OKAN UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES

AFFECTING FACTORS FOR THE HOSPITAL SELECTION OF PATIENTS IN TERMS OF CUSTOMER RELATIONSHIP MANAGEMENT: A RESEARCH IN ÖZEL KOCAELİ AKADEMİ HOSPITAL

Ece ATALAY

THESIS
FOR THE DEGREE OF
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ADVISOR
Assoc. Prof. Fatma Bahar ŞANLI

ISTANBUL, October 2015

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MÜŞTERİ İLİŞKİLERİ YÖNETİMİ AÇISINDAN HASTALARIN HASTANE SEÇMESİNE ETKİ EDEN FAKTÖRLER: ÖZEL KOCAELİ AKADEMİ HASTANESİ

İşletmeler açısından rekabetin hızla arttığı bir alanda müşteri odaklı olmak oldukça önemlidir. Müşteri beklentilerini karşılamak ve müşteri ile uzun dönemli sadakat ilişkisi geliştirmek pazarlamanın temel aracıdır. Yeni bir rekabetçi pazarlama stratejisi olarak Müşteri İlişkileri Yönetimi (CRM) bilgi teknolojileri ile direkt ilişkili bir kavramdır. İşletmelere gelir artışı ve maliyet azaltımı gibi iki önemli konuda yarar sağlayan CRM ülkemizde de hızla uygulama alanı bulmuştur. Özellikle, finans, sağlık, otomotiv, perakende, medya ve hizmet sektörleri CRM'i uygulayan sektörlerin başında gelmektedir. Günümüzün yoğunlaşan rekabet koşulları, kuruluş ve müşteri arasında kurulan olumlu ilişkileri üstünlük sağlayıcı önemli bir faktör olarak ortaya çıkartmaktadır. Sağlıklı ve uzun dönemli müşteri ilişkileri kuruluşların tek önemli rekabet aracı olabilecektir. Bilindiği gibi, teknolojik gelişmeler ve diğer uygulamalar çok kısa süre içerisinde taklit edilebilmekte ve bu durum rekabet üstünlüğünü uzun süre koruyamamaktadır. Kuruluşun, uzun ve zahmetli uğraşları sonucunda oluşturduğu müşteri ilişkilerinin ise taklit edilmesi zor ve maliyetli olabilmektedir. Bu durum, gelecekte rekabetin yoğun biçimde müşteri ilişkileri üzerinde olacağının bir göstergesi olarak kabul edilebilir. Çok önem kazanan müşteri ilişkilerinin kalıcı olabilmesi için pazardaki eğilimleri, gelişmeleri iyi tanımak ve iletişim odaklı düşünmek gerekmektedir. Tüketici ihtiyaçları ve beklentileri üzerinde yoğunlaşmak gerekir. Bunun anlamı, kaliteye ve müşteri hizmetlerine, ilişkilerine önem vermektir. Bir kuruluş için günümüzdeki en önemli olgu budur. Gerek özel gerek kamu hastaneleri kaliteli sağlık hizmeti vermek için hasta memnuniyetini artıran yeni uygulamalara

yönelmektedirler. Bu da müşterinin beklentilerini ve isteklerini ortaya koyan ve müşteri memnuniyeti üzerine yoğunlaşan Müşteri İlişkileri Yönetim varolabilmektedir. Bu çalışmada öncelikle müşteri, hizmet, kalite ve müşteri memnuniyeti gibi kavramlar incelenmiştir. Daha sonra Müşteri İlişkileri Yönetimi'nin özüne değinilmiş ve Müşteri İlişkileri Yönetimi uygulamaları konusu incelenmiştir. Ardından sağlık hizmetlerinde kalite, hasta memnuniyeti ve hasta memnuniyetinin ölçülmesi konuları ele alınmıştır. Çalışmanın uygulama bölümünde, Özel Kocaeli Akademi Hastanesi'nin hizmet kalitesinin ve hasta memnuniyetinin ölçülmesine yönelik çalışılmıştır. Özel Kocaeli Akademi Hastanesi'nde yatan 125 hasta ile görüşülmüş olup, veri toplamada anket tekniği kullanılmış ve analizler SPSS 20.0 programı ile değerlendirilmiştir. Hasta memnuniyetinin ölçülmesinde Servqual ölçeği kullanılmıştır. Sonuç olarak sağlık sektörünün önemli bir basamağı olan hastane kurumunun sunduğu hizmetin müşteriler tarafından nasıl algılandığı ve bu kurum içerisinde görev alan çalışanların memnuniyet boyutlarının neler olduğu ve her iki açıdan hastanenin nasıl olması gerektiği incelenmiştir. Böylece hastanenin iyi olduğu ve iyileştirmesi gerektiği ve yetersiz olduğu kısımlar belirlenerek Müşteri ilişkileri Yönetimi çerçevesinde önermelerde bulunulmuştur.

Anahtar Kelimeler: Müşteri, Müşteri İlişkileri Yönetimi, Müşteri Memnuniyetinin Ölçülmesi, Hizmet Kalitesi, Hizmet Kalitesinin Ölçülmesi.

Tarih: 30 Eylül 2015

ABSTRACT

AFFECTING FACTORS FOR THE HOSPITAL SELECTION OF PATIENTS IN TERMS OF CUSTOMER RELATIONSHIP MANAGEMENT: A RESEARCH IN ÖZEL KOCAELİ AKADEMİ HOSPITAL

The competition is increased rapidly in an area where is very important for companies to be customer-focused. Meet the expectations of customers and clients with long-term basis to improve the loyalty relationship marketing tool. Competitive marketing strategies as a new Customer Relationship Management (CRM) is a concept directly related to information technology. Two important benefits to our country as housing CRM business to revenue growth and cost reduction has found application in quickly. In particular, finance, healthcare, automotive, retail, media and service sector comes at the beginning of implementing the CRM industry. It increased rapidly in an area where competition is very important in terms of being customer-focused studies. Meet the expectations of customers and clients with long-term basis to improve the loyalty relationship marketing tool. Competitive marketing strategies as a new Customer Relationship Management (CRM) is a concept directly related to information technology. Two important benefits to our country as housing CRM business to revenue growth and cost reduction has found application in quickly. In today's competitive environment intensified, positive customer relationships are established between the organization and reveal the superiority of the service provider as an important factor. A healthy and long-term customer relationships may be the single most important competitive tool for organizations. As is known, technological developments and other applications can be simulated in a very short period of time and unable to maintain a competitive advantage in this case for a long time. The organization's long and arduous

labors difficult to forge customer relationships that are formed as a result and can be costly. This is acceptable as an indication of whether heavily on customer relations in the future competition. Trends in the market to be very important for winning a permanent customer relationships, development must recognize and think about good communication-oriented. It needs to focus on consumer needs and expectations. This means that, to quality and customer service is to give importance to the relationship. This is a foundation for today's most important cases. Both private and public hospitals are turning to new applications should increase patient satisfaction to provide quality health services. It also revealed that customer's expectations and demands and focusing on customer satisfaction, customer relationship management can exist. This study, the first customer, service, concepts such as quality and customer satisfaction were examined. Then she mentioned the essence of Customer Relationship Management and Customer Relationship Management application has been examined. Then the quality of health care has been taken to address the issues of measuring patient satisfaction and patient satisfaction. In the application part of the study, we have tried for the service quality of Özel Kocaeli Akademi Hospital and the measurement of patient satisfaction. Özel Kocaeli Akademi Hospital has interviewed 125 patients, the survey technique used in data collection and analysis were analyzed with SPSS 20.0 software. Servqual scale is used to measure patient satisfaction. As a result, the services offered by the hospital institutions is an important step in the health sector how it is perceived by customers and what it is for these institutions in the involved employee satisfaction dimension and has been examined by both respects from the hospital's how it should be. So it is good that the hospital and the sections determined to be inadequate and needs to improve customer relationship management propositions have been made in the frame.

Key Words: Customer, Customer Relationship Management, Service Quality and Measurement.

Date: 30 September 2015

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1. INTRODUCTION

Approach to customer service, the cause of the acceleration of technological development of enterprises develop, not only target customers but also a marketing concept that has emerged as a common evaluation. Today's new customer structure is more free, more participatory, more selective and more sensitive structures with because of the business, customers' requirements, to meet the expectations and aims to provide an effective and bidirectional interaction with customers Customer Relationship tended to Management approach.

Customer Relationship Management (CRM) has found applications in the marketing literature in recent years is a competitive marketing strategy. Especially in the manufacturing and service businesses, customer loyalty and increase customer satisfaction, protection and applied for development, the retention of existing customers. Advanced 1980s in Western countries, in our country since the early 1990s began to be adopted CRM applications is rapidly increasing. The goal in business with customers healthy, efficient, is to create a profitable and long-term relationship based on trust. The aim of this study emphasizes the importance of competitive marketing strategy as a new CRM businesses. In addition, research on companies that are analyzed on the implementation of CRM projects, their results were interpreted. Mainly CRM study that examined the feasibility on a sectoral basis in Turkey, first as CRM definition, objectives, described the process later if the benefits to CRM's business and, finally, their contributions to the marketing efforts aimed at improving relations with summarized. Customer Relationship Management, the customer is looking for in his/her way will be of better service and more closely acquainted with the system. In other words, Customer Relationship Management with clients in all areas is made in better detection and better routing process itself within the framework of his company's expectations. Stressing the importance of internal and external customers to be satisfied by the satisfaction Customer Relationship Management philosophy will allow the

acquisition of loyal customers as long as reflected by the customer. This will bring together a naturally profitability.

That clients in all sectors with a focus on quality rather than price competition and how the operating mechanism knowing their demands and expectations and what guiding on the need for processing as Customer Relationship Management's, are found recently practices in the health sector. Of course, because of the increasing number of organizations that offer health services of this application is to be selective in the health care field and rising expectations is the submission of the preferred quality of service is very important now.

How it is perceived by the health care field services they provide health care provider and investigate to what extent satisfactory, learn, and rely on the customer relationship management to evaluate. In this context, "Affecting Factors For The Hospital Selection Of Patients In Terms Of Customer Relationship Management: A Research In Özel Kocaeli Akademi Hospital" has been prepared thesis. This study performed in Özel Kocaeli Akademi Hospital in the province, through a questionnaire to face to face with patients whether it is an important factor affecting the whole process of internal customer satisfaction by making patient satisfaction surveys and has been asked to investigate whether the effect of patient satisfaction, the interior of the hospital management. To prove the approach to our customers and is intended to identify the most important services that affect the quality of the components utilizing the Servqual scale affect the level of satisfaction of patients at the Özel Kocaeli Akademi Hospital and patient satisfaction factors. Finally, it is also requested the preparation of a road map in which to offer a better service, consisting of the cornerstones of patient satisfaction surveys and in the framework of the results obtained from the hospital management for Servqual scale Customer Relationship Management philosophy. In line with these objectives thesis consists of three main sections.

