THE REPUBLIC OF TURKEY

BAHCESEHIR UNIVERSITY

THE EFFECTS OF WORD-OF-MOUTH COMMUNICATION ON PURCHASING DECISION IN HEALTHCARE MARKETING

Master's Thesis

İPEK DİLA ÖZ

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THE REPUBLIC OF TURKEY
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ABSTRACT

THE EFFECTS OF WORD-OF-MOUTH COMMUNICATION ON PURCHASING DECISION IN HEALTHCARE MARKETING

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In this master thesis, the effects of word-of-mouth communication on consumer purchasing decision in healthcare marketing is investigated. In this study based on the current literature, the concept, marketing mix and purchasing decision process of healthcare marketing, the concept, process, features, importance and types of word-of-mouth communication, the effect of word-of-mouth communication to the purchasing decision process and word-of-mouth communication in healthcare marketing have been analysed.

In this context, in addition to the literature review, a 26 questioned survey with 174 valid participants has been conducted in order to measure the effect of word-of-mouth communication on consumer purchasing decision in healthcare marketing. According to the data gathered via this survey, there has been made evaluations on the thesis topic and the result that 5 hypothesis of the research developed for this study is accepted and there is effect of word-of-mouth communication on consumer purchasing decision in healthcare marketing has been reached.

Keywords: Word-Of-Mouth Communication, Healthcare Marketing, Marketing, Health, Purchasing Decision

ÖZET

SAĞLIK HİZMETLERİ PAZARLAMASINDA AĞIZDAN AĞIZA İLETİŞİMİN SATIN ALMA KARARINA ETKİLERİ

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Bu yüksek lisans çalışmasında, sağlık hizmetleri pazarlamasında ağızdan ağıza iletişimin tüketicilerin satın alma kararı üzerindeki etkisi araştırılmaktadır. Çalışma kapsamında literatür taraması yapılarak, sağlık hizmetleri pazarlaması kavramı, süreci, pazarlama karması ve sağlık hizmetleri pazarlamasında satın alma karar süreci, ağızdan ağıza iletişim kavramı, süreci, özellikleri ve önemi, türleri, ağızdan ağıza iletişimin satın alma karar sürecine etkisi ve sağlık hizmetlerinde ağızdan ağıza iletişim analiz edilmiştir.

Bu kapsamda, literatür taramasına ek olarak sağlık hizmetleri pazarlamasında ağızdan ağıza iletişimin tüketicilerin satın alma kararı üzerindeki etkisini ölçmek üzere 174 geçerli form ile 26 sorudan oluşan bir anket çalışması gerçekleştirilmiştir. Anket vasıtasıyla elde edilen veriler doğrultusunda konu hakkında değerlendirmelerde bulunulmuş ve araştırma kapsamında geliştirilen 5 hipotezin kabul edildiği, sağlık hizmetleri pazarlamasında ağızdan ağıza iletişimin tüketicilerin satın alma kararı üzerinde etkisi bulunduğu sonucuna ulaşılmıştır.

Anahtar Kelimeler: Ağızdan Ağıza İletişim, Sağlık Hizmetleri Pazarlaması, Pazarlama, Sağlık, Satın Alma Kararı

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1. INTRODUCTION

Health is one of the most important, vital and essential things in human life. Today there are lots of healthcare services providers around people and in general many consumers are doubtful about which healthcare services they should purchase. Moreover, most of the healthcare organizations prepare and implement their own healthcare marketing plans and strategies.

Communication is a vital issue in both marketing and business life and also in human life. In healthcare services, communication is so important for getting the right service, customer satisfaction and loyalty. Therefore, word-of-mouth communication is seen as one of the most effective marketing tools in healthcare marketing as well as in many other sectors.

Word-of-mouth marketing is based on the advices of reference people to other consumers about experienced products and services via inter-personal communication. Today it is used as a reliable marketing tool by both organizations and consumers during selling and purchasing processes. As a consumer-to-consumer marketing communication tool, word-of-mouth communication is an inter-personal and informal communication type and it takes place between two or more people.

The effect of word-of-mouth communication on consumer purchasing decision can change due to some factors such as relationship level of consumers with reference people to be get information, expertise level of these reference people, perceived risk level of consumers and etc.

In this context, the goal of this study is to analyse the effect of word-of-mouth communication on consumer purchasing decision in healthcare marketing. In order to conduct this research, first of all literature review is made via books, periodicals, theses and etc. about the research topic and 5 sub-hypothesis is determined under the main

hypothesis that is “There is effect of word-of-mouth communication on consumer purchasing decision in healthcare marketing”.

The first part of this study is introduction. In the second part, there will be mentioned about healthcare concept, healthcare marketing concept, healthcare marketing process, marketing mix in healthcare marketing, and purchasing decision process in healthcare marketing.

In the third part of this thesis, word-of-mouth communication concept, its process, features, importance and types, positive and negative word-of-mouth communication, the effects of word-of-mouth communication to the purchasing decision process and word-of-mouth communication in healthcare marketing will be investigated.

The fourth part of the study is methodology part in which research method, goals and objectives of the research, participants and sampling of the research, data collection method, analysis of data, assumptions and hypothesis of the research will be explained.

The fifth part will be the findings part in which the data gathered through conducted survey results is analysed and evaluated. Then, the last and sixth part of the study will be the conclusion part.

2. HEALTHCARE MARKETING

Healthcare is an important part of service industry. Delivery of the healthcare is crucial in order for individuals and societies to be healthy and this situation to be sustainable. Moreover, healthcare is an indicator of development level of societies. Healthcare activities have differences from activities of product companies due to its different structure. Services have similar features in basic, but healthcare states a more intangible concept (Gökmen 2014, p. 4).

2.1 HEALTHCARE CONCEPT

Health concept is defined in general as the absence of disease or infirmity (Akdur 1999, p. 4). The most comprehensive definition of health was created during a Preamble to the Constitution of the World Health Organization (WHO) as adopted by the International Health Conference is "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1948).

Healthcare can be defined as the permanent system organized country-wide in order to perform the aims changing in accordance with the needs and wants of the society and keep the health of both individuals and society through using by varied health personnel in certain health organizations (Filiz 2010, p. 17). In other words, healthcare can be defined as the all activities done in order to keep the health of individuals and society, treat them in case of disease, rehabilitate the permanently disabled ones and increase health level of the society (Bakan 2013, p. 51).

Fişek (1983, p. 4) defines healthcare as works done to keep health and treat disease. Healthcare is stated as the services provided by health organizations and health professionals in order for health of society to keep and improve, and illnesses to treat and rehabilitate (Kavuncubaşı and Yıldırım 2010, p. 34). It can also be defined as services provided to meet the needs of people related to health (Cengiz 2014, p. 2).

Healthcare has some characteristics features that differ it from other services. These can be stated as follows (Tengilimoğlu 2011, p. 52);

- Healthcare is not homogenous. Every disease can change according to the physical and psychological situation of the individuals.
- There is an inequality between the supply and demand of healthcare.
- Healthcare is the most intangible service in the service markets. Consumers cannot try the service like in other product or service buying process.
- Healthcare market has a structure needing know-how and ability, and comprising of specialized people in different fields. Delivery of healthcare needs necessitates high budgets.
- Healthcare has no guarantee. Health personnel cannot issue any guarantee of exact success in delivery of service.
- There is information asymmetry between service provider and service user in healthcare market.

From another perspective, the features of health and healthcare can be stated as follows (Özsarı 2000, pp. 21-22);

- Healthcare is so expensive due to its technology-based and human-factored structure.
- The demand in healthcare is not determined by service users. The scope and size of the healthcare is determined by doctors. Therefore, healthcare is a derived demand.
- Healthcare cannot be postponed.
- There is no chance of preferring another service instead of healthcare. This is the principle of non-substitutability of healthcare.
- It is hard the price of healthcare to indicate real costs due to the publicity and externality features of healthcare.
- The demand of healthcare is random, that is, when, the issue when, where and what type of healthcare individuals will need healthcare cannot be predetermined.

- The output of healthcare appears as increasing the health level of individuals and society, and it cannot be turned into cash.
- Individual and societal health phenomenon kept, recovered and improved as a result of health spending has the feature of investment.

Today modern healthcare approach aims to keeping the health of individuals, treating them in time and in an appropriate way in case of disease, rehabilitating them if it is needed. In this context, the general features and principles of this modern healthcare approach can be stated as follows (Akdur 1999, p. 4);

- The life of the individuals is a whole and it is not separated as healthy and unhealthy periods. The health of an individual is the result of accumulations in healthy period.
- The individual and his/her environment is a whole and cannot be isolated from each other. The health of individual is a function of environment.
- In healthcare, protection is more important than treatment.
- The most frequently experienced disease is the most important one in a society.
- The disease do not concern only individual, it affects and concerns all of the society beginning with his/her family.
- Healthcare is a team service affected by the services of many sectors.

2.2 HEALTHCARE MARKETING CONCEPT

The issue of healthcare marketing appeared in the second half of 1970s (Uyar 2014, p. 18). Thus, it can be said that as a new concept healthcare marketing continues to keep and increase its importance (Erdem 2007, p. 72). Healthcare organizations attached importance to public relations to communicate with consumers for a long time and did not attached importance to healthcare marketing until they started to meet with the situations of lowness in bed occupancy rate, losing customers to other healthcare organizations, demand levels changed for different services and low use of hospital possibilities at the weekends (Kotler and Mindak 1994, p. 377). Today growing of healthcare industry and increase in specialization in the field of marketing creates

healthcare marketing as a new and different specialty in marketing (Köseoğlu 2007, p. 38).

Marketing is the process in which new ideas, products and services are produced by company and pricing, distributing and promoting these in the way of creating place, time and possession utilities in order to meet the needs and wants of customers. In this context, healthcare marketing can be described as the works designed to provide satisfying services needed and wanted by existing and new patients (Cengiz 2014, p. 5).

The American Marketing Association describes marketing as an organizational function and a set of processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholders (Kotler, Shalowitz and Stevens 2008, p. 5). In terms of business administration, marketing is the process of planning and performing the products, services and ideas to develop, price, promote and distribute in order to execute exchanges providing the company to achieve the goals (Mucuk 1990, p. 5). Healthcare marketing consists of the activities done to determine the needs of patients and patient's relatives, provide services to meet these needs and provide patients to get these services (Karaca 2006: 30).

Cooper (1994, p. 10) describes healthcare marketing as a health system management accepting the key task of the system as to determine the needs, wants and values of the target market, and shaping the system to provide desired satisfaction level. Healthcare marketing can be defined as determining the needs of healthcare consumers, making healthcare suitable for these needs and encouraging patients to use these services (Tengilimoğlu 2000: 189). In healthcare, the process of determining the needs of consumers, designing services to meet these needs, producing new services and encouraging patients to use these services provided is defined as healthcare marketing (Cengiz 2014, p. 5).

The goal of marketing in healthcare organizations is to achieve company goals through developing satisfaction level of target market and providing more qualified services to

meet the expectations of the consumers. With the increase in competition in healthcare market, marketing function in healthcare market has been increasing, and the issue of measuring and satisfying the need and wants of the consumers comes into prominence (Akkılıç 2002, p. 204).

There are some specific features of healthcare that makes planning marketing activities in healthcare difficult as follows (Öz and Uyar 2014, p. 124);

- There are issues about uncertainty and risk in healthcare services due to its relation about being vital subjects. The consumers have no information about evaluating the technical quality of the healthcare service. Therefore, creating standardized quality is so hard.
- Almost all of the services in healthcare given cannot be postponed due to emergency of patients' treatment.
- Service quality and satisfaction after the service provided is so uncertain when comparing with other service types.

The features of the healthcare marketing can be summarized as follows (Öztürk 2007, p. 13);

- **The relation of exchange is generally determined by government and legislators:** Profitable organizations can easily transform into a situation of failing to profit with a new regulation.
- **Services are provided by quite good educated experts:** Service providers such as doctors and nurses are more important than itself of the service in terms of consumers.
- **It is impossible to measure definitely the quality of the service:** It is so hard to measure and control the effects of drugs given to the patients and quality of the healthcare services postoperative.
- **There can be seller market where no consumers exist:** Even if consumers demand the service, hospitals and doctors decide on which services will be

purchased. The relation between doctors and patients is based on mutual confidence and faith.

- **The feature of distribution:** In product distribution, consumers' how to be reached to the service provided becomes important, while products' how to be reached to the consumers is tried to be determined.

The specific features of healthcare marketing determine the success or failure of marketing applications in the industry, because determining actions to be taken through industrial differences considered affects the organizational success and helps these organizations to come to the fore (Gümüş, Korkmaz, Kılıç, Yücel, Aytaç and Toker 2014, p. 4).

Marketing approach and applications of healthcare market have change with the changing dynamics and marketing in healthcare have transformed from hospital advertisements to permanent relationship marketing (Kavas and Güdüm 1994, p. 226). The reasons led to marketing approach in healthcare to develop can be stated as follows (Odabaşı and Oyman 2002: 30);

- The pressure of increasing costs,
- Increase in the needs of healthcare consumers,
- Both quantitatively and qualitatively increase in private healthcare,
- Working in excess capacity's being evaluated as a lost,
- Services to be imitated,
- Advances in professionalism perception of personnel,
- Changing level of patient – doctor relations,
- Increasing attention on prevention of disease,
- Increasing consumer dissatisfaction on healthcare suppliers,
- Business perspective in delivery of healthcare.

There are 8 main marketing tasks in healthcare marketing for sustainable success. These tasks can be defined as follows (Kenneth, Henson, Crow and Hartman 2005, p. 417);

i. Analysing the business environment in terms of legal, technological, demographic and societal aspects,
ii. Understanding the basis of competitive markets,
iii. Recognizing customer decision process, the effects on this process and other purchasing behaviours,
iv. Segmenting the market according to different customer types, producing different products and services aimed at different market segments,
v. Deciding which products and services to be supplied and how these to be developed,
vi. Determining the prices of products and services, bargaining with other sharers,
vii. Communicating with existing and potential customers, and sustaining this communication,
viii. Developing relations with other organizations for the distribution of products and services.

