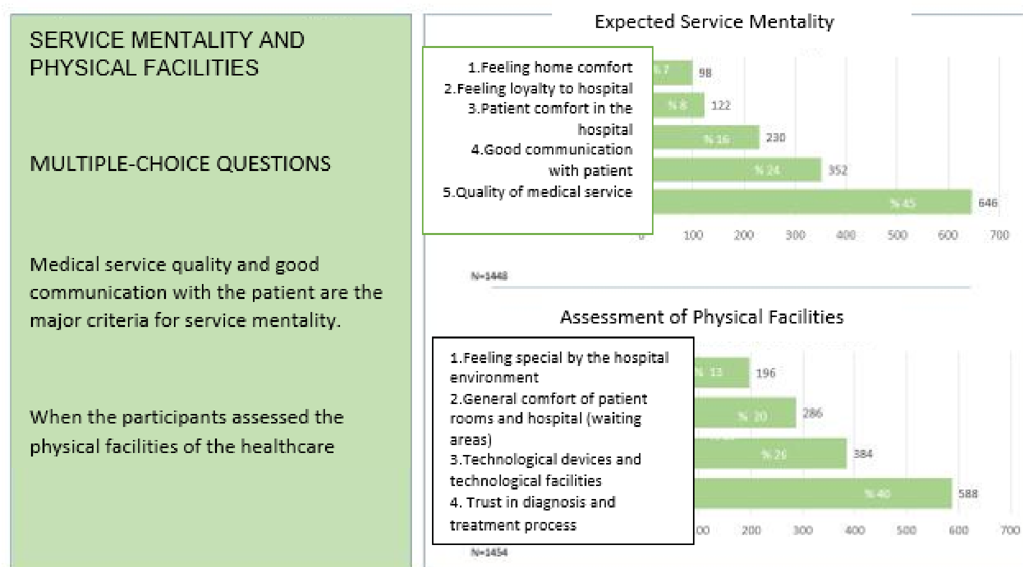
**Table 5:**

*Frequency and Basic Statistical Values for Private Health Insurance and Social Security Variables*

| S6 | Private Health Insu. | Value | Freq. | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| | Yes | 1 | 400 | 48,78% | 1 | 2 | 2 | 1,51 | 0,50 |
| | No | 2 | 420 | 51,22% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S7** | **Private Health Insu. Coverage** | **Value** | **Freq.** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Outpatient treatment | 1 | 32 | 8,00% | 1 | 3 | 3 | 2,54 | 0,64 |
| | Inpatient treatment only | 2 | 122 | 30,50% | | | | | |
| | Both | 3 | 246 | 61,50% | | | | | |
| | **Total** | | **400** | **100,00%** | | | | | |
| **S8** | **Social Security** | **Value** | **Freq.** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Yes | 1 | 764 | 93,17% | 1 | 2 | 1 | 1,07 | 0,25 |
| | No | 2 | 56 | 6,83% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |

### 2.6.3 Assessment of Quality of Service and Expectations in the Healthcare Institutions

In this section, participants were asked closed-end questions to learn their main expectation from healthcare institutions. Especially, certain questions were designed to allow giving multiple responses. Such questions were highlighted in green in the Tables to attract attention.




**Graphic 15:** Service Mindset and Physical Facilities

In the context of service mentality participants expect from healthcare institution, medical service quality (45%) and good communication with patient (24%) rank in the first two places. The following options were marked: Patient comfort (16%), sense of loyalty to healthcare institution (8%) and finally, feeling home comfort (7%).

## Table 6:

*Frequency and Basic statistical Values for Variables Measuring Service Expectation in the Healthcare Institutions*

| S11 | What is the service mentality you expect from H. I.? | Val. | Fre. | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| Multi-ch. | Medical service quality | 1 | 646 | 44,61 % | 1 | 5 | 2 | 2,43 | 1,26 |
| | Good communication with patient | 2 | 352 | 24,31 % | | | | | |
| | Patient comfort | 3 | 230 | 15,88 % | | | | | |
| | Feeling loyalty to hospital | 4 | 122 | 8,43 % | | | | | |
| | Feeling like home comfort | 5 | 98 | 6,77 % | | | | | |
| | **Total** | | **1448** | **100,00 %** | | | | | |
| **S12** | **Do health personnel (doctors, etc.) allocate enough time for the patient and patient's family?** | **Val** | **Fre.%** | | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Yes | 1 | 146 | 17,80 % | 1 | 2 | 2 | 1,82 | 0,38 |
| | No | 2 | 674 | 82,20 % | | | | | |
| | **Total** | | **820** | **100,00 %** | | | | | |
| **S13** | **How much time should health personnel (doctors, etc.) allocate for the patient and patient's family?** | **Val** | **Fre.** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | 10 minutes | 1 | 72 | 8,78 % | 1 | 8 | 4 | 4,36 | 2,04 |
| | 15 minutes | 2 | 12 | 1,46 % | | | | | |
| | 20 minutes | 3 | 254 | 30,98 % | | | | | |
| | 30 minutes | 4 | 212 | 25,85 % | | | | | |
| | 45 minutes | 5 | 50 | 6,10 % | | | | | |
| | 60 minutes | 6 | 2 | 0,24 % | | | | | |
| | Depends on the patient condition | 7 | 138 | 16,83 % | | | | | |
| | As required | 8 | 80 | 9,76 % | | | | | |
| | **Total** | | **820** | **100,00 %** | | | | | |
| **S14** | **Do you think that healthcare institution you visit allocate enough time for you?** | **Val** | **Fre.** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Yes, they do. | 1 | 368 | 44,88 % | 1 | 2 | 2 | 1,55 | 0,50 |
| | No, they don't. | 2 | 452 | 55,12 % | | | | | |
| | **Total** | | **820** | **100,00 %** | | | | | |
| **S15** | **Do the physicians provide sufficient information on the diagnosis, treatment and tests To patient and patient's family?** | **Val.** | **Fre.** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
| | Yes, they do. | 1 | 338 | 41,22 % | 1 | 2 | 2 | 1,59 | 0,49 |
| | No, they don't. | 2 | 482 | 58,78 % | | | | | |
| | **Total** | | **820** | **100,00 %** | | | | | |
| **S16** | **Do health personnel provide sufficient information on therapy, exercises, etc. that can be performed at home to patient and patient's family?** | **Val.** | **Fre.** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Yes, they do. | 1 | 362 | 44,15 % | 1 | 2 | 2 | 1,56 | 0,50 |
| | No, they don't. | 2 | 458 | 55,85 % | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |

| **S17** | **Are the healthcare institutions open to criticism and comments of patients or patient's family?** | **Val** | **Fre** | **%** | **Min.** | **Max.** | **Med.** | **Mea** | **SD** |
|---|---|---|---|---|---|---|---|---|---|
| | Yes | 1 | 222 | 27,07 % | 1 | 2 | 2 | 1,73 | 0,44 |
| | No | 2 | 598 | 72,93 % | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |

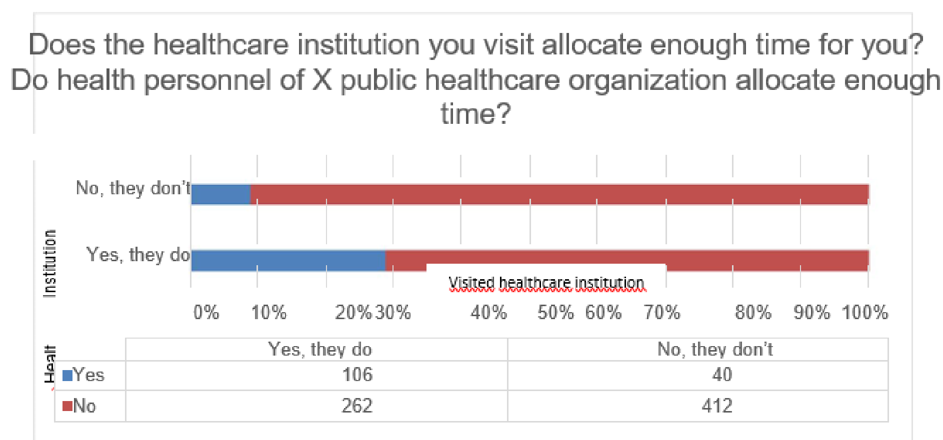
| **S18** | **What do you consider when you evaluate the physical facilities of healthcare institution?** | **Val** | **Fre.** | **%** | **Min.** | **Max.** | **Med.** | **Mea** | **SD** |
|---|---|---|---|---|---|---|---|---|---|
| Multi-ch. | General comfort of patient rooms and hospital (waiting areas, cafeteria, etc.) | 1 | 286 | 19,67 % | 1 | 4 | 2 | 2,33 | 0,93 |
| | Confidence in diagnosis and treatment process | 2 | 588 | 40,44 % | | | | | |
| | Technological devices and technologic facilities | 3 | 384 | 26,41 % | | | | | |
| | Feeling special because of the ambiance | 4 | 196 | 13,48 % | | | | | |
| | **Total** | | **1454** | **100,00%** | | | | | |

| **S19** | Are you satisfied with call center and other administrative services of healthcare institution? (information on the appointment, hospital, patients, costs, etc.) | Value | Freq. | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| | Yes, I am. | 1 | 402 | 49,02% | 1 | 2 | 2 | 1,51 | 0,50 |
| | No, I am not. | 2 | 418 | 50,98% | | | | | |
| | Total | | 820 | 100,00% | | | | | |

| **S20** | How should call center and administrative services of healthcare institutions be? | Value | Freq. | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| Multi-ch. | Should be clear on the appointment | 1 | 134 | 12,74% | 1 | 5 | 4 | 3,57 | 1,51 |
| | Should provide sufficient info on doctors | 2 | 140 | 13,31% | | | | | |
| | Should provide info on costs | 3 | 172 | 16,35% | | | | | |
| | Insurance procedure should be complete and quick Invoicing | 4 | 110 | 10,46% | | | | | |
| | All | 5 | 496 | 47,15% | | | | | |
| | Total | | 1052 | 100,00% | | | | | |

| **S21** | Which of the following organizations do always meet the requirements for call center and administrative services of healthcare institutions? (You can mark more than one choice.) | Val. | Freq. | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| | Public healthcare organizations | 1 | 218 | 18,51% | 1 | 3 | 2 | 2,26 | 0,73 |
| | Private healthcare institutions | 2 | 446 | 37,86% | | | | | |
| | Chain healthcare institutions (Acıbadem, Medikalpark etc.) | 3 | 514 | 43,63% | | | | | |
| | Total | | 1178 | 100,00% | | | | | |

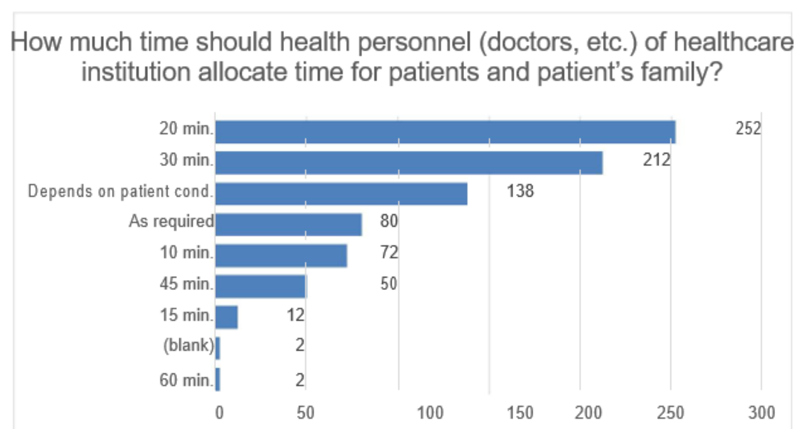
All questions in this category were asked to measure service expectations from healthcare institutions, and descriptive statistical values are collectively provided in Table 6. Besides the question "Do they allocate sufficient time for you at healthcare institutions you visit?, the time allocated by the health personnel at public healthcare organizations was also inquired. 82% the participants clearly answered "No" whereas 18% reported that they allocated enough time at public healtcare organizations.




**Graphic 16:** Comparison of Allocation of Time by Personnel of Visited Healthcare Institution and X Public Healthcare Organization

Responses to allocated time inquiry in respect of general healthcare institutions also tend to be "no" albeit such tendency being lower than in the case of public health organizations. 45% of participants responded "yes" and 55% "no."

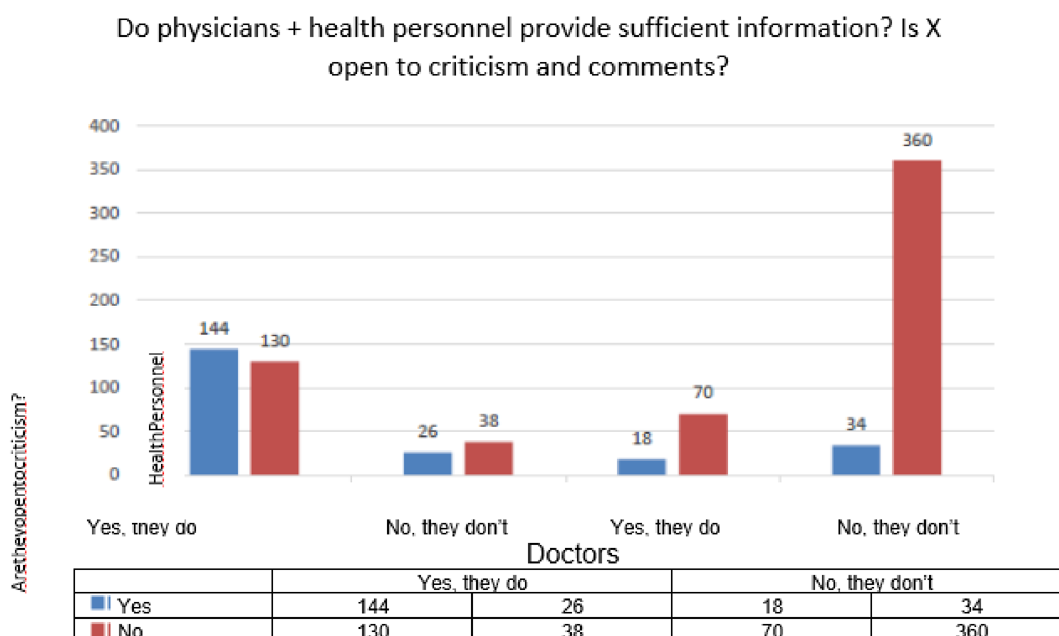
When inquired how much time health personnel at healthcare institutions allocate for patients and their families, responses mostly ranged between 20-30 minutes. Other (please specify) field was added to expand choices and the choices analyzed for the content. Participants marked "as required" as an additional option. Besides, some participants, albeit not many in number, wrote timeframes as 15 minutes, 60 minutes, which are not included in options.




**Graphic 17:** Comparison of How Much Time Should Healthcare Personnel Allocate

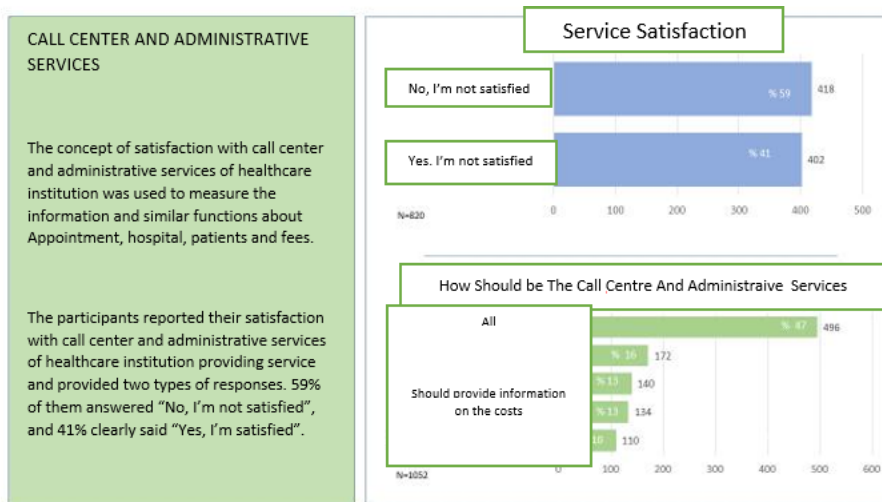
The question “Are healthcare institutions open to criticism and comments from patient and patient’s family?” was directly asked to sample group, and 73% of the participants said “No”. Healthcare institutions being close to criticism is a patently obvious fact, and further, 59% of participants responded “no” to the question “Do doctors in the healthcare institutions provide sufficient information on diagnosis, treatment and tests to the patient and patient’s family?”. To supplement preceding question, another question “Do personnel of healthcare institution sufficiently inform patient and patient’s family of the therapy, exercises, etc. that can be applied at home” was asked and participants responded “no” with a percentage of 56%.

Cross-assessment of the foregoing results finds that health personnel who do not accept criticism share information with patients and their families to a lesser extent. As a result of assessment, it appears as an anticipated finding that personnel at healthcare institutions open to criticism exhibit a more informative attitude.




| | Yes, they do | | No, they don't | |
|---|---|---|---|---|
| Yes | 144 | 26 | 18 | 34 |
| No | 130 | 38 | 70 | 360 |

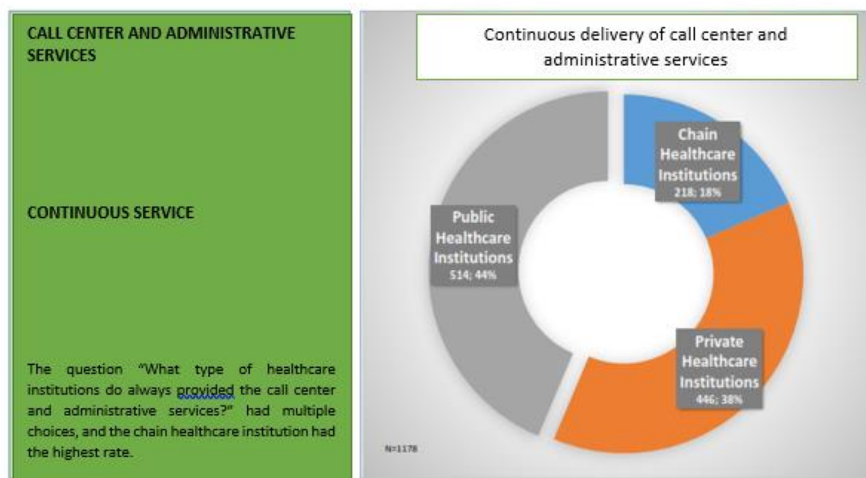
**Graphic 18:** Are Healthcare Institutions Open to Criticism? Do Healthcare Personnel of X Provide Information? Multi-Dimensional Cross Comparison




**Graphic 19:** Comparison of Call Center And Administrative Services In Healthcare Institutions

This research looked into the issue of satisfaction with apppointments and being informed on hospital, doctors, and fees through call centers that are used as a major communication tool at healthcare institutions and results indicate 49% satisfaction and 51% dissatisfaction of service recipients.

