

**T.C.
ISTANBUL AYDIN UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES**



**THE FACTORS THAT AFFECT THE SATISFACTION OF ARAB
REFUGEES ON HEALTH SERVICES PROVIDED BY NGOS IN ISTANBUL**

THESIS

Wojoud A.M.ABUSHAREKH

**Department of Business
Business Administration Program**

Thesis Advisor: Assist. Prof. Dr. Farid HUSEYNOV

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İSTANBUL AYDIN ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜ



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DECLARATION

I hereby declare that all information in this thesis document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results, which are not original to this thesis.

Wojoud A.M.ABUSHAREKH





*This thesis is dedicated to:
My beloved parents,
My dear sisters Mariam and Asala &
My dear brother Mohammed*

FOREWORD

This thesis would not have been completed without the support and assistance of many people. First of all, I would like to thank God for giving me the ability to carry out my study.

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January, 2019

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ABBREVIATIONS

AMOS	: Analysis of a Moment Structures
CFA	: Confirmatory Factor Analysis
IOM	: The international Organization for Migration
NGOs	: Non-Governmental Organizations
SDGG-ASAM	: The Association for Solidarity with Asylum Seekers and Migrants
SEM	: Structural Equation Modeling
SPSS	: Statistical Package for the Social Sciences
UN	: United Nations
UNICEF	: United Nations International Children's Emergency Fund
UNFPA	: United Nations Fund for Population Activities
UNHCR	: United Nations High Commissioner for Refugees
WHO	: World Health Organization

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FACTORS INFLUENCING ARAB REFUGEES SATISFACTION WITH THE HEALTH SERVICES PROVIDED BY NGOs IN ISTANBUL

ABSTRACT

The main aim of this thesis is to measure, evaluate and analyze the factors that influence the Arab refugees' satisfaction with health services provided by NGOs' clinics in Istanbul. During the last years, Turkey experienced an increase in refugees number due to a variety of worldwide conflicts and wars especially in the Arab world. Refugees usually suffer from poor mental and physical health in their country of origin, as well as during the transition to and upon arrival in the host country; which in turn resulted in a greater number of patients among the Arab refugees in Turkey. Therefore, the research suggests that understanding the factors that affect the refugees' satisfaction with the healthcare is important for improving their health. A cross-sectional study was conducted from August to September 2018 in three of the NGOs clinics in Istanbul. Two hundred and five participants were interviewed using a comprehensive questionnaire to rate the level of satisfaction of services received by 5- point Likert Scale. The questionnaire was filled by direct face to face interview. Research model constructs were evaluated and analyzed with a help of confirmatory factor analysis (CFA) and structural equation model (SEM) processed in statistical software. The results revealed that staff behaviors, accessibility, and quality of medical care are not significantly co-related with satisfaction of Arab refugees, whereas physical environment and facilities of the clinic, security and privacy, and financial aspects influence the satisfaction of Arab refugees in NGOs clinics in Istanbul.

Keywords: *Satisfaction, NGOs, Staff Behaviors, Accessibility, Quality, Physical Environment, Security, Privacy, Financial Aspects*

TARAFINDAN SAĞLANAN SAĞLIK HİZMETLERİNDEN MEMNUNİYET İLE ARAP MÜLTECİLERİNİ ETKİLEYEN FAKTÖRLER

ÖZET

Bu tezin temel amacı, İstanbul'daki STK (Sivil Toplum Kuruluşları) kliniklerinin sağladığı sağlık hizmetleri ile Arap mültecileri memnuniyetini etkileyen faktörleri ölçmek, değerlendirmek ve analiz etmektir. Son yıllarda Türkiye dünya çapındaki ve özellikle Arap ülkelerindeki çatışmalar ve savaşlar nedeniyle mülteci nüfusunda bir artış yaşadı. Mülteciler kendi ülkelerinde acı çekerken aynı zamanda başka ülkeye göç ederken, psikolojik ve fiziksel sağlıkları zayıflar ve bu durum Türkiye'de Arap mülteciler arasında çok sayıda hasta ile sonuçlandı. Bu nedenle, bu araştırma sağlık hizmetlerinde mülteci memnuniyetini etkileyen faktörlerini anlaşılmasının, mülteci sağlıklarını iyileştirmek için neden önemli olduğunu göstermektedir. Ağustos- Eylül 2018 tarihleri arasında İstanbul'daki STK kliniklerinin üçünde kesitsel bir çalışma yapılmıştır. 205 katılımcı aracılığıyla 5'li Likert tipi kapsamlı anket düzenlenmiştir. Anket doğrudan yüz yüze görüşmeler ile oluşturulmuştur. Araştırma model yapıları istatistiksel yazılımlarda, doğrulayıcı faktör analiz (CFA) ve yapısal eşitlik modellemesinden (SEM) yararlanılarak değerlendirilmiştir ve analiz edilmiştir. Sonuçlar; personeller davranışlarının, erişebilirliğinin ve tıbbi bakımın niteliğinin Arap mültecinin memnuniyet ile önemli ölçüde ilişkili olmadığını ortaya koymuştur. Oysa kliniğin fiziksel çevresi- olanakları, güvenliği- gizliliği ve mali yönleri memnuniyet ile önemli ölçüde ilişkili olduğunu ortaya çıkmıştır.

Anahtar Kelimeler: *Memnuniyet, STK, Personeller Davranışlarının, Erişebilirlik, Nitelik, Fiziksel Çevre, Güvenlik, Gizlilik, Mali Yönleri*

1. INTRODUCTION

1.1 Background and Context of Study

The main aim of marketing is building profitable relationships with customers by gaining new customers and keeping current customers. Satisfaction of customers is one of the essential functions of marketing orientation because of its major impact on revenue. Delighting customers would be achieved by delivering the best services quality for them, understanding their wants and trying to fulfill their needs and attaining the highest level of customer satisfaction. Customers' expectations play a critical role in forming satisfaction. According Armstrong and Kotler (2010), achieving customer satisfaction comes through meeting customers' expectations, if the actual performance of a service is under the expectations, then the customer is dissatisfied.

The researcher chose this topic because of its increasing importance especially with the rapidly changing market conditions and the increasing competition. Nowadays, both public and private organizations and NGOs are seeking new means to improve customer satisfaction, and then using it to make customers loyal to the organization. It's the organizations' management responsibility to make sure if the customers are fully satisfied or not, to judge of the quality of delivered services frequently, and to have visibility into the performance of the staff in order to control the ways that employees deal with customer.

(NGOs) the Non -governmental organizations provide help, protect lives and build a better future for more than 3 million registered Arab refugees in Turkey. NGOs are funded by different sources, including individual donors, foundations, corporations, and governments. NGOs in Istanbul cooperates closely with governmental authorities and work as partners with UNHCR; the UN Refugee Agency is the main provider of basic services – health, education and social services – to around 3 million Arab refugees in Turkey. (Official Website of UNHCR, 2017).

After the Arab world crisis in 2011, Turkey became the world's largest refugee host. Almost 230 000 refugees are hosted in 21 camps run by the Turkish authorities, where they have access to shelters, healthcare, education, food and social services. (Official Website of European Commission humanitarian, 2018).

NGO organizations have been chosen by the researcher, because of the big number of refugees who benefits from its services in Istanbul specially health ones. NGOs work to deliver the main healthcare services, and to provide a healthy living environment for Arab refugees. Here, the researcher chose the NGOs to examine the procedures they use to satisfy its customers especially that they are serving more than three million Arab refugees. In this scenario, the researcher will talk about the procedures that NGO organizations' employees and management use to deal with their customers. The researcher is estimating the present situation and customers' final point of views of the provided services, the quality, efficiency and effectiveness of services, and the providers of services.

1.2 Problem Statement

Customer satisfaction is a term which is usually used in marketing. Customer satisfaction is also used as a measurement of how services and products supplied by a company meet the expectations of their customer, up to what extent an organization can fulfill customers' needs and wants. NGOs help the Arab Refugees; provide them with the needed and main healthcare services. This creates a level of satisfaction for those refugees on provided services. Unfortunately, NGOs in Istanbul are facing plenty of difficulties in its work, which caused shrinking in some of their services. The continuous Arab World crisis leads to increasing the number of Arab refugees is the main challenge that faces NGOs in Istanbul which would make it hard to serve them all. Furthermore, financing is also an important challenge that faces NGOs nowadays because of the large number of Arab refugees they help and lack of donations provided by donors. This leads to decrease the scope and the quality of the provided services; and this would decrease their customers' satisfaction. Moreover, lack of coordination between their organizations is another challenge

that faces the NGOs in Istanbul because of large number of NGOs which help refugees. The lack of coordination between NGOs let some refugees receive help more than others (Weronikaszczyk, 2015).

Despite All these challenges, the NGOs in Istanbul are trying to do their best to provide the refugees with the needed services especially the healthcare with the best quality. The researcher is going to measure the level of satisfaction of the Arab refugees with healthcare services provided by NGOs in Istanbul, and then analyze these results in the light of the difficulties that NGOs are facing. So the goal of the researcher is to capture the right image for the Arab refugees on the health services provided by NGOs, and give it to concerning parties. This hopefully can lead to increasing their productivity and efficiency in work.

1.3 Research Importance

Organizations seek to raise the level of its efficiency through improving quality of its provided services, fulfilling customers' satisfaction. These elements require staff to focus on reaching the maximum level of services quality to ensure meeting the customers' expectations in order to delight them. This can only be fulfilled through a clear understanding of the factors that influence customers' satisfaction to make them loyal customers in order to maximize profitability. The main target of this is to investigate and analyze the factors that affect Arab refugees' satisfaction on health services provided by NGOs in Istanbul therefore the intentions of this study aims to lead NGOs managers to:

- Recognize the healthcare services provided by NGOs and its quality.
- Focus on the importance of customer satisfaction in keeping the organization providing high quality of services
- Spot the light on the improvements that NGOs do lately, the difficulties they face and the taken steps for services improvements.

The findings, results, and recommendations of this research would hopefully lead NGOs managers to take into consideration the importance of refugees' satisfaction level and then take serious steps to improve it. Moreover, researchers and academics may use this study while conducting similar studies in new populations with new variables.

1.4 Research Aims and Objectives

The main aims of this research are to:

- Measure, analyze and evaluate the satisfaction of the Arab Refugees on the health services provided by NGOs in Istanbul.
- Look for the reasons for satisfaction or dissatisfaction of Arab refugees.
- Convey the thoughts, point views of Arab refugees to NGOs, to find possible solutions if needed.
- Recommend ways to deal with Arab Refugees, to reach the highest level of satisfaction.

1.5 Research Questions

The study seeks to answer the following questions:

- What is the level of Arab refugees' satisfaction with the health services provided by NGOs in Istanbul?
- What are the reasons that cause satisfaction or dissatisfaction level for the Arab Refugees with the health services?
- What are the steps taken by the NGOs in order to solve or improve challenges they face?

1.6 Thesis Outline

This thesis contains six chapters which are mentioned below:

- Chapter-1 Introduction :The first chapter of this thesis describes the introduction of complete dissertation. This chapter includes the statement of the problem, importance of the thesis, also main aims and objectives of this thesis are given.
- Chapter-2 Literature Review: This chapter will talk about refugees and customer satisfaction concepts, and will also review some of previous studies conducted on patient satisfaction.

- Chapter-3 Conceptual Framework and Hypothesis Building: The third chapter presents the research model, as well as the formulated hypotheses based on the previous studies.
- Chapter-4 Research Design and Methodology: This chapter will describe the design, procedures and the data collection methodology of this study.
- Chapter 5- Findings and Discussion: This chapter will present the results, data analysis and discussion of the study results.
- Chapter 6- Findings and Discussion: This chapter will summarize the study findings and recommendations of the researcher.



2. LITERATURE REVIEW

2.1 Background of Arab World Pro-Democracy Protests

In 2010 and 2011 pro-democracy demonstrations and protests started to take place in many Arab countries. The protests were against the authoritarian regimes because of political and economical problems. The first events started in Tunisia at the end of 2010, when a young man called Mohammed Bou Azizi set himself on fire because of economical reasons. After that, protests started to take place in Egypt in January 2011 aimed to the removal of president Hosni Mubarak. After Tunisia and Egypt, in late January, February and March 2011, demonstrations continued in Bahrain, Yemen, Libya, and Syria. In general, the demonstrations caused bloody struggles between people and the ruling regimes. As a result of these bloody struggles, Arab people of some countries started to immigrate to other countries. According to The UN Refugee Agency (UNHCR), Turkey host the world's largest refugee population and the biggest number of Arab refugees is from Syria and Irak. The Total of Registered Syrian Refugees is 5.607.286. Table 2.1 shows the number of Syrian Refugees in each country and as it is shown Turkey hosts 3.547.194 Syrian refugees. Moreover, according to a fact sheet published by UNHCR in October, 2017, there is also 140,000 Iraqi Refugees in Turkey.

Table 2.1: Total Persons of Concern by Country

Country	Source	Data Date	%Population	Number
Turkey	Government of Turkey, UNHCR	8 Mar 2018	63.3%	3,547,194
Lebanon	UNHCR	31 Jan 2018	17.8%	995,512
Jordan	UNHCR	13 Mar 2018	11.8%	659,063
Irak	UNHCR	31 Jan 2018	4.4%	247,379
Egypt	UNHCR	28 Feb 2018	2.3%	128,034
Other	UNHCR	30 Apr 2017	0.5%	30,104

2.2 Definition of Terms

2.2.1 Refugees

A refugee word refers to a displaced person who was forced to leave his homeland and who cannot return home safely because of fear of danger or persecution for political, religious, or ethical reasons. The UN Refugee Agency defines it as someone who has been forced to flee his homeland because of war, persecution, or violence. According to oxford dictionaries, a refugee is a person who was forced to leave his country to escape from war, persecution, or even natural disaster. According to the *United Nations* as amended by its 1967 Protocol (the Refugee Convention), a **refugee** is a person who is outside their own homeland and has a fear of persecution because of his religion, race, nationality, or because of being a member of a particular social group or a political thoughts and unable or unwilling to return back. The United Nations High Commission for Refugees (UNHCR) currently estimates officially that there are nearly 20 million refugees in the world.

2.2.2 NGOs

A non- governmental organization (NGO) refers to a non- profit, voluntary citizens' group which is coordinated on an international or local levels. NGOs provide different services, some of them focus on specific issues, like health, human rights, or education. In Turkey, many NGOs provide services for the refugees and the biggest number of NGOs and refugees is in İstanbul. Protecting refugees includes giving them feeling of safety and making sure that they get their basic human rights. NGOs in Turkey have partnerships with UNCHR and WHO in order to be able to provide different services for refugees. Some NGOs give educational support like; Anadolu Kultur and Tarlabası Toplum Merkezi (TTM). Others are interested in housing and food like; İHH İnsani Yardım Vakfı and Immigration Solidarity Network. Some NGOs also provide healthcare services like; AID International Doctors Assoc, World Health Organization, and The International Organization for Migration (IOM). Some NGOs provide Multi-Purpose Facility like; (SGDD-ASAM), and Refugees Association. In this research, the researcher has chosen three NGO organizations that provide health services for refugees in İstanbul;

- SGDD-ASAM
- IOM
- Refugees Association

SGDD-ASAM

The Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM) was established in Ankara in 1995 as a non-profit and independent organization to help the refugees in Turkey. SGDD-ASAM provides legal and social services in 60 offices in more than 40 different locations in Turkey. The organization helps refugees to get their rights and to access the main services by collaborating with the United Nations and other NGOs like UNHCR, Unicef, UNFPA, and World Health Organization (WHO). SGDD-ASAM provides healthcare services to refugees in many of their health centers and it also helps the refugees to access the governmental hospitals.

IOM

The International Organization for Migration (IOM) was established in 1951. The UN Migration Agency and IOM opened its first office in Turkey in 1991 after the first Gulf War. By the ongoing Mediterranean Crisis in 2015 and the Arap World crisis that started in 2011, IOM began their programme to help Arap Refugees in nearly 350 staff in 15 different areas in Turkey. IOM Works with governmental partners like; ministries of health and immigration and NGO partners like; WHO, UNAIDS, and UNHCR. IOM provides comprehensive, preventive and curative health programmes through its health centers.

Refugees Association

The Refugees Association was established in 2014 in Turkey with an aim of seeking solutions of refugees' problems. Refugees Association also works with governmental partners like; Municipality of Sultanbeyli, and other NGO partners like; UNHCR and RELİFE international. Refugees Association has many different centers to help and provide different services to refugees in different fields; education, health, culture, and others. The main health center of Refugees Association locates in Sultanbeyli in İstanbul. The health center has 10 different clinics, a pharmacy and a laboratory and it has the ability to serve around 500 patients daily.

2.3 Services:

2.3.1 Definition of service

Today, service importance is increasing and it is considered as an indicator of the economic progress in the country. In the business dictionary it is defined as “ Intangible products such as, banking, cleaning, medical treatment, transportation, insurance, or education.”

James Fitzsimmons (2008) defined it as “ a time perishable, intangible experience performed for a customer acting in the role of co- producer”. According to Kotler; “A service is an act of performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything” . The previous definitions mean that a service is any

economic act whose output may not be tangible goods or physical products. According to health services, in Cambridge dictionary it is defined as a service that provides medical care to people in need.

2.3.2 Characteristics of service

According to Kasper, Helsdingen and Gabbott (2006), the characteristics of services is explained as the five “I”; as figure 2.1 shows. The five ‘I’ refers to inseparability, intangibility, inability, inventory, inconsistency. The word ‘intangibility’ means that a service is an abstract phenomenon which cannot be touched or seen like products. Inseparability means that service needs the consumer participation like the doctor’s treatment and internet services. Inability means that the service cannot be owned as the product. Inventory means that a service cannot be stored. Inconsistency means that the feeling or the satisfaction about the service is not the same every time as in products; the product every time may taste or look the same the consumer buy it, but the service is not the same because every person or every employee is not the same.