Marketing is one of the basic functions of companies working in competitive conditions. However, it can be evaluated as a new phenomenon for healthcare market. Marketing function in healthcare market has appeared for 20 years in modern business administration literature. It is not easy to implement accumulated information in healthcare market. Healthcare organizations have started to spend money on marketing activities due to increasing competition between private hospitals and public hospitals (Cengiz 2014, p. 6)

Moreover, modern hospitals established under conditions of European standards in last years, have been forced to reflect the high costs to the patients. Thus, private hospitals have started to modernize and renovate themselves technologically and structurally and also in terms of staff in order to cope with these rivals in terms of service quality and service speed. Therefore, private hospitals have started to establish their own marketing departments and have started to communicate with media platforms (Cengiz 2014, p. 7).

There are four phases in healthcare organizations to adapt the marketing concept which are indicated in Table 2.1.

Table 2.1: Four phases in healthcare organizations to adapt marketing

	1st Phase	2nd Phase	3rd Phase	4th Phase
	Inward	**Promotional Marketing**	**Integrated Tactics Marketing**	**Outward**
Explanation	Not being aware of the need on marketing, relations with external environment determined by only inward evaluations	Being aware of the need on promotions, public relations used to introduce the healthcare organization to its environment	Being finitely aware of potentials of the marketing, limited customer satisfaction through restricted tactics marketing mix activities due to strategic restrictions	Being definitely aware of the potentials of the marketing, maximum customer satisfaction through completely integrated strategic tactics marketing efforts
Marketing Research	None	Image building activities at odd times, patient origin activities, patient satisfaction researches	Limited marketing information systems, buyer behaviour activities, doctor researches, patient origin activities, patient satisfaction activities	Complete marketing information system, segmentation activities, buyer behaviour activities, doctor researches, image building activities, patient satisfaction activities
Marketing Decision Makers	Top-manager, top-financial-manager	Public relations manager, top-manager, top-financial-manager	Top-marketing-manager, top-manager, top-financial-manager	Top-marketing manager
The Nature of Marketing Responsibility	Non-informed strategic and tactical decisions	Non-informed strategic and tactical decisions (except promotion)	Non-informed strategic marketing decisions and informed tactical decisions	Completely informed strategic and tactical decisions

Source: Tengilimoğlu 1997, p. 24.

There are some critics on healthcare marketing by marketing experts as follows (Uyar 2014, pp. 28-30);

- **Non-applicability of marketing to healthcare industry:** Experts criticizes healthcare marketing because they advocate that pricing in healthcare services is so different from other services due to different consumer behaviour and human factor in healthcare industry.
- **Marketing to lead to waste of money in healthcare industry:** many experts evaluate marketing activities such as advertising, public relations, announcements and etc. as waste of money
- **Aggressiveness of the marketing:** Another critics on healthcare marketing is to come into life of people without permission through marketing researches in healthcare marketing.
- **Marketing to be directive:** Marketing can force people to behave in opposition to their desire via scaremongering.
- **Marketing to cause decrease in quality:** Many experts advocate that healthcare organizations providing services with poor quality and advertisements cause decrease in healthcare services.
- **Marketing to create redundant demand:** Marketing can direct individuals, families and even organizations into overconsumption and can create negative results in terms of country economy.
- **Marketing to lead to competition:** Marketing can lead to competition among healthcare organizations. However, many experts defence that these organizations should work together.
- **Marketing to cause discrimination among patients:** Experts advocate that market segmentation in healthcare industry create discrimination among patients. However, it is impossible to behave differently to the patients in medical organizations.

2.2.1 Healthcare Marketing Process

Marketing in healthcare organizations should not be perceived only as advertising and sales activities of products or services. It is a multidimensional business function consisting of many activities such as planning and developing products and services in modern perspective, after-sales activities and etc. (Tokol 1996, p. 4).

Marketing takes place when at least one party to a potential transaction thinks about the means of achieving desired responses from other parties. Thus, healthcare marketing takes place when (Kotler, Shalowitz and Stevens 2008, p. 5);

- A physician puts out an advertisement describing his practice in the hope of attracting new patients.
- A hospital builds a state-of-the-art cancer centre to attract more patients with this affliction.
- A health maintenance organization improves the benefits of its health plan to attract more patients.
- A pharmaceutical firm hires more salespeople to gain physician acceptance and preference for a new drug.
- The American Medical Association lobbies Congress to gain support for a new bill.
- The Centres for Disease Control and Prevention (CDC) runs a campaign to get more people to get an annual flu shot.
- Health Canada develops a campaign to motivate more Canadians to exercise more and eat healthy foods.

Healthcare marketing can be described as the process of analysing, planning, performing and controlling the services prepared to provide voluntary exchanges to the target market in order to achieve the organizational goals (Cengiz 2014, p. 7). In order to achieve the organizational goals, healthcare organizations should do these activities in context of marketing as follows (Karaman 2003, pp. 124-125);

- Analysing internal and external environment,
- SWOT analysis,
- Analysing the environment of the patient,
- Determining the mission,
- Determining the target market through segmenting the market,
- Developing marketing strategies,
- Generating an appropriate positioning or repositioning strategy in the market,
- Determining strategic resources suitable to marketing strategy chosen,
- Maintaining and developing relations with patients and other respective parties,
- Researching patient satisfaction,
- Providing hotel service to in-patients,
- Providing private health packages,
- Informing the society through protective treatment seminars,
- Developing new services instead of services not to have competitive advantage,
- Executing activities to promote and adopt healthcare organization technology and services to the society,
- Carrying out activities such as arranging medical symposiums and conferences, and creating image.

A lot of factors such as healthcare organizations' being private or public, their goals, legal structures, policies, economic situations, social environment, knowledge and experiences, culture, educational level, income status affect the marketing approach of healthcare organizations (Karaca 2006, p. 35).

First of all, healthcare organization have to make environment analysis in the marketing process. There are many internal and external factors affecting and shaping the marketing activities of companies which is named as marketing environment (İslamoğlu 2000, p. 77). Internal environment of healthcare organizations consists of human resources, finance, technology, products and services supplied, organizational structure, organizational culture and etc. (Karaca 2006, p. 35). These internal factors can be summarized as follows (Kavuncubaşı 2000, p. 135);

- **Management:** The number of managerial level, managerial abilities, delegation of authority, centralization.
- **Human Resources:** Quantity and quality of personnel, personnel finding possibilities, personnel efficiency, personnel cycle.
- **Finance:** Sufficiency of financial resources, financial performance indicators, deviations from the budget.
- **Marketing:** Features of existing diseases, patient referral sources, usage rates, service providing channels.
- **Clinical Systems:** Quantity and quality of services provided, technology used, existing knowledge and skill levels of doctors.
- **Organizational Structure:** Relations between organizational departments and programs.
- **Organizational Culture:** Value systems, behavioural expectations and features.
- **Physical Facilities:** Sufficiency of the building, possibility of physical enlargement.
- **Information Systems:** Clinical, managerial and financial efficacy of information systems.
- **Leadership:** Leadership styles of top-level, mid-level and low-level managers.

Analysis of external environment contains the activities of determining, grouping and evaluating the environmental conditions affecting the healthcare organization (Kavuncubaşı 2000, pp. 127-128). The external environment of the healthcare organizations are so broad and hard to control. These factors can be stated as follows (Cantürk 2012, pp. 64-65; Karaca 2006, pp. 37-43; Swayne, Duncan and Ginter 2008, p. 47; Kotler, Shalowitz and Stevens 2008, pp. 73-83);

- **Competition:** Whether the healthcare organization is private or public, it is a company. Therefore, healthcare organization have to cope with their competitors to sustain their existence. In order to do this, these organizations should know and analyse their competitors, and evaluate feedbacks gathered from the market so well to get competitive advantage against them.

- **Demographic Environment:** For a significant marketing study, the quantity, composition and density of population, educational level, age groups, marital status, and employment situation should be investigated.
- **Economic Environment:** Purchasing power and social security is so important for individuals to benefit from healthcare services. People who have economic power with higher educational level take care of their health. While decrease in income, people tend not to go to the hospital or nor to buy the required drugs for the treatment of the diseases.
- **Sociocultural Environment:** The variables of sociocultural environment can be stated as faith, customs, traditions, shared values, sub-cultures, educational level, life styles and etc. Controlling these factors in short term is so hard. However, it is possible healthcare organizations to determine marketing plan with the analysis of these factors. The level of healthcare service development in a society is an indicator of welfare and development level of this society.
- **Political and Legal Environment:** Healthcare organizations have to obey certain rules like other companies. These rules are stated as laws, decrees, regulations, notifications and etc. Healthcare organization cannot set price itself and cannot get out of the price range. Healthcare organizations have to employ required personnel quantitatively and qualitatively.
- **Technological Environment:** Advance in technology is so important for healthcare organizations. The necessity of using modern tools and equipment for effective prognosis and treatment is inevitable, and it causes healthcare organizations to follow technological improvements closely. However, following these improvements and innovations closely is so costly. Therefore, healthcare organizations struggle with their rivals in non-price competition. In this point, effectiveness in marketing activities brings success to the healthcare organizations.
- **Geographic Environment:** Most of the healthcare organizations believe that location is so important in terms of their market share, because customers should access to the service wherever they want. Hence, it is not possible for any healthcare organization to achieve success without well-designed distribution system and well-located building. Moreover, due to increase in transportation

facilities and communication, any patients are not obliged to the healthcare organization whereabouts. Patients could go to other hospitals, cities, even countries to access to the required treatment if they have the chance.

The process in healthcare marketing has three stages as follows (Cengiz 2014, pp. 7-8);

i. The first stage is determining the needs and wants of target market in which healthcare organizations provide services to the consumers. In this stage, environmental analysis is made expressed above and factors affecting the purchasing behaviour in target market are determined. Then, future needs of the target market is tried to be determined. There are five key elements affecting the demand in healthcare, these are need, recognition of the need, existence of the financial resources, specific motivation to get medical protection and patient to be related with his/her environment.
ii. The second stage is evaluating and determining the marketing mix helping the service or product to exchange in order to meet these needs and wants.
iii. The third and last stage is determining the activities helping the service or product to exchange.

2.2.2 Marketing Mix in Healthcare Marketing

In terms of modern marketing approach, the main goal of healthcare industry is producing fit to needs, equal, of high quality, cheap, accessible, adequate, well performing, unlimited healthcare services to all individuals living in the society, bringing individuals and society healthy life information, desire and behaviour, providing a healthy environment to individuals and society (Sargutan 1993, p. 39). Therefore, it can be said that consumers form the focus point of the marketing in healthcare marketing as well as in the marketing of other physical products, and marketing mix comprises the most important part of the marketing. However, marketing mix elements in healthcare marketing contains physical evidence, participants and process management elements in addition to product (service), price, place and promotion which are the traditional marketing mix elements due to the specific features

of the healthcare services (Tengilimoğlu 2000, p. 190). Table 2.2 indicates the product marketing mix and healthcare marketing mix.

Table 2.2: Marketing mix elements in product marketing and healthcare marketing

Product Marketing (4P)	Healthcare Marketing (7P)
Product	Product (Service)
Pricing	Pricing (Service)
Place	Place
Promotion	Promotion
	Physical Evidence
	Participants (People)
	Process Management

Source: Tengilimoğlu 2000, p. 191.

Companies have to develop a marketing mix fit to the market conditions in order to achieve goals and aims in marketing plan. In healthcare marketing, marketing mix plan can be summarized as follows (Akkılıç 2002, pp. 208-211; Tengilimoğlu 2000, pp. 191-200; Cantürk 2012, pp. 67-73);

i. **Developing Service:** There is not only one service in healthcare marketing, but also a great variety of services, and intangibility degree of the service so high in healthcare marketing. The issue of which services to provide is depend on the needs of society and possibility of use of these services by consumers. Evaluation of service provided in healthcare industry is looking at the exchange results in return to purchasing of the consumers.

ii. **Pricing:** The definition of the price is not enough in healthcare industry. Firstly, health insurance or government eliminate completely of reduce the money patients pay. Secondly, the cost of service to the patient and price to be paid is not the essential variable because doctors determine the needed services for patients. Lastly, the cost of a certain service used or not used, or getting the service via another healthcare organization contains evaluations beyond the amount to be paid. There are three methods of pricing in healthcare services which are applications liable to government regulations, applications liable to

regulations of chambers and associations, and applications liable to regulations of market conditions.

iii. **Place:** Distribution in healthcare services is not only evaluated physically. Speciality level of the organization, elapsed time while accessing to the service, behaviour types of medical and non-medical personnel should be evaluated in this issue. Therefore, the dimensions of the distribution in healthcare services can be stated as accessibility to the healthcare organizations, utility of services, using format of the resources related with the service, effectiveness of the consultation and referral systems.

iv. **Promotions:** Promotions in healthcare industry is about informing potential customers on the services of healthcare organizations and persuading them about benefits of these services. Some experts are not in favour of promoting the healthcare services. However, it is aimed at conveying the existence, quality, ways to access and use of the services to the potential consumers through promotional activities. There are communication techniques in different levels of cost, effectiveness and suitability for healthcare services. Especially advertising and public relations are so important in private healthcare industry rather than personal selling and sales promotions.

v. **Physical Evidence:** Physical evidence is important in service industries because services cannot be produced homogenously and there is simultaneity between production and consumption. Through designing the physical environment in a way meeting the needs of both consumers and personnel simultaneously, healthcare organizations can achieve both organizational goals and external marketing goals.

vi. **Process Management:** Process management contains services to be kept available when needed by consumers and to be provided in consistent quality. Sometimes in service organizations there is situation of not meeting the needs of the consumers due to not stocking of the services and demand fluctuations, and it is so important for healthcare organizations. Therefore, healthcare organizations should hire personnel all day and also all medical tools and equipment should be active.

vii. **Participants:** Participants involve all human factor such as service personnel of the organization and consumers. Consumers come together with service personnel and other consumers during purchasing of the service. The quality and expectations are affected by the outlook and behaviours of personnel and other consumers. The feature of intangibility of services brings the risk factor for consumers. Especially the risk factor of the services provided in healthcare industry can be of vital importance, and these risks can be increased or decreased by the effects of the participants.

