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MEASUREMENT OF QUALITY IN HEALTH-CARE SECTOR: APPLICATION OF SERVQUAL METHOD IN CELAL BAYAR UNIVERSITY HOSPITAL

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Danışman

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ÖZET
Yüksek Lisans Tezi
Sağlık Sektöründe Kalite Ölçümü: Servqual Metodunun Celal Bayar Üniversite Hastanesinde Uygulanması
Simin ÖZİÇ

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İngilizce İşletme Anabilim Dalı

İngilizce İşletme Programı

Hizmet sektörü günümüzde en fazla gelişmekte olan ve çok fazla yatırımların yapıldığı bir sektör halini almıştır. Kalite ise 20. yüzyıldan beri önemini giderek arttıran bir kavramdır. Yazında kalite ile ilgili çok fazla çalışma bulunmaktadır. Hizmet sektörü yeni gelişmekte olduğu için, kalitenin bu sektördeki önemine 20. yüzyıl sonu ve 21. yüzyıl başlarında önem verilmeye başlanmıştır. Günümüzde sağlık, eğitim, hava yolları, bankacılık, perakendecilik gibi pek çok hizmet sektörü kalite ölçümünün sektörün kendini geliştirmesi açısından önemini anlayıp, kalite ölçüm yöntemlerini uygulamaya başlamışlardır. Bu çalışmada kalitenin önemine değinilmiştir.

Hizmet kavramı Amerikada 1990 lı yıllarda önem kazanıp sonradan tüm dünyaya yayılmıştır. Pek çok araştırmacı hizmet için tanımlar yapmış ve bunun sonucunda tüm dünyada benimsenen çeşitli hizmet tanımları ortaya çıkmıştır. Daha sonra hizmet kavramının özellikleri belirlenmiştir. Sektör olarak "hizmet" tüm dünyada ve ülkemizde rekabetten etkilenmiş ve bu alanda rekabet unsuru olarak kalite yükseltilmesinin gerekliliği anlaşılmıştır. Sağlık sektöründe müşteri ile direk temasta bulunulduğu için burada kalite arttırılması çok daha önemlidir. Bu çalışmada da hizmet tanımları, kalitenin hizmet sektöründe uygulanması ve sağlık sektöründe kalite gibi konular araştırılmıştır.

Servqual hizmet kalitesinin ölçümünde kullanılan ve uluslararası geçerliliği kabul edilmiş en önemli yöntemdir. Bu yöntem ilk olarak Parasuraman, Zeithalm ve Berry tarafından ortaya konulmuştur.Yöntem, kaliteyi müşterilerin hizmet algısından beklentilerini çıkararak ölçmüştür. Bu çalışmanın temel konusu Servqual yöntemidir. Çeşitli araştırmalarda Servqual yönteminin kullanılması detaylı incelenmiştir. Son olarak Servqual yönteminin sağlık sektöründe uygulaması yapılmıştır. Celal Bayar Üniversite Hastanesinde yapılan anket uygulamasında hastaların aldığı hizmetin beklentilerini ne kadar karşıladığı saptanmıştır.

Anahtar Kelimeler: SERVQUAL, hizmet sektörü, hizmet sektöründe kalite, sağlık sektöründe kalite ölçümü

ABSTRACT
Master with Thesis

Measurement of Quality in Health-Care Sector: Application of Servqual Method in
Celal Bayar University Hospital
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Today service sector is one of the most developing investment areas. On the other hand quality is a concept, which is gaining importance since the 20th century. Various researches about quality are available in the literature. Service sector is newly developing. Therefore, quality improvement has become important in this sector at the end of 20th and at the beginning of 21st centuries. Today in sectors such as health-care, education, airlines, banking and retailing; the importance of measuring quality for the development of the sector, has been understood by the top managers and the methods measuring quality has started to be applied. In this study the importance of quality has been mentioned.

Service as a concept has started to become important first in USA in 1990 and spread throughout the world. Various definitions are given in the literature on service and some of them have become universal and were accepted by most researchers. Later on, the features of the service concept have been determined. The service sector has been affected by the rise of competition and as a competitive advantage quality improvement has become essential. Moreover, because of the direct transactions between patients and the doctors, nurses and personnel, it is more necessary to improve quality in the health-care sector. In this study the definitions of service concept has been given, application of service quality on service sector has been discussed and quality in health-care sector was investigated.

Servqual is a universally accepted service quality measurement instrument. This instrument was first set forth by Parasuraman, Zeithalm and Berry. This method measures quality by subtracting the customers' expectations from their perceptions of quality after receiving service. Servqual instrument is the main subject of this study. Application of Servqual in various sectors has been examined thoroughly. Finally Servqual was applied in health-care sector. By distribution of questionnaires in Celal Bayar University Hospital in Manisa, the question of how well the received service satisfies the expectations of patients would be answered.

Key Words: SERVQUAL, service sector, quality in service sector, measurement of quality in health-care sector.

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LIST OF ABBREVIATIONS

SERVQUAL: Service Quality Measurement Instrument

PZB: Parasuraman, Zeithalm and Berry (Researchers of Service Quality)

TQM: Total Quality Management

AMA: American Medical Association

JAMA: Journal of the American Medical Association

SERVPERF: Service Performance Quality Measurement Tool

CBU: Celal Bayar University

ENT: Ear, Nose and Throat Clinic

INTRODUCTION

The rise of the service sector is mostly related with globalization. Globalization phenomena have brought many improvements in transportation, communication and media. Technological improvements within globalization introduced the Internet so that the countries are now closer together and the borders between the countries have disappeared. As a result, the form of the competition has changed. After globalization, firms had to face with international companies besides domestic companies. Competition between companies is no longer just within the country; competition has gained an international dimension.

As a result of competition more similar products have been produced. More alternatives were given to the customers so that specific needs could now be better provided. People became more conscious so that their expectations increased. For a firm to win the competition, differentiation became a must. Differentiation could be provided by better services and successful relations with customers. The use of services increased so that more firms are involved in the service sector.

Variety in services presented to the customers increased customer satisfaction. For example as airline services improved throughout the world, prices declined. As a result, people with lower incomes also started to use airline services. Another example can be given for banking services. Improvements in technology like the Internet provided banking services to be followed up at home. Such improvements resulted in high usage of technology in service sector. Consumers became more and more selective. They started to expect higher value from services. Service sector aimed to make the customers feel more valuable. The more value they get from the services, the more the customers increase their service usage.

Producers of services should design their products according to customer needs and wants. The package and design of the products must appeal to customers. Moreover, the products must add a value to the customer or make them feel more valuable and worthwhile. Therefore, to find out the needs and wants of the customers, service quality perceptions must be measured. In addition, surveys should be distributed to customers occasionally to measure satisfaction and by the help of these techniques general arrangements should be made for holding existing

customers and also for gaining new customers. Moreover, by the help of occasional customer surveys and service quality measurement; the company can withhold its existing market share and could also increase its market share. Gaining new customers must always be the target of the company but the needs and wants of the existing customers must never be overlooked.

This study is about health care sector which is also a service sector. The purpose of this study is to measure service quality in the health care service sector. Health care sector is becoming an important area of research. Therefore; findings of this study are hoped to be useful for the upcoming studies. The results achieved from the questionnaires distributed to patients, who are the customers of the hospitals, will help the hospital to improve its services and hence, increase customer satisfaction.

The study is an application of SERVQUAL-service quality measurement method in the service sector; therefore, the applicability of this instrument in the Turkish context is tested. In addition, it is determined whether the reliability levels of the dimensions of SERVQUAL method in the health care sector are acceptable for research. Furthermore, SERVQUAL dimensions of tangibles, reliability, assurance, responsiveness and empathy and which of those dimensions are more important for the patients who are staying at Celal Bayar University Hospital, are examined. Lastly, the customer satisfaction levels of the staying patients of the CBU Hospital are stated in order to be informed about the service quality level of services given in CBU Hospital.

This study is composed of three chapters. In chapter one, service is defined and classified. In addition, features of services are given in order to separate services from manufactured products. Service sector is a new area of research so that the rise and the importance of the sector and how to raise the quality of services are discussed. Second chapter is about the measurement of service quality. SERVQUAL instrument and its dimensions are explained. Chapter three is an application of SERVQUAL method in Celal Bayar University Hospital. Questionnaires are distributed to staying patients in five parts in order to find out the satisfaction levels of the services they have received from the hospital.

CHAPTER 1
SERVICES

1.1 DEFINITION OF SERVICE

Globalization and the improvements in technology increased the consciousness of people towards innovations in various sectors. Consumers were aware of only physical products before, but after the technological innovations they also consider the services given to them within the product, such as transportation, packaging and customer relations after the purchase. Customers get more value from the company during and after the purchase with the services available to them so that the marketing experts offer more after purchase services within the product to keep existing customers while trying to attract new ones. In other words, services can be marketed as well as products in the marketing sector.

Service businesses provide intangible products or perform useful labor on behalf of another. The relationship between services and production of goods are dependent on each other. Producers need service business to buy and distribute products and service businesses depend on the production of goods for survival. For example; a clothing manufacturer needs department stores to display its designs while McDonalds needs beef, buns and grills to dish up the burgers (Rachman et al., 1996; 98). Services show structural differences from physical products, for this reason, a need aroused to give new definitions for service in order for separation from physical products.

Various definitions of service exist in literature regarding service, service sector and service quality. Service is defined as "a product that is produced to satisfy the needs of the consumers and that have no material value or cost" (Kuriloff et. al, 1993; 247). Gozlu (1995) added that service could also be defined as "an economic activity that provides time, place, shape or design and psychological benefits" (Gozlu, 1995; 86). In another definition services are "benefits that consumers buy without having a proprietorship" (Mucuk, 1998; 323). Another definition given is that: "service is carrying out a work for someone else" (Goetsch and Davis, 1998;

104). Service as "an action or work, a performance, a social event or an effort that is consumed where and when it is produced". Service delivery is "co-productive, intangible and non-repetitive. Service encounters require joint participation and shared responsibility during the encounter between the buyer and the seller and become highly personal experience" (Westbrook and Peterson, 1998; 52).

Service is considered as "an intangible advantage or benefit that a person provides to another person or an institution provides to another institution" (Karafakioglu, 1998; 113). Another definition that is more popular among the researchers is that service is "a benefit or an activity, which is served by a group to another group, and this activity ends without any ownership" (Rust, Zahorik and Keiningham, 1996; 37). Services are very different from physical products so that defining a service is harder than defining a product, generally, a short and simple definition is "services are abstract products that are invisible and untouchable" (Mucuk, 1998; 323). Parasuraman, Berry and Zeithalm (1991; 93), who are the pioneers of the research on service quality, defined the service sector as "intangible and different from other sectors".

Services are "all economic activities of private firms whose outputs are other than tangible goods" (Lovelock and Wirtz, 2006; 32). Services are hard to define because some services are offered within the product for gaining competitive advantage during the marketing stage or to increase customer satisfaction, on the other hand, some services are offered to give more value to customers and they are independent from physical products. Considering those differences, services are defined as "total of systems, activities and benefits that aim to solve problems that are mostly not physical and which are resulted from consumers' lifestyles" (Islamoglu et.al, 2006; 18).

American Marketing Association (AMA) defines services as "activities or benefits that are provided after or during the purchase of products" (Cemalcilar, 1983; 452). Customer services are the key factors for creating loyal customers. Loyal customers take into consideration the variety and the level of services offered by the company. A company always looks up for the innovations in services offered by the competitors to go beyond them. In fact, the companies consider how the performance of services are measured and by whom they are controlled. Communication within

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the service personnel is as much important as the other factors, for this reason, a flexible organization runs the activities about services (Islamoglu, 2002; 303). All of these definitions combine such as: "service is any activity or benefit that one party can offer to another that is essentially intangible and does not result in the ownership of anything" (Kotler and Armstrong, 2006; 233) and for setting services apart from products it is said that: "a product is something a consumer purchases and takes away with him or consumes, or otherwise uses. If it is not physical, not something that they can take away or consume, then it is a service" (Bateson and Hoffman, 1999; 10).

1.2 FEATURES OF SERVICES

Unlike products services do not have guarantees because they depend on the behavior of the personnel and there could be no guarantee given for the behavior to be the same every time the customers receive the service. Service businesses include wholesale and retail trade, finance and insurance, transportation and utilities, and other services, such as the banking services dispensed by a firm. On the other hand goods-producing businesses include manufacturing, construction, mining and agriculture. Companies in these two major sectors of the economy differ in their growth rate, cycle of business, cost structure, company size and geographic focus. The line between services and producers is blurred. As an example; IBM employees are involved in physically building a good. Most perform service tasks, such as interacting with individual customers, designing systems for them, or finding out what they need. Such an activity results in selling a good so it is not a service. However, the activity does not actually produce a good, so it is not a manufacturing activity either. The distinction between a good and a service is hard because what is produced cannot be separated from what is performed (Rachman et al., 1996; 99).

Services have inseparable features and they are abstract. According to the leaders of the service quality research shortly called PBZ (Parasuraman, Berry and Zeithalm), services are not aims or targets, and instead they are performances. Services also are some kind of work or action. Since the service is consumed at the same time that is produced, the consumer perceives all the mistakes and all the lacks of quality. The service is made up of a set of benefits, but it is all above an

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experience. The performances of services vary from day to day, from customer to customer and from provider to provider. Services are hard to measure because their resources are various and all have different resources, in this case, resources are service personnel. There is no guarantee that the personnel's behavior will be the same every day. As the behavior of the personnel varies according to time, place and the mood of the person; the perceptions of the customers of the services they receive will change in the same way (Parasuraman et al., 1985; 43).

In the manufacturing sector when a product is bought, service is also provided with the product. In the retailing sector when a person shops in a retail store, free transportation of customers by special buses is the service provided by the retailer. That means, when a person buys products, together with the product he or she buys the service. Similarly, when a person goes to airline services, he or she receives a flight as a service but as a tangible product a plane ticket is received. But for example, when health-care sector is considered, a person will be checked up or operated, and the service will be received. However, there is no tangible product bought with the service. A company's market offering often includes both tangible goods and services. The offer may consist of pure tangible good, such as soap, toothpaste, or salt and no services accompany the product. On the other hand, pure services consist of company's offer of just a service. A doctor appointment and financial services are examples of pure services (Kotler and Armstrong, 2006; 233).

Some features of the services separates them from product-oriented sectors, moreover these features make the research on service areas even harder. According to Zeithalm et al. (1990; 15) those features are:

1. Services are intangible.
2. Services-especially those with a high labor content- are heterogeneous. The quality of the interactions in service sectors like banking, air transportation and insurance cannot be standardized where it is possible to standardize quality of goods. The most important difference of the service sector from manufacturing sector is: there exist interactions in the service sector. The quality of the interactions that bank tellers, flight attendants, and insurance agents have with customers can rarely be standardized to ensure uniformity the way quality of goods produced in manufacturing.

3. Production and consumption of many services are inseparable. In manufacturing, production is done in the factories, sale of the product happens in stores and consumption of the product is totally belong to the customer. All of those activities-production-sales and consumption-happen in totally different time periods and by different people. Production, sales and consumption of goods are not dependent to each other. In other words, they are separable in manufacturing. On the contrary, quality in services often occurs during service delivery, usually in an interaction between the customer and the provider, rather than being engineered at the manufacturing plant and delivered intact to the customer (Zeithaml, 1990; 15).

As seen in Figure 1.1, services have four important features. These features are considered in marketing processes. *Service intangibility* means that services cannot be seen, tasted, felt, heard or smelled before they are bought. Services cannot be displayed on the shop windows as products, as they are not visible, they can be represented by words, pictures or writings. Moreover, services do not have inventories so that they are not appropriate for demand. Also, they do not have a physical structure, for this reason, they are easily imitated and their patent rights are hard to be protected. Products are branded and standardized easily but these applications are not possible for services (Islamoglu et al., 2006; 19). Consequently, consumers try to figure out about the service quality by considering people, price, place and equipments. In fact, service marketers struggle to create concrete symbols of quality of the service. For example, a hotel's service is visible by the elegant appearance or as a concrete symbol of the hotel a present is offered to the customers (Mucuk, 1998; 325).

Education is also a part of services. Teaching is classified as highly intangible, because services are performances or actions rather than objects: they cannot be seen, felt or tasted in the same way that one can sense a tangible good. Many services, including education, are also difficult for consumers to comprehend. Therefore, managers need to manage physical evidence to provide tangible cues to service quality reduce service complexity where possible and encourage word-of-mouth recommendations from other students (Clewes, 2003; 70). When it comes to

the hospitals, it is not possible for the patient to judge the quality of the product so that evidence of competence, caring and integrity are detected by patients. Visual and experiential clues are given that the hospital provides strength and value to the patients. Mayo Clinic is the powerful brand in the health care sector with very little advertising but with more positive word-of- mouth, furthermore, staff people at the clinic are trained to act in a way that shows its patients-first focus (Kotler and Armstrong, 2006; 259).

Service inseparability is the feature that the production and marketing of services cannot be separated because services are both produced and marketed at the same time. Services very often have simultaneous production and consumption, which emphasizes the importance of the service provider (Clewes, 2003; 70). Services are produced and consumed at the same time. In other words, a service is impossible to be sold in different markets at a specific time period. Moreover, the business entity or the person producing and marketing services are experts, for this reason, those people do not offer various services at the same (Cemalcilar, 1983; 455). In hotels, for example, service inseparability is clearly observed. A customer waiting in line in the reception of the hotel can easily observe the receptionist's behavior so that he has an idea about the service level and quality given by the hotel depending on his observation (Islamoglu et al., 2006; 20).

Service variability means that the quality of services depends on when, where and how they are provided. For example, some hotels have reputations that they have five star qualities. However, one registration desk employee may be cheerful where as the other may be unpleasant. Therefore, a single employee can affect the level of service by an impolite or rude behavior (Kotler and Armstrong, 2006; 259). Neither the service providers nor the service industry is enabled to standardize their services; even the service quality or level of a specific company shows differences from time to time. One unit of a service mostly differs from the other units. For example, an airline is unable to serve in the same level of quality in every flight, similarly, all the reparations of a specific auto repairer is not always in the same quality (Tek and Ozgul, 2005; 380). This is a particular problem in a labor-intensive industry. For example; in education sector many different employees are in contact with an individual student. This emphasizes the need for rigorous selection, training and

rewarding of staff. Also a need arises for evaluation systems that give the consumer the opportunity to report on their experiences with staff and processes, as monitoring reliability becomes very important in maintaining quality levels (Clewes, 2003;70).

Service perishability is the feature that explains that the benefits of them last for just a while. They do not have long lives. Services are not stocked so that it is impossible to keep them. Also, they are not produced in large amounts so that storage is not possible. For example, if a tourism agency cannot find enough people for a specific tour; this is a loss and cannot be encountered by another tour. That is a loss for that specific time period. Other examples of perishabillity of services are; an empty airplane seat, a doctor appointment that is cancelled because of the patients' inability to come or a lawyer's loss of time in the working period. Also, if all the rooms of a hotel are not booked for a specific time, to uncover the loss at another time is not possible. Empty seats in a sports stadium during a specific play counted as a loss. The mentioned losses cannot be settled in any other time period so shortly these are just a waste of time in the business affairs.
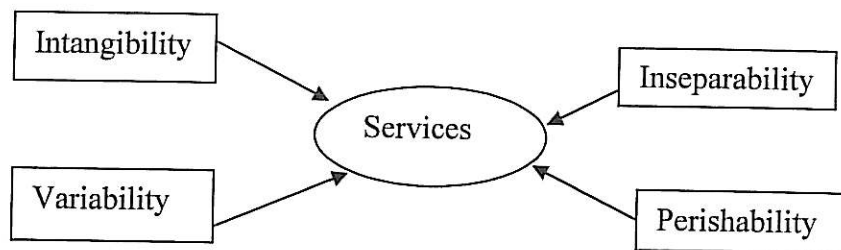
Figure 1.1 Four Service Characteristics
Source: Kotler and Armstrong, 2006; 258

Variability, intangibility, inseparability and perishability are considered as four features of services. However, some researchers added more features that are considered important to the same extent with the four features. During a service, *a close relationship is established between the service provider and service receiver.* As an example; relationships between patient-doctor, businessman- a retail portfolio manager in a bank, and client-lawyer are given. Productivity in the service sector depends on the efficiency of the service receiver in the production of the service such

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as in the insurance trade sector. In this sector the ability of the service receiver to make a creative speech enables the insurance agent to create an appropriate insurance service for his customer (Cemalcilar, 1983; 455).

Moreover, *there are demand fluctuations in the service sector*. Service markets show fluctuations according to seasons, days or even hours. For example, skiing areas are only crowded in winter time whereas golf areas are crowded in the summer time; other seasons are losses for these sectors. Also, the ski teachers are inactive in the summer time while the golf teachers are inactive in winter time. The other periods are considered as wastes of time for these service sectors. Public service sectors are affected by fluctuations in demand as much as private service sectors. For example, usage of public buses increases in the mornings and after working period is ended, on the other hand, at the other day times such as afternoon seats are left empty (Tek and Ozgul, 2005; 380).