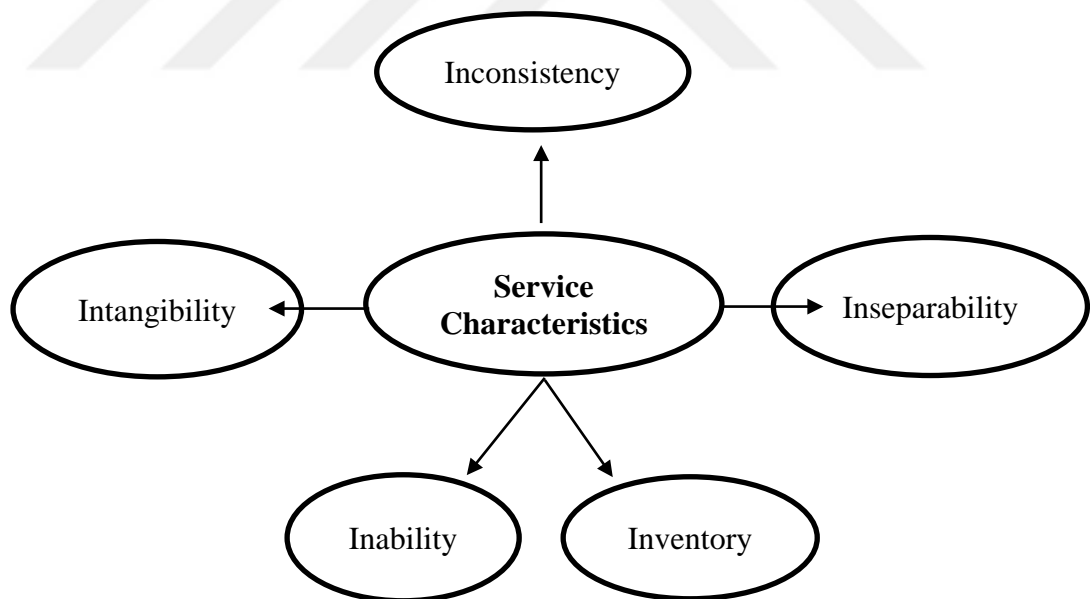


Figure 2.1: “The Five ‘I’ of services”

2.3.3 Classification of Service

According to Kotler and Keller, services can be distinguished to five categories as the following,

- Pure tangible good: with no services like toothpaste
- Tangible good accompanying with a service: technologically advanced products such as a cell phone.
- Goods and services: like a restaurant.
- Services supported by goods: airline travel packages.
- Pure services: like medical check-ups and babysitting.
- While Isovita and Lahtinen classified services to 3 main categories;
- Standardized Vs. customized services: telephone companies provide the same services to all the customers while restaurants and banks provide different services according to the customers' needs.
- Customer Vs. Industrial Services: consumer service is the service that given to final consumer, while industrial services refers to the services that given to the customer to shape his own final product.
- Personal Vs. non- personal services: the services that need personal contacts with customers like haircut and medical treatment is personal services, while the non-personal services are the services that do not a personal contact with customers like; power plants and hand security companies.

2.3.4 The concept of service quality

Quality is one of the most important things that customers look for in any service. The quality is difficult to define or measure that is why it has a main interest in the service marketing literature. There are many different definitions of service quality. According to Oxford dictionaries; quality is “the degree of excellence of something“. According to Kotler and Keller (2009), service quality refers to totality of features and characteristics of service that shows its ability to satisfy needs. Service quality could be also defined as the manner of dealing with the customers while delivering a service. Dotchin and Oakland (1994), Evans (1997), and Winiewski and Donelli (1996) define it as the degree to which the service meets customers' needs and expectations. If the customer get more than they expect, then the quality is high. On the other hand, if the customers' expectations are more than the real performance, then the quality is

less and that causes the dissatisfaction (Lewis and Mitchell, 1990; Parasuraman et al, 1985). To sum up, service quality could be defined as the differences between the customers' expectations before the dealing with the service and the real performance of it.

2.3.5 Key elements of service quality

There are main five elements of service quality; the first element is *reliability*, the second is *assurance*, the third is *tangible*, the fourth is *empathy*, and the fifth is *responsiveness*. *Reliability* is accurately providing the service as the firm promised. Zeithaml et al (2006) define it as "delivering on its promises". So, it is important for any organization to understand customers' needs and to promise only what they can do because every customer wants to deal with organizations that keep their promises.

Moreover, Zeithaml et al (2006) defined *assurance* as employees' knowledge and their ability to convey and inspire trust. According to Andaleeb and Conway (2006), assurance may not be much important to the services in which the risk is high and the outcomes are uncertain. On the other hand, in some services like medical and healthcare services, assurance is a significant element that customers look for. *Tangible*, this element is defined as the physical facilities, appearance of staff, the way of communication and equipment. In other words, an organization should care about the first impression of their customers. The first impression should be positive because the first impression is never forgotten, and this would encourage them to keep dealing with the organization. *Empathy* is the degree of caring and the individualized attention the organization gives to its customers. Every customer should be treated as he is so special and valued by listening for emotions in his messages and then providing effective and sustainable services. *Responsiveness* is defined as the ability of organization to help customers and provide them good, fast, and flexible services. The organization should deal with all of the customer's problems and requests and try to respond in a helpful way to meet his needs.

2.3.6 The links between service quality and customer satisfaction

The Service quality now is considered as one of the main matters in service management and according to Chen (2008), service quality is the core of service

management. The quality of a service is connected with the expectations of customers, then it has a strong relationship with the customer satisfaction. According to Hell (1992) , the differences between the real performance of a service and the customer expectations determine the level of satisfaction or dissatisfaction. So, service quality is one of the main determinants of the satisfaction of customers. Moreover, service quality has relationship with profitability and cost (Crosby, 1979; Buzzel and Gale, 1987). Even though, the researchers have different thoughts about the relationship between the service quality and customer satisfaction. There are three main opinions as the following;

- Service quality is an antecedent to customer satisfaction (Olorunniwo, Hsu and Udo,2006).
- Customer satisfaction is the cause of service quality (Bitner, 1990).
- None of them is an antecedent to the other (McAlexander, Kaldenberg and Koenig, 1994).

Despite of the different positions of the relationship between service quality and customer satisfaction, service quality as an antecedent to customer satisfaction is the most common position (Cameran, Moizer and Pettinicchio, 2010; Akhtar and others, 2011).

2.4 Background of Customer Satisfaction

Customer satisfaction is considered as one of the most important matters in marketing since Cardozo's (1965) study of customer effort and satisfaction. A customer service revolution was started to focus on customer, to understand his needs critically in order to fulfill them. As keeping customer satisfied is a key to business success whether in selling a product or providing a service. Business relationship as any relationship else depends on both people getting their needs met. According to Klee and Hennig-Thurau (1997) customer satisfaction with organizations' services or products or is considered as most important elements of competitiveness and success.

Before 1980s, most large firms and brands were product focused; they were not customer focused, that is why customer satisfaction used to be evaluated

informally by asking customers if they were satisfied or by customer annual surveys. In 1980s, companies and organizations became larger and they turned to create new strategies included customer satisfaction. Moreover, before the internet revolution, customer satisfaction researches used to be paper-based. Firms and organizations used to distribute questionnaires and then use scanner-based ways to input information. After that, in early 1990s data collection started to be Computer Assisted Telephone Interviewing (CATI). Faxed surveys and disk-by-mail surveys were also used in B2B research, but for a short period of time. Furthermore, Customer Relationship Management (CRM) was also developed in 1990s, which helps firms or organizations better understand individual customers' wants and needs. This happens by collecting detailed information about their purchase history, buying concerns and even personal information, in order to build good relationships with them and then meet their needs and wants. In 2000s, the focus started to be on online and mobile researches. However, paper, telephone, and face-to-face researches were not ignored. Nowadays, big companies and organizations are trying to use social media, and more mobile surveys to measure customer satisfaction.

The healthcare industry is considered as one of the fastest growing industries in the service sector over the last couple of years. Measuring the satisfaction of patient is also increasingly becoming essential and commonly used way by hospital management strategies for evaluating the quality of healthcare and to collect feedback about patient experiences.

2.4.1 Definition of customer satisfaction

Business is all about customers, as all profit, enhancements, images for a firm or an organization depends on customers and hence customer satisfaction is a term which is usually used in marketing. There are many different definitions of customer satisfaction, but they are all around the same concepts.

According to Cambridge dictionary, customer satisfaction is defined as ‘‘a measurement of how happy a customer feels when he does business with a company’’, which means that satisfaction is a feeling or an emotional reaction. Kotler (2000) defined it as: ‘‘ a customer’s feeling of pleasure or disappointment as a result of comparing products’ perceived performance in

relation to his expectations“. Customer satisfaction is highly affected by customer expectations. Oliver (1999) and Wilton (1988) defined it as “the evaluation of the perceived discrepancy between prior expectations and the actual performance of the product”. Moreover, Cheefy defined it as “the extent to which a customer’s expectations of product, quality, and price are met”. The expectations of customers are influenced by their personal needs, past experiences, word of mouth communications, and many other factors. Customers expect that the service will fulfill their needs, therefore a well-understanding of their needs is important in designing any service. Furthermore, previous experiences and feedback about the services from friends or family also affect future expectations. Furthermore, statement from staff Customer satisfaction is the overall attitude towards to both goods and services. It also could be defined as the degree to which customers are satisfied with their experience with healthcare.

2.4.2 Importance of customer satisfaction

The importance of Customer or Patient satisfaction has been studied by many researchers as it is important to both healthcare providers, the consumers (patients) and other third-party stakeholders in the healthcare industry. Patient’s feedback and judgment of hospital services have great outcomes.

Customer satisfaction is extremely significant because it is the best way to get feedback from people. It helps to understand the strength and the weakness of a service or a product and to know what exactly customers seek for, then a company or an organization can use the feedback later as a way to monitor or improve the care quality. Feedback of customers could also serve while planning the marketing strategy.

Moreover and according to Anderson, Fornell and Lehmann (1994), organizations with higher levels of customer satisfaction have higher return of investment. Also, there is a strong and a positive relationship between customers’ satisfaction and loyalty. Customers are loyal customers when they only purchase from specific brands. According to Oliva, Oliver, and MacMillan (1992), when satisfaction increases, loyalty increases dramatically, and when customer satisfaction declines, loyalty also declines dramatically. Customer

satisfaction has a great financial outcome, and loyalty is more profitable (Thomas and Tobei, 2013), as it leads to increase sales and profitability as satisfied customers become loyal customers and loyal customers are more likely to purchase frequently and pay more for the product or the service. Thus, the main driver of loyalty is satisfaction for that keeping customers highly satisfied is so important. According to service profit chain (HESKETT, J.L., et al, 1994), profit are stimulated by customer loyalty. Customer satisfaction leads to customer loyalty, and satisfaction is mainly influenced by service quality, which is presented in figure 2.2.

Furthermore, customer satisfaction is important in maintaining the relationship with customers and also gaining new customers. According to Eshghi, Haughton and Topi (2007), customer satisfaction can serve in building long and profitable relationships with customers. A satisfied customer makes positive views whether it is for a good cafe or a good doctor. According to Ramirez (2012), a single unsatisfied customer can send more business away from your business. Unsatisfied customers are always free to express their negative view to many people. McKinsey mentioned that an unhappy customer tells 9-15 people about their bad experience. According to Broad Bridge and Marshall (1995), Day and Landon's taxonomy of consumer complaint behavior (1977) (Figure 2.3) has achieved a great acceptance in consumer behavior literature.

According to Day and Landon, two major options are available to consumers who are dissatisfied with the products or the services: taking no actions, or taking an action whether it is private or public. Consumers may rationalise or forget their problems with the organization or the firm and take no action. While private actions could be like warning friends and family about the company or the organization which could lead to stop dealing with their products or services and switching to others. Moreover, public actions can be by complaining to business or governmental agencies, seeking redress directly from the firm by asking for free repairs or a refund, or seeking redress by taking legal actions. On the other hand, satisfied customers express their positive thoughts and keep coming back despite many other choices offered to them. Moreover, if the customers are satisfied, the organization or the company will keep getting revenues and the aims will be met which also causes happy employees.

Measuring customer satisfaction should be a habit for an organization, and the best way to understand and analyze the satisfaction of patients is simply to ask them. This is why the data of patient satisfaction are continuously collected and used for improvements in the developing countries.

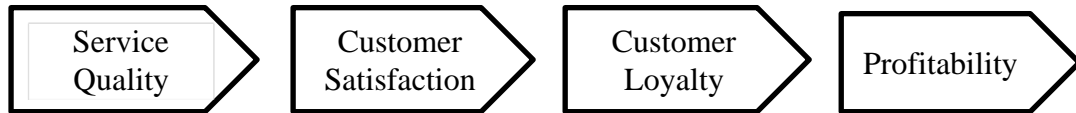


Figure 2.2: The Service Profit Chain. Source: (HESKETT, J.L., et al 1994)

2.4.3 Factors Influencing Customer Satisfaction

There is a great number of medical, non-medical, and demographic factors which can have an impact on overall patient satisfaction such as; behaviors of employees, time, service quality, price, and many other factors. Hokason (1995) said that many factors affect customer satisfaction included friendly, knowledgeable, helpful, and courteous employees, accuracy of billing, billing clarity, billing timeliness, good value, service quality, and good value as shown in figure 2.4.

According to Rosenberg and Czepiel (2017), several factors affect customer satisfaction:

- **Social Factors:** a customer's buying behaviors is influenced by friends, family, and social networks.
- **Personal Factors:** like age, gender, lifestyle, job and economic situation also have a great impact on customer satisfaction
- **Psychological factors:** many psychological factors like learning, motivation, beliefs, culture and attitudes also play a great role in customer satisfaction.

The factors that affect customer satisfaction vary from customer to customer and numerous studies and researches were conducted to understand these factors and to define the relationship between these factors and patient satisfaction. The following subsection discusses previous studies on patient satisfaction in detail. The project is considered successful if it meets its objectives on specified time and/or within the set budget (Ahsan, Ho & Khan, 2013).

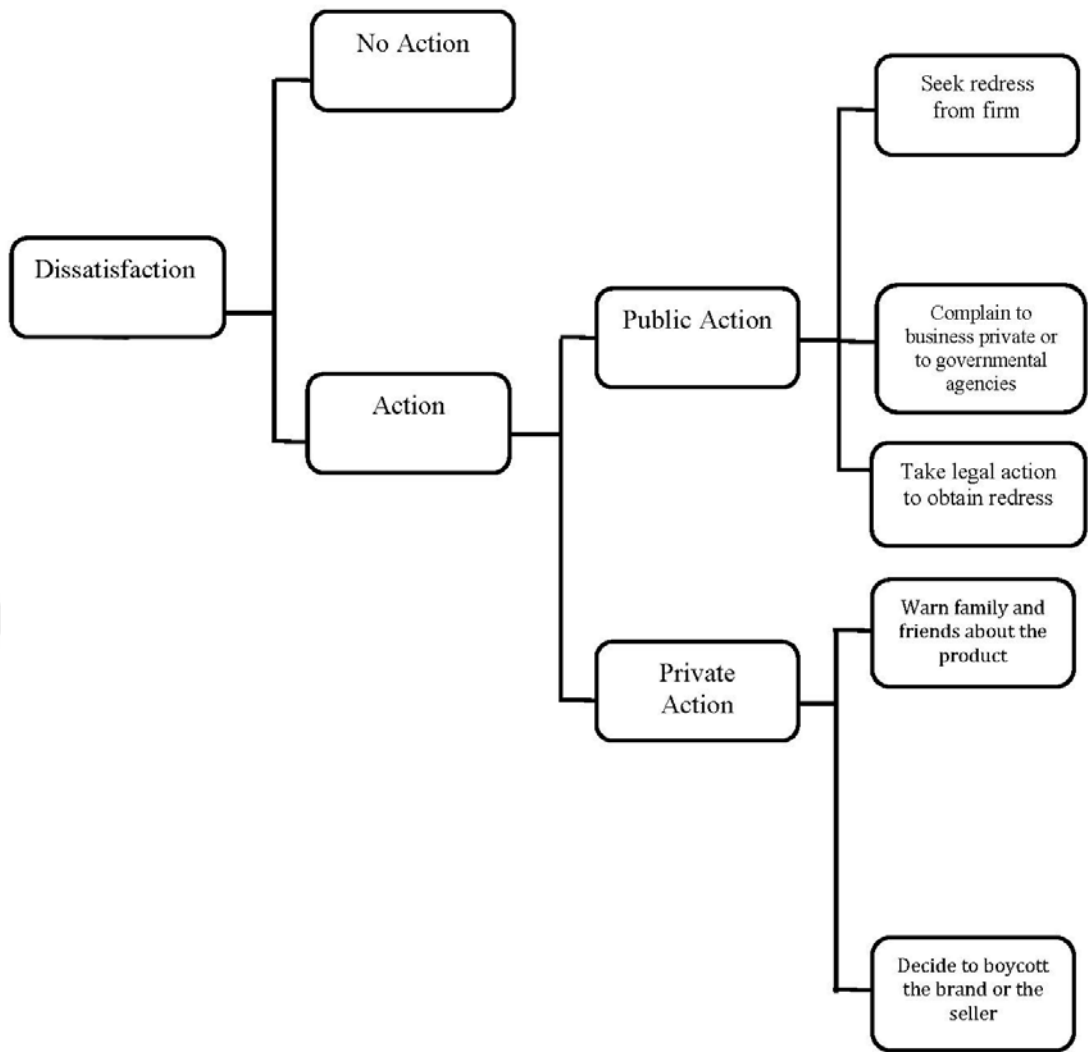


Figure 2.3: Factors Dissatisfied customer complaint behavior (Day and Landon 1977).



Figure 2.4: Factors that Affect Customer Satisfaction Source:(Hokanson 1994).

2.4.4 Employees satisfaction and customer satisfaction

Employees' satisfaction has also many positive impacts on the care quality which influences the levels of customers' satisfaction. When employees are satisfied, it serves in reducing stress in work and then work better to satisfy customers. Some researchers say that the importance of employees' is equal to the customers' satisfaction, while others say that customer comes first. Barnato (2011) mentioned that both customers and employees are equally vital to the business success. It is hard to choose between them as the business needs to be strong for both. Satisfaction of employees is important as much as customer satisfaction; as customers and employees are links in the same strategy and in a chain every link is significant. Moreover, business needs to teach the employees about the firms' goals and to empower them with knowledge to know how to satisfy customers.

In the health care sector, O' Neill (2005), Testa et al (1998), and Bitner et al (1990) said that the best way to satisfy patients is to deal with nurses and other employees as internal customers and try to understand and meet their needs and expectations. By doing so, an organization would lead to better quality and later

to a higher patient satisfaction. Also, Rather and May (2007) found that nurses who are satisfied exhibit higher levels of patient safety and less medication errors which increase patient satisfaction. Furthermore, focusing on just the quality of an organization can not improve the patient satisfaction, but it is also important to improve employee satisfaction (Peltier et al, 2003). In general, improving employees satisfaction helps in improving everything about customer service and it is essential to a healthy work; customer, employees satisfaction, and profitability work together as a closed circle. Customers cause profitability, and happy customers provide better work which will satisfy customers and then increase profit as shown in figure 2.5.

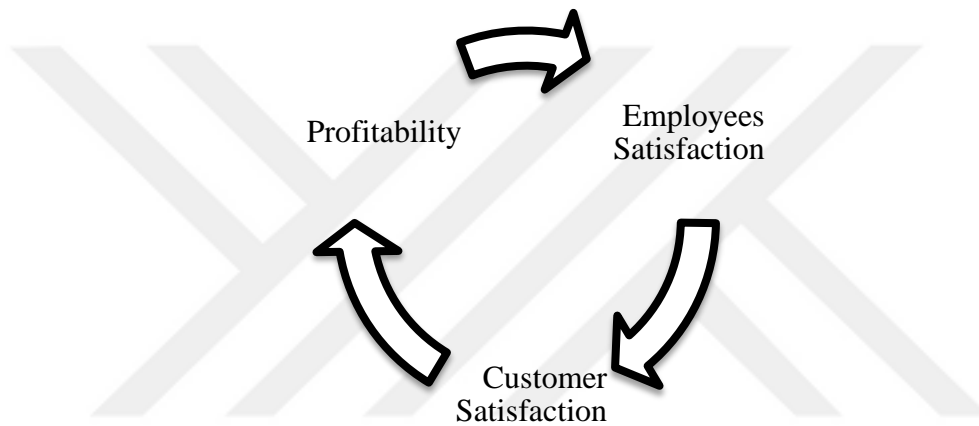


Figure 2.5: Circle of customer and employees satisfaction and profitability

2.4.5 Measurement of customer satisfaction

As mentioned in previous sections customer satisfaction is important to be measured by every firm or organization. Nowadays, the global economy has changed many things in business. The new market conditions and the increased competition make measuring the levels of customer satisfaction a necessity for commercial and public service organizations. Measuring customer satisfaction helps in understanding customers buying behaviors and analyzing the reasons of lost of some customers by knowing the strength and weak points of their business. Moreover, it also helps in monitoring performance identifying organizations long term performance or improving services. Furthermore, measuring customer satisfaction can also serve in understanding the outside factors that influence the service like social media. The most important thing

about measuring customer satisfaction is focusing on customers themselves and then using it in improving their experience. The main aim of customer satisfaction measurement should be focusing on the entire customer experience not only on the final results.