2.3 PURCHASING DECISION PROCESS IN HEALTCARE MARKETING

Today healthcare marketing become a discipline organized to determine how health market performs, the role of the healthcare organization in the service provided to the market, how production ability needs to be adjusted to meet the needs of the patients and how the patient satisfaction can be met (Winston 1989, p. 4).

Customers in healthcare organizations divide into groups as internal customers and foreign customers. Individuals or groups working in the healthcare organization and having organic relations with the organization are defined as interior customers. However, patients who are also described as primary customers compose the group of foreign customers. From a broader perspective, patient relatives, companions, visitors, other healthcare organizations, in-network providers, pharmacies, associations, media, insurance companies, medical equipment and drug companies, construction companies, laundry companies, flower shops, contractors are the foreign customers; whereas technical staff, support staff, healthcare professionals such as doctors and nurses, top and mid-level managers, shareholders of the company and consultants are the interior customers (Devebakan 2006, pp. 121-122).

Due to the intangibility feature of the services, these are perceived by consumers as benefit or satisfaction (Karahan 2000, p. 21). Satisfied patients is evaluated as the output of the healthcare services. However, the satisfaction in healthcare services is more uncertain rather than the other services. Thus, patients could postpone the service

or act not to purchase the service or search for any other healthcare organization which would satisfy them. Therefore, healthcare organizations should disambiguate these uncertainties through informing them more on services and gathering inputs to meet the other expectations of them (Karafakıoğlu 1998, p. 2).

Healthcare marketing is vital for the financial success of the healthcare organizations in different size and doctors. Today marketing of the healthcare organizations has transformed from only advertising activities to an approach caring about patient needs. Patients today educate themselves through various resources and demand the needs to be met in terms of clinic and service (Corbin, Kelley and Schwartz 2001, p. 2).

Healthcare organizations are required to maintain their market share and ensure patient satisfaction in order to gain new customers as patient. Satisfaction is created as a result of expectations of patient's met after purchasing (Devebakan 2006, p. 123). Satisfied patients can create reference for other potential patients (Press, Ganey and Malone 1991, p. 63).

In healthcare industry, it is so hard to satisfy consumers because consumer behaviour has a complex structure. Thus, there is important tasks for healthcare providers that factors such as the style to welcome patients, the style of service delivery, attitudes to the patients and speaking reassuringly affect consumer behaviour. Patients, patient parents, companions or visitors come to the healthcare organizations with adversity, expect good services and want to trust to healthcare professionals. Behaving to the consumers in a friendly manner while patient to come to the hospital and to leave the hospital is so vital for consumers to remember the good quality of the service (Gökmen 2014, p. 35).

Healthcare organizations are required to gain an in-depth understanding of consumer business buying behaviour. Studying on consumers provides clues to healthcare organizations for developing services, setting prices, devising channels, crafting messages and developing other marketing activities. Healthcare organizations should

always look for emerging trends that might suggest new marketing opportunities (Kotler, Shalowitz and Stevens 2008, p. 147).

Consumer purchasing behaviour contains the decisions of the consumers on purchasing and using of the products and services. Making decision is defined as to prefer a behaviour style. Individuals are making decisions in different issues almost every day. While deciding there are some stages of decision making process and this process is affected by some external factors. Consumer purchasing behaviour is a process and consumers can behave in many different ways while making decisions on purchasing products or services. Thus, these behaviours to be known can provide marketers to reach to the target market (Gökmen 2014, p. 53).

In decision making process on purchasing there are many factors affecting consumers; social and group factors such as culture, sub-culture, social class, reference groups and family; psychological factors such as motivation, perception, learning, personality and attitudes; factors about information as commercial or social; and situational factors (Durmaz 2008, p. 33). Kotler et all (2008, pp. 147-153) advocates that psychological factors are the keys influencing the consumer purchasing decision, and there are four main psychological factors fundamentally affect consumer purchasing decisions as follows;

- **Motivation:** People have many needs at any time and a motive is a need that is sufficiently pressing to drive the person to act.
- **Perception:** Motivated people are ready to act that how these people actually act is affected by their perceptions on the situation. In this context, perception can be described as the process in which people select, organize and evaluate information inputs to create a meaningful picture of the world. It can be said that perceptions can vary from person to person to on the same reality. In terms of perception, a personal health behaviour threat is affected by three factors that are general health values (including interest and concern about health), specific health beliefs about vulnerability to a particular health threat and beliefs about

the consequences of the health problem. An individual perceiving a disease takes action to prevent this disease in such ways as follows;

a. Perceived susceptibility: The person perceived the likelihood of having an experience that would negatively affect health.

b. Perceived seriousness: The individual believed that the disease would noticeably affect him or her physically, emotionally, financially or psychologically.

c. Perceived benefits of taking action: The individual believes that positive outcomes will result from addressing the health problem.

d. Perceived barriers to taking action: Counterbalancing the first three beliefs is the contemplation that the treatment or preventive measure may be inconvenient, expensive, unpleasant, painful or upsetting.

e. Perceived cues to action: These types of internal and external actions and reminders may be needed for the desired behaviour to occur.

f. Perceived efficacy: This is the individual's assessment of ability to adopt the desired behaviour.

- **Learning:** When people act they learn. Learning involves the changes in an individual's behaviour arising from experience. The experts believe that learning is created through the interplay of drives, stimuli, cues, responses and reinforcement.
- **Memory:** Cognitive psychologists distinguish between short-term memory (STM) which is a temporary repository of information and long-term memory (LTM) that is a more permanent repository. All the information and experiences that individuals encounter as they go through life can end up in their long-term memory.

In healthcare, there are also various factors affecting the purchasing decision of the patients. Customs and traditions, life style, family, reference groups have important impact on patients to prefer the doctor and hospital. The decision making process of healthcare consumers is much longer and harder, especially in vital issues. However, sometimes rapid decision making is required in emergency cases. Thus, healthcare managers should develop mechanisms for healthcare customers facilitating decision making process in such cases (Gökmen 2014, p. 55).

In purchasing decision making process of consumers there are five stages as follows (Kotler et all 2008, pp. 155-163, Gökmen 2014, pp. 54-62);

i. **Problem Recognition:** Consumer purchasing process starts with the recognition of a problem or need. The need can be triggered by internal stimuli such as psychological needs or external stimuli such as by a friend, a spouse or a salesperson or a magazine article, an advertisement, e-mail or another external source. Marketing strategies should be developed toward these stimuli. Many healthcare organizations spend heavily on television advertising to promote their heart and cancer services. This spending could increase consumer awareness and even preference for these services.

ii. **Information Search:** Stimulated consumers tend to search for information. Marketers need to understand the information neediness of their target market and need to know the information sources consumers will use to obtain information. It is known that the most influential information comes from personal recommendations or publicly available independent authorities. Commercial media inform consumers, while personal or expert sources influence the consumer decision making process.

iii. **Evaluation of Alternatives:** Consumers form judgments about purchasing decision on rational basis. Consumers look for certain advantages of the services. The attributes that are of interest to buyers can vary by service. Evaluations of the consumers often reflect beliefs and attitudes that consumers gain through experiences and learning. These beliefs and attitudes affect purchasing behaviour.

iv. **Purchase Decisions:** After evaluation of alternatives, the consumer form an intention to purchase the most preferred service. There are at least three factors which could affect the relation between purchase intention and purchase decision. These are attitudes and recommendations of others positively or negatively, unanticipated situational factors such as urgency, and perceived risk such as the amount of money at stake, the amount of attribute uncertainty and the amount of consumer self-confidence.

v. **Post-Purchase Behaviour:** After the purchase, the consumer could dissatisfied with the service caused by the service experience not to meet expectation, to find the same product at a lower price or to hear favourable things about other brands in the same category. Marketers in healthcare organization should be aware that consumers do not give up to seek information after purchasing, and have to monitor after-sale satisfaction, actions and service uses of the consumers. Healthcare organizations could send warm, introductory letters to new patients, solicit customer suggestions for improvements, provide information through the channel the consumer prefers, place advertisements showing satisfied practice consumers and etc.

3. WORD-OF-MOUTH COMMUNICATION

It is so earlier as far as history of humanity individuals to affect the shopping of other customers through expressing their experiences related with products or services they purchased after any market activity (Aba 2011, p. 46).

3.1 DEFINITION OF WORD-OF-MOUTH COMMUNICATION

There are personal communication channels such as face-to-face, person-to-audience, over the telephone or through e-mail or the Internet. There arise individualized presentations and immediate feedbacks in personal communication channels. These channels can be differentiated into advocate, expert and social channels. Advocate channels are salespeople, while expert channels are people making statements to the target consumers. Moreover, social channels comprise of friends, neighbours, family members and associates that consumers are heavily affected by social channels. Therefore, the concept of word-of-mouth communication arises (Kotler, Shalowitz and Stevens 2008, pp. 431-432).

Word-of-mouth communication in marketing can be described as people to share their experiences on any product or service with others and thus bringing producers and retailers new customers (Yakın 2011, p. 4). The Word of Mouth Marketing Association (WOMA) describes the concept of word-of-mouth as the act of consumers providing information to other consumers. In this context, word-of-mouth communication can be stated as the art and science of establishing active, mutually beneficial consumer-to-consumer and consumer-to-marketer communications (Kotler, Shalowitz and Stevens 2008, p. 433)

Word-of-mouth communication can be defined as the person-to-person and verbal communication between one buyer and one communicator who has no commercial concern on any product, service or brand (Buttle 1998, p. 242). Word-of-mouth communication is the positive or negative verbal communication way between the groups such as product and service providers, experts independent from companies,

family members and friends (Ateşoğlu and Bayraktar 2011, p. 96). In other words, word-of-mouth communication is an interpersonal communication technique arisen between receiver and sender and the personal influence process that can change the behaviours of attitudes of the consumers (Sweeney, Soutar and Mazzarol 2008, pp. 344-345).

3.2 WORD-OF-MOUTH COMMUNICATION PROCESS

Word-of-mouth communication process states the transfer of non-commercial information from person to person. This transfer process has some elements like it is in general communication which are source, encoding, message, decoding, receiver, reaction, feedback and noise. These elements are summarized as follows (Gökmen 2014, pp. 64-67; Uyar 2014, pp. 67-69);

- **Source:** The main element starting the communication process is the source. The source is the sender of the information and it can be both an individual and an organization. In healthcare services, the source could be patient, doctor or healthcare professionals according to the conditions. Patient coming to the emergency service is a source. Moreover, the doctor examining the patient is a source. Furthermore, healthcare organization providing service to the society is a source.
- **Encoding / Message:** Encoding means the express of ideas and information symbolically. The source should encode these ideas and information in a way receiver can understand in order to transfer these to the receiver. Firstly, the source prepares the message and prefers suitable symbols, figures and inscriptions for receiver. Thus, it can be said that encoding is the transformation of the information to the symbols. Messages in word-of-mouth communication can be stated as verbal or non-verbal. Smiling, holding the hands of the patient gives the message of being safe in healthcare marketing.
- **Communication Channel:** Channel is the way or tool conveying the message to the receiver. These channels could be personal or non-personal. Personal channels require face-to-face communication, whereas non-personal channels

are the mass communication tools. In word-of-mouth communication, personal communication channels are used. In healthcare services, doctor to listen the complaints of the patient during medical examination requires face-to-face communication.

- **Receiver / Decoding:** Receiver is the person who see, read, interpret and encode the message. Receiver interprets the message as far as he/she understands through using decoding. If the message is sent via right communication channel, decoding will be successful. However, it will create negative feedback for receiver, if there is wrong communication channel is preferred. In word-of-mouth communication process, the receiver can be a friend, parent, relative and etc. of the source, while it could be a virtual friend in online platforms. Patient is the decoder during doctor to inform the patient on the disease.
- **Feedback:** Feedback is the positive or negative reactions of the receiver after getting the message. The source understands whether or not the message reaches to the receiver via feedback of receiver. Feedbacks in word-of-mouth communication are quickly transmitted through verbal or non-verbal signals. Feedback could also be get via telephone, e-mail or message according to the communication channel used. Recovering of the patient after the treatment is a positive feedback.
- **Noise:** It is one of the factors affecting the quality of feedback, getting the message and embroiling. Many factors can influence the transmission of the message negatively during the communication process. External noise factors such as sound level in the environment, power outages, problems in the lines, being locked of the computer and physio-neurological noise factors such as hunger, tiredness, anger, visual and speech disorders prevent the actualization of the communication.

3.3 FEATURES AND IMPORTANCE OF WORD-OF-MOUTH COMMUNICATION

Word-of-mouth communication has to be based on actual customer satisfaction, two-way dialogue and transparent communications. In this context, the basic elements of word-of-mouth communication are as follows (Kotler, Shalowitz and Stevens 2008, p. 433);

- Educating people about the products and services,
- Identifying people most likely to share their opinions,
- Providing tools that make it easier to share information,
- Studying how, where and when opinions are being shared,
- Listening and responding to supporters, detractors, and neutrals.

Word-of-mouth communication is a significant information source for consumers. It is important in purchasing decision and product, service or brand evaluations, and it is the basis of interpersonal communication (Grewal, Cline and Davies 2003, p. 188). There are some reasons that word-of-mouth communication becomes more powerful than traditional communication types and its importance increases as follows (Öztürk 2006, pp. 12-13);

- Word-of-mouth communication is the most powerful, influential and persuasive power in the marketing.
- Word-of-mouth communication is an experience sharing technique.
- Word-of-mouth communication is independent and objective.
- Word-of-mouth communication is personal and comprises the whole.
- Word-of-mouth communication is consumer-oriented.
- Getting information through word-of-mouth communication makes people save huge time.
- It is cheap to get information and developing the information get through word-of-mouth communication.
- The speed and content of word-of-mouth communication is unlimited.

In service industry, service providers have a strong interest in building referral sources. The two main advantages of building referrals via word-of-mouth communication are stated as follows (Kotler, Shalowitz and Stevens 2008, p. 436);

- **Word-of-mouth sources are convincing:** Word of mouth is the only promotion method that is of consumers, by consumers and for consumers.
- **Word-of-mouth sources are low cost:** The cost of keeping in touch with satisfied customers is so little.

