



Evaluation of the Relationship Between Service Quality and Patient Satisfaction in Hospitals: Case of Acibadem Hospital

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Abstract:

The service offering of the sector worldwide and in Turkey remain significant contribution to national income. When we look at the sectors that provide health services in particular, the contribution made in economic growth due to the increase in the life expectancy all over the world and technological advances increased the importance of quality in health services. The place of quality in the field of health has quite different qualities compared to other sectors. There is human life in the health services sector. In this context, the quality of the service provided is the most important factor affecting customer satisfaction. In this study, the effects of the quality of service provided in health services on customer satisfaction were investigated. The sample of this study consists of 300 people selected by simple random sampling method among the patients receiving service at Acibadem Hospital. As a result of the research, it was noted that there is a significant and positive relationship between patient satisfaction and perceived quality. In addition, it was determined that perceived quality varies according to marital status, age and income level. Also, it has been determined that patient satisfaction varies according to age, income level and the unit whose service is evaluated.

1. Introduction

Although marketing is widely used in the service sector, this is considered new for the healthcare sector. However, more and more rich and developing activities are encountered. Therefore, the issue of service and service marketing attracts attention, and the rapid growth and progress seen in the field of service around the world has also made organizations interested in this field. The first goal of marketing in health care organizations; to provide more qualified services to consumers in order to meet consumer expectations in a timely and accurate manner and to achieve the objectives of the organization. However, the ability of marketing to achieve this goal is becoming more difficult in the health sector as well as in other areas. The factors affecting patient satisfaction in the delivery of health services become more and more complex over time. The development of technology, competition of

organizations with each other, increasing the level of social well-being, easy access to information about health, and the differentiation of consumers' desires and needs over time have forced some innovations in health care. Health care organizations should listen to the expectations of customers and society in order to survive in the market, make a profit and gain a competitive advantage. It is possible to increase the satisfaction of health service recipients by evaluating the quality of health care. The aim of this research is to establish the relationship between patient satisfaction and perceived quality. Another purpose of the study is to reveal whether patient satisfaction and perceived quality differ significantly according to socio-demographic variables.

1.1 Quality of Service in Health

It is seen that the concept of service is used quite widely in many areas. However, various

definitions that refer to the concept of service appear. The Service is basically intangible, that is, the activity or benefit that an organization or person offers to others. As a result, it doesn't result in ownership of anything [1]. Service is a system that solves or facilitates often intangible problems arising from customers' lives. The service is a whole of activities and benefits made in this context [2]. In another definition, the service; benefits that consumers buy without having anything to do with property [3]. The service consists of satisfactions in the routine lives of individuals that they cannot give up in any way. On the other hand, there has been a phenomenon of service since the existence of man. Services are elements that provide spiritual satisfaction beyond providing material satisfaction to individuals. It is clear that the transferred service definitions are close in meaning. In general, the service, regardless of the sale of goods or services, are actions that saturate desires and requirements when launched and can be characterized independently [4]. In this era, companies that produce services attach great importance to the issue of quality like other companies. With the quality of the service provided, companies aim to achieve growth in market share by increasing their competitive levels. Quality provides a positive image on the customer base. Considering that it is difficult to reach new customers and retain existing customers, ensuring customer satisfaction and loyalty is realized by providing quality service [5]. The concept of quality generally evokes the quality of what is offered in goods and services. However, in determining the quality, factors such as the quality of the person, the leader, the administration, the system, the hardware should also be taken into account. The quality of anything, good or bad, defines quality. But for better or worse, it differs according to the needs and expectations of individuals. Therefore, when the concept of quality is approached in terms of management, it is seen that a goods or service offered is capable of responding to the requirements and expectations of consumers [6]. The quality of service is how much the service meets consumer expectations. The degree to which the activities presented to the end buyer meet the expectations is the most important criterion that determines the level of service quality. If the perceived quality and the expected quality remain at a very low level compared to the expected quality, then the customer will not get enough satisfaction and his satisfaction will decrease [7].