To sum up all these features stated above, the demand for the services is hard to be expected compared to products. The demand for services cannot be guessed because they are more sensitive to price and time. Also, they are mostly affected by the social conditions. Therefore, production planning according to demand is not possible. Moreover, *ownerships of services cannot be transferred to another person or an entity,* therefore, second hand markets, such as in automobile sector do not exist. An operation a person experienced in a hospital cannot be experienced by another. Lastly, *services are abstract* so that they are only consumed but not owned (Islamoglu et.al, 2006; 21). The impossibility in introduction or exhibition of services are considered to be the most important problem in the marketing of services, consequently, the quality is not judged before experiencing the service

1.3 CLASSIFICATION OF SERVICES

Services are categorized differently by different authors. Classifications of the services are made according to definition and meaning, maintainability, easiness of finding, technology dependency level or the benefits provided by a service. Barker (1998; 668) has made a categorization regarding sellers, buyers and services. As seen in Table 1.1, services are classified into three groups: (1) focusing on sellers; (2)

focusing on buyers; (3) focusing on service type. Those types all have different structures, function and sources. Seller-focused classification considers services that are provided by different types of sellers. This classification is also related with the character of the entrepreneur or the organization, whether the organization is private or public and whether the organization is profit oriented or not. In this classification it is also important to determine where the income of the organization comes from.

On the other hand buyer-focused categorization deals with services targeting different markets such as consumer, agriculture, industrial or public. Service-focused categorization explains services according to how many types of services are given at the same time and whether these services are given by man force or machine force. Service based organizations or firms deal with the structure of the service, that is, whether the firm serves only one or more types of services. The last classification is related to how much service is provided. As seen in Table 1.1, the organizations or firms that classify their services as "service based" deal with interpersonal relationships, that is whether the organization gives high or low levels of service. This explains the level of transaction between the personnel and the service receiver during the purchasing of service (Barker, 1998; 670).

In fact, some of these classifications are also used to in the marketing of products. However, the quality of a product is presumed looking at its package or design or a product is introduced to consumers by advertisements. On the other hand, quality of services cannot be predicted so according to the seller-focused services, the ability of the service provider in making effective speeches is very important during the purchase of a service, as an example health-care and education sectors are given. Face to face dialogues between doctor and patient or teacher and student are considered as high level of service provision. Low levels of service exist in the information technology industry where there is little interaction with the service provider. Thus, this sector is also an example of machine force service.

Table 1.1: Barker's Method of Classification of Services

SELLER FOCUSED		
STRUCTURE OF THE ORGANIZATION	FUNCTIONS APPLIED	SOURCES OF INCOME
•Profit Oriented •Non-profit Organization •Public Profit •Non-profit(Public)	•Communication •Consulting •Education •Financing •Health/Insurance	•From Market •Market+ Donation •Only Donation •Taxes
BUYER FOCUSED		
MARKET STRUCTURE	MANAGEMENT OF THE SERVICE	INCENTIVES
•Consumer Market •Industrial Market •Public Market •Agricultural Market	•Services according to likes/dislikes •Special Services •Rarely Found Services	•Material Incentives •Emotional Incentives
SERVICE FOCUSED		
SERVICE STRUCTURE	HUMAN OR MACHINE BASED	LEVEL OF SERVICE
Only One Type of Service	Human Centered Service	High Service Level
Several Types of Service	Machine Centered Service	Low Service Level

Source: Barker, 1998; 669

Bateson and Hoffman (1999; 11) categorized services according to opposites such as:

- *People-based versus equipment-based*: In this classification services that are delivered by individuals or by machines are separated.

- *High-contact versus low contact:* Consultancy service is an example of high-contact services. As it is mentioned before, face to face dialogues exist in high-contact services such as consultancy and insurance. In these services buyers gets no product within the service so that the service provider has ability to persuade the buyer. To buy these services, customer has to interact

with the service provider very often. In contrast, in low-contact services buyers receive a service within the product. Automobile industry is an example for this classification. Few interactions with the service provider are occurred. In fact, an automobile's product quality is experienced; therefore, the ability of the service provider in persuading the customer is not essential as it is in the high-contact services. In low-contact classification of services, for instance, the automobile sector, after purchase services have high quality standards to keep the customers satisfied.

- *Individual versus collective:* Service buyer receives an individual service alone, for instance, when a customer needs an insurance service, he takes it with one to one dialogues with the service provider and not any other service buyer exist in the surrounding whereas flight services are received collectively. In an airplane, service is received by many service buyers at the same time unless a customer has a private airplane.

- *Profit versus not-for-profit services:* Health-care services of public hospitals are considered as not-for-profit services. Ambulance services are also in the same category. Most private sectors are profit organizations.

Lovelock (1983) suggests that the following questions should be asked to determine which category a service fits into: (1) What is the nature of the service act? ; (2) What type of relationship does the service organization have with its customers? ; (3) How much room is there for customization and judgment on the part of the service provider? ; (4) What is the nature of demand and supply for the service? ; (5) How is the service delivered? (Lovelock, 1983; 13). Lovelock suggests, services should be considered not for the factors that set them apart, but for the factors that draw them together.

Services are also classified according to benefits they provide to customers. Transportation, communication, finance, education and health-care services target customer benefit. As seen in Table 1.2, services are also classified according to technology usage. Technological improvements brought about mechanization in service sectors. Some services are fully mechanical whereas the others are partially mechanical. Computer services are also mechanical and the service providers are

also professionals to provide the after purchase services such as reparation. People-based services are not mechanical but some of them need professionalism.

Table 1.2: Classification of Services Based on Technology

TECHNOLOGY-BASED SERVICES		
Full Mechanization	**Partial Mechanization**	**Specialization and Mechanization**
Radiography	Theather	Computer services
PEOPLE-BASED SERVICES		
No specialization	**Specialization Needed**	**Professionalism Needed**
House cleaning	Hairdressing	Advocacy

Source: Islamoglu et. al, 2006; 21

Moreover, Cemalcilar (1983; 453-454), classified services into nine groups according to types of benefits they provide to the consumers such as:

- *Resting Services/ Rentals*: (hotels, resorts, rent a house services)
- *Residence Services:* (house cleaning, lighting, water, electricity, reparation)
- *Entertainment :* (sports, cinema, concerts, restaurants)
- *Personal Care Services:* (hairdressing, dry cleaning, shoe reparation)
- *Health-care Services:* (doctors, nursing, private hospital services)
- *Education:* (primary, secondary, university)
- *Occupational Services:* (advocacy, consultancy, accounting)
- *Insurance and Finance:* (banking, insurance)
- *Transportation and Communication:* (post office services, rent a car services).

All of the services stated above are provided both to consumers as individuals, organizations and business entities.

Services are categorized also as business products. Services as business products are categorized into two groups. *Business services* include maintenance and

repair services such as window cleaning and computer repair whereas *business advisory services* include legal, management consulting and advertising services (Kotler and Armstrong, 2006, 237). As seen in Table 1.3, last classification is related to tangibility or intangibility of the service and it is also related with to whom or what the services are given. A consumer wants to receive a service for his personal needs or for his product maintenance. Both the consumers' and the products' services can be tangible or intangible.

Table 1.3: Lovelock's Classification of Services

	SERVICES FOR PEOPLE	SERVICES FOR PRODUCTS
TANGIBLE	Hairdresser Restaurants Beauty centers	Dry Cleaning Machine Reparation Maintenance of Buildings
INTANGIBLE	Education Museums Theater/cinema	Banking Security Insurance

Source: Lovelock, 1983; 12

1.4 IMPORTANCE OF SERVICES AND SERVICE SECTOR

In today's world, the importance of services and the service sector is increasing. Services appear as competitive advantages for firms. World's powerful economies make their investments more on services. Service sector rises rapidly in the last 30-year period. Since 1970's the employers in service sector have increased by 60% in America and 40% in Japan (Bergman and Klefsjö, 1994; 265). As seen in Figure 1.2, service occupations account for more than 70 percent of the U.S national income. The service sector has created over 44 million jobs, many of these new jobs went to women and minorities entering the workforce in U.S. Service businesses employ more than 70 percent (Rachman et al, 1996; 99). As seen in Figure 1.2, manufacturing jobs make up most of the rest, with agriculture employing just a small fraction of all workers. Service businesses include wholesale and retail trade, finance

and insurance, transportation and utilities, and other services such as the banking services. Good-producing businesses include manufacturing, construction, mining and agriculture. In Figure 1.2 the revenues produced in U.S for every sector and their percentage in the economy is given. Wholesale and retail (17%), transportation and utilities (9%), finance and insurance (18%) and other services (27%) creates the total service sector. That means 71% of the revenues of the U.S economy comes from these service sectors. The highest revenue ($1, 171.0) is gained by other services such as banking when the total revenue is $4,407.3.
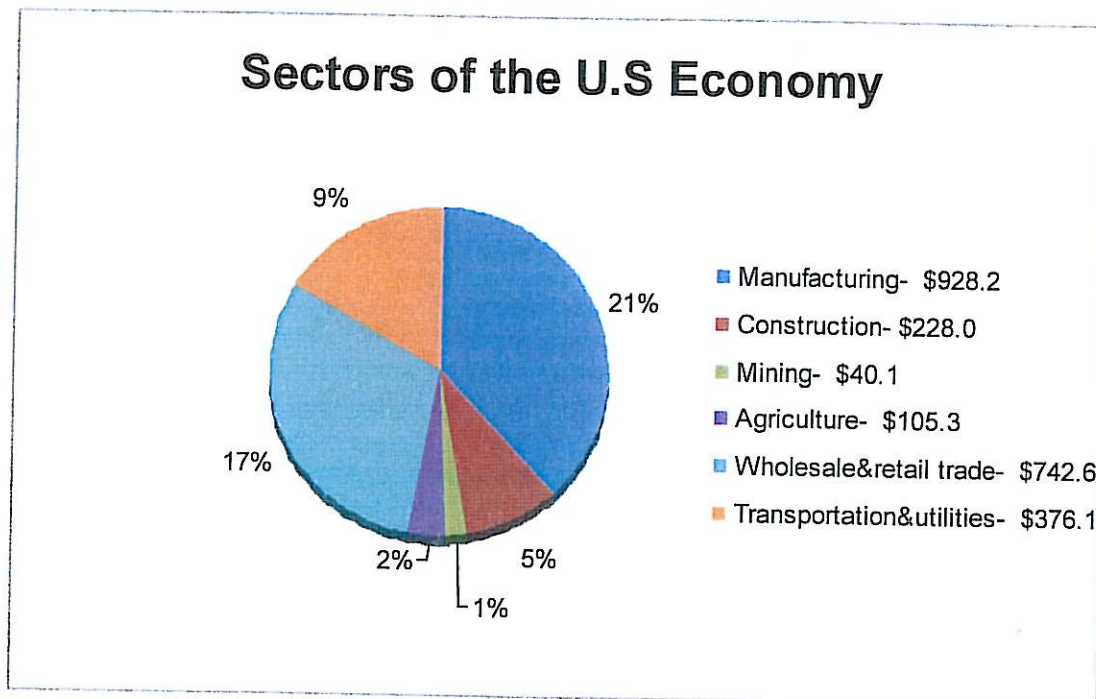
Figure 1.2 Sectors of the U.S Economy
Source: Rachman et. al, 1996; 98

Over the past two decades, the service industries in the U.S. and elsewhere in the world have grown at a very high rate. In 1980, service industries worldwide were valued at $350 billion, accounting for 20 percent of all world trade, by 1992, that figure had nearly tripled to $1,000 billion. The service sector now accounts for 58 percent of worldwide gross national product (Cunningham, Young and Lee, 2002; 4). In the environment of competition in business world, neither the

managers nor the quality control specialists determine quality; only the customers determine quality. Because of this reason, it is necessary to determine the profile of these customers, set forth their needs and to show determination to fulfill the customer needs in an efficient way.

It has been found that early research efforts concentrated on defining and measuring the quality in the manufacturing sector. As Gummesson (1991) mentioned, though systematic quality efforts started in the manufacturing sector in the 1920s, research in services started to grow in the late 1970s in several parts of the world. Since, especially in the industrialized nations, over the past three decades, the service sector has become the dominant element of the economy, and the studies revealed that service quality is a prerequisite for success and survival in today's competitive environment, the interest in service quality has increased noticeably (Gummesson, 1991; 11).

As it is mentioned before the companies (whether manufacturing or service oriented) are trying to find ways to create competitive advantage in this global business world. Therefore, in addition to service companies also the manufacturing companies are trying to involve into service sector by giving extra services beside the product that customer have bought. These extra services are mostly free in charge for to make customers more loyal and satisfied. These extra services involve free transportation and assemblage of products. The rise of the service sector and the importance of service quality directed managers of manufacturing sector to involve in services. While service organizations aim to gain customers' loyalty, customers, on the other hand, seek an organization's service loyalty (the assurance of a consistent and superior quality of service) as proof of the organization' s commitment to offering superior service, for both the present and the long term (Kandampully, 1998; 432).

Services play an important part in economies. There are shifts in the employment from production to service sectors. According to Rachman et al., (1996; 100), the demand for and the importance of services are increasing because;

Economic prosperity increases the demand for services. Consumers with high level of income look for services to help them invest, travel, relax and stay fit. Similar trends are taking place in Europe and also in the big cities of Turkey. People

over age 35 are crowding into exercise centers, sports clubs and sporting goods stores, trying to feel better about themselves. The number of women in the workforce grew throughout the world and also in Turkey; so that:

There are more two-career households than ever before.

The number and complexity of goods needing service are increasing: Computers, DVD players, security systems are examples of products that can require specialized installation and repair.

Technology creates new service opportunities. Many technological advances, like the Internet created services that have not been offered before both in the U.S and in Turkey (e.g. Internet banking services)

1.5 QUALITY and ITS IMPORTANCE IN SERVICE SECTOR

The concept of quality has gained more and more importance in the 20th century. When organizations start to understand the need to improve their standards of services, they invested more in quality. Because the rise of the service sector is more rapid in the second half of the 20th century, quality improvements gained much attention mostly in the last quarter of the 20th century in the service sector. Especially after the increase in competition in service sector in 1990's, quality improvement programs have started to be applied in this sector. Later on, in terms of increasing the quality, some methods that have also been applied to manufacturing sector, have started to be applied in the service sector. These new methods and techniques are parts of Total Quality Management. Total Quality Management is an approach to the art of management that originated in Japanese industry in the 1950's and has become steadily more popular in the West since the early 1980's. **Total Quality Management (TQM)** is a "management strategy aimed at embedding awareness of quality in all organizational processes" (Soin, 1999; 47). Total Quality is a description of the culture, attitude and organization of a company that aims to provide, and continue to provide, its customers with products and services that satisfy their needs. The culture requires quality in all aspects of the company's operations, with things being done right first time, and defects and waste eradicated from operations.

Aims of quality in organizations are: (1) Quality of return to satisfy the needs of the shareholders; (2) quality of products and services to satisfy some specific needs of the consumers and customers; (3) quality of life - at work and outside work - to satisfy the needs of the people in the organization. In the development of TQM and the quality improvement methods there are important steps taken by some researchers since 1911 (Kandampully, 1998; 433). Moreover, with the new standards in quality gaining functionality, world wide application of specific standards became possible when outstanding developments about quality has occurred. Some of these stated by Coruh (1997; 318) are:

- 1911- Frederick W. Taylor' s book called "Principles of Scientific Management" was published.
- 1931- Walter A. Shewart's book called "Economic Control of Quality of Manufactured Product was published.
- 1935- British Standard Institution 600 came into usage.
- 1941- W. Edward Deming's quality control techniques were applied in US Department of Defense.
- 1949- Law of Industrial Standardization came into action in Japan.
- 1951- Joseph M. Juran's "Quality Handbook" was published in Japan.
- 1970- Philip Crosby's response to the quality crisis was the principle of "doing it right the first time".
- 1987- Malcolm Baldrige National Quality Award: The Award is named for Malcolm Baldrige, who served as Secretary of Commerce from 1981 until his tragic death in a rodeo accident in 1987. His managerial excellence contributed to long-term improvement in efficiency and effectiveness of government services. This award aims at helping to stimulate American companies to improve quality and productivity for the pride of recognition while obtaining a competitive edge through increased profits and recognizes the achievements of those companies that improve the quality of their goods and services and being an example to others.

- 1990- Application of TQM in the educational institutions.

Quality management helps organizations to take a step in becoming well-established institutions by providing some benefits. According to Uzelac (1993; 41) these benefits are: (1) Establishment of institutional structure, to set forth the responsibilities, tasks and aims of the companies and providing the understanding of task orientations for the employees; (2) Providing all the team members and employees knowledge about the business plan of the organization; (3) Explaining all the employees their duties clearly; (4) Providing the awareness of quality among all the staff; (5) Measurement of quality inside the company; (6) Explaining the mechanisms of corrective actions that must have been applied in case of failures.

Teamwork is sometimes highly necessary for the organization to keep its quality standards. Some problems in organization lead to the total failure of the organization. Problems inside firms are divided among three categories: (1) Problems arising from the organization; (2) Problems arising from personnel; (3) Problems arising from the customers. Problems arising from the organization include lack of communication inside the organization, one unit blocking the work of another unit and carrying on with a procedure that is against the policies of the organization. Problems arising from the personnel include job dissatisfaction among workers, increase of personnel needs and wants, increase of various complaints by personnel and uneasiness of the personnel because of being under pressure. Problems arising from customers are customer dissatisfaction and complaints (Uzelac, 1993; 43).

Immediate actions are taken in order for TQM to be successful, continuous improvement of the sector to be provided and quality standards to be met. These immediate actions are: (1) determination of the top management to apply TQM standards; (2) targeting long-term efficiency; (3) focusing on customer needs and wants; (4) using scientific approaches in the decision-making stages; (5) participation of all the members of the companies to the quality production; (6) continuous personnel education; (7) teamwork; (8) to gain an institutional character (Deora et al., 2006; 262).

Quality in daily life sometimes is used as it is equivalent to price. An expensive product or service is considered as qualified concurrently, an inexpensive product or service considered to be poor qualified. When there is lack of quality criteria customer would be alienated from the service or product. However, to relate prices with quality sometimes gives way for mistakes because quality is an important concept that has scientific structure and it should not be mixed up with pricing. Quality defined as excellence that a company creates. Also quality could be defined as reaching to the asked features. Another definition is that quality is not a tool it is an intent that provides high competitive advantage. According to ISO (8402) quality dictionary quality is the ability of products or services to provide determined needs (Taskin, 1993; 5).

Despite the increasing importance of the service sector and of the significance of quality as a competitive factor, service quality concepts are not well developed. Since service quality is an elusive concept, there is considerable debate in the relevant literature about how to conceptualize this phenomenon in a better way. Although an all embracing definition of service quality is not possible yet, definitions of service quality proposed by researchers revolve around the idea that it is the result of the comparison customers make between their expectations about a service and their perceptions of the way the service has been performed (Grönroos, 1984; Lewis and Booms, 1983; Parasuraman et al., 1985, 1988; Stauss and Weinlich, 1997). A broad consensus exist that service quality must be defined from the customer's perspective. Thus, a great majority of research focuses on the question of how service quality perceived by customers and how perceived service quality can be measured (Akbaba, 2006; 171).

Tenekecioglu (1992;41) states that improving service quality for both manufacturing and service firms would strengthen companies with bringing up qualifications such as:

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- Faults would decrease to minimum levels.
- Loss of time and money would be prevented.
- Companies would be more efficient.
- Qualified products and services would be created with low costs.
- Firms gain prestige with qualified products.
- Competitive advantage would be provided with high quality
- When the firm gains competitive advantage, its market share would increase.
- Customer satisfaction and loyalty would be determined.

As competition is increasing, improving the quality of services offered is becoming more vital for the service industries. It is important to be able to define and identify the dimensions of the service quality and their relative importance for customers.

CHAPTER 2
SERVICE QUALITY AND ITS MEASUREMENT

2.1 SERVICE QUALITY

The past researches were more on product quality and production sector, however, with the understanding of the importance of the service sector, mostly the developed countries invested more on services. The subject of services could much be founded in the new literature, because of the awareness of the customers or consumers about the rising of this new sector. Developed countries have investments on services and they compete with each other for quality improvement. In this market place, people are so aware of the quality standards, compared with the past they are more curious about quality. The success of a service is judged by the customer satisfaction. The service sector is gaining importance. Therefore the need for measuring service quality arises. If a sector serves people, quality must always be the most important criteria, if the level of quality declines, than sooner or later, people will quit using that service even though he or she is a loyal customer for that service sector.

So many researchers have studied the subject "quality". It is very important that high level of quality is achieved in service sector. For a service sector like health-care, quality is a must, because the sector deals with patients. Healing must be the result. Because of globalization and the rapid improvement of technology, people are more aware of new developments and they start to be interested in quality improvement. Whether rich or poor, graduate or undergraduate, live in the rural or in urban areas, people look for quality in their activities concerning services. In hospitals, hotels, airlines, travel agencies, banks, information technology departments, universities, other institutions, dental clinics, rental industries, in libraries and in many other service sectors quality is the most crucial subject wanted by customers or users of the service. Therefore, many studies have been done on quality in service sectors (e.g. Akbaba, 2006; Brady, Cronin and Brand, 2002; Burch, Rogers and Underwood, 2004; Cook and Thompson, 2000; Coruh, 1996; Cunningham and Young, 2002; DeMan et al., 2002; DeMoranville and Bienstock,

2003; Kang and Bradley, 2002; Landrum and Prybutok, 2004; Paul, 2003; Paulins, 2005; Ramsaran, 2005; Urdang and Howey, 2001; Westbrook and Peterson, 1998).

Quality improvement must be applied to the service sectors that are nearly to close down. The firms must try to keep their customers. Service quality plays a critical role in a firm's competitive advantage. Services research has extensively examined the measurement of service quality to help practitioners effectively manage the delivery of quality service. Service quality is measured to assess service performance, diagnose service problems, manage service delivery, and as a basis for employee and corporate rewards. All of these activities assume that changes in service quality scores are the result of actual changes in customers' perceptions of service quality (Demoranville and Bienstock, 2003; 217).