Analysis of answers to multiple-response question "How should call centers and administrative services of healthcare institutions be?" has set the following priorities : being informed on fees, and subsequently, on physicians, clear appointment system, and complete and quick insurance procedures. The sample group selected "All" (of these services) option at a percentage of 47%.




**Graphic 20:** Continuous Delivery of Call Center And Administrative Services by Healthcare Institutions

The question “What type of healthcare institutions do you think do always provide call center and administrative services? (multiple-response option applicable)” was responded to as follows: Chain healthcare institutions (Acıbadem, Medikalpark etc.) (44%) and private healthcare institutions (38%), with a combined percentage of 82%.

This percentage is 18% for public healthcare organizations which denotes lack of continuous provision of call center and administrative services.

### 2.6.4. Assessment of Corporate Branding in Healthcare Institutions

Branding in healthcare sector allows to build and maintain a strong long-term relationship with patients. This is envisaged to increase brand value of healthcare institutions.

Candid and loving approach of doctors towards patients during receipt of service increase confidence in doctors. This also increases confidence of psychologically sensitive patients in institution. Thus, brands may be assumed to influence consumer attitudes and behaviours.

Hospitals and physicians recognized as a very powerful brand in delivery of healthcare services occupy patients’ minds considerably. Literature demonstrates that a hospital brand is defined by its distinct, memorable, identifying characteristics such as pricing, customer services, attitude of personnel, technology and appearance of facilities.

The term “branding” in delivery of healthcare services should mean making a promise to customers that quality is the first thing of utmost importance. This fact should not be altered because healthcare services have a small number of tangible products, where developing and conceptualizing a product is very difficult. Hence, a service mark also incorporates physical facilities, comfort, price, use of advanced technology, location and other advantages. Therefore, one of the characteristics of service mark is talk to customers, provide information on activities of organization, and strengthen its peculiar values and position.

This section deals with dimensions of brand value, brand awareness, brand loyalty, and approaches to brand association. The questions formed here were used to assess the foregoing.

Additionally, cross table graphics were composed using demographic variables to ensure sensitivity of responses to questions asked in detailed analyses.

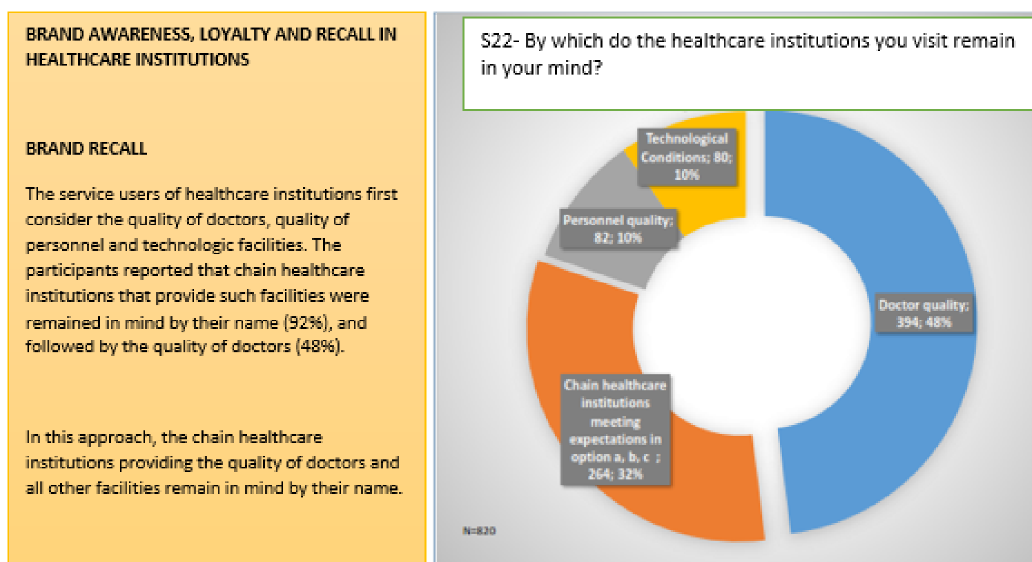
**Table 7.**

*Frequency and Basic Statistical Values for Variables Measuring Perception of Corporate Branding in Healthcare Institutions*

| | | Value | Frekans | % | Min. | Max. | Med. | Mean | SD |
|---|---|---|---|---|---|---|---|---|---|
| **S22** | **By what does a visited heal. ins. remain in your mind?** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | Med. | **Mean** | **SD** |
| | Quality of doctors | 1 | 394 | 48,05% | 1 | 4 | 2 | 2,26 | 1,34 |
| | Quality of personnel | 2 | 82 | 10,00% | | | | | |
| | Technological facilities | 3 | 80 | 9,76% | | | | | |
| | Chain heal. Ins. providing facilities in the options a, b, c (Acıbadem, Medikalpark etc.) | 4 | 264 | 32,20% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S23** | **Which of the followings would you recommend to your family or friend?** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | Med. | **Mean** | **SD** |
| | Public Healthcare Institutions | 1 | 112 | 13,66% | 1 | 4 | 3 | 2,57 | 0,84 |
| | Any private healthcare institution | 2 | 202 | 24,63% | | | | | |
| | Chain hospitals | 3 | 432 | 52,68% | | | | | |
| | Clinics providing private services | 4 | 74 | 9,02% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S24** | **Which healthcare institution would you prefer although it is far from your residence?** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | Med. | **Mean** | **SD** |
| | **The nearest one** | 1 | 76 | **0,09268** | 1 | 4 | 3 | 3,15 | 0,98 |
| | Public healthcare organizations | 2 | 114 | 13,90% | | | | | |
| | Private healthcare institutions | 3 | 242 | 29,51% | | | | | |
| | Chain healthcare institution with a brand you already know | 4 | 388 | 47,32% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S25** | **Do you feel loyalty to hospitals that have created a specific brand perception in your life?** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | Med. | **Mean** | **SD** |
| | Yes | 1 | 366 | 44,63% | 1 | 2 | 2 | 1,55 | 0,50 |
| | No | 2 | 454 | 55,37% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |
| **S26** | **Which of the following options apply to you? Chain hospitals** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | Med. | **Mean** | **SD** |
| | I would prefer as long as I can afford | 1 | 312 | 38,05% | 1 | 9 | 3 | 2,43 | 1,41 |
| | I don't prefer because I can't afford | 2 | 72 | 8,78% | | | | | |

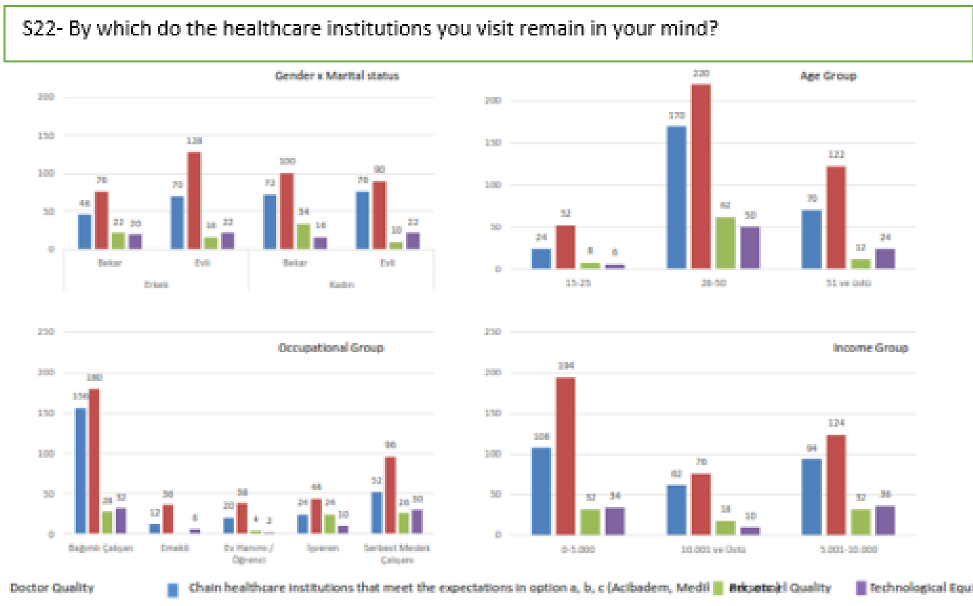
| | | Value | Frekans | % |
|---|---|---|---|---|
| | I prefer if they agree on the Social Security services | 3 | 292 | 35,61% |
| | I would prefer in any way, it doesn't matter | 4 | 106 | 12,93% |
| | I would prefer for doctors | 5 | 16 | 1,95% |
| | I would prefer only in case of emergency | 6 | 10 | 1,22% |
| | I would prefer if it is best in the field | 7 | 2 | 0,24% |
| | I would prefer because I have a private health insurance | 8 | 6 | 0,73% |
| | I would not prefer / I wouldn't go | 9 | 4 | 0,49% |
| | **Total** | | **820** | **100,00%** |

| **S27** | **Which of the followings do grab your attention as an individual in the healthcare institutions?** | **Value** | **Frekans** | **%** | **Min.** | **Max.** | **Med.** | **Mean** | **SD** |
|---|---|---|---|---|---|---|---|---|---|
| | Research services | 1 | 324 | 39,51% | 1 | 3 | 2 | 2,06 | 0,92 |
| | Social activities and personal relationship | 2 | 124 | 15,12% | | | | | |
| | Information services, health slogans and activities of chain hospitals | 3 | 372 | 45,37% | | | | | |
| | **Total** | | **820** | **100,00%** | | | | | |

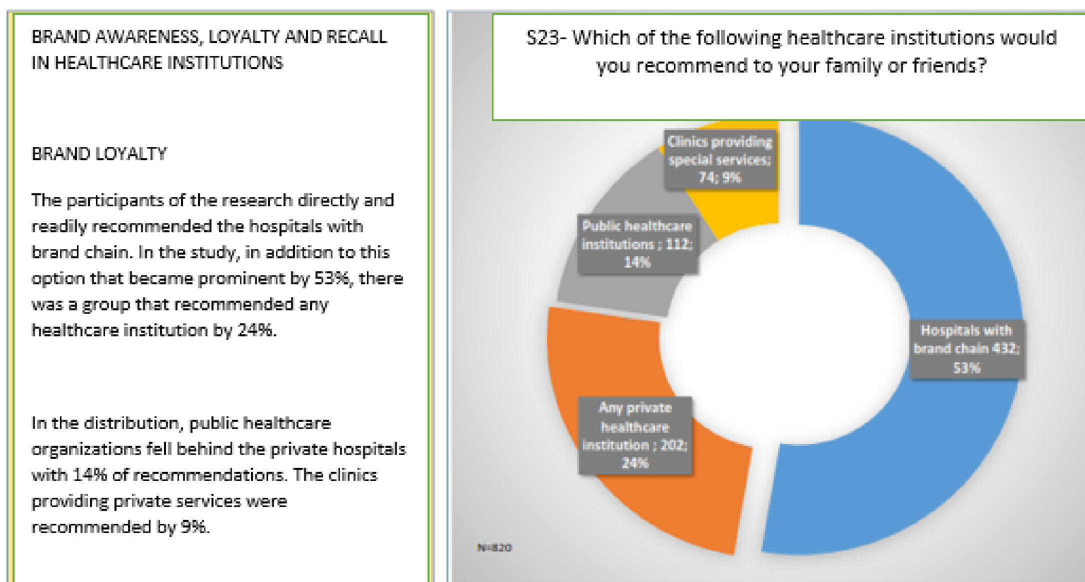



**Graphic 21:** Comparison of How a Visited Healthcare Institution is Recalled

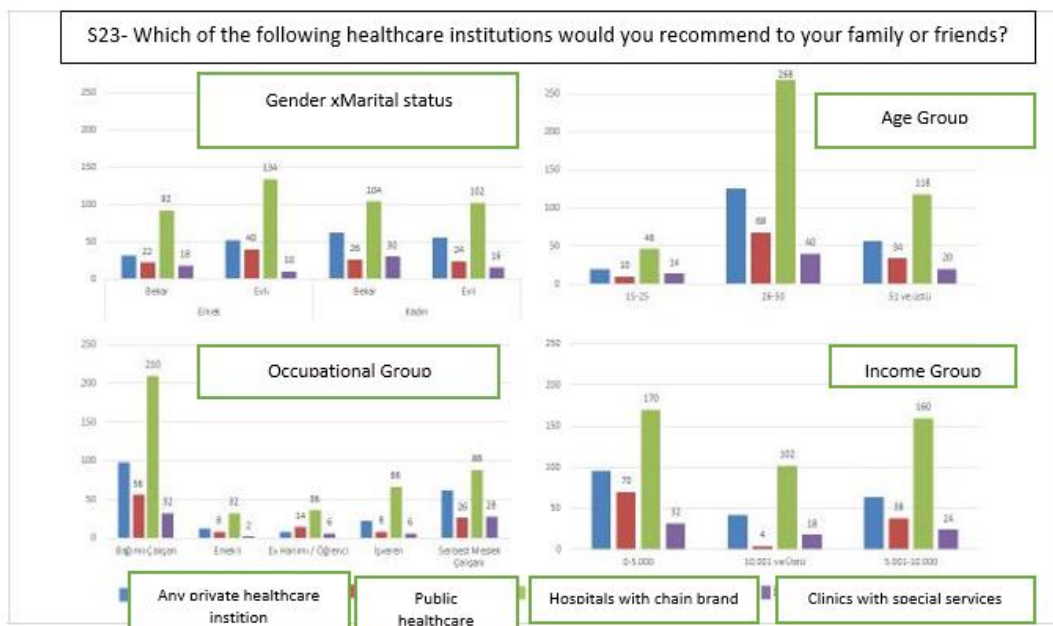
As seen in Graphic 21, quality of doctors and chain healthcare institutions were most-selected option by all groups. Women more identified the brand as a memorable element than men do, 26-50 years age group than other age groups, and employees than other profession categories.




**Graphic 22:** Cross Comparison of Memorability of Healthcare Institutions

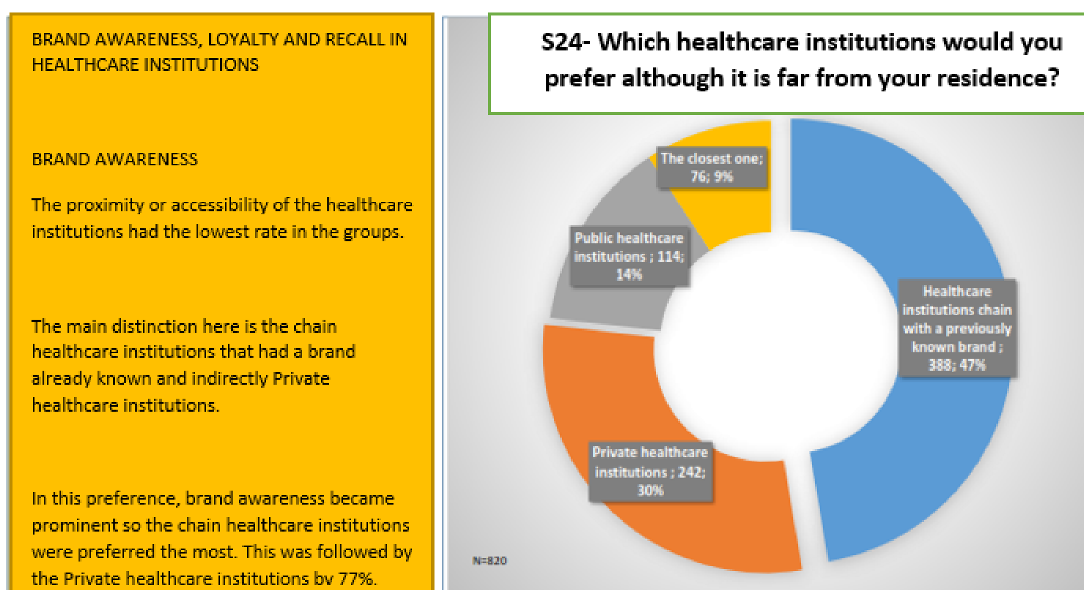



**Graphic 23:** Comparison of Recommending A Healthcare Institution to Relatives



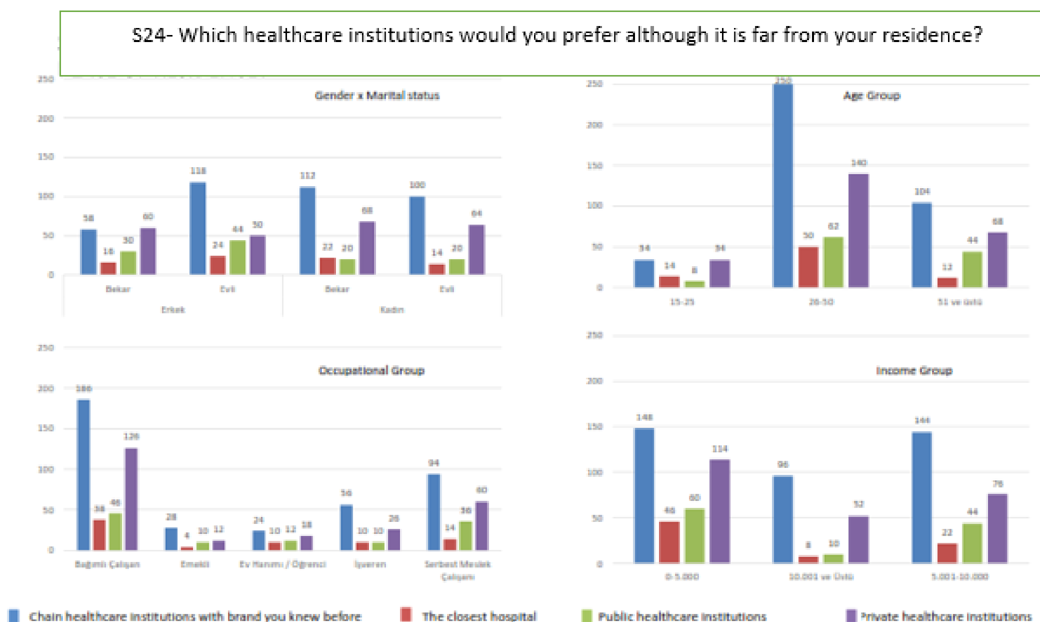

**Graphic 24:** Comparison of Proximity of Preferred Healthcare Institutions

As seen in Graphic 24, recommending the hospitals with brand chain is most-selected option in all groups. Analysis shows that recommending brand-chain hospitals was the most selected option by married men, single women, 26-50 years age group, in each case predominantly, and by employees to an extent higher than other occupational groups.