In determining the quality of service in companies, the service perceived by consumers and the thoughts that arise as a result are of great importance. In a company, the main factor in

improving the quality of service is the quality of service and the measurement of the reactions of the buyers according to this performance. It is also seen that there is a high risk of failure in programs aimed at improving the quality of service. Companies that provide services often enter the quality improvement process by offering a variety of incentives to retain customers they can't be satisfied with [8]. Looking at the findings of the research carried out by James [9], it is seen that the quality improvement efforts in American hospitals to date are concentrated in the areas of management and support services in general. However, there has not been much initiative related to total quality management in medical services. James found that physicians should also strive for quality. For this, it is essential to know how to ensure quality first. In the first step of dealing with other areas of hospital services, doctors need to eliminate their concerns about quality. However, it is also useful to make a certain payment for the time that the doctor will devote to studies that are not directly related to clinical services. James underlined that doctors need to fully embrace these processes in order to maintain order in the diagnosis and treatment processes. All these are measures that should be applied in terms of quality in ensuring customer satisfaction within hospital services. Businesses that provide health care are seen as a service area among service enterprises. As of today, there is continuous improvement in health care delivery both in the world and in Turkey and new understandings are being proposed. As a result of all these developments and innovations, the importance of health services has started to be clearly understood. It is seen that health care providers are separated from other service enterprises in terms of being life-threatening due to the fact that their main basis is human and therefore public health. The main purpose of health service delivery is to meet the needs of the person and indirectly the society and the desired health services in a unique way to the person and in the desired time; to ensure that it is benefited at the least cost. At this point, it is also understood how important the quality of service is in the organizations that provide health care. Ever-changing technology, knowledge, cost increases, the rise in patient complaints and the desire for good care make healthcare much more complex. At the same time, it is not enough today that only services are widespread, maintained and accessible. It has also become important how satisfied people are with these widespread, continuous and accessible services [10]. High-quality service is "the service that is expected to maximize a comprehensive measure of the patient's well-being once the balance of expected values and losses is calculated at all stages within the service process," said Avedis

Donabedian, a leading figure in shaping the quality approach in healthcare [11]. The issues expressed as characteristics of quality in health services are as follows [11];

Efficacy, when used under optimal conditions, is the ability of health care science and technology to make improvements in the field of health. "If it is not possible to determine the most favorable conditions, he instead used the term "under certain conditions".

Effectiveness, is the level of real access to improvements that are already accessible in health. This requires comparison between the performance in reality and the targeted performance in the field of health care in a scientific and technological sense, ideally or under certain conditions.

Efficiency, is the ability to reduce the cost of service without reducing accessible improvements in healthcare.

Optimality, is a balancing act with the improvements in health and the cost of these improvements. This also means that there is a "best" or "optimal" point between the costs and benefits of health care. Below the point mentioned, more benefits can be obtained at a lower cost than the benefit, and on top of that, additional benefits are obtained at a very cost compared to the benefit.

Acceptability, is explained in the form of conformity to the desires and expectations of individuals and their families. There are five elements of acceptability. These are the ones that are going to accessibility, the relationship between the patient and the healthcare provider, the comforting aspects of the service offered, the preferences of patients regarding the effects, risks and costs of the service, and everything that patients define as accurate and fair.

Legitimacy, is expressed in the form of compliance with social preferences described as moral values, principles, norms, laws and regulations. In summary, it is social acceptability.

Equity, is compliance with the principle that determines what is right or just in the division of the benefits of health services provided among members of society. Fairness is part of what makes service adoptable and socially legal for individuals. The fairness feature is so important that it is treated as a separate feature in terms of quality.

The quality of health care should not be considered unilaterally. Quality in health services requires the protection of the rights of the receiving

party as well as the meeting of the needs of the service servers. Uninterrupted training and professional development of health care providers should be taken into account during the service delivery process. If this training and development is not provided and not configured, it is impossible to talk about patient satisfaction and public health at this point if it is not possible to talk about the cooperation of service servers and health administrators when it comes to the lack of infrastructure and tools that are essential at the point of service delivery. In the same way, solving problems, mutual respect and trust, receiving and evaluating feedback is also essential. In the absence of all these counts, the system cannot repay such exceptional efforts. Therefore, to underline once again, deficiencies make it impossible to talk about quality, patient satisfaction, public health and vitality in health services. It seems that a lot of work falls on health managers and decision makers in terms of duties and responsibilities when it comes to quality and satisfaction [12].