In the first part of the study; The definition of customer and customer relations, the definition of service and quality, and quality of service features and quality varieties, the definition of quality of service expected and perceived service quality concepts, are located in the definition of service quality dimensions and customer satisfaction. Also, there are Customer Relationship Management, the purpose of Customer Relationship

Management, the benefits of Customer Relationship Management are mentioned in the infrastructure and Customer Relationship Management phases, Customer Relationship Management application steps under the heading, the customer to identify the customer to differentiate, to interact with customers and customize products and services issues, Customer Relationship Management, the subject of the critical success factors are also mentioned, focus group under the heading measurement of customer satisfaction meetings, advisory panels, benchmarking techniques, critical incident technique and customer relations survey topics are discussed.

In the second part of the study of health and health services from the definition of health and health care under the heading, the features mentioned in the classification of health services, hospitals characteristics of the hospital under the main title, objectives, mentioned the issue of the importance of employee, the importance of the hospital and the motivation of health care quality and patient satisfaction is our main under the title of the relationship between patient satisfaction and quality, importance and dimensions of patient satisfaction, patient satisfaction with the factors affecting the measurement of patient satisfaction focused on the issues.

In the last part of the study it is included in the research. Through data SPSS 20.0. T, F, subjected to X2 test and ANOVA analysis were performed. Also, it includes purpose of research, limitations of research, model of research, data collection tools, data collection, analysis of data and scale, reliability analysis of the scale, demographic and socio economic findings and implications related to the variables.

2. CUSTOMER RELATIONS AND CUSTOMER RELATIONSHIP MANAGEMENT

In this chapter, I would like to tell about some basic concepts in customer relations and customer relationship managament.

2.1 CUSTOMER AND CUSTOMER RELATIONS

A **customer** (sometimes known as a **client**, **buyer**, or **purchaser**) is the recipient of a good, service, product, or idea, obtained from a seller, vendor, or supplier for a monetary or other valuable consideration. Customers are generally categorized into two types: (WEB_17, 2007).

- An **intermediate customer** or **trade customer** who is a dealer that purchases goods for re-sale.
- An **ultimate customer** who does not in turn re-sell the things bought but either passes them to the consumer or actually is the consumer.

A customer may or may not also be a consumer, but the two notions are distinct, even though the terms are commonly confused. A customer purchases goods; a consumer uses them. An ultimate customer may be a consumer as well, but just as equally may have purchased items for someone else to consume. An intermediate customer is not a consumer at all. The situation is somewhat complicated in that ultimate customers of so-called industrial goods and services (who are entities such as government bodies, manufacturers and educational and medical institutions) either themselves use up the goods and services that they buy, or incorporate them into other finished products and so are technically consumers too. However, they are rarely called that, but are rather called **industrial customers** or **business-to-business customers**. Similarly, customers who buy services rather than goods are rarely called consumers.

Up to a total quality management approach, known customers; pay for goods or services bought by anyone or anyone we define as clients. The first definition may be bought using different people and goods or services. People can buy goods for others. Considering this distinction with total quality management can be defined as customers who use the goods or services of a person or persons. (WEB_1, 2013).

2.1.1 Internal Customer Concept

An **internal customer** is a customer who is directly connected to an organization, and is usually internal to the organization. Internal customers are usually stakeholders, employees or shareholders, but the definition also encompasses creditors and external regulators. While internal customers may not necessarily purchase the products or services offered by their employer, the internal customer relationship also plays a key role in the business's success. If they buy goods or services from other units within the business it is considered to be each other's customers and internal customers is called in the literature. Every employee in the process of self-come, first internal customer is the customer's marketing department, production department. Internal customers are made up of employees that make up the department. (WEB_1, 2003).

In the sales example, the salesperson who does not work well with customer service may have greater difficulty placing orders or obtaining answers to his external clients' questions, resulting in a poor level of service. Strained internal relationships can also adversely affect company morale. As well as dealing with your external customers, you also need to recognise the importance of your internal customers. These are the people that work within your organisation, maybe directly with you or in another department. They may also include people in other organisations that work with your organisation to provide your products or services. Internal customers are easy to overlook, take for granted, and generally not treat as well as external customers. However, the employees of any organisation are a key factor in facilitating its success and should be treated well and with respect. By following a few simple rules you can help create a positive and productive working environment where staff morale is high. Internal customer care

should enable you to work as a team. A successful team will be more efficient. To help to make sure that a company works together as a whole, information should be shared between departments, with regular communication between employees. (WEB_2, 1996).

2.1.2 External Customer Concept

An **external customer** is someone who uses your company's products or services but is not part of your organization. If you have own a retail store, for example, an external customer is an individual who enters your store and buys merchandise. An internal customer is any member of your organization who relies on assistance from another to fulfill her job duties, such as a sales representative who needs assistance from a customer service representative to place an order. External customers are essential to the success of any business, as they provide the revenue stream through their purchases that the enterprise needs to survive. Satisfied external customers often make repeat purchases as well as refer your business to other people they know. A customer who suffers through a negative experience with a business, such as being treated rudely by an employee, can also hinder a business by dissuading others from patronizing it. (WEB_2, 1996).

External customers are the people that you usually think of when you use the expression 'customers'. They are the visitors that visit the attractions, the guests that stay in hotels, the diners that eat in restaurants. They are called 'external customers' because they come from outside the business you work for. They bring in all the revenue that keeps such as companies float. People who work in the industry spend most of their time trying to ensure that this type of customer has an enjoyable experience. The ultimate goal is to ensure that the external customer is so happy that they return to your business again, and tell others just how good it is. Foreign customers are customers who use the goods or services are referred to as external customers. (WEB_1, 2003).

2.1.3 Customer Relations Management Concept

Customer relationship management (**CRM**) is a system for managing a company's interactions with current and future customers. It often involves using technology to organize, automate, and synchronize sales, marketing, customer service, and technical support. CRM products come with many features and tools and it is important for a company to choose a product based on their specific organizational needs. Most vendors will present information on their respective websites. Customer relationship management (CRM) refers to building one-to-one relationships with customers that can drive value for the firm. This manuscript discusses proven CRM strategies that companies can use as means of effective customer management (CM). The continuing evolution of CM is made possible by understanding the interactive relationships that develop between firms and customers and among customers themselves. Firms will increasingly be able to customize marketing messages to larger target audiences on the basis of the customer's expected response and the customer's value to the firm. By following the CRM strategies discussed here, firms can reduce overall marketing costs, increase overall customer response rates, and, most importantly, increase overall customer and firm profitability. Customer relationship management (CRM) entails all aspects of interaction that a company has with its customers, whether it is sales or service-related. (WEB_3, 2013).

With businesses in the development of the internet and other communication Technologies, it has been possible to establish the exact relationship between customers. Relations-way showing developments over time a marketing concept, which was established with the customer relationship marketing has led to a new understanding serves as the focal point. At this point it would be useful to make the definition of CRM. CRM; The company customer-focused culture that places the customer is the concept of all which can be defined as a strategy adopted. Long-term customer CRM to establish relations, is the concept that aims at profitability accordingly. It shows between the concepts of marketing strategies and information technology. Crm to briefly as competitive marketing strategy we can describe. CRM businesses in an increasingly competitive environment reducing costs, increasing revenue, customer retention in the hand targeting is an effective strategy to ensure employee loyalty. (Ersoy, 2002).

While the phrase customer relationship management is most commonly used to describe a business-customer relationship, CRM systems are also used to manage business to business to business relationships. Information tracked in a CRM system includes contacts, clients, contract wins and sales leads and more. The purpose of customer relationship management (CRM) cannot be dwindled down to just one answer, because there are several reasons why a business would want to implement a CRM system. That said, perhaps the most obvious purpose of customer relationship management is to help a business keep customers. Along with that, it helps the business understand what it needs to do to get more customers. Another main purpose of customer relationship management is to reduce costs by managing costly complaints and finding out what services are useless for customers. This also can help a company figure out if its product is working and, ultimately, increases profit. When it comes to using a CRM system, the prime reason is to log and manage customer relationships. These systems allow administrators to list new customers and include services that each customer should receive, as well as opportunities to make the customer spend more money. This also ensures that employees are doing all they can to make the customer happy within the policies of the company. By managing the relationship, the company is able to keep the customer loyal to the company's brand. (WEB_4, 2015).

2.2 SERVICE AND QUALITY

In this part, I would like to write about service and quality concepts and their meanings, properties and kinds.

2.2.1 Service Concept

The service concept plays a key role in service design and development. But while the term is used frequently in the service design and new service development literature, surprisingly little has been written about the service concept itself and its important role in service design and development. The service concept defines the how and the what of service design, and helps mediate between customer needs and an organization's strategic intent. We define the service concept and describe how it can be used to enhance a variety of service design processes. As illustrations here, we apply the service

concept to service design planning and service recovery design processes. Employing the service concept as an important driver of service design decisions raises a number of interesting questions for research which are discussed here. The service is an intangible quality, purchase and sale of fiat possible with a specific and identifiable benefit as an abstract economic activity. Economy without service product, the service would not be ürünsüz. That is, each product accumulates incrementally resulting in a number of services. That service when the product will be removed. Similarly, each service makes sense when considered together with some product. The effectiveness of services are removed when the product will be reduced. (WEB_5, 2009).

2.2.2 Properties of Services

A service is realized by the service system through the relationships of service system entities that interact (or relate) in a particular way to deliver the specific service via a service level agreement (SLA). Current management frameworks typically only focus on the interfaces of single service system entities. Meanwhile, SLAs are mapped to the respective customer requirements. These policies are provider-specific means to express constraints and rules for their internal operations. These rules may be independent of any particular customer. (WEB_6, 2011).

Services not only involve the interaction between the service provider and the consumer to produce value, but have other attributes, like an intangible quality of service (e.g., an ambulance service's availability and response time to an emergency request). The demand for a service may have varying loads dependent on the time of day, day of week, season, or other unexpected needs (e.g., natural disasters, product promotion campaigns, etc.). In the US for instance, travel services have peak demands during Christmas week; Mother’s day is usually the highest volume handling day for a telecommunications provider and tax services peak during extended periods (January through mid-April). Services cannot be inventoried; they are rendered at the time they are requested. (WEB_6, 2011).

Additionally, for a business enterprise, delivering the service at the minimum cost while maximizing its profits may be the service objective. In contrast, for

a non-profit organization the objective may be to maximize customer satisfaction while optimizing the resources required to render the service (e.g., during a natural disaster). Thus, the design and operations of service systems are all about finding the appropriate balance between the resources devoted to the systems and the demands placed on the system so that the quality of service to the customer is as good as possible. (WEB_5, 2009).

- **Exterritoriality:** A legal fiction by which the persons and residences of ambassadors and sovereigns when abroad are treated as being still within their own territory; the privilege extended by law and custom to all diplomatic representatives of foreign powers and their families resident within the territory of a nation, of enjoying in general the same rights and privileges as belong to them in their own country. Also extraterritoriality. Service is the most prominent feature of abstractness. Abstractness has very important consequences. The service is meant to be abstract, hand-held service, can not be seen, be heard, be represented by a unit of measurement, it exhibited means that can not be packaged and can not be moved.