Customer service is "a key factor towards generating loyal and successful business" (Paulins, 2005; 345). Quality must be judged, as the customer perceives it (Westbrook and Peterson, 1998; 51). Customers' evaluation and perceptions of the service will determine the quality. The higher the expectation level, the higher the service level must be for customers to feel satisfied with the service. When expectations are low, customers tend to be satisfied with low levels of service. Customers are defined as: "the employees, suppliers and personnel of a firm or service" (Paulins, 2005; 346). Customers benefited from the sector could be considered as customers outside. The customers outside receive the services produced; therefore they can criticize the firm more objectively. Customers outside are not employees of the company and they do not receive salaries, because of this reason it is not risky for them to criticize the company and it is easier for them to direct the attention of the company to customer needs and wants.

Quality is a complicated term that could not be defined with a single word, phase or sentence. Quality is the satisfaction of needs of customers. Organizations define the needs of the customers and try to provide those needs. Another definition could be application of needs. But there appears a problem; there are different needs and wants of many different customers and the quality comes into the stage when the needs of different people could be combined together to create a general satisfaction among customers (Sureshchandar, 2001; 113).

In the literature there is a discussion going on about whether customer satisfaction is an antecedent of service quality or whether service quality is an antecedent of customer satisfaction. There is no evidence that there is an end for this discussion. While some researchers defend that first comes the customer satisfaction and then comes the service quality, the others insist on the idea that without the existence of service quality it is impossible for customer satisfaction to occur while others defend that without service quality customer satisfaction cannot exist (Megivern et al., 2007; 116).

In earlier researches, there was not so much attention given on services when quality was discussed. Mostly the researches about quality were related with products. On the contrary, today the literature about quality is mostly related with service sectors. Zeithaml, Parasuraman and Berry were the pioneers in making an exploratory research on the subject of service quality. At that time people did not have enough knowledge about the subject and they have found no literature to guide their research. The situation is explained as: "instead we found a literature almost exclusively devoted to tangible goods quality, defined in terms of conformance to manufacturers' specifications" (Zeithaml et al.,1990; 15). As a result of the researches, quality control principles and practices were uncovered. It was clear that pertinent to evaluating and ensuring goods quality, were inadequate for understanding service quality. This inadequacy stems from three fundamental ways services differ from goods in terms of how they are produced, consumed, and evaluated (Zeithaml et al.,1996; 32).

"Service quality is often difficult to assess because of its subjective nature" (Westbrook and Peterson, 1998; 52). Moreover, consumers have expectations, which they compare to perceptions of performance for an overall evaluation of service quality. These encounters are evaluated individually as to whether they are customized to meet specific needs and expectations of customers. In industrial settings, the evaluation of service quality is much more complex. In addition, "Service quality is an important variable that affects success"(Landrum and Prybutok, 2004; 628). Organizational evaluations applied to industrial service encounters are founded on whether the organization attains goals, receives added value, or promotes employee motivation and retention (Czepiel, 1985; 60).

The manager prefer to invest more on services because investing only on technology is not enough for customer satisfaction in addition technological improvement is more costly. So companies invest on their service quality improvement to provide criteria such as:

- Competitive advantage
- Differentiation
- Efficiency
- Customer satisfaction and loyalty
- Better image for public opinion
- High market share
- Escape from price competition (Stauss, 1995; 66).

2.2 CATEGORIZATION OF SERVICE QUALITY

Stauss and Weinlich (1997; 40) divided service quality into two groups:

- ***Incident-based service quality measurement methods***: These methods utilize the incidents that customers experience in service contact situations.
- ***Attribute-based service quality measurement methods***: These methods exist in a wide range of variants. Among these variants, the SERVQUAL instrument has attracted the greatest attention as a result of its claim of being able to measure the relevant dimensions of the perceived service quality, regardless of which service industry is being considered.

Another important factor here is the perception of quality. To create a general satisfaction among customers, organizations should try to appeal to most of their customer, so that the general perception of quality among customers is positive. According to Palmer (1997; 55), there are two dimensions of service quality:

- ***Instrumental dimension of service quality***: This dimension encloses the physical characteristics of the services.

- *Expressive dimension of service quality*: This dimension encloses the abstract features of the services and also encloses psychological facets of the services

Later on, a new classification of dimensions put forward. The new classification also divides service quality into two new dimensions. Palmer (1997; 56) stated that those dimensions are also features of quality.

- *Functional Quality*: This is the feature of quality that could not be measured objectively (e.g., surroundings, the behavior of the personnel)
- *Technical Quality*: This feature of quality encloses the quantitative specialties of services that could change relatively according to customers. The most important feature about technical quality is that both customers and suppliers of the organization or the firm could easily measure it (e.g., waiting time period of the service to be received).

2.3 QUALITY IN HEALTH-CARE SECTOR

The **American Medical Association** (AMA) founded 1847, incorporated 1897 is the largest association of medical doctors and medical students in the United States. The AMA's mission is to promote the art and science of medicine for the betterment of the public health, to advance the interests of physicians and their patients, to promote public health, to lobby for legislation favorable to physicians and patients, and to raise money for medical education. It also publishes the Journal of the American Medical Association (JAMA), which has the largest circulation of any weekly medical journal in the world. AMA (1992) states in its reports that:

The rapid proliferation of health care technology and the increasing concern about cost containment are major converging forces in today's health care system. These forces argue persuasively for the rigorous evaluation of the safety and effectiveness of technologies and for the use of such evaluative information as the

foundation of both clinical decision-making and public policy formulation. Thus, technology assessment is an essential tool in improving the quality of health care delivered and in maximizing the efficiency of the health care system.

On the report by AMA (2007) some features that the high qualified medical care possess are:

- Early diagnosis for the diseases and fast recovery,
- Treatment according to the disease and the patients structure, the continuity of the treatment, the suitable duration of the treatment,
- Finding out ways for the patient to consciously participate to the decision of precautions taken before and after the treatment,
- Efficient usage of technical resources,
- Sensibility of the doctors, nurses and personnel to the stresses and anxieties of the patients,
- Effective usage of technology,
- Free of error records of patients.

In 1981, improvements of quality in the health-care sector was started. W. Edward Deming has applied Quality Assurance Program in the health-care sector. Quality assurance in health-care sector has been spread out towards the U.S (Coruh, 1997; 318). The activities about quality improvements in the health-care sector had started in the last quarter of the 20th century. Although, the health-care sector must always be focused on-because of the direct transactions with people and high involvement of customer-personnel communication- Total Quality Management systems started to show its applications in the health-care sector too late. Caldwell (1995) is one of the headers of starting the quality improvement studies in the health-care sector. Quality has come to the stage for the health-care sector in 1990. The rise of the importance of the service sector, the struggle for the sectors to gain competitive advantage and the need for controlling the costs also affected the health-care sector (Caldwell, 1995; 49).

Especially after 1990, it was clearly understood by both the employees of the health-care sector and the researchers that the success of the sector is dependent upon

quality improvement. So measurement scales started to be applied in the health-care sector. In general the quality in the health-care sector focuses on customer [in health-care sector customers are patients] satisfaction that is generally an efficient method but failures are occured if the sector only focuses on the customer satisfaction and gives less attention to the medical needs of the patients (Caldwell, 1995; 50).

Health-care services focusing on only patients' medical needs would lack in satisfying patients needs and expectations. Therefore, the health-care sector should have to satisfy both patients' expectations and their medical needs. In this context, health-care services have to accept scientific forms and apply the procedures during the diagnosis and recovery stages according to the standard norms. On the other hand, health-care services have to be careful to take into consideration the patients needs and wants during their visit and staying in the hospital or clinics. Adaptation of quality standards to Turkish hospitals gained importance with the application of ISO 9000 standards. When this approach is applied it has been proven that customers' requirements and cost effectiveness are met. For example, Sevgi Hospital, in Turkey, was awarded ISO 9000 registered organization status in 1995. According to a survey carried out by an independent organization among Sevgi Hospital's customers, 97.5 percent of the customers declared satisfaction with the service that this hospital had offered. Quality assurance in Turkey is still in its early stages but some successful outcomes is documented such as the suitableness of Turkish private hospitals for the application of quality assurance systems. Private hospitals of Turkey when considered in relation to management system and allocation of resources have many advantages over the state hospitals (Coruh, 1997; 334).

It is hard for the patients to rate the technical capabilities of the service providers in health-care services. Patients do not have the knowledge to decide which investigation or treatment is suitable for himself or herself. Therefore, it is more appropriate to measure just the technical and functional quality in the health-care sector. Some of the TQM applications in hospitals are: (1) focusing on patients' needs and wants; (2) cooperation among units; (3) continuous improvement in all units of the hospital; (4) control of the medical expenditures and (5) integration of the hospital with TQM and its strategic planning methods (Asubonteng et al., 1996; 63-64).

Consumers generally find the evaluation of health care services difficult. Rarely does the consumer know on which features of the health care service to base their evaluative judgments or how best to evaluate those features the consumer does choose to evaluate. This is especially true when the consumer evaluates the more technical features of health care, such as the qualification of health-care personnel or the improvement in patients' conditions after consumption of the health-care service. The typical consumer can readily assess only the non-technical aspects of health-care, such as the attentiveness and responsiveness of the health-care provider, how comfortable the delivery of care is, or how long one had to wait before being treated. Most patients do not have the knowledge to evaluate the technical aspects of health-care in an effective manner and where treatment results themselves may not be obvious to the patient. Health care practitioners would contend that service quality is the provision of appropriate and technically sound care that produces the desired effect. Patients' perceptions frequently differ from those of doctors, and that doctors frequently misperceive their patients' perceptions. This difference in perception could have consequences for patient satisfaction and even financial success for professional practices (Paul, 2003; 89).

As it is mentioned before, customer satisfaction and service quality remain critical issues in most service industries and are even more important in the health-care sector. Nowadays, patients' expectations have changed and there is increasing consumerism and choice. Indeed, today's buyers of health- care services are more informed and will not hesitate to switch to alternative health-care professionals if they do not obtain satisfaction. Patients increasingly expect to receive the same service from health-care, which they have come to expect in shops and other services. Providing patients' satisfaction and quality service should thus be recognized as a key strategy and a crucial element of long-run success and profitability for health-care providers (Ramsaran-Fowdar, 2005; 430).

2.4 MEASUREMENT OF SERVICE QUALITY

2.4.1 Service Quality Measurement Applications

Importance of knowing the expectations and perceptions of the people receiving service helps researchers understanding the value of satisfaction. In the study on municipalities, service receiver is the public. Municipalities are also a part of service sector because they serve to the public. For a service firm to survive in today's highly competitive environment, it is very important for the service sector to have high service quality. Service sectors are very important because they are mostly related with people and people's point of view. In the case of municipality services, public satisfaction level is very important for the management of municipalities. The satisfaction of the public is important for the management to continue its activities, even though there is not much competition in the public utilities. The importance of the terms "service quality" and "satisfaction" are highlighted. The two terms seem different conceptually. However, the terms "service quality" and "satisfaction" (in this case, the satisfaction of the public) has strong relationship fundamentally. The studies in municipalities are done by grouping people according to their occupation, age and gender. The service quality of the municipality is determined by grading the dimensions of cleaning, communication, transportation, finance, physical facilities and roads and utilities (Gumusoglu et al., 2003; 3).

Service quality also is researched on information service industry determining that: "*As competition in the information service industry grows and managers have to justify the cost of information systems and information centers, it is critical that reliable instruments be developed to measure both service quality and success*" (Landrum and Prybutok, 2004; 629). In every type of service like information services, library services, health-care services, airline transportation, banking and hospitality services and in several more services, there is a need to examine whether existing system satisfaction measures should be supplemented with instruments measuring service quality. In every service sector there raises the need for developing new models. For example, in information service sector, a model of success is developed including service quality as one of the dimensions that affects

use and user satisfaction in information services. As seen in Figure 2.1, a model is developed where service quality, system quality and information quality together affect usefulness and the user satisfaction. Besides, the usefulness affects user satisfaction. Service quality and customer (user) satisfaction is related with each other.

Service quality is examined in the studies concerning libraries or information systems. A model of information system success divides the information success into six major categories where service quality is included as one of the dimensions that affect use and user satisfaction. The model of library success, as seen in Figure 2.1, suggests that service quality, information quality, and system quality all affect usefulness and satisfaction. While searching for service quality the researchers have to examine several more variables related to their study area, in this case of libraries, in addition to service quality, information system and information center success were also examined. Figure 2.1 explains the model which, measures information success under three factors: (1) system quality; (2) information quality; (3) user satisfaction. System quality relates to system performance such as response time and ease of use. Information quality refers to quality of the information product, such as accuracy, currency, relevance and completeness. User satisfaction refers to the satisfaction level reported by system users. Usefulness is a problematic factor and it is under discussion if it affects the customer satisfaction of quality (DeLone and McLean, 1992; 65).
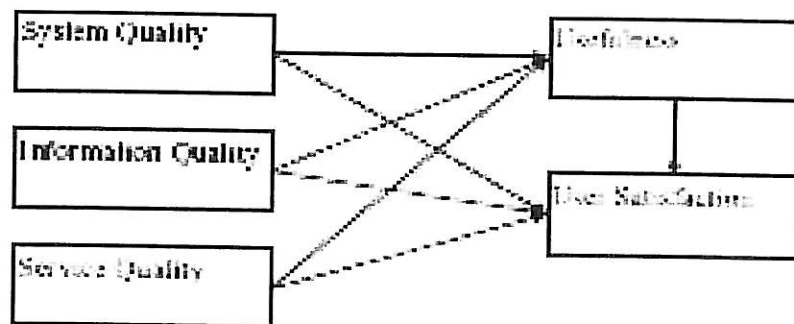

Figure 2.1: Model of library success. An example for quality in Service Sector.
Source: Landrum and Prybutok, 2004; 631

The study's results provide some evidences that the group of users who received service in person rates service quality differently. As a result of this study it can be said that firms need longitudinal survey to find out whether the quality of remote service is improving or declining over time, regardless of how it compares to service provided in person. Sometimes knowledgeable and friendly personnel can affect the attitude of customers towards in person service positively but on the contrary, if the personnel fails in knowledge or the behavior of the personnel irritates the customer there can be negative effects on the service quality measurements.

In today's internet-enabled world, remote services are a premier vehicle for delivering high-quality service when and where it's needed, without the expense and wasted time of store visits. To provide fast and qualified service for customers some sectors made available shopping via Internet. This is a remote service that has no transaction with the personnel. Information service industries mostly structures as remote services. Library usage has been declining since Internet came on stage in contrast, online encyclopedias, dictionaries and online bookstores; databases and online journals are more clicked and searched by the users. Thus, the users have easy access to the information they are searching for and by this way the solution of a problem can be made easier and faster. In libraries more in person services is received. Users who receive service in person rate service quality dimensions different from users who receive service remotely. In this case of libraries and information service centers, users receive both personal and remote service (Landrum and Prybutok, 2004; 630).

Researches show that service quality leads to customer loyalty and attraction of new customers, positive word-of-mouth, employee satisfaction and commitment, enhanced corporate image, reduced costs, and increased business performance. Another point is that the empirical analysis conducted by the Strategic Planning Institute has revealed the positive relationship between perceived quality and an organization's financial performance. The well-known Profit Impact of Marketing Strategy program of the institute has concluded that companies with perceived high-quality goods and services typically had higher market share, higher return on investment and asset turnover than companies with perceived low quality. In the long

term, the most important factor affecting business performance is the quality of goods and services offered by the organization, relative to its competitors (Wilkins et.al, 2006; 2).

The literature on service quality was not rich enough to develop a comprehensive conceptual foundation for understanding and improving service quality. Because the number of key questions remained unanswered, it is necessary to make a detailed customer focused study on services. The authors aimed to answer the questions like: How do customers evaluate the quality of service? Do customers have an overall evaluation of service quality or do they consider the specific facets of services? In the case of considering specific facets, what are the facets or dimensions that the customers use to evaluate services? Do the dimensions they evaluated vary among customer segments? If the customers' expectations play a crucial role in the assessment of service quality, which factors shape and influence those expectations.

To get the answers to these questions, an exploratory customer study is conducted, consisting of 12 customer focus-group interviews including four service sectors: (1) retail banking; (2) credit cards; (3) securities brokerage; (4) product repair and maintenance. These service businesses vary along key attributes used to categorize services. For example, retail banking and credit-card services provide immediate customer benefits, while securities-brokerage and product-repair services provide more enduring benefits. Although product repair and maintenance services concern customers' tangible assets, it is argued by the authors that the other three services namely retail banking, credit cards and securities brokerage concern customers' intangible assets. Banking and securities-brokerage are more labor intensive and interactive than banking and credit cards sectors (Zeithaml et.al, 1990; 35).

As it is mentioned before, the Internet dominated business also affected the banking and credit cards sector. By the easy access to the Internet, the users achieve to information they needed easily without going to the agency or the office and they can rapidly process information. The focus-group studies vary in composition to ensure that the findings would be generalized to a variety of settings. On the focus-group studies the aim is to find out customers' quality evaluations in a service category. The questions in focus-group studies were asked to stimulate discussion

covering topics such as instances of, and reasons for, satisfaction and dissatisfaction with the service, descriptions of an ideal service (e.g., ideal bank or ideal credit card); the meaning of service quality; factors important in evaluating service quality; and performance expectations concerning the service (Sureshchandar, 2001; 112).

Although, researches on the subject of service quality were not rich enough before to give specific definitions or statements, the subject is defined or stated. More researchers studied on service quality. Plenty of service quality methods proposed by various researchers such as: Cronin and Taylor (1992); Erto and Vanacore (2002); Franceschini and Rossetto (1997); Philip and Hazlett (1997); Teas (1994); Schvaneveldt et al. (1991). Importance of service quality for business performance has been recognized through the direct effect on customer satisfaction and the indirect effect on customer loyalty. SERVQUAL, a measure of perceived service quality across industries, is developed. Although the importance of service quality and service quality measurement has been recognized, there has been limited research that has addressed the structure and antecedents of the concept (Wilkins et al., 2006).

Service quality cannot be objectively measured as can manufactured goods and therefore it remains a relatively elusive and abstract construct. The evaluation of quality for services is more complex than for products because of their intrinsic nature of heterogeneity, inseparability of production and consumption, perishability and intangibility. These distinguishing characteristics of services make it difficult to define and measure service quality. For example, hotel industry is investigated. In this industry features such as imprecise standards, short distribution channel, reliability and consistency, face to face interaction and information exchange, and fluctuating demand have been identified and further complicate the task of defining, delivering and measuring service quality (Armstrong, 1997; 182).

New dimensions or features have been added or some dimensions have been adapted to the sector to be measured with SERVQUAL (Service Quality Measurement Scale). The SERVQUAL instrument could be revised according to the special features need to be measured for quality in the service sector. Demand for service in the hotel industry is generally clustered around peak periods of the day, week or year, such as check-in, check-out times or holiday season and these peak

periods create an environment which makes it difficult to provide consistent service quality (Teas, 1994; 135).

Several researchers applied the attribute-based service quality measurement methods in several service industries (Brown and Swartz, 1989; Carman, 1990; Gilbert and Wong, 2002; Parasuraman et al., 1988, 1991, 1994; Tsang and Qu, 2000). The SERVQUAL instrument developed by Parasuraman, Zeithalm and Berry that finds out the difference between perceptions and expectations of the customers in service sectors, is mostly favored and it still continues to appeal to both academics and practitioners despite numerous criticisms pointed at the instrument. As the leaders of the research on service quality, Parasuraman, Zeithalm and Berry have realized the need for comparing whether customer perceptions of quality matches with the quality of the service provider. In other words, there is a need of understanding whether customer expectations from a service provider meets with the perceptions of the customer after receiving the service. Therefore, measurement scales have been developed to measure service quality in the service sector. SERVQUAL (SERVices QUALity) model originally developed by Parasuraman, Zeithaml, and Berry (1985, 1988). The SERVQUAL model isolates dimensions or factors, which consumers take into consideration when assessing the quality of a service, which has been provided. Together, a consumer's perception of how well a service provider performed in each of these dimensions has been found to be a fairly accurate predictor of a consumer's overall satisfaction with the quality of a service. Each factor can be individually examined so that a more detailed picture may emerge of exactly what, within the overall service, the service provider failed to deliver (Urdang and Howey, 2001; 536).

In another study, SERVQUAL instrument was revised and adapted to the health-care sector. SERVQUAL was applied in Houston University Health Clinic and with the results obtained from the SERVQUAL scores; the strategic planning of the clinic has been reconsidered. In the health-care sector and in all service sectors; measurement is essential to criticize the service providers and the overall quality of the sectors. By the help of the measurement results the sectors would lead to restructuring or totally changing their strategic planning. The measurement of service quality is also important to help the sectors to carefully budget their financial

resources. Moreover, the measurement of service quality is necessary to determine customer satisfaction and the income of the firm, also it is necessary to know the cost of the service (Devebakan, 2006; 141).

Quality improvement brings up a social dimension such as: higher quality in lifestyles and quality becoming a part of people's lives. Customers would easily be adapted to qualified standards therefore; they would search for quality in their lives. Another important point is that qualified service would direct new customers to the companies. If the quality were continuously improved old customers would be more loyal in addition to gaining new customers. The quality improvement methods were just applied to the manufacturing sector before, however with the development of services the vitality of applying those methods in the service sector was understood. In fact, for the improvement of quality, measurement of quality should be made possible beforehand. The measurement of product quality is much easier because of tangible characteristics of the products such as physical features and endurance. In the manufacturing sector it is much easier to measure product quality, by determining whether the product fulfills its functions or not. The quality measurement for services is difficult because of the characteristics of dimensions involved in services such as:

- Services must create psychological utility among customers.
- An individual or an organization provides services for the benefit of another organization or an individual.
- Service settings such as time, place and format must be appropriate for an individual.
- Service is an activity that is executed by an individual or a company for the interest, benefit or need of another individual or an organization. Because the activity is carried out for someone else and has a psychological or emotional feeling on the service receiver (whether individual or a company) the measurement of the quality, in other words the perception of quality the service receiver has is hard to measure (Stauss, 1995; 63).