1.2 Customer Satisfaction

Customer satisfaction is, by general definition, the positive attitude developed by customers as a result of the evaluation of their experience following their use of the product or service. The basis of customer satisfaction is that the performance of the company can respond to customer expectations and even exceed its expectations [13]. Customer satisfaction/dissatisfaction should not be considered as part of the product or service. This concept is the perception that the customer has uploaded about the product and service in an individual sense. Therefore, since the customers are different, their satisfaction will also differ when they encounter the same service [14]. A customer's perception of product/service is influenced by their individual experiences, social and economic situation, cultural environment, values, education level, beliefs, mental state and attitudes generated by using the data obtained through various communication channels. Customers' perceptions of the product or service affect purchasing behavior. These perceptions also directly and indirectly affect customer satisfaction [15]. Many studies on customer satisfaction have shown that the factors given below seriously affect patient satisfaction. In the field of health services, it is possible to list the factors affecting customer (patient) satisfaction as follows [16]. Employee Patient Interaction: Hospitals that provide health care work as a team. Quality service is the responsibility of all those who work within the hospital. If a lack or irregularity occurs in part of the

service offered or in one of the team providing the service, the perception of these problems by customers, i.e. patients, affects the remaining areas. In this case, the image of the hospital is most negatively affected. No matter how advanced the technology develops, the quality of service will be poor when the human resources available do not have satisfactory characteristics in terms of quality.

Doctor's Behavior: When evaluating the quality of the service in the medical services provided to patients, behaviors such as listening, taking time to be sensitive, kindness and respect are taken into consideration rather than the expert knowledge of the physician. The behavior of the physician affects patient satisfaction as well as the effectiveness of the service offered. In case of a positive relationship between patient and doctor interaction, patients do not take a break from their treatment by following the doctor's recommendations.

Nurse-Patient Interaction: In the provision of health services, the main function of nurses is to help the healthy or sick person. The assistance to be provided covers activities aimed at maintaining the healthy life of the healthy individual and capturing the knowledge, expectations and strength necessary for the patient to regain his health.

Information: Informing the patient and his/her family by the physician causes them to be able to meet their disease situations in a more understanding way. It is the condition that the patient is most interested in and he wonders how long he will remain this way, he wants to know what type of treatment processes will be applied. Informing patients about their health also affects patient satisfaction.

Nutrition Services: Another point that influences patient satisfaction is nutrition services according to the researches. Patients are affected not only by the quality of the food, but also by the staff who give the food, the presentation and appearance of the food. If there is no problem in the presentation of the food given to the patient, they tend to evaluate this food as quality.

Physical and Environmental Conditions: The physical conditions of hospitals inside and outside are one of the issues that people care about very much. It also affects satisfaction. Inadequate room conditions, an untreated hospital are among the issues that patients complain about the most. It is also the most important element of customer dissatisfaction. The physical environment of the place of service is of great importance for consumers

to give the tips they were looking for before purchasing the service.

Bureaucracy: One of the most important issues affecting patient satisfaction is bureaucracy-based barriers in the hospital. This situation causes a waste of time and long-term waits during the procedures. For many hospitals, hospitalizations and discharges of patients are a problem due to the long wait of the patients and their relatives. It is observed that patients experience unhappiness and dissatisfaction due to wasting time.

Trust: The short time to adapt to an environment in which the patient feels alienated is closely related to the patient feeling safe. Trusting the medical care and treatment, hospital team and environment from the hospital is an important issue in the satisfaction of patients.