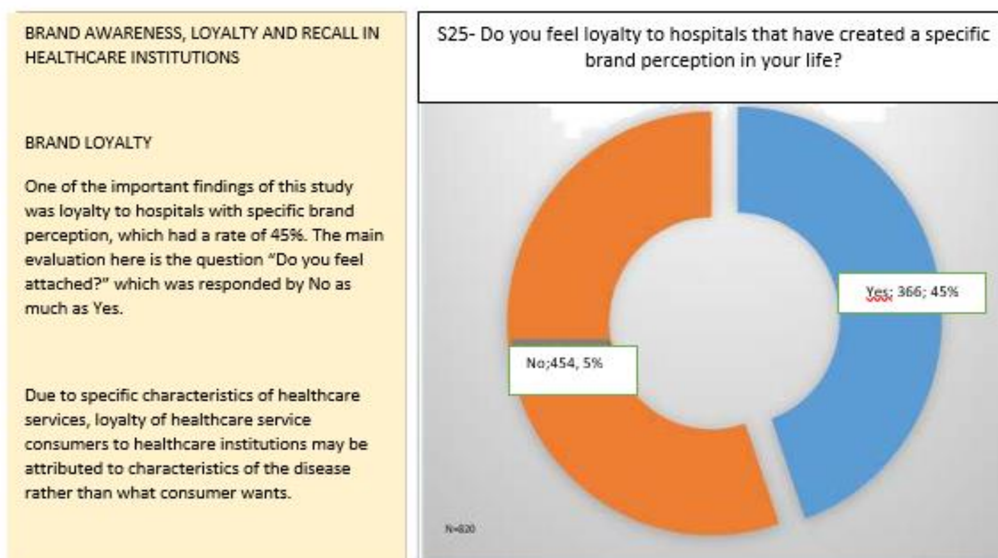



**Graphic 25:** Multi-Dimensional Cross Comparison of Recommending a Healthcare Institution

In response to the question directed to determine preferred healthcare institutions, participants' preference rate was 87% in favor of institutions with a recognized brand and private healthcare institutions, despite an emphasized reference to distance in question. What is striking here is that 9% preferred the closest healthcare institution. Chain healthcare institutions with an already recognized brand were most-preferred option by all sub-groups.

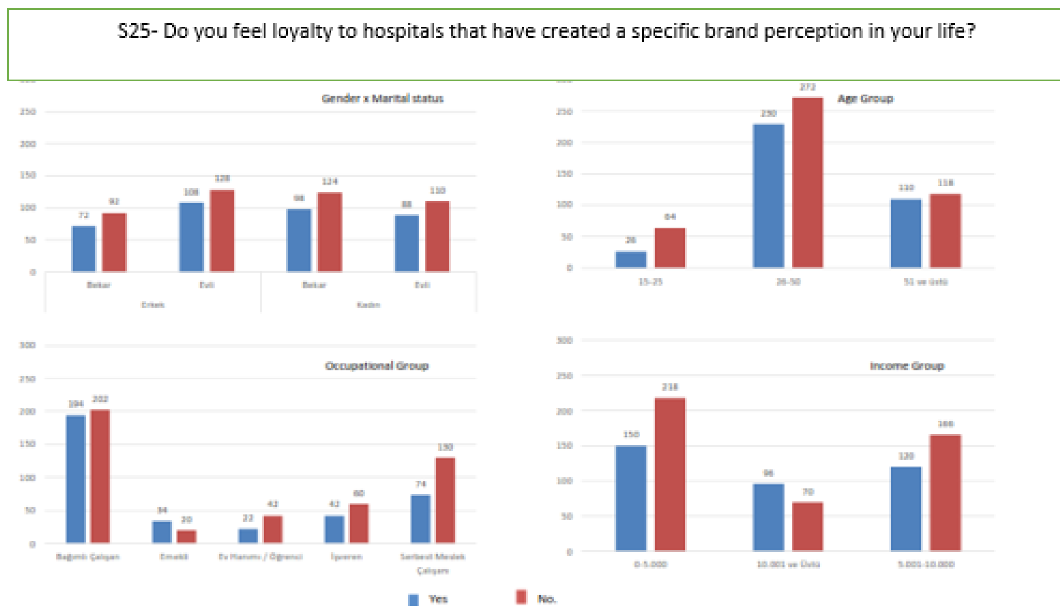



**Graphic 26:** Multi-Dimensional Cross Comparison of Choosing a Healthcare Institution for Proximity

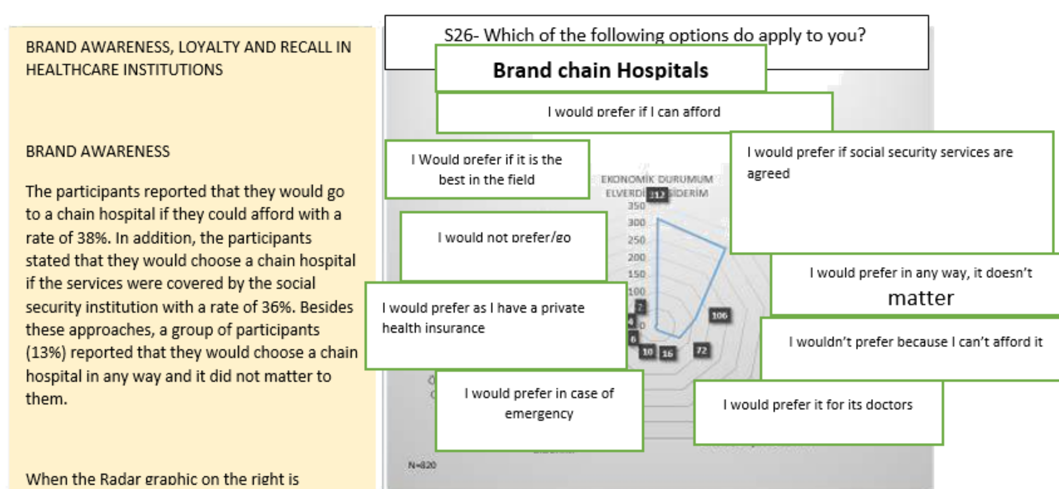



**Graphic 27:** Comparison of Loyalty to Hospitals That Create Specific Brand Perception

As seen in Graphic 27, loyalty to hospitals that created specific brand perception was uniformly distributed in the groups. Retired persons in occupational groups and participants with income 10.000 or over in income groups had the highest rate for loyalty to those hospitals.



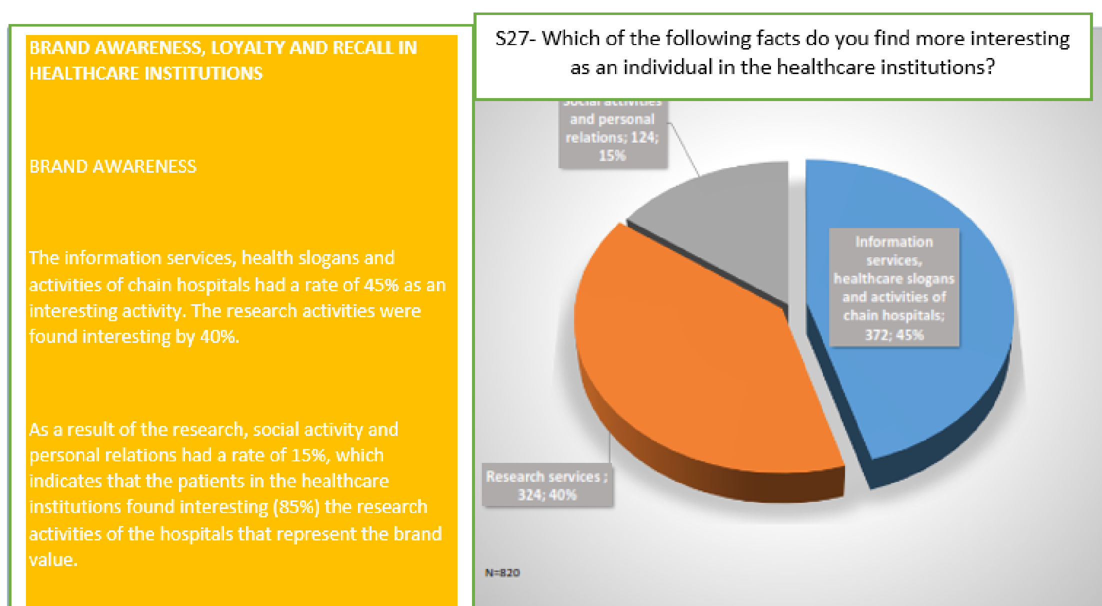

**Graphic 28:** Multi-Dimensional Cross Comparison of Loyalty to Healthcare Institutions With Specific Brand Perception




**Graphic 29:** Comparison of Statements Applicable To Brand Chain Hospitals

For the brand chain hospitals, the question “Which one does apply to you” was subjected to content analysis and Other (please specify) option was analyzed by use of grouping method. In consequence of this process, following groups were formed: I would prefer for doctors/ I would prefer in case of emergency/ I would prefer if it is the best in the field/ I would prefer because I have private health insurance/ I wouldn’t go.

In the following graphic, what attracts interest of participants as an individual was information services, health slogans, and activities of chain hospitals. In addition, it is a noticeable fact that research activities also attract interest of participants.




**Graphic 30:** Comparison Of Facts That Attract Interest In Healthcare Institutions

### 2.6.5 General Conclusions

Brand perception involves sensory codes formed in consumer’s mind. These codes are transmitted to mind through sense organs and assigned a meaning therein, which enables consumer to have a feeling towards that brand. This perception of sense is always real and powerful. When this sense leads to the point of happiness, that is, triggers the sense of loyalty, it becomes the cornerstone that generates brand perception.

Therefore, brands always sell the perception and sense created by them. Brand-generated perception in consumer's mind is identical to being on the stage with a continually increasing performance. The purpose on this stage is to cause consumer to consistently undergo an experience they have never had before, and to arouse that sense /desire of perception in consumer's mind to revive that experience.

The main insight here is perceptions. Perceptions are senses that are usually difficult to change. If any person has a strong perception over a certain brand, it is very difficult to change that perception.

Managing brand perception is tantamount to managing brand communication. Upsurging brand perception and standing out amongst competitors requires a brand strategy built on consumers' perception and materialization of brand in all communicative channels through a consistent and sustainable action plan.

Brand perception also lies in the ability to add requirements of consumers into their psychology. When consumer emotions are managed accurately, you incorporate your brand in their perception to internalize it and begin to influence their thought process, consumers will also begin to develop emotions towards brand. Continuity of this situation is contingent upon how this communication will be carried on. Consumption may be subjected to brand to make loyal customers.

A field study is carried out on chain health institutions in Istanbul that create a brand perception to analyze brand perception of service recipients. Analysis of resulting data has given following conclusions. Participants largely composed of dependant and self-employed individuals. As to educational status, they were mostly post-graduates or college graduates. 80% of participants earn a monthly income under TL 10,000.

93% of participants have social security coverage. This rate drops to 50% in private health insurance. 5% of participants stated they do not have social security but are covered under private health insurance. Consequently,

participants with social security or private health insurance constitutes 99%, whereas 1% of them does not have any of the foregoing.

As for expectations from healthcare providers, 79% of participants underlined importance of medical service quality while for 43%, good communication with patients is important. In assessment of physical conditions, 72% of participants stated that confidence is vital during diagnosis and treatment period, while 47% underlined importance of technological devices and opportunities.

Notably high percentage of participants as 82% considers that public healthcare officials working for a public institution do not allocate enough time to patients.

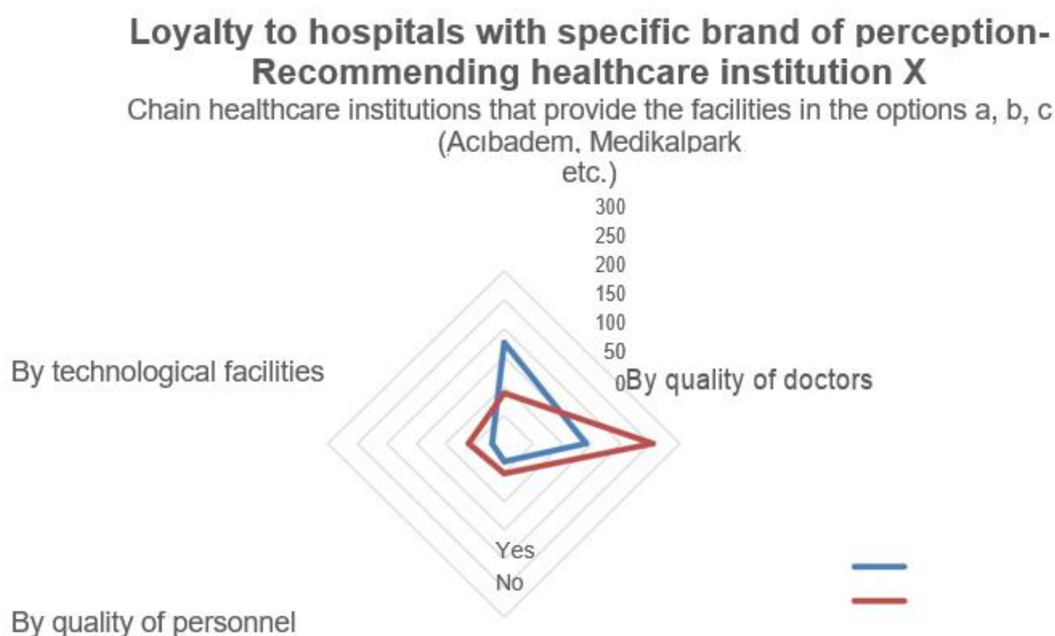
As regards whether the healthcare providers are open to criticism and comments from patients and their relatives, 72% responded negatively.

Regarding physical facilities of healthcare providers, 72% of participants indicated that confidence is important during the diagnosis and treatment period, while 47% underlined the importance of technological devices and opportunities.

In response to the question about how the call centers and administrative services of healthcare providers should be, 60% of participants said all criteria are important, where 21% saliently pointed out the necessity of giving information about fees. In response to the question about which type of healthcare providers consistently meet requirements of call center and administrative services; 63% replied as chain healthcare providers. 54% of participants opine that private healthcare providers consistently render such services. However, only 27% of them think that public healthcare providers meet such service requirements.

In respect of question about the time allocated to patients- an issue questioned in generality of healthcare providers-, 55% indicated no time is allocated, and when asked for public healthcare institutions in particular, this rate rises to 82%. The large difference indicates that it is a problem that calls for being addressed by public healthcare providers.

Looking into responses to question “If you would recommend a healthcare provider, which one would you select?” shows the chain healthcare institutions rank first by 52%. This appears as a substantial indicator that branding will be reason of choice in healthcare services.




**Graphic 31:** Multi-Dimensional Cross Comparison of Loyalty to Hospitals with Specific Brand Perception-Recommending Healthcare Institution X

As seen in cross comparison graphic (Graphic 29) that composes of study results, a group of participants responded “yes” to indicate their loyalty to hospitals which have created a specific perception of brand. The fact that this group recommend chain institutions to their kindred due to brand perception of such institutions which offer a combination of physicians, personnel quality and technological opportunities emerges as a significant finding that corroborates our thesis.

In response to question “in which circumstances should brand chain hospitals be preferred?”, the answer “whenever my economic situation affords it” ranked

first with 38%, where the second ranking answer was “conditional upon acceptance of Social Security Services”.

The most conspicious response to question “which of the following facts draw your attention more at health institutions?”, uttered information services, health slogans and activities of chain hospitals with a percentage of 45%. The research services ranked second. Responses therefore signify importance of accurate information, focusing on research services and slogans to become a brand.

The question about memorability of healthcare institutions or measuring brand perception, doctor quality and chain healthcare institutions come to the front. Question “which healthcare institution would you recommend?” was responded by 53% of participants as those institutions with chain brand. This indicates that the healthcare institutions with chain brand possess a higher brand perception than others.

Question “which healthcare provider would you prefer even if it is situated far from your residence?” was responded to with 47% preponderance as chain healthcare institutions that have an already known brand. Private healthcare providers ranked second with 30%. Again, with that in mind, we can say chain brands possess a higher brand perception than others.

As we look into visits to brand chain hospitals, “whenever my economic situation affords” response is followed by ”conditional upon acceptance of Social Security Services”, which marks economic conditions as the primary factor.

According to these responses, preference for institution relies on trustworthiness of doctors, fine quality of medical services, ability to operate diagnosis and treatment processes as to assure patients. Healthcare providers also differentiate themselves for giving heed and allocating time to patients and their kindred. However, it should be kept in mind that slightest dissatisfaction with call centers and administrative services, which are considered ancillary services, may devastate brand perception of healthcare institutions. Therefore, enhancing service quality in a consistent fashion by

giving due consideration to criteria occurs as a prerequisite of boosting brand percention of healthcare institutions.