2.4.2 SERVQUAL and its Components

The SERVQUAL scale is a survey instrument which claims to measure the service quality in any type of service organization on five dimensions which are tangibles, reliability, assurance, responsiveness and empathy (Parasuraman et al.. 1988; 20). The SERVQUAL scale was developed by Parasuraman et al. (1985), and refined in 1988, 1991 and 1994. Realizing the significance of service quality for survival and success of service companies and the need for a generic instrument which would be used to measure service quality across a broad range of service categories, Parasuraman et al. (1985; 42) began a research program to develop such a tool. The research program began with a series of indepth interviews conducted with executives from nationally recognized service firms in four selected service categories.

As Zeithalm (1990) explains the four service categories selected included appliance repair and maintenance, long distance telephone, retail banking, and credit cards. In conjunction with the executive interviews, the researchers conducted interviews with three customer focus groups for each of the selected service categories. The exploratory study comprised of interviews and focus groups led Zeithalm et al. to make a definition of service quality as the discrepancy between customers' expectations and perceptions and to identify 10 general dimensions that represent the evaluative criteria customers use to assess service quality. The researchers named these dimensions as ''tangibles'', ''reliability'', ''responsiveness'', ''competence'', ''courtesy'', ''credibility'',''security'', ''convenience'', ''communication'' and ''understanding the customer'' (Zeithaml et al., 1990).

Using the conceptual definition of service quality and the 10 evaluative dimensions from the exploratory research as a base, Parasuraman et al. embarked on a quantitative research phase to develop an instrument for measuring customers' perceptions of service quality. The quantitative research phase involved customer surveys in five different service sectors: product repair and maintenance, retail banking, long-distance telephone, securities brokerage, and credit cards. In their 1988 work, the researchers describe the development of SERVQUAL instrument and

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the resultant structure of the instrument. After two stages of refinement, the initial instrument consisted of 97 items capturing the 10 dimensions refined and condensed to a purified instrument that consisted of 22 sets of expectation and perception measuring items and five dimensions. The resultant five dimensions and their definitions were:

- *Tangibles:* Physical facilities, equipment, and appearance of personnel.

- *Reliability:* Ability to perform the promised service dependably and accurately.

- *Responsiveness:* Willingness to help customers and provide prompt service.

- *Assurance:* Knowledge and courtesy of employees and their ability to inspire trust and confidence.

- *Empathy*: Caring, individualized attention the firm provides its customers (Urdang and Howey, 2001; 536).

Each dimension consists of five statements. This instrument consisted of two sections; an expectations section containing 22 statements to ascertain the general expectations of customers concerning a service, and a perceptions section containing a matching set of 22 statements to measure customers' assessments of a specific firm within the service category (Zeithaml et al., 1990 ; 179). Statements in both sections used a seven-point Likert scale ranging from "Strongly Agree" (7) to "Strongly Disagree" (1). The 1988 version had attempted to capture respondents' normative expectations. Recognizing the fact that the "should" terminology used in the expectation section might be contributing to unrealistically high expectation scores, Parasuraman et al. changed the wording of all expectation statements. For example, one expectation statement in the 1988 version read: "They should keep records accurately".

The revised wording focused on what customers would expect from companies delivering excellent service. The sample statement was modified to read: "Excellent companies will insist on error-free records". Detailed wording of many perception statements were also modified. Two new statements, one each under

"tangibles" and "assurance", were substituted for two original statements to more fully capture the dimensions. The tangible statement referred to the appearance of communication materials. The assurance statement referred to the knowledge of employees. In 1988 version, all service quality dimensions were treated as equally important. This may be inappropriate as research has revealed that determinants of service quality differ in their importance to individual respondents and throughout different service environments. For this reason, Parasuraman et al. refined the 1988 version and included an additional section to ascertain the relative importance of the five dimensions. In this section, respondents are given a total of 100 points to allocate across the five dimensions according to how important they consider each to be. De Man et al. (2002) states there was a considerable refinement and modification that have been applied to the original SERVQUAL instrument. The measurement of the SERVQUAL score could be shown by DeMan et al. (2002; 1112):

GAP SCORE= Perception Score- Expectation Score

Service Quality= Perception (P) – Expectation (E)

SERVQUAL method has been applied for several times in the information technology services and in libraries. People, mostly students, have direct transactions with the service personnel in libraries. Therefore, quality in libraries is important to measure for a general point of view of quality in service sectors. Libraries are also a good example to test whether the SERVQUAL can be applied to the information technology departments. The study of Landrum and Prybutok (2004) is a good example for application of SERVQUAL in information service industries. Their research aims to find out that service quality is an important element in information system success. Service quality is one of the variables that affects information center success. Importance of the service dimension to information systems and combined a User Information Satisfaction (UIS) instrument developed by Bailey and Pearson to examine whether SERVQUAL captures aspects of information system service that the UIS instrument fails to measure. The results obtained indicate that to find an effective measure of information success, there is a need to examine whether existing system satisfaction measures should be supplemented with instruments measuring service quality (Landrum and Prybutok, 2004; 632). Other instruments measuring

service quality is existed but they are not used as much as SERVQUAL. ACSI Model, namely, a measure of overall customer satisfaction that is uniform and comparable, requires a methodology with two fundamental properties. ACSI uses a multiple indicator approach to measure overall customer satisfaction as a latent variable. The result is a latent variable score or index that is general enough to be comparable across firms, industries, sectors and nations (Bateson and Hoffman, 1999; 384).

Cunningham et al. (2002; 5) stated SERVPERF means Service Performance (SERVice PERFormance) and it is also called "performance only" measurement. The term performance only measures, has thus come to refer to service quality measures that are based only on consumers' perceptions of the performance of a service provider. The use of performance-only measures is suggested by a number of authors including: Babakus and Boller (1992), Boulding et al. (1993), Cronin and Taylor (1992) and Gotlieb et al. (1994). SERVPERF method perceives a risk in measuring customer satisfaction so that the applicability of this method in cross cultural studies is not generally preferred. SERVQUAL with the important weights was the most statistically significant model, but SERVPERF without importance weights accounted for the most variance. SERVPERF is the measurement of only the performance of the service quality (Ruyter et al., 1997; 438).

The most important difference from SERVQUAL is that there is no measurement of customers' expectations in this instrument. In SERVQUAL, researchers first find out customers expectations from a service than they find out the perceptions- that is the measurement after the service is received- to find out whether the customer is satisfied with the service. Than with subtracting the expectations from perceptions, SERVQUAL score is received and it tells in what levels the service satisfies the customers and in what levels the service meets the expectations of customers. But in SERVPERF there is no such score (Cunningham et al., 2002; 6). This method in was applied in health-care services and rental industries, it has supporters but it could not be an important universal scale as SERVQUAL (Paul, 2003; 90). The SERVQUAL versus SERVPERF debate is ongoing. Recently, both groups of researchers have presented further arguments to support their perspectives (Kang and Bradley, 2002; 153).

CHAPTER 3
APPLICATION OF SERVQUAL IN HEALTH-CARE SECTOR

3.1. PURPOSE OF THE STUDY

The primary aim of this study is to measure the perceived service quality of Celal Bayar University Hospital. SERVQUAL instrument was applied to many service sectors such as tourism, information technology, transportation, education and retailing. Secondary aim of this study is to test the applicability of SERVQUAL in health-care service industry and to determine whether SERVQUAL is an appropriate method for finding out the service quality level of hospitals. It is also important to find out whether SERVQUAL dimensions can be adapted to the health-care services.

SERVQUAL method was used in many researches in the U.S (Brady et al.,2002; Burch et al., 2004; Cook and Thompson, 2000; DeMoranville and Bienstock, 2003; Paul, 2003; Urdang and Howey, 2001; Westbrook and Peterson, 1998), also in Australia (Kang and Bradley, 2002; Wilkins et al., 2006); in India (Sureshchandar, 2001); in Belgium (DeMan et al., 2002; Ruyter et al., 1998) in Korea (Cunningham et al., 2002) in Mauritius (Ramsaran-Fowdar, 2005) and in many more countries. There are also few applications in Turkey (Akbaba, 2006; Gumusoglu et al., 2003; Pakdil, 2007). Another aim of this study is to test the application of SERVQUAL in the Turkish context.

Finally, this study aims to increase the service quality level of Celal Bayar University Hospital by determining and improving dimensions the patients have the lowest satisfaction scores.

3.2. RESEARCH METHODOLOGY

3.2.1 Sampling

This study is conducted among operated patients in all surgery departments because they determine the level of service quality of CBU Hospital much better by observing the service quality of doctors, nurses and medical attendants both before and after the operation. 113 questionnaires were answered by the patients of Celal Bayar University Hospital. The demographic characteristics of the patients and their behavior of hospital usage are exhibited in Table 3.3 and Table 3.4 in the findings. All of the patients were operated. In this study, face to face dialogues were made with all of the patients in all surgery departments of Celal Bayar University Hospital. The study is conducted in ten departments of CBU Hospital. That covers all the surgery departments of the hospital. Hence, the questionnaire is applied to all the staying patients. 115 patients were staying at the CBU Hospital at the time questionnaire was applied. Two patients are excluded from the study because they were under 18 years old, they are very ill and they do not have enough concentration for the questionnaire.

Another reason for the operated patients to be chosen as the sample for this study is that these patients are staying at least one day in the hospital, therefore, the knowledge, courtesy and caring of the doctors, nurses, medical attendants and personnel are better be observed and the quality of the equipment, facilities and appearance of the hospital are carefully examined by these patients. Some of the operated patients have stayed for 10 or more days in CBU Hospital so the level of the service quality of CBU is better evaluated by these patients.

3.2.2 Questionnaire Design and Data Evaluation

To achieve the aim of this study the questionnaire used by Zeithaml et.al.(1990; 181-186) is translated into Turkish. The questionnaire is received by a doctor and a marketing academician to correct misunderstanding caused by the translation. The questions are also adapted for hospital services. The corrected

questionnaires were tested on 10 patients in DEU Hospital to see its applicability. After all corrections are done, the questionnaires are applied in the Celal Bayar University Hospital. The questionnaire is applied to all the surgery departments of CBU Hospital. Questionnaire consists of 10 pages. First page is a brief cover letter. The questionnaire consists of five parts. The first part is the "expectations". In this part the patients' expectations regarding quality of services offered by an excellent company is measured. A modified measure of SERVQUAL was used. In the original questionnaire there were 22 questions in the expectations part (Zeithaml et. al, 1990; 181-182). In this study 20 SERVQUAL questions are asked in the expectations part. Two questions were removed because of the similarity with the other questions after translation to Turkish. Instead an open- ended question was added to find out if there is another criteria expected from an excellent hospital other than the SERVQUAL questions. Questions related to the five dimensions of SERVQUAL namely tangibles, responsiveness, reliability, assurance and empathy are included in the expectations part.

Questions number 3, 9, 10, 11, 12, 13, 15, 16 and 20 were answered for doctors, nurses and personnel. These questions are: "Employees at hospitals will appear professionally dressed"; "Employees in Excellent Hospitals will tell customers exactly when services will be performed"; "Employees in Excellent Hospitals will give prompt service to customers"; "Employees in Excellent Hospitals will always be willing to help customers"; "Employees in Excellent Hospitals will never be too busy to respond to customers' requests; "The behavior of employees in Excellent Hospitals will instill confidence in customers"; "Employees in Excellent Hospitals will be consistently courteous to customers"; "Employees in Excellent Hospitals will have the knowledge to answer customers' questions" and "Employees in Excellent Hospitals will understand the needs of their customers". The questions regarding employees of the hospital were answered for doctors, nurses and hospital personnel because service quality of all employees of a hospital should be in high levels for a hospital to get high satisfaction scores.

In the original questionnaire a seven point likert scale is used. In this study a five point likert scale is used to adapt the SERVQUAL to the Turkish context.

Patients were asked to rate the statements on a five point scale, (1) indicating "I strongly disagree", (2) indicating "I disagree", (3) indicating "I have not decided", (4) indicating "I agree" and (5) is the highest score indicating "I strongly agree". Statements from 1-4 form the "tangibles" dimension. Statements from 4-8 are about "reliability" dimension; 8-12 are about "responsiveness"; 12-16 are about "assurance" and 16-20 are about "empathy" dimension of SERVQUAL.

In the second part, the patients were asked to allocate 100 points among SERVQUAL dimensions according to their expectations; highest point is expected to be given to the SERVQUAL dimension that the patient has the highest expectation from an excellent hospital. There are five statements. First statement is about "tangibles" dimension. Second statement is about "reliability" dimension, third statement is about "responsiveness" dimension. Fourth statement is about "assurance" dimension and fifth statement is about "empathy" dimension.

The third part of the questionnaire is the "perceptions". Same statements in part one is given for CBU Hospital and patients were asked to rate each statement for CBU Hospital. Fourth part is the satisfaction level of services given by CBU Hospital. In this part, patients were asked to allocate 100 points. Highest point is asked to be given to the dimension that they are most satisfied. Fifth part consists of questions regarding demographic characteristics of patients such as age, gender, educational level, occupational level and length of stay in CBU Hospital. A sample of the questionnaire is given at the end in Appendix.

3.2.3 Reliability Analysis

Reliability of the scales is calculated; reliability level (**croanbach's alpha coefficient**) for the expected service quality is **0.8219** and reliability level (**croanbach's alpha** coefficient) for the perceived service quality is **0.7593**. Both scores are acceptable for the social sciences. As can be seen on the Table 3.1 and Table 3.2, cronbach's alpha values are relatively high for both expected and perceived service quality. Reliability scores are calculated for dimensions also and can be seen in the Table 3.1 and Table 3.2. **SPSS. 13.0** statistical program is used in this study to calculate these values. The overall reliability scores are very high however, when considering dimensions separately, assurance dimension has a low

reliability score in expected level of service quality, also, tangibles and assurance dimensions has a low score in perceived level of service quality. The dimensions especially the ones that have lower reliability scores must be improved. Some dimensions may be misunderstood by customers or may be considered as unimportant. These dimensions are found in many foreign countries but due to the conditions of Turkish public hospitals, some dimensions may be meaningless for patients. So, each dimension should be better introduced to patients. A modified version of SERVQUAL was used but the scale should be adapted for the health-care sector in Turkey. Considering the high overall reliability scores, the application of the study would be successful in the Turkish context but still the dimensions should better be adapted to Turkish health-care sector and a totally new version of SERVQUAL just for hospitals may be helpful for the next studies.

Table 3.1: Reliability for Expected Level of Service Quality

CRONBACH'S Alpha = 0.8219   Standardized item alpha = **0.7996**

Sub-Scales	Number of items	N	SCALE
			Alpha
tangibles	4	113	0.8354
reliability	4	113	0.8491
responsiveness	4	113	0.7711
assurance	4	113	0.3847
empathy	4	113	0.8859

Table 3.2: Reliability for Perceived Level of Service Quality

CRONBACH'S Alpha = 0.7593   Standardized item alpha = 0.7826

Sub-Scales	Number of items	N	SCALE Alpha
tangibles	4	113	0.4667
reliability	4	113	0.8216
responsiveness	4	113	0.5718
assurance	4	113	0.3837
empathy	4	113	0.8224

3.3 FINDINGS

3.3.1 Demographic Characteristics of Respondents

The demographic characteristics of patients of CBU Hospital are exhibited in Table 3.3. The graphical representations of the demographic characteristics of the respondents are also provided by Figure 3.1 and Figure 3.2. As seen in Figure 3.1, questionnaires were answered by patients. But some patients were very ill to respond. In that case, their companions answered the questions on behalf of the patients. 68% of the respondents are patients and 32% of the respondents are companions.

The graph of patients and companions

Companion; 36; 32%
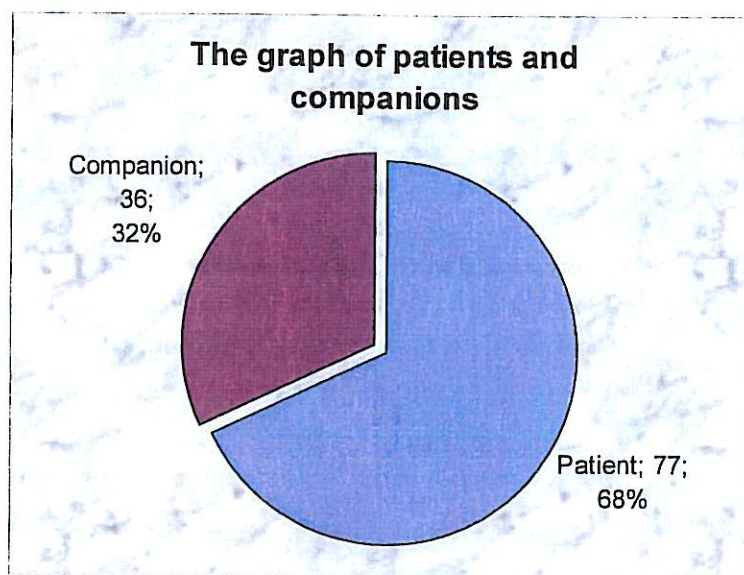
Patient; 77; 68%

Figure 3.1: Distribution of Respondents According to be Patients or Companions

Table 3.3: The Demographic Characteristics of Respondents

	n	%
Respondent		
Patient	77	68.1
Companion	36	31.9
Gender		
Woman	62	54.9
Man	51	45.1
Occupation		
Labor	21	18.6
Civil servant	7	6.2
Student	9	8.0
Retired	23	20.4
House wife	28	24.8
Self employment	25	22.1
Age		
21-30	24	21.2
31-40	25	22.1
41-50	27	23.9
51-60	15	13.3
61-70	8	7.1
71 and over	14	12.4
Marital Status		
Single	35	22.1
Married	88	77.9
Educational Level		
Illiterate	5	4.4
Literate	2	1.8
Primary School	24	21.2
Secondary School	30	26.5
High School	42	37.2
Under Graduate	7	6.2
Graduate	3	2.7

In Table 3.3 demographic characteristics of the patients such as gender, occupation, age, marital status and educational level are exhibited. Figures below are graphical representations of demographic characteristics. Figure 3.2 shows the gender of the respondents. The numbers of male and female respondents are almost equal. 45% of the respondents are men; 55% of the respondents are women.
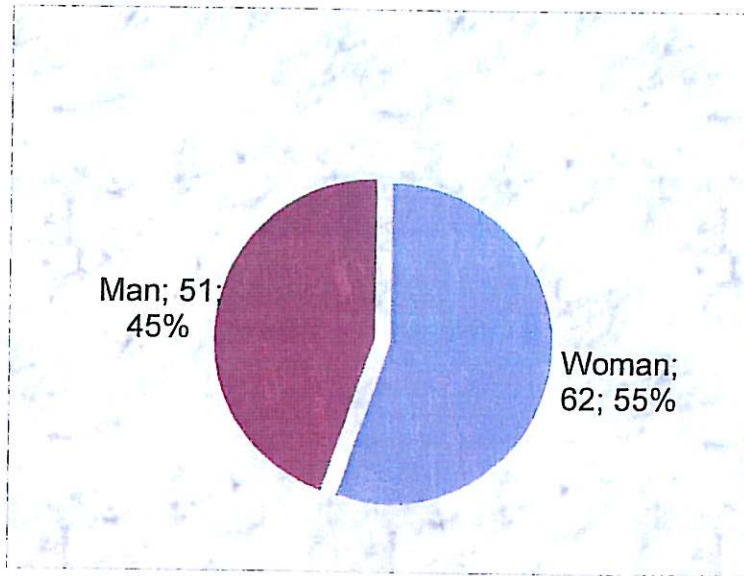
Figure 3.2: Distribution of Respondents Regarding Gender

Figure 3.3 shows occupations of the patients. As can be seen also in Table 3.3, housewives, self employed, workers and retired people have the highest percentages, respectively. Housewives made up 25% of the respondents that means CBU Hospital has a high percentage of patients who are housewives. According to the gathered information from face to face dialogues and according to the information the academic staff has given, there are more women because usually housewives and self-employed people having Bagkur (Social Security System for Artisans and Self Employed) health insurance policy prefer to be operated in CBU Hospital. Also, retired people having Emekli Sandığı (Retirement Fund) insurance policy are also visiting the hospital. According to gathered information from the academic staff, the people with SSK (Social Security Institution) insurance policy were not using the CBU before, because it is a university hospital. They were using the public hospitals. But after a legal arrangement was made for people with SSK to

be examined and operated in university hospitals, workers became patients of CBU Hospital. 19% of the respondents in this study are also workers. Civil servants and students are usually from Manisa, districts of Manisa and from the cities near to Manisa. There are patients who have been operated in hospitals in eastern Turkey before and have had a second operation in Manisa due to the fact that they have moved in Manisa for some reason.
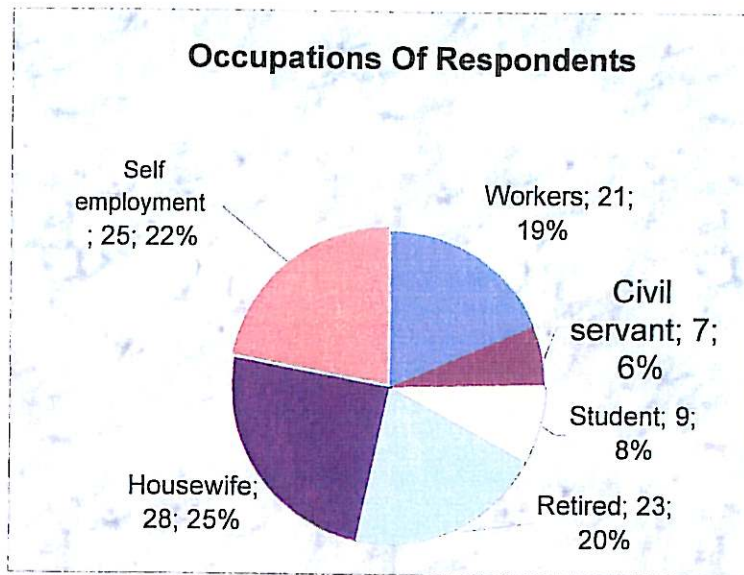
Figure 3.3: Occupations of Respondents

Age groups are seen in Figure 3.4: Respondents who are between 31-50 years of age form half of the sample. Smallest portion (7%) of the respondents is formed by people who are between 61-70 years of age. There were only two children under 18 who were operated but they were not involved in this study due to the fact that they do not want to participate and they are not knowledgeable enough to rate all the statements of SERVQUAL.