It is possible to think about the concepts of patient satisfaction and customer satisfaction in parallel with each other. Customer satisfaction is conceptualized as "patient satisfaction" by researchers in the field of health care [17] patient satisfaction is also the result of many variables. However, what the researchers focus on most in defining the concept is the differences between the patient's expectations before receiving the service and their perception of the service after receiving it. The concept of patient satisfaction is considered as a basic criterion in patient care quality. According to Yılmaz (2001), demographic factors such as age, gender and education level are effective in patient satisfaction [18]. However, the dimensions of this effect have produced different results in different studies. Patient satisfaction; has a profitability-enhancing effect. However, positive communication is very important for healthcare businesses as they have positive outcomes such as patient loyalty. Patient satisfaction for healthcare providers; it provides many more positive results such as ensuring patient loyalty by retaining the general population, positive communication from mouth to mouth and high profitability, and increasing the patient's tendency to follow the recommendations of the physician. In this case, the satisfaction of the patient with the service provided reduces costs and increases the sense of trust as it also reveals a commitment. All this leads to an increase in the number of patients in the hospital. As seen in many studies, customer (patient) satisfaction in health institutions contributes significantly to the occurrence of loyal customers. Increasing the patient's confidence in where they receive health care and their faith in treatment leads to an increase in the number of customers (patients) by giving

positive advice to potential customers. All these results make customer (patient) satisfaction an important issue for healthcare businesses [19]. It makes a comparison between the expectations of the patients receiving health care and the ones they encounter. The receiving party, that is, the patient, reaches a level of satisfaction in relation to the perception of the health service offered. When this level and the diagnostic and treatment services offered by the institution are combined, the perception of quality arises. This situation increases the preference and advisability of the institution by other people and may lead to the opposite preference and non-recommendation [20]. Patients are the recipients of the service. Since health is one of the most important issues in the lives of individuals, patients are more careful due to their conditions than services provided in other sectors related to the service provided. Patients also want to be more serious about their choices and pay for what they pay. Here, too, the way the health care provider perceives the service is very important. If the patient is satisfied with the treatment service he receives, he will try to fulfill what is asked to be done during the treatment period in order to recover. Positive behaviors are exhibited to patients who are satisfied with the service provided, ensuring that the patient carefully follows the recommendations of the doctor and other remaining health workers. Satisfied patients exhibit much better behaviors in their treatment processes. They follow the medications given or the recommendations related to the treatment. The basic rights of patients are to receive good and high quality service. When patients apply to a health institution for health problems, they do not know what to face. Therefore, they act anxiously. Since they are not psychologically good, the attitudes and behaviors of the employees in the place of service may also affect patients positively or negatively.

The aim of this research is to establish the relationship between patient satisfaction and perceived quality. Another purpose of the study is to reveal whether patient satisfaction and perceived quality differ significantly according to socio-demographic variables.

2. Material and Method

Within the scope of this research, two problem sentences were developed. The first problem sentence is "Is there a relationship between perceived quality and patient satisfaction?" The second problem sentence was created as "Does perceived quality and patient satisfaction differ significantly according to socio-demographic

variables?". This research is limited to patients receiving services from Acıbadem Hospital. In addition, it is limited to the questionnaire used to collect data.

In this research, in which the relational screening model is preferred, the relationship between patient satisfaction and perceived quality was revealed. In other words, the association between patient satisfaction, which is dependent variable, and perceived quality, which is an argument, has led to the preference of a relational screening model in the research. There are a total of 28 questions in the survey. While the personal information contained in these questions was prepared by the researcher, the Patient Satisfaction Scale was taken from the studies of Araz (2019) [21] and the Perceived Quality Scale was taken from the studies of Yeşilyurt (2018)[22].

The universe of this research is made up of patients receiving services at Acıbadem Hospital. The research sample consists of 300 people to be selected by simple random sampling method among the patients. In the selection of the sample determined in the study, the sample diameter was selected as 95% reliability and 5% sensitivity. The surveys were delivered to the participants in a face-to-face manner. In the answering of the questionnaires, questions that would reveal personal information such as first and last names from the patients were not included. Thus, patients were provided with a sincere answer to the questions within the questionnaire.