- **Heterogeneity:** Heterogeneity is the state of being heterogeneous. It is the nature of opposition, or contrariety of qualities. It is diverse in kind or nature; composed of diverse parts, or resulting from differing causes. In general, a heterogeneous entity is composed of dissimilar parts, hence the constituents are of a different kind that can be distinguished from one another. The parts (or constituents) are connected, and of a conglomerate mass, and viewed in respect to the parts of which it is made up. Services will vary. In this respect it shows great difficulty standardized. Basic production method of service is carried out with human behavior. Therefore, the services provided by the same person can even produce different.

- **Indissolubility:** Indissolubility the concept, be physically connected to the service of the service provider, involving customer service not included in the production process and other customers of the services in the production process are indicated. Services can then be produced before such products. Services are then sold in advance, is generated and consumed at the same time. For example, a dinner eaten in a restaurant are produced and consumed simultaneously. Therefore, services, providing services can not

be separated from human or machine serving even though. Both services offer, as well as the customer is part of the service if the service supply that is one of the most important features of the customer interaction services marketing.

- **Instability:** Instability, lack of storage and later use of the unused capacity to service refers to allocate to be used later. Such as an airplane passenger seat vacant or unoccupied hotel rooms. Demand service when regular feature of instability problems while carrying out service businesses when the demands are fluctuating problems live. Service companies implement specific strategies to close the gap between supply and demand in this period. The demand for services is relatively variable and uncertain. This year only on demand, not according to the seasons and months to hours in a day, even change from day to day and even significant. In this case, a balance between the amount of the requested service and the services offered are not always in the hands of the business. The supply of services remained inadequate in the event of an increase in demand for some time, sometimes in the face of lack of demand over supply of services leads to economic losses.

- **Inability Owned:** Customers can not be the owner of the services they purchase. Area will have a customer for a product that belongs to all savings products and customers on the product right. However, the ownership of the service does not exceed the customer. Customers utilize of a certain length of service not having a service is related to the physical properties and durability lack of services. When a service is produced of ownership pass to the buyer the seller. Buyer has the right to just purchase the service process.

2.2.3 Quality Concept

The word quality is often used indiscriminately for many different meanings. Quality can be defined as “fitness for use,” “customer satisfaction,” “doing things right the first time,” or “zero defects.” These definitions are acceptable because quality can refer to degrees of excellence. Webster’s dictionary defines quality as “an inherent characteristic, property or attribute.” QReview will define quality as a characteristic of a product or process that can be measured. Quality control is the science of keeping these

characteristics or qualities within certain bounds. Quality; under defined conditions and within a defined period of time the ability to perform the desired functions. Quality of properties that determine the suitability of a product-in-use it is all. Quality of the characteristics of any product range of human societiesis the degree to meet the potential demand. Quality standards or specifications to which predetermined according to the facts of production. (WEB_7, 2015).

In a manufacturing or service environment, there are two major categories of quality: quality of design and quality of conformance. A poorly designed product will not function properly regardless of how well it meets its specifications. Conversely, a product that does not confirm to excellent design specifications will not properly perform its intended function. (WEB_8, 2013).

2.2.4 Properties of Quality

The condition of being of such and such a sort as distinguished from others; nature or character relatively considered, as of goods; character; sort; rank. special or temporary character; profession; occupation; assumed or asserted rank, part, or position. Proposes to develop a service quality model, based on test of a sample of business executives, which describes how the quality of services is perceived by customers. Looks at its marketing implications, in which functional quality is seen to be a very important dimension of a perceived service. Concludes that quality dimensions are interrelated and that the importance of image should be recognised. (WEB_6, 2011).

2.2.5 Kinds of Quality

Quality concept with the overall quality classification in different ways in different sources, depending on the production period, goods or services in the following way. (WEB_6, 2011).

- Planning Quality: Goods or services with a pre-production stage of determining the optimal design quality customer value is the stage of optimal evaluation of the most economical in terms of cost. To design quality are two important components of

performance and aesthetics. While the performance of the product characteristics, the aesthetic appeal of the product and the customer is the ability.

- Confirmity (Compliance) Quality: Eligibility quality, features quality by design refers to documents and ensure compliance with standards during production. Despite the quality of conformance also defined numerically, there is no quality in the design of these facilities.

- Utilaziton Quality: Use a quality post-production Work welds. At this stage the company and is the size of the product quality assurance. Some of the qualifications assessed within the scope of use of quality; power, objective and measurable details, reliability, durability, service görürlük, product or brand reputation and criteria such as availability of the desired quality standards are listed.

2.3 SERVICE QUALITY AND CUSTOMER SATISFACTION

In this stage, I would like to talk about service quality concept, dimensions of service quality, excepted and perceptions of service quality and customer satisfaction concept.

2.3.1 Service Quality Concept

Service quality is a comparison of expectations with performance. A business with high service quality will meet customer needs whilst remaining economically competitive. Improved service quality may increase economic competitiveness. This aim may be achieved by understanding and improving operational processes; identifying problems quickly and systematically; establishing valid and reliable service performance measures and measuring customer satisfaction and other performance outcomes. . (Gronroos, 1984).

2.3.2 Expected and Perceptions of Service Quality

Perceived quality is a subjective criterion, a product or service-related stimuli, the consumer has chosen to information received by the five senses is place the order and interpret. Consumer goods or service based on a variety of internal and external cues that relate to the subject assessment amounts. Therefore, the perceived quality, consumer satisfaction formed in mind, and depending on a notion. Perceived quality is not the actual quality of the product developed is a subjective evaluation of consumer products. The expected quality of service concept, the consumer will be submitted to represent the expectations of the current service period. Perceived service quality, consumer perceptions of their next purchase when you use or the expectations for the services they purchase comparisons can be defined as assessments that occur as a result. That will make an assessment of the consumer services. Buy expectations and service-oriented service before using or buying you or after use to reveal their perceptions and both after comparing meets the expectations of the quality of the services offered by the company. (Gronroos, 1984).

Service quality cases on a broad perspective of bringing a conceptual service quality model developed by Parasuraman, Zeithaml and Berry according to perceived service quality, customer during the presentation of the service with the expectations of the service is a result of the aspects of perception formed for the performance of the service. Comparing perceptions of service-oriented services with the expectations of customers, according to this approach, which is based on the expected service will be greater than if the perceived service quality perceived to be less than satisfactory. Expected service, in case the service would be equal to the detected while satisfying perceived quality. To be recognized as the ideal quality of the quality perceived by the customer; is smaller than the expected service and perceived service is needed. (Gronroos, 1984)

2.3.3 Dimensions of Service Quality

Service quality is handled in two dimensions, including objective and subjective criteria.

- **Objective Criteria:** When the data collected can be analyzed easily. Accordingly, the objective criteria are as follows: (WEB_7, 2015).

• The number of errors made (units)

• The proportion of errors made (percent)

• The number of customer complaints (number)

• The waiting time for the service to the customer (minutes-hours)

• Made in the delivery of service delay time (minutes to hours)

• Lost the number of customers (people)

• Idle time (minutes to hours)

• Number of Customer Service (people)

• Customer-product types (units).

- **Subjective Criteria:** Varying from person to person, are criteria that can not be expressed in numbers. They are more difficult to analyze than by objective criteria. The subjective criteria are: (WEB_9, 2014).

• **Reliability**: Both businesses, bringing the size of both the consistency and commitment instead of performance for the company employees.

• **Sensitivity**: Employees who are ready to offer assistance and willingness status.

• **Eligibility**: Employees who have sufficient knowledge and the skill level.

• **Accessibility**: The suitability of spatial location and service hours.

• **Courtesy**: Employee those situations to be polite and respectful.

• **Communication**: To inform customers and to listen to them in a language they can understand.

• **Credibility**: Formed in the minds of customers, to ensure compliance with the company's image.

• **Security**: The service offered to customers; physical removal of the condition of the middle of the situation that could create risk or could lead to hazards related to financial security.

Total quality approach, internal and external customers was neglect of quality, age and expectationsto ensure product quality and to meet the designed to improve the business and all which it is based in part on the establishment of an effective cooperation studies are whole. In total quality concept, a single chapter rather take responsibility for the quality, the quality of the business a shared responsibility by employees at various levels be converted is foreseen. Total quality In the framework of continuous improvement in the understanding of the desired quality redesign of products and processes to achieve the standard and it is said to be corrected. (Healy, 2001).

2.3.4 Customer Satisfaction Concept

The customer is the judge of quality. Understanding customer needs, both current and future and keeping pace with changing market require effective strategies for listening to and learning from customers, measuring their satisfaction relative to competitors and building relationships. Satisfaction and dissatisfactions information are important because understanding them leads to the right improvements that can create satisfied customers who reward the company with loyalty. Satisfaction can be expressed in many ways, like positive word-of-mouth, giving compliments to the service provider and brand loyalty to the service organization. Quite often it is assumed that satisfied consumers will be brand loyal. That needs not be the case, especially even now entrants have come to the satisfied customers will show a higher repurchase rate than dissatisfactions of customers is an important one. Customer satisfaction leads to repeat purchases and repeat purchases lead to loyal customers. In turn, customer’s loyalty leads to enhanced brand equity and higher profits. (Evans, 2007).

On the other hand the only measure of acceptable quality is customers satisfaction, which takes into account both objective and subjective interpretations of the needs and expectations of customers. If the customers are satisfied with the products and services offered, the organization has not only correctly interpreted customer needs and expectations but it is also providing products and services of acceptable quality. (Evans, 2007).

2.4 CUSTOMER RELATIONSHIP MANAGEMENT

Customer Relationship Management part contains, its meaning, properties, benefits, infrastructure and phases.

2.4.1 Customer Relationship Management Concept

CRM means "Customer Relationship Management", i.e. the concept of a planned and structured means of managing the relations with your customers. A CRM tool allows a business to manage customer relationships in a structured and organized way using software that is normally hosted in-house or on demand, in the cloud. (Kumar, 2010).

CRM customers are saying about the company and the customer they know based on customer response is exactly that individual, relational it can be regarded as an embodiment of the marketing. Before identification CRM, marketing applications constitute priority located among the most important developments in recent years the relationship marketing. It is useful to explain the concept relationship marketing, nor to that company and individual customers in order to determine what employees need to know about the customer, changing behavior is the idea enthusiastically and applications.(Peppers, 1999).

Application of a well thought out CRM implementation strategy combined with implementation of the right CRM tool for your business, helps give insight into your sales and marketing and customer support processes and improve team efficiency.

In addition, companies that implement a CRM often see substantial improvements in business processes, Sales team collaboration as well as business profit. (Kumar, 2010).