2.5 Previous studies on patient satisfaction

It is possible to find many articles about patients satisfaction in various journals in many disciplines like, marketing, science and healthcare, management, business and etc. To review all the relevant books and articles, the following databases used to an extensive literature review.

- NCBI
- Mafiadoc
- BMJ Journals
- Wiley Online Library
- ANA Publications
- Annual Reviews
- Stanford Libraries
- ResearchGate

Keywords:

- Patient's satisfaction
- Quality
- Health Care Organization
- Health Services
- Management

The previous studies were classified according to their research focus, aim and perspective; figure 2.6. The previous studies about patient satisfaction relate to both medical and non medical aspects. Some studies focuses on non- medical aspects like; communications, administration, time, accessibility and availability and ancillary services like food and other aspects. Other studies focuses on medical aspects like; well trained personals, surgical quality, and medication

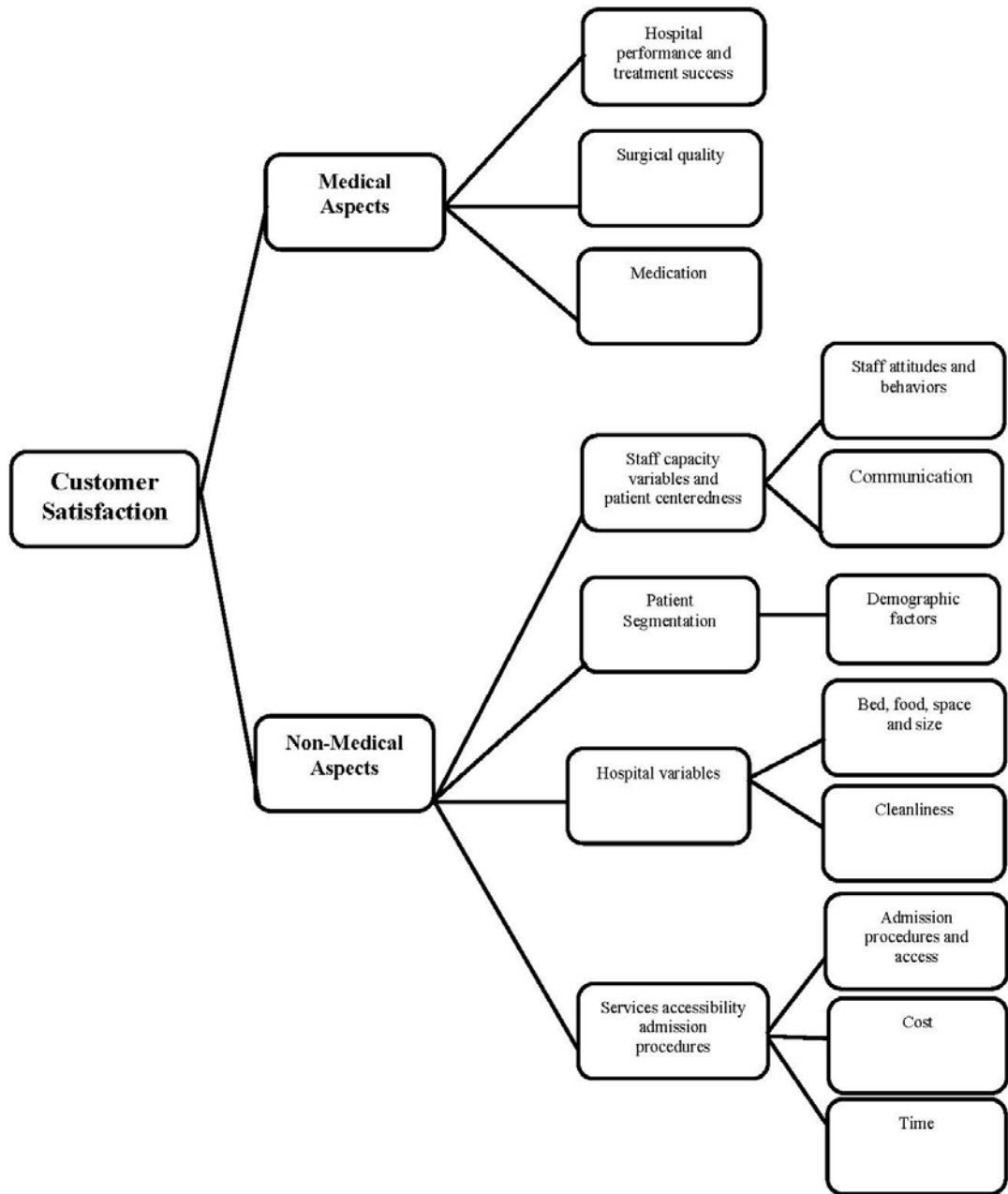


Figure 2.6: Classification of articles based on their research focus, aim and perspective

2.5.1 Studies focusing on non-medical aspects

Some studies focused on the staff capacity variables and patient centeredness includes; communication, staffattitudesandbehaviors. On the other hand, some studies focused on acceptability and hospital variables; includes cleanliness, bed and food, space and size. Moreover, some studies focused on servicesaccessibility and admission procedures; includes cost, access, treatment and admission procedures. And other studies focused on waiting time. In all of these studies, the researchers analyzed how all of the previous factors affect the

patient satisfaction and to assess the relationship between patient and the satisfaction previous factors.

The relationship between admission procedures, treatment, and cost was also assessed (Emily Dansereau and others, 2015; Davis, K.M. and others, 2000; Varki and Colgate, 2001; Mao Vadhana, 2012; Angelos Pantouvakis 2014; Peter S. Hussey and others, 2013; Adam H. Buchanan et al, 2015; Lanka Sanjeewaand Senevirathne (2017).Varki and Colgate (2001) and Lanka Sanjeewa and Senevirathne (2017) also mentioned that there is a significant relationship between price and satisfaction. Moreover, the relationship between patient satisfaction and time was as assessed by several studies (Gayleen M. Eilers,2004; Tyler M Kreitz and others, 2016; Hailu Arega, 2015; Anjum Javed, 2005; Rajeswarit, 2011; Karupal Joshi and others, 2013; Mahlet Girma,2015, Naeem Alkariri, Yousef Aljeesh, 2010; Damghi et al.,2013). All of the previous studies found a strong relationship between the waiting time and the patient satisfaction. Minimizing wait times in clinic may improve patient satisfaciton but may not affect theirlikelihood of recommending the practice to others (Tyler M. Kretiz and others, 2016) .If the waiting time cannot be shortened it could be managed by improving the waiting area and making it more comfortable. Some activities like puzzles and coloring materials, newspapers and magazines could also help (Gayleen M. Eilers, 2004)

The relationship between staff behaviors and their communication skills and the level of patient satisfaction were also examined by several studies in the literature. The good communication skills and the interpersonal relations positively influence the level of patients satisfaction (Mehnoosh Akhtari-Zavare and others,2010; Satvinder Singh Bedi, 2014; Tisa C. Grant, 2012; Saskia Kanters, 2014; Klakovich and Cruz,2006; Devija et al., 2012). The communication gap between staff and patients led to patient dissatisfaction (Bekele Chaka,2005). The behaviors of staff also had significant relationship with the level of patient satisfaction and it could be a an essential element in effectively adapting to change. (Moa Vadhana,2012; Natsayi Chimbindi et al, 2014; Catherine Efuteba,2013; Syed Shuja Qadri et al, 2012;M.S. Hajinezhad et al, 2007).

The association between patient satisfaction and hospital characteristics like; size, place, quality of food, cleanliness, accommodation and nurses per patient was also analyzed by many studies. (Tonio Schoenfelder et al, 2014; Zlotnik and Karen Leah, 2013; Kamakshaiah Musunuru and Paravastu, 2014; Naglaa A.El-Sherbiny et al, 2017; H.J.Hartwell et al, 2007; Phil Galewitz, 2013; Emily Rogan, 2012; Tom Schaal et al, 2016; McFarland, 2017; Sunita Ramlochan Tewarie, 2008; Rike Antje Kraska, 2016). Structural and quality characteristics of hospital have a significant impact on patient satisfaction (Rike Antje Kraska, 2016). Greater nurse hour per patient day also led to most patient satisfaction scores, but there was no relationship between nurses hour per patient and nurses communication skills scores (Zlotnik and Karen Leah, 2013).

When it comes to the segmentation studies assessing and grouping the satisfaction of patient according to patients' demographic characteristics is the most commonly followed strategies in literature. Age, sex, education income, job, and marital status are some upon characteristics which segmentation process is done. (Mehrnoosh Akhtari-Zavare et al, 2010; Natsayi Chimbindi et al, 2014; Kamakshaiah Musunuru, 2014; Naeem Alkariri and Yousef Aljeesh, 2010; Tisa C. Grant, 2012; Hailu Arega, 2018; Rajeswarit, 2011; Bekele Chaka, 2005; Satvinder Singh Bedi, 2014; Sanjeewa and Senevirathne, 2017; Blazevska, Vladichkiene, and Xinxo, 2004; Aldoghaither, 2004; Al-Assaf et al, 2009). Kam akshaiah Musunuru (2015) and Hailu Arega (2018) found that income was significant in influencing patient satisfaction. Gender, marital status, and education have influence on patient satisfaction by Natsayi Chimbindi and others (2014). Rajeswarit (2011) and Bekele Chaka (2015) found that age also has a great affect on patient satisfaction, while Blazevska, Vladichkiene, and Xinxo (2004) found that there was no significant relationship between opinion of patients and age. When it comes to education, Al-Assaf (2009) and AlDoghaither (2004) found that patients with more education were less satisfied than those less education. Moreover, Al-Doghaither (2004) found that different genders have different opinions. Sanjeewa and Senevirathne (2017) showed that none of the socio demographic factors had significantly relationship with patient satisfaction.

2.5.2 Studies focusing on medical aspects

On the other hand, some studies focused on medical aspects like; hospital performance and treatmentsuccess, surgical quality,and medications.(Van Zanten et al, 2012; Adam Todd Hirsh, 2004; Vigdis Abrahamsen Grondahl, 2012;Gould, O., Buckley, P., Doucette, D. ,2013).;Johns Hopkins Medicine,2013; Mikael Rahmqvist,2001;Van Zanten S.J. et al, 2012;Damilola Akinkunle Ogunssanwo,2012;Myles P.S.,2000; Royse C.F. et al, 2013;Saniya S.Godil et al, 2013; Caroline Vieira Spessotto et al, 2016; Ryan K..Schmocker et al, 2015;Elvira V.Lang et al, 2013).

Patient satisfaction is an indicator of the service quality in the hospital, but it doesnot reflect the quality of surgical care (Johns Hopkins Medicine,2013)

There is a strong relationship between patient satisfaction andthe surgical quality, surgical care, anaesthesia and other predetermined outcomes like; vomiting and pain relief. (Myles P.S.,2000; Royse C.F. et al, 2013;Adam Todd Hirsh,2004; Greg D. Sacks et al, 2015; Tsai TC, Orav E.J., Jha A.K., 2015; Hamilton et al,2010)

Patient satisfaction is not considered as a valid measurement of overall effectiveness of surgical care (Saniya S.Godil et al ,2013).

The relationship between treatment success and medications (availability and type of medications, difficulty taking medications) and patient satisfaction was also explored by several studies.

Patient satisfaction is an end point for evaluating treatment success (Zanten SJ et al, 2012)

Knowledge on how to take medicine and avialability of medicine contribute to general satisfaction (Damilola Akinkunle Ogunssanwo,2012).

3. CONCEPTUAL FRAMEWORK AND HYPOTHESIS BUILDING

3.1 Conceptual Model and Hypothesis

The purpose of this study is to analyse the factors that influence the refugees satisfaction on healthcare services provided by NGOs in Istanbul. Figure (3.1), the proposed research model, which the researcher developed includes all the six factors that considered as constructs of this research. The figure shows an association between refugee satisfaction as dependent variable (DV) and staff behaviors, physical environment, accessibility, financial aspects, privacy and security, and quality of medical care as independent variables (IDV) of the research. This model will help in analyzing the impact of the mentioned six factors on refugees satisfaction. Based on the conceptual framework of the study, this study attempted to test the following research hypotheses:

- H1: Staff behaviors has a positive impact on customer satisfaction level in NGOs clinics in Istanbul.
- H2: Clinic environment has a positive impact on customer satisfaction level in NGOs clinics in Istanbul.
- H3: Accessibility has a positive impact on customer satisfaction level in NGOs clinics in Istanbul
- H4: Financial support has a positive impact on customer satisfaction level in NGOs clinics in Istanbul
- H5: Privacy and security have a positive impact on customer satisfaction level in NGOs clinics in Istanbul
- H6: Quality of medical care has a positive impact on customer satisfaction level in NGOs clinics in Istanbul

These variables are diagrammatically as following:

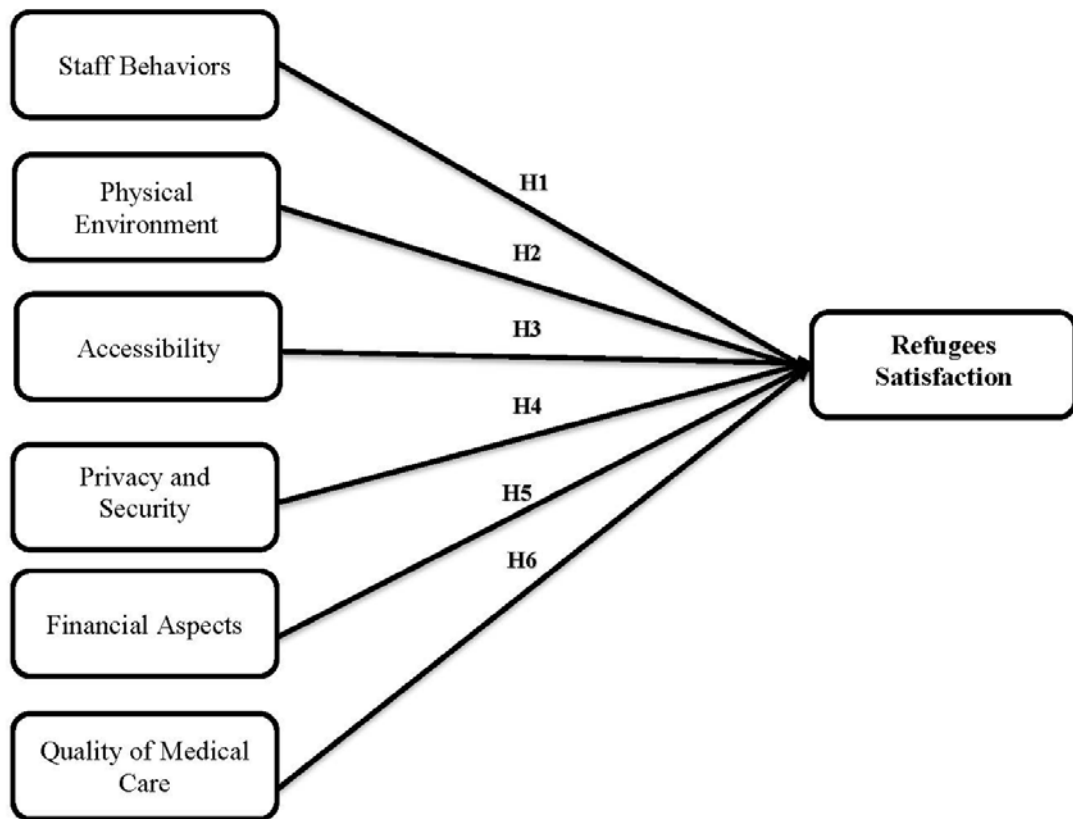


Figure 3.1 : Conceptual Framework of the study

3.1.1 Staff behaviors

Employees are the most important element that represents the organization as they are the service providers who connect the customers and the organization. Employees' behaviors are important in a service company and they have a direct impact on customer satisfaction. Employees' behaviors refers to the different sequences of actions carried out by employees (Hanna et al., 2004). In a service business such as healthcare sector, the positive employees' behaviors are more important because in a service business, the work depends on the employees' performance and their interactions with customers. In such types of business, customers depend on the employees' behaviors to form their opinions about the services provided in the organization. According to Gronroos (1990) and Gwinner et al. (1998), staff behaviors are very important in a service company as they are the connection between the customers and the organization and they play an important role in creating effective working relationships with customers. The staff performance is one of the main reasons of customer

satisfaction or dissatisfaction. Therefore, the best way to gain customer satisfaction in a service company is to focus on the positive behaviors of employees. The positive behaviors of staff (e.g., Politeness, helpfulness, friendliness, and trustworthiness) has an important role in affecting long- term relationships with customers (Sparks, 1994). Moreover, Jones and Dent (1994) mentioned that a smiling face of an employees have a great effect on customer satisfaction. On the other hand, the negative employees' behaviors would lead to customer dissatisfaction. King (2004) said that the negative behaviors of employees have ruined many businesses. Emery and Fredendall (2002) said that high performance of employees is required to generate customer satisfaction by meeting their expectations. Furthermore, a satisfied customer will keep coming to the organization. Allen and Grisaffe (2001) argued that the different employees' behaviors have different impacts on customer reactions (e.g., customer satisfaction, repeat purchase behavior). Employees' behaviors appear to be the most important element of customer satisfaction in service organizations. Therefore, the first hypothesis of the study is:

H1: Staff behaviors has a positive impact on customer satisfaction level in NGOs clinics in Istanbul.

3.1.2 Physical environment

The physical environment of a place refers to different elements including both the design of the building and ambient factors such as air, colour, lighting, furnishings, equipment, facilities and layout (Baker et al., 1994 and Lin and Liang, 2011). The care about the physical environment has gained a big attention in the hospitality industry because it is one of the key elements that influence the level of customer satisfaction (Ryu and Jang,2007; Han and Ryu, 2009; Slatten et al, 2011). Namasivayam and Mattilla (2007) also mentioned that the physical environment has a positive or negative effect on customers' mood. Moreover, the physical environment has an influence on customer satisfaction as well as the return intention (Chang,2009).

In any service setting, customers take the physical environment into concern while evaluating any service. Customers always use the physical environment as a tangible cue to make judgements (Lin and Liang, 2011). According to

Zeithaml et al. (1993), customer satisfaction depends on comparing their expectations and perceptions. Customer also has expectations about the physical environment and once these expectations are met, then the customer is satisfied. Thus physical environment is an important driver of customer satisfaction that second hypothesis of the study is:

H2: Physical environment has a positive effect on patient satisfaction level in NGOs clinics in Istanbul.