Data from the survey application is resolved in SPSS 25.0. Accordingly, correlation analysis was performed in the determination of a relationship between patient satisfaction and perceived quality. In addition, the Mann-Whitney U test in binary variables in determining whether there is a significant difference between some demographic characteristics of the participants and perceived quality and patient satisfaction; Kruskal-Wallis H test was applied in more than two variables.

3. Results

The results of the reliability and normality analysis of the scales used in the research are presented in Table 1. According to the results of the analysis, it was revealed that the expressions that reveal patient satisfaction are very reliable and the expressions that reveal the perceived quality are highly reliable. In addition, the Kolmogorov-Smirnov and Shapiro-Wilk values of both scales. It was understood that they did not show a normal

distribution due to being larger than 05 and therefore non-parametric tests were applied in the research. Descriptive statistics on the demographic characteristics of the participants are presented in Table 2. When looking at the gender of the participants, 55.7% were women, 72.3% were married and 37.7% were 36-45 years old; It turned out that 53% had a bachelor's degree and 46% had an income of 3001-4000 TL. All respondents to the survey received services from internal medicine, urology, ENT, dermatology, orthopedics and children's outpatient clinics in an equal level (50 people each). 80.3% of the participants stated that the procedures took an average of 1-3 hours when they went to the hospital to get health care. Descriptive statistics on the scales used in the research are presented in Table 3. As shown in Table 3, I am generally undecided on patient satisfaction statements, i.e. moderate participation; I agree with the statements regarding the perceived quality, that is, it has turned out that there is a positive turnout. The results of correlation analysis between perceived quality and patient satisfaction are presented in Table 4. Accordingly, it has been revealed that there is a positive and moderate relationship between perceived quality and patient satisfaction. This result indicates a linear relationship between perceived quality and patient satisfaction. In other words, as the perceived quality increases, patient satisfaction will increase in the same direction. The results of the difference tests to determine whether perceived quality and patient satisfaction differ by gender are presented in Table 5. According to the results, perceived quality and patient satisfaction do not differ by gender ($p>0.05$).

The results of the difference tests to determine whether the perceived quality and patient satisfaction differ according to marital status are presented in Table 6. According to the results, patient satisfaction does not differ according to marital status ($p>0.05$). In addition, it was found that there was a significant difference between the perceived quality according to the marital status variable ($p<0.05$). It turns out that the perceived quality levels of married people are higher than singles.

The results of the difference tests to determine whether the perceived quality and patient satisfaction differ by age are presented in Table 7. As a result of the Kruskal-Wallis H tests, it was revealed that both variables differed significantly by age ($p<0.05$). As a result of Hochberg's GT2 test, which was carried out to determine which groups the difference between patient satisfaction and age was between; It turned out that there was a difference

between the satisfaction of those aged 26-35 and those under 25 and those aged 46-55. As a result of the multiple comparison tests between the perceived quality and age of the participants, it was found that there was a difference between the quality perceived by those aged 56 and over and the quality perceived by those aged 26-35, 36-45 and 46-55 years.

The results of the difference tests to determine whether the perceived quality and patient satisfaction differ according to the level of education are presented in Table 8. As a result of the Kruskal-Wallis H tests, it was determined that neither variable differed significantly according to the level of education ($p>0.05$).

The results of the difference tests to determine whether the perceived quality and patient satisfaction differ according to the income level are presented in Table 9. As a result of the Kruskal-Wallis H tests, it was determined that both variables differed significantly according to income level ($p<0.05$). Hochberg's GT2 test, which was conducted to determine which groups have the difference between perceived quality and income level, revealed a significant difference between the quality perceived by those with incomes between 2001-3000 TL and the quality perceived by those with incomes of TL 3001-4000 and TL 4001 and above. In addition, it has been revealed that there is a significant difference between the quality perceived by those with incomes of TL 4001 and above and the quality perceived by those with incomes between 3001-4000 TL.

