Research on Patient Satisfaction in Hospitals: An Example of a Public Hospital in Turkey

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ABSTRACT: *The aim of this study is to determine the satisfaction levels of patients receiving inpatient services in a public hospital.The study was conducted in a public hospital in Turkey's Central Anatolia Region. In this study, questionnaire method was used as data collection tool. "Patient Judgments in Quality of Hospital Questionnaire" which was developed by Meterko at al. was created by utilizing the scale gained in Turkish in AygülYanık's doctoral dissertation. A total of 174 questionnaires were collected, but 7 were canceled due to incomplete questionnaires and 167 questionnaires were evaluated. In addition, as a result of the reliability analysis conducted in our study, Cronbach Alpha value was 0.730 and the study was considered reliable enough. SPSS 22.0 program was used for statistical analysis; used in number and percentage frequency analysis; Since Kolmogrov Smirnov test result was p <0.05, it was determined that the data were not distributed normally and pairwise comparison non parametric post-hoc hypothesis tests with Mann Whitney U and Kruskal Wallis were applied and evaluated.As a result of the research, it can be concluded that the satisfaction level of the patients is generally good enough. There was no statistically significant difference between the demographic characteristics and satisfaction levels of the patients. A noteworthy result is that the satisfaction levels of the low-income green card and those with income below 2000□ are lower than those with less high income.*

KEY WORD:*Patient satisfaction, patient contentment, public hospital.*

I.INTRODUCTION AND THE CONCEPT OF PATIENT SATISFACTION

Health services have their own unique structures. Characteristics of health services in the literature are that; there is absolutely no substitution, having investment-consumption expenditure at the same time, inability to stock up, needing very high technology and expertise and there is no possibility to postpone. In addition, we should know that the consequences of faults and problems in health service delivery can be very severe. The benefit of society, as well as the benefit of the individual, has a significant correlation with the good management of health. For this reason, health is irreplaceable for the state, society and the individual (Goben et al., 2020).

Especially with health transformation program in Turkey, a significant increase in the number of public hospitals, university hospitals, and private sector-related hospitals have occurred. This has led to increased competition and the need for healthcare providers to constantly update themselves to survive. On the other hand, the developing technology and communication network has increased the effect of word of mouth marketing. Through Google reviews, complaints sites, and various other platforms, individuals can easily share their opinions about companies, institutions, and even the staff that they have got the service from, and these shares can reach thousands of people quickly. This situation can be evaluated on the same basis as "customer satisfaction", which the healthcare professionals refuse, but the business managers in the health sector do not hesitate to use (Gun and Aslan, 2018). The positive aspect of this assessment is that it leads to the need to search for ways to increase the satisfaction of the customers with the perspective of patients or private sector operators. In fact, the concept of patient satisfaction is a subject that has been studied for many years; it has been the subject of numerous studies that can be conducted meta-analysis many times. However, in today's world conjuncture, which is decreasing with increasing competition environment and communication that is increasing and accelerating, patient satisfaction reminds us of its importance once again (Kavalukas et al.,2020).

The aim of this study is to reemphasize the importance of patient satisfaction and to achieve this by determining the satisfaction levels of patients who receive inpatient treatment services in a public hospital that is within the scope of the research.

As a concept, satisfaction is a multi-factor phenomenon that blends personal and social values with past experiences and expectations about the future, pleasure from lifestyle. In business literature, the concept of

satisfaction brings customer satisfaction first and then employee satisfaction to mind. However, employee satisfaction is more involved in researches on the subject of job satisfaction. The concept of customer satisfaction, which is directly related to the subject of the study, is by definition; is the satisfaction rate after the customer's need is fulfilled and the request is met. Customer satisfaction can also be expressed as the level that the customer is satisfied with the services received. Patient satisfaction, on the other hand, differs due to the characteristics of health services (Şahin and Şen, 2017: 1182).

Patient satisfaction is an issue that concerns the extent to which patients' expectations are met, accepts authority as patients, and measures care, results and service quality. The demographic characteristics of the patients, their health status, social status, diagnoses, the condition that the patient attributes to himself by showing his illness, the information he gained through written and oral media, his past experiences and his immediate environment can be directly effective inpatient satisfaction. For this reason, patient satisfaction differs from the customer satisfaction concept used in business and marketing science with its own unique characteristics (Gürsöz et al., 2018: 76).

It is possible to define ten different aspects of patient satisfaction. These dimensions are; patient-doctor relationship, patient-nurse relationship, patient-other hospital staff relationship, briefing, nutrition services, bureaucracy, trust, pricing, environmental conditions and privacy (Batbaatar et al., 2017: 95).