There are some specific features of word-of-mouth communication as follows (Yılmaz 2011, pp. 3-4);

- **Experience Transference:** When consumers decide to purchase a product or service, they think that they want to try it and experience it via taking a low risk while using it. There are two ways to gain experience that are direct experience and indirect experience. Direct experience is the actual trial activity of the product which is more costly than indirect experience due to risks about time, money, failure or disappointment. Indirect experience is talking about experiences with other people, listening to the experiences of others and helping them. People can share their concern and risks via such activities. The more a customer likes a product or service, the more the possibility of positive statements said by the consumer rises when this consumer is asked about the ideas on the product or service, even without asking any questions. Thus, it can be said that satisfied customers are the best advertising tool.
- **Value:** Word-of-mouth communication can be positive or negative. Buyers helping to companies to get new customers via positive word-of-mouth communication can be evaluated as the envoys of the company, because positive statements and recommendations of satisfied customers increase the purchases, whereas negative statements and recommendations decrease.

- **Reliability:** Word-of-mouth communication is described as a tremendously powerful communication type whether it is positive or negative because it comes from an independent, reliable and persuasive sender.
- **Focusing:** Word-of-mouth communication is not only related with buyers. Workers of company, suppliers and etc. can also be a recommendation resource.
- **Timing:** Recommendation in word-of-mouth communication can arise both before purchasing and after purchasing. As before purchasing, workers are an important information resource and it is stated as input. However, as after purchase, consumers who buy the product or service are evaluated as the output of word-of-mouth communication.
- **Demand:** Word-of-mouth communication can arise spontaneously, but some activities can also be used by companies in order to encourage word-of-mouth communication. Companies try to influence word-of-mouth communication through using opinion leaders, making expert or pioneer buyers experience these products or services.

Kotler, Shalowitz and Stevens (2008, p. 436) advocate that there are four types of individuals whom companies try to reach them to stimulate word-of-mouth referrals. These individuals can be specified as follows;

i. **Opinion leaders** are people who are widely respected within defined social groups, such as doctors who are well-known in a particular disease or treatment category.
ii. **Marketing mavens** are people who spend a lot of time learning the best buys (values) in the marketplace.
iii. **Influentials** are people who are socially and politically active and they try to know what is going on and influence the course of events.
iv. **Product enthusiasts** are people who are known as experts in a product category, such as medical technology experts and health insurance brokers.

Organizations could stimulate personal influence channels to work on their behalf through these activities as follows (Kotler, Shalowitz and Stevens 2008, p. 437);

- Identifying influential people and companies and spending extra effort to them.
- Creating opinion leaders by supplying certain people with the product on attractive terms.
- Working through community influentials such as local media personalities and leaders of service and civil organizations.
- Developing advertising that has high conversation value.
- Developing word-of-mouth referral channels to build business.
- Establishing an electronic forum via Internet.
- Using viral marketing.

3.4 POSITIVE AND NEGATIVE WORD-OF-MOUTH COMMUNICATION

Positive or negative word-of-mouth communication in marketing is about behaviours of customers presented after the use of product or meeting with the service (Keskin and Çepni 2012, p. 100). Satisfied customers after purchasing tend to positive word-of-mouth communication, whereas dissatisfied customers tend to negative word-of-mouth communication (Gökmen 2014, p. 78). Positive statements on companies, products and/or services spread fast. However, negative statements on companies, products and /or services spread even faster (Kotler Shalowitz and Stevens 2008, p. 432).

Positive word-of-mouth communication is an important tool used to encourage the products and services of companies (Gremler, Gwinner and Brown 2001, p. 44). Negative word-of-mouth communication is actions frequently reported by customers who are dissatisfied with any purchase, rejected or not continued to use the product and expressing experiences to their surroundings (Leonard-Barton 1985, p. 915).

Word-of-mouth communication influences purchasing possibilities and helps changes on perceptions and decision related with services to be created in desired ways. Positive word-of-mouth communication decreases functional, financial, psychological, social and time-related risks. Moreover, word-of-mouth communication provides more

empathy, reliability and interest rather than information created directly by organizations (Sweeney, Soutar and Mazzarol 2008, pp. 346-347).

In order to get positive word-of-mouth communication from consumers, these activities can be performed as follows (Kotler, Shalowitz and Stevens 2008, pp. 438-439);

- Encouraging communications,
- Giving people something to talk about,
- Creating communities and connecting people,
- Working with influential communities,
- Creating evangelist or advocate programs,
- Researching and listening to customer feedback,
- Engaging in transparent conversation,
- Co-creation and information sharing.

Companies can cope with the problems about unreal rumours on their products or services through following these ways as follows (Odabaşı 2002, p. 274);

- Doing nothing,
- Informing people following these rumours,
- Implementing informative programs related with the rumours such as public relations and advertising campaigns,
- Preparing a so detailed explanation.

3.5 TYPES OF WORD-OF-MOUTH COMMUNICATION

There are various types of word-of-mouth marketing communication that encourage and help people to talk to each other about products and services. Most of these activities can be classified as guerrilla marketing techniques not using traditional media channels, but using one-to-one communication. These word-of-mouth marketing communication types could be stated as follows (Kotler, Shalowitz and Stevens 2008, p. 435);

- **Buzz Marketing:** Using high-profile entertainment or news to get people to talk about the brand.
- **Viral Marketing:** Creating entertaining or informative messages that are designed to be passed along in an exponential fashion, often electronically on the Internet or by e-mail.
- **Community Marketing:** Forming or supporting niche communities that are likely to share interests about the brand.
- **Grassroots Marketing:** Organizing and motivating volunteers to engage in personal or local outreach.
- **Evangelist Marketing:** Cultivating evangelists, advocates or volunteers who are encouraged to take a leadership role in actively spreading the word on the behalf.
- **Product Seeding:** Placing the right product into the right hands at the right time.
- **Influencer Marketing:** Identifying key communities and opinion leaders who are likely to talk about products and have the ability to influence the opinions of others.
- **Cause Marketing:** Supporting social causes to earn respect and support from people who feel strongly about the cause.
- **Conversation Creation:** Producing interesting or fun advertising, emails, catch phrases, entertainment or promotions designed to start word-of-mouth activity
- **Brand Blogging:** Creating blogs, in the spirit of open, transparent communications and sharing information of value that may interest the blog community.

- **Referral Programs:** Creating tools that enable satisfied customers to refer their friends.

3.6 THE EFFECTS OF WORD-OF-MOUTH COMMUNICATION TO THE PURCHASING DECISION PROCESS

Decision making is a part of daily human life. Every day people face with many decision making process. This decision can be a vital decision like purchasing a home, while a simple decision like what to eat. The most important point in decision making process is not to be sure of the decisions' results during decision making process (Odabaşı and Barış 2003, p. 332).

Consumer purchasing decision and factors affecting this decision should be known in order to perform effective marketing activities. It can be said that why consumers purchase and which factors affect the purchasing decision is so important in terms of companies (Odabaşı and Oyman 2002, p. 55). Purchasing decision process changes from person to person due to lots of variables affecting people differently (Durmaz 2008, p. 35).

Word-of-mouth communication is a so significant information resource for consumers that it has an importance in purchasing decisions, and product, service and brand evaluations (Grewal, Cline and Davies 2003, p. 188).

In his research, Murray (1991, pp. 10-25) stated the importance of word-of-mouth marketing in decreasing the risk related with the purchasing decision. Marangoz (2007, pp. 395-412) expressed that word-of-mouth communication affects the re-purchasing behaviour and changing the purchase behaviour in his research. Arlı (2012, pp. 155-170) in his research stated that word-of-mouth communication is a marketing communication tool providing advantages such as causing to putting consumer purchasing behaviour in action or changing the brand and companies to gain new customers through removing uncertainty and reducing the consumer decision process.

3.7 WORD-OF-MOUTH COMMUNICATION IN HEALTHCARE MARKETING

Consumers often ask their friends, family members, relatives, professionals and etc. for a personal recommendation of a doctor, hospital, health insurance agent, a business recommendation for health information system, a consultant or an advertising agency (Kotler Shalowitz and Stevens 2008, p. 433).

Customers' purchasing decisions rely more on personal information sources rather than customers purchasing products and these customers consult much more to these sources during the purchasing decision process (Murray 1991, p. 17).

Healthcare which is a part of service industry is an appropriate market in terms of word-of-mouth marketing. The more information in the market is subjective and risk is high, the more word-of-mouth marketing is needed. Consumers in healthcare market do not trust on advertisements, but trust on advices of friends, family members and etc. (Uzunal and Uydacı 2010, p. 89).

Word-of-mouth communication is the most preferred information resource especially in healthcare industry. Patients want to know how others evaluate their treatment processes, thus word-of-mouth communication has an important place in healthcare marketing. Word-of-mouth communication is sometimes underestimated and contrasted with advertisements. However, advertising has an inward marketing structure and the result of the advertising is based on word-of-mouth communication (Uyar 2014, p. 70).

The features and qualities of the tangible products could be easily evaluated before purchasing. However, the features and qualities of intangible services can be evaluated in terms of experience and trust elements. Thus, it can be said that quality and feature evaluations of some services can be made based on experience during and/or after purchasing, whereas quality and feature evaluations of some services like medical diagnosis can be made scarcely based on trust element after purchasing or consumption process. In many research conducted before, there have been reached the result that recommendations of buyers are the most significant information resource for

professional services. Therefore, it can be said that in general consumers tend to trust on personal information resources rather while preferring the right producer. In this context, it can be said that word-of-mouth communication becomes more significant in healthcare marketing in which buyers generally prefer to purchase in case of emergency due to situational reasons, they have no information and there is uncertainty about the quality of services. Consumers make an effort to get information via other people about these services which they do not find opportunity to try these services. Recommendations of people about a healthcare organization or a doctor influence the preferences of the buyers and give ideas them on the services (Yılmaz 2011, pp. 4-5).

4. METHODOLOGY

4.1 RESEARCH METHOD

In this thesis, quantitative research method is used in which standard measurement tools such as survey form are used (Altun and Yazıcı 2014, p. 373). Moreover, in this research descriptive and relational research model is used. Descriptive research model has the feature of description and explanation. It explains the problem researched via data gathered in a certain time period and determines the limits of the problem. The goal in descriptive researches is to present the current problem, situations about the problem, variables and the relations among the variables. In relational research model, relations among the variables are investigated (Kılıçer 2006, p. 65).

This research aims to measure the effect of word-of-mouth communication on purchasing decision in healthcare marketing and to measure the effect, survey form is used to analyse the research goal.

There are some previous researches about the effects of word-of-mouth communication on purchasing decision. Kılıçer (2006) measured the effects of word-of-mouth communication on consumer purchasing decision through conducting a survey with academicians in Eskişehir Anadolu University. Şimşek (2009) analysed the effects of word-of-mouth communication on purchasing decision in banking sector. Aydın (2009) investigated the factors affecting consumer purchasing decision in context to the word-of-mouth marketing.

4.2 GOALS AND OBJECTIVES OF THE RESEARCH

The main goal of this research is analysing the effects of word-of-mouth communication on purchasing decision in healthcare marketing. Moreover, one other goal of the research is to determine other information resources affecting purchasing decision in healthcare marketing. The sub-goals of the research can be stated as follows;

- Determining the relation between the effect of word-of-mouth communication on purchasing decision and relationship level between reference people and consumers,
- Determining the relation between the effect of word-of-mouth communication on purchasing decision and expertise level of reference people,
- Determining the relation between the effect of word-of-mouth communication on purchasing decision and perceived risk level of consumers.
- Determining the relation between the effect of word-of-mouth communication on purchasing decision and demographic features of the consumers.

4.3 PARTICIPANTS AND SAMPLING OF THE RESEARCH

Survey Monkey application is used in order to gather data from participants for the conduction of the questionnaire. After creating the questionnaire, the survey form is sent to people via e-mail and Facebook communication channels between 1st April 2016 and 17th April 2016. The participants are selected randomly and 262 people respond the survey form. However, 209 of them are evaluated and the others are eliminated due to high-rated missing data.

4.4 DATA COLLECTION METHOD

In this research, primary data is gathered from participants via a survey form which is conducted through Survey Monkey application. During the preparation of the survey questions and survey form, previous studies such as Kılıçer (2006), Şimşek (2009) and Aydın (2009) are benefited. One sample of the survey form is seen in Appendix A.

In context to this thesis aiming at measuring the effects of word-of-mouth communication on purchasing decision in healthcare marketing, a survey is conducted that is formed by 26 questions. The first 6 questions is about demographic analysis of the survey participants. Then, the 7th question is asked for determining whether or not participants use word-of-mouth communication, and if the participant answers as "No"

to the question, his/her form is eliminated. Then, the 8th and 9th questions are about the word-of-mouth communication in healthcare marketing.

After these, 5 statements are determined to measure the role of word-of-mouth communication in consumer purchasing decision. These 5 statements are get from the study of Aydın (2009). For these 5 statements, 5 point likert scale is used as "strongly disagree = 1", disagree = 2", "neutral = 3", "agree = 4" and "strongly agree = 5".

Then, 12 statement are determined to measure the effects of word-of-mouth communication on purchasing decision in healthcare marketing. These statements are categorized into 4 subjects and each subject has its own 3 statement. These 12 statements are get from the studies of Kılıçer (2006) and Şimşek (2009). For these 12 statements, 5 point likert scale is used to measure the levels as "none = 1", "low = 2", "middle = 3", "high = 4" and "very high = 5".

4.5 ANALYSIS OF DATA

In order to analyse the data gathered via survey form in context to this thesis, SPSS 22 statistics program is used. In order to determine the internal reliability among the items in the survey, reliability analysis is made. While evaluating the reliability, these criteria is used as follows (Özdamar 1999, s. 512);

- If $0.00 < \alpha < 0.40$ the scale is not reliable.
- If $0.40 < \alpha < 0.60$ the scale has low reliability.
- If $0.60 < \alpha < 0.80$ the scale is quite reliable.
- If $0.80 < \alpha < 1.00$ the scale has high-level of reliability.