The results of the difference tests to determine whether the perceived quality and patient satisfaction differ according to the unit whose service is evaluated are presented in Table 10. Within the framework of the analysis results, it was determined that patient satisfaction differed significantly ($p<0.05$) compared to the unit whose service was evaluated, but the perceived quality did not differ significantly ($p>0.05$). According to the unit whose service was evaluated, patient satisfaction was found to be a significant difference between the satisfaction of those who received services from the children's outpatient clinic and the satisfaction of those serving from the department of internal affairs, urology and dermatology as a result of the Tukey multiple comparison test.

The results of the difference tests to determine whether the perceived quality and patient satisfaction differ according to the duration of the service provided are presented in Table 11. According to the results, both variables differed significantly according to the duration of the service

provided ($p < 0.05$). Here, it was found that the satisfaction and perceived quality of the patients who went to the hospital to get health care between 1-3

hours were higher than those who lasted less than 1 hour.

Table 1 Reliability and Normality Analysis Results

Scale	Cronbach's Alpha Multiples	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistics	df	p	Statistics	df	p
Patient Satisfaction	.70	,158	300	,000	,952	300	,000
Perceived Quality	.88	,145	300	,000	,938	300	,000

Table 2 Demographics of Participants

Variable	Group	N	%
Gender	Woman	167	55,7
	Male	133	44,3
Marital Status	Married	217	72,3
	Single	83	27,7
Age	25 years and under	17	5,7
	26-35 age	108	36,0
	36-45 age	113	37,7
	46-55 age	43	14,3
	56 years and older	19	6,3
Education Level	Secondary	33	11,0
	Associate Degree	68	22,7
	University	159	53,0
	Master	40	13,3
Salary Level	2001-3000 TL	39	13,0
	3001-4000 TL	138	46,0
	4001 TL and Up	123	41,0
Unit Evaluated Service	Internal Medicine	50	16,7
	Urology	50	16,7
	Ear-Nose-Throat	50	16,7
	Dermatology	50	16,7
	Orthopedics	50	16,7
	Pediatrics	50	16,7
Duration of Service Provided	Less than 1 hour	59	19,7
	1-3 hours	241	80,3

Table 3 Average and Standard Deviation Results of Scales

Scale	N	Average	Standard Deviation
Patient Satisfaction	300	3,19	,328
Perceived Quality	300	3,63	,384

Table 4 Correlation Analysis Results

		Patient Satisfaction		Perceived Quality	
Spearman's rho	Patient Satisfaction	r	1,000	,609**	
		p	.	,000	
	Perceived Quality	r	,609**	1,000	
		p	,000	.	

** . Correlation is significant at 0.01.

Table 5 Gender Difference Test Results

Variable	Gender	N	Sequential Average	Sequential Totals	Mann-Whitney U	p
Patient Satisfaction	Woman	167	147,98	24713,00	10685,000	,57
	Male	133	153,66	20437,00		
Perceived Quality	Woman	167	150,45	25125,00	11097,00	10,0
	Male	133	150,56	20025,00		

Table 6 Difference Test Results by Marital Status

Variable	Gender	N	Sequential Average	Sequential Totals	Mann-Whitney U	p
Patient Satisfaction	Married	217	153,71	33355,50	8308,500	,30
	Single	83	142,10	11794,50		
Perceived Quality	Married	217	157,80	34243,50	7420,500	,02
	Single	83	131,40	10906,50		

Table 7 Age Difference Test Results

Kruskal-Wallis H Test						Hochberg's GT2 test
Variable	Age	N	Sequential Average	Kruskal-Wallis H	p	
Patient Satisfaction	(1) 25 under	17	200,82	20,232	,00	2 < 1 * 2 < 4 *
	(2) 26-35 age	108	131,64			
	(3) 36-45 age	113	143,51			
	(4) 46-55 age	43	184,17			
	(5) 56 over	19	178,03			
Perceived Quality	(1) 25 under	17	175,41	15,350	,00	5 > 2 ** 5 > 3* 5 > 4**
	(2) 26-35 age	108	138,48			
	(3) 36-45 age	113	156,23			
	(4) 46-55 age	43	129,76			
	(5) 56 over	19	209,39			