Age Distribution of Respondents

14; 12%

8; 7%

15; 13%

27; 25%

24; 21%

25; 22%

■ 21-30 ■ 31-40 ¦ 41-50 ¦ 51-60 ■ 61-70 ■ 71 and over
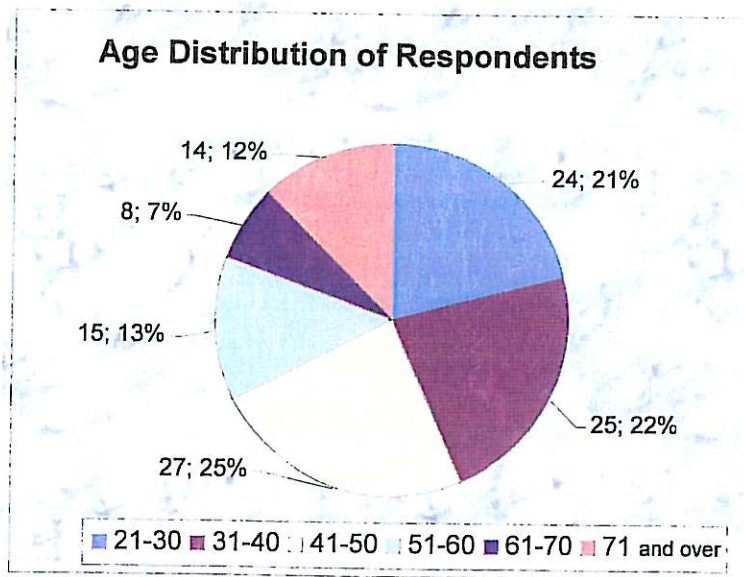
Figure 3.4: Age Distribution of Respondents

As exhibited in Figure 3.5, 88 respondents are married and this reflects the 72% of the population; 35 respondents are single and this reflects the 28% of the population.

Marital Status of Respondents

Single; 35; 28%

Married; 88; 72%
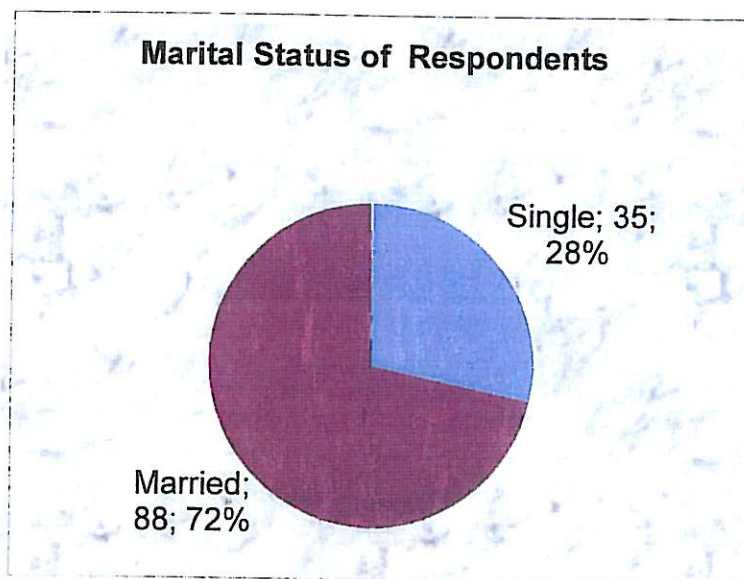
Figure 3.5: Marital Status of Respondents

Figure 3.6 shows that the education level of the respondents is quite low. Nearly 60% of the respondents have education below the level of high school. Only 9% of the respondents have a university degree. 37% of the respondents have a high school degree. As it is mentioned before there are many patients coming from districts and villages surrounding Manisa. Those people are mostly involved in agriculture and they are usually farmers, therefore, they had quitted school for the farming business. According to the information received by face to face dialogues, most of the respondents having a high school degree are housewives who have not worked. Respondents having a university degree are mostly academic staff of the CBU.
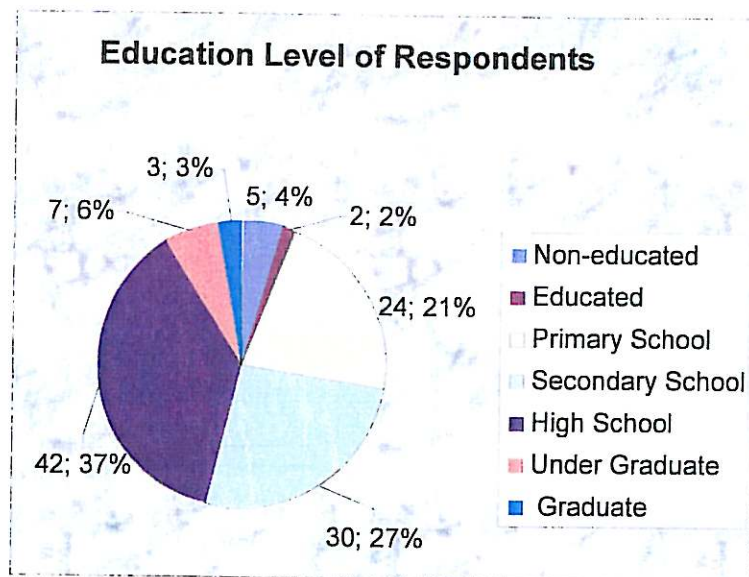
Figure 3.6: Education Level of Respondents

3.3.2 Hospital Usage Behavior

Table 3.4 shows the behavior of usage of hospital services. The graphical representations are also provided by the figures below.

Table 3.4 Hospital Usage Behavior

Visiting frequency of CBU Hospital	n	%
First time visiting CBU Hospital	75	66.4
3 or less than 3 times in a year	24	21.2
More than 3 times in a year	14	12.4
Number of stays in CBU Hospital		
1	85	75.2
2	22	19.5
3 and more	6	5.3
Current Department of Stay		
Orthopedics and Traumatology	15	13.3
Internal disease	1	0.9
General surgery	18	15.9
ENT (ear, nose, throat)	10	8.8
Cardiothoracic surgery	13	11.5
Gynecology	17	15.0
Urology	11	9.7
Eye disease	12	10.6
Plastic surgery	7	6.2
Brain surgery	9	8.0
Current Length of Stay at CBU Hospital		
1 day	13	11.5
2 days	47	41.6
3 days	27	23.9
4 days	5	4.4
5 days	9	8.0
6 days	2	1,8
7 days	3	2.7
8 days	3	2.7
10 days	3	2.7
13 days	1	0.9

Table 3.4 (Continued)		
Staying at any other hospital before		
Have stayed	40	35.4
Manisa Hospital	21	18.6
Tepecik Hospital	3	2.7
Turgutlu Hospital	1	0.9
Soma Hospital	4	3.5
Gördes Hospital	2	1.8
Akhisar Hospital	5	4.4
Salihli Hospital	4	3.5
Bingöl Hospital	1	0.9
Have not stayed	72	63.7
Length of stay at another hospital		
1 day	3	7.0
2 days	9	22.0
3 days	9	22.0
4 days	6	15.0
5 days	6	15.0
7 days	5	12.0
10 days and more	3	7.0

Graphical representations of the table can be seen in the figures below. Figure 3.7 shows the respondents' frequency of visiting the hospital. 67% of the respondents are visiting the hospital for the first time. 21% of the respondents are visiting the hospital three or less than three times in a year. 12% of the respondents visit the CBU Hospital for more than three times in a year. Depending upon the face to face dialogues, the patients visiting CBU Hospital for more than three times in a year are mostly elderly people who are continuously examined due to an illness or due to the age factor.
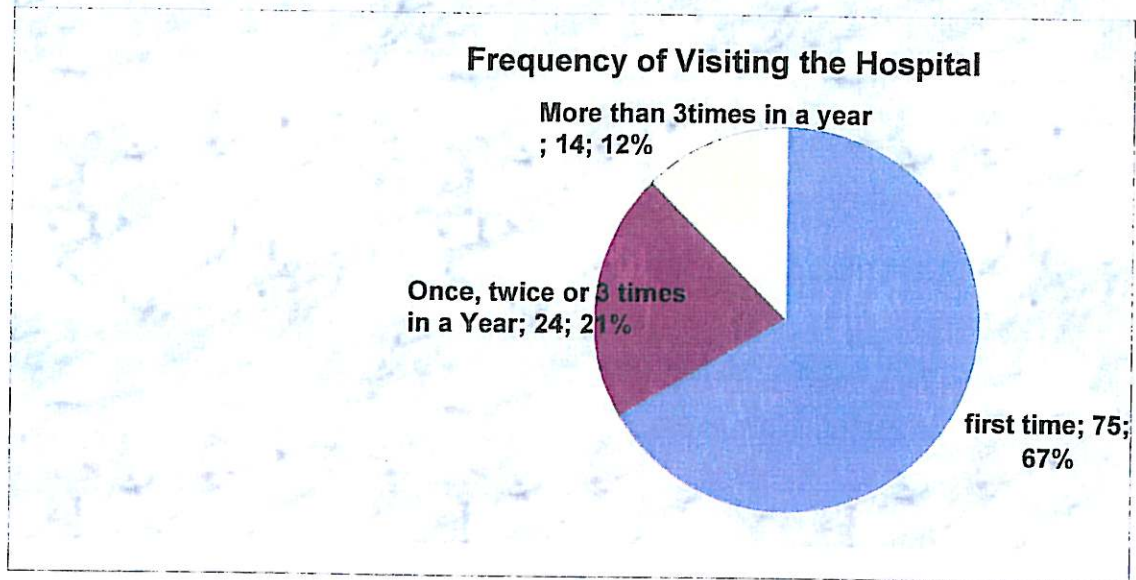
Figure 3.7: Frequency of Visiting the Hospital

Figure 3.8 shows the number of stays in the CBU Hospital. 75% of the respondents have been staying in the hospital for the first time. 19% of the respondents are staying stay for the second time; 6% of the respondents have been staying in CBU Hospital 3 or more than 3 times.
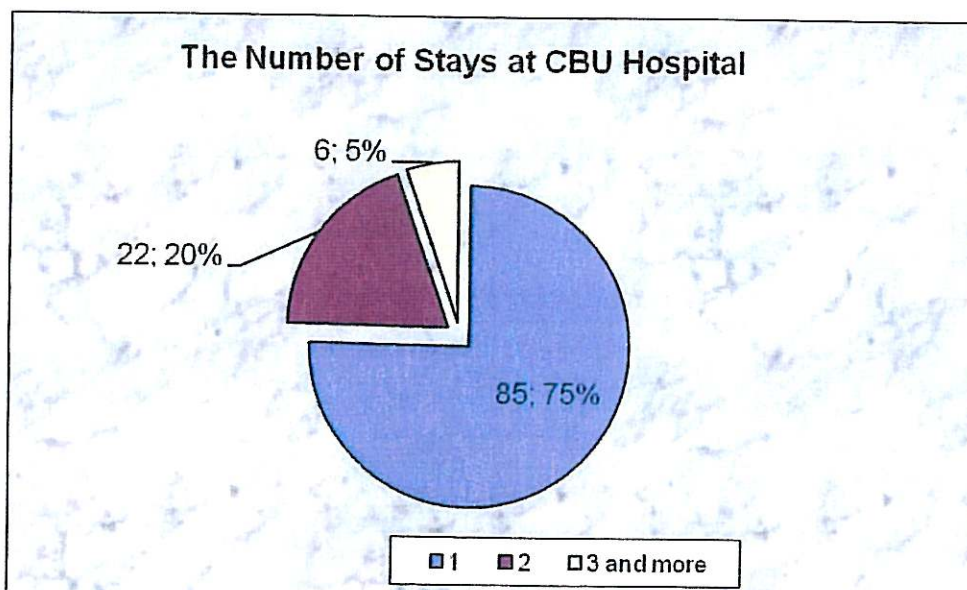
Figure 3.8: The Number of Stays at CBU Hospital

Figure 3.9 shows the distribution of respondents according to departments the patients are staying. As in figure 3.9, general surgery department with 18 patients has the highest number of patients. Gynecology department has 17 operated patients while Orthopedics and Traumatology department has 15 patients. Face to face dialogues are made with all the operated patients staying at the hospital at the time questionnaire was applied. So that Figure 3.9 covers all the patients at all surgery departments of the CBU Hospital. Only 2 patients from internal disease department were excluded from the research due to the fact that they were under 18 so that the questionnaire form may not carefully be filled or the service quality level cannot be easily judged by these children.

Departments the patients are staying

9; 8%
15; 13%
7; 6%
1; 1%
12; 11%
18; 15%
11; 10%
10; 9%
17; 15%
13; 12%

- Orthopedics/ traumatology
- Internal disease
- General surgery
- ENT (ear, nose, throat)
- Cardiothoracic surgery
- Gynecology
- Urology
- Eye disease
- Plastic surgery
- Brain surgery
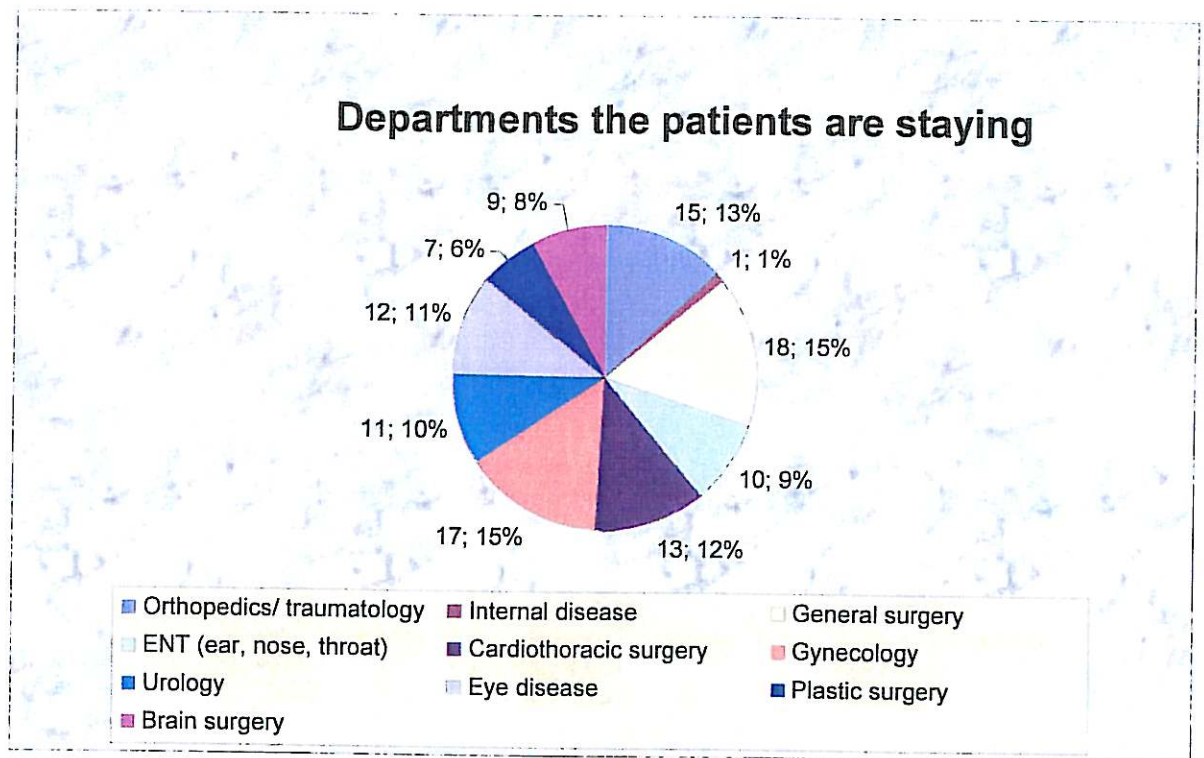
Figure 3.9: Departments The Patients are Staying

Figure 3.10 shows that more than 70% of the respondents were staying at the hospital less than four days. All operated patients stay at least one day in the hospital. According to the dialogues with doctors and nurses, operated patients stay at the hospital between 5-7 days usually but if it is a major operation the length of stay may be extended to 10 days. Stays at the hospital after the operation are named post

operation stays. Patients stay at the average 5 to 7 days post operatively. Some patients were staying 10 or more days due to the fact that their recovery took longer. Minor operations have shorter post operation stays. The operated patients at the time the questionnaire was applied mostly have had minor operations and their recovery takes shorter time. But 10% of the respondents were staying at the hospital for 7 or more days, their recovery has taken a long time because they had major operations. The operations of Brain Surgery department were mostly major operations and length of stay at this department is taking longer.

Current Length of Stay at the CBU Hospital

3%3% 3%3% 3%1%
2%
8%
4%
a day; 12%

2 days; 41%

3 days; 23%

■ 1 day ■ 2 days ☐ 3 days ☐ 4 days
■ 5 days ☐ 6 days ■ 7 days ☐ 8 days
■ 10 days ☐ 13 days
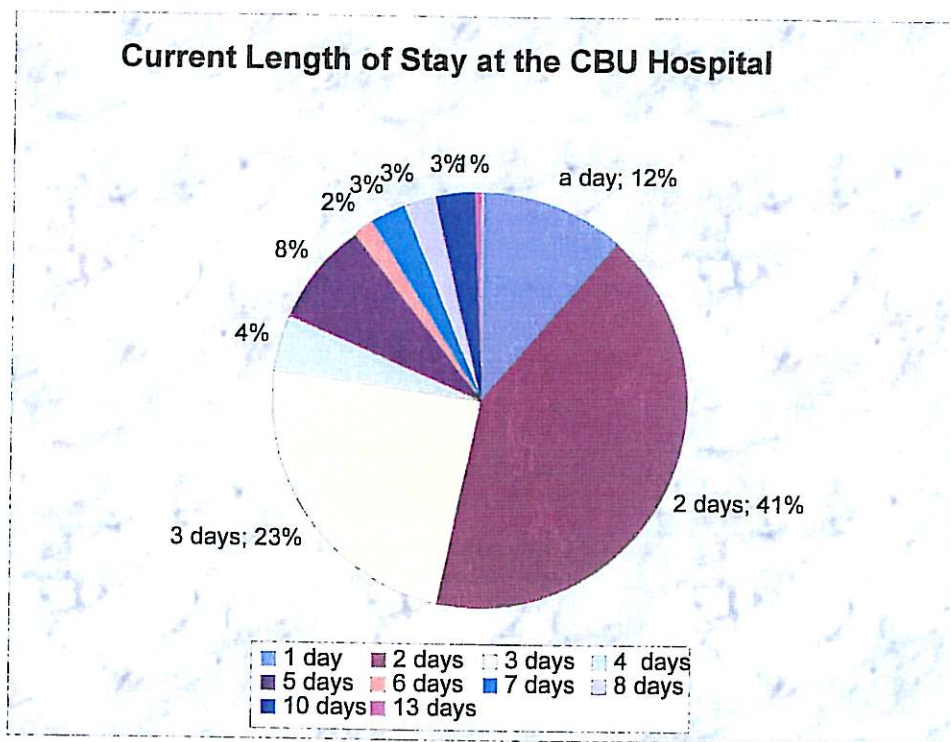
Figure 3.10: Current Length of Stay at the CBU Hospital

As seen in Figure 3.11, 64% of the respondents have not stayed in another hospital before while the remaining 36% stayed in another hospital.

Having Stayed in another Hospital

Stayed at another hospital; 40; 36%

Not stayed at another hospital; 72; 64%
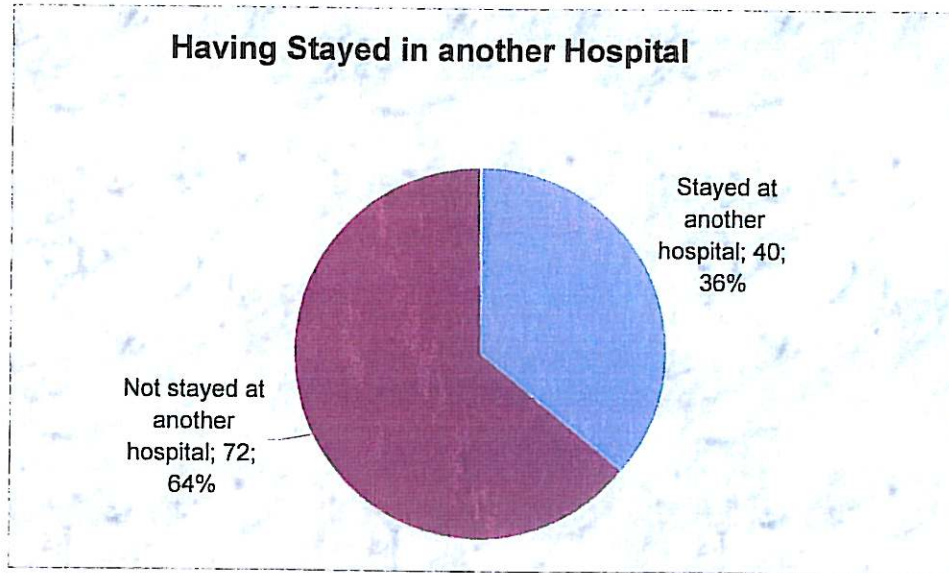
Figure 3.11: Having Stayed in another Hospital

Figure 3.12 shows the other hospitals that respondents stayed before. Among the patients who have stayed in other hospitals, more than half of the patients (51%) have stayed in Manisa Hospital because the patients are coming from Manisa or surroundings. Other hospitals can be seen in the figure below.