According to the reliability analysis, Table 3.1 shows that the survey scale has %82.9 reliability in terms of 12 statements about the effects of word-of-mouth communication on purchasing decision in healthcare marketing.

Table 4.1: Reliability statistics of 12 statements about the effects of word-of-mouth communication on purchasing decision in healthcare marketing

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0,829	0,834	12

According to the reliability analysis, Table 3.2 indicates that the scale about the relationship level of the participants with people to be get information has %85.2 reliability in terms of 3 statements.

Table 4.2: Reliability statistics of 3 statements about the relationship level of the participants with people to be get information

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0,852	0,852	3

According to the reliability analysis, Table 3.3 reflects that the scale about the expertise level of people to be get information has %86.8 reliability in terms of 3 statements.

Table 4.3: Reliability statistics of 3 statements about the expertise level of people to be get information

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0,868	0,868	3

According to the reliability analysis, Table 3.4 shows that the scale about the perceived risk level has %78.0 reliability in terms of 3 statements.

Table 4.4: Reliability statistics of 3 statements about the perceived risk level

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0,780	0,780	3

According to the reliability analysis, Table 3.5 reflects that the scale about the effect level of word-of-mouth communication on healthcare purchasing decision has %79.7 reliability in terms of 3 statements.

Table 4.5: Reliability statistics of 3 statements about the effect level of word-of-mouth communication on healthcare purchasing decision

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0,797	0,797	3

Moreover, in order to analyse the demographic feature of the participants, frequency analysis is used. Furthermore, in order to analyse the 5 statements about measuring the role of word-of-mouth communication in consumer purchasing decision, frequency analysis and descriptive analysis is used. Lastly, in order to analyse the 12 statements about the effects of word-of-mouth communication on purchasing decision in healthcare marketing, "bivariate correlation analysis" is used.

4.6 ASSUMPTIONS OF THE RESEARCH

The assumptions of this research can be stated as follows;

- The determined sample has the competence to represent the universe.
- Participants of the questionnaire give valid and reliable information.
- The survey form in context to this research is a suitable data collection tool to determine the factors related with the effects of word-of-mouth communication on purchasing decision.

4.7 HYPOTHESIS OF THE RESEARCH

The main hypothesis of this research is "There is effect of word-of-mouth communication on purchasing decision in healthcare marketing". In this context, 5 sub-hypothesis are determined to measure the main hypothesis. These sub-hypothesis can be stated as follows;

- H1 = There is significant relation between the expertise level of the reference people and received risk level.

- H2 = There is significant relation between the relationship level of the reference people with participants and received risk level.
- H3 = There is significant relation between received risk level and effect level of word-of-mouth communication.
- H4 = There is significant relation between the expertise level of the reference people and effect level of word-of-mouth communication.
- H5 = There is significant relation between the relationship level of the reference people with participants and effect level of word-of-mouth communication.

4.8 LIMITATIONS

This research has been conducted on individuals getting healthcare services from healthcare organizations, and convenience sampling method has been preferred instead of investigating the whole of the universe of the research due to the time and cost limitations of data gathering. Thus, a survey has been conducted on individuals getting healthcare services through Survey Monkey Application on the Internet

5. FINDINGS

In this research, a questionnaire is conducted with 262 participants. However, 53 of them are eliminated due to high-rated missing data. Therefore, 209 participants have been evaluated in the context of this questionnaire. First of all, the question of "Do you take advice from people around you before purchasing any product or service?" is asked to the participants. Table 5.1 shows that 174 participants answer as "Yes" with the rate of %83.3, while 35 participants answer as "No" with %16.7 to the question. Thus, these 35 participants are also eliminated and their answers do not evaluated in this context.

Table 5.1: Answers of the participants to the question of "Do you take advice from people around you before purchasing any product or service?"

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	174	83,3	83,3	83,3
No	35	16,7	16,7	100,0
Total	209	100,0	100,0	

5.1 DEMOGRAPHIC ANALYSIS

In the demographic analysis section gender, age, educational levels, marital status, income status and occupational distribution of the participants are analysed.

Table 5.2 indicates the gender distribution of the participants. According to the table, there are 174 total participants of this questionnaire. 110 of the participants are female with the rate of %63.2, while 64 of them are male with the rate of %36.8.

Table 5.2: Gender distribution of the participants

		Frequency	Percent	Cumulative Percent
Valid	**Female**	110	63,2	63,2
	Male	64	36,8	100,0
	Total	174	100,0	

Table 5.3 shows the age distribution of the participants. According to the table, the largest age group is “18-25” with 63 participants and the rate of %36.2. The second largest group is “26-35” with 44 participants and the ratio of %25.3. In the “46-55” age group there are 30 participants with the rate of %17.2. In the “36-45” age group there are 19 participants with the rate of %10.9. Lastly, the age group of “56 and more” is the lowest group with 18 participants and the rate of %10.3

Table 5.3: Age distribution of the participants

		Frequency	Percent	Cumulative Percent
Valid	**18-25**	63	36,2	36,2
	26-35	44	25,3	61,5
	36-45	19	10,9	72,4
	46-55	30	17,2	89,7
	56 and more	18	10,3	100,0
	Total	174	100,0	

Table 5.4 indicates the educational levels of the participants. According to the table, 108 participants have the undergraduate degree with the rate of %62.1. Then, 46 participants with the rate of %26.4 have the graduate degree. 17 participants with %9.8 have vocational school degree. 2 participants with %1.1 have the doctorate degree. Lastly, only 1 participant has primary school degree with the rate of %0.6.

Table 5.4: Educational levels of the participants

		Frequency	Percent	Cumulative Percent
Valid	**Primary School**	1	0,6	0,6
	Vocational School	17	9,8	10,3
	Undergraduate	108	62,1	72,4
	Graduate	46	26,4	98,9
	Doctorate	2	1,1	100,0
	Total	174	100,0	

Table 5.5 reflects the marital status of the participants. According to the table, 110 participants are single with the rate of %63.2, and 64 participants are married with the rate of %36.8.

Table 5.5: Marital status of the participants

		Frequency	Percent	Cumulative Percent
Valid	**Single**	110	63,2	63,2
	Married	64	36,8	100,0
	Total	174	100,0	

Table 5.6 indicates the income status of the participants. According to the table, 73 participants have the income of "6001 TL and more" with the rate of %42.0. Then, 39 participants are in the group of "3001 TL – 4500 TL" with %22.4. 29 participants are in the group of "1501 TL – 3000 TL" with the rate of %16.7. 27 participants with the rate of %15.5 are in the group of "4501 TL – 6000 TL". Lastly, 6 participants have the income of "1500 TL and less" with %3.4.

Table 5.6: Income status of the participants

		Frequency	Percent	Cumulative Percent
Valid	**1500 TL and less**	6	3,4	3,4
	1501 TL - 3000 TL	29	16,7	20,1
	3001 TL - 4500 TL	39	22,4	42,5
	4501 TL - 6000 TL	27	15,5	58,0
	6001 TL and more	73	42,0	100,0
	Total	174	100,0	

Table 5.7 reflects the occupational distribution of the participants. According to the table, 52 participants are students with the rate of %29.9. 46 participants work in private sector with the rate of %26.4. Then, 25 participants are retired with %14.4. Participants responding to the statement as other are 16 with %9.2. 13 participants are self-employed with %7.5. Civil servants are 10 people with %5.7. Housewives are 6 people with %3.4. Lastly, there are 3 participants with %1.7 who are employee, and also 3 participants are unemployed with %1.7.

Table 5.7: Occupational distribution of the participants

		Frequency	Percent	Cumulative Percent
Valid	**Student**	52	29,9	29,9
	Housewife	6	3,4	33,3
	Civil servant	10	5,7	39,1
	Employee	3	1,7	40,8
	Self-employed	13	7,5	48,3
	Private Sector	46	26,4	74,7
	Retired	25	14,4	89,1
	Unemployed	3	1,7	90,8
	Other	16	9,2	100,0
	Total	174	100,0	

5.2 ANSWERS OF THE PARTICIPANTS TO THE QUESTIONS ON HEALTHCARE PURCHASING

Table 5.8 reflects the answers of the participants to the question of "Do you purchase any healthcare product or service through considering the experiences, information, advice or ideas of other people?". According to the table, 160 participants with the rate of %92.0 answer as "Yes", while 14 of them answer as "No" with %8.0 to this question.

Table 5.8: Answers of the participants to the question of "Do you purchase any healthcare product or service through considering the experiences, information, advice or ideas of other people?"

		Frequency	Percent	Cumulative Percent
Valid	**Yes**	160	92,0	92,0
	No	14	8,0	100,0
	Total	174	100,0	

Table 5.9 indicates the answers of the participants to the question of "What is your relationship with the person who shares his/her advices, knowledge and experience with

you?". According to the table, 94 participants answer to the question as "First degree relatives" with %54.0, while 57 participants answer as "Friends" with %32.8. 10 participants answer as "Other relatives" with %5.7. 7 participants answer as "Wife – Husband" with %4.0. 4 participants answer as "Co-workers" with %2.3. Lastly only 1 participant answers as "Person met first time" with %0.6, and also 1 participant answers as "Celebrity" with %0.6.

Table 5.9: Answers of the participants to the question of "What is your relationship with the person who shares his/her advices, knowledge and experience with you?"

		Frequency	Percent	Cumulative Percent
Valid	**First degree relatives (Mother, father, brother, sister)**	94	54,0	54,0
	Wife - Husband	7	4,0	58,0
	Other relatives	10	5,7	63,8
	Friends	57	32,8	96,6
	Co-workers	4	2,3	98,9
	Person met first time	1	0,6	99,4
	Celebrity	1	0,6	100,0
	Total	174	100,0	

5.3 STATEMENTS ON WORD-OF-MOUTH COMMUNICATION IN HEALTHCARE PURCHASING

Table 5.10 shows the answers of the participants to the statement of "I prefer to benefit from my own experiences while purchasing healthcare products/services". According to the table, 85 participants with %48.9 agree and 41 of the participants with %23.6 strongly agree with the statement. 21 participants with %12.1 are neutral to the statement. 15 participants with %8.6 disagree and 12 participants with %6.9 strongly disagree with the statement.

Table 5.10: Answers of the participants to the statement of "I prefer to benefit from my own experiences while purchasing healthcare products/services"

		Frequency	Percent	Cumulative Percent
Valid	**Strongly disagree**	12	6,9	6,9

	Disagree	15	8,6	15,5
	Neutral	21	12,1	27,6
	Agree	85	48,9	76,4
	Strongly agree	41	23,6	100,0
	Total	174	100,0	

Table 5.11 shows the answers of the participants to the statement of "I prefer to benefit from the experiences of people around me while purchasing healthcare services". According to the table, 87 participants with %50.0 agree and 43 of the participants with %24.7 strongly agree with the statement. 21 participants with %12.1 are neutral to the statement. 10 participants with %5.7 disagree and 13 participants with %7.5 strongly disagree with the statement.

Table 5.11: Answers of the participants to the statement of "I prefer to benefit from the experiences of people around me while purchasing healthcare services"

		Frequency	**Percent**	**Cumulative Percent**
Valid	**Strongly disagree**	13	7,5	7,5
	Disagree	10	5,7	13,2
	Neutral	21	12,1	25,3
	Agree	87	50,0	75,3
	Strongly agree	43	24,7	100,0
	Total	174	100,0	

Table 5.12 reflects the answers of the participants to the statement of "I feel myself to belong to the brand while sharing my experiences on the healthcare services with others". According to the table, 32 participants with %18.4 agree and 14 of the participants with %8.0 strongly agree with the statement. 32 participants with %18.4 are neutral to the statement. 53 participants with %30.5 disagree and 43 participants with %24.7 strongly disagree with the statement.

Table 5.12: Answers of the participants to the statement of "I feel myself to belong to the brand while sharing my experiences on the healthcare services with others"

		Frequency	**Percent**	**Cumulative Percent**
Valid	**Strongly disagree**	43	24,7	24,7
	Disagree	53	30,5	55,2
	Neutral	32	18,4	73,6
	Agree	32	18,4	92,0

	Strongly agree	14	8,0	100,0
	Total	174	100,0	

Table 5.13 reflects the answers of the participants to the statement of "I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others". According to the table, 29 participants with %16.7 agree and 13 of the participants with %7.5 strongly agree with the statement. 42 participants with %24.1 are neutral to the statement. 47 participants with %27.0 disagree and 43 participants with %24.7 strongly disagree with the statement.

Table 5.13: Answers of the participants to the statement of "I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others"

		Frequency	**Percent**	**Cumulative Percent**
Valid	**Strongly disagree**	43	24,7	24,7
	Disagree	47	27,0	51,7
	Neutral	42	24,1	75,9
	Agree	29	16,7	92,5
	Strongly agree	13	7,5	100,0
	Total	174	100,0	

Table 5.14 reflects the answers of the participants to the statement of "I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others". According to the table, 34 participants with %19.5 agree and 6 of the participants with %3.4 strongly agree with the statement. 33 participants with %19.0 are neutral to the statement. 50 participants with %28.7 disagree and 51 participants with %29.3 strongly disagree with the statement.

Table 5.14: Answers of the participants to the statement of "I feel myself belong to a group while sharing my experiences on the healthcare services with others"

		Frequency	**Percent**	**Cumulative Percent**
Valid	**Strongly disagree**	51	29,3	29,3
	Disagree	50	28,7	58,0
	Neutral	33	19,0	77,0
	Agree	34	19,5	96,6
	Strongly agree	6	3,4	100,0
	Total	174	100,0	

Table 5.15 shows the means and standard deviations of the answers given by participants to the statements on word-of-mouth communication in healthcare purchasing. According to table, participants highly agree with the statements of "I prefer to benefit from my own experiences while purchasing healthcare products/services" with the mean of 3.74 and "I prefer to benefit from the experiences of people around me while purchasing healthcare services" with the mean of 3.79. However, participants highly disagree with the statements of "I feel myself to belong to the brand while sharing my experiences on the healthcare services with others" with the mean of 2.55, "I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others" with the mean of 2.55 and "I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others" with the mean of 2.39.