The patient-doctor relationship is the first dimension that affects patient satisfaction. Patients want to be treated and to reach a better condition as soon as possible. The most important person who will provide health service in this regard is the doctor they consult. Therefore, the person that they want to ease their anxiety, to whom they want to trust, empathize, to be listened and to be heard is the doctor. For this reason, the patientdoctor relationship is the first among patient satisfaction dimensions (Berkowitz, 2016).

In reducing patient anxiety, nurses are important people because of their close communication with the patient. Patients exchange information with nurses and expect the same empathy that they expect from their doctors from nurses who take care of them (Boz et al., 2018). Nurses are also the most important assistant and supporter of healthcare delivery after the doctor. Therefore, the second most effective dimension in patient satisfaction is the patient-nurse relationship. (Batbaatar et al., 2017: 97).

Many hospital staffs, such as the people working in the laboratory, counseling, and food service officers, are also in contact with the patient. These hospital staffs play an important role in guiding and speeding up procedures, satisfying the care that the patient expects more when they are not healthy. (Berkowitz, 2016).

Nutritional service has an extremely important place in patient satisfaction. Especially in the treatment of inpatients, the quality, presentation and hygiene of the food should be coordinated with their suitability with the health condition of the patient. As a matter of fact, some patients' diseases interfere with their expectations and this may be difficult for patients to understand because the patient may not be a person in the health field. It is important to try to solve such a problem by considering the patient's expectations as well. At this point, the food company and the dietitian in charge have a challenging task (Erduğan et al., 2019: 167).

Patients generally want to recover and regain health as soon as possible. The disease state is a painful condition and its prolongation will make the individual very uncomfortable. Moreover, especially when the disease condition pervades, and when bureaucratic obstacles are prolonged, and patients have some time-wise losses, these can be very important problems for the patient. Therefore, waiting periods are considered as an indicator in health success index (Turan et al., 2019: 82).

The fact that having a patient-centered understanding makes the patient feel valued. The patient, who feels valuable, trusts the institution he/she is in and the hospital staff that he/she untrusted himself. Trust is one of the factors that affect patient satisfaction (Jeong et al., 2016: 87).

Patients will want the service they receive in return to their payments made be worth the amount they pay as well as consumers in other sectors. The satisfaction of patients, who experience stress due to the risk of not meeting their costs or suffering due to the high cost they pay, will decrease.

Regardless of the sector, the physical environment is a factor that consumers pay attention to. The environment such as being clean, making the client who gets the service feel comfortable, and having high accessibility compose environmental conditions that affect patient satisfaction. (Okumuş et al., 1993: 181).

Another factor that is the subject of many studies and affects patient satisfaction is patient privacy. Factors such as religious beliefs and culture have an important and impressive power over privacy. Patients can also determine their satisfaction by filtering it through their perceptions of privacy (Şimşek, 2015: 6).

Patient satisfaction is one of the main goals for the health institution. Many health institutions refer to patient satisfaction in their missions and visions. Because it is directly effective and perhaps the most important factor in measuring the quality of the service they provide. When evaluated socially, being in a state of physical and spiritual well-being will contribute to social relations and the economy. Otherwise, when the state of physical and spiritual is not well; individuals will be unhappy and the life and the environment that they have, will become unbearable (Okumuş et al., 1993: 182).

1.2 Research Objectives

The purpose of this research is to determine the level of satisfaction of patients who receive inpatient treatment services in a public hospital in Turkey.

1.3 Research Methodology and Data Analysis

The study was carried out in a public hospital in Turkey's Central Anatolia region between June and August 2019. In the study, the survey method was used as a data collection tool. The survey used is "Patient Judgment in Hospital Quality Survey Form" developed by Meterko et al. in 1990, and the study was formed by using the scale that AygülYanık brought in Turkish in 2000 with her doctoral thesis named "A Study on Patient Satisfaction in Health Care Services and Patient Satisfaction in HaydarpaşaNumune Training and Research Hospital". Yanik found the Cronbach Alpha value as 0.850 in his reliability analysis.

Survey questions were designed with a 5-point Likert scale type. The sub-dimensions of the survey are 6: "Patient Admission Services", "Nursing Services", "Physician Services", "Food Services", "Room Services" and "Other Services". The data collection method of the research was in the form of face-to-face interview and was carried out on a voluntary basis within a period of 3 weeks. Within the scope of research limitation, patients who applied to the orthopedics clinic were chosen for data collection. In this context, no sample selection was made and it was tried to apply this survey to all patients.