Other Hospitals Stayed Before

2%
10%
12%
5%
10%
3%
7%
51%

□ Manisa Hospital ■ Tepecik Hospital □ Turgutlu Hospital
□ Soma Hospital ■ Gördes Hospital ■ Akhisar Hospital
■ Salihli Hospital □ Bingöl Hospital
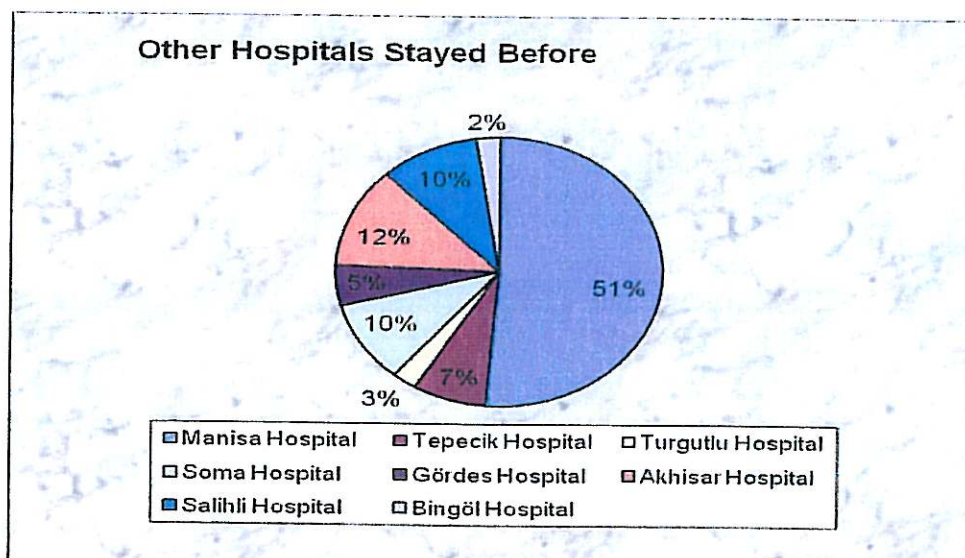
Figure 3.12: Other Hospitals Stayed Before

Figure 3.13 shows the time length of respondents stayed in other hospitals. The percentage of respondents stayed in other hospitals for two and three days are the same. 44% of the patients have stayed in other hospitals for two and three days. 30% of the respondents have stayed in other hospitals for four and five days. 12% of the respondents have stayed in other hospitals for seven days. 7% of the respondents have stayed in other hospitals for ten and more days.

The Lengthof Stay at Another Hospital

3; 7%   3; 7%
5; 12%
6; 15%   9; 22%
6; 15%   9; 22%

□ 1 day   ■ 2 days   □ 3 days
□ 4 days   ■ 5 days   ■ 7 days
■ 10 days and more
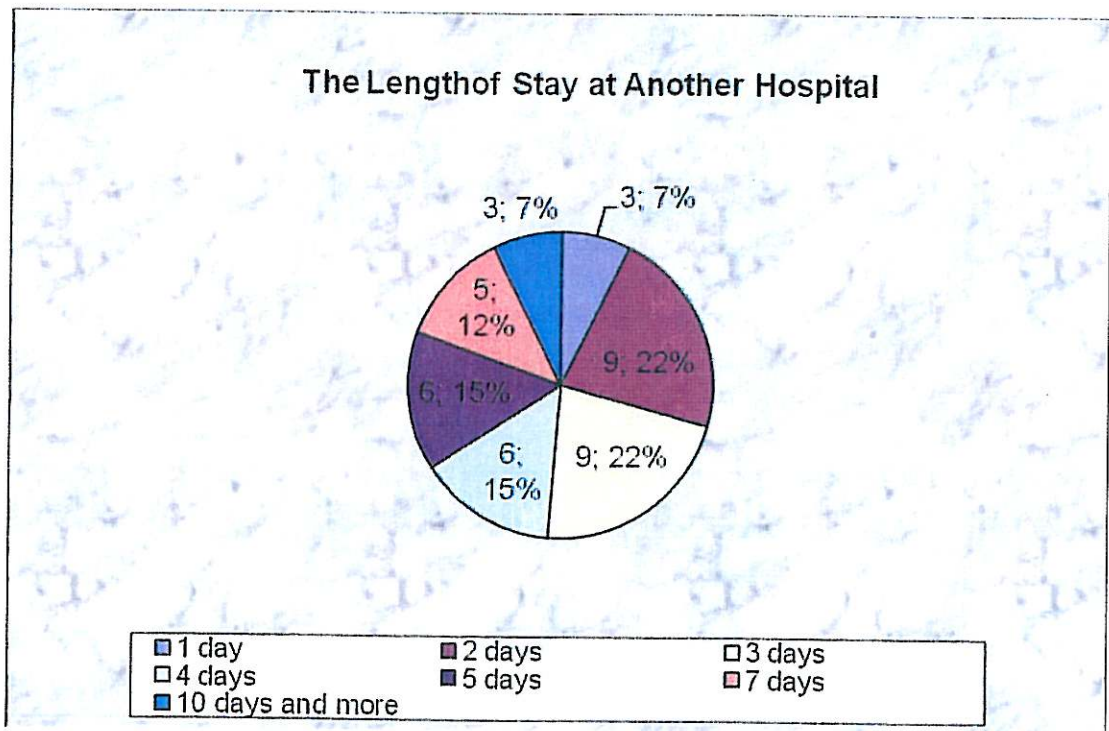
Figure 3.13: The Length of Stay at Another Hospital

3.3.3 Expectations From Excellent Hospital Services and Evaluations of the Performance of Celal Bayar University Hospital

In Table 3.5, SERVQUAL items are given regarding to the dimensions they belong to. 4 statements are given for each dimension namely tangibles, reliability, responsiveness, assurance and empathy. In part I of the questionnaire expectations from excellent hospital services are determined. In part III of the questionnaire same statements are evaluated regarding the performance of the CBU Hospital. In Table 3.5 means and standard deviations are given for both the expectations and perceptions.

The statements given in Table 3.5 were used in part I and part III of the study. In part I, statements about excellent hospitals are given to the respondents asking them to rank the level of service expected from excellent hospitals in a likert scale from 1 to 5 where; 1 is "strongly disagree" and 5 is "strongly agree". The same statements are given to respondents in part III, asking the respondents to rank the statements in the same 1 to 5 likert scale but this time the services of CBU Hospital is considered. To understand whether CBU Hospital meets expectations, mean scores of statements both for questionnaire part I and part III are determined. Table 3.5 shows the comparison of means and standard deviations of both part I and part III.

Table 3.5 Expectations from Excellent Hospital Services and Performance of CBU Hospital

	EXPECTATIONS		PERFORMANCE	
	MEAN	STD.DEVIATION	MEAN	STD.DEVIATION
TANGIBLES				
1. Excellent Hospitals will have modern looking equipment	3.58	1.179	3.33	1.278
2. The physical facilities at Hospitals will be visually appealing	3.51	1.218	3.33	2.917
3. Employees at Hospitals will appear professionally dressed	4.00	0.835	3.94	0.909
doctors at Hospitals will appear professionally dressed	4.00	0.791	4.08	0.878
nurses and medical attendants at Hospitals will appear professionally dressed	3.98	0.802	3.99	0.931
Hospital personnel at Hospitals will appear professionally dressed	3.96	0.823	3.67	1.199
4. Materials associated with the service (promotional brochures, service tracking documents, invoices etc) will be visually appealing in Excellent Hospitals.	2.97	1.257	2.56	1.069
RELIABILITY				
5. When excellent Hospitals promise to do something by a certain time, they will do so.	3.81	1.048	4.09	0.996
6. When a customer has a problem, Excellent Hospitals will show a sincere interest in solving it.	3.56	1.232	3.72	1.114
7. Excellent Hospitals service companies will perform the service right first time	3.48	1.188	3.90	1.110
8. Excellent Hospitals will insist on error-free records	3.86	0.972	4.23	0.906
RESPONSIVENESS				

#	Statement				
9.	Employees in Excellent Hospitals will tell customers exactly when services will be performed	3.62	1.113	4.01	1.013
	doctors in excellent Hospitals will tell customers exactly when services will be performed	3.66	1.107	4.28	0.901
	nurses and medical attendants in excellent Hospitals will tell customers exactly when services will be performed	3.58	1.108	4.14	1.025
	hospital personnel in excellent Hospitals will tell customers exactly when services will be performed	3.56	1.118	3.80	1.262
10.	Employees in excellent Hospitals will give prompt service to customers	3.61	1.153	3.48	1.150
	Doctors in excellent Hospitals will give prompt service to customers	3.66	1.192	3.48	1.143
	Nurses and medical attendants in excellent Hospitals will give prompt service to customers	3.65	1.164	3.34	1.131
	Hospital personnel in excellent Hospitals will give prompt service to customers	3.55	1.165	2.97	1.145
11.	Employees in excellent Hospitals will always be willing to help customers	3.41	1.207	3.53	1.103
	Doctors in excellent Hospitals will always be willing to help customers.	3.43	1.238	3.69	1.094
	Nurses and medical attendants in excellent Hospitals will always be willing to help customers.	3.38	1.212	3.50	1.218
	Hospital personnel in excellent Hospitals will always be willing to help customers.	3.31	1.275	3.01	1.271
12.	Employees in excellent Hospitals will never be too busy to respond to customers' requests	3.24	1.241	2.84	1.192

#	Statement				
	Doctors in excellent Hospitals will never be too busy to respond to customers' requests	3.23	1.261	2.83	1.207
	Nurses and medical attendants in excellent hospitals will never be too busy to respond to customers' requests	3.22	1.245	2.72	1.214
	Hospital personnel in excellent Hospitals will never be too busy to respond to customers' requests	3.25	1.243	2.65	1.209
	ASSURANCE				
13.	The behavior of employees in excellent Hospitals will instill confidence in customers	4.40	0.785	4.54	0.964
	The behavior of doctors in excellent Hospitals will instill confidence in customers	4.52	0.696	4.74	0.624
	The behavior of nurses and medical attendants in excellent Hospitals will instill confidence in customers	4.41	0.809	4.58	0.874
	The behavior of hospital personnel in excellent Hospitals will instill confidence in customers	4.33	0.860	4.12	1.252
14.	Customers of excellent Hospitals will feel safe in their transactions	4.58	0.638	4.67	0.647
15.	Employees in excellent Hospitals will be consistently courteous to customers	4.14	0.875	4.24	0.698
	Doctors in excellent Hospitals will be consistently courteous to customers	4.15	0.868	4.26	0.692
	Nurses and medical attendants in excellent Hospitals will be consistently courteous to customers	4.11	0.880	4.12	0.878

#	Statement				
	Hospital personnel in excellent Hospitals will be consistently courteous to customers	4.05	0.953	3.59	1.237
16.	Employees in excellent Hospitals will have the knowledge to answer customers' questions	4.35	0.609	4.48	0.708
	Doctors in excellent Hospitals will have the knowledge to answer customers' questions	4.39	0.633	4.60	0.648
	Nurses and medical attendants in excellent Hospitals will have the knowledge to answer customers' questions	4.31	0.708	4.35	0.864
	Hospital personnel in excellent Hospitals will have the knowledge to answer customers' questions	4.02	0.935	3.66	1.139
	EMPATHY				
17.	Excellent Hospitals will have operating hours convenient to all their customers	3.27	1.167	2.81	1.194
18.	Excellent Hospitals will give customers individual attention	3.08	1.276	3.06	1.248
19.	Excellent Hospitals will have the customer's best interests at heart	3.18	1.182	3.50	1.135
20.	Employees in excellent Hospitals will understand the needs of their customers	3.12	1.174	3.33	1.039
	Doctors in excellent Hospitals will understand the needs of their customers	3.12	1.189	3.44	1.026
	Nurses and Medical attendants in excellent Hospitals will understand the needs of their customers	3.15	1.182	3.30	1.034
	Hospital Personnel in excellent Hospitals will understand the needs of their customers	3.06	1.159	2.95	1.156

As can be seen in the Table above, respondents rated the expectation statements "Customers of excellent hospitals will feel safe in their visit"; "The behavior of employees in excellent hospitals will instill confidence in customers"; and "Employees in excellent hospitals will have the knowledge to answer customers' questions" the highest with mean scores of 4.58; 4.40; and 4.35 respectively. As can be depicted from these figures; in excellent hospitals patients expect to feel themselves in confidence that service providers have the adequate level of information about their jobs.

According to the results; to feel themselves in confidence, first doctors with mean score of 4.52, than nurses and medical attendants with mean score of 4.41 and lastly hospital personnel with mean score of 4.33 must give confidence to the patients. In line with this, doctors with mean score of 4.39, than nurses and medical attendants with mean score of 4.31 and lastly hospital personnel with mean score of 4.02 must have enough knowledge to answer the patients questions and problems.

As can be seen in the table above, CBU Hospital's performance is rated the highest on "customers feeling safe during their visits"; "employees instilling confidence in customers" and "employees having the knowledge to answer customers' questions" with mean value 4.67; 4.53; and 4.48 respectively. These three features had the highest expectation scores, too. Hence, it can be said that CBU Hospital has got the highest performance ratings on the features where customers have the highest expectation scores.

Doctors, nurses and medical attendants; and hospital personnel in CBU Hospital are rated high in giving confidence to their patients with mean scores of 4.74, 4.58, and 4.12 respectively. Parallel to this finding doctor, nurses and medical attendants, and hospital personnel in CBU Hospital are found to have enough knowledge to answer the patients' questions and problems.

As can be seen in the table above, respondent rated the expectation statement "Materials associated with the service (promotional brochures, service tracking documents, invoices etc) will be usually appealing in excellent hospitals" the lowest with a mean score of 2.97. This statement belongs to the tangibility dimension. CBU Hospital has scored lower than the expectations in this statement with a mean score of 2.56. This is also the lowest mean score of CBU Hospital among all statements. Therefore, CBU Hospital has scored lower than the expectations in tangibles dimension.

The 21st question was open-ended determining whether the respondents want to point out a feature that must be founded in an excellent hospital other than the SERVQUAL statements. In most of the questionnaires this question was not answered due to the fact that

questionnaire form was too long or patients did not want to add anything more. Patients who have answered this question mostly pointed out that food for both patients and companions must be qualified.

3.3.4 Importance of Service Dimensions

In the second part of the questionnaire, respondents were asked to allocate 100 points among the 5 general dimensions that must be founded in an excellent hospital. The highest point is the statement that the patients consider the most important in an excellent hospital. Table 3.6 shows the percentages allocated to each feature of an excellent hospital.

Table 3.6: Importance of SERVQUAL Dimensions for Excellent Hospitals

DIMENSION	DISTRIBUTION OF 100 POINTS AMONG DIMENSIONS (Means)
Appearance of Personnel, Facilities and Equipment	18.76%
Accuracy and Dependability of the Promised Service	18.36%
Willingness to help customers and providing a prompt service	13.05%
Knowledge and Courtesy of Employees to Convey Trust and Confidence	34.07%
Caring and Individual Attention to customers	15.58%

As can be seen also in the figure below, when the characteristics of excellent hospitals are ranked by the respondents "Knowledge and courtesy of employees and ability to convey trust and confidence" (34.07%) feature is found very important. This shows that to feel confident patients should know that academic staff and hospital personnel have adequate level of knowledge. The second most important feature is found to be the "Appearance of personnel, facilities and equipment" (18.76%). This explains that the quality of appearance of

personnel and facilities are expected from excellent hospitals. The least important feature is the "willingness to help customers and providing prompt service". This means that patients are not expecting willingness to help from an excellent hospital's personnel.
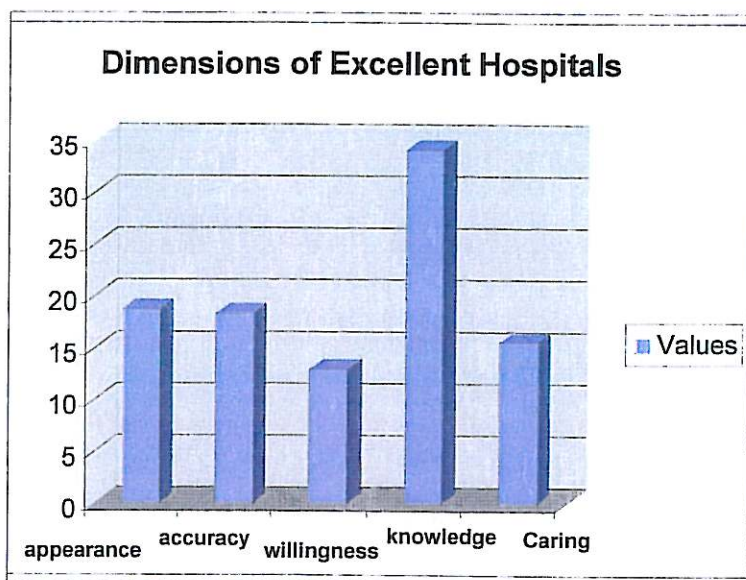
Figure 3.14: Dimensions of Excellent Hospitals

3.3.5 Service Dimension Scores of CBU Hospital

As can be seen in the table and figure, CBU Hospital's patients have the highest satisfaction for the feature "Knowledge and courtesy of employees and ability to convey trust and confidence" (41.81%). Figure 3.15 shows that service dimensions of CBU Hospital regarding knowledge of the academic staff and hospital personnel has satisfied the patients much more than the other dimensions. The second dimension that has the highest score providing satisfaction is "accuracy and dependability"(19.60%). This explains that CBU Hospital has satisfied their patients' expectations by providing accurate and on time services. The service dimension "Appearance of personnel, facilities and equipment" got the lowest score on satisfaction. CBU Hospital has not satisfied the expectations of the patients regarding appearance.

Table 3.7 Satisfaction Level of CBU Hospital's Patients Regarding 5 Service Dimensions

DIMENSION	DISTRIBUTION OF 100 POINTS AMONG 5 DIMENSIONS
Appearance of Personnel, Facilities and Equipment	10.62%
Accuracy and Dependability of the Promised Service	19.60%
Willingness to help customers and providing a prompt service	14.12%
Knowledge and Courtesy of Employees to Convey Trust and Confidence	41.81%
Caring and Individual Attention to customers	13.50%
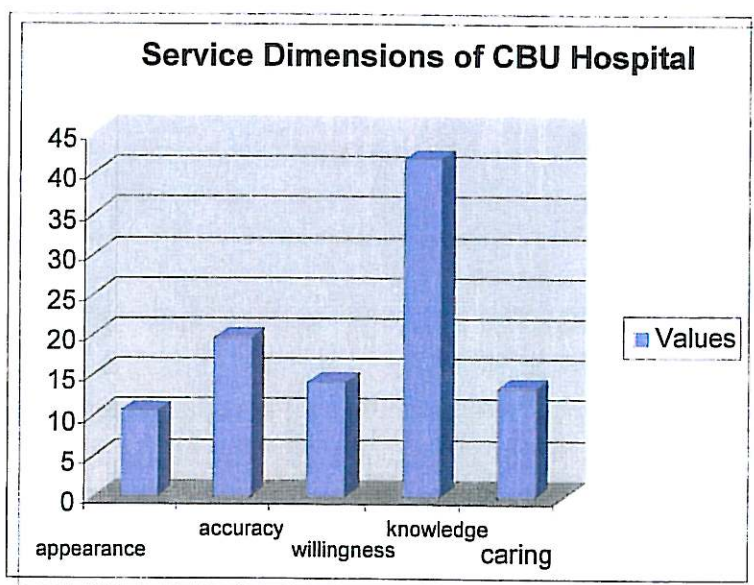
Figure 3.15: Service Dimensions of CBU Hospital

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When we analyze the expectation scores of an excellent hospital and perceived performance scores of CBU Hospital, there has been a difference between expectations and perceptions. Consequently; "Knowledge and courtesy of employees and ability to convey trust and confidence" item has a mean of 34.07 in the expectations and has a mean of 41.81 in perceptions. This can be interpreted as CBU personnel has a knowledge in the related field and shares it with its patients more than expected. Hence, it can be said that it has a good service quality on the features regarding to knowledge and courtesy of the employees and their ability to convey trust and confidence. As can be seen in the figure below CBU Hospital exceeds the level of expectations in accuracy, willingness of the employees and knowledge of employees. The performance scores are under expectations scores in features regarding appearance and caring. As can be seen in Table 3.8, there existed quality gaps in CBU Hospital regarding the features about the appearance and caring. CBU received negative scores. In other features negative scores do not exist because CBU Hospital meets or exceeds the expectations. So, positive scores mean that service is qualified for the mentioned features. These comparisons are the results of the study regarding to questionnaire part II and part IV.