* p<0,05; ** p<0,01

Table 8 Difference Test Results by Education Level

Kruskal-Wallis H Test						Hochberg's GT2 test
Variable	Education Level	N	Sequential Average	Kruskal-Wallis H	p	
Patient Satisfaction	(1) Secondary Education	33	163,82	5,981	,11	
	(2) Associate Degree	68	134,24			
	(3) University	159	158,66			
	(4) Master	40	134,73			
Perceived Quality	(1) Secondary Education	33	155,23	2,835	,42	
	(2) Associate Degree	68	150,00			
	(3) University	159	154,95			
	(4) Master	40	129,76			

* p<0,05; ** p<0,01

Table 9 Difference Test Results by Income Level

Kruskal-Wallis H Test					
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Variable	Salary Level	N	Sequential Average	Kruskal-Wallis H	p	Hochberg's GT2 test
Patient Satisfaction	(1) 2001-3000 TL	39	208,56	21,482	,00	1 > 2** 1 > 3** 2 > 3**
	(2) 3001-4000 TL	138	136,50			
	(3) 4001 TL and over	123	147,79			
Perceived Quality	(1) 2001-3000 TL	39	213,26	26,698	,00	1 > 2** 1 > 3**
	(2) 3001-4000 TL	138	149,83			
	(3) 4001 TL and over	123	131,35			

* p<0,05; ** p<0,01

Table 10 Difference Test Results by Unit Evaluated

Kruskal-Wallis H Testi						
Variable	Unit Evaluated Service	N	Sequential Average	Kruskal-Wallis H	p	Tukey Test
Patient Satisfaction	(1) Internal Medicine	50	136,55	18,137	,00	6 < 1 ** 6 < 2 6 < 3 **
	(2) Urology	50	133,29			
	(3) Ear-Nose-Throat	50	116,92			
	(4) Dermatology	50	131,78			
	(5) Orthopedics	50	108,96			
	(6) Pediatrics	50	111,21			
Perceived Quality	(1) Internal Medicine	50	141,02	8,556	,13	
	(2) Urology	50	114,03			
	(3) Ear-Nose-Throat	50	121,96			
	(4) Dermatology	50	137,70			
	(5) Orthopedics	50	112,79			
	(6) Pediatrics	50	167,65			

* p<0,05; ** p<0,01

Table 11 Difference Test Results by Duration of The Service Provided

Variable	Time	N	Sequential Average	Sequential Totals	Mann-Whitney U	p
Patient Satisfaction	Less than 1 hour	59	129,08	7615,50	5845,500	,03
	1-3 hours	241	155,74	37534,50		
Perceived Quality	Less than 1 hour	59	98,46	5809,00	4039,000	,00
	1-3 hours	241	163,24	39341,00		

4. Conclusions

This study was carried out in order to determine the relationship between the satisfaction of the patients receiving services from Acıbadem hospital and the quality levels they perceived. As a result of the analysis, it was recorded that there is a meaningful and positive relationship between patient satisfaction and perceived quality. In Araz's (2019) study, it was observed that the perceived quality of service has a positive relationship with patient satisfaction [21].

In the study, it was found that there was no significant difference between perceived quality and patient satisfaction by gender. In the study, in which Tükel and his colleagues (2004) examined the satisfaction levels of patients who were treated and discharged in bed, differentiation was found between the satisfaction levels of the participants according to their gender [23]. In the study conducted by Uyar (2014), it was found that there was a significant difference between the perception of service quality by the gender of the participants

[24]. In this study, it was found that women's perception of quality of service was higher than that of men.

Another finding obtained in the study found that there was no significant difference between patient satisfaction and marital status, while there was a significant difference between perceived quality. In this section, it turned out that the perceived quality levels of married people were higher than singles. In the study conducted by Şişe and Altinel (2012), it was determined that patient satisfaction differed according to marital status and that single patients had a lower level of satisfaction than married or widowed patients [25]. In the study conducted by Öz and Uyar (2014), it was found that the perceived quality of service according to the marital status variable did not differ significantly [24].

Another finding of the study revealed a significant difference between age and patient satisfaction and perceived quality. This result is similar to the work done by Araz (2019) [21].