In the data collection part of the study, 174 surveys were collected, but 7 of them were canceled due to underfilling and evaluation was made with 167 surveys. In our study, as a result of the reliability analysis we conducted, the Cronbach Alpha value was 0.730 and the study was accepted as reliable enough.

SPSS 22.0 program was used in the statistical analysis of the research; used in number and percentage frequency analysis; since the Kolmogrov Smirnov test result was $p < 0.05$, it was determined that the data were not distributed regularly and pairwise comparison and non-parametric post-hoc hypothesis tests were applied with Mann Whitney U and Kruskal Wallis, and then the evaluation was carried out.

1.3.1 Data Analysis to identify descriptive statistics

In this chapter descriptive statistics will be included in this section.

Table 1.
Demographic Details of Patients

	Number (n)	Percentage (%)
Gender		
Female	73	43,7
Male	94	56,3
Total	167	100,0
Age		
18-34	64	38,3
35-51	88	52,7
52 and above	15	9,0
Total	167	100,0
Marital Status		
Single	59	35,2
Married	108	64,8
Total	167	100,0
Educational Background		
Primary Education	19	11,3
High School	74	44,3
Bachelor's Degree	63	37,7
Postgraduate	11	6,7
Total	167	100,0
Monthly Income Status		
0-2000	43	25,7
2001-3001	52	31,2
3002 and above	72	43,1
Total	167	100,0
Health Insurance		
SGK (SSI)	104	62,3
Private	37	22,2
Health Card for Uninsured People	26	15,5
Total	167	100,0

The analysis of the result we see that; When the genders of the patients participated in the study were examined, 56.3% were male and 43.7% were female; When the age status was analyzed, 52.7% were in the 3551 age range, 38.3% were in the 18-34 age range, 9.0% are in the 52 years and above; When the marital status was examined, 64.8% were married and 35.2% were singles; When the education levels were analyzed, 44.3% of them had high school degree, 37.7% of them had undergraduate education, 11.3% had primary education and 6.7% had postgraduate education; When monthly income levels were analyzed, the percentage of those with

3002 and above income were 43.1%, those between 2001 and 2001 were 31.2%, those between 0-2000 were 25.7%; It was observed that 62.3% had SGK (SSI), 22.2% had Private Insurance, 15.5% had health cards (Table 1).

Table 2.
Details About Patients' Service

	Number (n)	Percentage (%)
The Days Stayed at the Hospital		
1-3 day(s)	36	21,6
4-6 days	120	71,9
7 and above days	11	6,5
Total	167	100,0
Status of Having Surgery or Not		
Yes	57	34,1
No	110	65,9
Total	167	100,0
Having Service from the Hospital Before		
Yes	84	50,3
No	83	49,7
Total	167	100,0
Recommendation Status		
Yes	126	75,4
No	41	24,6
Total	167	100,0
Status of Wanting to Have Service from the Hospital Again		
Yes	118	70,7
No	49	29,3
Total	167	100,0

When the information about the service status of the patients participated in the research was examined, it was seen that; 71.9% of them stayed 4-6 days, 21.6% of them stayed 1-3 days, 6.5% of them stayed 7 and above days; When the status of having surgery were examined, it was determined that 65.9% did not have surgery, 50.3% did not receive service from the hospital before, 75.4% would recommend the hospital, and 70.7% can get service again (Table 2).

Table 3.
Sub-dimensions of the Survey Scale Applied and Information on Scores Obtained

	N	Average	Std. Dev.	Min.	Max.	C.Alpha
Patient Admission Services	167	3,973	0,224	3,00	4,50	-
Nursing Services	167	3,802	0,321	3,00	5,00	-
Physician Services	167	4,353	0,577	3,50	5,00	-
Food Services	167	4,021	0,498	3,00	5,00	-
Room Services	167	3,998	0,402	3,00	5,00	-
Other Services	167	3,466	0,564	2,00	5,00	-
General Scale	167	3,935	0,431	3,33	4,45	0,730

The scale subscales of the patients participating in the research are out of 5; it was observed that they gave patient admissions services 3,973; 3,802 to nursing services; 4,353 to physician services; 4,021 for food services; 3,998 to room services; 3,466 to other services and the general scale score was 3,935 on average (Table 3).