Table 5.15: Descriptive statistics of the statements on word-of-mouth communication in healthcare purchasing

Statements	N	Min.	Max.	Mean	Std. Dev.
I prefer to benefit from my own experiences while purchasing healthcare products/services	174	1	5	3,74	1,122
I prefer to benefit from the experiences of people around me while purchasing healthcare services	174	1	5	3,79	1,110
I feel myself to belong to the brand while sharing my experiences on the healthcare services with others	174	1	5	2,55	1,266
I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others	174	1	5	2,55	1,238
I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others	174	1	5	2,39	1,196

5.4 STATEMENTS ON RELATIONSHIP LEVEL OF THE PARTICIPANTS

Table 5.16 indicates the answers of the participants to the statement of "The level of sharing your personal secrets with the person you get information from". According to the table, 82 participants with %47.1 have high and 31 of the participants with %17.8 have very high sharing level. 50 participants with %28.7 have middle sharing level. 10 participants with %5.7 have low sharing level and only 1 participant with %0.6 has no sharing level.

Table 5.16: Answers of the participants to the statement of "Level of sharing personal secrets"

		Frequency	Percent	Cumulative Percent
Valid	**None**	1	0,6	0,6
	Low	10	5,7	6,3
	Middle	50	28,7	35,1
	High	82	47,1	82,2
	Very high	31	17,8	100,0
	Total	174	100,0	

Table 5.17 reflects the answers of the participants to the statement of "The level of spending your leisure time with the person you get information from". According to the table, 88 participants with %50.6 have high and 30 of the participants with %17.2 have very high level. 43 participants with %24.7 have middle level. 13 participants with %7.5 have low level.

Table 5.17: Answers of the participants to the statements of "Level of spending leisure time together"

		Frequency	Percent	Cumulative Percent
Valid	**Low**	13	7,5	7,5
	Middle	43	24,7	32,2
	High	88	50,6	82,8
	Very high	30	17,2	100,0
	Total	174	100,0	

Table 5.18 reflects the answers of the participants to the statement of "The level of asking for help from the person you get information from". According to the table, 90

participants with %51.7 have high and 37 of the participants with %21.3 have very high level. 41 participants with %23.6 have middle level. 6 participants with %3.4 have low level.

Table 5.18: Answers of the participants to the statement of "Level of asking for help when needed"

		Frequency	Percent	Cumulative Percent
Valid	**Low**	6	3,4	3,4
	Middle	41	23,6	27,0
	High	90	51,7	78,7
	Very high	37	21,3	100,0
	Total	174	100,0	

Table 5.19 indicates the means and standard deviations of the answers given by participants to the statements on relationship level of the participants with people to be get idea, information and advice from. According to table, participants have high means for each statement. The biggest mean among these statements is "The level of asking for help from the person you get information from" with the mean of 3.91. Then, the statement of "The degree of spending your leisure time with the person you get information from" comes second with the mean of 3.78. Lastly, the statement of "The degree of sharing your personal secrets with the person you get information from" has the mean of 3.76.

Table 5.19: Descriptive statistics of the statements on relationship level of the participants with people to be get idea, information and advice from

Statements	N	Min.	Max.	Mean	Std. Dev.
Level of sharing personal secrets	174	1	5	3,76	,832
Level of spending leisure time together	174	2	5	3,78	,820
Level of asking for help when needed	174	2	5	3,91	,762

5.5 STATEMENTS ON THE EXPERTISE LEVEL OF THE PARTICIPANTS

Table 5.20 shows the answers of the participants to the statement of "Knowledge level of the person you get information on the features, price and other alternatives of the healthcare service you purchase". According to the table, 102 participants with %58.6 have high and 37 of the participants with %21.3 have very high level. 14 participants with %8.0 have middle level. 13 participants with %7.5 have low level and 8 participants with %4.6 have no level.

Table 5.20: Answers of the participants to the statement of "Knowledge level of the reference"

		Frequency	Percent	Cumulative Percent
Valid	**None**	8	4,6	4,6
	Low	13	7,5	12,1
	Middle	14	8,0	20,1
	High	102	58,6	78,7
	Very high	37	21,3	100,0
	Total	174	100,0	

Table 5.21 shows the answers of the participants to the statement of "The experience of the person you get information about the healthcare service as a user". According to the table, 87 participants with %50.0 answer as high and 46 of the participants with %26.4 answer as very high experience. 17 participants with %9.8 answer as middle experience. 15 participants with %8.6 answer as low experience and 9 participants with %5.2 answer as no experience.

Table 5.21: Answers of the participants to the statement of "The experience of the reference as a user"

		Frequency	Percent	Cumulative Percent
Valid	**None**	9	5,2	5,2
	Low	15	8,6	13,8
	Middle	17	9,8	23,6
	High	87	50,0	73,6
	Very high	46	26,4	100,0
	Total	174	100,0	

Table 5.22 shows the answers of the participants to the statement of "The education/expertise level of the person you get information on the healthcare service". According to the table, 88 participants with %50.6 answer as high and 49 of the participants with %28.2 answer as very high level. 17 participants with %9.8 answer as middle level. 11 participants with %6.3 answer as low level and 9 participants with %5.2 answer as no level.

Table 5.22: Answers of the participants to the statement of "The education/expertise level of the reference"

		Frequency	Percent	Cumulative Percent
Valid	**None**	9	5,2	5,2
	Low	11	6,3	11,5
	Middle	17	9,8	21,3
	High	88	50,6	71,8
	Very high	49	28,2	100,0
	Total	174	100,0	

Table 5.23 reflects the means and standard deviations of the answers given by participants to the statements on the expertise level of the people participants get idea, information and advice from. According to table, participants have high degrees for each statement. The biggest mean among these statements is "The education/expertise level of the person you get information on the healthcare service" with the mean of 3.90. Then, the statement of "Knowledge degree of the person you get information on the features, price and other alternatives of the healthcare service you purchase" and the statement of "The experience of the person you get information about the healthcare service as a user" has the same means of 3.84.

Table 5.23: Descriptive statistics of the statements on the expertise level of the people participants get idea, information and advice from

Statements	N	Min.	Max.	Mean	Std. Dev.
Knowledge level of the reference	174	1	5	3,84	,994
The experience of the reference as a user	174	1	5	3,84	1,074
The education/expertise level of the reference	174	1	5	3,90	1,046

5.6 STATEMENTS ON THE PERCEIVED RISK LEVEL

Table 5.24 shows the answers of the participants to the statement of "Your anxiety level before purchasing due to the financial burden of the healthcare service". According to the table, 43 participants with %24.7 answer as high and 9 of the participants with %5.2 answer as very high level. 88 participants with %50.6 answer as middle level. 29 participants with %16.7 answer as low level and 5 participants with %2.9 answer as no level.

Table 5.24: Answers of the participants to the statement of "Financial risk"

		Frequency	Percent	Cumulative Percent
Valid	**None**	5	2,9	2,9
	Low	29	16,7	19,5
	Middle	88	50,6	70,1
	High	43	24,7	94,8
	Very high	9	5,2	100,0
	Total	174	100,0	

Table 5.25 indicates the answers of the participants to the statement of "Your anxiety level on the performance of the healthcare service such as speed and quality before purchasing". According to the table, 58 participants with %33.3 answer as high and 19 of the participants with %10.9 answer as very high level. 75 participants with %43.1 answer as middle level. 19 participants with %10.9 answer as low level and 3 participants with %1.7 answer as no level.

Table 5.25: Answers of the participants to the statement of "Performance risk"

		Frequency	Percent	Cumulative Percent
Valid	**None**	3	1,7	1,7
	Low	19	10,9	12,6
	Middle	75	43,1	55,7
	High	58	33,3	89,1
	Very high	19	10,9	100,0
	Total	174	100,0	

Table 5.26 shows the answers of the participants to the statement of "Your anxiety level before purchasing due to the potential physical damages of the healthcare service such

as affecting the health negatively". According to the table, 34 participants with %19.5 answer as high and 27 of the participants with %15.5 answer as very high level. 75 participants with %43.1 answer as middle level. 33 participants with %19.0 answer as low level and 5 participants with %2.9 answer as no level.

Table 5.26: Answers of the participants to the statement of "Physical risk"

		Frequency	Percent	Cumulative Percent
Valid	**None**	5	2,9	2,9
	Low	33	19,0	21,8
	Middle	75	43,1	64,9
	High	34	19,5	84,5
	Very high	27	15,5	100,0
	Total	174	100,0	

Table 5.27 reflects the means and standard deviations of the answers given by participants to the statements on the perceived risk level. According to table, participants have the means above the average. The biggest mean among these statements is "Your anxiety level on the performance of the healthcare service such as speed and quality before purchasing" with the mean of 3.41. Then, the second statement is "Your anxiety level before purchasing due to the potential physical damages of the healthcare service such as affecting the health negatively" with the mean of 3.26. Lastly, the statement of "Your anxiety level before purchasing due to the financial burden of the healthcare service" has the mean of 3.13.

Table 5.27: Descriptive statistics of the statements on the perceived risk level

	N	Min.	Max.	Mean	Std. Dev.
Financial risk	174	1	5	3,13	,851
Performance risk	174	1	5	3,41	,887
Physical risk	174	1	5	3,26	1,030

5.7 STATEMENTS ON THE EFFECT LEVEL OF WORD-OF-MOUTH COMMUNICATION ON HEALTHCARE PURCHASING DECISION

Table 5.28 shows the answers of the participants to the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased". According to the table, 58 participants with %33.3 answer as high and 6 of the participants with %3.4 answer as very high level. 91 participants with %52.3 answer as middle level. 16 participants with %9.2 answer as low level and 3 participants with %1.7 answer as no level.

Table 5.28: Answers of the participants to the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased"

		Frequency	Percent	Cumulative Percent
Valid	**None**	3	1,7	1,7
	Low	16	9,2	10,9
	Middle	91	52,3	63,2
	High	58	33,3	96,6
	Very high	6	3,4	100,0
	Total	174	100,0	

Table 5.29 indicates the answers of the participants to the statement of "The help level of the person you get information on your purchasing decision about healthcare service". According to the table, 77 participants with %44.3 answer as high and 8 of the participants with %4.6 answer as very high level. 73 participants with %42.0 answer as middle level. 14 participants with %8.0 answer as low level and 2 participants with %1.1 answer as no level.

Table 5.29: Answers of the participants to the statement of "The help level of the person you get information on your purchasing decision about the healthcare service"

		Frequency	Percent	Cumulative Percent
Valid	**None**	2	1,1	1,1
	Low	14	8,0	9,2
	Middle	73	42,0	51,1
	High	77	44,3	95,4

	Very high	8	4,6	100,0
	Total	174	100,0	

Table 5.30 reflects the answers of the participants to the statement of "The effect of the person you get information on your purchasing of the healthcare service". According to the table, 70 participants with %40.2 answer as high and 11 of the participants with %6.3 answer as very high level. 79 participants with %45.4 answer as middle level. 11 participants with %6.3 answer as low level and 3 participants with %1.7 answer as no level.

Table 5.30: Answers of the participants to the statement of "The effect of the person you get information on your purchasing of the healthcare service"

		Frequency	**Percent**	**Cumulative Percent**
Valid	**None**	3	1,7	1,7
	Low	11	6,3	8,0
	Middle	79	45,4	53,4
	High	70	40,2	93,7
	Very high	11	6,3	100,0
	Total	174	100,0	

Table 5.31 indicates the means and standard deviations of the answers given by participants to the statements on the effect level of word-of-mouth communication on healthcare purchasing decision. According to table, participants have the means above the average. The biggest mean among these statements is "The help level of the person you get information on your purchasing decision about healthcare service" and "The effect of the person you get information on your purchasing of the healthcare service" with the same means of 3.43. Then, the statement of "The degree that person you get information to reveal different aspects of the healthcare service you purchased" has the mean of 3.28.

Table 5.31: Descriptive statistics of the statements on the effect level of word-of-mouth communication on healthcare purchasing decision

	N	**Min.**	**Max.**	**Mean**	**Std. Dev.**
The degree that person you get information to reveal different aspects of the healthcare service you purchased	174	1	5	3,28	,748

The help level of the person you get information on your purchasing decision about healthcare service	174	1	5	3,43	,755
The effect of the person you get information on your purchasing of the healthcare service	174	1	5	3,43	,778

5.8 RELATIONS BETWEEN DEMOGRAPHIC FEATURES AND THE RELATIONSHIP LEVEL OF THE PARTICIPANTS

Table 5.32 indicates the relations between demographic features of the participants and the relationship level of the participants with the people to be get information. According to the table, there are found significant relations between age and level of spending leisure time together (-,250**, p<0,01), between age and level of asking for help when needed (-,215, p<0,01), between marital status and level of spending leisure time together (-,228**, p<0,01), between marital status and level of asking for help when needed (-,174*, p<0,05), between occupational status and level of asking for help when needed (-,190*, p<0,05). According to these results it can be said that single young participants spend more leisure time with people to be get information. Moreover, single young participants ask for help from the people to be get information when needed.

Table 5.32: Relations between demographic features and the relationship level of the participants

		Level of sharing personal secrets	Level of spending leisure time together	Level of asking for help when needed
Gender	Pearson Correlation	-,123	-,068	-,127
	Sig. (2-tailed)	,106	,374	,094
	N	174	174	174
Age	Pearson Correlation	-,085	-,250**	-,215**
	Sig. (2-tailed)	,263	,001	,004
	N	174	174	174
Education Level	Pearson Correlation	,045	,115	-,003
	Sig. (2-tailed)	,557	,131	,971
	N	174	174	174
Marital Status	Pearson Correlation	-,123	-,228**	-,174*
	Sig. (2-tailed)	,106	,002	,021
	N	174	174	174

Income Status	Pearson Correlation	,038	-,059	-,108
	Sig. (2-tailed)	,618	,443	,156
	N	174	174	174
Occupational Status	Pearson Correlation	-,054	-,127	-,190*
	Sig. (2-tailed)	,483	,094	,012
	N	174	174	174
*. Correlation is significant at the 0.05 level (2-tailed).				
**. Correlation is significant at the 0.01 level (2-tailed).				