In another finding, it was found that there was no significant difference between patient satisfaction and perceived quality according to the level of education. This result contrasts with the work of Araz (2019) [21]. As a matter of fact, in his study, Araz stated that there is a significant difference between the level of education and the perceived quality of education and that the level of perception of the quality of service in this difference is in the participants who have graduated from high school. In Mohammad's (2007) study, there was no significant difference of 0.05 between perceived quality of service and level of education [26].

In the study, it was revealed that patient satisfaction and perceived quality differed significantly in the context of income level variable. While the study of Hekimoğlu and his colleagues (2015) [27] found that patient satisfaction differed according to income level, no significant difference was detected in the study conducted by Dölek and his colleagues (2005) [28]. Uyar's (2014) study of health enterprises found that there was no significant difference between participants' income levels and perceived quality of service [24].

Finally, patient satisfaction differs significantly according to the unit whose service is evaluated, but the perceived quality does not differ significantly; according to the duration of the service provided, it turned out to differ

significantly. In order to talk about efficacy and efficiency in health care, the health of people and society in a broad sense is the most important indicator to ensure the continuity of this good behavior. The most important indicator of the development levels of the countries is that the health services provided to the people living in that society are included in a certain measure. It is also important whether the resources used in this field are used effectively. When Turkey is discussed in this regard, it is seen that the issue of quality in the presentation of health services has been taken into account in a period of the last ten years. In general, it is obvious that the quality of health care provided must meet a certain standard.

Rapid change and development in the field of health has also caused the technology and treatment methods used to change. At this point, health expenses have increased. Therefore, the competition of health care organizations has become apparent. The intensification of competition conditions has raised the issue of customer satisfaction. In the literature review, it is seen that those who are satisfied with the health service they receive in general and those who are not share these feelings and thoughts with others. As of today, the measurement of patient (customer) satisfaction is aimed not only at seeing satisfaction with the service provided to patients, but also to evaluate the performance of health institutions. Health service providers have had to pay attention to quality in service and customer satisfaction indirectly in order to survive in the sector and to be long-lasting in intensifying competitive conditions. The modern marketing approach focuses on the customer. The customer in the health sector is sick. At this point, the new understanding in the health sector is to gain new customers after the retention of existing customers in the service offered first. As a result, the relationship between customer satisfaction and customer loyalty and the factors affecting them have become critical for healthcare management. In the provision of health care, only the quality health service provided by the doctor or the correct approach to the patient is not enough. The presentation of health services from the caregiver to the admissions officer should be seen as a team effort. A negative behavior that will occur in the process from the first entry to the exit of the patient will have a negative effect on satisfaction. Although the service does not have a material quality, it is defined as a product that has the ability to meet the needs of its users. In other words, it is an economic activity that provides service, space, shape and psychological benefit [29]. In addition to being abstract, the service has a number of features

such as inability to stock, intangible, transferable to someone else, and simultaneous production and consumption [30]. Quality, on the other hand, can be defined as a feature of the service or product and the benefit it provides other than the characteristics of the goods or services received for the purpose of meeting the request and need [11]. Based on the description of the service and quality concepts, the quality of service is related to the degree to which the customer is satisfied with the service provided [31]. The quality of service can also be defined as the best delivery of the service provided in line with the needs of the customer. The service that the customer perceives creates the quality of the service [32]. Customer potential increases relative to the quality of the service provided. Therefore, it is important to demonstrate the perceived quality of service. It has been shown that customer satisfaction increases in the same direction with the increase in perceived service quality in the researches [33]. As a result of the results obtained in the research and the examination of the field paper, some recommendations were developed. Based on the fact that the research takes place only in the case of Acıbadem Hospital, research can be done on different sample masses at the point of generality. The variables covered within the scope of the research were evaluated by quantitative research method, and qualitative methods such as interviews or focus group interviews can be used in subsequent researches. In the research, the relationship between patient satisfaction and perceived quality was revealed. Future research can determine whether this level of satisfaction and perceived quality has any effect on employees' perception of performance.

Author Statements:

- The authors declare that they have equal right on this paper.
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