### 2.7. Identification and Verification of Factors Affecting Patients Choice of Private Hospital

This section of study contains verification of research results assessed above, using multi-dimensional analysis techniques.

Amos is a statistical analysis program which is also widely used lately in technical sciences, further to its use primarily in academic studies in the fields of social sciences and healthcare. There are various reasons why Amos program has become so popular. The first is that this program can concurrently analyse multiple dependent variables and a large number of independent variables. Program enables detailed examination of relations and effects between a large number of dependent and independent variables by using implicit and observed variables in combination. These effects may be at negative while sometimes be at positive level. Positive level effects refer to existence of a positive effect between two variables, whereas negative level effects mean that a variable negatively impacts other. One of the reasons why Amos program is being widely used in academic studies is that, unlike SPSS program, it incorporates error rates in analysis thereby producing more eligible results. SPSS program does not incorporate error margins in analysis, whereas measurements in Amos program are analyzed together with error margin. Another reason why this program has recently become widespread at a considerable level in scientific researches is its capability to measure relations between an ample number of dependent and independent variables and to simply present the network between these relations. Other specifications that expand its popularity are that program is able to produce mediator effect, make moderator analysis or otherwise known as, regulatory impact analysis, if certain adjustments are made in SPSS. Its popularity is also due to its capability of measuring whether there is a mediator effect on formation of two variables if another variable is added. Besides the foregoing, its image-and-animation-focused structure combined with significant interest

of academic community of all sciences in structural equation model is another factor which makes Amos a favorable program.

After the exploratory factor analysis conducted in SPSS program, confirmatory factor analysis in Amos Program is utilized to find out whether the dimension and suggestions of former analysis have been verified. Confirmatory factor analysis indicates suitability degree of dimension and characteristics structure that is presented in exploratory factor analysis.

Due to these specifications, verificatory factor analyses made with Amos program were assessed and validated with Structural Equation Model in our study.

### 2.7.1 Structural Equation Modelling

In recent years, Structural Equation Modeling, a multi-variable statistical method that defines causal relationships between measurable and latent variables has been widely encountered in disciplinary studies, mainly in economy and marketing.

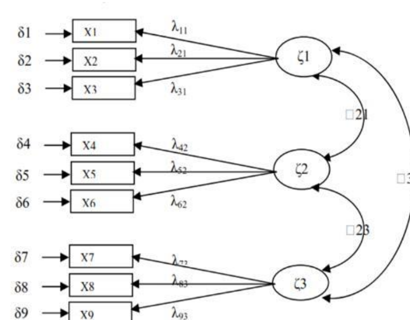
These models are employed to explain, foresee and control the relations in natural course of life. These models are defined through quantitative and qualitative variables. Quantitative variables are measurable and digitalizable, and qualitative variables are abstract concepts that are capable of being perceived. Such variables, also called latent variables, can be exemplified by customer satisfaction, brand perception, consumer behaviors, quality perception and like concepts in social sciences, and motivation, anxiety, depression, happiness, desperation, sense of self, self-respect and like concepts in behavioral sciences namely psychology, sociology. These are unmeasurable but indirectly observable concepts as they are present in real life. Models that examine the relationships between latent variables themselves and the relationships between the former and observable variables are named Structural Equation Models.

The attribute of modelling is that it presumes existence of causality structure between the latent variables. Analyses firstly test measurement model to see whether the relevant model structures are accurately measured. At the second

stage, the structural models are examined. If the statements that are thought to measure the structures do not sufficiently measure the structure in question, structural model analysis will not present a meaningful result. Two-stage method becomes prominent in academic studies with the aim to evaluate data support, and primarily identify and exclude any possible errors emanating from the measurement model.

Measuring model demonstrates how well the latent variables and observed variables are represented. Graphic 32 shows an example of simple measuring model. Table shows meanings of symbols in measurement model.

| | **Symbol Meanings** |
|---|---|
| **ζ** | Latent variable |
| **X** | Measurable variable |
| **Λ** | Way linking latent variable to measurable variable |
| □ | Value of relationship between latent variables |
| **δ** | Error in measurable variable |

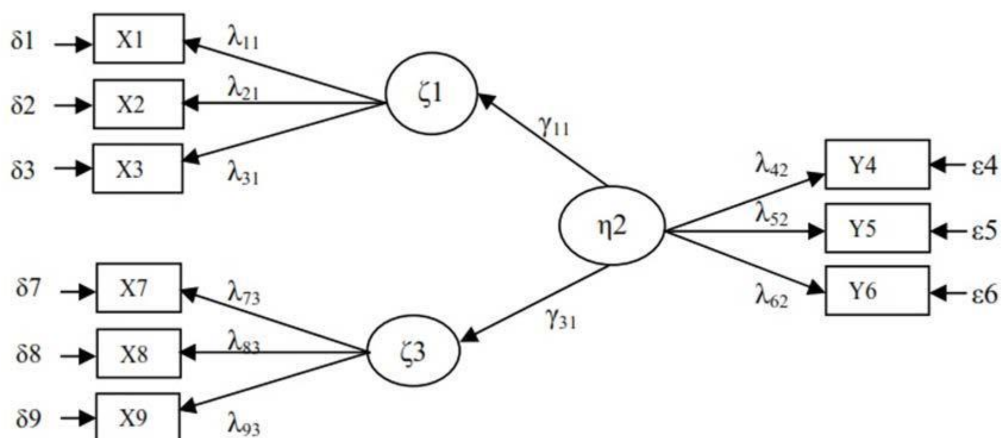


**Graphic 32**: Sample Measuring Model

ζ1, ζ2, ζ3 symbols in Graphic 33 are latent variables, each represented through 3 observed variables respectively. If it is inferable from results of measuring model that model structures (latent variables) can be represented by respective expressions (measurable variables), test of structural model may proceed.

Among latent variables ζ1, ζ2, ζ3 in Graphic 33, ζ2 variable is a dependent variable and other two are independent variables and, on the assumption that

a model which claims that ζ1 and ζ3 will expound ζ2, the structural model which is to be constructed as per this assumption is displayed in Graphic 33 below.




**Graphic 33:** Sample Structural Model

| Symbol Meanings | |
|---|---|
| Y | Measurable variable |
| E | Error in measurable variable |
| η | Latent variable (internal) |
| ζ | Latent variable (external) |
| γ | Path coefficient between external and internal variables (dependent and independent variables) |

If considered closely, ζ2 notation is converted into η2, and error term previously marked as δ is converted into ε. The reason is that, after switching to structural model, latent variables have different positions among themselves (dependent, independent). Therefore, definition of expressions of dependent variable (symbolized with X in independent and with Y in dependent variable) and expression of their error terms become dissimilar.

Another situation exacting mention about variables is that variables in such models are also defined as internal and external. An external variable is not expounded by any of other main structures.

In a structural model as displayed in Graphic 33, variables symbolized as $\zeta 1$ and $\zeta 3$ are external variables. An internal variable refers to a variable which is being expounded by at least one of main structures in the model. Therefore, we can define $\eta 2$ as both a dependent and internal variable.

Structural equation modelling usually follows undermentioned procedure:

(1) Formation of structural model, determination of relationship between variables in the model, testing the measurement model;
(2) Producing the path diagram, determining path coefficients that pertain to relationships;
(3) Examining goodness of fit statistics regarding model: Ki-square/Degree of Freedom, GFI, AGFI, CFI, RMSEA, RMR and Standardized SRMR are some often used concordance statistics;
(4) Interpretation of findings via examination of structural model.

### 2.7.2 Application Model and Steps

First of all, necessary permissions have been obtained with assistance from a special research company. Participants (subjects) were told that research concerns social preferences in Turkey, there is no right or wrong answers and were requested to clearly state their opinions on each topic.

Participants were selected by research company from among people who are known to it, have a high income level, particularly pursues the subject and are suited to utilizing private health institutions.

The steps of study that correlate verification and brand with general satisfaction are specified below.

- 305 people who visited a private hospital in the last 1 year were interviewed. Each variable and data set may not be apt for factor

analysis. A multitude of tests should be performed to see if aptness conditions are fulfilled (Kalaycı, Ş., 2006). Conditions from among the preceding conditions that pertain to sampling and number of expressions may be regarded as preconditions. These are:

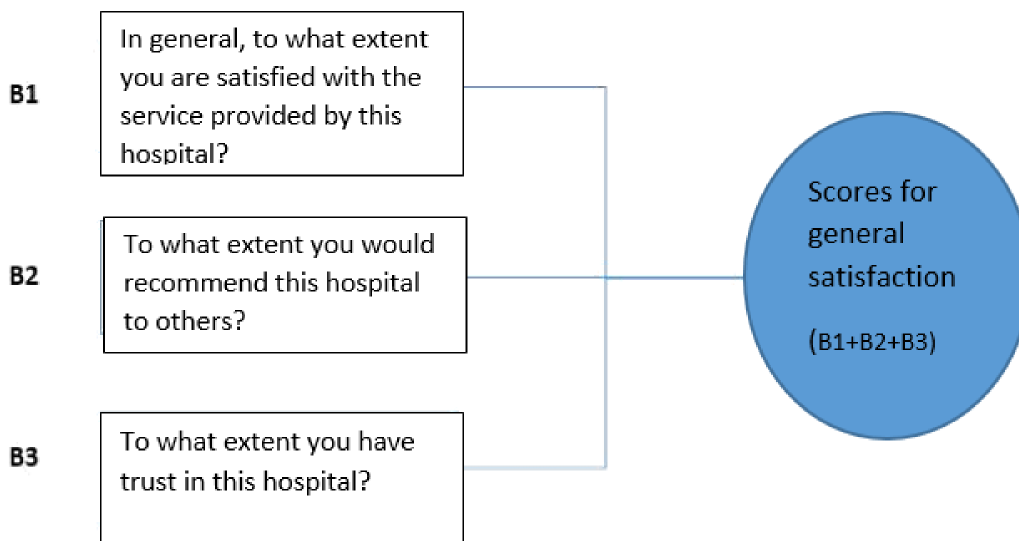
– Samples should outnumber variables.

– The number of samples should be 50 at a minimum.

– Number of observations per expression should be kept on a high level. The ideal rate is 1/5 (one fifth).

– Although sample size for researches in general social sciences varies according to research method (qualitative, quantitative, experimental)size between 30-500 is sufficient for sampling (Gürbüz, S., *et al.,* 2017) (Özen, Y., and Gül, A., 2007). This research has set the number of variables at 305 subject to allocated budget for subject matter, within the principles mentioned above.

- Interviews were performed in the form of face-to-face questionnaire with individuals who reside in Istanbul.
- Samples were selected using random sampling method.
- The previous sources of the literature were scanned when the factors effective in selection and the model was constructed.
- Primarily the factors which generate a general satisfaction was identified when building the model. A total score was produced based on 3 criteria which specifies the general satisfaction “service satisfaction, “recommendation” and “reliability”.




**Graphic 34:** Criteria for General Satisfaction

- The factors which are effective in hospital choice was excluded. As a result of discussions with the relevant experts and considering the factors in literature it was decided to measure 34 factors as explanatory variables.
- These 34 variable factors were analyzed and reduced to dimensions.
- Following the validity and reliability analysis, it was decided to exclude 2 variables from the scale.

### 2.7.3 Results of Structural Equation Modelling Supported by Confirmatory Factor Analysis

Confirmatory Factor Analysis (CFA) is an analyzing method which facilitates the process and is frequently used in developing the measurement models. This method is used as a process to generate latent variables (factors) based on the observed variables through a model built previously. Usually it is used in scale development and validity analysis or aims to verify a previously designated structure.

**Table 8:**

*Scores for statements affecting choice of private hospitals Descriptive statics*

Factors detected after the reliability test

| | N | Minimum | Maxmum | Mean | | Std. Deviation | Variance |
|---|---|---|---|---|---|---|---|
| | Statistic | Statistic | Statistic | Statistic | Std. Error | Statistic | Statistic |
| c01- The doctors in this hospital were a specialist in their field and knowledgeable. | 305 | 1 | 10 | **8,4** | ,109 | 1,904 | 3,625 |
| c02- There were doctors in this hospital who have made a name in their field. | 305 | 0 | 10 | **7,7** | ,120 | 2,102 | 4,419 |
| c03- The hospital had specialist physicians in many fields | 305 | 0 | 10 | **8,2** | ,107 | 1,871 | 3,499 |
| c04- The doctors were caring and respectful. | 305 | 1 | 10 | **8,6** | ,095 | 1,667 | 2,780 |
| c05- The doctors allocated enough time for the examination. | 305 | 0 | 10 | **8,3** | ,113 | 1,976 | 3,906 |
| c06- The information provided by the doctors on diagnosis and treatment was sufficient and understandable. | 305 | 0 | 10 | **8,2** | ,111 | 1,941 | 3,767 |
| c07- I would recommend this doctor to my family and friends | 305 | 0 | 10 | **7,9** | ,126 | 2,196 | 4,823 |
| c08- The nurses had knowledge in their field and caring. | 305 | 0 | 10 | **7,9** | ,118 | 2,059 | 4,239 |
| c09- The nurses showed respect and courtesy to me. | 305 | 0 | 10 | **8,0** | ,115 | 2,003 | 4,012 |
| c10- I was satisfied with call center, appointment registry and information services. | 305 | 0 | 10 | **7,8** | ,122 | 2,129 | 4,532 |
| c11- The hospital receptionist was caring and debonair. | 305 | 0 | 10 | **8,0** | ,119 | 2,080 | 4,326 |
| c12- The doctors allocated enough time to listen to me. | 305 | 0 | 10 | **8,3** | ,112 | 1,963 | 3,854 |
| c13- The appointment dates were appropriate. | 305 | 0 | 10 | **8,3** | ,108 | 1,880 | 3,533 |
| c14- The patient record system was quick and simple | 305 | 0 | 10 | **8,2** | ,108 | 1,881 | 3,538 |
| c15- The caregivers knew what they were doing and skillful. | 305 | 0 | 10 | **7,8** | ,105 | 1,842 | 3,392 |
| c16- I got examined right on time and they did not keep me waited. | 305 | 0 | 10 | **8,0** | ,118 | 2,058 | 4,237 |
| c17- I believe that this hospital wouldn't ask you to have any unnecessary imaging or laboratory procedures. | 305 | 0 | 10 | **7,2** | ,149 | 2,606 | 6,791 |
| c18- The hospital had adequate and advanced imaging and laboratory services. | 305 | 0 | 10 | **7,9** | ,123 | 2,142 | 4,589 |
| c19- I had quick results from the imaging and laboratory services in the hospital. | 305 | 0 | 10 | **8,0** | ,112 | 1,957 | 3,830 |
| c20- The location of the hospital is easily accessible. | 305 | 0 | 10 | **8,1** | ,115 | 2,013 | 4,054 |
| c21- The carpark in the hospital is large enough. | 305 | 0 | 10 | **7,3** | ,146 | 2,550 | 6,501 |
| c22- The hospital is easily accessible by mass transportation. | 305 | 0 | 10 | **7,8** | ,122 | 2,135 | 4,556 |
| c23- The hospital building is modern and clean. | 305 | 1 | 10 | **8,4** | ,099 | 1,721 | 2,962 |
| c24- The security service was visible and qualified. | 305 | 0 | 10 | **8,0** | ,111 | 1,938 | 3,754 |
| c25- I believe that treatment I received was the best I could ever get. | 305 | 0 | 10 | **7,9** | ,119 | 2,086 | 4,351 |
| c26- The waiting areas were clean and modern. | 305 | 0 | 10 | **8,3** | ,096 | 1,679 | 2,817 |
| c27- I was satisfied with the coffee and restaurant services. | 305 | 0 | 10 | **7,8** | ,114 | 1,992 | 3,966 |
| c28- The toilets were hygienic and modern. | 305 | 0 | 10 | **8,2** | ,104 | 1,815 | 3,296 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| c29- I believe that this hospital protect my personal data and records. | 305 | 0 | 10 | **8,0** | ,119 | 2,087 | 4,355 |
| c-30 It is a well-known hospital. | 305 | 0 | 10 | **8,1** | ,117 | 2,049 | 4,200 |
| c31- The name/brand of this hospital gives me the feel of confidence. | 305 | 0 | 10 | **7,9** | ,134 | 2,348 | 5,514 |
| c32- The money you pay for this hospital is worth for the service you have. | 305 | 0 | 10 | **7,5** | ,136 | 2,379 | 5,658 |
| c33- I know that doctors are easily accessible if I may have any questions after treatment. | 305 | 0 | 10 | **8,1** | ,128 | 2,228 | 4,964 |

- Following the final factor analysis of remaining 32 variations, 4 basic dimensions were obtained.
- These 4 basic dimensions determined via factor analysis were measured with Structural Equation Model in Amos program.