3.1.3 Accessibility

The Nwankwo and Dason defined accessibility as the ease with which service providers can be reached and service consummated (e.g. location and opening hours). Accessibility factors include distance, time, and transportation costs (Tamin, Ofyar Z., 2000). Tamin and Ofyar Z. (2000) also mentioned that low transport costs to go to a place means high accessibility. Moreover, If a place is adjacent to other, then the accessibility between the places is high and if they are not, then the accessibility is low. Accessibility also influences customer satisfaction (Jannag, 2010).

In the health sector, Delamater (2013) said that accessibility refers to the separation between the people and the services. Andersen (1995) also mentioned that the healthcare accessibility is directly related to patient satisfaction. Thus, the third hypothesis of the study is:

H3: Accessibility has a positive impact on patient satisfaction level in NGOs clinics in Istanbul.

3.1.4 Financial aspects

This is the ability to get medical care services when needed without being set back financially (Marquis, Davies & Ware 1983). In general, people care about cost or the price of any service or product they decide to buy. According to Kotler and Armstrong (2010), price is the amount of money charged for a service. While Blech (2005) defined it as the variables that the customer must give up to buy a product or a service. And in the service sector pricing decisions are more complex than it is in the product sector; as it provided intangible products. Firms must take the price in consideration when providing a service or

selling a product. Dolgui and Porth (2010) mentioned that if a company wants to increase its competitiveness, it should decrease production costs, increase its market share or adjust its price to be more affordable. And adjusting the price is the easiest and the fastest way.

However, price has been reported as an essential factor of customer satisfaction (Hermann et al.,2007; Martin Consuegra, Molina and Esteban, 2007). When customers evaluate a product or a service , they consider the price (Anderson et al, 1994; Cronin et al, 2000). In our research, we are talking about refugees who have special economic conditions, therefore the effect of the cost is much important than it is while dealing with other people. Generally, the cost is a very important element that affects the satisfaction levels. The fourth hypothesis of this research is as follows:

H4: The financial aspects have a positive impact on patient satisfaction level in NGOs clinics in Istanbul.

3.1.5 Privacy and security

The need of privacy and security is a basic human right and in any type of business. Every customer needs some sort of privacy and security. Goodwin (1991) defines privacy as consumers' ability to control presence of others in the environment during any transaction or consumption behavior and the dissemination of information provided during such transactions or behaviors to those who were not present. According to Zeithaml et al. (2002), privacy is related to the case when customers' data is not shared with others and their credit cards information is secured.

In healthcare sector, patients always expect that their security and privacy will be respected and protected. Thus, respect for patients privacy and security is one of the main responsibilities and the essential obligations of healthcare organizations and healthcare providers. Observing privacy is important for creating a positive relationship between patients and the medical staff (Larkin Gl et al., 1994). Therefore, the fifth hypothesis as:

H5: Privacy and security has a positive effect on patient satisfaction level in NGOs clinics in Istanbul.

3.1.6 Service quality

The term of service quality had an serious interest in the research literature as it is hard to define or measure (Winiewski, 2001). The most common definition of service quality is the customers compare between their expectations and perception of service performance. (Parasuraman et al 1985; Lewis and Booms, 1983; Gronroos,1984).

As the service quality depends on the customers' experiences and their expectations, we could say that it has a positive impact on overall customer satisfaction. If the customer expectations are greater than the real performance of a service, the quality is less than satisfaction. If performance equals customer expectations, then the customer is satisfied. If performance is higher than customer expectations, then the customer is highly satisfied (Kotler and Armstrong, 2006).

Researchers agreed that service quality has a positive relationship with customers' satisfaction (Boulding et al, 1993; Sivadas & Baker-Prewitt 2000). Even tough, they have different opinions about the relationship between them. According to Rust and Oliver (1994), the quality is subordinate to customer satisfaction. While Oliver (1993) said that service quality would be antecedent to customer satisfaction. And Zeithaml et al (2006) mentioned that the perceived service quality is a component of customer satisfaction. Therefore, the service quality has a great influence on customer satisfaction levels. The sixth hypothesis is developed as follows:

H6: The quality of medical care has a positive effect on patient satisfaction level in NGOs clinics in Istanbul.

4. RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

Arab Refugees in Istanbul are always in need for healthcare services provided by Non-governmental organizations, they encounter many factors affecting their satisfaction. Through the literature review, we tried to know those factors which currently impact the Arab refugees satisfaction. To meet this end, we examined the six factors include:the staff behaviours, accessibility, physical environment and facilities, financial aspects, privacy and security, also the quality of medical care on the level of Arab refugees satisfaction which were operationliezed to test the relationship between these factors and the satisfaction in the proposed conceptual framework for three of non-governmetal organizations in Istanbul. Thus, this chapter describes the method and the procedures that we employed in this reserach. Research design, population sample, instrumentation and data collection will be also presented.

4.2 Research Design

In order to investigate the determinant factors of refugees satisfaction level, the researcher is going to use three approaches in this research. Exploratory, explanatory and descriptive approaches are used to understand the related problem. The researcher will use the exploratory approach to search the literature and interview experts in the research subject. Furthermore, the researcher will use theoretical approach in collecting data from national or international references, journals, or books. Moreover, explanatory will be used to establish relationships between the different variables. Finally, the researcher will use the descriptive approach to describe the data and its characteristics to have a clear picture of the phenomena.study. The date is going to be analyzed using a software program like SPSS as one of the appropriate statistical approaches.Research phases of this research are presented in figure 4.1.

Choosing the study topic was the starting point of this study. After that, the comprehensive literature review was summarized. Then a field survey was conducted to analyze and and evaluate the research questions. Based on the research questions, the conceptual model of this thesis was created. Later for testing this, the researcher devised the research approach and strategy. Then, the questionnaire was developed, revised, and collected. Later on, the data analysis was done. Finally, discussion of the results, recommendations and conclusion were written.

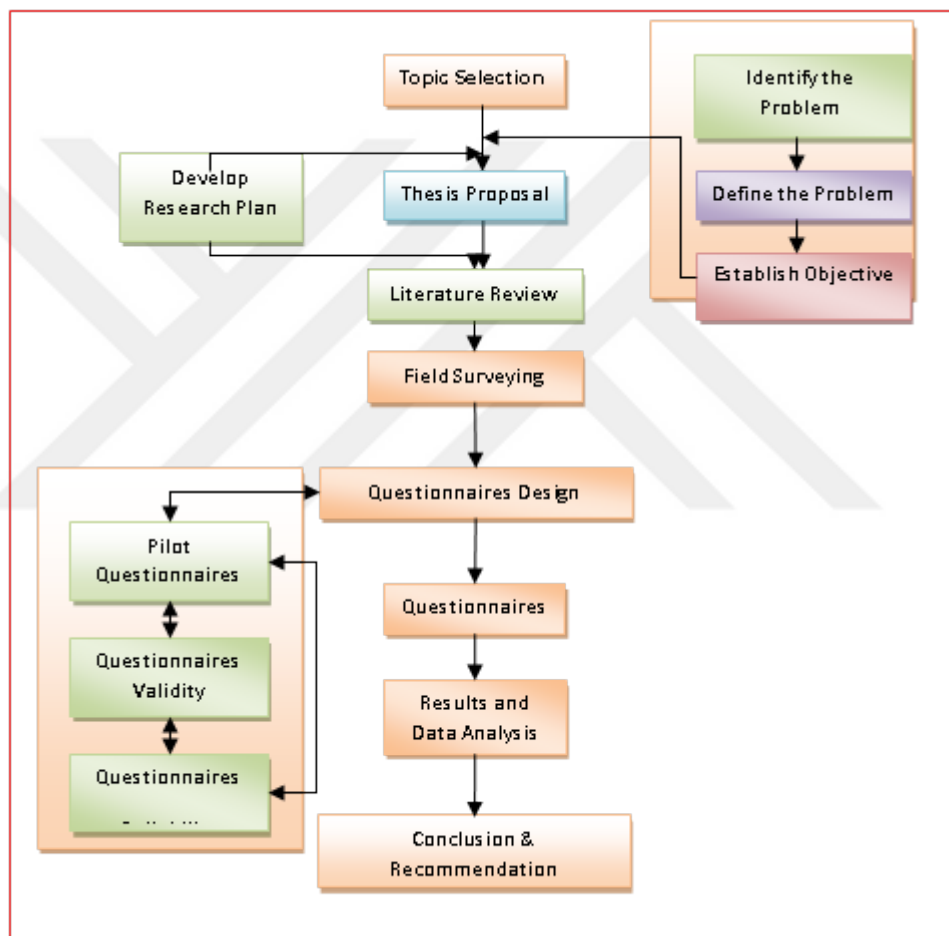


Figure 4.1: Illustrates the Methodology Flow Chart.

4.3 Research Procedures

The survey participants were required to fill in paper-based questionnaires in order to get their opinions about the Health Services provided by NGOs in Istanbul. The quantitative data was gathered using the structured questionnaire. The closed ended questionnaire contains two parts: demographics of the

respondents and variables related questions. However, Before carrying out this research, official letters were issued from ethics committee at Istanbul Aydin University in order to collect data from participants. Pre permission was also taken by participants before answering the questions. Moreover, the aims and the objectives of this study were explained to all the participants who were involved in the data collection process. They were also informed about anonymity and confidentiality strategies. The data was stored at the secured place, and was not shared by any third party. Furthermore, data was totally destroyed after finishing the data analysis stage.

4.4 Study Sample

The paper-based questionnaires were distributed among Arab refugees in Istanbul. For determining a sample size for statistical regression problems, Green (1991) recommends the following formulae:

$$n > 50 + 8m$$

where :

n= the number of participants needed

m = the number of independent variables used in the research

Thus, by using this formulae it was calculated that a minimum of 98 respondents were needed order conduct this study, given that six independent variables are being tested. Moreover, according to Hoelter's index, sufficient sample size for SEM method should be more than 200 as it represents the data in an adequate way (Byrne, 2010). Thus, current research intended to obtain at least 200 responses.

4.5 Survey Instruments

As current research concentrates on quantitative research techniques Likert type surveys were chosen for data collection. The closed ended questionnaire contains two parts: the first part includes 7 personal questiones, while the second part includes 42 quick questions that aimed to measure the research variables like: customer satisfaction, staff behaviors, physical environment,

accessibility, financial aspects, privacy and security. The research did not ask about the names of participants to let them fully express their opinions. The data collection took one month and finally, depending on the collected data, proposed hypotheses of the research were examined.

Likert point 5 scale was used for measurement of research items with 5 options for each question to select from (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree).

Survey questions were prepared based on antecedent studies that validated research items. The questionnaires were available in Arabic languages. Full version of the questionnaires have been attached in the Appendix .

4.6 Statistical Techniques

A large number of methods are available for the data analysis. The major point based on which the data analysis technique is chosen is whether the data is quantitative or qualitative. The statistical methods and tools that were applied to this research are: Confirmatory Factor Analysis (CFA) and Structural Equational Model (SEM). At the same time CFA is able to evaluate the validity of the measures. IBM SPSS version 25 and IBM SPSS AMOS version 25 statistical software were used to conduct the analysis for this research.

5. FINDING AND DISCUSSION:

5.1 Introduction

This section of the research concentrated on the explanation of the outcomes acquired from the study participants and various tests are applied for the description of the data obtained from the participants. In order to reach the aim of this study, the questionnaire was adopted from the previous literature and they were distributed to refugees who benefit from services provided by NGOs clinics in Istanbul, through Google forms. In total, 270 Survey forms were distributed among the refugees, we got 240 returned questionnaires, and 205 were used for data analysis. The questionnaire was divided into two parts. The response rate was found to be 85%. The first part of the questionnaire includes questions about demographic profile and other general information of the refugees. While the second part includes questions covering each of the study variables. In this study, convenience sample method was used to obtain statistical sample due to lack of access to the whole statistical society. The sample for current study consisted of 205 complete responses. The first part of the questionnaire examined the basic characteristics of the participants including gender, age, education level, and economic level. All of them were examined with single-choice questions

62.9% of the respondents were female and 37.1 % of the respondents were male. The age of survey participants varied between 18 and 65 years. The majority of the participants (50.2%) have secondary education (Table 5.1).

Table 5.1: Demographic profile of respondents.

		Number	Percentage %
Gender	Male	76	37.1%
	Female	129	62.9%
Age	Less than 20	8	3.9%
	20-30	48	23.4%
	31-40	77	37.6%
	41-60	64	31.2%
	More than 60	8	3.9%
	Education	Primary	65
Secondary		103	50.2%
Bachelor		28	13.7%
Masters and others		9	4.4%
Economic Level	Unemployed	132	64.4%
	Less than 1000 TL	11	5.4%
	1000-2000 TL	52	25.4%
	More than 2000 TL	10	4.9%

While 93.7% of the refugees have official residence permits in Turkey, 6.3% does not have.

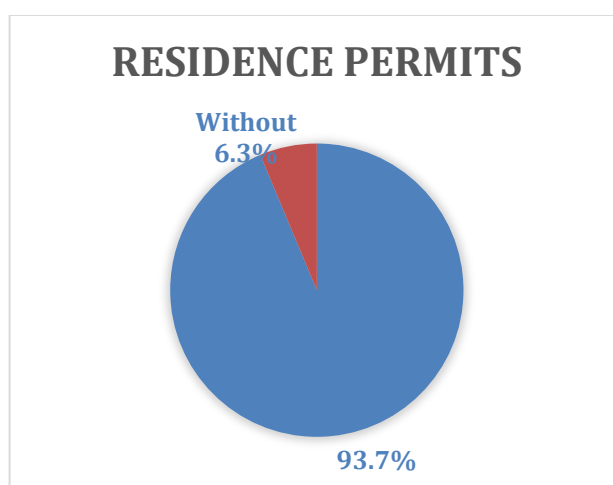


Figure 5.1: Refugees with Residence Permits

And 88.3% of the refugees were native Arabic speakers, 5.9% of them were Kurdish native speakers, 4.9% of them were Turkish native speakers, and 1.0% speak other languages.

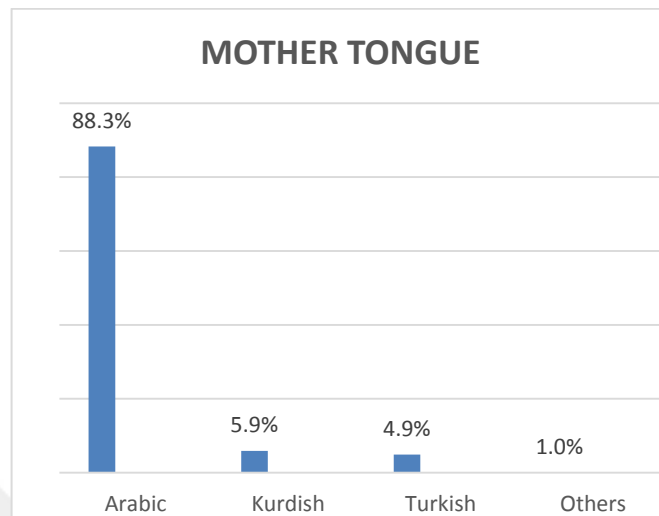


Figure 5.2: Mother Tongue of Refugee

According to the number of monthly visits. 60.5 % of the refugees visit the clinic from two - five times each month, 28.3% of them visit it once a month, and 11.2% visit it more than five times each month.

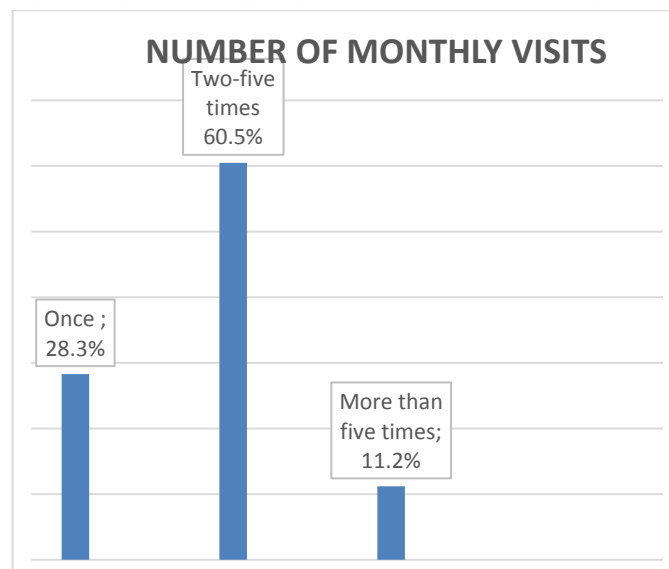


Figure 5.3: Monthly Visits to the Clinic

5.2 Variable Coding

In order to get effective customer satisfaction results, following coding conventions were used.

Table 5.2: Variable-Coding Conventions Used in the Analysis

#	Dimension	Symbol	Total Items	Label & value				
				Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The staff	STAFF	(6)	1	2	3	4	5
2	Accessibility	ACS	(5)	1	2	3	4	5
3	Clinic Environment and Facilities	ENV	(7)	1	2	3	4	5
4	Financial Aspects	FINACIAL	(5)	1	2	3	4	5
5	Security and Privacy	SECURITY	(7)	1	2	3	4	5
6	Quality of Medical Care	QUALITY	(5)	1	2	3	4	5
#	Dimension	Symbol	Total Items	Very poor	Poor	Acceptable	Good	Very good
-	Customer satisfaction	SAT	(6)	1	2	3	4	5

5.3 Reliability Test

The concept of co-efficient alpha or it can be termed as “Cronbach’s alpha”, denoted by “ α ”, was introduced by Cronbach (1951), which is used to measure dependability, or internal constancy of the data. The test is conducted to see how effective a test evaluates what it actually should. Cronbach’s alpha was executed in SPSS to examine the internal consistency of variables in the context of present research. All study variables surpassed the Cronbach’s alpha threshold value of 0.70 (Robinson et al., 1991). Therefore, all items were retained for further analysis.

In the table below, the reliability of the variables of the current research is presented.

Table 5.3: Reliability Results of Variables

Variables	N	Cornbach's Alpha
The staff (STAFF)	6	0.93
Accessibility (ACS)	5	0.91
Clinic Environment and Facilities (ENV)	7	0.93
Financial Aspects (FINACIAL)	5	0.81
Security and Privacy (SECURITY)	7	0.93
Quality of Medical Care (QUALITY)	6	0.91
Level of Customer satisfaction	35	0.96
Customer satisfaction (SAT)	6	0.89

5.4 Confirmatory Factor Analysis (CFA)

CFA is not similar to exploratory factor analysis (EFA). The objective of CFA is to let researchers know about description of the factors and how well they match the actual data. With CFA, researchers stipulate a definite number of aspects, which are associated, and use the experiential variables to measure each aspect before outcomes can be made (Schumacker & Lomax, 2004).