2.4.2 Purpose of Customer Relationship Management Concept

The purpose of customer relationship management (CRM) cannot be dwindled down to just one answer, because there are several reasons why a business would want to implement a CRM system. That said, perhaps the most obvious purpose of customer relationship management is to help a business keep customers. Along with that, it helps the business understand what it needs to do to get more customers. Another main purpose of customer relationship management is to reduce costs by managing costly complaints and finding out what services are useless for customers. This also can help a company figure out if its product is working and, ultimately, increases profit. When it comes to using a CRM system, the prime reason is to log and manage customer relationships. These systems allow administrators to list new customers and include services that each customer should receive, as well as opportunities to make the customer spend more money. This also ensures that employees are doing all they can to make the customer happy within the policies of the company. By managing the relationship, the company is able to keep the customer loyal to the company's brand. (Newth, 2015).

CRM is the marketing strategy. Describes the strategy to be different from those required for competitors methods should be applied on the whole to be understood. The purposes of CRM are: (Kırım, 2001).

It is possible to be listed as follows;

• Make profitable customer relationships

• Differentiation provide

• To ensure cost minimization

• That the efficiency to improve the Operating

• Ensure compatible activities

• Meet customer demand

2.4.3 Benefits of Customer Relationship Management

Customer relationship management (CRM) refers to all interactions between a business and its customers. CRM systems help you manage your business and relationships, and provide a number of important benefits to both small and large companies including increasing_revenue and decreasing costs. If your company is thinking of investing in a CRM system for the first time or migrating to a better CRM system there are many options available. (WEB_10, 2014).

Made on the implementation of the CRM project business, in research, significant revenue increases observed at significantly the cost reductions realized. (Çoroğlu, 2003).

The benefits to businesses of CRM are as follows:

- CRM, customers will be able to get the value of a lifetime, It ensures maximized.

- Create the sales process and provides the opportunity to develop.

- Eliminates the inefficiencies of the sales process.

- Provides cross-selling to existing and potential customers the opportunity.

- Minimizing the loss of customers and customer loyalty to be increased.

- Marketing saving the budget.

- Provides the collection of information about the customer.

• Ensures standardization and automation of processes Affairs.

• The efficiency increases Operating.

• Promotional campaigns for specific target audiences and made the it provides.

CRM systems give businesses the ability to personalize and customize relationships with their customers regardless of which employee deals directly with them at any given time. CRM systems maintain a repository of customer profiles, giving employees the ability to treat each client individually. As a result, each employee is better informed about each customer's specific needs. CRM helps the organization easily and quickly modify its level of service in order to match each customer's profile. This improved customer service leads to increased customer loyalty and correspondingly decreases customer dissatisfaction. CRM systems also help the company receive feedback from customers regarding products they have purchased. (WEB_10, 2014).

2.4.4 Infrastructure of Customer Relationship Management

Customer Relationship Management, a company owned by the people, processes and technology to integrate customer resources, regulate their relations with suppliers and other business partners. To be customer-oriented business, people, process and technology, the right mix of consolidation and integration are needed. Crm to which rate will take place in these three elements in the composition set out in the right way is very important and difficult one so much. There is a separate component and the depth of each element of the integration capability is a key to success in the CRM project. The secret lies in the failure of CRM projects in the distribution of these factors. (WEB_16, 2012).

One of the important criteria that will affect the success of CRM. CRM application that created the human being, how to disperse the process and technology. Weighted approach to technology emerged in the United States, although there are differences between countries in this regard, has been found to be a higher priority than the process

technology in studies in Europe. In Turkey in 2001 by the Institute CRM survey of 400 senior executives participate in technology has emerged mainly from the process. In this research managers, even if they gave priority to technology, while a reduction in the severity of the technology in 2001, an increase was observed in the process. That manager said that observed in a proper belt to the European trend of American trends. (WEB_11, 2014).

- **Human:** Important role in the composition with CRM is the human factor. Customer Relationship Management company will enter into a serious change in the business culture of the journey and plays the decisive role in the success of this exchange program. Human, because it shows more sensitivity and resistance to change is important because it makes the most difficult and the main business of the composition. As cultural and organizational change can be divided into two categories. The cultural dimension of the individual is required to understand the way of doing business and to adopt new ideas. No change is not an easy process for the employees. Mankind, already some resistance indicates that a change in business culture can not keep within the innovative team work is really hard. One of the biggest reasons for the failure of the CRM project, the implementing agencies is to take into account the effect of the human factor in this change process. Before starting the project, structuring effect should be explained to everyone, all parts of the project to be included in the process and benefits of the project are defined, all staff should be provided. (Korkmaz, 2010).

- **Process:** Process, successive or to follow is to establish the steps which means the flow of business. Otamasyo of CRM business processes is not suitable if the process is the most sensitive and dangerous part of the composition to be accelerated in the wrong direction. Customer Relations can be started with the following three stages of the review process in Management: (Korkmaz, 2010).

• **First, ask the customer**: they live in the most difficulty learning process which is important to understand the improvement suggestions. Stated by the customer to be considered here is the improvement of the processes they are having difficulties. At the request of a customer to applications that need to analyze the proposals may be undesirable for other applications.

• **Employee ask:** Processes are working together with customers, especially in the operational sections of living itself. The most useful tips on the point in issue which can be experienced from them. Also driven forward by the new recommendations and approaches, working on the solutions.

• **Working groups or teams to create:** by collecting a catalog business processes and identified them; simple (single unit interests / containing) compounds (multiple units of interest / contains) and complex (the change process certainly requires senior management approval) it is also possible to classify it as a process.

- **Technology:** One of the most important elements of CRM technology, to detailed analysis of customer behavior and is an important tool in determining customer needs. Customer Relationship Management software that only the biggest misconceptions about the concept of CRM, is perceived as a technology element, but the best CRM software in a company that is not a unique CRM philosophy will remain even inadequate. Apart from these, is an indispensable part of the technology component of CRM culture and of course the proper use of telecommunications and information technology is vital to a successful CRM project. Technology purchased these applications, and is supported by changes in the company's processes and understanding will be able to fold the expected value of the company. Technology choosing, developing and using these two principles should be considered:

- The challenge to manage the technology with perfect coordination between the units should be provided.

- CRM never written a company or project or unit "purpose" should not become, to arrive at their designated target is a "tool" should be remembered that.

Due to the increasing opportunities that can provide the greatest contribution to the CRM technology element of the project is the most amazing composition can provide to deliver positive results in case of unexpected amenities. Also known for being the most visible part of the application, and always offers alternatives to expanding suggestions. Of information technology in the development of customer relationship it is important to use a key. The information allows for one to one relationship. Many companies

benefit from the information technology today. CRM available in the implementation of relational marketing strategy the aim is for the proper use of information technology. CRM technology is a tool for understanding the implementation of this strategy. (Balcı, 2000).

2.5 PHASES OF CUSTOMER RELATIONSHIP MANAGEMENT

As mentioned earlier, CRM, "customer centricity" means. So what starts it will produce, how lasting relationships with customers is based on how customers and announced that as a starting point in the process, so be developed. Here is the process that takes this base is composed of four stages CRM. These steps; (Çoroğlu, 2003).

• **Customer Selection,**

• **Customer Acquisition,**

• **Customer Protection,**

• **Deepen Customer form.**

- Customer Selection (Chosen): The main goal of customer choice stage ‘who most profitable customers?’ is not the answer to the question. In this context, the following activities are scheduled:

• Identifying the target audience

• Segmentation

• Positioning

• Campaign plans

• Brand and customer planning

• New product launches

The first step of a customer management based on loyalty, finding the right customers and to give to the company. These customers, the company's cash flow from investment last year on a constant height and the people who provide a profitable recycling. Loyalty can be won and must be held. The most profitable customers should be identified.

Accordingly;

• Some customers are loyal to themselves and always prefer long-term relationships change.

• Some customers are more profitable than others. More money is spent, it pays the bills smoother and less service to become satisfied.

• Some customers are more appreciated than those of the competitors for the products of that company. No company can not turn to anyone, everyone can not be satisfied at the same rate. The strength of the company is also associated with better adaptation to these customers' needs and options. To classify customers according to demographics and a better strategy is to lean on the faithful than this class. What is important in the CRM project as it is not very customer acquisition, loyalty gained is that what the high potential customers. (Korkmaz, 2010).

- **Customer Acquisition:** Customer acquisition management is the set of methodologies and systems to manage customer prospects and inquiries generated by a variety of marketing techniques. Various marketing techniques that are believed to be effective at Customer Acquisition include customer referrals, customer loyalty programs, and participating in charitable events. Customer Acquisition Management can be considered the connectivity between advertising and customer relationship management. This critical connectivity facilitates the acquisition of targeted customers in an effective fashion. Customer acquisition management has many similarities to lead management. Sometimes missing from lead management definitions, but always included in customer acquisition management, is a closed-loop reporting system. Such a reporting system typically allows the organization to quantify the effectiveness of results of various promotional activities. This allows organizations to realize continuous

improvements in both promotional activities and customer acquisition systems. (Çoroğlu, 2003).

Customer acquisition management also often includes the original response to a prospect immediately after their inquiry. This response could come in many forms – a personalized fulfillment letter and brochure, an e-mail response or a telephone call. In each case the initial response is targeted to further the interest of the prospect and simplify the initial sales call for the sales channel. Like lead management, customer acquisition management creates an orderly architecture for managing large volumes of customer inquiries, or leads. The architecture must be able to organize numerous leads, at various stages of a sales process, across a distributedsales force. In order to understand this process, it is helpful to examine a simplified linear lead flow process, such as the following: (Korkmaz, 2010).

- Advertising and CRM
- Customer inquiry or response
- Inquiry captured
- Inquiry filtered
- Lead graded and prioritized
- Lead distribution
- Sales contact
- Lead nurturing or retention
- Sales result
- Analysis of promotion's effectiveness

The lead flow process can become enormously complex as customers and sales professionals begin to interact. These various interactions and subsequent actions can create a variety of scenarios, both productive and counterproductive. For example, if potential customers do not have their needs fully developed by a competent sales professional, or a sales professional is overly forceful, this can lead to lost sales and counterproductive results. Another common counterproductive scenario is when a potential customer is asked the same question by multiple company representatives. This exponential number of scenarios can provide for numerous opportunities to

mishandle leads in such a way as to reduce their value. Managing these scenarios is the function of lead management. By creating methods and processes to track key acquisition metrics, organizations can get a more accurate picture of what traffic and new customers result from each channel. (Korkmaz, 2010).

- **Customer Protection:** Consumer protection is a group of laws and organizations designed to ensure the rights of consumers as well as fair trade, competition and accurate information in the marketplace. The laws are designed to prevent businesses that engage in fraud or specified unfair practices from gaining an advantage over competitors. They may also provide additional protection for those most vulnerable in society. Consumer protection laws are a form of government regulation, which aim to protect the rights of consumers. For example, a government may require businesses to disclose detailed information about products particularly in areas where safety or public health is an issue, such as food. Consumer protection is linked to the idea of consumer rights and to the formation of consumer organizations, which help consumers make better choices in the marketplace and get help with consumer complaints. Other organizations that promote consumer protection include government organizations and self-regulating business organizations such as consumer protection agencies and organizations, the Federal Trade Commission, ombudsmen, Better Business Bureaus, etc. Customer satisfaction and loyalty must be ensured. If so what relations will be improved customer loyalty is to that extent with customers. (Çoroğlu, 2003).