**Table 9.**

*Factors Affecting Private Hospital Choice As A Result Of Factor Analysis*

Rotated Component Matrix[a]

| | | Component | | | | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| Quality and Specialty of Doctors | C06- The information provided by the doctors on diagnosis and treatment was sufficient and understandable | ,712 | ,341 | ,134 | ,210 | ,165 |
| | C07- I would recommend this doctor to my family and friends | ,699 | ,310 | ,070 | ,393 | ,094 |
| | c04- The doctors were caring and respectful. | ,694 | ,259 | ,316 | ,095 | ,138 |
| | c01- The doctors in this hospital were a specialist in their field and knowledgeable. | ,678 | ,293 | ,261 | ,258 | ,122 |
| | c02- There were doctors in this hospital who have made a name in their field. | ,676 | ,114 | ,164 | ,302 | ,010 |
| | c05- The doctors allocated enough time for the examination. | ,649 | ,341 | ,233 | ,101 | ,167 |
| | c33- I know that doctors are easily accessible if I may have any questions after treatment. | ,618 | ,166 | ,260 | ,272 | ,269 |
| | c25- I believe that treatment I received was the best I could ever get. | ,611 | ,251 | ,366 | ,135 | ,067 |
| | c29- I believe that this hospital protect my personal data and records. | ,569 | ,079 | ,382 | ,421 | ,106 |
| | c-30 It is a well-known hospital. | ,479 | ,210 | ,406 | ,336 | ,274 |
| | | ,433 | ,377 | ,410 | ,367 | ,152 |
| Patient Record and Appointment System, ematy, etc. | c10- I was satisfied with call center, appointment registry and information services. | ,272 | ,743 | ,234 | ,261 | ,095 |
| | c13- The appointment dates were appropriate. | ,381 | ,725 | ,168 | ,049 | ,147 |
| | c14- The patient record system was quick and simple. | ,172 | ,723 | ,258 | ,159 | ,145 |
| | c11- The hospital receptionist was caring and debonair. | ,294 | ,660 | ,228 | ,312 | ,115 |
| | c12- The doctors allocated enough time to listen to me. | ,552 | ,564 | ,136 | ,120 | ,200 |
| | c09- The nurses showed respect and courtesy to me. | ,259 | ,538 | ,290 | ,371 | ,185 |
| | c16- I got examined right on time and they did not keep me waited. | ,382 | ,464 | ,257 | ,279 | ,292 |
| | c08- The nurses had knowledge in their field and caring. | ,344 | ,458 | ,229 | ,456 | ,200 |
| Physical Conditions | c23- The hospital building is modern and clean. | ,284 | ,250 | ,675 | ,009 | ,268 |
| | c26- The waiting areas were clean and modern. | ,338 | ,209 | ,671 | ,177 | ,131 |
| | c28- The toilets were hygienic and modern. | ,254 | ,233 | ,662 | ,264 | ,081 |
| | c27- I was satisfied with the coffee and restaurant services. | ,181 | ,121 | ,623 | ,304 | ,151 |
| | c24- The security service was visible and qualified. | ,253 | ,397 | ,616 | ,242 | ,061 |
| Imaging and Laboratory Services | c17- I believe that this hospital wouldn't ask you to have any unnecessary imaging or | ,292 | ,087 | ,101 | ,789 | ,052 |
| | c32- The money you pay for this hospital is worth for the service you have. | ,477 | ,198 | ,197 | ,621 | ,111 |
| | c18- The hospital had adequate and advanced imaging and laboratory services. | ,250 | ,300 | ,308 | ,606 | ,066 |
| | c19- I had quick results from the imaging and laboratory services in the hospital. | ,214 | ,396 | ,368 | ,551 | ,035 |
| | c31- The name/brand of this hospital gives me the feel of confidence. | ,396 | ,411 | ,261 | ,489 | ,109 |
| | c15- The caregivers knew what they were doing and skillful. | ,138 | ,392 | ,416 | ,466 | ,144 |
| | c21- The carpark in the hospital is large enough. | ,051 | ,256 | ,331 | ,377 | ,329 |
| Accesibility | c22- The hospital is easily accessible by mass transportation. | ,168 | ,121 | ,150 | ,124 | ,855 |
| | c20- The location of the hospital is easily accessible. | ,198 | ,222 | ,180 | ,047 | ,801 |

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with kaiser Normalization   a. Rotation converged in 7 iteration
Normalization   a. Rotation converged in 7 iteration

- In constructing the model, factors which involve  general satisfaction were primarily identified. A total score was formed on the basis of 3 factors which represent general satisfaction; “service satisfaction”; “recommendation” and “confidence”.
- In constructing the model for which final validity and reliability analysis was completed, factors which involve the general satisfaction were primarily identified. A total score was formed based on 3 factors which represent the general satisfaction; “service satisfaction”; “recommendation” and “confidence”.

The analysis showed in Table 10 below was made respectively for all factors. The following displays valid results for factor 1.

**Table 10.**

*Final Validity and Reliability Analysis*

**FACTOR1**

**QUALITY OF DOCTORS**

Case Processing Summary

| | | N | % |
|---|---|---|---|
| Cases | Valid | 305 | 100.0 |
| | Excluded[a] | 0 | 0.0 |
| | Total | 305 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|---|---|---|
| .925 | .927 | 9 |

Summary Item Statistics

| | Mean | Minimum | Maximum | Range | Maximum / Minimum | Variance | N of Items |
|---|---|---|---|---|---|---|---|
| Item Means | 8.125 | 7.705 | 8.603 | .898 | 1.117 | .074 | 9 |

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|---|
| c01 Bu hastanedeki doktorlar konusunda uzman ve bilgililerdi | 64.96 | 161.655 | .787 | .652 | .913 |
| c02 Bu hastanede alanında tam yapmış doktorlar vardı | 65.42 | 162.777 | .674 | .543 | .920 |
| c03 Hastanede pek çok branşta uzman hekim vardı | 64.94 | 168.210 | .698 | .526 | .918 |
| c04 Doktorlar ilgili ve saygılıydılar | 64.52 | 168.178 | .750 | .591 | .916 |
| c05 Doktorların muayeneye ayırdıkları zaman yeterliydi | 64.87 | 163.213 | .718 | .581 | .917 |
| c06 Doktorların teşhis ve tedavi ile ilgili bilgilendirmeleri yeterli ve anlaşılırdı | 64.95 | 161.297 | .777 | .643 | .914 |
| c07 Bu doktoru yakınlarıma tavsiye ederim | 65.20 | 155.555 | .785 | .658 | .913 |
| c25 Uygulanan tedavinin yapılabilecekler en iyi tedavi olduğuna inanıyorum | 65.25 | 161.913 | .699 | .513 | .919 |
| c33 Tedavi sonrası soru sormam gerekse doktora ulaşabileceğimi biliyorum | 65.06 | 158.973 | .702 | .502 | .919 |

Scale Statistics

| Mean | Variance | Std. Deviation | N of Items |
|---|---|---|---|
| 73.12 | 203.377 | 14.261 | 9 |

**FACTOR 2**

PHYSICAL FACILITIES

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 305 | 100,0 |
| | Excluded[a] | 0 | 0,0 |
| | Total | 305 | 100,0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|---|---|---|
| ,926 | ,929 | 12 |

**Summary Item Statistics**

| | Mean | Minimum | Maximum | Range | Maximum / Minimum | Variance | N of Items |
|---|---|---|---|---|---|---|---|
| Item Means | 7,899 | 7,246 | 8,321 | 1,075 | 1,148 | ,090 | 12 |

**Item-Total Statistics**

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|---|
| c15 Nursing assistants are educated and skillful. | 86,97 | 299,466 | ,676 | ,473 | ,921 |
| c17 I believe this hospital would charge no superfluous screening and laboratory services costs. | 87,55 | 285,203 | ,613 | ,488 | ,925 |
| c18 Screening and laboratory services are sufficient and at an advanced level. | 86,93 | 289,121 | ,717 | ,589 | ,919 |
| c19 Results of screening and laboratory services are quickly obtained. | 86,84 | 292,118 | ,748 | ,612 | ,918 |
| c27 Cafeteria and restaurant services are gratifying. | 86,96 | 301,074 | ,592 | ,422 | ,924 |
| c28 Restrooms are hygienic and modern. | 86,56 | 300,411 | ,672 | ,490 | ,921 |
| c32 Hospital services are worth the money paid for them. | 87,32 | 282,791 | ,719 | ,587 | ,919 |
| c26 Waiting areas are clean and modern. | 86,47 | 304,599 | ,658 | ,509 | ,922 |
| c24 Security services are visible and adequate. | 86,75 | 296,545 | ,684 | ,518 | ,920 |
| c30 It is reputable hospital. | 86,66 | 288,205 | ,770 | ,726 | ,917 |
| c29 I think this hospital is protecting my personal data and records. | 86,81 | 290,328 | ,721 | ,575 | ,919 |
| c31 Name/brand of this hospital builds a sense of confidence to me. | 86,90 | 282,040 | ,741 | ,682 | ,918 |

**Scale Statistics**

| Mean | Variance | Std. Deviation | N of Items |
|---|---|---|---|
| 94,79 | 345,974 | 18,600 | 12 |

# FACTOR 3

## APPOINTMENT AND REGISTRATION

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 305 | 100,0 |
| | Excluded[a] | 0 | 0,0 |
| | Total | 305 | 100,0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|---|---|---|
| ,919 | ,919 | 8 |

**Summary Item Statistics**

| | Mean | Minimum | Maximum | Range | Maximum / Minimum | Variance | N of Items |
|---|---|---|---|---|---|---|---|
| Item Means | 8,057 | 7,836 | 8,269 | ,433 | 1,055 | ,026 | 8 |

**Item-Total Statistics**

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|---|
| c08 Nurses have adequate knowledge and are interested. | 56,52 | 127,323 | ,711 | ,610 | ,910 |
| c09 Nurses are respectful and polite towards me. | 56,50 | 127,402 | ,734 | ,634 | ,908 |
| c10 I am satisfied with call center, appointment, registration and consultation services. | 56,62 | 122,164 | ,806 | ,701 | ,902 |
| c11 Patient registration and admission staff are interested and good-humored. | 56,45 | 124,735 | ,765 | ,647 | ,905 |
| c12 Doctors allocate enough time for listening to me. | 56,20 | 128,419 | ,727 | ,561 | ,909 |
| c13 Appointment dates are suitable to me. | 56,19 | 129,751 | ,731 | ,618 | ,908 |
| c14 Registration system is quick and simple. | 56,26 | 131,556 | ,684 | ,549 | ,912 |
| c16 I got examined at my appointment time without having to wait. | 56,45 | 128,544 | ,682 | ,483 | ,912 |

**Scale Statistics**

| Mean | Variance | Std. Deviation | N of Items |
|---|---|---|---|
| 64,46 | 164,604 | 12,830 | 8 |

# FACTOR 4

## ACCESS

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 305 | 100,0 |
| | Excluded[a] | 0 | 0,0 |
| | Total | 305 | 100,0 |

a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|---|---|---|
| ,774 | ,775 | 2 |

**Summary Item Statistics**

| | Mean | Minimum | Maximum | Range | Maximum / Minimum | Variance | N of Items |
|---|---|---|---|---|---|---|---|
| Item Means | 7,998 | 7,849 | 8,148 | ,298 | 1,038 | ,045 | 2 |

**Item-Total Statistics**

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|---|
| c22 Bu hastaneye toplu taşım ile ulaşım imkanları kolay | 8,15 | 4,054 | ,632 | ,400 | |
| c20 Hastane kolay erişebileceğim bir lokasyonda | 7,85 | 4,556 | ,632 | ,400 | |

**Scale Statistics**

| Mean | Variance | Std. Deviation | N of Items |
|---|---|---|---|
| 16,00 | 14,043 | 3,747 | 2 |

## *Tablo 10 a Additional Explanatory Charts*

## *Factor Analysis -1 (Analysis Breakdown)*

**Communalities**

| | Initial | Extraction |
|---|---|---|
| c01 Doctors at this hospital are expert and scholarly in their fields. | 1,000 | ,698 |
| c02 Hospital has renowned doctors. | 1,000 | ,613 |
| c03 In many branches at the hospital, there are senior physicians | 1,000 | ,552 |
| c04 Doctors are interested and respectful. | 1,000 | ,640 |
| c05 Time allocated by doctor for examination is sufficient. | 1,000 | ,610 |
| c06 Doctors provides sufficient and comprehensible information about diagnosis and treatment. | 1,000 | ,709 |
| c07 I would recommend this doctor to my relatives. | 1,000 | ,741 |
| c08 Nurses have adequate knowledge and are interested. | 1,000 | ,602 |
| c09 Nurses are respectful and polite towards me. | 1,000 | ,607 |
| c10 I am satisfied with call center, appointment, registration and consultation services. | 1,000 | ,756 |
| c11 Patient registration and admission staff are interested and good-humored. | 1,000 | ,682 |
| c12 Doctors allocate enough time for listening to me. | 1,000 | ,696 |
| c13 Appointment dates are suitable to me. | 1,000 | ,717 |
| c14 Registration system is quick and simple. | 1,000 | ,666 |
| c15 Nursing assistants are educated and skillful. | 1,000 | ,595 |
| c16 I got examined at my appointment time without having to wait. | 1,000 | ,589 |
| c17 I believe this hospital would charge no superfluous screening and laboratory services costs. | 1,000 | ,583 |
| c18 Screening and laboratory services are sufficient. | 1,000 | ,608 |
| c19 Results of screening and laboratory services are quickly obtained. | 1,000 | ,662 |
| c20 Hospital is at an easily accessible location. | 1,000 | ,736 |
| c22 Access to this hospital is easy via public transportation. | 1,000 | ,721 |
| c24 Security services are visible and adequate. | 1,000 | ,569 |
| c25 I believe that applied treatment is the best possible treatment. | 1,000 | ,668 |
| c26 Waiting areas are clean and modern. | 1,000 | ,547 |
| c27 Cafeteria and restaurant services are gratifying. | 1,000 | ,518 |
| c28 Restrooms are hygienic and modern. | 1,000 | ,547 |
| c29 I think this hospital is protecting my personal data and records. | 1,000 | ,640 |
| c30 It is reputable hospital. | 1,000 | ,657 |
| c31 Name/brand of this hospital builds a sense of confidence to me. | 1,000 | ,633 |
| c32 Hospital services are worth the money paid for them. | 1,000 | ,653 |
| c33 I know I can get through doctor after treatment if I need to ask questions | 1,000 | ,620 |

Extraction Method: Principal Component Analysis.

## *Tablo 10 b Additional Explanatory Charts*
## *Factor Analysis -2 (Analysis Breakdown)*

**Total Variance Explained**

| Component | Initial Eigenvalues | | | Loadings | | | Loadings | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 15,801 | 50,970 | 50,970 | 15,801 | 50,970 | 50,970 | 6,412 | 20,685 | 20,685 |
| 2 | 1,445 | 4,662 | 55,632 | 1,445 | 4,662 | 55,632 | 5,995 | 19,338 | 40,022 |
| 3 | 1,385 | 4,468 | 60,100 | 1,385 | 4,468 | 60,100 | 5,039 | 16,256 | 56,279 |
| 4 | 1,206 | 3,889 | 63,989 | 1,206 | 3,889 | 63,989 | 2,390 | 7,711 | 63,989 |
| 5 | ,944 | 3,044 | 67,033 | | | | | | |
| 6 | ,774 | 2,496 | 69,530 | | | | | | |
| 7 | ,763 | 2,460 | 71,990 | | | | | | |
| 8 | ,705 | 2,275 | 74,265 | | | | | | |
| 9 | ,651 | 2,099 | 76,364 | | | | | | |
| 10 | ,616 | 1,988 | 78,353 | | | | | | |
| 11 | ,539 | 1,738 | 80,091 | | | | | | |
| 12 | ,502 | 1,619 | 81,710 | | | | | | |
| 13 | ,479 | 1,545 | 83,255 | | | | | | |
| 14 | ,451 | 1,456 | 84,711 | | | | | | |
| 15 | ,442 | 1,425 | 86,136 | | | | | | |
| 16 | ,419 | 1,351 | 87,487 | | | | | | |
| 17 | ,397 | 1,279 | 88,766 | | | | | | |
| 18 | ,371 | 1,196 | 89,963 | | | | | | |
| 19 | ,357 | 1,150 | 91,113 | | | | | | |
| 20 | ,336 | 1,083 | 92,196 | | | | | | |
| 21 | ,305 | ,983 | 93,179 | | | | | | |
| 22 | ,287 | ,927 | 94,106 | | | | | | |
| 23 | ,271 | ,873 | 94,978 | | | | | | |
| 24 | ,263 | ,848 | 95,826 | | | | | | |
| 25 | ,240 | ,773 | 96,600 | | | | | | |
| 26 | ,210 | ,677 | 97,277 | | | | | | |
| 27 | ,205 | ,663 | 97,939 | | | | | | |
| 28 | ,191 | ,616 | 98,555 | | | | | | |
| 29 | ,175 | ,565 | 99,121 | | | | | | |
| 30 | ,137 | ,442 | 99,563 | | | | | | |
| 31 | ,135 | ,437 | 100,000 | | | | | | |

Extraction Method: Principal Component Analysis.