5.9 RELATIONS BETWEEN DEMOGRAPHIC FEATURES AND THE EXPERTISE LEVEL OF THE PARTICIPANTS

Table 5.33 indicates the relations between demographic features of the participants and the expertise level of the people to be get information. According to the table, there are found significant relations between educational level and experience of the reference as a user (,187*, p<0,05). According to these results it can be said that the more education level is high, the higher experience of the reference as a user is.

Table 5.33: Relations between demographic features and the expertise level of the people to be get information

		Knowledge level of the reference	Experience of the reference as a user	Education/expertise level of the reference
Gender	Pearson Correlation	-,133	-,108	-,089
	Sig. (2-tailed)	,080	,156	,245
	N	174	174	174
Age	Pearson Correlation	-,097	-,045	-,009
	Sig. (2-tailed)	,205	,552	,911
	N	174	174	174
Education Level	Pearson Correlation	,103	,187*	,083
	Sig. (2-tailed)	,176	,014	,274
	N	174	174	174
Marital Status	Pearson Correlation	-,061	,037	-,009
	Sig. (2-tailed)	,424	,631	,911
	N	174	174	174
Income Status	Pearson Correlation	,100	,100	,074
	Sig. (2-tailed)	,191	,190	,329

	N	174	174	174
Occupational Status	Pearson Correlation	-,011	-,025	,034
	Sig. (2-tailed)	,881	,743	,653
	N	174	174	174
*. Correlation is significant at the 0.05 level (2-tailed).				
**. Correlation is significant at the 0.01 level (2-tailed).				

5.10 RELATIONS BETWEEN THE EXPERTISE LEVEL OF THE PARTICIPANTS AND PERCEIVED RISK LEVEL

Table 5.34 indicates the relations between the expertise level of the people to be get information and perceived risk level. According to the table, there are found significant relations between knowledge level of the reference and financial risk (,181*, p<0,05), knowledge level of the reference and performance risk (,217**, p<0,01), experience of the reference as a user and financial risk (,168*, p<0,05), experience of the reference as a user and performance risk (,245**, p<0,01), education/expertise level of the reference and financial risk (,202**, p<0,01), education/expertise level of the reference and performance risk (,299**, p<0,01), education/expertise level of the reference and physical risk (,217**, p<0,01). According to these results it can be said that the higher knowledge level of the reference is, the higher the perceived financial, performance and physical risks are. Moreover, the higher experience of the reference as a user is, the higher the perceived financial and performance risks are. Furthermore, the higher education/expertise level of the reference is, the higher the perceived financial, performance and physical risks are. Therefore, the H1 hypothesis is accepted.

Table 5.34: Relations between the expertise level of the participants and perceived risk level

		Financial Risk	**Performance Risk**	**Physical Risk**
Knowledge level of the reference	Pearson Correlation	,181*	,217**	,102
	Sig. (2-tailed)	,017	,004	,182
	N	174	174	174
Experience of the reference as a user	Pearson Correlation	,168*	,245**	,080
	Sig. (2-tailed)	,027	,001	,296
	N	174	174	174

Education/expertise level of the reference	Pearson Correlation	,202**	,299**	,217**
	Sig. (2-tailed)	,007	,000	,004
	N	174	174	174
**. Correlation is significant at the 0.01 level (2-tailed).				
*. Correlation is significant at the 0.05 level (2-tailed).				

5.11 RELATIONS BETWEEN THE RELATIONSHIP LEVEL OF THE PARTICIPANTS AND PERCEIVED RISK LEVEL

Table 5.35 indicates the relations between the relationship level of the participants with the people to be get information and perceived risk level. According to the table, there are found significant relations between financial risk and level of sharing personal secrets (,190*, p<0,05), performance risk and level of sharing personal secrets (,173*, p<0,05), performance risk and level of asking for help when needed (,193*, p<0,05), physical risk and level of sharing personal secrets (,235**, p<0,01), physical risk and level of spending leisure time together (,179*, p<0,05), physical risk and level of asking for help when needed (,259**, p<0,01). According to these results it can be said that the higher level of sharing personal secrets is, the higher perceived financial, performance and physical risk is. Moreover, the higher level of spending leisure time together is, the higher the perceived physical risk is. Furthermore, the higher level of asking for help when needed is, the higher the perceived performance and physical risks is. Therefore, the H2 hypothesis is accepted.

Table 5.35: Relations between the relationship level of the participants and perceived risk level

		Level of sharing personal secrets	Level of spending leisure time together	Level of asking for help when needed
Financial Risk	Pearson Correlation	,190*	,074	,089
	Sig. (2-tailed)	,012	,332	,241
	N	174	174	174

Performance Risk	Pearson Correlation	,173*	,111	,193*
	Sig. (2-tailed)	,022	,146	,011
	N	174	174	174
Physical Risk	Pearson Correlation	,235**	,179*	,259**
	Sig. (2-tailed)	,002	,018	,001
	N	174	174	174
**. Correlation is significant at the 0.01 level (2-tailed).				
*. Correlation is significant at the 0.05 level (2-tailed).				

5.12 RELATIONS BETWEEN THE EFFECT LEVEL OF WORD-OF-MOUTH COMMUNICATION ON HEALTHCARE PURCHASING DECISION AND PERCEIVED RISK LEVEL

Table 5.36 indicates the relations between the effect level of word-of-mouth communication on healthcare purchasing decision and perceived risk level. According to the table, there are found significant relations between financial risk and the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" (,381**, p<0,01), performance risk and the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" (,396**, p<0,01), physical risk and the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" (,365**, p<0,01), financial risk and the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" (,347**, p<0,01), performance risk and the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" (,323**, p<0,01), physical risk and the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" (,309**, p<0,01), financial risk and the statement of "The effect of the person you get information on your purchasing of the healthcare service" (,310**, p<0,01), performance risk and the statement of "The effect of the person you get information on your purchasing of the healthcare service" (,230**, p<0,01), physical risk and the statement of "The effect of the person you get information on your purchasing of the

healthcare service" (,214**, p<0,01). According to these results it can be said that the higher the level that person to be get information to reveal different aspects of the healthcare service you purchased is, the higher the perceived financial, performance and physical risks is. Moreover, the higher the help level of the person to be get information on the purchasing decision about the healthcare service is, the higher perceived financial, performance and physical risks is. Furthermore, the higher the effect of the person to be get information on purchasing of the healthcare service is, the higher perceived financial, performance and physical risks is. Therefore, the H3 hypothesis is accepted.

Table 5.36: Relations between the effect level of word-of-mouth communication on healthcare purchasing decision and perceived risk level

		Financial Risk	**Performance Risk**	**Physical Risk**
The level that person you get information to reveal different aspects of the healthcare service you purchased	Pearson Correlation	,381**	,396**	,365**
	Sig. (2-tailed)	,000	,000	,000
	N	174	174	174
The help level of the person you get information on your purchasing decision about the healthcare service	Pearson Correlation	,347**	,323**	,309**
	Sig. (2-tailed)	,000	,000	,000
	N	174	174	174
The effect of the person you get information on your purchasing of the healthcare service	Pearson Correlation	,310**	,230**	,214**
	Sig. (2-tailed)	,000	,002	,005
	N	174	174	174
**. Correlation is significant at the 0.01 level (2-tailed).				

5.13 RELATIONS BETWEEN THE EXPERTISE LEVEL OF THE PARTICIPANTS AND THE EFFECT LEVEL OF WORD-OF-MOUTH COMMUNICATION ON HEALTHCARE PURCHASING DECISION

Table 5.37 indicates the relations between the expertise level of the people to be get information and the effect level of word-of-mouth communication on healthcare

purchasing decision. According to the table, there are found significant relations between the statement of “The level that person you get information to reveal different aspects of the healthcare service you purchased” and knowledge level of the reference (,237**, p<0,01), the statement of “The level that person you get information to reveal different aspects of the healthcare service you purchased” and experience of the reference as a user (,149*, p<0,05), the statement of “The level that person you get information to reveal different aspects of the healthcare service you purchased” and education/expertise level of the reference (,308**, p<0,01), the statement of “The help level of the person you get information on your purchasing decision about the healthcare service” and knowledge level of the reference (,251**, p<0,01), the statement of “The help level of the person you get information on your purchasing decision about the healthcare service” and experience of the reference as a user (,257**, p<0,01), the statement of “The help level of the person you get information on your purchasing decision about the healthcare service” and education/expertise level of the reference (,266**, p<0,01), the statement of “The effect of the person you get information on your purchasing of the healthcare service” and knowledge level of the reference (,169*, p<0,05), the statement of “The effect of the person you get information on your purchasing of the healthcare service” and experience of the reference as a user (,222**, p<0,01), the statement of “The effect of the person you get information on your purchasing of the healthcare service” and education/expertise level of the reference (,173*, p<0,05). According to these results it can be said that the higher the knowledge level of the reference is, the higher the level that person to be get information to reveal different aspects of the healthcare service purchased, the help level of the person to be get information on purchasing decision about the healthcare service and the effect of the person to be get information on purchasing of the healthcare service is. Moreover, the higher the experience of the reference as a user, the higher the level that person to be get information to reveal different aspects of the healthcare service purchased, the help level of the person to be get information on purchasing decision about the healthcare service and the effect of the person to be get information on purchasing of the healthcare service is. Furthermore, the higher the education/expertise level of the reference, the higher the level that person to be get information to reveal different aspects of the healthcare service purchased, the help

level of the person to be get information on purchasing decision about the healthcare service and the effect of the person to be get information on purchasing of the healthcare service is. Therefore, the H4 hypothesis is accepted.

Table 5.37: Relations between the expertise level of the people to be get information and the effect level of word-of-mouth communication on healthcare purchasing decision

		Knowledge level of the reference	**Experience of the reference as a user**	**Education/expertise level of the reference**
The level that person you get information to reveal different aspects of the healthcare service you purchased	Pearson Correlation	,237**	,149*	,308**
	Sig. (2-tailed)	,002	,049	,000
	N	174	174	174
The help level of the person you get information on your purchasing decision about the healthcare service	Pearson Correlation	,251**	,257**	,266**
	Sig. (2-tailed)	,001	,001	,000
	N	174	174	174
The effect of the person you get information on your purchasing of the healthcare service	Pearson Correlation	,169*	,222**	,173*
	Sig. (2-tailed)	,026	,003	,023
	N	174	174	174
**. Correlation is significant at the 0.01 level (2-tailed).				
*. Correlation is significant at the 0.05 level (2-tailed).				

5.14 RELATIONS BETWEEN THE RELATIONSHIP LEVEL OF THE PARTICIPANTS AND THE EFFECT LEVEL OF WORD-OF-MOUTH COMMUNICATION ON HEALTHCARE PURCHASING DECISION

Table 5.38 indicates the relations between the relationship level of the participants with the people to be get information and the effect level of word-of-mouth communication on healthcare purchasing decision. According to the table, there are found significant relations between the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and level of sharing personal secrets (,303**, p<0,01), the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and level of spending leisure time together (,233**, p<0,01), the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and level of asking for help when needed (,329**, p<0,01), the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and level of sharing personal secrets (,350**, p<0,01), the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and level of spending leisure time together (,297**, p<0,01), the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and level of asking for help when needed (,300**, p<0,01), the statement of "The effect of the person you get information on your purchasing of the healthcare service" and level of sharing personal secrets (,322**, p<0,01), the statement of "The effect of the person you get information on your purchasing of the healthcare service" and level of spending leisure time together (,243**, p<0,01), the statement of "The effect of the person you get information on your purchasing of the healthcare service" and level of asking for help when needed (,282**, p<0,01). According to these results it can be said that the higher level of sharing personal secrets is, the higher the level that person to be get information to reveal different aspects of the healthcare service purchased, the help level of the person to be get information on purchasing decision about the healthcare service and the effect of the person to be get information on purchasing of the healthcare service is. Moreover, the higher level of spending leisure time together is, the higher the level that person to be

get information to reveal different aspects of the healthcare service purchased, the help level of the person to be get information on purchasing decision about the healthcare service and the effect of the person to be get information on purchasing of the healthcare service is. Furthermore, the higher level of asking for help when needed is, the higher the higher the level that person to be get information to reveal different aspects of the healthcare service purchased, the help level of the person to be get information on purchasing decision about the healthcare service and the effect of the person to be get information on purchasing of the healthcare service is. Therefore, the H5 hypothesis is accepted.

Table 5.38: Relations between the relationship level of the participants and the effect level of word-of-mouth communication on healthcare purchasing decision

		Level of sharing personal secrets	**Level of spending leisure time together**	**Level of asking for help when needed**
The level that person you get information to reveal different aspects of the healthcare service you purchased	Pearson Correlation	,303**	,233**	,329**
	Sig. (2-tailed)	,000	,002	,000
	N	174	174	174
The help level of the person you get information on your purchasing decision about the healthcare service	Pearson Correlation	,350**	,297**	,300**
	Sig. (2-tailed)	,000	,000	,000
	N	174	174	174
The effect of the person you get information on your purchasing of the healthcare service	Pearson Correlation	,322**	,243**	,282**
	Sig. (2-tailed)	,000	,001	,000
	N	174	174	174
**. Correlation is significant at the 0.01 level (2-tailed).				

6. CONCLUSION

Health is the most important element of human life. Today most of the healthcare organizations implement healthcare marketing strategies and tactics in order to gain competitive advantage through increasing satisfaction level of healthcare consumers and supplying qualified healthcare services due to increase in costs, healthcare needs, the number of private healthcare organizations and etc.

Healthcare consumers generally have no information or idea about the quality of healthcare services before purchasing and it is not definitely possible to measure the quality of the healthcare services. Therefore, it can be said that the satisfaction in healthcare services is more uncertain than the satisfaction in other services. Moreover, it is so hard to satisfy consumers in healthcare due to the complex structure of healthcare services.