A consumer is defined as someone who acquires goods or services for direct use or ownership rather than for resale or use in production and manufacturing. Consumer interests can also be protected by promoting competition in the markets which directly and indirectly serve consumers, consistent with economic efficiency, but this topic is treated in competition law .Consumer protection can also be asserted via non-government organizations and individuals as consumer activism. (Korkmaz, 2010).

- **Customer Deepen:** Customer deepen or in other words to ensure customer loyalty, long-term protection of an acquired customer loyalty and profitability, and includes steps to boost the share of customer spending. The purpose of business is to deepen and new customers and mutual benefits from the continuity of the relationship established

between the customer. The main issues to be considered here is to sustain profitable customers. This process;

• Customer needs analysis,

• Includes cross-selling campaigns.

Businesses can offer personalized products and services by identifying customers' needs. In particular, this method is applied by airlines and hotels.

Cross-sell other products and services related to customers in the shopping phase is based on the premise. For Example; When you select a book at Amazon.com, amazon.co site you choose what you like or other customers have received this book offers a list of al the book. Another cross-selling example, a bank's home loan customers to the area, observing the family information may propose to open savings accounts for children. Enterprises have to think multi-dimensional and running. Customer loyalty profitability should protect and raise the share of customer spending. (Çoroğlu, 2003).

To increase customer spend and the amount of the target existing cross-selling. So, instead of increasing the number of customers coming to the company, the customer is trying to increase the current expenditure. Products presented herein are prone to the customer receives the product or receiving complementary products. Cross-selling is founded on the relationship that exists between business and customers. Customers with cross-selling strategy is seen as a new presentation of the goods, so it is more willing to buy. (Korkmaz, 2010).

- **Customer Loyalty:** There are many definitions of customer loyalty. Yet each of them fails to realize that loyalty runs hand-in-hand with emotions. Customer loyalty is the result of consistently positive emotional experience, physical attribute-based satisfaction and perceived value of an experience, which includes the product or services. Consider who you yourself are loyal to. Surely you'll answer family and friends. Why? Because of the emotional bond you have with them. Your family and friends can do things you may not like, but you stay loyal because of that bond. The same applies with customer loyalty. To prompt customer loyalty you must build an emotional bond with your customers. (Korkmaz, 2010).

To build customer loyalty, customer experience management blends the physical, emotional and value elements of an experience into one cohesive experience. Retaining customers is less expensive than acquiring new ones, and customer experience management is the most cost-effective way to drive customer satisfaction, customer retention and customer loyalty. Not only do loyal customers ensure sales, but they are also more likely to purchase ancillary, high-margin supplemental products and services. Loyal customers reduce costs associated with consumer education and marketing, especially when they become Net Promoters for your organization.

Given the highly discommoded competitive landscape today, customer experience programs are the most effective way to differentiate your organization from the competition. Such differentiation effectively drives customer loyalty when customers are engaged on an emotional, intellectual, or even spiritual level, and when a customer cherishes a product or service before, during and after its use. In terms of customer loyalty, customer experience management proves itself as a sustainable competitive advantage. (Korkmaz, 2010).

- **Customer Loyalty Model:** Customer Relationship Management in terms of competition as well as the acquisition of new customers in terms of competition, it is also the goal of helping to preserve existing customers. For this reason, a company's existing customers why they remain loyal to this institution, which plays the most important role for the loyalty factor needs to know. There are four key factors affecting customer loyalty. This element of the weight of the target market of each company varies according to the job site and the products and services offered. Factors affecting customer loyalty; trust, indispensability, neglected and reward. (Çoroğlu, 2003).

• **Confidence**: Confidence that the customer has heard of the company until today is extremely important in the past. Lately confidence factor of the product quality, to answer the needs of the product, support, consistency, continues its importance taking into concepts such as honesty. One of the most important issues in customer relations is the creation of dignity which depends on the confidence of customers to be satisfied and businesses. Another important issue to be considered in the trust element is privacy. Businesses to be reliable institution must give importance to this issue. Customers rely

on the company if it is easier to give to the personal information. Thus, according to the personal characteristics of products and services can be developed known customers. (Korkmaz, 2010).

• **Indispensability:** Customer Relationship Management process is one of the factors that will most benefit when properly applied and can be done most work on. Do not give the cost of customers in many industries, the number of offered products and using different service channels are directly proportional. For example, a bank repo rate at the moment the customer who deposited the money because it was too high, the next day the money as soon as it finds a higher interest rate in another bank may direct competitor banks. But at the same bank and credit card, and investment account, a customer uses both automatic payment services at that time compared to just the customer who deposited the money in the bank because it is higher than the repo rate are likely to leave the bank is much lower. (Çoroğlu, 2003).

• **Neglected**: Customer Relations Management In terms of advantages to benefit from the knowledge is very important. Customer behavior by making meaningful information, which obtained terms via a robust and long-term customer relationships can be achieved. (Çoroğlu, 2003).

• **Reward**: This concept supports the indispensability factor also be used in order to measure the loyalty and commitment of existing customers. Some customers are the most important elements that remain faithful. They earn discounts in exchange for purchases they make their supermarket customers, cash acquisition, discounts earned pursuant to the hotel the previous accommodation and free accommodation, gifts given by the use of credit card banks as examples. (Korkmaz, 2010).

- **Customer Satisfaction:** The degree of satisfaction provided by the goods or services of a company as measured by the number of repeat customers. Customer satisfaction is a term frequently used in marketing. It is a measure of how products and services supplied by a company meet or surpass customer expectation. Customer satisfaction is defined as the number of customers, or percentage of total customers, whose reported experience with a firm, its products, or its services (ratings) exceeds specified satisfaction goals. In a survey of nearly 200 senior marketing

managers, 71 percent responded that they found a customer satisfaction metric very useful in managing and monitoring their businesses. (Korkmaz, 2010)

In researching satisfaction, firms generally ask customers whether their product or service has met or exceeded expectations. Thus, expectations are a key factor behind satisfaction. When customers have high expectations and the reality falls short, they will be disappointed and will likely rate their experience as less than satisfying. For this reason, a luxury resort, for example, might receive a lower satisfaction rating than a budget motel—even though its facilities and service would be deemed superior in 'absolute' terms. The importance of customer satisfaction diminishes when a firm has increased bargaining power. For example, cell phone plan providers, such as AT&T and Verizon, participate in an industry that is an oligopoly, where only a few suppliers of a certain product or service exist. As such, many cell phone plan contracts have a lot of fine print with provisions that they would never get away if there were, say, 100 cell phone plan providers, because customer satisfaction would be far too low, and customers would easily have the option of leaving for a better contract offer. (Korkmaz, 2010).

2.6 IMPLEMENTATIONS OF CUSTOMER RELATIONSHIP MANAGEMENT

In this part, we are going to see, customer relationship management implementation steps, customer satisfaction measurement and success factors for customer relationship management.

2.6.1 Customer Relationship Management Implementation Steps

To create customer satisfaction and to be able to identify profitable customers; Customer Relationship Management approach that implements the company in a customer feedback form they and the customer will give the following message: "I

know you, you tell me what you want I'll do it for you and next time I'll remember that." Named for studying this process consists of four steps: (Odabaşı, 2000).

• **Description**: Customer order to identify all contact points.

• **Differentiation**: differentiate according to the values for the individual needs of clients and companies.

• **Interaction**: interact with customers and create a two-way dialogue.

• **Personalize**: the products and services based on the information received from customers to make tailor some aspects.

- **Customer Description:** To identify the customer is usually performed by demographics. Age, gender, occupation, income, in addition to variables such as customer's lifestyle, habits, preferences, expectations are trying to learn as a priority and detailed. What the business of the customer to know that love her, how to learn what they want to change it, to determine what they need to what them to reveal the urge to push to make purchases and to provide them a loyal customer passes from identifying the customer. Customer Relationship Management approach is an approach founded on the principle of treating different customers differently. If business customers, the current provided to the business and if you behave differently according to the potential value, in this case the company brings in a location that differentiate the customer. To behave differently to different customers, you first need to identify these customers. Therefore, enterprises can be allocated to the extent profitable and unprofitable customers will be able to provide customers with narrative marketing services they expect. For this operation, as the user identification information may be a user identification system. This system is a client, which separates it from other customers, the business that allows you to monitor the relationship over time with the customer or customers with one-on-one contact to move into the business while creating the stage of information to help should call answer the following questions: (Odabaşı, 2000).

• How many customers are known personally in the institution?

• Is there a database containing all customers in?

• This database is how much current?

• What detailed information about the customer in the database?

• Each business unit in the business is keeping me in their own separate database?

• Is there another source to obtain the client credentials?

• Are there easy ways to increase customer information to be obtained?

Customer information is an important issue as the compiled this collection of information is to be made functional. At this point, a three-phase operation should be performed:

• Preparation of the inventory of available customers: business, review the information that is available to all customers in the hands of identity and electronic media should be spent and should take an inventory.

• Evaluation of the information in the database rays: the record in the file is information that is electronically stored in electronic form must be identified and compiled them into a common database created to be added.

• Create strategies to gather more information to be found cheaper ways to get more information. The exchange information edilebileceig of one of these ways can build relationships with non-competing companies. This database can be used in partnership with the company. Or surveys, customer visits, websites, in ways such as free telephone lines can be obtained customer information.

- **Customer Differentiation:** Customer Relationship Management in the second stage of the process, "what you want the company of different clients and customers understand the value of" being investigated. To subject the order of the customer to be done at this stage based on value to the company and to differentiate from each other according to the expectations of their institutions. Customer Relationship Management is the most important stage in the application process is to create differentiated stages of the customer. Discrimination affecting both consumer preferences and competitive advantage it forms the basis of providing. It is known that in today's markets, products, services brand promise and is the subject of abundance. In this case the consumer no need it shows that a large number of alternatives to satisfy faced. This means cutthroat competition. Competition in the market is more alive the way to stay or continue the

life, difficult to copy a difference catch and avoid direct competition. Companies in the market faster, they can differentiate by offering new and cheaper products and services. New products in advance there are no means to develop a product. Likewise cheap product, or differences in services are creative strategy. Note, however, when used alone meaning not stated. Besides the lower price must be perceived as value. Value if the product can not be successfully detected. Customers differ in two ways for business. (WEB_12, 2015).

• First, the values that have moved to the business of each customer is different.

• Second, the expectations arising from the operation of each client are different.

Therefore, the differentiation process of the customer must be developed as follows:

• Customers, to classify them according to the value they deliver to the business,

• To differentiate according to customer needs.