***Tablo 10 c Additional Explanatory Charts***

***Factor Analysis-3 (Analysis Breakdown)***

**Component Matrix[a]**

| | Component | | | |
|---|---|---|---|---|
| | 1 | 2 | 3 | 4 |
| c01 Doctors at this hospital are expert and scholarly in their fields. | ,786 | -,132 | -,245 | -,053 |
| c02 Hospital has renowned doctors. | ,647 | -,325 | -,294 | -,054 |
| c03 In many branches at the hospital, there are senior physicians | ,705 | -,102 | -,210 | -,021 |
| c04 Doctors are interested and respectful. | ,738 | -,038 | -,305 | ,026 |
| c05 Time allocated by doctor for examination is sufficient. | ,727 | ,033 | -,282 | -,038 |
| c06 Doctors provides sufficient and comprehensible information about diagnosis and treatment. | ,767 | -,053 | -,332 | -,090 |
| c07 I would recommend this doctor to my relatives. | ,778 | -,214 | -,268 | -,139 |
| c08 Nurses have adequate knowledge and are interested. | ,764 | ,012 | ,096 | -,088 |
| c09 Nurses are respectful and polite towards me. | ,741 | ,118 | ,169 | -,120 |
| c10 I am satisfied with call center, appointment, registration and consultation services. | ,757 | ,221 | ,150 | -,335 |
| c11 Patient registration and admission staff are interested and good-humored. | ,753 | ,158 | ,137 | -,267 |
| c12 Doctors allocate enough time for listening to me. | ,753 | ,172 | -,216 | -,230 |
| c13 Appointment dates are suitable to me. | ,703 | ,312 | -,056 | -,349 |
| c14 Registration system is quick and simple. | ,669 | ,338 | ,188 | -,263 |
| c15 Nursing assistants are educated and skillful. | ,688 | ,033 | ,342 | ,063 |
| c16 I got examined at my appointment time without having to wait. | ,748 | ,169 | -,004 | -,009 |
| c17 I believe this hospital would charge no superfluous screening and laboratory services costs. | ,609 | -,406 | ,196 | ,093 |
| c18 Screening and laboratory services are sufficient. | ,703 | -,171 | ,286 | ,048 |
| c19 Results of screening and laboratory services are quickly obtained. | ,727 | -,089 | ,354 | ,006 |
| c20 Hospital is at an easily accessible location. | ,509 | ,539 | -,180 | ,393 |
| c22 Access to this hospital is easy via public transportation. | ,475 | ,487 | -,168 | ,479 |
| c24 Security services are visible and adequate. | ,719 | ,034 | ,223 | ,013 |
| c25 I believe that applied treatment is the best possible treatment. | ,741 | -,263 | -,076 | ,209 |
| c26 Waiting areas are clean and modern. | ,692 | ,012 | ,118 | ,232 |
| c27 Cafeteria and restaurant services are gratifying. | ,599 | -,021 | ,232 | ,323 |
| c28 Restrooms are hygienic and modern. | ,676 | -,033 | ,235 | ,184 |
| c29 I think this hospital is protecting my personal data and records. | ,766 | -,020 | -,018 | ,229 |
| c30 It is reputable hospital. | ,806 | -,027 | ,073 | ,025 |
| c31 Name/brand of this hospital builds a sense of confidence to me. | ,780 | -,096 | ,098 | -,083 |
| c32 Hospital services are worth the money paid for them. | ,751 | -,291 | ,024 | ,056 |
| c33 I know I can get through doctor after treatment if I need to ask questions | ,731 | -,078 | -,241 | ,147 |

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

***Tablo 10 d Additional Explanatory Charts***

***Factor Analysis-4 (Analysis Breakdown)***

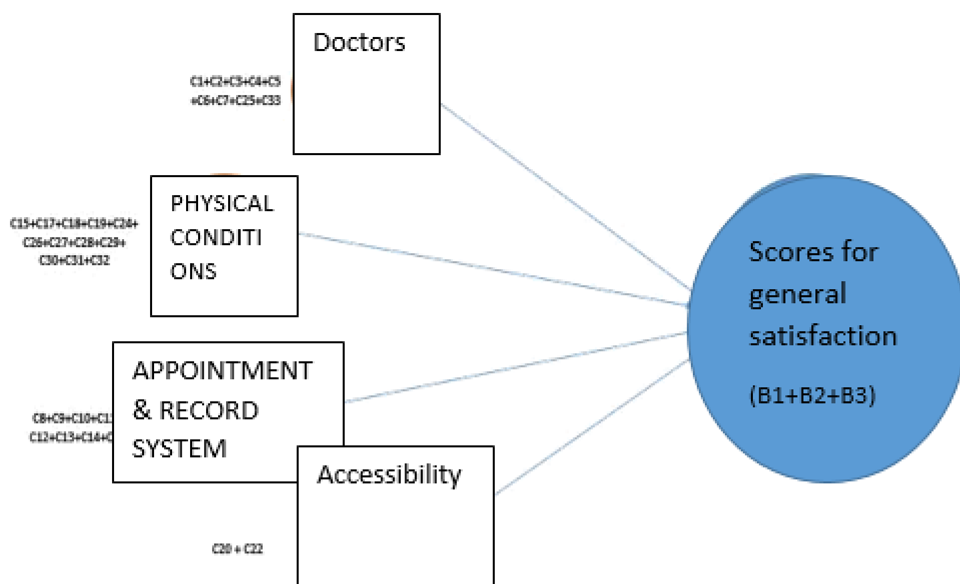
**Rotated Component Matrix[a]**

| | | Component | | | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| Doctors Quality | c07 I would recommend this doctor to my relatives. | ,742 | ,292 | ,322 | ,040 |
| | c02 Hospital has renowned doctors. | ,722 | ,271 | ,137 | -,008 |
| | c06 Doctors provides sufficient and comprehensible information about diagnosis and treatment. | ,711 | ,205 | ,353 | ,193 |
| | c01 Doctors at this hospital are expert and scholarly in their fields. | ,692 | ,313 | ,316 | ,148 |
| | c04 Doctors are interested and respectful. | ,660 | ,244 | ,275 | ,264 |
| | c33 I know I can get through doctor after treatment if I need to ask questions | ,618 | ,339 | ,184 | ,299 |
| | c05 Time allocated by doctor for examination is sufficient. | ,614 | ,203 | ,352 | ,261 |
| | c03 In many branches at the hospital, there are senior physicians | ,605 | ,291 | ,276 | ,158 |
| | c25 I believe that applied treatment is the best possible treatment. | ,580 | ,540 | ,088 | ,178 |
| Physical Facilities | c19 Results of screening and laboratory services are quickly obtained. | ,220 | ,675 | ,393 | ,057 |
| | c18 Screening and laboratory services are sufficient. | ,283 | ,662 | ,298 | ,039 |
| | c17 I believe this hospital would charge no superfluous screening and laboratory services costs. | ,382 | ,649 | ,081 | -,093 |
| | c15 Nursing assistants are educated and skillful. | ,150 | ,623 | ,396 | ,168 |
| | c27 Cafeteria and restaurant services are gratifying. | ,176 | ,616 | ,128 | ,303 |
| | c28 Restrooms are hygienic and modern. | ,235 | ,614 | ,253 | ,225 |
| | c32 Hospital services are worth the money paid for them. | ,540 | ,565 | ,201 | ,039 |
| | c26 Waiting areas are clean and modern. | ,303 | ,549 | ,229 | ,318 |
| | c24 Security services are visible and adequate. | ,255 | ,545 | ,420 | ,173 |
| | c30 It is reputable hospital. | ,434 | ,523 | ,394 | ,199 |
| | c29 I think this hospital is protecting my personal data and records. | ,455 | ,513 | ,224 | ,347 |
| | c31 Name/brand of this hospital builds a sense of confidence to me. | ,438 | ,508 | ,422 | ,069 |
| Appointment and Registration | c10 I am satisfied with call center, appointment, registration and consultation services. | ,280 | ,326 | ,750 | ,100 |
| | c13 Appointment dates are suitable to me. | ,354 | ,124 | ,736 | ,186 |
| | c14 Registration system is quick and simple. | ,148 | ,285 | ,726 | ,192 |
| | c11 Patient registration and admission staff are interested and good-humored. | ,306 | ,362 | ,668 | ,103 |
| | c12 Doctors allocate enough time for listening to me. | ,542 | ,142 | ,578 | ,220 |
| | c09 Nurses are respectful and polite towards me. | ,282 | ,444 | ,551 | ,161 |
| | c08 Nurses have adequate knowledge and are interested. | ,386 | ,459 | ,473 | ,135 |
| | c16 I got examined at my appointment time without having to wait. | ,377 | ,358 | ,471 | ,311 |
| Access | c22 Access to this hospital is easy via public transportation. | ,160 | ,163 | ,138 | ,806 |
| | c20 Hospital is at an easily accessible location. | ,175 | ,125 | ,237 | ,796 |

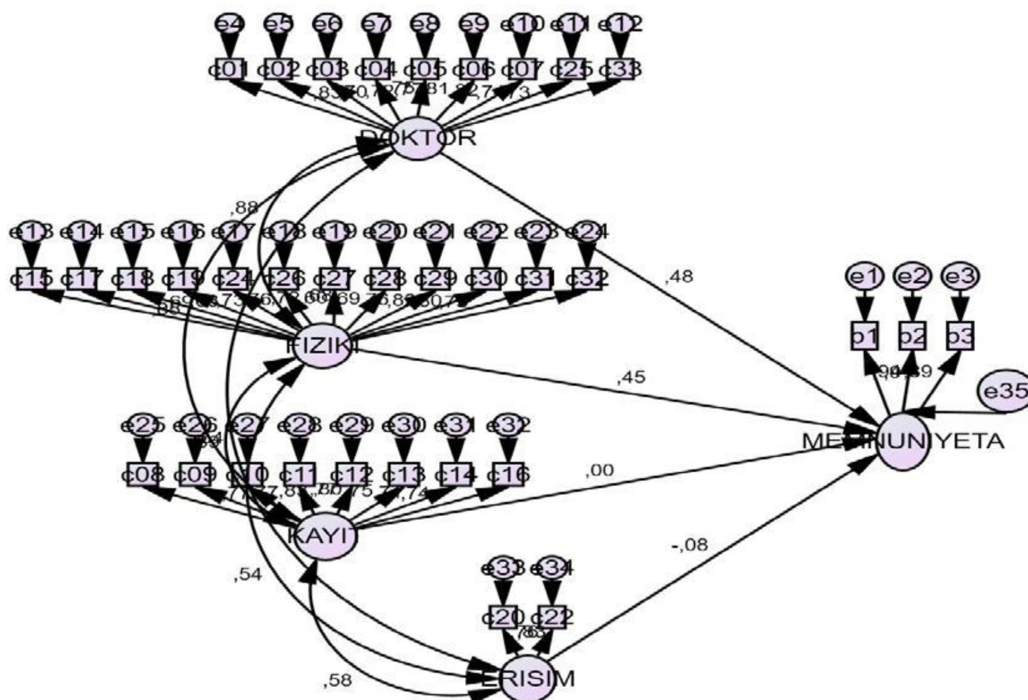
Extraction Method: Principal Component Analysis.

a. Rotation converged in 9 iterations.

Scoring for general satisfaction was analyzed with Structural Equation Modelling by using AMOS computer program as showed in Graphic 35. As can be viewed in Graphic 36, the modelling was created within the program and results were evaluated comparatively with previous research.




**Graphic 35:** Defined Structural Equation Model




**Graphic 36:** AMOS – SEM Model

In conclusion, two separate researches were conducted on different samplings and General Satisfaction, as the subject matter of research, was verified with the structural equation model as indicated above. The most effective criterion for selecting private hospitals were verified as the doctors. This finding was expected by us. Doctors are followed by physical facilities, appointments-records and access as verified determinant criteria respectively.

The basic criteria are the medical personnel and physical facilities. Even a minimal dissatisfaction with call center and administrative services, which are considered ancillary services, has potential to influence brand perception of healthcare institutions. Therefore, enhancing service quality in a consistent fashion by giving due consideration to criteria occurs as a prerequisite of boosting brand percention of healthcare institutions

This study enlightens the managers who wish to develop their brand strategies in healthcare institutions in determining the points to consider –in other words, to address- from this time forth.

It appears that healthcare institutions should first set the criteria such as quality of doctors if they wish to remain in mind or create a brand perception.

The results obtained here are used to verify our thesis and have contributed to clarify the elements supporting our thesis.

**Summary of Chapter II**

This Chapter first provides general information on the brand and brand scope. As the subject unfolds, the branding, corporate identity, and effect of concept of brand perception and principles on the communication is emphasized. The branding process and reasons why healthcare institutions need a brand are presented. Footnote references are made to relevant academic sources on the subject to make up universal academic opinions in this concept. All these explanations and actions supported also by our original statements convey our opinion on the subject matter.

In this Chapter, a field research is conducted on the brand perception in healthcare institutions. The purpose of research, its model and processes,

limitations and assumptions, universe and sampling, data collection method and process are described, along with a general assessment.

Research model is to measure how service recipients perceive the brand awareness in healthcare institutions and using this approach, to correlate the brand with service preference.

Universe comprises healthcare consumers who are aged over 15 and reside within the provincial border of Istanbul.

Study sampling was set by using “probability sampling method”. Assessment of field study is carried out in four stages. At stage one, demographic data of participants was assessed by cross grouping. At stage two, use of social security and private health insurance was assessed. At stage three, the responses to the questions about the services provided by the healthcare institutions and service expectation were assessed. At the last stage, perception of Brand by the service recipients and the effect on expectations were compared and assessed.

In conclusion, this study was performed on chain health institutions that create a brand perception in Istanbul to analyse brand perception of healthcare service recipients.

Next stage involves verification of study, whose results were assessed, using multi-dimensional analysis techniques. We used Amos program, a statistical analysis program which is also widely used in technical sciences, further to its use primarily in academic studies in the fields of social sciences and healthcare. There are various reasons why Amos program has become so popular. The first is that this program can concurrently analyse multiple dependent variables and a large number of independent variables. Program enables detailed examination of relations and influences between a large number of dependent and independent variables by using implicit and observed variables in combination. Our study applied confirmatory factor analysis with Amos program due to its extensive functions and used Structural Equation Model for assessment and verification of analysis results.

In recent years, Structural Equation Modelling, a multi-variable statistical method that defines causal relationships between measurable and latent variables has been widely encountered in disciplinary studies, mainly in economy and marketing.

The attribute of modelling is that it presumes existence of causality structure between the latent variables. Analyses firstly test measurement model to see whether the relevant model structures are accurately measured. At the second stage, the structural models are examined. If the statements that are thought to measure the structures do not sufficiently measure the structure in question, structural model analysis will not present a meaningful result. Two-stage method becomes prominent in academic studies with the aim to evaluate data support, and primarily identify and exclude any possible errors emanating from the measurement model.

General satisfaction scoring was analyzed with Structural Equation Modelling by using AMOS computer program. Then, the modelling was performed within the program and results comparatively assessed with regard to the previous research.

To sum up, two separate research were conducted on different samplings and the research subject –general satisfaction- was verified with the structural equation model as indicated above. The most effective criterion for selecting the private hospitals was verified. This finding was expected by us.

Next Chapter intends to introduce a “proposal for branding strategy inclusive of patient satisfaction” for the managers of healthcare institutions in light of research and verification findings.

# CHAPTER 3

# 3. ROPOSAL FOR BRANDING MANAGEMENT AND STRATEGY IN HEALTHCARE INSTITUTIONS

## 3.1 Strategic Management

All businesses are established to carry out certain objectives and missions. Businesses have a wide diversity of set objectives and goals. However, their core objective is sustainable success. In management science, sustainability of businesses is predicated on their ability to accord with environmental factors and changes and to realize necessary organizational changes (Ülgen H., vd. 2006).

A research conducted by Royal Dutch /Shell Group on lifespan of businesses has established four fundamental factors affecting their average lifespan.

These are listed as follows:

- Ability of business to accord with external world or their sensitivity to environment they operate in;
- identity of business, commitment of employees of long standing companies to each other, and their identity, internal and external relationships;
- Central inspection practices in corporate activities and initiatives, and the tolerance they show on this issue in time;
- Prudence in cash movements, and manner of acting as to not imperil their capital.

Modern management approach attributes sustainability of businesses to competitive edge and efficiency. In this respect, any mismatch in terms of competitive edge and efficiency will put an end to their economic functions. Competitive edge is possible through strategic management approach that add value to businesses (Jensen *et al.,* 1976)

As known, strategy is to determine goals and objectives, restructure business objectives through examining its relationships with environment and distribute resources accordingly. Strategy etymologically means “the highest ranking officer” in ancient Greek. Some management scientists claim the origin of the word as such. However, our searches indicate that it is derived from “*stratum*”, a Latin root word used to mean “layer”. The same word is also being used as “*strada*” in modern Italian to mean “path”.

It is obvious that strategy is basically a plan. Viewing from a goals and objectives perspective, it is the achievement of desired results.

As in the case of plans, sttrategies are formulated in vagueness with certain or insufficient data. Strategy takes business and its operating environment into account. However, strategy is more dynamic than plan and so requires having regard to competitors or their possible activities that may affect desired results of business. To rephrase it, in setting a strategy, relevant analysis should contain likely competitors or their activities that may affect achivement of our desired results.

Strategy may be defined as a result-oriented set of long-term decisions that is formulated to achieve desired objectives by also tracing the position, status and triumphs of competitors in business operations (Ülgen, H., *et al.*, 2018).

An important issue encountered in empirical applications is confusion of strategic planning with strategic management.

To our mind, strategic planning is a function of strategic management. Hence, strategic management also embodies that function.

Strategic management contains intra-business and other elements that are not handled by strategic planning. Hence, management style, structure, culture, behavioral elements and implementation and control functions of

business are also covered in the ambit of strategic management, besides the elements of strategic planning (Ülgen *et al.* 2018).

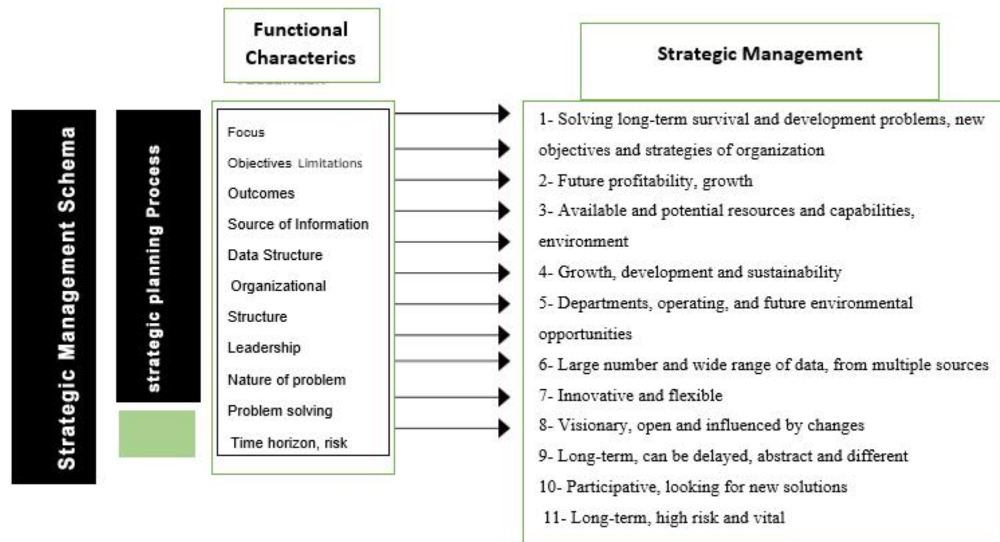
As for strategic management, it is the entirety of decisions and activities that include forming and implementing those strategies, and evaluating and checking their results.

## 3.2 Particulars of Strategic Management

Strategic management is a form of management that has distinctive particulars. However, this does not certainly mean that it does not involve general particulars of management. These are:

- Strategic management is the function of senior management. Because the objective is to provide sustainability, specifying future status of the business and directing it are duties of senior management.
- It is forward looking and concerns long-term objectives.
- It treats the business and its units as an open system and considers constituent parts thereof as a whole. It is in mutual interaction with and dependancy to its environment.
- It ensures coordination between units.
- It ensures effective and efficient distribution of business resources and is –goal-oriented.