1.3.2   Data Analysis to identify statistical comparison tests
It was tested whether there was a significant difference between gender, marital status, having a service from the hospital before, recommendation status and status of wanting to have a service from the hospital status

and scale scores of the patients participating in the study and no significant difference was found (p <0.05). When the difference between the status of having surgery and scale scores was examined, it was seen that those who did not have surgery have a significantly higher score (p=0,003<0,05; U=9712) (Table 4).

Table 4.
According to the Scale Score of the Patients, The Differences of Variables as Gender, Marital Status, Having Surgery Status, Service Status, Recommendation Status, and Status of Wanting to Have Service Again

	N	%	Mean Rank	U	p
Gender					
Female	73	43,7	52,444	5418	0,322
Male	94	56,3	55,625		
Marital Status					
Single	59	35,2	59,511	5362	0,329
Married	108	64,8	57,282		
Having Surgery					
Yes	57	34,1	40,055	9712	0,003*
No	110	65,9	62,325		
Having Service from the Hospital Before					
Yes	84	50,3	44,273	4318	0,224
No	83	49,7	42,744		
Recommendation Status					
Yes	126	75,4	41,335	2348	0,678
No	41	24,6	40,624		
Status of Wanting to Have Service from the Hospital Again					
Yes	118	70,7	46,210	4102	0,252
No	49	29,3	43,972		

When the relationship between age, educational background, income status, health insurance, hospitalized room status and number of days stayed at the hospital and scale score was examined, it was seen that age groups, education level, hospitalized room status and the number of days stayed at the hospital did not differ significantly. (p<0,05). A significant difference was found between income status, health insurance status, and scale score. According to the income status, those who received an income between 2001 and 3001 had higher patient satisfaction than those who received less than 2000 (p = 0.04; X^2 = 8.578). According to health insurance, private insured people have higher patient satisfaction than health card holders. (p=0,03; X^2=10,544) (Table 5).

Table 5.
Differences of Age, Educational Background, Income Status, Health Insurance, Status of the Hospitalized Room and Number of Days Stayed According to the Scale Score of the Patients

	N	%	Mean Rank	X^2	p	Significancy
Age						
17-34	64	38,3	54,512	0,973	0,522	-
35-49	88	52,7	56,411			
50 and above	15	9,0	57,151			
Educational Background						
Primary Education	19	11,3	57,624	1,624	,676	-
High School	74	44,3	55,216			
Bachelor's Degree	63	37,7	54,774			
Postgraduate	11	6,7	58,418			
Income Status						
0-2000	43	25,7	52,000	8,578	0,04	2>1
2001-3001	52	31,2	67,252			
3002 and above	72	43,1	56,024			
Health Insurance						
SGK(SSI)	104	62,3	58,299	10,544	0,003*	2>3
Private Insurance	37	22,2	83,430			
Health Card	26	15,5	54,208			
The Room Stayed At						
1-3 people	33	19,8	52,442	0,274	0,828	-
4-6 people	118	70,7	53,156			

Min. 7 people	16	9,5	54,027			
The Number of Days Stayed at the Hospital						
1-3 day(s)	36	21,6	54,564			
4-6 day(s)	120	71,9	54,015	,103	0,962	-
Min. 7 day(s)	11	6,5	53,874			

1.4 Findings and Interpretation

In the research, it was found that approximately half of the patients received service from the same institution before. It was seen that approximately 3 in 4 of patients stated that they could recommend the institution to others and receive service again. This situation can be interpreted as the majority was satisfied with the health service of the institution.

Patients were most satisfied with the part related to physician services. The least satisfied part is other services. In general terms, they expressed that they were satisfied with the room service, food service, patient admission service and nursing service. However, satisfaction levels related to these services are at an improvable level.

In the study, those who had surgery were less satisfied than those who did not. It would be appropriate to investigate the causes of this situation.

The remarkable finding is; that those with low incomes and health cards were less satisfied than the others.

There was no statistically significant result between the demographic characteristics and satisfaction levels of the patients.

In general terms, as a result of the research, it can be interpreted that the satisfaction level of the patients is good enough.

In the study conducted by Büber and Başer in a private university hospital in 2012, questions about courtesy, briefing and guidance behaviors was asked about the group consisting of nurses, secretaries, health technicians, counseling officers, and security officers. It was observed that participation in seven expressions formed had a high average of 4.16. This means that our participants are at a high level of patient (customer) satisfaction regarding other hospital staff behaviors. These data, satisfaction with hospital staff and especially nurses, are high in all studies.