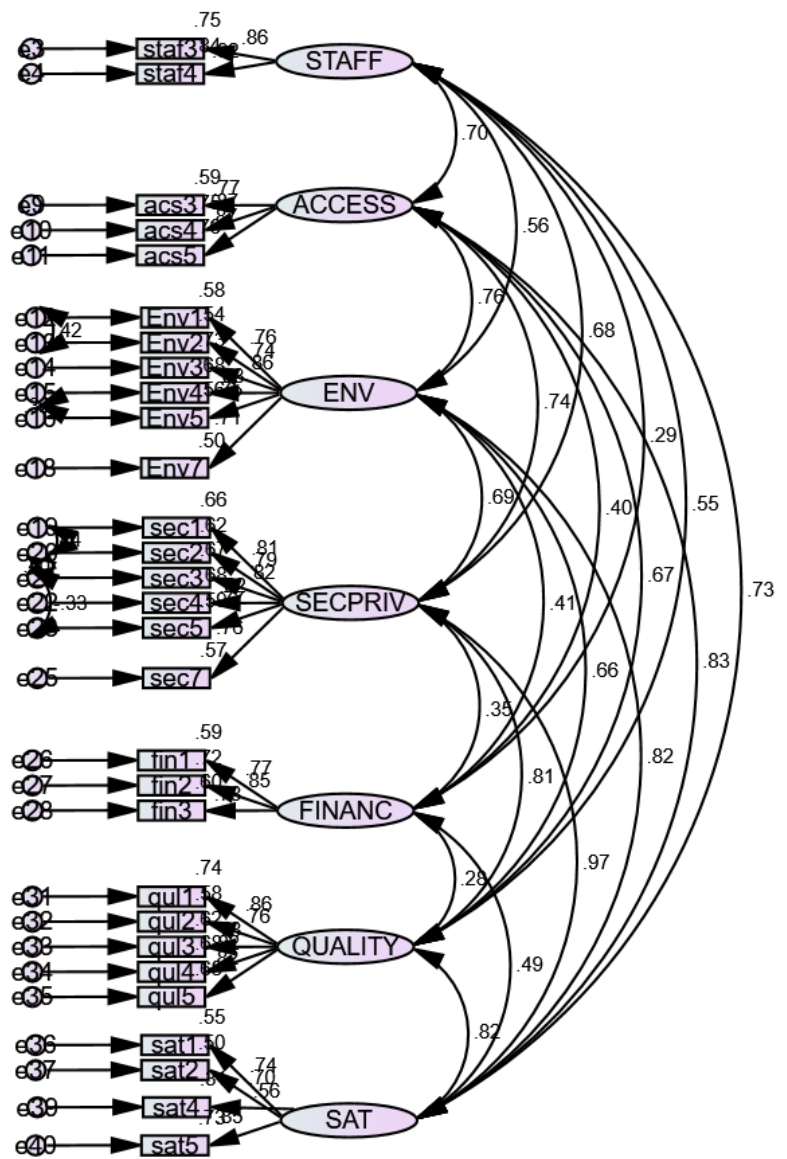


Figure 5.4: Hypotheses CFA Model

There are total 21 observed items for total of 7 variables. The staff is measured with 2 items, Accessibility with 3 items, Financial Aspects with 4 items, Clinic

Environment and Facilities with 3 items, Security and Privacy with 3 items, Quality of Medical Care with 2 items and Customer satisfaction with 4 items.

- According to Byrne (2010) GFI and AGFI can be categorized as unconditional indices of fit as they essentially associate the hypothesized framework with no framework at all and both indices range from 0 to 1, however values close to 1 and more than 0.8 being indicative of good fit. In the hypotheses CFI model, GFI and AGFI values presented in table 5.3 (0.887, 0.782 and 0.633 respectively). It shows that this study hypothesized model fits the collected data well.
- The CFI represents the model fitted the data well. Value for the CFI is from zero to 1.00 and values close to 1.00 being indicative of good fit (Byrne, 2010). Considering value of CFI that shown in given table 5.3 is 0.887, it is acceptable.
- The next fit statistics focuses on the root mean square error of approximation RMSEA. The value of RMSEA should be less than 0.1 and perfectly it should be less than 0.05, (Byrne, 2010). Considering the value of RMSEA the given table 5.3 (.086) hypothesized CFA model fits the data moderate.

There are particular values that were calculated in order to figure out the goodness of fit. The metric values that should be presented are listed in Table 5.3, along with their suitable values, results of the present study analysis and appropriate comments. Goodness of fit is inversely proportional to target sample of the study and the number of variables in the conceptual framework. Therefore, the least threshold values only provide standards and are adopted from Hu & Bentler (1999).

Table 5.4: Goodness of fit Metrics for CFA

Measure	Threshold	Results of this Study	Remarks
CMIN / DF	< 3 good; < 5 sometimes permissible	2.52	Permissible
CFI	> .95 great; > .90 traditional; >.80 sometimes permissible	.887	Permissible
GFI	>0.95	.782	
AGFI	>0.80	.730	
RMSEA	< .05 good; .05 - .10 moderate; > .10 bad	.086	Moderate

From the above table it is evident that CMIN/DF is well under the threshold value of 3, which is 2.53 and this shows the good fit. According to Weaton (1977), Chi / df is acceptable fit when it is five or less. While Byrne (1989) said that (chi-square /df) ratio > 2.00 represents an inadequate fit. And other researchers have recommended using ratios as low as 2 or as high as 5 to indicate a reasonable fit." (Marsh & Hocevar, 1985).

CFI value of .887 is acceptable since it is greater than the threshold of .80. GFI value of 0.782 is slightly under the threshold but is still permissible.

SRMR, RMSEA values are all above their respective threshold values and therefore are great fit for the model.

5.5 Validity and Reliability

It is unequivocally essential to analyze the convergent and discriminate validity, as well as consistency, when doing a CFA. There are a few values that are useful for founding validity and reliability: Composite Reliability (CR),

Average Variance Extracted (AVE), Maximum Shared Variance (MSV), and Average Shared Variance (ASV). The thresholds for these values are as follows:

Reliability

CR > 0.7

Convergent Validity

AVE > 0.5

Discriminant Validity

MSV < AVE

Below table presents the results of validity and reliability of this research.

Table 5.5: Validity and Reliability Results

	CR	AVE
Quality	0.907	0.661
Staff	0.886	0.796
Access	0.875	0.701
Env	0.899	0.599
Secpriv	0.911	0.631
Financ	0.842	0.640

The composite reliability (CR) values of Quality of Medical Care (Quality), the staff (STAFF), Accessibility (ACS), Environment and Facilities (ENV), Security and Privacy (SECURITY) and Financial Aspects (FNACIAL) 0.907, 0.886, 0.875, 0.899, 0.911, and 0.842 respectively. This means that CR of all these variables is greater than the threshold value of 0.7, which means that their CR is acceptable. Therefore, these values are considered not to be a major problem for carrying out the following statistical tests.

The Average Variance Extracted (AVE) values of Quality of Medical Care (Quality), the staff (STAFF), Accessibility (ACS), Environment and Facilities (ENV), Security and Privacy (SECURITY) and Financial Aspects (FNACIAL)) are 0.661, 0.796, 0.701, 0.599, 0.631, and 0.640 respectively. This means that

AVE of all these variables is greater than the threshold value of 0.5, and this means that their AVE is acceptable.

For Discriminant Validity, the Maximum Shared Variance (MSV) values of this variables FINACIAL 0.238. This indicates that values are less than the threshold value of 0.5 (AVE) which means they are acceptable. While (MSV) values of this variables QUALITY, STAFF, and ACS are 0.677, 0.533, 0.692 respectively which indicates that these values are acceptable. While the MSV values of ENV and SECURITY are slightly greater than their AVE values which is considered not to be a major problem. As it is obvious from above, and since Maximum Shared Variance (MSV) is larger than the Average Variance Extracted (AVE), some cases of discriminant validity occurred. Even though there is a slight difference in the numbers of both of them (MSV and AVE) (0.67 and 0.66) respectively, removing another question of the variable QUALITY will not have an effect on the obtained model itself, so the results were kept as it is. While the factors (ENV and SECURITY) the value even though there is a slight difference in the numbers of both of them (MSV and AVE); removing another questions of the variables factors (ENV&SECURITY and SAT) will not have an effect on the obtained model itself, so the results were kept as it is.

5.6 Structural Equation Modelling (SEM)

The SEM strategy helps us to identify, if the dissertation model comes along with the found information and calculates the contribution of each independent variable to the dependent variable. Analyzing the data through structural scale modeling also enables the researcher to have a comparison between the alternative models and then determining the difference between these groups accordingly. SEM is a quantitative statistical approach that was created to fulfill the methodological wants. According to Jöreskog & Sörbom (1984, 1993); Tabachnick & Fidell (1996) SEM sums up the benefits of path analysis, factor analysis and multiple regression analysis. SEM comprises of correlational statistics, i.e. the linear relationships between variables, and the common variance between the variables, builds up a core, for the analyses. SEM identifies and provides the extent of relationship between variables on the basis

of explained variance. A hypothesized model is analyzed on the basis of statistics in a simultaneous analysis of the whole system of variables, to find out the degree to which the covariance or correlation matrix specified by the model, is consistent with the matrix according to the empirical data. If the statistical goodness of fit between the two compared matrices is sufficient the model is a reasonable representation of the relationship between variables that the researcher has mentioned.

5.6.1 Normality assessment

Normality tests are carried out in order to test whether a collected data is demonstrated for normal distribution. In statistics, numerical measures of shape – skewness and kurtosis – are generally used for testing data normality. If either of these values is not close to zero, then data set is not considered to be normally distributed. The measure of asymmetry of the probability distribution of a random variable regarding its means is called skewness. Value of skewness can either be positive or negative, or even undefined. 0 skewness means, the data is perfectly regular, though it is really unlikely in the case of actual data.

Kurtosis mentions about the height and sharpness of the central peak, in relation to the standard bell curve. The key finding of this SEM is that the data is multivariate normal. From a statistical perception, skewness is evaluated from the normality of the distribution function. For a complete normal distribution, skewness is zero and for asymmetric distribution, leading towards higher values altogether, this is positive and for asymmetric distribution, with slippage to smaller values, the amount of skewness is negative. Kurtosis also shows the height of the distribution. The standardized kurtosis index has a value of 3. This value is generally rescaled by statistical analysis programs to 0. The positive kurtosis means the peak of the desired distribution is higher than normal distribution and the negative kurtosis means the peak is lower than peak of the normal distribution. In general, if the skewness and kurtosis are not in the range (-2 & 2), the data are not normal distribution (West & Finch & Curran, 1995). Appendix B shows skewness and kurtosis in terms of this research. It is evident from the results of skewness and kurtosis that all the respective statistics of skewness and kurtosis falls within the range of (-2 & 2), which means that the data is a normal distribution.

In order to conduct SEM analysis it is important to ensure that the given data is multivariate normal. It is related to the fact that SEM covers large sample for analysis purposes. Accordingly it is necessary to conduct data screening and specifically to check if data meets normality requirements. Most of the studies have concluded that generally acceptable range for K is the value of 3. In case the value is more than 3 it refers to positive kurtosis and if less it refers to negative kurtosis. However, it is also known that most of statistical tools and software rescale this value to 0 (Byrne, 2012).

Table 5.6: rescaled standardized kurtosis index and skewness Index

Variable	min	max	skew	c.r.	kurtosis	c.r.
sat4	1.000	5.000	-1.320	-7.717	2.418	7.066
sat5	1.000	5.000	-1.016	-5.941	.765	2.235
sat1	1.000	5.000	-.935	-5.465	.989	2.891
sat2	1.000	5.000	-1.110	-6.489	1.971	5.761
sec7	1.000	5.000	-.822	-4.808	.517	1.510
Env7	1.000	5.000	-.796	-4.653	.626	1.829
qul5	1.000	5.000	-1.203	-7.032	1.958	5.724
qul1	1.000	5.000	-1.189	-6.948	1.750	5.114
qul2	1.000	5.000	-.557	-3.255	-.478	-1.397
qul3	1.000	5.000	-1.173	-6.854	1.580	4.619
qul4	1.000	5.000	-1.240	-7.248	3.109	9.086
fin1	2.000	5.000	-.860	-5.026	2.024	5.916
fin2	1.000	5.000	-1.120	-6.545	3.038	8.878
fin3	1.000	5.000	-1.315	-7.689	5.381	15.727
sec5	1.000	5.000	-.843	-4.927	-.144	-.420
sec1	1.000	5.000	-.981	-5.734	.480	1.403
sec2	1.000	5.000	-.636	-3.719	-.582	-1.700
sec3	1.000	5.000	-.900	-5.264	-.105	-.308
sec4	1.000	5.000	-1.488	-8.700	2.134	6.236
Env5	1.000	5.000	-1.298	-7.585	1.938	5.664
Env1	1.000	5.000	-1.235	-7.218	1.280	3.742
Env2	1.000	5.000	-.524	-3.062	-.790	-2.308
Env3	1.000	5.000	-.753	-4.401	-.190	-.557
Env4	1.000	5.000	-.809	-4.727	.047	.139
acs5	1.000	5.000	-.739	-4.322	.207	.605
acs3	1.000	5.000	-1.139	-6.656	1.558	4.553
acs4	1.000	5.000	-.787	-4.602	.522	1.525
staf3	1.000	5.000	-.795	-4.649	-.221	-.646
staf4	1.000	5.000	-.921	-5.385	.517	1.512
Multivariate					153.587	25.930

For studies focusing on large samples within SEM scope following thresholds are recommended to conduct normality assessment:

- When absolute values of Skewness Index > 3.0 the data distribution is considered as extremely skewed (Klein, 2011).
- When absolute values of Kurtosis Index > 8.0 to over 20.0 the data distribution depicts “extreme” kurtosis (Klein, 2011).
- Byrne (2012) citing West et al. (1995) suggested that when an absolute Kurtosis value is > 7.0 , it refers to significant departure from normality.

5.6.2 Hypotheses testing:

In this study using 205 survey responders, a CFA using the AMOS was executed on only 25 items out of 41 which were evaluated by analysis and the structural model provided in Figure 5.5 and Table 5.6 delivers the goodness-of-fit statistics of structural model for each determined variable of *the study*.

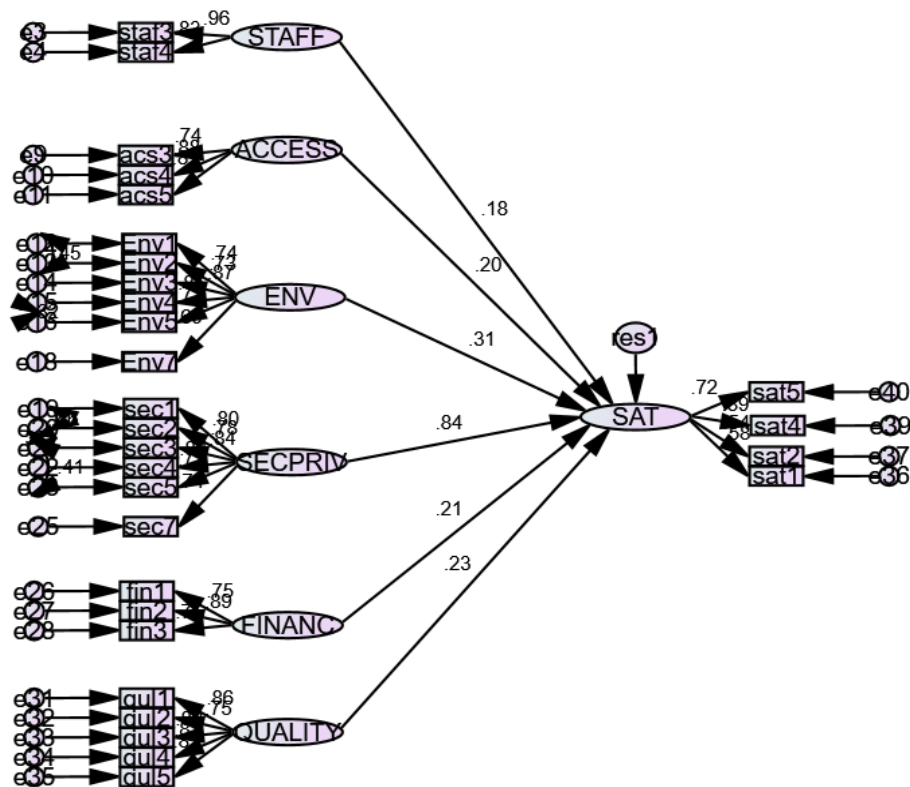


Figure 5.5: Structural Model

Table 5.7: Selected AMOS Output, Structural Model: Goodness-of-Fit Statistics

Measure	Threshold	Results of this Study	Remarks
(CMIN / DF)	< 3 good; < 5 sometimes permissible	2.53	Permissible
GFI	> .80	0.78	
AGFI	> .80	0.73	
PGFI	> .50 - > .90	0.63	
CFI	> .95 great; > .90 traditional; >.80 sometimes permissible	0.89	Sometimes permissible
PCFI	.50 - > .90	0.77	
RMSEA	< .05 good; .05 - .10 moderate; > .10 bad	0.086	Moderate

- From the given table it is evident that CMIN/DF is well under the threshold value of 3, which is 2.53 and this indicates the good fit. According to Weaton (1977), Chi / df is acceptable fit when it is five or less. While Byrne (1989) said that (chi-square /df) ratio > 2.00 represents an inadequate fit. And other researchers have recommended using ratios as low as 2 or as high as 5 to indicate a reasonable fit." (Marsh & Hocevar, 1985).
- Indices range from 0 to 1, however values close to 1 and greater than 0.8 shows a good fit. In the structural model, values of GFI and AGFI are presented in table 5.5 (0.78 and 0.0.73 respectively). Hence, it can be concluded that the structural model is a good fit of data
- The Parsimony Goodness-of-Fit Index (PGFI) talks about the point of parsimony in SEM and it is better that it should have values less than the threshold level usually supposed as satisfactory for average fit indices as stated by Byrne (2010).

In table 5.5, value of PGFI is 0.63 so; it seems to be consistent with our previous fit statistics.

- The CFI signifies that the data is a good fit for the structural model. According to Byrne (2010) CFI value from 0 to 1 and close to 1 are termed as good fit values. With reference to the CFI value (0.89) of this research as shown in table 5.5, it is acceptable.
- Model parsimony is the next measure of goodness of fit. The framework is taken into account in the analysis of model fit. The PCFI value of 0.77 falls well in the range of expected values and hence termed as acceptable.
- Lastly, root mean square error of approximation (RMSEA) fit is evaluated. According to Byrne (2010), the acceptable RMSEA value is less than 0.1 and ideally less than 0.05. Hence, the RMSEA value of 0.086 which is the outcome of this research as shown in table 5.5 means model fits the data moderate.