These particulars are displayed in the following graphic as functional characteristics.




**Strategic Management Model:** Strategic management process can be expressed as a specific decision making or troubleshooting procedure. Procedure starts with determination of objectives and development of valid strategies. Next stages involve implementing those strategies, and controlling and assessing the results.

Strategic management process consists of four main phases, namely developing, selecting, implementing of strategies and controlling the strategic results. Thus, strategic management model embodies tracing and assessing external opportunities, and threats that uncover weaknesses and strengths of business (Wheleen *et al.,* 2002).

Strategic Management Process:

- Extermal – internal environment
- Selecting strategies
- Implementing strategies
- Controlling strategic results

These may be explained briefly as follows:

**Analysis of External-Internal Environment**

External environment refers to factors that remain outside of the business enterprise albeit being directly or indirectly related to it. Businesses take any type of resources and energy to survive from their environment and in return, work to meet its desires and needs (Dinçer, 2003).

Analysis of external environment aims to determine or at a minimum predict positive and/or negative situations business will encounter with respect to any type of externally occurring changes or developments concerning its fields of operation. These changing and evolving circumstances may be economic, technologic, legislative and cultural in nature. The simplest method to examine environment is SWOT analysis. SWOT is an abbreviation devised from initials of the words Strenghts, Weaknesses, Opportunities and Threats (Ülgen, *et al.,* 2006). In SWOT analysis, opportunities and threats for the business are determined upon examination of external factors and strengths and weaknesses determined upon internal analysis (Tengillioğlu, 2017).

The purpose of examinining internal environment is to determine resources and capabilities (assets) of business to see the extent to which business may benefit from developments in external environment. Owned resources and capabilities are compared to those of most powerful competitor to reveal strengths and weaknesses of business (Dinçer, 2003).

Strategy selection is the process of defining most sustainable operations, taken collectively, that are set to reach corporate goals and objectives, subject to those goals and objectives. The path to follow here involves inquiring into strengths and weaknesses of business to specify how external environmental conditions will influence those in a positive or negative manner. Strategy to be selected according to such inquiry will help business evaluate opportunities to overwhelm the threats it faces. Consequently, selected strategy will allow the business to reach the mission and goal, the reason of its establisment.

Management strategies may be summarized as in the following table:

| Management Strategies | ➔ | Compliance Strategies | ➔ | Market Entry Strategies | ➔ | Competition Strategies | ➔ | Implementing Strategies |
|---|---|---|---|---|---|---|---|---|
| **Mission**<br>**Vision**<br>**Values/Objectives** | | **Growth**<br>Diversification, Vertical Integration, Market Development, Product Develop | | **Purchasing**<br>Acquisition, Licensing, Capital Investment Venture | | **Strategic Stance**<br>Defensive<br>Aggressive<br>Analytical | | **Service**<br>Pre-Service<br>Intra-Service<br>Post-Service |
| | | **Downsizing**<br>Isolation, Elimination, Harvesting, Saving | | **Collaboration**<br>Merger, Alliance, Joint Venture | | **Position Strategies**<br>**1. Entire Market**<br>Cost Leadership<br>Differentiation<br>**2. Entire Market**<br>Focusing/Cost Leadership<br>Focusing/Differentiation | | **Support**<br>Culture<br>Structure<br>Strategic Resources |
| | | **Maintaining the Balance**<br>Development, Preserving Status Quo | | **Development**<br>Internal Development<br>Internal Investment | | | | Units Operational Plans<br>Objectives,<br>Operations,<br>Timelines,<br>Responsibilities |

Reference : Swayne et.al., 2006:230 (Citation: Tengilioglu et al. p.382)

Implementation of strategies means carrying set strategies into effect in accordance with the programs, sub-programs, budgets and implementing guidelines that cover determined periods.

Programs involve the process of preparing detailed breakdown of future activities and allocation of resources, setting places and times of performance and resolving by whom and when to perform those activities (Dinçer, 2003).

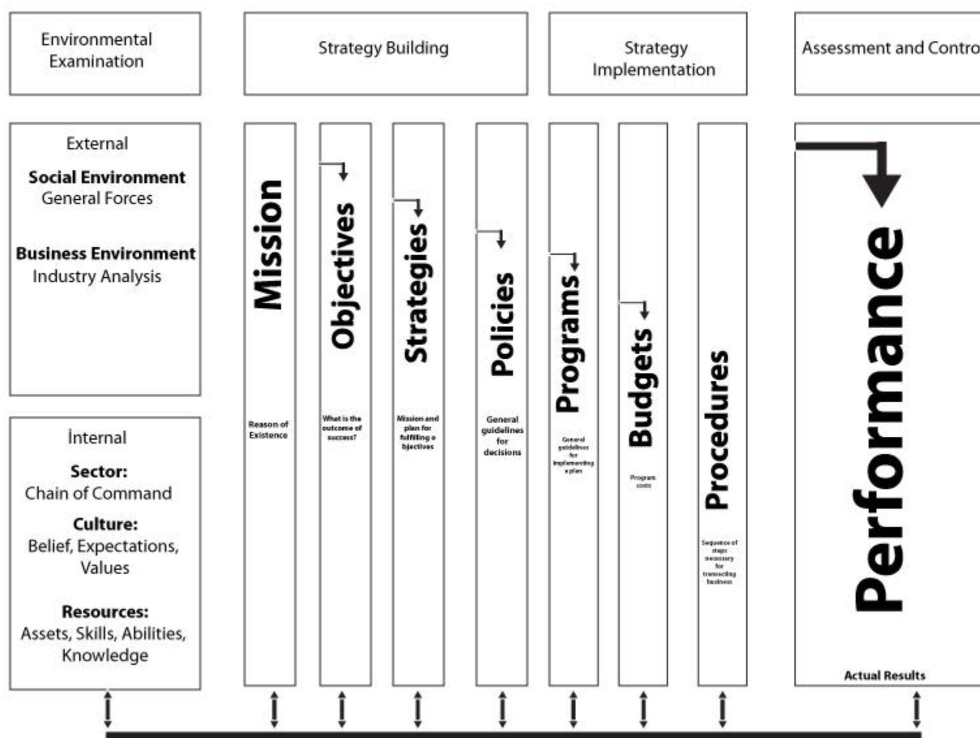
Budgets are tools for projecting the resources allocatable to profit centers as well as the costs and revenues that would accrue from use of such resources, in order to reach goals and objectives specified in programs, and in other terms, they are performance setting instruments.

Implementing guidelines consist of detailed explanations as to how and where to perform activities.

Strategic results are verified according to whether the business has reached its goals and objectives or in which stage they are, at the end of set periods. This fact may be expressed as performance check.

In this way, feedback on the result of activities can be obtained, along with the possibility of testing selected strategy or strategies.

The following table may briefly explain the process.




Hierarchy of Strategic Decisions and Alternatives  (Swayne, et al., 2006).

In conclusion, process begins with forming and selecting new strategies. Selection and planning of strategies is subject to making a prior strategic analysis. Analysing current and future external environment and existing structure of business may be regarded as precondition to strategic management. Formulation of what the business would be or should be in the future is made.

All subsequent activities should be arranged acccording to that future formulation of business. Vision and mission sets the basic routes and objectives to be pursued by managers. Implementation process should primarily include causing all  resources of organization; that is, its structure, human resources, technology, sub-purposes, leadirship and culture, principles and policies to be compatible to visions and strategies. In the last stage, implementation results are reviewed and fed back to the system again after being checked to the plans.

### 3.3. Brand Management, Strategic Brand Management

Brand management comprise designing of the brand in such form and content devised as per set objectives, positioning of the brand, conveying elements of brand identity that are created in this direction to target audience through various messages and formation of brand equity and value (Tosun, 2017).

Brand management stages may be stated as follows:

- Creating new market,
- Brand positioning,
- Brand identification,
- Brand communication acivities to convey identity elements to target audience
- Brand audit
- Enhancing brand equity and value

Otherwise stated, brand management activies involves setting a new category of brand through separation or combination, positioning the brand as per the decision specifying the desired way it is to be perceived by target audience, designing the identity necessary for materialization of perception in pursuance of that decision, planning and implementing brand communication activities that will convey this design to target audience, and then, ascertaining materialization status of brand equity and enhancing the brand equity and by extension, brand value (Tosun, 2017)

Strategic brand management is implementation of foregoing brand management stages in accordance with a certain strategy. Those activities are termed strategic brand management.

The value of enterprises are assessed for their brand value beyond their material worth. Consequently, brand generated values collectively will conduce to differences such as discrete profit margin, price, increased market share, upswing based on growth rate, in favor of enterprise compared to its competitors.

The subject of study is patient satisfaction and its effect on brand value in healtcare enterprises. Results of research and confirmatory factor analysis demonstrate positive effect of patient (customer) satisfaction on brand value. Research and confirmatory factor analysis establish that the fact branded chain healthcare institutions are succeeding in materializing patient (customer) satisfaction is the very same fact which makes them have brand characterictics. In this cycle, if satisfaction is sustainable, brand value will also continue to rise.

### 3.4. Proposed Strategic Brand Model

As explained in prior sections, brand loyalty is a process that is constructed through cognitive (thinking, reading, learning, recalling, using skills of reasoning) and emotional efforts (Oliver, 1997).

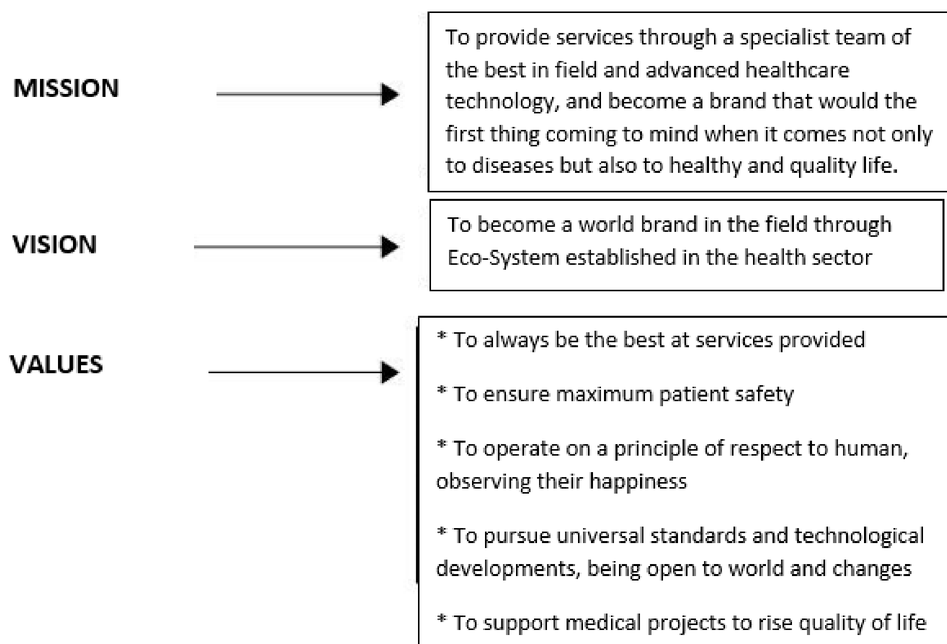
For instance, a customer is initially loyal by cognitive means with reference to prevailing beliefs on brand charasteristics. He/she will be loyal emotionally with the fulfillment of brand performance in line with expectations. Eventually, a loyal customer mass who are committed to brand and exert efforts to reach it will emerge. In other words, brand loyalty includes customer preferences and their commitment to a certain brand (Back, 2005).

Proposal of brand model should therefore be built on a strategy that is coherent with customer-patient satisfaction and will warrant loyalty. Researches and verifications cited in the scope of study confirm that healthcare institutions who would like to possess "brand" characteristics should primarily act upon patient (customer) satisfaction strategy within the frame of expectation-goal-result.

It is obvious that bringing the proposed model forward will naturally be based on the results of researches and confirmatory factor analyses presented in the second chapter. Obtained results mainly pertain to dynamic structure of the institution.

Dynamism ensures continuity of business. For this purpose, the following is a "Proposed Brand Model" that emerges identity value in healthcare institutions through a business policy strategy:

- carrying out patient (customer) satisfaction oriented activities without deviating from profitability, the core objective of business operations, as well as from competition and service quality (principle of economic approach);
- measurement and evaluation to determine what is more important and should be emphasized with regard to perception of service quality (BRAND PERCEPTION) (questionnaires and assessments);
- setting different strategies in order to give a new dimensions to service quality, based on the results of periodic measurements and evaluations (flexibility); raising awareness of patients and their families for the positive differences in the healthcare institution (communication)
- Inserting mission, vision and values in the proposed model will result in the following chart.




As a concluding remark, creating an innovative and patient-oriented leader brand health institution will be possible through:

- having cutting-edge technology,
- working with competent doctors and healthcare personnel,
- treating desing of spaces, processes and relationships as

“experience management”,

- ensuring that delivered services are easily accessible and easily understandable,
- ensuring that a difference is created with customer experience approach,
- approaching mass audience in the right time and place with accurate personalized content.

**Summary of Chapter III**

The final Chapter includes “Proposed Branding Management Strategy In Healthcare Institutions”.

Selection and implementation, and verification of strategic results, of strategies are explained in this Chapter as part of strategic management process.

The noteworthy point here is that an environmental analysis must be performed, as a precondition, via existing organizational structure, to start implementing new strategies. Proposed strategic brand model will ensure dynamism and, thus, sustainability of business.

For this purpose, the following is a proposal for strategic brand that emerges identity value in healthcare institutions:

- carrying out “Patient Satisfaction” oriented activities without deviating from the competition and quality of service;
- measuring the perception periodically;
- setting different strategies to give a new dimension to quality of service based on measurement results;
- raising awareness of patient and patient family for the positive differences in the healthcare institution.

# CHAPTER 4

## 4. CONCLUSION

As a natural result of all rational and conscious individual as well as communal behaviours concerning human health, the healthcare services industry has emerged.

Today, healthcare services are one of the most important functions that so-called "social state" approach has assigned to the state and all of its subordinate units.

One notable attribute of healthcare services is that they should be obtainable by individuals in an adequate level and quality when required.

The success and survival of healthcare institutions largely depend on their ability to meet customers' demands and expectations.

Quality and quality management is a system whereby customer-oriented services are produced, needs are fulfilled, allowing the institution to continue and improve its operations as a going concern by means of adjusting itself to evolving processes and holding its desire for change.

The quality is considered one of the major criteria applied by organizations to document their superiority over competitors. The financial strength of customers of products or services produced by organizations is also related straight to supply-demand balance of the product or service. Current evaluations consider quality a life style and mode of behavior.

The customer satisfaction can be defined as increased level of satisfaction and reduction in customers' loss in consequence of "fulfilment of customers' needs and desires".

As a healthcare services consumer, the “patient” is a person who is informed of the healthcare services generated and offered by the institution, has the opportunity to benefit or did previously benefit from such services.

Brand is a concept which predicates on customer satisfaction, overlaps with the concept of prioritizing patients and customers of health institution and is/will be perceived by patient in view of institutions’ identity value. As a result, identity value comprises self-expression attempts of the brand, while the brand is the identity value itself. This sense of perception, which has a direct effect on the customers’ desires and expectations in the healthcare institutions and creates difference and awareness as compared to others, can be defined as “BRAND PERCEPTION”.

In terms of offering and maintaining a superior service environment in healthcare organizations, the branding can be characterized as a service that has a peculiar identity in the field of healthcare services. This identity can be defined as selective feature which allows people to differentiate among brands. The corporate identity and brand can only be realized through social marketing.

All academic studies postulates that brand is a value creating an emotional bond with consumer. In this respect, an emotional bond comes into being between consumer and brand of any product or service when they again purchase or benefit from such product or service they need or desire. The purpose of this study is to address a strategy which overlaps with the concept of patient satisfaction predicated on prioritizing patients and patients’ relatives, to create an identity value in this regard and to measure and establish the effect of this identity value on patient satisfaction and brand value in the context of corporate identity activities in healthcare institutions. The study addresses branding requirements of healthcare institutions and seeks to accentuate the importance of being a brand.

In the healthcare institutions, the corporate identity adopting a social marketing approach is only possible through an in-house practice and a strategy management fulfilling the desires and needs of service recipients. A healthcare institution placing importance on marketing activities will be able to

communicate better with its customers than its competitors, and more easefully determine to whom to direct its activities and how to respond. They are regarded as important steps for the evolution of corporate identity.

The institutions that fulfil their social marketing responsibilities make themselves distinct, gain reputation, trust and prestige, and provide transparency. The corporate reputation is consequent to establishing and maintaining good relations with the target audience. Except for the diagnosis and treatment of patient in the healthcare institutions, it may be said that establishing a good relation with the patients, fulfilling their expectations and generating a feeling of trust between patient and institution are vital. On the other hand, another important issue that comes to the fore in ensuring corporate reputation is the corporate image. The corporate image will change into a brand in time.

The satisfaction with a brand that transpires when a healthcare institution is compared with another is deemed by patients and their families to be a convincing factor to favor that institution vis-à-vis competitors in respect of the different (higher) price policy of the first institution. In our opinion, this is the economic outcome of branding.

Success of corporate identity, branding, sustainability, corporate reputation and confidence based marketing can be acquired by strategic models in healthcare industry.

On the other hand, a communication system to be managed between parties is required. Achieving a high-grade communication in healthcare industry is possible through identifying requirements and problems of all channels and implementing a solution-oriented management.

The objective is to increase the satisfaction of the parties and render this sustainable.

Indication of a sustainable satisfaction is a profile of sufficiently satisfied patient. Handling the issue of satisfaction not only as a target but also a cultural objective would, in our opinion, make trust and reputation of institution

sustainable to signify actual achievement of its corporate identity and brand objectives.

In research section of our thesis, the purpose of research on brand perception, its model and processes, limitations and assumptions, universe and sampling, data collection method and process are described, along with a general assessment.

The key topic addressed in research is the question “Do brands influence consumer behaviours in healthcare industry?”. Here, reply to this question is sought with the help of assumptions testing and assessment of findings of questionnaire.