In the study conducted by Zerenler and Öğüt in Konya in 2007, it was found that the activities that the patients participated in the research liked the most are "the control of the doctors (4.27)", "trusting the doctors (4.19)", "respect, courtesy, and understanding of the doctors (4.27)", "ease of meeting with doctors (4.06)" respectively. ". Büber and Başer concluded in a study conducted in a private university hospital in 2012 that "The interpersonal relationship skills of doctors are the most important factor affecting patient satisfaction. Büber and Başer in the study conducted in a private university hospital in 2012: "The physical conditions of the hospital and the room in the hospital come up as one of the dimensions of satisfaction that individuals emphasize and attach importance to. Within this context, it has been observed that the participation rate of the questions including factors such as heat, light, cleaning, comfort and ease of transportation is 3.88. This situation shows that our participants were satisfied with the physical conditions of the hospital at a good level ". It is understood that the physical conditions of the hospitals was good and it positively affects the satisfaction. In the study conducted by HaticeGenc in Sivas State Hospital in 2011; It was found that "all the patients that were staying at the hospital at different services was satisfied with the kindness of the staff that made their admission processes, and patients that were staying at pediatric surgery, neurosurgery and orthopedics services of which score is 4,65, in other words, the patients staying at the same department, were the ones who satisfied the most." In our study, the presence of 4.01 means that patients were satisfied with the food service in both studies. In addition, it is another remarkable point that both studies were conducted in public hospitals.

As a result of the research conducted by Özaktan (2008) in the university hospital using the SERVQUAL scale to measure the expected and perceived service quality, it was determined that the participants considered the reliability dimension as the most important and empathy dimension as the least important. In the research carried out by Devebakan and Aksaraylı (2003) using the same scale, it was determined that the dimension that patients consider most important is reliability, and the dimension they attach the least importance to is empathy.

As a result of the research carried out by using the SERVQUAL scale to measure patient satisfaction at MetinSabancıBaltalimanı Bone Diseases Training and Research Hospital, it is seen that the quality perceived by the patients is lower than the quality of service they expected, that is to say, the hospital failed to fully meet the expectations of the patients. When the opinions of the patients participating in the research were evaluated; it was determined that the trust expectation dimension was the highest and the physical expectation dimension was the least in patients. (Gürsoy, 2013).

According to the research carried out in Marmaris State Hospital in 2015, it is seen that patients attach the most importance to the reliability and attach the least importance to the physical characteristics in terms of

dimensions. When we look at the weighted SERVQUAL scores on the basis of dimensions, it is seen that the physical characteristics dimension is the least met and the empathy dimension that the patients were satisfied most. It can be thought that as the patients attach the least importance to the empathy dimension, they are satisfied easily. (Çelebi, 2015).

Regarding patient satisfaction, following suggestions can be made according to the literature and these results:

- Researching applications that will increase satisfaction and reduce time losses in patient registration and admission processes,
- Making improvements in patient rooms and other physical environments,
- Updates in patient satisfaction training and planning in accordance with the researches,
- Examining the changes by comparing the levels of satisfaction by years and increasing the level of objectives constantly.

BIBLIOGRAPHY

[1]. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., Amenta, P. (2017). Determinants of patient satisfaction: a systematic review. Perspectives in public health, 137(2), 89-101

[2]. Berkowitz, B. (2016). The patient experience and patient satisfaction: measurement of a complex dynamic. Online J Issues Nurs, 21(1).

[3]. Boz, C., Yılmaz, F., &Şenel, İ. K. (2018). TürkiyeKamuHastaneBirlikerininYatakKullanimPerformansiÜzerindeEtkili Olan Faktörler. Ombudsman Akademik, 5(9), 203-221.

[4]. Büber Recep veBaşerHakan (2012). "SağlıkİşletmelerindeMüşteriMemnuniyeti: VakıfÜniversitesiHastanesinde Bir Uygulama". SosyalveBeşeriBilimlerDergisi 4:265-274

[5]. Çelebi, M. (2015). SağlıktaHizmetKalitesive Hasta Memnuniyeti (Marmaris DevletHastanesiÖrneği), BeykentÜniversitesi, SosyalBilimlerEnstitüsü, İşletmeYönetimi Ana BilimDalı, HastaneveSağlıkKurumlarıYönetimiBilimDalı, Master Thesis, Istanbul

[6]. Devebakan, N., Aksaraylı, M. (2003). SağlıkİşletmelerindeAlgılananHizmetKalitesininÖlçümünde SERVQUAL SkorlarınınKullanımıve Özel AltınorduHastanesiUygulaması, DokuzEylülÜniversitesiSosyalBilimlerEnstitüsü Dergisi,1: 38-54

[7]. Erdugan, F., Yörübulut, S., Şahin, E., Öncel, S. Y. (2019). KIRIKKALE ÜniversitesiTıpFakültesiHastanesinde Hasta VeÇalışanMemnuniyeti. Mehmet Akif ErsoyÜniversitesiSosyalBilimlerEnstitüsüDergisi, 9(18), 165-177.