Table 5.8: Regression Weights

	Estimate	S.E.	C.R.	
SAT<--- STAFF	.059	.052	1.135	.257
SAT<--- ACCESS	.075	.077	.970	.332
SAT<--- ENV	.180	.064	2.804	.005
SAT<--- SECPRIV	.721	.106	6.825	***
SAT<--- FINANC	.181	.066	2.741	.006
SAT<--- QUALITY	.055	.085	.652	.514

Depending on the results of hypotheses testing, presented in the table 5.6, the following inferences are made:

- The staff (STAFF) is not related to Arab refuge's satisfaction (SAT) thus there is no relationship between STAFF and Arab refuge's satisfaction. In the case of relationship of STAFF ->SAT, the estimate value (β) is 0.059, standard error (S.E) is .052 and P value is .257 which is greater than the threshold value of 0.05, therefore:

H1: There is a positive relationship between the staff behaviors and refugees satisfaction from services provided by NGOs in Istanbul= Not Supported

- Accessibility (ACS) is not related to Arab refugee's satisfaction (SAT) thus there is no relationship between accessibility and Arab refugee's satisfaction. In the case of relationship of Accessibility-> SAT, the estimate value (β) is .075, standard error (S.E) is .064 and P value is 0.332, which is greater than the threshold value of 0.05, therefore:

H2: There is a positive relationship between accessibility and refugees satisfaction from services provided by NGOs in Istanbul=Not Supported

- Environment and Facilities (ENV) is positively related to Arab refugee's satisfaction (SAT) thus there is a positive relationship between Environment and Facilities and Arab refugee's satisfaction. In the case of relationship of Environment and Facilities ->SAT, the estimate value (β) is 0.180, standard error (S.E) is 0.064 and P value is less than 0.001, which means it is between the range of 0.01 and 0.05 and it is with in the acceptable range

H3: There is a positive relationship between Physical Environment and Facilities and refugees satisfaction from services provided by NGOs in Istanbul = Supported

- Security and Privacy (SECURITY) is positively related to Arab refugee's satisfaction (SAT) thus there is a positive relationship between Security and Arab refugee's satisfaction from services provided by NGOs in Istanbul. In the case of relationship of Security and Privacy ->SAT, the estimate value (β) is .721, standard error (S.E) is .106 and P value is less than 0.001, which means it is between the range of 0.01 and 0.05 and it is with in the acceptable range:

H4: There is a positive relationship between Security and Privacy and refugees satisfaction from services provided by NGOs in Istanbul = Supported

- Financial Aspects (FNACIAL) is not positively related to Arab refugee's satisfaction (SAT) thus there is no positive relationship between Financial Aspects and Arab refugee's satisfaction. In the case of relationship of Financial Aspects ->SAT, the estimate value (β) is 0.721, standard error (S.E) is .106 and

P value P value is less than 0.001, which means it is between the range of 0.01 and 0.05 and it is with in the acceptable range:

H5: There is a positive relationship between Financial Aspects and refugees' satisfaction from services provided by NGOs in Istanbul =Supported

- Quality of Medical Care (Quality) is positively related to Arab refuge's satisfaction (SAT) thus there is a positive relationship between Quality of Medical Care and Arab refuge's satisfaction from services provided by NGOs in Istanbul. In the case of relationship of SAT -> OP, the estimate value (β) is .055, standard error (S.E) is .085 and P value. 0.514, which is greater than the threshold value of 0.05, therefore:

H6: There is a positive relationship between Quality of Medical Care and refugee's satisfaction from services provided by NGOs in Istanbul = Not Supported

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Patient satisfaction is an indirect or a proxy indicator for measuring the quality in the healthcare. In the last 20 years, patient satisfaction became very important; as they are considered as meaningful and essential sources of information for knowing the factors that influence patient satisfaction. Moreover, patient satisfaction surveys should be done routinely in the different aspects of health care to know how to improve the quality of health services. However, there are very few published studies about the satisfaction of refugees and the factors that influence their thoughts especially in the healthcare sector. This research review gives an understanding of determinants of refugees' satisfaction either dependent or in-dependent variables, and compares the magnitude of the impacts of various independent healthcare dimensions on overall refugees' satisfaction. This study shows the clear and the true image of the Arab refugees' satisfaction with the health services provided by Non-Governmental Organizations (NGOs) in Istanbul. To measure the refugees' satisfaction, the researcher distributed a questionnaire in Arabic Language on some of NGOs clinics.

The findings of this research show that there is a significant positive relationships between refugees satisfaction and physical environment, financial aspects, security and privacy in the clinics of NGOs in Istanbul. These findings are synchronized well with the previous studies. For example, Nahid Dehghan Nayeri and Mohammad Aghajani (2010), Yen-Ko Lin and Chia-Ju Lin (2011) confirmed that privacy is related to the satisfaction of the patients. Moreover, Ryu and Jang (2007), Han and Ryu (2009) Slatten et al (2011) Namasivayam and Mattilla (2007) Chang (2009) and Lin and Liang (2011) all confirmed that the physical environment also has an influence on customer satisfaction. Furthermore, financial aspects and price are also essential factors of patient satisfaction (Hermann et al., 2007; Martin Consuegra, Molina and Esteban,

2007, Anderson et al, 1994; Cronin et al, 2000; Pantouvakis A, Bouranta N., 2014; Angelos Pantouvakis, Nancy Bouranta, (2014; Wu H, Lu N, 2017). On the other hand and despite the general belief that staff behaviors, accessibility, and the quality of medical care have significant impacts on patient satisfaction, this study's results show that there is no relationship between refugees satisfaction, staff behaviors, accessibility and quality of medical care. These findings are not concurrent with some of the previous studies. For example, Andersen (1995) Gisele Alsina Nader Bastos and Luísa RabenoFasolo (2013) confirmed that accessibility is related to the satisfaction of the patients. Moreover, Cronin and Taylor (1992) mentioned that service quality is the antecedent of satisfaction. The reason of the different results of this study and other studies, can be explained due to the existence of different issues like: different cultures, languages, perceptions, demographical differences, etc.

In general, the objective of this study was to identify and analyze the factors that influence refugees satisfaction on healthcare services provided by NGOs in Istanbul. Based on the results of this research, it can be concluded that physical environment, financial aspects, security and privacy significantly impacted on the overall performance of NGOs in Istanbul.

6.2 Limitations and Recommendations for Future Researches

As with almost every research, this present research also has some limitations, which may call for further studies in the same area. Primarily, this study is limited to the experience of refugees in one city which is Istanbul, and as such limits generalizations of the results to the experience of the refugees in all Turkey. A larger research involving a bigger refugee populations from different cities in Turkey is recommended.

Secondly, patient information was collected from refugees who can read and write in Arabic speakers language. Despite the fact that the most of refugees are Arabic speakers, there are many refugees who can not read in Arabic; so it is possible that some bias happened because the questionnaires were available just in Arabic language. Furthermore, some of them were Arabic native speakers, still they were illiterate. In any future research, face to face interviews are also recommended.

Thirdly, only six factors (based on collected literature within study scope) have been analyzed in this research. There might other critical factors that impact Arab refugees' satisfaction in the NGOs clinics in considerable way.

Fourthly, improvements are recommended in many different areas of healthcare to create a favorable environment of health care and increase levels of refugees' or patients' satisfaction among refugee populations. Also, refugees deal with doctors through interpreters, which may also be a reason for misunderstandings between patients and their doctors. Hiring Arabic speaking doctors in the clinics that deal with Arab refugees is also recommended.

Taking into consideration all the above mentioned limitations researchers may conduct new researches with improved models and hypotheses that will help to get a better understanding about refugees' satisfaction in the healthcare sector in Turkey.

REFERENCES:

- Agal,S., Devija,P., Bhandari,S.** (2012). *Factors Influencing the Patients in Attaining Satisfaction by the Services Provided in the Hospital.* Available at: <https://www.researchgate.net/publication/259356931>. [Accessed April 15, 2018].
- Akhtar, M. N., Hunjra, A. I., Akbar, S. W., Rehman, K. U., & Niazi, C. S. K.**(2011). Relationship between customer satisfaction and service quality of Islamic banks. *World Applied Sciences Journal*, 13(3), 453-459.
- Al Assaf, A.F. Bakar,C., Akgun, S. H.** (2008).The role of expectations in patients' hospital assessments: A Turkish university hospital example. *International Journal of Health Care Quality Assurance*, Vol. 21 Issue: 5, pp.503-516, <https://doi.org/10.1108/09526860810890477>.
- Al-Doghaiter, A.** (2004). Inpatient satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia. *Eastern Mediterranean health journal = La revue de santé de la Méditerranée orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit*. 10. 358-64.
- Aljeesh, Y., Alkariri, N.** (2010). *Patients' Satisfaction with the Quality of Health Services Provided at the Department at Al-Shifa Hospital.* Available at: <http://journals.iugaza.edu.ps/index.php/TUGNS/article/viewFile/92/86> [Accessed April 10, 2018].
- Allen, N. J., & Grisaffe, D. B.** (2001). Employee commitment to the organization and customer reactions: Mapping the linkages. *Human Resource Management Review*, 11, 209 –236.
- Arega, H.** (2015). Determinants of Patient Satisfaction – An Empirical study with reference to Outpatient Department in the Public Hospital, Ethiopia. *International Research Journal of Business and Management – IRJBM.* Available at: <http://irjbm.org/irjbm2013/April18/11.pdf> [Accessed April 01, 2018].
- Andaleeb, S.S., & Conway, C.** (2006). Customer satisfaction in the restaurant industry: An examination of the transaction-specific model. *Journal of Services Marketing*, 20(1), 3-11.
- Anderson, E., C. Fornell, and D. Lehmann.** (1994). Customer satisfaction, market share, and profitability: Findings from Sweden, *Journal of Marketing* 53-66.
- Anderson, E.W., Fornell, C. & Lehmann, R.R.** (1994), “Customer satisfaction, market share, and profitability: findings from Sweden”, *Journal of Marketing*, Vol. 58, pp. 53-66.
- Andersen,R.M.** (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*.36:1–10. doi: 10.2307/2137284.
- Andronikidis Andreas and Bellou Victoria** (2010). Verifying Internet measures of the service-quality construct: consistencies and contradictions, *Journal of Marketing Management*, Volume 26, Issue 5 & 6 May 2010, pages 570 – 587.

- Barneto, A.** (2009). *Dealing With Customer Complaints- B.L.A.S.T.* [Online] Available at :<http://www.bizymoms.com/articles/dealing-with-customer-complaints.html> [Accessed July 3, 2018].
- Barsoom, R.R., Maugans, T.A., Burrows, J.F., Rosen, P.** (2017). Exploring patient and family satisfaction in pediatric neurological surgery, *Interdisciplinary Neurosurgery*, Volume 7, Pages 1-3, ISSN 2214-7519, <https://doi.org/10.1016/j.inat.2016.10.002>.
- Bergenmar, M., Nylén, U., Lidbrink, E., Bergh, J., Brandberg, Y.** (2006). Improvements in patient satisfaction at an outpatient clinic for patients with breast cancer. *Acta oncologica (Stockholm, Sweden)*. 45. 550-8. [10.1080/02841860500511239](https://doi.org/10.1080/02841860500511239).
- Bhattarai, G.R., Hawkins, K., Yeh, C.S.** (2017). The impact of inadequate health literacy on patient satisfaction, healthcare utilization, and expenditures among older adults, *Geriatric Nursing*, Volume 38, Issue 4, Pages 334-341, ISSN 0197-4572, <https://doi.org/10.1016/j.gerinurse.2016.12.003>.
- Bidaut-Russell M., Gabriel S.E., Scott C.G., Zinsmeister A. R., Luthra H.S., Yawn B.** (2002) Determinants of patient satisfaction in chronic illness. *Arthritis Rheum*; 47:494–500.
- Bitner, M. J., Booms, B. H. and Tetreault, M. S.** (1990), The service encounter: diagnosing favorable and unfavorable incidents, *Journal of Marketing*, 54, 71-84.
- Bitner, M. J.** (1990). Evaluating Service Encounters: The Effects of Physical Surroundings and Employee Response. *Journal of Marketing*, Vol. 54 (April), pp. 69-82.
- Buzzell, R.D. and Gale, B.T.** (1987), *The PIMS Principles*, Free Press, New York, NY.
- Blazevska, A., Vladickiene, J., & Xinxo, S.** (2004). *Patients' satisfaction with the health care services provided by Ambulatory Care Units*. Lodz, Poland: Aesculapius Professional Study.
- Boulding, W., Ajay, K., Staelin, R. & Zeithaml, V.A.** (1993), "A dynamic process model of service quality: from expectations to behavioral intentions", *Journal of Marketing Research*, Vol. 30 February, pp. 7-27.
- Broadbridge, A. & Masshall, J.** (1995). Consumer complaint behaviour: the case of electrical goods. *International journal of retail and distribution management*, 23(9):8–18.
- Buchanan, A.H., Datta, S.K., Skinner, C.S., et al.** (2015). Randomized Trial of Telegenetics vs. In-Person Cancer Genetic Counseling: Cost, Patient Satisfaction and Attendance. *Journal of genetic counseling*. 24(6):961-70.
- Byrne, B. M.** (1989). *A primer of LISREL: Basic applications and programming for confirmatory factor analytic models*. New York: Springer-Verlag.
- Byrne, B. M.** (2010). *Structural equation modelling with AMOS: basic concepts, applications, and programming (2nd ed.)*. New York, NY: Routledg.
- Bytzer, P., Zanten, S.V.V., Mattsson, H., Wernersson, B.** (2012). *Partial symptom-response to proton pump inhibitors in patients with non-erosive reflux disease or reflux oesophagitis – a post hoc analysis of 5796 patients*. Available at: <https://doi.org/10.1111/apt.12007>. [Accessed March 15, 2018].
- Cameran, M., Moizer, P., & Pettinicchio, A.** (2010). Customer satisfaction, corporate image, and service quality in professional services. *The Service Industries Journal*, 30, 421–435.

- Cardozo, R.N.** (1965). An Experimental Study of Customer Effort, Expectation, and Satisfaction. *Journal of Marketing Research*, 3, 244-249.
- Chaka, B. B.** (2005). *Adult patient satisfaction with nursing care*, Citeseer.
- Chakrabarty, A.** (2006). Barking up the wrong tree – factors influencing customer satisfaction in retail banking in the UK. *International Journal of Applied Marketing*,(1). Retrieved from <http://www.managementjournals.com/journals/marketing/article27.html>.
- Chang, W.J., Chang, Y.H.**(2013). Patient satisfaction analysis: Identifying key drivers and enhancing service quality of dental care, *Journal of Dental Sciences*, Volume 8, Issue 3, Pages 239-247, ISSN 1991-7902, <https://doi.org/10.1016/j.jds.2012.10.006>.
- Chen, F.** (2008). Study on the service quality evaluation and improvement for medium and small sized hotels. *Journal of Modern Applied Science*, 2(5), 145–147.
- Chimbindi, N., Bärnighausen, T., and Newell, M.L.** (2014). *Patient satisfaction with HIV and TB treatment in a public programme in rural KwaZulu-Natal: evidence from patient-exit interviews*.
- Cronin, J. J., Brady, M. K., & Hult, G. T. M.** (2000). Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments. *Journal of Retailing*, 76(2), 193-218.
- Crosby, P.B.** (1979), *Quality Is Free*, McGraw-Hill, New York, NY. Cunningham-M.C., **Royal-T. T., Williams-GP., Reid M.** Preliminary report on the validation of a questionnaire measuring patient satisfaction with services at the Sickie Cell Unit in Jamaica. *West Indian med. j.* [serial on the Internet]. 2009 Sep [cited 2018 May 08] ; 58(4): 331-340. Available from: http://caribbean.scielo.org/scielo.php?script=sci_arttext&pid=S0043-31442009000400008&lng=en.
- Dansereau, E., Masiy, F., Gakidou, E., Masters, S., Burstein, R., & Kumar, S.** (2015). *Patient satisfaction and perceived quality of care: evidence from a cross-sectional national exit survey of HIV and non-HIV service users in Zambia*. [Online] Available at <https://bmjopen.bmj.com/content/5/12/e009700.long> [Accessed July 15, 2018].
- Davis, K.M., Koch, K.E., Harvey, J.K., Wilson, R., Englert, J., Gerard, P.D.**(2000). *Effects of hospitalists on cost, outcomes, and patient satisfaction in a rural health system*. [Online] Available at [https://www.amjmed.com/article/S0002-9343\(00\)00362-4/fulltext](https://www.amjmed.com/article/S0002-9343(00)00362-4/fulltext) [Accessed May 18, 2018].
- Day, R. and Landon, E. Jr.** (1977). Toward a theory of consumer complaining behavior' in Woodside, Sheth and Bennett (eds) 'Consumer and industrial buying behavior', *North Holland Publishing Co., Amsterdam*, pp. 425–437.
- Desmon, S., & Jones, H.** (2013). Patient Satisfaction With Hospital Stay Does Not Reflect Quality Of Surgical Care. Available: *Johns Hopkins Medicine*. <https://www.hopkinsmedicine.org/>.
- Delamater, P.L., Messina, J.P., Shortridge, A.M., & Grady, S.C.** (2012). Measuring geographic access to health care: raster and network based methods. *International Journal of Health Geographics* .11(15),1-18. Retrieved from <http://www.ij-healthgeographics.com>.

- Dolgui, A., & Proth, J.M.** (2010). Supply chain engineering: Useful methods and techniques, *Springer: London*.
- Dotchin, J.A., & Oakland, J.S.** (1994). Total quality management in services: Part 2 Service quality. *International Journal of Quality & Reliability Management*, 11(3), 27-42.
- Ec.europa.eu.** (2018)*Factsheets*. [Online] Available at: https://ec.europa.eu/echo/aggregator/categories/2_en?page=1 [Accessed 15 January 2018].
- Efuteba, C.**(2013). *Factors Influencing Customer Satisfaction in Healthcare services: The Case of Public and Private Hospitals in North Cyprus*.
- En.sgdd.info.**(2018). *SGDD-ASAM*. Available at: <http://en.sgdd.info/> [Accessed January 04, 2018].
- Eilers, G.M.** (2004). Improving patient satisfaction with waiting time. *Journal of American college health*. Available at: <https://www.tandfonline.com/doi/abs/10.3200/JACH.53.1.41-48> [Accessed April 04, 2018].
- El-Sherbiny, N.A.1, Ibrahim E.H., & Hewedi M.M.** (2017). *Patients' Satisfaction with Delivered Food Services in Fayoum Hospitals*. Available at: <https://www.ecronicon.com/ecnu/pdf/ECNU-09-00298.pdf> [Accessed January 08, 2018].
- Emery, C. R. and Fredendall, L. D.** (2002), "The effects of teams on firm profitability and customer satisfaction", *Journal of Service Research*, Vol. 4 No. 3, pp. 217–229.
- Eshghi, A., Haughton, D. & Topi, H.** (2007). Determinants of Customer Loyalty in The Wireless Telecommunications Industry. *Telecommunications policy*, 31(2), 93-106.
- Fitzpatrick, R.** (2009). The Importance of Patient Satisfaction in Surgery. *Journal of Surgery*, 438.
- Fitzsimmons, J. & Fitzsimmons, M.** (2008). Service management. *New York: Mc Graw-hill, Inc.* Available at: <https://jkrpos375.wordpress.com/2015/11/19/challenges-facing-ngos-refugee-crisis-in-europe>.
- Galewitz, P.**(2013). *Hospitals Offer Better Food As Patient Satisfaction Becomes More Important Under Federal Health Law*. Available at: <https://khn.org/news/better-hospital-food-federal-health-law/>. [Accessed January 07, 2018].
- Gallefoss, F., Bakke, P.S.**(2000). Patient satisfaction with healthcare in asthmatics and patients with COPD before and after patient education. *Respiratory Medicine*, Volume 94, Issue 11, Pages 1057-1064, ISSN 0954-6111, <https://doi.org/10.1053/rmed.2000.0886>.
- Gany F, Leng J, Shapiro E.**(2007). Patient satisfaction with different interpreting methods: a randomized controlled trial. *J Gen Intern Med*; 22 Suppl 2(Suppl 2):312-8.
- Godil, S.S., Parker, S.L., Zuckerman, S.L., Mendenhall, S.K., Devin, C.J., Asher, A. L., Matthew J. McGirt, M.J.** (2013). *Determining the quality and effectiveness of surgical spine care: patient satisfaction is not a valid proxy*.
- Goodwin, C.**(1991). Privacy: Recognition of a Consumer Right. *Journal of Public Policy & Marketing*. Vol. 10, No. 1, pp. 149-166. <https://www.jstor.org/stable/30000257>.