Research model involves measuring how the service recipients perceive the brand awareness in healthcare institutions and by this approach, correlating the brand image with service preference. The questionnaire has been measured with delienative statistical values in light of demographic data whose reliability was tested. In this research, the effect of social security and private health insurance on preference is assessed and responses are grouped.

Research was evaluated according to the criteria and capabilities used in selection of the research problem. These criteria and capabilities are materiality, innovation, compliance with established code of conduct, field competence, adequacy in methods and techniques, data collection permission, sufficiency of time and opportunity, sufficiency of participants’ interest.

Results were assessed within reliability limits that exist because of limited universe and sampling error margin. Constraints of research included the assumptions that responses from participants were truthful and candid, and analyses and techniques used were appropriate. Another important constraint was that research area only covered Istanbul.

Another constraint was sending of questionnaire to participants who are service recipients of healthcare institution via e-mail or social sharing applications over mobile networks.

Universe comprises healthcare consumers who are aged over 15 and reside within the provincial border of Istanbul.

Sampling of the study was determined via probability sampling.
Also in this section, descriptive statistical values, frequency and percentage distribution of questionaire responses are displayed in tables and graphics. It also includes hypothesis tests and results thereof.

On the other hand, assessment was carried out by dividing questionnaire into four sections in the sequence indicated in questionnaire. In the first section, the demographic details of participants are assessed by cross grouping. In the second section, the use of social security and private health insurance is evaluated. ed. In the third section, the responses to expressions concerning services of healthcare institution and service expectations are assessed. Final section contains a comparative assessment of brand perception of service recipients and its effect on expectations. The statistical data such as mean, mode, median and standard deviation relating to responses to statements that were posed to identify service expectations in healthcare institutions and service recipients' perception and expectations of corporate brand value, are displayed in tables.

In conclusion, a field study was performed for the chain health institutions that create a brand perception in the healthcare institutions in Istanbul and the brand perception of healthcare service recipients was analyzed in this study.

According to study results, a group of participants responded "yes" to indicate their loyalty to hospitals which have created a specific perception of brand. The fact that this group recommend chain institutions to their kindred due to brand perception of such institutions which offer a combination of physicians, personnel quality and technological opportunities emerges as a significant finding that corroborates our thesis.

As to memorability of healthcare institutions or measuring brand perception, doctor quality and chain healthcare institutions come to the front.

As we look into visits to brand chain hospitals, “whenever my economic situation affords” response is followed by ”conditional upon acceptance of Social Security Services”, which marks economic conditions as the primary factor.

According to these responses, preference for institution relies on trustworthiness of doctors, fine quality of medical services, ability to operate diagnosis and treatment processes as to assure patients. Healthcare providers also differentiate themselves for giving heed and allocating time to patients and their kindred. However, it should be kept in mind that slightest dissatisfaction with call centers and administrative services, which are considered ancillary services, may devastate brand perception of healthcare institutions. Therefore, enhancing service quality in a consistent fashion by giving due consideration to criteria occurs as a prerequisite of boosting brand percention of healthcare institutions.

Another stage involves verification of study, whose results were assessed, using multi-dimensional analysis techniques. In recent years, Amos program, a statistical analysis program, has been widely used in technical sciences, further to its use primarily in academic studies in the fields of social sciences and healthcare. There are various reasons why Amos program has become so popular. The first is that this program can concurrently analyse multiple dependent variables and a large number of independent variables. Program enables detailed examination of relations and influences between a large number of dependent and independent variables by using implicit and observed variables in combination.

Its popularity is also due to its capability of measuring whether there is a mediator effect on formation of two variables if another variable is added. Besides the foregoing, its image-and-animation-focused structure combined with significant interest of academic community of all sciences in structural equation model is another factor which makes Amos a favorable program.

In AMOS program, confirmatory factor analysis indicates suitability degree of dimension and characteristics structure that is presented in exploratory factor analysis.

Due to these specifications, in our study, confirmatory factor analysis performed with Amos program were evaluated and verified by using Structural Equation Model.

In recent years, Structural Equation Modeling, a multi-variable statistical method that defines causal relationships between measurable and latent variables has been widely encountered in disciplinary studies, mainly in economy and marketing.

These models are employed to explain, foresee and control the relations in natural course of life. These models are defined through quantitative and qualitative variables. Quantitative variables are measurable and digitalizable, and qualitative variables are abstract concepts that are capable of being perceived. Such variables, also called latent variables, can be exemplified by customer satisfaction, brand perception, consumer behaviors, quality perception and like concepts in social sciences, and motivation, anxiety, depression, happiness, desperation, sense of self, self-respect and like concepts in behavioral sciences namely psychology, sociology. These are unmeasurable but indirectly observable concepts as they are present in real life. Models that examine the relationships between latent variables themselves and the relationships between the former and observable variables are named Structural Equation Models.

The attribute of modelling is that it presumes existence of causality structure between the latent variables. Analyses firstly test measurement model to see whether the relevant model structures are accurately measured. At the second stage, the structural models are examined. If the statements that are thought to measure the structures do not sufficiently measure the structure in question, structural model analysis will not present a meaningful result. Two-stage method becomes prominent in academic studies with the aim to evaluate data support, and primarily identify and exclude any possible errors emanating from the measurement model.

The steps of study that correlate verification and brand with general satisfaction are specified below.

305 people who visited a private hospital within the last year were interviewed in the form of face-to-face questionnaire with individuals who reside in Istanbul. Sample selection was made by using random sampling method. The previous sources of literature were scanned to construct the factors effective in selection and model. In constructing the model, factors which involve general satisfaction were primarily identified. A total score was formed on the basis of 3 factors which represent general satisfaction; "service satisfaction"; "recommendation" and "confidence". Then, factors effective in choice of hospitals were designated. Considering the factors named in literature and after discussion with subject matter experts, it was decided to measure 34 factors as explanatory variables. These 34 variable factors were analyzed and reduced to dimensions. Following the validity and reliability analysis, it was decided to exclude 2 variables from the scale.

Confirmatory Factor Analysis (CFA) is used to develop measurement models. This method intends to generate latent variables (factors) with reference to observed variables using a previously built model. Usually it is used in scale development and validity analyses or aims to verify a previously designated structure.

Following the final factor analysis with remaining 32 variables, 4 basic dimensions were obtained. These dimensions were measured with Structural Equation Model in Amos program. During modelling, primarily factors which involve the general satisfaction were identified. In model construction, factors which involve general satisfaction were primarily identified. A total score was formed on the basis of 3 factors which represent general satisfaction: "service satisfaction"; "recommendation" and "confidence".

In constructing the model for which validity and reliability analyses were completed, factors which involve the general satisfaction were primarily identified. A total score was formed based on 3 factors which represent the general satisfaction: "service satisfaction"; "recommendation" and "confidence".

Scoring for general satisfaction was analyzed with Structural Equation Modelling in AMOS computer program based on modelling displayed in

Graphic 1. As seen in Graphic 2, modelling was created within the program and results were evaluated comparatively with previous research.

Consequently, two separate research were conducted on different samplings and the research subject which was General Satisfaction was verified with the structural equation model as indicated above.

"Presence of Positive Effect of Patient Satisfaction on Brand Value" is the notable fact here.

It is observed, in line with the purpose of thesis, that corporate identity of branded health institutions converged on patient satisfaction strategy. This strategy has turned into a reason which justifies higher pricing policies of those institutions as an economic outcome.

The final Chapter includes "Proposed Branding Management Strategy In Healthcare Institutions".

Selection and implementation, and verification of strategic results, of strategies are explained in this Chapter as part of strategic management process.

The noteworthy point here is that an environmental analysis must be performed, as a precondition, via existing organizational structure, to start implementing new strategies. Proposed strategic brand model will ensure dynamism and, thus, sustainability of business.

For this purpose, the following constitutes a proposal of strategic brand that emerges identity value in healthcare institutions:

- carrying out "Patient Satisfaction" oriented activities without deviating from the competition and quality of service;
- measuring the perception periodically;
- setting different strategies to give a new dimension to quality of service based on measurement results;
- raising awareness of patient and patient family for the positive differences in the healthcare institution.

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# APPENDIX

## Appendix-A

### Questionnaire of Brand Perception In Healthcare Institutions

1. Sex

○ Female

○ Male

2. Marital Status

○ Married

○ Single

3. Occupation

○ Employee

○ Self-employed

○ Employe

○ Other (please specify)

4. Age Group

○ 15-25

○ 26-50

○ 50 and over

5. Income Group

○ 0-5,000

○ 5,001-10,000

○ 10,001 and over

6. Private Health Insurance

○ None

○ Available

# Appendix-B

| frekans RESEARCH | FACTORS AFFECTING CHOICE OF PRIVATE HOSPITALS OCTOBER 2018 | Factor Affecting Choice of Private Hospitals _ 2018 Questionnaire V03<br>No: |
|---|---|---|

*Have a nice day. My name is ………………, I work for Frekans Araştırma.*

*We are conducting an Istanbul-wide research to determine criteria in hospital choice for an academic study. This research is being carried out at 300 households in total at randomly selected addresses.*

*If you allow me, I would like to ask you several questions. Under no circumstances your responses will be used with your name, and your personal data will be kept strictly confidential. Results involving 300 interviewed people will only be presented as a whole and will not be linked to the names of persons in any manner. Thank you in advance for your help.*

*In this questionnaire, you are expected to state your thoughts on many topics related to social preferences in Turkey. There is no right or wrong answer here, but please state your opinions clearly on each topic provided.*

| DISTRICT | |
|---|---|
| QUARTER/VILLAGE | |
| AVENUE/STREET | |
| BUILDING NO | |
| APARTMENT NO | |

| FULL NAME | |
|---|---|
| PHONE 1 | |
| PHONE 2 | |

**INTERVIEWER**

I affirm that I have made this interview with a person unkown to me and in accordance with the training provided by Research Company, Research Company supplier and/or Researchers Association and ESOMAR rules and consent to partial or whole control of interviews by the supervisor.

| FULL NAME | |
|---|---|
| DATE | …………………\……………………………\ 2018 |
| SIGNATURE | |

**RESULT OF CONTROL**

| 1. | SÇM TK OK | 5. | ÖBY / BM |
|---|---|---|---|
| 2. | Frekans TK OK | 6. | Out of service /Unavailable |
| 3. | Phone not answering / Busy at all times | 7. | No phone |
| 4. | Unreachable | 8. | No control performed |

## A. HOSPITAL VISIT

**A1. Did you or any member of your household go to a private hospital for treatment in the past 1 year?**

1. Yes 2. No

**A2. When was the last time you went?**

1 month ago 1-3 months ago 3-6 months ago 6-12 months ago

**A3. What is the name of that private hospital?**

Write:.............................................................................................

**A4. How many times did you go to that private hospital in the past 1 year?**

Write:.............................................................................................

**A5. Whom did you last go to that hospital for?**

1. For my own sickness
2. For a family member (spouse or children)

**A6. What was the form of treatment in that hospital?**

1. Outpatient treatment 2. Inpatient treatment Other:..........................................

**A7. Do you have private health insurance?**

1. Yes, it covers both inpatient and outpatient treatment.
2. Yes, it only covers inpatient treatment.
3. No, I do not have it.

## B. GENERAL SATISFACTION SCORES

**B1. To what extent are you satisfied with the service received from this hospital generally?**

None — Very

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**B2. Would you recommend this hospital to others?**

Never — Certainly

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**B3. What is degree of your confidence in that hospital?**

Nil — High

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**B4. Do you agree with the statement"This hospital has a good reputation?**

No — Certainly

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

**B5. I think it is worth the money I paid for.**

Not agree at all — Definitely agree

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

## C. FACTORS AFFECTING CHOICE OF HOSPITALS

Now, think about the private hospital you last went. Evaluate that hospital with regard to each expression listed below. Please give a score on a scale from "0" to "10" where "0" stands for "I do not agree at all" and "10" "I definitely agree".

| Do not agree at all | | | | | | | | | Definitely agree | |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| | | SCORE |
|---|---|---|
| **1** | Doctors at this hospital are expert and scholarly in their fields. | |
| **2** | Hospital has renowned doctors. | |
| **3** | In many branches at the hospital, there are senior physicians. | |
| **4** | Doctors are interested and respectful. | |
| **5** | Doctors allocate enough time for examination. | |
| **6** | Doctors provides sufficient and comprehensible information about diagnosis and treatment. | |
| **7** | I would recommend this doctor to my relatives. | |
| **8** | Nurses have adequate knowledge and are interested. | |
| **9** | Nurses are respectful and polite towards me. | |
| **10** | I am satisfied with call center, appointment, registration and consultation services. | |
| **11** | Patient admissison and registration procedure is accurate, quick and complete. | |
| **12** | Patient registration and admission staff are interested and good-humored. | |
| **13** | Doctors allocate enough time for listening to me | |
| **14** | Appointment dates are suitable to me. | |
| **15** | Registration system is quick and simple. | |
| **16** | Nursing assistants are educated and skillful. | |
| **17** | I got examined at my appointment time without having to wait. | |
| **18** | I believe this hospital would charge no superfluous screening and laboratory services costs. | |
| **19** | Screening and laboratory services are sufficient and at an advanced level. | |
| **20** | Results of screening and laboratory services are quickly obtained. | |
| **21** | Hospital is at an easily accessible location. | |
| **22** | Hospital has sufficient car parking facilities. | |
| **23** | Access to this hospital is easy via public transportation. | |
| **24** | Building is clean and modern. | |
| **25** | Security services are visible and adequate. | |
| **26** | I believe that applied treatment is the best possible treatment. | |
| **27** | Waiting areas are clean and modern. | |
| **28** | Cafeteria and restaurant services are gratifying. | |
| **29** | Restrooms are hygienic and modern. | |
| **30** | I think this hospital is protecting my personal data and records. | |
| **31** | It is reputable hospital. | |
| **32** | Name/brand of this hospital builds a sense of confidence to me. | |
| **33** | Hospital services are worth the money paid for them. | |
| **34** | I know I can get through doctor after treatment if I need to ask questions. | |

## D. DEMOGRAPHICS

**D1. How would you assess your health condition generally?**

| Quite bad | | | | | | | | | | Quite well |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**D2. Sex**

1. Male
2. Female

**D3. Marital Status**

1. Married
2. Single/ Widow-Divorced

**D4. Occupation**

1. Housewife
2. Retired
3. Student
4. Unemployed, looking for a job
5. Unemployed, not looking for a job
6. Disabled/Patient
7. Full time employee
8. Part time employee
9. Working with family, without pay
10. Running his/her own business

 Other (……………………..)

**D5. Your total estimated household income?**

1. 1000-2000
2. 2001-2500
3. 2501-3000
4. 3001-4000
5. 4000-5000
6. 5000-6000
7. 6001-7500
8. 7501 +

**D6. Age**

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65+

**D7. Education**

1. Illiterate
2. Literate, without diploma
3. Primary School-Secondary School
4. High School
5. University and above

## BIOGRAPHY (optional)

**Name & Surname:** SELVER GÖK

**Date of Birth:** **23 MAY 1982**

| **Degree** | **Field** | **University** | **Years** |
|---|---|---|---|
| Undergraduate | Business | Anadolu University | 2001-2008 |
| Postgraduate | Strategic Marketing<br>Brand Management | Bahçeşehir University<br>Social Sciences Institute | 2014-2015 |
| Doctorate | (Business Administration) | NEAR EAST UNIVERSITY | 2015- 2020 |

**Postgraduate Thesis Title and Thesis Advisor:** Proactive Approach for Solution to Crisis Management. Prof. Dr. Ülkü UZUNÇARŞILI (Bahçeşehir University, Social Sciences Institute)

**Business Life**

| **Title** | **Location** | **Year** |
|---|---|---|
| Management Board Assistant | Consulta Group | 1999-2005 |
| Management Services Supervisor | Consulta Group | 2005-2008 |
| Market Research- CRM Supervisor | Consulta Group | 2008-2010 |
| Financial Data and Documentation CRM and Marketing Supervisor | Consulta Group | 2010-2013 |
| Financial Data and Documentation CRM and Marketing Manager | Consulta Group | 2013 - …. |
| Partner | Beandsim Eğitim Hizmetleri ve Danışmanlık LTD.ŞTİ | 2012- …. |
| Lecturer<br>*Brand Management<br>*Public Relations<br>*Communication | International Cyprus Universty | 2014- …. |

## PLAGIARISM REPORT

**PATIENT SATISFACTION IN HEALTHCARE INSTITUTIONS AND ITS EFFECT ON THE BRAND VALUE - SELVER GOK**

ORJİNALLİK RAPORU

| %2 | %1 | %0 | %2 |
|---|---|---|---|
| BENZERLİK ENDEKSİ | İNTERNET KAYNAKLARI | YAYINLAR | ÖĞRENCİ ÖDEVLERİ |

BİRİNCİL KAYNAKLAR

| | Source | |
|---|---|---|
| 1 | Submitted to Okan Âniversitesi<br>Öğrenci Ödevi | <%1 |
| 2 | Submitted to Istanbul Aydin University<br>Öğrenci Ödevi | <%1 |
| 3 | Submitted to University of Wales Institute, Cardiff<br>Öğrenci Ödevi | <%1 |
| 4 | Submitted to Coventry University<br>Öğrenci Ödevi | <%1 |
| 5 | Submitted to European University of Lefke<br>Öğrenci Ödevi | <%1 |
| 6 | Submitted to University of Ulster<br>Öğrenci Ödevi | <%1 |
| 7 | miz.org<br>İnternet Kaynağı | <%1 |
| 8 | www.turkak.org.tr<br>İnternet Kaynağı | <%1 |

## ETHICS COMMITEE APPROVAL

YAKIN DOĞU ÜNİVERSİTESİ

**BİLİMSEL ARAŞTIRMALAR ETİK KURULU**

04.06.2020

Dear Selver Gök,

Your query regarding your research titled "PATIENT SATISFACTION IN HEALTHCARE INSTITUTIONS AND ITS EFFECT ON THE BRAND VALUE" has been evaluated. Since your research took place right after the Ethics Committee has started working actively and you were not informed about the ethics committee application process, your research does not need ethics approval.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Ethics Committee