[8]. Genç, Hatice (2011). Total KaliteYönetimiDahilinde Hasta Memnuniyeti (Sivas DevletHastanesi'nde Bir Alan Araştırması). Master Thesis, Sivas.

[9]. Goben, K. W., Abegaz, E. S., & Abdi, S. T. (2020). Patient satisfaction and associated factors among psychiatry outpatients of St Paulo's Hospital, Ethiopia. General Psychiatry, 33(1).

[10]. Gün, İ., & Aslan, Ö. (2018). Liderlikkuramlarıvesağlıkişletmelerindeliderlik. Journal of Health and Nursing Management, 5(3), 217-226.

[11]. Gürsoy, A. (2013) SağlıkSektöründeHizmetKalitesininServqualÖlçeği İle Değerlendirilmesi: Bir KamuHastanesiUygulaması, İstanbul Üniversitesi, SosyalBilimlerEnstitüsü, HastaneVeSağlıkKuruluşlarındaYönetimBilimDalı, Master Thesis, Istanbul

[12]. Gürsöz, H., Adil, M., Öztürk, A., Tarhan, D., Aksoy, H., Day(s)düz, Ş., Akın, M. (2018). TürkiyeKlinikKaliteProgramı; SağlıkHizmetSunucuları, Hasta ve Hasta YakınlarınınKaliteAlgısı. SağlıktaPerformansveKaliteDergisi, 14(2), 73-86.

[13]. Jeong, A., Shin, D. W., Kim, S. Y., Yang, H. K., Shin, J. Y., Park, K., Park, J. H. (2016). The effects on caregivers of cancer patients' needs and family hardiness. Psycho- Oncology, 25(1), 84-90.

[14]. Kavalukas, S. L., Baucom, R. B., Geiger, T. M., Ford, M. M., Muldoon, R. L., Cavin, N. A., ... & Hawkins, A. T. (2020). Benchmarking patient satisfaction scores in a colorectal patient population. Surgical Endoscopy, 1-8.

[15]. Okumuş, H., Akçay, H., Karayurt, Ö., Demircan, G. (1993). Bir KaliteGüvenlikProgramıÖlçütü: Hasta MemnuniyetininDeğerlendirilmesi, UluslararasıKalite, MaliyetveHemşirelikSempozyumuKitabı, İzmir: EgeÜniv. Basımevi, 177-183.

[16]. Özaktan, Y. (2008). HastaneİşletmelerindeHizmetKalitesininÖlçülmesive Bir ÜniversiteHastanesiÖrneği, Gazi ÜniversitesiSağlıkBilimleriEnstitüsü, İşletmeAnabilimDalı, Master Thesis, Ankara.

[17]. Şahin, A., veŞen, S. (2017). HizmetKalitesininMüşteriMemnuniyetiÜzerineEtkisi. Journal of International Social Research, 10(52):1177-1184.

[18]. Şimşek, Y. S. (2015). HizmetKalitesinin Hasta MemnuniyetiÜzerinEtkileri, YayımlanmmışYüksekLisansTezi, İstanbul BeykentÜniversitesiSağlıkBilimleriEnstitüsü

[19]. Turan, N., Kaya, N., Ülgen, S., Bolol, N., İşçi, Ç. (2019). KanserliBireylerinOlumsuzDuygu Durumu DüzenlemeBeklentileri. ÇağdaşTıpDergisi, 9(1), 80-84.

[20]. anık, A. (2000). SağlıkBakımHizmetlerinde Hasta TatminiHaydarpaşaNumuneEğitimveAraştırmaHastanesi'nde Hasta TatminiÜzerine Bir Uygulama. İstanbul ÜniversitesiSosyalBilimlerEnstitüsü, Doctoral Thesis. Istanbul.

[21]. ZerenlerMuammerveÖğütAdem "SağlıkSektöründeAlgılananHizmetKalitesiveHastaneTercihNedenleriAraştırması: Konya Örneği" SelçukÜniversitesiSosyalBilimlerEnstitüsüDergisi 18: 501-519.