- Gould, O., Buckley, P., Doucette, D.** (2013). What patients want: preferences regarding hospital pharmacy services. *Can J Hosp Pharm.* 66(3):177-83.
- Grant, T.** (2012). *Patient satisfaction with inpatient services at the national referral hospital of Belize.* Available at:<http://www.airitilibrary.com/Publication/alDetailedMesh?docid=U0007-1907201216271600>. [Accessed April 10, 2018].
- Green, S. B.** (1991). How many subjects does it take to do a regression analysis? *Multivariate Behavioral Research*, 26,499-510.
- Grondahl, V.A.** (2012). *Patients' perceptions of actual care conditions and patient satisfaction with care quality in hospital.* Available at:<https://www.researchgate.net/publication/265144905> [Accessed March 18, 2018].
- Gronroos, C.** (1990), *Service Management and Marketing.* Lexington Books, Lexington, MA.
- Gwinner, K.P., Gremler, D.D., Bitner, M. J.** (1998). Relational Benefits in Services Industries: The Customer's Perspective. *Journal of the Academy of Marketing Science*, 26(2):101-114.
- Hair, J., Black, W., Babin, B., and Anderson, R.** (2010). *Multivariate data analysis* (7th ed.). Prentice-Hall, Inc. Upper Saddle River, NJ, USA.
- Hajinezhad M.S., Rafii F., Jafarjalal E., Haghani, H.** (2007). Relationship Between Nurse Caring Behaviors from Patients' Perspectives & Their Satisfaction. *Iran Journal of Nursing.* Available at: http://ijn.iuims.ac.ir/browse.php?a_id=270&sid=1&slc_lang=en [Accessed March 08, 2018].
- Hamed, M.A.G., Salem, G.M.** (2014). Factors affecting patients' satisfaction in nuclear medicine department in Egypt, *The Egyptian Journal of Radiology and Nuclear Medicine*, Volume 45, Issue 1, Pages 219-224, ISSN 0378-603X, <https://doi.org/10.1016/j.ejrn.2013.11.006>.
- Hamilton, D.F., Lane, J.V., Gaston, P., Patton, J.T., Macdonald, D., Simpson, A.H.** (2013). What determines patient satisfaction with surgery? A prospective cohort study of 4709 patients following total joint replacement. *BMJ Open* 2013;3:e002525.
- Hanna, V., Backhouse, C. & Burns, N.** (2004). Linking employee behavior to external customer satisfaction using quality function deployment, *Journal of Engineering Manufacture*, Vol. 218: 1167-1177.
- Han, H.S., & Ryu, K.** (2009). The roles of the physical environment, price perception, and customer satisfaction in determining customer loyalty in the family restaurant industry. *Journal of Hospitality & Tourism Research*, 33(4), 487-510.
- Hartwell H.J., Edwards J.S., Beavis J.** (2007). *Plate versus bulk trolley food service in a hospital: comparison of patients' satisfaction.* Available at: <https://www.ncbi.nlm.nih.gov/pubmed/17303385> [Accessed January 08, 2018].
- Hennig-Thurau, T., and Klee, A.** (1997), "The Impact of Customer Satisfaction and Relationship Quality on Customer Retention: A Critical Reassessment and Model Development," *Psychology & Marketing*, Vol. 14, Issue 8, Page 737-764.
- Heskett, J. L., T. O. Jones, G. W. Loveman, W. Earl Sasser, and L. A. Schlesinger.** (1994). Putting the Service-Profit Chain to Work. *Harvard Business Review*, 72, no. 2, 164-174.

- Herrmann, A., Xia, L., Monroe, K.B., and Huber, F.** (2007). The Influence of Price Fairness on Consumer Satisfaction: An Empirical Test in the Context of Automobile Purchases. *Journal of Product & Brand Management*, Vol. 16, No. 1, 49-58.
- Hills, R., Kitchen, S.** (2007) Development of a model of patient satisfaction with physiotherapy, *Physiotherapy Theory and Practice*, 23:5, 255-271, DOI: 10.1080/09593980701249929.
- Hirsh, A.T.**(2004). *Patient satisfaction with treatment for chronic pain: predictors and relationship to compliance.* Available at: <http://ufdc.ufl.edu/UFE0004222/00001> [Accessed January 15, 2018].
- Hokanson, S.** (1995). The Deeper You Analyse, The More You Satisfy Customers. *Marketing News*, p. 16.
- Hussey, P.S., Wertheimer, S., Mehrotra, A.** (2013). The association between health care quality and cost: a systematic review. *Ann Intern Med*, 158(1):27-34.
- Iom.int**(2018). *International Organization for Migration.* Available at: <https://www.iom.int/>[Accessed January 17, 2018].
- Javed, A.** (2005). *Patient satisfaction towards out patients departments in Pakistan institute of medical sciences, Islamabad.* Available at: <http://mulinet11.li.mahidol.ac.th/e-thesis/4737959.pdf> . [Accessed April 17, 2018].
- Jones, L. 7 Dent, M.** (1994). Improving service: managing response time in hospitality operations, *International Journal of Operations and Production Management*, Vol. 14, No. 5: 52-59.
- Joshi, K., Sochaliya, K., Purani, S., Kartha, G.**(2013). *Patient satisfaction about health care services: A cross sectional study of patients who visit the outpatient department of a civil hospital at Surendranagar, Gujarat.*
- Kanters, S.** (2014). *The impact of communicative behavior on doctors' and patients' satisfaction: A comparison between computermediated and face-to-face consultations.* Available at: <http://arno.uvt.nl/show.cgi?fid=135357>. [Accessed March 08, 2018].
- Kasper, H., Helsdingen, P., Gabbott, M.** (2006). *Services Marketing Management – a strategic perspective, Chichester, England: John Willey & Sons, LTD.*
- Keegan O, McGee H. A.** (2003). *Guide to Hospital Outpatient Satisfaction Surveys. Practical Recommendations and the Satisfaction with Outpatient Services (SWOPS) Questionnaire. Dublin: Royal College of Surgeons in Ireland.*
- Kersnik J, Ropret T.** (2002). An evaluation of patient satisfaction amongst family practice patients with diverse ethnic backgrounds. *Swiss Med Wkly*. 132(9–10):121–4.
- King, C.** (2004). *Do-It-Yourself Business Plan Workbook, New York, John Wiley and Sons.*
- Kitapci, O., Akdogan, C., Dortyol, I.T.**(2014). The Impact of Service Quality Dimensions on Patient Satisfaction, Repurchase Intentions and Word-of-Mouth Communication in the Public Healthcare Industry, *Procedia - Social and Behavioral Sciences*, Volume 148, Pages 161-169, ISSN 1877-0428, <https://doi.org/10.1016/j.sbspro.2014.07.030>.
- Klakovich, M., Cruz, F.**(2006). Validating the Interpersonal Communication Assessment Scale. *Journal of Professional Nursing*. Available at: <https://doi.org/10.1016/j.profnurs.2005.12.005> [Accessed March 05, 2018].
- Kotler, P.**(2000), *Marketing Management. 10th edn., New Jersey, Prentice-Hall.*

- Kotler, P & Armstrong, G.** (2012). *Principle of Marketing*. 14th Edition. New Jersey. Published by Prentice Hall.
- Kotler, P. & Keller, K. L.** (2009). *Marketing Management* (13th Ed). New Jersey: Pearson Education Inc, Upper Saddle River.
- Kotler, P & Keller, K. L.** (2012). *Marketing Management*. 14th Edition. New Jersey. Published by Prentice Hall.
- Kreitz TM, Winters BS, Pedowitz DI.** (2016). The Influence of Wait Time on Patient Satisfaction in the Orthopedic Clinic. *J Patient Exp.*;3(2):39-42.
- Kraska, R.A.** (2016). *Associations between hospital characteristics and patient satisfaction in Germany.* Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5512999/> [Accessed January 15, 2018].
- Larkin,G.L., Moskop J., Sanders A., Derse A.**(1994). The emergency physician and patient confidentiality: A review. *Annals of Emergency Medicine*, 24 (6) , pp. 1161-1167.
- Lewis, B.R. and Mitchell, V.W.** (1990), "Defining and measuring the quality of customer service", *Marketing Intelligence & Planning*, Vol. 8, No. 6, pp. 11-17.
- Lin, J. S. C., & Liang, H. Y.** (2011). The influence of service environments on customer emotion and service outcomes. *Managing Service Quality: An International Journal*, 21(4), 350-372. doi: 10.1108/09604521111146243.
- MacLeod S, Musich S, Gulyas S, Cheng Y, Tkatch R, Cempellin D, Bhattarai GR, Hawkins K, Yeh CS.**(2016).The impact of inadequate health literacy on patient satisfaction, healthcare utilization, and expenditures among older adults. *Geriatr Nurs.* 2017:334–341. doi: 10.1016/j.gerinurse.
- Mahlet, G.** (2015). Assessment of Inpatients' Satisfaction on Quality of Care and Associated Factors at Zewditu Memorial Hospital, Addis Ababa. Available at: <http://localhost:80/xmlui/handle/123456789/11954> [Accessed April 15, 2018].
- Mahrous,M.S., Hifnawy, T.**(2012). Patient satisfaction from dental services provided by the College of Dentistry, Taibah University, Saudi Arabia, *Journal of Taibah University Medical Sciences*, Volume 7, Issue 2, Pages 104-109, ISSN 1658-3612, <https://doi.org/10.1016/j.jtumed.2012.12.002>.
- Marquis M.S, Davies AR, Ware, J.E.** (1983). Patient Satisfaction and Change in Medical Care Provider: A Longitudinal Study. *Medical Care.*;21(8):821–9.
- Marsh, H.W. & Hocevar, D.** (1985). Application of confirmatory factor analysis to the study of self-concept: First- and higher-order factor models and their invariance across groups. *Psychological Bulletin*, 97, 562–582.
- Marshall, G. N. and Ron D. H.** (1994). *The Patient Satisfaction Questionnaire Short Form (PSQ-18)*, Santa Monica, Calif.: RAND Corporation, P-7865. As of November 28, 2018: <https://www.rand.org/pubs/papers/P7865.html>.
- Martin-Consuegra, D., Molina, A. and Esteban, A.,**(2007). An Integrated Model of Price, Satisfaction and Loyalty: an Empirical Analysis in the Service Sector. *Journal of Product & Brand Management*, Volume. 16, Issue.7, pages. 459–468.

- Marrwa, T., Mitonga, H.K., Hoebes, K.H.**(2017). Customers' satisfaction of the occupational therapy services in Namibia. *Int J Community Med Public Health*.3542-3549.DOI: <http://dx.doi.org/10.18203/2394-6040.ijcmph20174217>.
- McAlexander, J.H., Kaldenberg, D.O., Koenig, H.F.**(1994).Service quality measurement: examination of dental practices sheds more light on the relationships between service quality, satisfaction, and purchase intentions in a health care setting. *Journal of Health Care Marketing*, 14(3) , pp. 34-40.
- McFarland D.C., Shen M.J., Parker P., Meyerson S., Holcombe R.F.**(2017). *Does Hospital Size Affect Patient Satisfaction?* . Available at: https://www.researchgate.net/publication/320265672_Does_Hospital_Size_Affect_Patient_Satisfaction [Accessed January 07, 2018].
- Mehrnoosh,A., Yunus,A., Hassan,S.**(2010).Patient Satisfaction: Evaluating Nursing Care for Patients Hospitalized with Cancer in Tehran Teaching Hospitals, Iran. *Global Journal of Health Science*; Vol. 2, No. 1.
- Multeciler.org.tr.** (2018).*Multeciler Dernegi – Refugees Association*.Available at:<https://multeciler.org.tr/eng/>[Accessed January 07, 2018].
- Musunuru, K.** (2014). The Influence of Socioeconomic Characteristics on Patient Satisfaction: A Study on Diabetic Patients in Warangal. *National Conference on “Making Quality Health Care”*. Available, Accessible and Affordable In India. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2563414 [Accessed January 08, 2018].
- Myles,P.S., Williams, D.L., Hendrata,M., Anderson, H., Weeks,A.M.**(2000). Patient satisfaction after anaesthesia and surgery: results of a prospective survey of 10,811 patients. *Br J Anaesth.*;84(1):6-10.
- Namasivayam, K., & Mattila, A. S.** (2007). Accounting for the joint effects of the service scape and service exchange on consumers' satisfaction evaluations. *Journal of Hospitality and Tourism Research*,31(1), 3–18.
- Nayeri, N.D.,Aghajani,M.**(2010). Patients' privacy and satisfaction in the emergency department: A descriptive analytical study. *Sage Journals*. Volume: 17 issue: 2, page(s): 167-177.
- Ogunnowo,B.E., Olufunlayo,T.F. Sule,S.S.**(2015). Client perception of service quality at the outpatient clinics of a General hospital in Lagos, Nigeria. *PanAfrican Medical Journal*. ; 22:68 doi:10.11604/pamj.2015.22.68.6228.
- Ogunsanwo, D.A.** (2012). *Determination of patient satisfaction at accredited antiretroviral treatment sites in the Gert Sibande District, Mpumalanga Province*. Available at: <http://hdl.handle.net/10386/778> [Accessed March 20, 2018].
- Oliva T.A., Oliver R.L., MacMillan I.C.** (1992). A catastrophe model for developing service satisfaction strategies. *J Market*; 56(3):83-95.
- Oliver, R.L.** (1999). Whence Consumer Loyalty. *The Journal of Marketing*, Fundamental Issues and Directions for Marketing, Vol. 63.
- Olorunniwo, F., Hsu, M.K. & Udo, G.J.** (2006). Service quality, customer satisfaction and behavioural intentions in the service factory. *Journal of Services Marketing*, 20(1): 59-72. P.p. 33-44.
- O'Neill, Martin.**(2005), Employee care, a vital antecedent to customer care in the health care industry, *International Journal of Health Care Quality*

Assurance Incorporating Leadership in Health Services, 18, 2-3, 131-151.

- Palad, Y.Y. Madriaga, G.O.** (2014) Reliability of the Filipino version of the Parent Satisfaction Scale: A preliminary study, *Hong Kong Physiotherapy Journal*, Volume 32, Issue 2, Pages 73-78, ISSN 1013-7025, <https://doi.org/10.1016/j.hkpj.2014.08.001>.
- Pantouvakis, A., Bouranta, N.** (2014). *Quality and price--impact on patient satisfaction. International Journal of Health Care Quality Assurance*. Available at: <https://www.emeraldinsight.com/doi/abs/10.1108/IJHCQA-10-2013-0128> [Accessed May 01, 2018].
- Papathanasiou IV, Kleisaris CF, Tsaras K, Fradelos EC, Kourkouta L.** General Satisfaction Among Healthcare Workers: Differences Between Employees in Medical and Mental Health Sector. *Mater Sociomed*. 2015;27(4):225-8.
- Parasuraman, A., Zeithaml, V.A. and Berry, L.L.** (1985). A conceptual model of service quality and its implication. *Journal of Marketing*, Vol. 49, Fall, pp. 41-50.
- Peltier, James, Nill, Alexander, and Schibrowsky, John A.** (2003), Internal marketing, nurse loyalty and relationship marketing: An exploratory study of German nurses, *Health Marketing Quarterly*, 20, 4, 63-82.
- Qadri, S.S., Pathak R., Singh, M., Ahluwalia, S.K., Saini, S., Garg, P.K.** (2012) An assessment of patients satisfaction with services obtained from a tertiary care hospital in rural Haryana. *Int J Collab Res Intern Med PubHealth*. 2012:1524-3.
- Rahmqvist, M.** (2001). Patient satisfaction in relation to age, health status and other background factors: A model for comparisons of care units. *International Journal for Quality in Health Care* 13(5):385-90.
- Rajeswarit, T.** (2011). *A study to assess patient's satisfaction with quality of nursing care*. Available at: <http://dspace.sctimst.ac.in/jspui/bitstream/123456789/1607/1/481.pdf>. [Accessed April 17, 2018].
- Ramirez, C.** (2012). *Importance of customer satisfaction*. Retrieved 9 September, 2018 from <http://www.life123.com/career-money/small-business/customer-retention/importance-of-customer-satisfaction.shtml>.
- Rathert, Cheryl, and May, Douglas R.** (2007), Health care work environments, employee satisfaction, and patient safety: Care provider perspectives, *Health Care Management Review*, 32, 1, 2-11.
- Rejas, J., Ruiz, M., Pardo, A., Soto, J.** (2013). Detecting Changes in Patient Treatment Satisfaction with Medicines: *The SATMED-Q, Value in Health*, Volume 16, Issue 1, Pages 88-96, ISSN 1098-3015, <https://doi.org/10.1016/j.jval.2012.08.2224>.
- Rosenberg, J.L. & Czepiel, A.J.** (2017). *Journal of Consumer Marketing: A marketing approach customer retention*. United Kingdom: MCB UP Limited.
- Royse, C.F., Chung F., Newman, S., Stygall, J., Wilkinson, D.J.** (2013). *Predictors of patient satisfaction with anaesthesia and surgery care: a cohort study using the Postoperative Quality of Recovery Scale*. Available at: <https://insights.ovid.com/pubmed?pmid=22907610>. [Accessed March 10, 2018].