Table 3.8: Comparison of 5 Dimensions of Excellent Hospitals and CBU Hospital

DIMENSION	Service Dimension of Excellent Hospitals	Service Dimensions of CBU Hospital	GAP(PERFORMANCE OF CBU MINUS EXPECTATIONS) (P-E)
Appearance of Personnel, Facilities and Equipment	18.76%	10.62%	-8.4
Accuracy and Dependability of the Promised Service	18.36%	19.60%	1.24
Willingness to help customers and providing a prompt service	13.05%	14.12%	1.07
Knowledge and Courtesy of Employees to Convey Trust and Confidence	34.07%	41.81%	**7.74**
Caring and Individual Attention to customers	15.58%	13.50%	-2.08
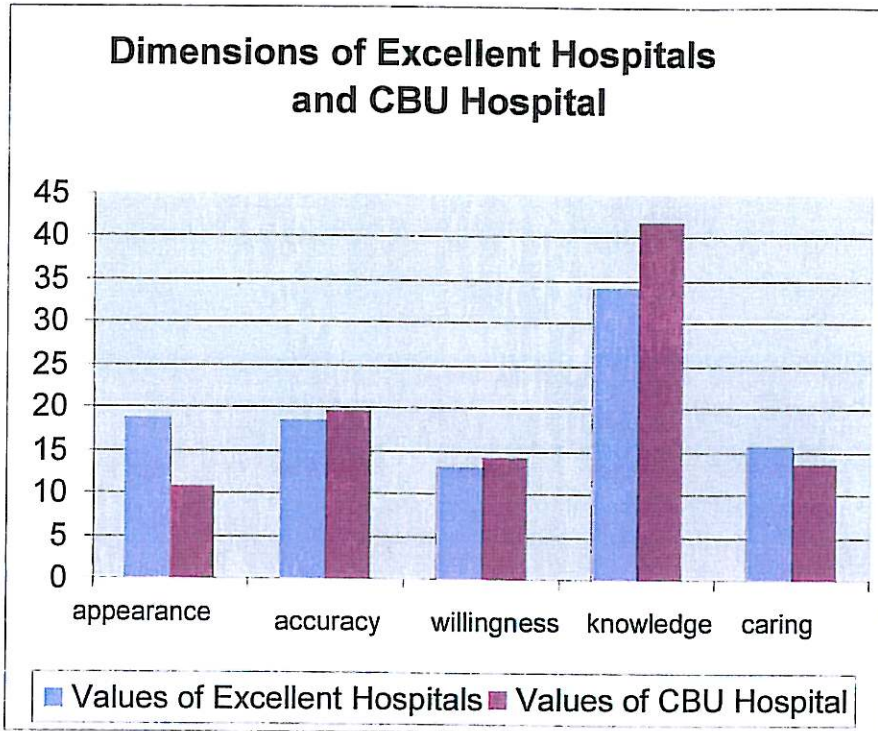
Figure 3.16: Dimensions of Excellent Hospitals and CBU Hospital

In addition to these features SERVQUAL scores can be seen in the last part of the study. Appearance is a feature of tangibles, accuracy is a feature of reliability, willingness is a feature of responsiveness, knowledge is a feature of assurance and caring is a feature of empathy dimensions.

3.3.6 SERVQUAL Scores

The calculations below are detailed SERVQUAL measurements that are mentioned before. The measurements in tables below, are the results of part I and part III of the questionnaire.

1. dimension: tangibles
2. dimension: reliability
3. dimension: responsiveness
4. dimension: assurance
5. dimension: empathy

Table 3.9 Expected Service Quality Scores for Excellent Hospitals

Dimensions	Mean	Std. Deviation
tangibles	3.51	0.928
reliability	3.67	0.925
responsiveness	3.46	0.908
assurance	4.36	0.435
empathy	3.16	1.036

Table 3.10 Weighted Expected Dimension Scores

Dimensions	Expected service score
tangibles	74.76
reliability	71.34
responsiveness	47.59
assurance	150.14
empathy	55.78

Table 3.11 Perceived Service Quality Scores of CBU Hospital

Dimensions	Mean	Std. Deviation
tangibles	3.28	1.079
reliability	3.98	0.835
responsiveness	3.46	0.738
assurance	4.48	0.452
empathy	3.17	0.934

Table 3.12 Weighted Perceived Dimension Scores

Dimensions	Perceived service score
tangibles	36.81
reliability	80.55
responsiveness	50.88
assurance	**188.98**
empathy	47.24

Table 3.13: Calculation of Weighted SERVQUAL Scores :

Perceived Quality = Expected – Perceived Service Score

Dimensions	PERCEIVED SERVICE (perception score)		EXPECTED SERVICE (expectation score)		Weighted SERVQUAL Score
tangibles	36.81416	-	74.75664	=	-37.94
reliability	80.5531	-	71.3496	=	9.204
responsiveness	50.88496	-	47.59956	=	3.29
assurance	188.9823	-	150.1438	=	38.84
empathy	47.24558	-	55.7854	=	-8.54

Table 3.14 SERVQUAL Scores of Population

Dimensions	Weighted SERVQUAL Score	Std. Deviation
tangibles	-37.94	83.5
reliability	9.20	56.9
responsiveness	3.29	47.5
assurance	38.84	98.2
empathy	-8.54	61.5

Service quality level for the dimensions can be found in the above table.

As can be seen in the above tables SERVQUAL score is calculated by subtracting the expectation scores from the perception scores. All dimensions are analyzed separately. The negative scores indicate that service quality fails to meet the expectations for the related dimensions. In "tangibles" dimension CBU Hospital got a very low score (-37.94). This explains that respondents rated the statements about the tangibles very low. Moreover, CBU Hospital is not satisfying the patients regarding to the quality of the equipment, physical facilities and associated materials used.

CBU Hospital also got a negative score regarding "empathy" dimension. This score is not much lower than the expectations but still it is a negative score. So, CBU Hospital is not satisfying the patients regarding individual care and personal attention. Furthermore, the operating hours are not convenient to all of the customers.

CBU Hospital got a high score for the "assurance" dimension (38.84). As it is seen in Table 3.13, perception score for the assurance dimension regarding to the perceived service quality of CBU Hospital is 188.98, whereas the expectation score is lower (150.14). Subtracting the expectation score from perceptions score gives a positive number (38.84). This means that service quality level regarding to assurance is high. When the weighted SERVQUAL scores are analyzed in terms of reliability, responsiveness and assurance; CBU is giving to patients more than their expectations but in terms of tangibles and empathy CBU's service quality is below the expectations. In this direction CBU Hospital has a superiority especially in the assurance dimension. CBU Hospital must develop itself in terms of tangibles and empathy level; these developments are crucial factors for the service quality of the hospital.

3.4 CONCLUSION and RECOMMENDATIONS

In recent years, as in the World, the quality improvements took a step forward also in Turkey. The understanding of the need to measure quality in health-care sector led researchers to focus on customer needs and wants in addition to their medical needs according to results they obtained from the measurements. Health-care quality measurements are important for the satisfaction of the patient during and after their stay in the hospitals. Health-care services focusing on only patients' medical needs would lack in satisfying patients needs and expectations. Therefore, the health-care sector should have to satisfy both patients' expectations and their medical needs. In this context, health-care services have to

accept scientific forms and apply the procedures during the diagnosis and recovery stages according to the standard norms. On the other hand, health-care services have to be careful to take into consideration the patients needs and wants during their visit and staying in the hospital or clinics. Understanding of the need for improving quality standards in hospitals led more researchers to work on this area mostly after 1990 (Asubonteng et al., 1996; Caldwell, 1995; Paul, 2003; Ramsaran-Fowdar, 2005).

In Turkey, SERVQUAL method is newly used. Devebakan (2006) has studied on the instrument to adapt the model of survey to health-care services in Turkish context. Adaptation of the survey is necessary because the dimensions Turkish people expected and perceived are so different from the other countries. In addition to their expectations about assurance, they care so much for the responsiveness and empathy dimension. This study is successfully applied in the Turkish context. Overall reliability scores namely, croanbach alpha scores are high. However, the reliability scores for specific dimensions are low. Therefore, those dimensions should be improved for the service quality of hospitals in Turkey. Assurance dimension has the lowest reliability score regarding expected level of service quality. It may be due to the fact Turkish patients have not involved in SERVQUAL studies, therefore, they do not know exactly which characteristics are involved in the assurance dimension. Moreover, some statements are given for doctors, nurses and hospital personnel. This could affect the reliability scores because a doctor's service quality level may differ from a personnel's. Furthermore, reliability scores for tangibles and assurance dimensions are low regarding perceived level of service quality. Although the application of SERVQUAL in Turkish context was successful, the dimensions especially the ones that have lower reliability scores must be improved. Some dimensions may be misunderstood by customers or may be considered as unimportant. These dimensions are found in many foreign countries but due to the conditions of Turkish public hospitals, some dimensions may be meaningless for patients. So, each dimension should be better introduced to patients. A modified version of SERVQUAL was used but the scale should be adapted for the health-care sector in Turkey. A new version of SERVQUAL just for the hospitals in Turkey should be created. This would be helpful to improve the service quality of especially Turkish public hospitals.

In this study, it has been found after the face to face dialogues with all the patients in all surgery departments of CBU Hospital that; mostly older people expected to be individually treated and cared. Younger people especially educated young people expected to see more modern looking equipment and they want to be treated in a building that has high

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technological facilities. At the end of this study, it has been found after measuring service quality by SERVQUAL that, Celal Bayar University Hospital is mostly preferred because of the assurance dimension. Patients are generally satisfied after their surgery and they trust the doctors and nurses in their recovery stage and they found the doctors and nurses knowledgeable and reliable.

The highest number of patients that are operated are middle aged people between 41-50 age group. 27 patients exist in this group, 25 patients are in 31-40 age group .22% of the patients are self-employed. As it is mentioned in chapter 3, 60% of the respondents have education below high school level. According to the information gathered from face to face dialogues self- employed people are mostly farmers in the districts of Manisa. 25% of the patients are housewives.

When the weighted SERVQUAL scores are analyzed in the terms of reliability, responsiveness and assurance; CBU Hospital is giving patients more than their expectations but in terms of tangibles and empathy CBU Hospital's service quality is below the expectations. In this direction CBU Hospital has a superiority especially in the assurance dimension. CBU Hospital must develop itself in terms of tangibles and empathy level; these developments are crucial factors for the service quality of the hospital. CBU Hospital got a high score for the "assurance" dimension. This means that service quality level regarding assurance is high. Patients give high SERVQUAL scores for the statements about assurance such as "Doctors, nurses and medical attendants; and hospital personnel have the knowledge to answer patients' questions.

The reliability dimension also got higher SERVQUAL scores, that is, reliability of doctors and nurses perception scores is greater than or equal to expectation scores. The reliability score is positive so service is qualified but not as qualified as the assurance dimension. That means that in reliability dimension Celal Bayar University Hospital patients reached their expectations, in other words they are satisfied during treatment, surgery and recovery stages.

In "tangibles" dimension CBU Hospital got a very low score (-37.94). This explains that respondents rated the statements about the tangibles very low. Moreover, CBU Hospital is not satisfying the patients regarding to the quality of the equipment, physical facilities and associated materials used.

CBU Hospital also got a negative score regarding "empathy" dimension. This score is not much lower than the expectations but still it is a negative score. So, CBU Hospital is not

satisfying the patients regarding individual care and personal attention. Furthermore, the operating hours are not convenient to all of the customers.

According to the dialogues with academic staff, too much crowd exist in CBU Hospital after SSK patients are allowed to be operated in university hospitals, therefore doctors, nurses and personnel are all so busy, that is the reason that the empathy dimension is lower in score. Equipment is modern and has a high level of technology usage but again because of being a public hospital and there is not much resources physical facilities like buildings are not successful in the tangibles dimension. For the physical facilities to be more qualified the government needs to provide much more resources to the health-care sector.

Patients of CBU Hospital care for reliability and assurance dimensions and they are satisfied with those dimensions after their treatment and surgery. They are satisfied with the treatment during and after their surgery and during their stay in the CBU Hospital. In Turkey the most important problem with the health-care sector is the lack of resources, so the strategic planning must be done according to scarce resources and the government must provide more resources for the public hospitals.

3.5 LIMITATIONS OF THE STUDY

Like other studies, this study has some limitations, too:

(1) Measurement of service quality using SERVQUAL is hard in hospitals due to the fact that people other than doctors, nurses and medical attendants; and companions are not allowed inside hospital cliniques. People are not allowed to apply a questionnaire to the patients. Special permission is needed from the management. For this study, special permission is taken from the management and from the doctors for the application of the questionnaire.

(2) Patients are not in a good condition. They are operated so they might not carefully read the statements.

(3) Questionnaire form was too long. 10 pages intimidated people, especially patients mostly did not want to participate in a questionnaire that long. After they have accepted to contribute, it was hard for the respondents to read it carefully from beginning to the end.

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Questionnaire (English)

Introduction

Dear CBU Hospital Guest,

This study is a master's thesis conducted in DEU Social Sciences Institute which, aims to measure service quality level perceived by CBU Hospital's staying patients. The results of this study will only be used for master's thesis. Personal information you have given would be concealed and would not affect your other hospital visits.

To fill out the questionnaire will take 15 minutes. Thank you for your participation and cooperation in this study.

Simin ÖZİÇ
DEU Social Sciences Institute
Master of Business Administration in English

Questionnaire (English)

Introduction

Dear CBU Hospital Guest,

This study is a master's thesis conducted in DEU Social Sciences Institute which, aims to measure service quality level perceived by CBU Hospital's staying patients. The results of this study will only be used for master's thesis. Personal information you have given would be concealed and would not affect your other hospital visits.

To fill out the questionnaire will take 15 minutes. Thank you for your participation and cooperation in this study.

Simin ÖZİÇ
DEU Social Sciences Institute
Master of Business Administration in English

Part I

This part of the study will be responded considering excellent hospitals. Please show the extent to which you think such an excellent company would posses the feature described by each statement. Please circle the number that is most appropriate for you in a scale from 1 (I Strongly Disagree) to 5 (I Strongly Agree).

		I Strongly Disagree	I Disagree	I Have not Decided	I Agree	I Strongly Agree
	TANGIBLES					
1.	Excellent Hospitals will have modern looking equipment	1	2	3	4	5
2.	The physical facilities at excellent hospitals will be visually appealing	1	2	3	4	5
3.	Employees at excellent hospitals will appear professionally dressed	1	2	3	4	5
	doctors at excellent hospitals will appear professionally dressed	1	2	3	4	5
	nurses and medical attendants at excellent hospitals will appear professionally dressed	1	2	3	4	5
	Hospital personnel at excellent hospitals will appear professionally dressed	1	2	3	4	5
4.	Materials associated with the service (promotional brochures, service tracking documents, invoices etc) will be visually appealing in Excellent Hospitals.	1	2	3	4	5

		1	2	3	4	5
RELIABILITY						
5.	When excellent Hospitals promise to do something by a certain time, they will do so.	1	2	3	4	5
6.	When a customer has a problem, Excellent Hospitals will show a sincere interest in solving it.	1	2	3	4	5
7.	Excellent Hospitals service companies will perform the service right first time	1	2	3	4	5
8.	Excellent Hospitals will insist on error-free records	1	2	3	4	5
RESPONSIVENESS						
9.	Employees in Excellent Hospitals will tell customers exactly when services will be performed	1	2	3	4	5
	doctors in excellent Hospitals will tell customers exactly when services will be performed	1	2	3	4	5
	nurses and medical attendants in excellent Hospitals will tell customers exactly when services will be performed	1	2	3	4	5
	hospital personnel in excellent Hospitals will tell customers exactly when services will be performed	1	2	3	4	5
10.	Employees in excellent Hospitals will give prompt service to customers	1	2	3	4	5
	Doctors in excellent Hospitals will give prompt service to customers	1	2	3	4	5

Statement	1	2	3	4	5
Nurses and medical attendants in excellent Hospitals will give prompt service to customers	1	2	3	4	5
Hospital personnel in excellent Hospitals will give prompt service to customers	1	2	3	4	5
11. Employees in excellent Hospitals will always be willing to help customers	1	2	3	4	5
Doctors in excellent Hospitals will always be willing to help customers.	1	2	3	4	5
Nurses and medical attendants in excellent Hospitals will always be willing to help customers.	1	2	3	4	5
Hospital personnel in excellent Hospitals will always be willing to help customers.	1	2	3	4	5
12. Employees in excellent Hospitals will never be too busy to respond to customers' requests	1	2	3	4	5
Doctors in excellent Hospitals will never be too busy to respond to customers' requests	1	2	3	4	5
Nurses and medical attendants in excellent hospitals will never be too busy to respond to customers' requests	1	2	3	4	5
Hospital personnel in excellent Hospitals will never be too busy to respond to customers' requests	1	2	3	4	5

ASSURANCE

		1	2	3	4	5
13.	The behavior of employees in excellent Hospitals will instill confidence in customers	1	2	3	4	5
	The behavior of doctors in excellent Hospitals will instill confidence in customers	1	2	3	4	5
	The behavior of nurses and medical attendants in excellent Hospitals will instill confidence in customers	1	2	3	4	5
	The behavior of hospital personel in excellent Hospitals will instill confidence in customers	1	2	3	4	5
14.	Customers of excellent Hospitals will feel safe in their transactions	1	2	3	4	5
15.	Employees in excellent Hospitals will be consistently courteous to customers	1	2	3	4	5
	Doctors in excellent Hospitals will be consistently courteous to customers	1	2	3	4	5
	Nurses and medical attendants in excellent Hospitals will be consistently courteous to customers	1	2	3	4	5
	Hospital personel in excellent Hospitals will be consistently courteous to customers	1	2	3	4	5
16.	Employees in excellent Hospitals will have the knowledge to answer customers' questions	1	2	3	4	5

	Statement	1	2	3	4	5
	Doctors in excellent Hospitals will have the knowledge to answer customers' questions	1	2	3	4	5
	Nurses and medical attendants in excellent Hospitals will have the knowledge to answer customers' questions	1	2	3	4	5
	Hospital personel in excellent Hospitals will have the knowledge to answer customers' questions	1	2	3	4	5
EMPATHY						
17.	Excellent Hospitals will have operating hours convenient to all their customers	1	2	3	4	5
18.	Excellent Hospitals will give customers individual attention	1	2	3	4	5
19.	Excellent Hospitals will have the customer's best interests at heart	1	2	3	4	5
20.	Employees in excellent Hospitals will understand the needs of their customers	1	2	3	4	5
	Doctors in excellent Hospitals will understand the needs of their customers	1	2	3	4	5
	Nurses and Medical attendants in excellent Hospitals will understand the needs of their customers	1	2	3	4	5
	Hospital Personnel in excellent Hospitals will understand the needs of their customers	1	2	3	4	5

21. Are there any other features that you think should be found in an excellent hospital?

Part II

Listed below are five features pertaining to excellent companies and the services they offer. It is asked for you to indicate how important each of these features is to you when you evaluate an excellent company's quality of service. Please allocate a total of 100 points among the five features according to how important each feature is to you. Please ensure that the points you allocate to the five features add up to 100.

1. The appearance of an excellent company's physical facilities, _____ points
   equipment, personnel, and communication materials.