- **Differentiated According to Customer Value:** Customer will provide value to the business should be considered in two categories. First, the real value provided by the customer so that the customer will provide profit and net present value of future profits provide today. Secondly strategic value is provided strategic value to the customer's business or growth potential. For example; a check on a customer's bank account has a well-term. The present value of profits to be earned by the account of the Bank's customer is the customer's actual value. If this customer by applying a special marketing strategy mortgage or vehicle loan is sold to the customer's strategy emerges value. The total value of the actual value of the strategy gives the customer share. In other words, the total amount of money that can be called the customer share of the customer's pocket. Another objective of a business must be to increase customer lifetime value. While operating with customers maximize the value of customer's shopping time can be taken from the budget should aim to maximize. (Odabaşı, 2000).

Customer value in determining if the thought that our limited resources to serve the customer, to provide this service to give priority to customers or to develop more specific applications should be our goal. After all the customers and strategic value of

the actual calculation is to categorize them according to the value needs to be done. The results can be categorized according to customers' value consists of the following categories: (Odabaşı, 2000).

• **Most Valuable Customer:** These are customers with the highest lifetime value. They should also retain in strategic goals of business to increase customer share. One of the most important goals of Customer Relationship Management is to increase loyalty. The most valuable customer loyalty to the company to the extent that increased profitability can be increased.

• **Most Growing Customers:** Life time values are more customers with lower growth potential, but the customers in the previous group. These customers can be much more valuable than today. The important thing is to increase the amount of magnification that customers leave with shopping and operating profit.

• **Under Zero Customers:** Zero to six customers, no customers are unprofitable. Where work needs to be done to make them or valuable customers, or to ensure the shift to competitors.

- **Differentiation According to Customer Needs:** Customers are required to pay attention to the need to classify the two groups according to their needs. First, the group needs; a customer's needs and the needs of the customer's requirements conflict with another group are generally needs. In the analysis, it is important first to identify more general needs. The second group needs are individual needs. For example, the florist's customers know his wife's birthday, and is it more and try to make a special sale. One day just for that specific customer. Therefore, customer marketing be done exactly that. After differentiated according to the values and needs of customers, determined separately for these strategies should be implemented. (WEB_12, 2015).

- **Interaction With Customers:** Customer Relationship Management is the third of the interaction of the application steps. Describes the interaction to be desired, sales and customer visits, marketing activities, phone, website, call centers, to provide communication through channels such as direct marketing. The purpose of this

interaction is not to provide the feeling that the deal with the customer himself. Interaction needs to be done is two-way dialogue. Through this dialogue can be a lot of information about their customers. This information can be uncovered through new products can not even think of competitors won a major force in the competition. (Odabaşı, 2000).

During the interaction process, the information obtained about customers, competitors to the extent that customers return to a process of learning about the difference appears. Customer Relationships to create a relationship that is important in the learning process management. Lies at the center of bilateral relations with customers for the learner. Through dialogue can be included in the process of customers. When combined with information provided by the customer of the organization's ability responsive products to new needs arise. (WEB_12, 2015).

The main objective in interaction with customers:

• To maintain the continuity of the lifetime of the relationship,

• To increase the number and the effectiveness of interactions across Relations,

• Every interaction should be to increase the value obtained by converting it to a shop.

Interaction with customers is necessary to pay attention to a point when installing. Today, customers are subjected to bombardment information from multiple channels by businesses. For Example; brochures, posters, e-mails, such as SMS. Therefore, a good purpose should be determined during the interaction. If the goal is to develop a relationship,

• This interaction should not disturb the customers,

• Finally, customers should win something,

• Should change the behavior of the customer's business as a result of this interaction.

Call centers, customer visits, web pages, phone calls, a lot of interaction with the processes established customer service as customer complaints. To be literal use in a system of institutions should learn all of the customers that way. This is only possible dialogue with a very different corporate culture with a corporate culture that values more than anything else.

- **Personalize (Customize) The Products and Services:** Use customers learned about the fourth phase of the CRM implementation process and how to treat each customer on the need to make use of customer information. This stage is concerned with more CRM customers deepening phase. So as to further improve the presentation of each customer and is the only in the framework of the needs of these customers. For Example; special products for customers no longer recognized at this stage can be made private services and applications. Thus, business products, services, passing the customer's request and change according to the needs of a customer-oriented structure, the company's commitment to customers and the number of products they have purchased increases. CRM is a cumulative process. On the basis of customer learning, to differentiate it on and eventually to develop unique presentations of each customer and based on the change in behavior, extending the main purpose of the customer loyalty life with the aim of making maximum customer share and a strategy. First identified the most valuable customers and clients can be the magic, then each of them according to their value, differentiated customer must determine what the priorities should be set and what can be done for them. Then, according to these clients with behavioral models should be determined which can be made of the product and service delivery. (Odabaşı, 2000).

2.6.2 Critical Success Factor in Customer Relationship Management

A CRM application that businesses need to develop their relationship with the customer to be successful. It is important for the following four factors: (Odabaşı, 2000).

• To meet changing customer needs quickly

• More efficient and effective marketing

• Making products and services more cheaply realization

• Business of creating its own style.

Can the company that adopts shall succeed by focusing on customer needs. At this point of time management, sales management must occur to a variety of functions. All people in the CRM process with each of these functions to work as an integrated, process and technology subjects must be fully realized.

For Effective CRM success; (Üstel, 1996).

- Customers know very well
- Closely watch consumer trends
- Product design also listen to the customer
- Customer demand for the "best" way to meet
- Proposal to place the customer pool (+ "open innovation")
- Proactive customer to complain, empathetic and nimble to react.

CRM projects conducted or CRM critical success factors in successful CRM model for organizations that plan to start the project are as follows: (WEB_13, 2013).

• Increased productivity for all information should be collected in one place.

• Sales, marketing and cost reduction must in overall costs.

• CRM should improve staff satisfaction and it should increase the number of people who want to enter the company.

• Owner should ensure better customer information.

• A pilot must be done before the system. Halting points should be identified during the pilot implementation.

• Staff motivation must be provided.

• The system can be managed according to the facts and circumstances are very important.

• The Company's senior management person also needs to keep you connected to the system and to report the contribution of CRM for it and it is necessary to provide the management.

Businesses that want to achieve success in customer relationship management should not ignore the following four basic approaches:

• More customers more products instead of a customer must be presented.

• Instead of a time to be developed long-term relationships and learning.

• Customer Relationship Management is to change and therefore must be well managed.

• Should never be forgotten that there are a strategic business activity of the firm.

Customer Relationship success rate of the numerous advantages to offer and although it helps to keep valuable customers CRM project management business is not high. The reason for this is due to differences in the perspectives of business while. First, it is not enough to have a CRM vision for success. Implementation of basic IT and CRM initiatives have failed due to focus on only the business of management principles ignored and CRM initiatives fail. Some of the most common problems in the CRM application has attempted to rank as follows:

• Open and description of the problem with the lack of clear business objectives,

• Active sponsorship (managing director) deficiency,

• Job's trade-oriented IT-focused considered instead of acceptance,

• Determination of the wide project scope as to be realistic,

• Lack of CRM into business-oriented perspective of: Often perceived as ignoring the expected benefits of CRM into a technology focus from CRM cause to be.

• CRM into be considered as a system,

• The lack of readiness in terms of organization for the enterprise CRM: FAor the success of the business must be certain maturity level, otherwise it becomes more difficult than I expected benefits to be seen.

• It is difficult to change the organizational and policy changes: CRM should convert a long to cover all parts of the business.

• The expected be too scarce or any of CRM support customers,

• Lack of support from senior management,

• An active project and resource management,

• Financial lack of resources,

• Lack of Control,

• Lack and poor quality of the data available.

2.6.3 Customer Satisfaction Measurement

Make the measurements for customer satisfaction, it is important in terms of consumer protection and loyalty. Customer satisfaction measurement, enterprises are able to realize the necessary arrangements to customers in anticipation of the loss of customers tend to shift to another brand. At the same time, the company provides a competitive advantage by seeing their strengths and weaknesses against competitors. Measurement of customer satisfaction in the services sector is extremely difficult due to lack of quality criteria are usually obvious. Measuring customer satisfaction is incredibly important for both product development as well as improving your company's support. (WEB_14, 2013).

In the manufacturing sector is way more financial and cost measurement. While the direction of how to better development of process management activities, or customer requests is not no connection with the customer's perceived value. Measuring satisfaction in customer relations, five measurement technique is used. This information is used to obtain the measurement technique analyzes are performed. Five measurement techniques will be examined here. (Odabaşı, 2000).

- **Focus Group Interviews:** Focus group discussion in 4 stages which are formed; (Güzel, 2006).

• The researcher creates conceptual and theoretical framework relevant to investigate and make a plan accordingly.

• At this stage, sought answers to the following questions.

- Who will be interviewed?

- Why is it that the people selected?

- The selected person should have the common characteristics of what and why?

- Which it should be heading in the conversation?

- What questions should be asked in what order and why?

• When the focus group discussions, location, observers take notes during a call is determined. At the designated place and time in the focus group discussion started.

• After the interview; Analysis of short notes and audio recordings held by the observer (if used) social media properties in which the group is made without consideration. Then reporting to work on some interesting sentences about the subject of the participants.

- Characteristics of Focus Group Interviews

• Focus Group Interviews are related with the people. Although usually composed of groups of 6-12 people, the basic approach, each individual's ideas, views the opportunity to put out small enough to easily find out easily, be large enough to reveal the different ideas. Customer relations constitute one of the types of research conducted focus group interviews with the management. Especially important is the method used to obtain the non-numeric information in customer relations. Focus (focus) group discussions, a person expert (moderator) under the chairmanship are unofficial meeting to discuss the focus of the respondents defined problem.

• Participants will be taken to be as homogeneous and to recognize each other in a. Ideally never recognize each other participants are not hitherto believed should have an idea about each other. People who are in relationships or social life because it is constantly at work in the focus group discussions based on responses may indicate previous experience, and this can be a problem for discussion. Or can not reach the people there do not discuss the purpose and focus groups that they want to hide from each other again.

• Focus group interviews is a data collection process. Focus group interviews produces data in the area of interest to researchers. Focus groups as a source of information about the determinants of behavior is helpful in finding answers to the following two questions: how people behave and why they act this way? The purpose of the focus groups, perceptions, feelings, and consumer goods, services, or to get an idea of how to think and evaluate the opportunities against, is to make determinations.

• Makes qualitative data are used. Focus group interviews of the participants ideas helps us to understand the inner face of the perceptions and attitudes. Participants in the meeting, just as in real life, they influence each other.

• Focus groups have been focused discussions. Discussion of the headings and subheadings are developed temellendirilerek situation analysis shaft is pre-prepared and carefully sorted.

• Features of the consultant to do the work. The consultant will do the work must have certain features. The success of negotiations to reach a targeted, with that of the consultant how these features are directly related. These features are ranked in the following items.