- Yawn,B.**(2002). Determinants of Patient Satisfaction in ChronicIllness. *Arthritis &Rheumatism (Arthritis Care & Research)* Vol. 47, No. 5., pp 494–500 DOI 10.1002/art.10667.
- Ryu, K., & Jang, S. S.** (2007). The effect of environmental perceptions on behavioral intentions through emotions: The case of upscale restaurants. *Journal of Hospitality & Tourism Research*, 31(1), 56-72. doi: 10.1177/1096348006295506.
- Sacks,G.D., Lawson,E.H.,Dawes, A.J.**(2015). Relationship between hospital performance on a patient satisfaction survey and surgical quality. *JAMA Surg*;150(9):858-864. doi:10.1001/jamasurg.2015.1108<https://escholarship.org/uc/item/0sr3d10k>.
- Sanjeewa,G.G.C. and Senevirathne, R.**(2017). Assessment of Patient Satisfaction Using OPD Service at the Out Patients Department - Case Study - at Teaching Hospital Karapitiya Sri Lanka. *Journal of Primary Health Care and General Practice*.From:https://www.researchgate.net/publication/318342827_Patient_Satisfaction_with_Health_Care_Services_Delivered_at_the_Out_Patients_Department-Case_Study-at_Teaching_Hospital_Karapitiya_Sri_Lanka [Accessed March 20, 2018].
- Schaal T, Schoenfelder T, Klewer J, Kugler J.**(2016). Determinants of patient satisfaction and their willingness to return after primary total hip replacement: a cross-sectional study. *BMC Musculoskeletal Disord*. 17:330. doi:10.1186/s12891-016-1196-3.
- Schmocker, R.K. et al.** (2015). The number of inpatient consultations is negatively correlated with patient satisfaction in patients with prolonged hospital stays.*The American Journal of Surgery* , 212 (2) , pp. 282-288.
- Schoenfelder,T.**(2012). Patient Satisfaction: A Valid Indicator for the Quality of Primary Care? Available at: <https://www.researchgate.net/publication/235345796> [Accessed January 08, 2018].
- Sivadas, E. & Baker-Prewitt, J.** (2000). An examination of the relationship between service quality, customer satisfaction, and store loyalty. *International Journal of Retail & Distribution Management*, Volume 28(2), pp. 73-82.
- Slatten, T., Krogh, C. and Connolley, S.** (2011) ‘Make it memorable: customer experiences in winter amusement parks’, *International Journal of Culture, Tourism and Hospitality Research*, Vol. 5, No. 1, pp.80–91.
- Spessotto,C.V., Cavalli,H., Eboni, A.C.B., Machado, R.B.,Mousquer,A. M.,Palazz,L.B.**(2016). Patients’ satisfaction with and views about treatment with disease-modifying drugs in multiple sclerosis. *Arq. Neuro-Psiquiatr.* [cited 2018 Jan 03] ; 74(8): 617-620. Available from: <http://dx.doi.org/10.1590/0004-282X20160091>.
- Steinkamp,G., Stahl,K., Ellemunter,H., Heuer, E. Koningsbruggen-Rietschel, S.V., Busche, M., Bremer,W., Schwarz,C.** (2015) Cystic fibrosis (CF) care through the patients' eyes – A nationwide survey on experience and satisfaction with services using a disease-specific questionnaire, *Respiratory Medicine*, Volume 109, Issue 1, Pages 79-87,ISSN 09546111,<https://doi.org/10.1016/j.rmed.2014.11.007>.

- Tennakoon, T., Zoysa, P.** (2014). Patient satisfaction with physiotherapy services in an Asian country: A report from Sri Lanka, *Hong Kong Physiotherapy Journal*, Volume 32, Issue 2, Pages 79-85, ISSN 1013-7025, <https://doi.org/10.1016/j.hknpj.2014.07.001>.
- Testa, M. R., Skaruppa, C. and Pietrzak, D.** (1998), Linking job satisfaction and customer satisfaction in the cruise industry: implications for hospitality and travel organizations. *Journal of Hospitality and Tourism Research* 22, 1, 4-14.
- Tang, W.M., Soong, C.Y., Lim, W.C.** (2013). Patient Satisfaction with Nursing Care: A Descriptive Study Using Interaction Model of Client Health Behavior. *International Journal of Nursing Science*. 3(2): 51-56. doi:10.5923/j.nursing.20130302.04.
- Thomas, B. & Tobe, J.** (2013). *Anticipate: Knowing what customers need*. New Jersey: John Wiley & Sons.
- Tse, D. K., and Wilton, P. C.** (1988), "Models of Consumer Satisfaction Formation: An Extension. *Journal of Marketing Research*, 25 (May), 204-12
- Unhcr.org** (2017). *Total Persons of Concern by Country* [Online] Available at: <https://data2.unhcr.org/en/situations/syria> [Accessed 18 December 2017].
- Vadhana, M.** (2012). *Assessment of patient satisfaction in an outpatient department of an Autonomous hospital in Phnom Penh, Cambodia*. [Online] Available at <http://rcube.ritsumei.ac.jp/repo/repository/rcube/4729/51210624.pdf> [Accessed May 05, 2018].
- Varki, Sajeev and Mark Colgate.** (2001). The Role of Price Perceptions in an Integrated Model of Behavioral Intentions. *Journal of Service Research*, 3 (3), 232-240.
- Ware Je Jr.** (2009). Patient-reported outcome measures: The importance of patientsatisfaction in surgery. *Journal of surgery*, vol 146 No.3.
- Wheaton, B., Muthén, B., Alwin, D.F. & Summers, G.F.** (1977). Assessing reliability and stability in panel models. In Heise, D.R. [Ed.] *Sociological methodology 1977*. San Francisco: Jossey-Bass, 84–136.
- Wisniewski, M., & Donnelly, M.** (1996). Measuring service quality in the public sector: the Potential for SERVQUAL. *Total Quality Management*, 7(4), 357-365.
- Wolf, D., Staudacher, C.** (2007). *Patient satisfaction in combination with a preference analysis using the Analytic Hierarchy Process (webAHP)*. Available at: <http://arno.uva.nl/cgi/arno/show.cgi?fid=218939> . [Accessed May 08, 2018].
- Yunus, N.M., Ab Latiff, D.S., Che Din, S., Ma'on, S.N.** (2013). Patient Satisfaction with Access to 1Malaysia Clinic, *Procedia - Social and Behavioral Sciences*, Volume 91, Pages 395-402, ISSN 1877-0428, <https://doi.org/10.1016/j.sbspro.2013.08.436>.
- Zeithaml, V. A., Bitner, M. J., & Gremler, D. D.** (2006). *Services Marketing* (4th Ed.), McGraw-Hill.
- Zlotnik, K. L.** (2013). *The impact of hospital characteristics on patient satisfaction in California hospitals*. Available at: <https://doi.org/10.1016/j.spinee.2013.04.008> [Accessed January 08, 2018].
- Zanten, S. V. V., Henderson, C., and Hughes, N.** (2012). Patient Satisfaction with Medication for Gastroesophageal Reflux Disease: A Systematic Review.

Canadian Journal of Gastroenterology, vol. 26, no. 4, pp. 196-204.
<https://doi.org/10.1155/2012/235476>.



APPENDICES :

Appendix A: Main Survey Items Sources

Variable	n.	Question	Source
Staff Behaviors	1	Doctors always treat me with respect.	Russell,M.B. et al (2002)
	2	Doctors are Professional and competent.	Ogunnowo, B.E. et al (2015)
	3	Nursestreat me withrespect.	Tang,W.M. et al (2013)
	4	Nurses provide me withimportantinformationduringhospitalization.	
	5	Theinterpreter listensto me carefully.	Gany F.et al (2007)
	6	The interpreter treats me well.	
Accessibility	7	The location of the clinic is convenient.	Miyre,C.C. et al (2009)
	8	It is always easy to make appointments.	Barsoom,R.R. et al (2017)
	9	It is always easy to contact byphone or e-mail if I have questions.	Steinkamp et al (2015)
	10	The staff provide quick services for urgent health problems.	Kersnik,J. (2000)
	11	I have easy access to the medical specialist I need.	Marshall, N.G. & Hays, R.D. (1994)
Clinic Environment and Facilities	12	The clinic has clean and higeinic appearance.	Chang, W.J & Chang,Y.H.(2013)
	13	The clinic has enough clean tiolets.	
	14	No noise in the departments.	Hamed,M.A.G.& Salem,G.M. (2014)
	15	The waiting area is comfortable (lighting temperature- furinshings)	Tennakoom,T& Zoysapd (2014)
	16	The day-care treatment room is comfortable.	Miyre,C.C. et al (2009)
	17	The clinic provides facilities for disabled people.	Yunus, N.M. et al(2013)
	18	The cilinic has modern equipments.	Kitapci, O.et al (2014)
	Financial	1	I don'thaveto pay for more medical care

Aspects	9	than I can afford.	(2000)
	20	I never feel worry about having large medical bills.	
	21	I never go with out medical care I need because of money.	
	22	The amount I haveto pay to cover my medical care needs is reasonable.	
	23	Regardless of health problems I have now, I feel protected from financial hardship.	
Security and Privacy	24	There is privacy in all the deparments.	Marwa,T. Et al (2017)
	25	I have been given privacy from nurses.	Tang,W.M. et al (2013)
	26	I feel safe when recieving nursing care from nurses.	
	27	There is always a secure feeling during therapy.	Wolf, D. & Kesslaar,C. (2017)
	28	There is a privacy of the registration process.	Keegan,O. & McGeeh (2013)
	29	Privacy is observed during medical care from doctors.	Ogunnowo, B.E. et al (2015)
	30	They keep my records and data confidential.	Steinkamp et al (2015)
Qualityof MedicalCar e	31	My expectations on my medical visit is fulfilled.	Bergrenmar, M. Et al (2006)
	32	I have made a full recovery as a result of treatment.	Hills,R. (2009)
	33	The treatment offered was not painful and I received good quality treatment	Mahrous, M.S. & Tamer, H. (2012)
	34	The medications my doctor gives suits me.	Bakke.P.S. & Gali (2000)
	35	My pain has relieved after treatment.	Chang, W.J & Chang,Y.H.(2013)
Customer Satisfaction	36	The staff	MacLeod, S. Et al (2017)
	37	Accessibility	AbdulKadir,S. Et al (2012)
	38	Clinic Environment and Facilities	Marwa,T. Et al (2017)
	39	Security and Privacy	Papathanasiou,L

	9		.V. et al (2015)
	4		Tang,W.M. et al (2013)
	0	Financial Aspects	
	4		Gany,F. Et al (2007)
	1	Quality of MedicalCare	

Appendix B: Survey Questionnaire (English Version)

Questionnaire ‘ English Version’

DearSir/Madam,

My name is Wojoud Abusharekhand I a postgraduate student majoring in MBA in Istanbul Aydin University. The aim of this questionnaire is to collect data for he purpose of completting my master thesis.

This questionnaire contains two parts : the first part includes somequestions about your personal information and the second part includes questions that help to measure and analyze different variables influencing customer satisfaction in Non-Governmental Organizations (NGOs) in Istanbul.

I would appreciate it very much if you could spend a few minutes of your time to fill the questionnare objectvely and all collected data will be used only for the purpose of sienetific research and will be treated confidently.

Best Regards,

WojoudAbusharekh

Part (1) Personal Information

Directions: Please read the below and fill out the questionnaire.

1. Gender:

- Male
- Female

2. Age:

- Less than 20years
- 21 -30
- 31-40
- 40-60
- More than 60

3. Education level:

- Primary school
- Secondary
- Bachelor or Post Graduate

4. Economic level:

- Unemployed
- Less than 1000 TL
- 1000-2000 TL
- More than 2000 TL

5. Do you have a residence permit (kimlik) in Turkey?

- Yes
- No

6. What is your mother tongue?

- Arabic
- Turkish
- Kurdish
- Other

7. Clinicvisitfrequency by month

- Once
- Two- five times
- More than five times

Part (2): Preceived Service Quality

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

No.	The staff	1	2	3	4	5
1	Doctors always treat me with respect.					
2	Doctors are Professional and competent.					
3	Nurses treat me with respect.					
4	Nurses provide me with important information during hospitalization.					
5	The interpreter listens to me carefully.					
6	The interpreter treats me well.					

Accessibility

7	The location of the clinic is convenient.					
8	It is always easy to make appointments.					
9	It is always easy to contact by phone or e-mail if I have questions.					
10	The staff provide quick services for urgent health problems.					
11	I have an easy access to the medical specialist I need.					

Clinic Physical Environment and Facilities

12	The clinic has clean and higeinic appearance.					
13	The clinic has enough clean tiolets.					
14	No noise in the departments.					
15	The waiting area is comfortable (lighting temperature- furinshings)					
16	The day-care treatment room is comfortable.					
17	The clinic provides facilities for disabled people.					
18	The cilinic has modern equipments.					

Financial Aspects

19	I don't have to pay for more medical care than I can afford.					
20	I never feel worry about having large medical bills.					
21	I never go without medical care I need because of money.					
22	The amount I have to pay to cover my medical care needs is reasonable.					
23	Regardless of health problems I have now, I feel protected from financial hardship.					

Security and Privacy

24	There is privacy in all the departments.					
25	I have been given privacy from nurses.					
26	I feel safe when receiving nursing care from nurses.					
27	There is always a secure feeling during therapy.					
28	There is a privacy of the registration process.					
29	Privacy is observed during medical care from doctors.					
30	They keep my records and data confidential.					

Quality of Medical Care

31	My expectations on my medical visit is fulfilled.					
32	I have made a full recovery as a result of treatment.					
33	The treatment offered was not painful and I received a good quality treatment					
34	The medications my doctor gives suits me.					
35	My pain has relieved after treatment.					

Customer Satisfaction

In general, how would you rate your satisfaction on the following aspects from 1-5

Very poor	Poor	Acceptable	Good	Very good
1	2	3	4	5

	CustomerSatisfaction	1	2	3	4	5
36	The staff.					
37	Accessibility of clinic.					
38	The physical environment of the clinic.					
39	Financial Help.					
40	Aspect of privacy and security in the clinic.					
41	Quality of the medical care in the clinic.					

Appendix C: Questionnaire ‘ Arabic Version’

عزيزي المشارك/ة في الاستبيان؛

تهديكم الباحثة أطيب تحياتها وترجو منكم تعبئة الاستبيان بموضوعية. الباحثة تقوم بعمل دراسة علمية كمتطلب للحصول على درجة الماجستير- قسم إدارة الأعمال باللغة الإنجليزية في جامعة اسطنبول ايدن، والمعلومات التي يتم الحصول عليها لن تستخدم إلا لأغراض البحث العلمي.

يحتوي الاستبيان على قسمين من الأسئلة، حيث يتضمن القسم الأول أسئلة حول معلوماتكم الشخصية، بينما يتضمن القسم الثاني أسئلة حول العيادة حيث سيتم استخدام البيانات من أجل تحليل فرضيات البحث والوصول للنتائج.

شكرا لمشاركتكم

الباحثة

وجود ابو شرح

القسم الاول؛ بياناتكم الشخصية

١- الجنس

نكر

أنثي

٢- العمر

أقل من عشرين

٢١-٣٠

٣١-٤٠

٤٠-٦٠

أكثر من ستين

٣- المستوى التعليمي

المدرسه الاساسيه

المدرسه الثانويه

التعليم الجامعي او الدراسات العليا

٤- مستوي الدخل الشهري

لا يعمل

اقل من ١٠٠٠ ليره تركي

من ١٠٠٠-٢٠٠٠ ليره تركي

أكثر من ٢٠٠٠ ليره تركي

٥- هل لديكم تصريح الاقامه (الكيمليك) في تركيا

نعم

لا

٦- ما هي لغتكم الأم؟

العربيه

التركيه

الكرديه

غير ذلك

٧- ما هي عدد زيارتكم للعباده شهريا

- مره واحده
○ من مرتين الي خمس مرات
○ اكثر من خمس مرات

القسم الثاني؛ رضاكم عن جوده خدمات العياده

١	٢	٣	٤	٥
لا اوافق بشده	لا اوافق	لا اعلم	موافق	موافق بشده

الرقم	معامله طاقم عمل العياده	١	٢	٣	٤	٥
١	يعاملني الطبيب باحترام.					
٢	يعتبر الطبيب محترف في عمله.					
٣	تعاملني الممرضات باحترام.					
٤	تزودني الممرضات بكل المعلومات الهامه وقت الخدمه.					
٥	يستمع الي المترجم جيدا.					
٦	يعاملني المترجم بشكل جيد.					

امكانيه الوصول

٧	يعتبر موقع العياده جيد.					
٨	من السهل الحصول علي مواعيد.					
٩	من السهل التواصل عبر الهاتف او الایمیل عند وجود استفسار.					
١٠	يقدم طاقم العمل خدمات سريعه في حالات الطواري.					
١١	يمكنني التواصل مع معالجي بسهوله عند الحاجه.					

بيئه العياده

١٢	تعتبر العياده نظيفه.					
١٣	تعتبر الحمامات نظيفه.					
١٤	جو العياده هادي.					
١٥	منطقه الانتظار مريحه.					
١٦	غرفه المعايينه مريحه.					

					يوجد في العيادة تسهيلات لذوي الاحتياجات الخاصة.	١٧
					المعدات في العيادة جديده.	١٨

الوضع المادي

					لا اضطر لدفع ما لا اقدر عليه.	١٩
					لا اقلق ابدا من فواتير طبيه عاليه المبلغ.	٢٠
					لم اغادر مره بدون مراجعه بسبب النقود.	٢١
					الكميه التي اغطيها ماديا معقوله.	٢٢
					بغض النظر عن المشاكل الصحيه، اشعر بانني محميا من صعوبات ماديه.	٢٣

الخصوصيه والامان

					تراعي خصوصيه المريض في اقسام العياده.	٢٤
					تعطي الممرضات الخصوصيه للمريض.	٢٥
					اشعر بالامان عند تلقي الخدمات من الممرضات.	٢٦
					هناك شعور بالامان وقت العلاج.	٢٧
					هناك احترام للخصوصيه وقت التسجيل.	٢٨
					هناك احترام للخصوصيه وقت المعايه من قبل الطبيب.	٢٩
					يتم الاحتفاظ بسجلاتي و ملفاتي بشكل يحفظ الخصوصيه.	٣٠

جودة الخدمات الطبيه

					حققت توقعاتي من خلال الزياره.	٣١
					اشعر بتحسن كامل بعد العلاج.	٣٢
					طريقه العلاج لم تكن مولمة وحصلت علي مراجعه طبيه بجوده عاليه.	٣٤
					الادويه التي اوصي بها الطبيب مناسبه لي.	٣٥

					تخلصت من الالم بعد العلاج.	٣٦
--	--	--	--	--	----------------------------	----

كيف تقيم رضاك عن الخدمات التاليه من ١-٥؟

سي جدا	سي	مقبول	جيد	جيد جدا
١	٢	٣	٤	٥

						مستوي الرضا
						٣٧ طاقم العمل في العياده.
						٣٨ امكانيه الوصول للعياده.
						٣٩ شكل العياده.
						٤٠ التسهيلات الماديه.
						٤١ الخصوصيه والامان.
						٤٢ جوده الخدمات الطبيه.

Appendix C: Etic

Evrak Tarih ve Sayısı: 15/01/2019-282



T.C.
İSTANBUL AYDIN ÜNİVERSİTESİ REKTÖRLÜĞÜ
Sosyal Bilimler Enstitüsü Müdürlüğü

Sayı : 88083623-020
Konu : WOJOUND A. M. ABUSHAREKHI Etik
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Sayın WOJOUND A. M. ABUSHAREKHI

Tez çalışmanızda kullanmak üzere yapmayı talep ettiğiniz anketiniz İstanbul Aydın Üniversitesi Etik Komisyonu'nun 20.07.2018 tarihli ve 2018/16 sayılı kararıyla uygun bulunmuştur.

Bilgilerinize rica ederim.

e-imzalıdır
Prof. Dr. Ragıp Kutay KARACA
Müdür

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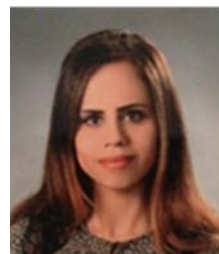
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Bu belge, 5070 sayılı Elektronik İmza Kanununa göre Güvenli Elektronik İmza ile imzalanmıştır

RESUME



Name Surname: Wojoud A. M. Abusharekh

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