2. An excellent company's ability to perform the promised _____ points
   service dependably and accurately.

3. An excellent company's willingness to help customers and _____ points
   provide prompt service.

4. The knowledge and courtesy of an excellent company's
   employees and their ability to convey trust and confidence. _____ points

5. The caring, individualized attention an excellent company _____ points
   provides its customers.

TOTAL: 100 points

Part III

This part of the study contains set of statements relate to your feelings about CBU Hospital's services. Please show the extent to which you think CBU Hospital would posses the feature described by each statement. Please circle the number that is most appropriate for you in a scale from **1 (I Strongly Disagree)** to **5 (I Strongly Agree).**

		I Strongly Disagree	I Disagree	I Have not Decided	I Agree	I Strongly Agree
	TANGIBLES					
1.	CBU Hospital has modern looking equipment	1	2	3	4	5
2.	The physical facilities at CBU Hospital are visually appealing	1	2	3	4	5
3.	Employees at CBU Hospital are professionally dressed	1	2	3	4	5
	doctors at CBU Hospital are professionally dressed	1	2	3	4	5
	Nurses and medical attendants at CBU Hospital are professionally dressed	1	2	3	4	5
	Hospital personnel at CBU Hospital are professionally dressed	1	2	3	4	5
4.	Materials associated with the service (promotional brochures, service tracking documents, invoices etc) are visually appealing in CBU Hospital.	1	2	3	4	5
	RELIABILITY					
5.	When CBU Hospital promises to do something by a certain time, it does so.	1	2	3	4	5

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No.	Statement	1	2	3	4	5
6.	When a customer has a problem, CBU Hospital shows a sincere interest in solving it.	1	2	3	4	5
7.	CBU Hospital performs the service right first time	1	2	3	4	5
8.	CBU Hospital insists on error-free records	1	2	3	4	5
	RESPONSIVENESS					
9.	Employees in CBU Hospital tell customers exactly when services will be performed	1	2	3	4	5
	doctors in CBU Hospital tell customers exactly when services will be performed	1	2	3	4	5
	nurses and medical attendants in CBU Hospital tell customers exactly when services will be performed	1	2	3	4	5
	hospital personnel in CBU Hospital tell customers exactly when services will be performed	1	2	3	4	5
10.	Employees in CBU Hospital give prompt service to customers	1	2	3	4	5
	Doctors in CBU Hospital give prompt service to customers	1	2	3	4	5
	Nurses and medical attendants in CBU Hospital give prompt service to customers	1	2	3	4	5
	Hospital personnel in CBU Hospital give prompt service to customers	1	2	3	4	5

#	Statement	1	2	3	4	5
11.	Employees in CBU Hospital are always willing to help customers	1	2	3	4	5
	Doctors in CBU Hospital are always willing to help customers.	1	2	3	4	5
	Nurses and medical attendants in CBU Hospital are always willing to help customers.	1	2	3	4	5
	Hospital personnel in CBU Hospital are always willing to help customers.	1	2	3	4	5
12.	Employees in CBU Hospital are never too busy to respond to customers' requests	1	2	3	4	5
	Doctors in CBU Hospital are never too busy to respond to customers' requests	1	2	3	4	5
	Nurses and medical attendants in CBU Hospital are never too busy to respond to customers' requests	1	2	3	4	5
	Hospital personnel in CBU Hospital are never too busy to respond to customers' requests	1	2	3	4	5
	ASSURANCE	1	2	3	4	5
13.	The behavior of employees in CBU Hospital instills confidence in customers	1	2	3	4	5
	The behavior of doctors in CBU Hospital instills confidence in customers	1	2	3	4	5
	The behavior of nurses and medical attendants in CBU Hospital instills confidence in customers	1	2	3	4	5

		1	2	3	4	5
	The behavior of hospital personnel in CBU Hospital instills confidence in customers	1	2	3	4	5
14.	Customers of CBU Hospital feel safe in their transactions	1	2	3	4	5
15.	Employees in CBU Hospital are consistently courteous to customers	1	2	3	4	5
	Doctors in CBU Hospital are consistently courteous to customers	1	2	3	4	5
	Nurses and medical attendants in CBU Hospital are consistently courteous to customers	1	2	3	4	5
	Hospital personnel in CBU Hospital are consistently courteous to customers	1	2	3	4	5
16.	Employees in CBU Hospital have the knowledge to answer customers' questions	1	2	3	4	5
	Doctors in CBU Hospital have the knowledge to answer customers' questions	1	2	3	4	5
	Nurses and medical attendants in CBU Hospital have the knowledge to answer customers' questions	1	2	3	4	5
	Hospital personnel in CBU Hospital have the knowledge to answer customers' questions	1	2	3	4	5
	EMPATHY					
17.	CBU Hospital has operating hours convenient to all their customers	1	2	3	4	5
18.	CBU Hospital gives customers individual attention					

		1	2	3	4	5
19.	CBU Hospital has the customer's best interests at heart					
20.	Employees in CBU Hospital understand the needs of their customers	1	2	3	4	5
	Doctors in CBU Hospital understand the needs of their customers	1	2	3	4	5
	Nurses and Medical attendants in CBU Hospital understand the needs of their customers	1	2	3	4	5
	Hospital Personnel in CBU Hospital understand the needs of their customers	1	2	3	4	5

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Part IV

Listed below are five features pertaining to CBU Hospital and the services it offers. It is asked for you to indicate how important each of these features is to you when you evaluate CBU Hospital's quality of service. Please allocate a total of 100 points among the five features according to how important each feature is to you. Please ensure that the points you allocate to the five features add up to 100.

1. The appearance of CBU Hospital's physical facilities,   _____ points
   equipment, personnel, and communication materials.

2. CBU Hospital's ability to perform the promised   _____ points
   service dependably and accurately.

3. CBU Hospital's willingness to help customers and   _____ points
   its ability to provide prompt service.

4. The knowledge and courtesy of CBU Hospital's
   employees and their ability to convey trust and confidence.   _____ points

5. The caring, individualized attention CBU Hospital   _____ points
   provides its customers.

TOTAL: 100 points

Part V

The questions below are related to demographic characteristics and hospital usage behavior of the patients. Please choose the appropriate answer or write the appropriate answer in the space given.

1. Respondent :   ☐ Patient   ☐ Companion

If your answer is "companion" please answer the questions on behalf of the patient.

2. Gender :   ☐ Woman   ☐ Man

3. Occupation :

4. Age   :

5. Marital Status   :   ☐ Single   ☐ Married

6. Educational Level   :

☐ Illiterate   ☐ Literate   ☐ Primary School

☐ Secondary School   ☐ High School   ☐ Under Graduate

☐ Graduate

7. How frequent do you visit CBU Hospital?

8. How many times have you stayed in CBU Hospital?

9. What is your current department of stay?

10. How long have you been staying currently in CBU Hospital?

11. Have you stayed in any other hospital before?   ☐ Yes   ☐ No

    -If your answer is "yes" ,at which hospital have you stayed before and how long?

<u>Hospital</u>   <u>Length of Stay</u>

APPENDIX II

Questionnaire (Turkish)

Introduction

CBÜ Hastanesinin Değerli Misafiri,

Dokuz Eylül Üniversitesi Sosyal Bilimler Enstitüsü'nde Yüksek Lisans tezi olarak yürütülen bu çalışma; CBÜ Hastanesi'nde yatan hastaların algıladıkları hizmet kalitesini ölçmeyi amaçlamaktadır. Bu çalışmada elde edilen sonuçlar sadece yüksek lisans tez çalışması için kullanılacaktır. Vereceğiniz kişisel bilgiler kesinlikle gizli kalacak ve ilerideki hastane ziyaretlerinizde etkili olmayacaktır.

Soru formunu doldurmanız **15 dakika**nızı alacaktır. Bu çalışmaya göstereceğiniz işbirliği ve katılımdan dolayı şimdiden çok teşekkür ederim.
Saygılarımla

Simin ÖZİÇ
DEÜ Sos. Bil.Ens.
İngilizce İşletme Y.L Programı

Bölüm I

Bu bölümde yer alan sorular mükemmel hizmet sunan hastaneleri göz önüne alarak cevaplandırılacaktır. Aşağıdaki ifadelerde mükemmel hastanelerde bulunabilecek özellikler sıralanmaktadır. Bu ifadelere katılım derecenizi 1(**Kesinlikle Katılmıyorum**) ile 5 (**Kesinlikle Katılıyorum**) arası verilen ölçekte size en uygun yanıtta denk gelen rakamı işaretleyerek belirtiniz.

		Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1.	Mükemmel bir hastane, son model araç gereçlere sahiptir.	1	2	3	4	5
2.	Mükemmel bir hastanenin fiziksel olanakları göze hitap eder.	1	2	3	4	5
3.	Mükemmel bir hastanede çalışanlar temiz ve düzgün görünümlüdür.	1	2	3	4	5
	-Mükemmel bir hastanede **doktorlar** temiz ve düzgün görünümlüdür.	1	2	3	4	5
	-Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** temiz ve düzgün görünümlüdür.	1	2	3	4	5
	-Mükemmel bir hastanede **personel** temiz ve düzgün görünümlüdür	1	2	3	4	5
4.	Mükemmel bir hastanede kullanılan materyaller(araç gereç,ekipman) göze hitap eder.	1	2	3	4	5
5.	Mükemmel bir hastane,belirli bir hizmeti belirli bir zaman içerisinde yerine getirmeyi vaat ederse,vaat ettiği şekilde gerçekleştirir.	1	2	3	4	5
6.	Mükemmel bir hastane, bir hastanın herhangi bir sorunu olduğunda sorunu çözmek için özel ilgi gösterir.	1	2	3	4	5
7.	Mükemmel bir hastanede hizmet ilk seferde doğru olarak yapılır.	1	2	3	4	5
8.	Mükemmel bir hastane, kayıtlarını hatasız bir şekilde tutar.	1	2	3	4	5

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		1	2	3	4	5
9.	Mükemmel bir hastanedeki çalışanlar hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söylerler.	1	2	3	4	5
	-Mükemmel bir hastanedeki **doktorlar** hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söylerler.	1	2	3	4	5
	-Mükemmel bir hastanedeki **hemşireler ve hasta bakıcılar** hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söylerler.	1	2	3	4	5
	-Mükemmel bir hastanedeki **personel** hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söyler.	1	2	3	4	5
10.	Mükemmel bir hastanede çalışanlar hastalarına gecikmeden anında hizmet verirler.	1	2	3	4	5
	-Mükemmel bir hastanede **doktorlar** hastalarına gecikmeden anında hizmet verirler.	1	2	3	4	5
	-Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** hastalarına gecikmeden anında hizmet verirler	1	2	3	4	5
	-Mükemmel bir hastanede **personel** hastalarına gecikmeden anında hizmet verir.	1	2	3	4	5
11.	Mükemmel bir hastanede çalışanlar hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
	- Mükemmel bir hastanede **doktorlar** hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
	-Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
	-Mükemmel bir hastanede **personel** hastalarına hizmet vermeye her zaman isteklidir.	1	2	3	4	5
12.	Mükemmel bir hastanede çalışanlar asla hastaların isteklerine cevap veremeyecek kadar meşgul değildirler.	1	2	3	4	5

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	1	2	3	4	5
-Mükemmel bir hastanede **doktorlar** asla hastaların isteklerine cevap veremeyecek kadar meşgul değildirler.	1	2	3	4	5
-Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** asla hastaların isteklerine cevap veremeyecek kadar meşgul değildirler.	1	2	3	4	5
-Mükemmel bir hastanede **personel** asla hastaların isteklerine cevap veremeyecek kadar meşgul değildir.	1	2	3	4	5
13. Mükemmel bir hastanede çalışanların davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
-Mükemmel bir hastanede **doktorların** davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
-Mükemmel bir hastanede **hemşireler ve hasta bakıcıların** davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
-Mükemmel bir hastanede **personelin** davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
14. Mükemmel bir hastanede hastalar sağlık hizmetleri ile ilgili işlemlerinde kendilerini güvende hissederler.	1	2	3	4	5
15. Mükemmel bir hastanede çalışanlar hastalara karşı her zaman naziktirler.	1	2	3	4	5
- Mükemmel bir hastanede **doktorlar** hastalara karşı her zaman naziktirler.	1	2	3	4	5
- Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** hastalara karşı her zaman naziktirler.	1	2	3	4	5
- Mükemmel bir hastanede **personel** hastalara karşı her zaman naziktir.	1	2	3	4	5
16. Mükemmel bir hastanede çalışanlar hastaların sorularını cevaplayabilecek bilgiye sahiptirler.	1	2	3	4	5
-Mükemmel bir hastanede **doktorlar** hastaların sorularını cevaplayabilecek bilgiye sahiptirler.	1	2	3	4	5

	1	2	3	4	5
-Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** hastaların sorularını cevaplayabilecek bilgiye sahiptirler.	1	2	3	4	5
-Mükemmel bir hastanede **personel** hastaların sorularını cevaplayabilecek bilgiye sahiptir.	1	2	3	4	5
17. Mükemmel bir hastanenin çalışma saatleri tüm hastaları için uygundur.	1	2	3	4	5
18. Mükemmel bir hastane, hastalarla tek tek ilgilenen çalışanlara sahiptir.	1	2	3	4	5
19. Mükemmel bir hastane, hastaların çıkarları ile candan ilgilenirler.	1	2	3	4	5
20. Mükemmel bir hastanede çalışanlar hastaların özel ihtiyaçlarını anlarlar.	1	2	3	4	5
-Mükemmel bir hastanede **doktorlar** hastaların özel ihtiyaçlarını anlarlar.	1	2	3	4	5
-Mükemmel bir hastanede **hemşireler ve hasta bakıcılar** hastaların özel ihtiyaçlarını anlarlar.	1	2	3	4	5
-Mükemmel bir hastanede **personel** hastaların özel ihtiyaçlarını anlar.	1	2	3	4	5

21. Yukarıda belirtilen kriterler dışında mükemmel bir hastanede bulunması gereken özellikler sizce neler olabilir?

Bölüm II

Bu bölümde mükemmel bir hastanede bulunabilecek özellikler 5 gruba ayrılmıştır. Bu özelliklerin hastanede verilen sağlık hizmeti kalitesinin değerlendirilmesindeki önem dereceleri sorulmaktadır. Bu özelliklerin sizin için önem derecesini 0 ile 100 arasında bir rakamla belirtiniz. Lütfen bu 5 özelliğe verdiğiniz toplam puanın 100' e eşit olması gerektiğini göz önüne alınız.

1. Hastanenin fiziksel olanaklarının,araç gereçlerinin,ekipmanlarının, kullanılan materyallerin ve çalışanların görünümü   ....puan

2. Hastanenin vaat ettiği sağlık hizmetini tam ve doğru olarak yerine getirmesi   ....puan

3. Hastanenin hastalarına hizmet vermeye her zaman istekli olması   ....puan

4. Hastanede çalışanların bilgi düzeyi ve hastaların sorularına cevap verebilme yeteneğinin hastalarda güven duygusu yaratması   .... puan

5. Hastanenin hastalarına bireysel ilgi gösteren çalışanlara sahip olması   .... puan

100 PUAN

TOPLAM:

Bölüm III

Bu bölümde yer alan sorular CBÜ Hastanesi tarafından sunulan hizmetler hakkındaki deneyimlerinize dayalıdır. Aşağıda açıklanan ifadelerle tanımlanan özelliğin, CBÜ Hastanesi'nde olup olmadığını belirtiniz. CBÜ Hastanesi hakkında verilen ifadelere katılım derecenizi **1(Kesinlikle Katılmıyorum)** ile **5 (Kesinlikle Katılıyorum)** arası verilen ölçekte size en uygun yanıta denk gelen rakamı işaretleyerek belirtiniz.

		Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
1.	CBÜ Hastanesi,son model araç gereçlere sahiptir.	1	2	3	4	5
2.	CBÜ Hastanesinin fiziksel olanakları göze hitap eder.	1	2	3	4	5
3.	CBÜ Hastanesinde çalışanlar temiz ve düzgün görünümlüdür.	1	2	3	4	5
	-CBÜ Hastanesinde **doktorlar** temiz ve düzgün görünümlüdür.	1	2	3	4	5
	-CBÜ Hastanesinde **hemşireler ve hasta bakıcılar** temiz ve düzgün görünümlüdür.	1	2	3	4	5
	-CBÜ Hastanesinde **personel** temiz ve düzgün görünümlüdür.	1	2	3	4	5
4.	CBÜ Hastanesinde kullanılan materyaller(araç gereç,ekipman) göze hitap eder.	1	2	3	4	5
5.	CBÜ Hastanesi, belirli bir hizmeti belirli bir zaman içerisinde yerine getirmeyi vaat ederse, vaat ettiği şekilde gerçekleştirir.	1	2	3	4	5
6.	CBÜ Hastanesi ,bir hastanın herhangi bir sorunu olduğunda sorunu çözmek için özel ilgi gösterir.	1	2	3	4	5
7.	CBÜ Hastanesinde hizmet ilk seferde doğru olarak yapılır.	1	2	3	4	5
8.	CBÜ Hastanesi kayıtlarını hatasız bir şekilde tutar.	1	2	3	4	5

		1	2	3	4	5
9.	CBÜ Hastanesinde çalışanlar hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söylerler.	1	2	3	4	5
	-CBÜ Hastanesinde **doktorlar** hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söylerler	1	2	3	4	5
	-CBÜ Hastanesinde **hemşire ve hasta bakıcılar** hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söylerler	1	2	3	4	5
	-CBÜ Hastanesinde **personel** hizmetlerin ne zaman sunulacağını hastalara tam ve doğru olarak söyler.	1	2	3	4	5
10.	CBÜ Hastanesinde çalışanlar hastalarına gecikmeden anında hizmet verir.	1	2	3	4	5
	-CBÜ Hastanesinde **doktorlar** hastalarına gecikmeden anında hizmet verir.	1	2	3	4	5
	-CBÜ Hastanesinde **hemşire ve hasta bakıcılar** hastalarına gecikmeden anında hizmet verirler.	1	2	3	4	5
	-CBÜ Hastanesinde **personel** hastalarına gecikmeden anında hizmet verir.	1	2	3	4	5
11.	CBÜ Hastanesinde çalışanlar hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
	-CBÜ Hastanesinde **doktorlar** hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
	-CBÜ Hastanesinde **hemşire ve hasta bakıcılar** hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
	-CBÜ Hastanesinde **personel** hastalarına hizmet vermeye her zaman isteklidirler.	1	2	3	4	5
12.	CBÜ Hastanesinde çalışanlar asla hastaların isteklerine cevap veremeyecek kadar meşgul değildirler.	1	2	3	4	5
	-CBÜ Hastanesinde **doktorlar** asla hastaların isteklerine cevap veremeyecek kadar meşgul değildirler.	1	2	3	4	5

		1	2	3	4	5
	-CBÜ Hastanesinde hemşire ve hasta bakıcılar asla hastaların isteklerine cevap veremeyecek kadar meşgul değildirler.	1	2	3	4	5
	-CBÜ Hastanesinde personel aslu hastaların isteklerine cevap veremeyecek kadar meşgul değildir.	1	2	3	4	5
13.	CBÜ Hastanesinde çalışanların davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
	-CBÜ Hastanesinde doktorların davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
	-CBÜ Hastanesinde hemşireler ve hasta bakıcıların davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
	-CBÜ Hastanesinde personelin davranışları hastalarda güven duygusu yaratır.	1	2	3	4	5
14.	CBÜ Hastanesinde hastalar sağlık hizmetleri ile ilgili işlemlerinde kendilerini güvende hissederler.	1	2	3	4	5
15.	CBÜ Hastanesinde çalışanlar hastalara karşı her zaman naziktirler.	1	2	3	4	5
	-CBÜ Hastanesinde doktorlar hastalara karşı her zaman naziktirler.	1	2	3	4	5
	-CBÜ Hastanesinde hemşireler ve hasta bakıcılar hastalara karşı her zaman naziktirler.	1	2	3	4	5
	-CBÜ Hastanesinde personel hastalara karşı her zaman naziktir.	1	2	3	4	5
16.	CBÜ Hastanesinde çalışanlar hastaların sorularını cevaplayabilecek bilgiye sahiptirler.	1	2	3	4	5
	-CBÜ Hastanesinde doktorlar hastaların sorularını cevaplayabilecek bilgiye sahiptirler.	1	2	3	4	5
	-CBÜ Hastanesinde hemşireler ve hasta bakıcılar hastaların sorularını cevaplayabilecek bilgiye sahiptirler.	1	2	3	4	5
	-CBÜ Hastanesinde personel hastaların sorularını cevaplayabilecek bilgiye sahiptir.	1	2	3	4	5

		1	2	3	4	5
17.	CBÜ Hastanesinin çalışma saatleri tüm hastaları için uygundur.	1	2	3	4	5
18.	CBÜ Hastanesi hastalarla tek tek ilgilenen çalışanlara sahiptir.	1	2	3	4	5
19.	CBÜ Hastanesi hastaların çıkarları ile candan ilgilenirler.	1	2	3	4	5
20.	CBÜ Hastanesinde çalışanlar hastaların özel ihtiyaçlarını anlarlar.	1	2	3	4	5
	-CBÜ Hastanesinde doktorlar hastaların özel ihtiyaçlarını anlarlar.	1	2	3	4	5
	-CBÜ Hastanesinde hemşireler ve hasta bakıcılar hastaların özel ihtiyaçlarını anlarlar.	1	2	3	4	5
	-CBÜ Hastanesinde personel hastaların özel ihtiyaçlarını anlar.	1	2	3	4	5

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Bölüm IV

Bu bölümde CBÜ Hastanesinde bulunan özellikler 5 gruba ayrılmıştır. Bu özelliklerden aldığınız memnuniyet derecenizi 0 ile 100 arasında bir rakamla belirtiniz. Lütfen bu 5 özelliğe verdiğiniz memnuniyet derecenizin toplam puanının 100' e eşit olması gerektiğini göz önüne alınız.

3. CBÜ Hastanesinin fiziksel olanaklarının,araç gereçlerinin, ... puan
ekipmanlarının, kullanılan materyallerin ve çalışanların görünümü

4. CBÜ Hastanesinin vaat ettiği sağlık hizmetini tam ve doğru olarak ....puan
yerine getirmesi

3. CBÜ Hastanesinin hastalarına hizmet vermeye her zaman istekli olması ....puan

5. CBÜ Hastanesinde çalışanların bilgi düzeyi ve hastaların sorularına .... puan
cevap verebilme yeteneğinin hastalarda güven duygusu yaratması

5. CBÜ Hastanesinin hastalarına bireysel ilgi gösteren çalışanlara sahip ....puan
olması

100 PUAN

TOPLAM:

Bölüm V

Aşağıdaki sorular hastanın özelliklerine ilişkindir. Uygun gelen yanıtı işaretleyiniz yada boş bırakılan yere uygun yanıtı yazınız.

1. Cevaplayan :   ☐ Hasta   ☐ Refakatçi

Cevabınız "refakatçi" ise diğer soruları hasta adına doldurunuz.

2. Cinsiyetiniz :   ☐ Kadın   ☐ Erkek

3. Mesleğiniz :

4. Yaşınız   :

5. Medeni Durumunuz   :   ☐ Bekar   ☐ Evli

6. Eğitim Durumunuz   :

☐ Okur-yazar değil   ☐ Okur-yazar   ☐ İlkokul mezunu

☐ Ortaokul mezunu   ☐ Lise mezunu   ☐ Üniversite mezunu

☐ Lisansüstü eğitimini tamamlamış

12. CBÜ Hastanesindeki hizmetlerden ne sıklıkta yararlanırsınız?

13. CBÜ Hastanesinde yatılı hasta olarak kaçıncı kalışınız?

14. Hangi bölümde yatılı olarak kalmaktasınız?

15. Ne süredir yatılı hasta olarak kalıyorsunuz?

16. Diğer hastanelerde yatılı olarak kaldınız mı?   ☐ Evet   ☐ Hayır

-Cevabınız "evet" ise hangi hastanelerde kaç kez yatılı hasta olarak kaldınız?

Hastane   Yatılı hasta olarak kalma süresi