• Encourage discussion by asking open-ended questions; thoughts of the people, enables them to give detailed information about the observations and experiences.

• The verifier to uncover behind the Sung ask questions and get in-depth information.

• Investigate whether any expression of what it means

• You avoid misunderstandings by repeating spoken.

• Draws attention to the relationship between the different expressions.

• Pays attention to each participant to take part in the discussion.

• Does not allow a participant to dominate the conversation.

• Avoidant participants are not ignored.

• Participants do not criticize any angle.

• Makes no assumptions about the meaning of any expression.

• Personal opinions are not reported.

• Do not allow the dissolution of the subject.

Group manager to speech is also important that converts rapporteur report. Data analysis will depend on the nature of the notes kept during the session and smoothness. Minutes to provide a form of ease of preparation prior to the session. Positive and negative statements during the session is written all in detail in separate columns. Preparations must be made prior to the session. Wide and narrow range of issues should

be separated according to the purpose of the study, should be numbered in order of importance and should be determined so that the session agenda. Session beginning, work manager introduces the subject, take the first life examples of questions from the participants and open in its systematic interpretation. (WEB_15, 2015).

Per session, without repeating thoughts and feelings on the subject so as to put forward should be recovered from two to three hours. During this period, 3-4 overall, 2-3 is also divided into time to examine the question. Questions should be determined before the session and if possible should be pre-tested. During the session, which began with general questions should gradually shift to more detailed questions. During the session, which began with general questions gradually move to more detailed questions. When the session's end, which summarized the main themes were discussed. Misunderstandings are avoided and the last words are taken. Subjective data from focus groups are valuable. The data contained in the minutes passed through content analysis. Reconciliation between the participants, partners, structure, themes and areas under these themes are made and reported the synthesis of detailed examples. Focus group study provides information not reflected in the diversity and richness of qualitative studies. Needs, values, perceptions, to add depth to the data revealing attitudes, misunderstandings and avoid generalizations. Facilitate the identification of roles and responsibilities. This method tends to create a broad consensus, because each member of the group told him to think about the other members are. (Blythe, 2002).

Focus Group Discussions, the 8-10 and or 12 people from a group consisting of, in the framework of predetermined research topic, preformed but flexible to be directed to the question of groups and members of the group which aims to put forward opinions and discuss the issues with each other. We can assess the views put forward as a research technique in which to reach a conclusion as assessed by the investigator. Focus Group Interviews in the natural environment, in a short time, is a research technique that enables us to reach many data cheap and healthy way. To reach the objective of this technical research, largely trained investigators about the technique depends on the execution side of the can say. (Güzel, 2006).

- **Advisory Panels:** Another research method used in the measurement of customer relationships is referred to as the advisory panel. Advisory panel, is an important tool

for transferring the business attitudes and ideas about customer relations. Panel in a certain time interval is a group of people who have agreed to provide information to the customer researchers. For advisory panels that can represent large groups of customers persons to be selected is selected from the lower part of the customer group. For example, after determining the user group of a retailer chains, these customer groups can represent different groups having the characteristics forming the contact layer and selected for the panel. For example, the retailer shoppers elderly customers, which is considered as the A1 group with the highest social class of customers, and the customers have benefited from the views of people from different ethnic backgrounds to choose from. (Odabaşı, 2000).

Although the initial cost of the panels forming is more suitable in terms of cost in the period after the application creation process. Advisory panel may be continuous or discontinuous. In regular panel members identified a number of issues when reporting on a regular basis, and in irregular panel application in less frequent and occurs in an irregular manner. Customers' media viewing habits and opinions of the panels to the buying behavior is referred to as often. Issues of consumer advocacy groups, the relationship with the customers business. Especially in this sense, the panels can make a great contribution for the monitoring of customer relations. Of the panel and thus ensured the continuity of experience. Sources of information are the advisory panel meeting. Panel members have identified the problems and solutions related to these issues and recommendations will be reviewed in order to benefit from record removed. Businesses have the authority to put these ideas and suggestions into practice according to their own strategy. Although the initial cost of the panels forming is more suitable in terms of cost in the period after the application creation process. (Blythe, 2002).

- **Benchmarking Techniques:** The development of customer relationships and demonstrating the effectiveness of the approach compared with other businesses to measure "benchmarking" or sometimes used as an English equivalent Benchmarking't. Benchmarking method customer relations, as well as contribute to the improvement of customer service and quality of service also allows others to make a comparison based criteria. Benchmarking scientific sense has gained momentum under the leadership of Japan to rebuild their economies destroyed in World War II, while the development in

the 1990s across Europe and Turkey. Studies of Japanese faster than its rivals, have seen better quality and more cost-effective techniques to produce what they create. Today, benchmarking approach has become indispensable in many areas. Benchmarking is the purpose of performing operations on the basis of the positive results achieved by other organizations, is to find better ways of application. At its simplest comparison is to compare the process itself and the performance comparison with other organizations or businesses. Benchmarking application allows administrators to see which way they differ from others in their performance. However, the repeated copies of the application form to take an example to others in the form may not be appropriate. Customer relationships and customer service that is adapted to be regarded as business. Control and measurement of effectiveness is based on a comparison with some criteria. In this sense, the most simple definition of benchmarking is to compare a particular business function or application between companies. (WEB_15, 2015).

Comparative explained as follows:

- The establishment of performance measurement by comparing it with the best class,

- How to get the best ones that measure the performance of the company,

- Reached the knowledge business objectives, strategies and practices to be based.

Benchmarking can be done at different levels. Business products can compare the processes and strategies. Whatever the size of benchmarking can use all companies. Do not have adequate research resources businesses can apply much more in this field. The provision of information through comparisons difficult, to facilitate the decision-making process, to have a standard for measurement, a number of benefits such as creating innovations achieved. Quickly ensure the quality of the changing competitive conditions, improving processes, customer satisfaction, business performance and learning to improve the competitiveness and development of awareness with awareness that infinite processes, the avoidance of imitation by comparison regardless of differences in the sector with its business of our other businesses, best practices, taking creativity to the conditions of our own business, structure and culture of envisioning our objectives and adapt to the constantly renewed identified as a managerial tool.

Benchmarking allows application administrators to see which way they differ from others in their performance. However, the repeated copies of the application form to take an example to others in the form may not be appropriate. Customer relationships and customer service are adapted to the company qualified as positive. Control and measurement of effectiveness is based on a comparison with certain criteria. (Brownlie, 1999).

- **Critical Incedent Technique:** Another method used to determine the importance of measuring the quality of customer service and customer relations "critical incident technique" is. Technique is based on the critical events that made history in 1954 business performance studies. Critical incidents technique, the collection of observations about human behavior, and will help to solve the problems encountered procedure consists of a series of observations. An important part of the process of the development work has appeared with critical incidents faced by the pilot in the US Air Force. In later years, the measurement of service quality and the technique has been used extensively in the adaptation of the communication problems between customers. Customer satisfaction with the service and especially the dissatisfaction that benefited from the technical information collection and classification on creative experiences. Critical events in the method, on the basis of the perception of customer relationships or services based on the identification of the critical moments that influence positively or negatively. Critical incidents technique successfully used in many retail sector. For example, critical incidents technique, hotels, services, resulting in a satisfactory and dissatisfaction of the airways and restaurant customers are used to separate from each other. (Odabaşı, 2000).

Critical incidents technique is based on business areas in which they interact with their customers with more employees. In other words, the service encounter moments come up. Best customer service in terms of impressions, based on moments of interaction established business with staff. (Öztürk, 2000).

When the customer relationship in terms of customer complaints of the research of a large part of the staff of the customers gentle non attitudes and assumptions based on the behavior taken into account, the identification of critical events have the potential to provide a major contribution to creating satisfied. In this context, particularly the

expression of critical incidents causing dissatisfaction by customers in the customer relationship arises as a result of this technique. Customers satisfying and creative events are particularly dissatisfied with their transfer so that the story narration. Critical incidents technique classifies this expression under certain categories. This technique will allow customers to convey their experiences in the past. Many people, especially when they have a good experience at the retailer level and especially the bad experiences I enjoy other people post. Critical events and discuss techniques with a scientific approach to this process, analyzes and classifies the data. Critical incidents technique is based on the areas in which they interact with more customers of the company employees. In other words, service encounter moments are involved. The best impressions about in terms of customer service, based on moments of interaction established business with a staff. (Odabaşı, 2000).

- Customer Relations Survey: Customer relationship one of the methods are used to measure the success of the survey on customer relationship management. Customer relations survey, you can move within both qualitative and quantitative measurements. In order to achieve the depth of customer relations are utilized more qualitative data. Besides, it is found that the quantitative measurement of customer surveys conducted widely. Customer satisfaction program are developing every business has its own conditions (competition, customer profiling, market structure, customer relationship management form) the need to consider should not be forgotten. (WEB_15, 2015).

The survey reflects the many issues can be dealt with customer relations. For example, causing the dissatisfaction of customers by word of mouth to spread the subject up to their experiences in the encounter moments of working with business customers can cover a lot of topics. Customized customer relations can be used as a general questionnaire on critical issues and data can be collected. Therefore, to measure each business customer relationships can develop according to their purpose and the problems encountered by the survey. Here is the ability to measure the desired subject of important survey questions. For this, the use of valid and reliable questionnaire and questions. Measuring the level of satisfaction in customer relations, an issue on which the administration of care. In this regard, the Customer Satisfaction Measurement program has been established to ensure continuous improvement. Customer satisfaction

measurement programs in developing each company is required to act according to their own state. (WEB_15, 2015).

Ideally, the design of the study which will examine the characteristics, which will be used in the data collection process, from how to retrieve information and determine whether to use data analysis. The most important of these is how to obtain the data. Survey data personal interview, telephone, mail and more recently via the internet can be collected with the spread of the internet. Each method has its own advantages and disadvantages in. Personal interviews with survey interviewers to reach as many people as it covers the use, understanding the question, while having to rule as to convince people, it is more expensive in terms of cost. The return rate is low in the polls by traditional mail. Telephone survey method is suitable in terms of cost picture may have problems in usage. Finally, although the Internet is very convenient in terms of cost, in order to reach the right audience carries question marks. (Öztürk, 2000).

3. QUALITY AND PATIENT SATISFACTION IN HEALTHCARE SECTOR

In this chapter, background and development of health care in the World, also Turkey's are shown. On the other hand, health and health care concept, properties of health services, classification of health services, hospitals concept, purposes and properties of hospitals, the importance of hospitals, employees and patient satisfaction concepts as you can find.

3.1 Background And Development of Health Care in the World

The history of modern scientific medicine, less than two centuries. Significant developments in the history of medicine written by Jenner in 1798, is the first discovery of the smallpox vaccine. In the 19th century, as well as laxatives, morphine, quinine, strychnine, atropine, then cocaine, codeine and has contributed significantly to the occurrence of medicine's development. In 1880, although there have been breakthroughs in the medical field with the presence of the surgical anesthetic agents, real success is based on studies of surgical medicine after the development of aseptic method. (WEB_18, 2012).