In healthcare market, there are some factors influencing the consumer purchasing decision such as customs and traditions, life style, family, reference groups and etc. Moreover, one the factors affecting consumer purchasing decision is word-of-mouth communication which is the act of consumers providing information to other consumers. It is a so powerful, influential and persuasive communication way in marketing process since reference people share their experiences with other consumers as positively or negatively. Therefore, it can be said that in word-of-mouth communication, experience is transferred from consumer to consumer, it brings new customers and creates added value for organizations if it is in positive way, it is a reliable communication type and it occurs simultaneously.

Consumers often ask their friends, family members, relatives, professionals and etc. for a personal recommendation about healthcare services. Therefore it can be said that personal advices, opinions and information is so important in the consumer decision process of purchasing healthcare services.

This study is prepared on determining the effects of word-of-mouth communication on consumer purchasing decision in healthcare marketing. In this context, this thesis topic is investigated through conducting a survey with 374 participants. The main hypothesis of this thesis is "There is effect of word-of-mouth communication on consumer purchasing decision in healthcare marketing.".

According to the survey results, 64 participants in survey are male with the rate of %36.8, while 110 are female with the rate of %63.2. In terms of the age range of the participants, 63 participants are in the age range of "15-20" with the rate of %36.2, 44 are in the age range of "26-35" with the rate of %25.3, 19 are in the age range of "36-45" with the rate of %10.9, 30 participants are in the age range of "46-55" with the rate of %17.2 and 18 are in the age range of "56 and more" with the rate of %10.3.

In terms of educational level of the participants, the largest group is undergraduates with 108 participants and the rate of %62.1. Then, 46 are graduates with the rate of %26.4 and participants with vocational school degree as 17 people and the rate of %9.8. Doctorates are only 2, and there is only 1 participant with primary school degree.

In terms of marital status, 110 participants of the survey are single with the rate of %63.2, while married participants are 174 with the rate of %36.8. In terms of income status, 6 participants with the rate of %3.4 has the income of 1500 TL and less. 29 participants are in the income range of "1501 TL – 3000 TL" with the rate of %16.7. 39 participants are in the income range of "3001 TL – 4500 TL" with the rate of %22.4. 27 participants are in the income range of "4501 TL – 6000 TL" with the rate of %15.5. 73 participants are in the income range of "6001 TL and more" with the rate of %42.0.

In terms of occupational distribution, 52 participants are students, 46 participants work in private sector, 25 participants are retired, 16 participants have other occupations, 13 participants are self-employed, 10 participants are civil servants, 6 participants are housewives, 3 participants are employee and 3 participants are unemployed.

In order to understand the ideas of the participants about their purchasing preferences on word-of-mouth communication there is asked the question of “Do you purchase any healthcare product or service through considering the experiences, information, advice or ideas of other people?” and 160 of the 174 participants with the rate of %92.0 answer as “Yes” to this question.

In terms of word-of-mouth communication resources, 94 participants evaluate the first degree relatives as the main resources. Then, 57 participants evaluate friends, 10 participants evaluate other relatives, 7 participants evaluate their wife – husband, 4 participants evaluate co-workers, only 1 participant evaluates person met first time and also only 1 participant evaluates celebrities as the main information resources.

There are asked 5 statements to the participants about word-of-mouth communication in healthcare purchasing. The answer means of these statements are changing between 2.39 and 3.74. The statement of “I prefer to benefit from my own experiences while purchasing healthcare products/services” has the highest mean with 3.74 and the statement of “I feel myself knowledgeable and expert while sharing my experiences on the healthcare services with others” has the lowest mean with 2.39.

There are asked 3 statements to the participants about their relationship level with the reference people to be get idea, information and advice from. These 3 statements have high means and the largest mean among these is “The level of asking for help from the person you get information from” with the mean of 3.91.

There are asked 3 statements to the participants about the expertise level of the reference people. These 3 statements have again high means and the largest mean belongs tot the statement of “The education/expertise level of the person you get information on the healthcare service” with the mean of 3.90.

There are asked 3 statements to the participants about the perceived risk level of the participants in healthcare purchasing. These 3 statements have the means above the average and the largest mean among these statements is “Your anxiety level on the

performance of the healthcare service such as speed and quality before purchasing" with the mean of 3.41.

There are asked 3 statements to the participants about the effect level of word-of-mouth communication on healthcare purchasing decision. These 3 statements have the means above the average and the largest mean belongs to the statements of "The help level of the person you get information on your purchasing decision about healthcare service" and "The effect of the person you get information on your purchasing of the healthcare service" with the same means of 3.43.

In terms of the relations between demographic features of the participants and the relationship level of the participants with the reference people, there are identified significant relations between age and level of spending leisure time together, age and level of asking for help when needed, marital status and level of spending leisure time together, marital status and level of asking for help when needed, and occupational status and level of asking for help when needed.

In terms of the relations between demographic features of the participants and the expertise level of the reference people, there are found significant relations between educational level and experience of the reference as a user.

For hypothesis testing, there are 5 sub-hypothesis determined. In terms of the relations between the expertise level of the reference people and perceived risk level of the participants to the test the first hypothesis, there are identified significant relations between knowledge level of the reference and financial risk, knowledge level of the reference and performance risk, experience of the reference as a user and financial risk, experience of the reference as a user and performance risk, education/expertise level of the reference and financial risk, education/expertise level of the reference and performance risk, and education/expertise level of the reference and physical risk. Therefore, the H1 hypothesis is accepted.

In terms of the relations between the relationship level of the participants with the reference people and perceived risk level of participants to test the second hypothesis, there are found significant relations between financial risk and level of sharing personal secrets, performance risk and level of sharing personal secrets, performance risk and level of asking for help when needed, physical risk and level of sharing personal secrets, physical risk and level of spending leisure time together, and physical risk and level of asking for help when needed. Therefore, the H2 hypothesis is accepted.

In terms of the relations between the effect level of word-of-mouth communication on healthcare purchasing decision and perceived risk level of participants to test the third hypothesis, there are identified significant relations between financial risk and the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased", performance risk and the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased", physical risk and the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased", financial risk and the statement of "The help level of the person you get information on your purchasing decision about the healthcare service", performance risk and the statement of "The help level of the person you get information on your purchasing decision about the healthcare service", physical risk and the statement of "The help level of the person you get information on your purchasing decision about the healthcare service", financial risk and the statement of "The effect of the person you get information on your purchasing of the healthcare service", performance risk and the statement of "The effect of the person you get information on your purchasing of the healthcare service", physical risk and the statement of "The effect of the person you get information on your purchasing of the healthcare service". Therefore, the H3 hypothesis is accepted.

In terms of the relations between the expertise level of the reference people and the effect level of word-of-mouth communication on healthcare purchasing decision to test the fourth hypothesis, there are identified significant relations between the statement of "The level that person you get information to reveal different aspects of the healthcare

service you purchased" and knowledge level of the reference, the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and experience of the reference as a user, the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and education/expertise level of the reference, the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and knowledge level of the reference, the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and experience of the reference as a user, the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and education/expertise level of the reference, the statement of "The effect of the person you get information on your purchasing of the healthcare service" and knowledge level of the reference, the statement of "The effect of the person you get information on your purchasing of the healthcare service" and experience of the reference as a user, the statement of "The effect of the person you get information on your purchasing of the healthcare service" and education/expertise level of the reference. Therefore, the H4 hypothesis is accepted.

Lastly, in terms of the relations between the relationship level of the participants with the reference people and the effect level of word-of-mouth communication on healthcare purchasing decision to test the fifth hypothesis, there are found significant relations between the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and level of sharing personal secrets, the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and level of spending leisure time together, the statement of "The level that person you get information to reveal different aspects of the healthcare service you purchased" and level of asking for help when needed, the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and level of sharing personal secrets, the statement of "The help level of the person you get information on your purchasing decision about the healthcare service" and level of spending leisure time together, the statement of "The help level of the person you get information on your purchasing

decision about the healthcare service" and level of asking for help when needed, the statement of "The effect of the person you get information on your purchasing of the healthcare service" and level of sharing personal secrets, the statement of "The effect of the person you get information on your purchasing of the healthcare service" and level of spending leisure time together, the statement of "The effect of the person you get information on your purchasing of the healthcare service" and level of asking for help when needed. Therefore, the H5 hypothesis is accepted.

To sum up, it can be said that the all sub-hypothesis determined are accepted, so the main hypothesis of the thesis "There is effect of word-of-mouth communication on consumer purchasing decision in healthcare marketing" is also accepted. Participants of the survey agree the relationship between the word-of-mouth communication and consumer purchasing decision in terms of healthcare services.

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APPENDIX

APPENDIX A. SURVEY QUESTIONARRIE

1) Cinsiyetiniz?

( ) Kadın ( ) Erkek

2) Yaşınız?

( ) 18-25 ( ) 26-35 ( ) 36-45 ( ) 46-55 ( ) 56 ve üzeri

3) Eğitim Durumunuz?

( ) Eğitimsiz ( ) İlköğretim ( ) Lise ( ) Ön lisans ( ) Lisans
( ) Lisans Üstü ( ) Doktora

4) Medeni Durumunuz?

( ) Bekar ( ) Evli

5) Ailenizin Ortalama Aylık Geliri?

( ) 1500 TL ve altı ( ) 1501 TL - 3000 TL ( ) 3001 TL - 4500 TL
( ) 4501 TL - 6000 TL ( ) 6001 TL ve üzeri

6) Mesleğiniz?

( ) Öğrenci ( ) Ev hanımı ( ) Memur ( ) İşçi ( ) Serbest Meslek
( ) Özel Sektör Çalışanı ( ) Emekli ( ) Çalışmıyor ( ) Diğer

7) Bir ürünü/hizmeti satın almadan önce çevrenizdeki insanlardan tavsiye alır mısınız?

( ) Evet

( ) Hayır

Aşağıdaki ifadeleri lütfen sağlık ürünleri/hizmetleri temelinde cevaplandırınız.

8) Tecrübe, bilgi, tavsiye veya görüşleri dikkate alarak sağlık ürünü/hizmeti satın alır mısınız?

( ) Evet

( ) Hayır

9)Tavsiye, bilgi aldığınız ve tecrübesini paylaştığınız kişi ile yakınlığınız?

( ) 1. Derece Aile bireyi (Anne, baba, kardeş) ( ) Eş ( ) Akraba ( ) Komşu

( ) Arkadaş ( ) İş arkadaşı ( ) İlk kez tanıştığım / karşılaştığım kişi ( ) Ünlüler

Aşağıdaki ifadeleri lütfen katılım derecenize göre işaretleyiniz.

Ağızdan Ağıza İletişime Yönelik ifadeler

İFADELER	**Kesinlikle Katılmıyorum**	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Kesinlikle Katılıyorum**
Sağlık hizmeti satın alırken kendi deneyimlerimden yararlanmayı tercih ederim.					
Sağlık hizmeti satın alırken çevremdekilerin deneyimlerimden yararlanmayı tercih ederim.					
Bir sağlık hizmet ile ilgili deneyimlerimi başkaları ile paylaşırken kendimi o markaya ait hissederim.					
Bir sağlık hizmet ile ilgili deneyimlerimi başkaları ile paylaşırken kendimi bilgili ve uzman hissederim.					
Bir sağlık hizmet ile ilgili deneyimlerimi başkaları ile paylaşırken kendimi bir gruba ait hissederim.					

Aşağıdaki ifadeler ile ilgili olarak lütfen size en uygun olduğunu düşündüğünüz katılma derecesini işaretleyiniz.

Ağızdan ağıza iletişimin tüketici satın alma kararındaki rolü üzerine ifadeler.

	Hiç Yok	Düşük	Orta Düzeyde	Yüksek	Çok Yüksek
Görüş, Bilgi Aldığınız Kişi ile Yakınlık Derecesi					
Bilgi aldığınız kişiyle kişisel bir sırrınızı paylaşma düzeyiniz					
Bilgi aldığınız kişiyle bos zamanlarınızı birlikte geçirme düzeyiniz					
Bilgi aldığınız kişiden gerektiğinde yardım isteme düzeyiniz (Hasta olduğunuzda işleriniz için yardım isteme gibi)					
Görüş, Bilgi Aldığınız Kişinin Hizmetle İlgili Uzmanlık Düzeyi					
Bilgi aldığınız kişinin satın aldığınız sağlık hizmetinin özellikleri, fiyatı, diğer hizmet alternatifleri vb. ile ilgili sahip olduğu bilgi düzeyi.					
Bilgi aldığınız kişinin bu hizmetle ilgili eğitim/uzmanlık düzeyi.					
Bilgi aldığınız kişinin kullanıcı olarak bu hizmetle ilgili deneyimi.					
Algılanan Risk Düzeyi					
Satın almadan önce bu sağlık hizmetinin parasal külfeti nedeniyle duyduğunuz kaygı düzeyi					
Satın almadan önce bu sağlık hizmetinin performansı (hizmetin hızı, kalitesi gibi) ile ilgili duyduğunuz kaygı düzeyi					
Satın almadan önce bu hizmetin verebileceği fiziksel zarar nedeniyle duyduğunuz kaygı düzeyi (sağlığı olumsuz yönde etkileme gibi)					
Ağızdan Ağıza İletişimin Etki Düzeyi					
Bilgi aldığınız kişinin satın aldığınız sağlık hizmetinin daha önce düşünmediğiniz yönlerini ortaya çıkarma düzeyi					
Bilgi aldığınız kişinin bu sağlık hizmetiyle ilgili satın alma kararı vermenizdeki yardim düzeyi					
Bilgi aldığınız kişinin bu hizmeti satın almanızdaki etkisi					

CURRICULUM VITAE

Ipek Dila Öz was born in 25 April 1990 in Istanbul. She was graduated from Yesilkoy Anatolian High School in 2008. At the same year she started studying sociology at Bahcesehir University. In the year of 2010 she started studying Political Science and International Relations as a double major. She graduated from both in 2014. She went to Pecs University for one semester in 2011 as an Erasmus Student. She went to the United States for one semester and took American Foreign Policy and American Governmental System Courses in 2013. She worked voluntarily in orphanage in Russia in the scope of AIESEC Program. She worked at Bahcesehir University as a General Coordinator of American Studies Center and School of Government and Leadership. Currently she is working at Glaxosmithkline Consumer Healthcare as an Area Marketing Admin.