Considering the evolution of the health care organization it is seen in fact that there is a huge diversity. The type of services and the development of individual claims, institutionalization, cultural, and economic characteristics are determined by many factors, including vary from society to society. In other words, to create a standard model for the organization of health services is not possible. Largely urban health services took place between the years 1850-1920 of the Industrial Revolution was influenced by the industrialization and population movements. Changing the judiciary about the disease and the science in this period, the health division and specialization increase, Western Europe, risk sharing the emergence of insurance Departing from the

logic, other factors such as the displacement of philanthropy and management concept has led to the setting up of its own health care system in each country. (WEB_19, 2012).

Quinine, with the discovery of new drugs such as digitalis, provided relief in some problem under control the pain with morphine use, accelerated surgical procedures and the development of anesthesia, the ease of diagnosis with the development of X-rays and other laboratory facilities, consequently, every community in need of health care organizations and the importance began to increase. (WEB_19, 2012).

In addition to these developments in treatment services, organized in a way to remove the necessity of household waste, insect control, drinking and the importance of cleaning water of use, the vaccine-preventable diseases, detection at an early stage of the disease with some diagnostic methods such as tuberculin, to the development of preventive services and has led to changes in the organization. In parallel to the development of the early twentieth century, based on scientific knowledge rather than traditional savings professionalism in the health sector, namely health professions and expertise development, it is gaining strength. The attachment to the rules of the profession and the organization has made new regulations required. This patient care services formerly carried out by non-specialist philanthropists as a natural result, the control and management requirements of experts has emerged history. The management techniques and knowledge developed in other social spheres have been used in the management of health services. As a consequence of these developments, training in health care professions are bound to rule. (WEB_18, 2012).

In this context, in 1910 the United States was prepared by the Carnegie Foundation and a project with medical education known as the Flexner report was to be made in connection with the hospital. This way of the scientific knowledge, that's the theory, clinical practice, that practice integration is achieved. The first time the application is made in the John Hopkins Hospital, followed by examples elsewhere in the US and Canada. To connect to some of the rules of hospitals and health-related professions, it took place at the beginning of the twentieth century licensing. A place that physicians need to be registered for the first time to protect the professional interests of those who had medicine in the 1870s in the United States has emerged as a demand. In 1901, the US has linked Medical Association medical training and the rules of the profession. In

our country all the conditions required by the health-related profession is enacted in law No. 1928 1219 are connected to rules and authority. These developments in Asia, following a route that is unknown what kind of other world countries in Africa, and, as might result from the author's ignorance, that the experience and knowledge of the country's production may also be a result of failure to be written. (WEB_18, 2012).

Based physicians and hospitals in the America, while these developments took place in the organization of health services in Europe has followed a different path. Here constitutes the basis for the development of insurance. At the end of the nineteenth century in European countries developing a universal health insurance, as it creates a fund to which the health care and medical expenses in the presentation of government health services have helped in the controller-making regulatory role. The first application of universal health insurance has emerged in Germany in 1883. Bismarck created this practice, known as model employers soon spread to other European countries undergoes some changes in 1888 in Austria, 1911, UK, 1945 in France, in 1955, Sweden has established a universal health insurance. (WEB_19, 2012).

The UK hospital sector consisted mainly of voluntary facilities, supplemented with public institutions for some cottage facilities in the rural areas. Most hospitals were controlled by laymen and staffed by honorary phsycians. Public facilities depended on tax-money and did not meet the standards of the middle classes. Larger voluntary hospitals could sometimes support themselves through their endowment incomes. As a matter of fact, charity contributions were very significant and the scale of donations indicated a tremendes sense of social duty and responsibility. Provident and contribution saving schemes were set up in response. Such schemes were unpopular with the profession because of their lower levels of reimbursement. The physicans were unsuccessful in their attepmts to impose income limits on these schemes. One such scheme, The British Provident Association had been organized to provide pre-insurance for the somewhat better off. In summary, it is true of social welfare in the European countries of the organization and financing of health care, the state's control, which developed in the insurance base is largely developed in accordance with market rules in the US. The development of hospital Indian and Arabic culture is very ancient history that hospitals in southern Europe within it serves priests and nuns in the monasteries

showed itself. Thirteenth century, is known to all Europe 19,000 hospital or similar organizations found. One of the first hospitals without patients, has been established to serve the poor and the home away from passengers. During this period, health care has been given to the sailors and soldiers under the responsibility of the government hospital. (Smith, 1964).

In the 19th century the threat of communicable diseases, especially cholera, smallpox and typhoid has been established for private hospitals. Genital disease in Sweden during the same period, while in Norway is regulated private hospitals for leprosy. We see that in this period the establishment of a hospital for the mentally ill. Hospitals in control before developing the church in Europe after the French Revolution, on the grounds they are not well managed, have been transferred to public administration. In the same period, Spain, Portugal and located in the colonial countries in Latin America, we see that the control of the hospital of the Catholic Church. (WEB_18, 2012).

In England, VIII. Henry's secular with religious organizations being in hospital was followed by the suppression of a development. In 1948, the National Health Service have been conducted in this country under the control of established aid organizations so being in hospital. This system has been adopted by North America, it was founded non-profit hospitals. However, while being in hospital on arrival in this country, for their private patients, some physicians and surgeons and for the training of medical students, we see that the hospital be established. Non-profit organization initially in the Western world, religion, race, regardless of social class differences and developing a voluntary basis in the hospital was the scene of religious discrimination before application, especially in the US, and later it became mercenaries. In 1893, when the hospital is paying the majority of patients occupying beds at the end of the 19th century, it has become the third of the hospital expenses paid by the patients. (Smith, 1964).

Hospitality to break with the government and aid organizations in Europe, the appointment of a full or part-time physicians for patients with no obligation to pay power has emerged. France A similar development is seen in Sweden and Italy. This situation has led to the division of labor between physicians and specialization. Physicians employed in salaried or wage at the hospital blocked the money directly but private patients receive care expertise are also given due rights. In this case, the increase

in expertise and in large numbers compared to GPs who are physicians in this case until that day led to monetization, general practitioners and specialists located in the difference socially between medical concepts, receiving special services from specialist doctors for quality service idea has become widespread. (Smith, 1964).

The recruitment of physicians in exchange for patient care outside the hospital application fee is also a rather ancient history. Norway is the 350-year history of this practice is common in Switzerland for the same period in similar applications. In 1864, local governments in Russia (zemstvos) by rural hospitals and health centers was established physicians that work as a civil servant in exchange for salary, paid travel expenses, housing facilities are provided, it is also known to provide security when they retire. (WEB_18, 2012).

On the basis of independent and helpfulness as a home health care nurse for the first time appeared in England in 1859 it was later converted into public services. Similarly in the UK, the Netherlands, France and Belgium as a separate profession of midwifery as soon turn into a profession that has emerged with the cost of local government employment. (WEB_19, 2012).

3.2 Background And Development of Health Care in the Turkey

In this part, I would like to tell about background and development of health care in the Turkey between the Ottoman Period and nowadays.

3.2.1 The Ottoman Period

The first medical school in the western sense of the Ottoman Empire, II. Mahmud period has been established by medical supervisor named in 1827. It was established the same year or next year for surgery, the two schools were reorganized in 1831. Later school of medicine and surgery are combined in accordance with the developments in Europe. Initially, the French language education was introduced in 1866 by the Ottoman

education at this school. Following the transfer of the authority removed the doctor's medical school; the ministry by a regulation issued in 1870, depending on the Ministry of Medical School Administration Civil Medical School, in 1871 to regulate civilian public health services, "Health Inspection" and "National Doctors offices were" It has been established. (WEB_19, 2012).

As specified by this embodiment is as follows: (WEB_20, 2002).

- The Mayor in Istanbul, provincial governors, certain correspondence with the Ministry of Medical School district boundaries, cities and towns in a country physician, according to the size of the city or town shall take the necessary country medical assistant.

- These salaries are paid by local governments.

- Limit the municipality in certain towns and cities to open a pharmacy, it indicates that the municipal pharmacy will be a sign to the door.

- Physicians week on certain days and times, rich in a certain place, will examine all the patients admitted without charge, regardless of the poor. Required immunizations will be done free of charge.

- Inspection physicians who are unable to come will examine their homes, those who pay, there will be a fee determined in advance. It will not be charged from the poor and mandatory expenses paid to doctors from the municipal polls.

- Without an important reason to care for the sick, the reason for dismissal from job to take money from the poor.

- Epidemics doctors when necessary measures will be or will not care. They shall take measures outside the area of responsibility of the order and approval by the governor. Required expenses are paid by local governments.

- Medical Association, the region in the hospital, pharmacies, places to check for health and is responsible for all things health related.

- Country physicians will send a monthly report to the Ministry of Medical School study.

- After their ordination, they must recognize their responsibility in the region up to 9 months.

- Country physicians in legal affairs in duties, will perform according to the laws and regulations related to the job.

- Responsible for notifying the district administration authority received instructions from the Ministry of Medical School.

Homeland doctors or application is the beginning of the organization of health services at the country level by the state. They are appointed after finishing medical school and two years of military service provision as an accident, they were required to render service required a total of 3 years, including 5 years live. Deprivation accepted Hejaz region, Baghdad, Basra, Benghazi, Tripoli and working in the province of Yemen, as long as they worked, they receive an additional compensation up to half their salary. Health services with the task of managing a law adopted in 1914, the Ministry of the Interior (MOI), depending on established Medic devolved to the (Health Affairs General Directorate) are given. The first general manager Dr. Besim Omer, Dr.Adnan Adıvar and Abdullah Cevdet renowned physicians who are our general manager in this period. After Parliament government office established to manage the health service was established in May 3, 1920 Ministry of Health and Social Assistance (Ministry of Health and Social Welfare) given was appointed as a minister Dr.Adnan Adıvar first. (WEB_20, 2002).

3.2.2 1923 - 1937 period:

Transparency is the first Minister of Health of the Republic of Dr.Refik Saydam period, the ministry did 14 years until 1937 except for a short time. In the policies of the health care organization and development of the early years of the Republic, a man who contributed greatly. Refik Saydam has been kept in the forefront of preventive health services. Limited resources, frequent, very kills and used for the control and prevention of disease has crippled efforts in the direction. At the provincial level of public health services, health departments, county-level realized the organizing of the government

medical offices, as well as established organizations for major health problems according to vertical organization of understanding (syphilis-leprosy, trachoma, malaria eradication organizations). Therapeutic services issues left to the local governments, in order to be an example to them in Ankara, Istanbul, Sivas, Erzurum and Diyarbakir in one piece "Numune Hospital" led to the opening. (WEB_19, 2012).

Significant achievements in the field of preventive services is provided by the Refik Saydam the policies pursued. The orientation of those who want to get a good fee to preventive services, to work in the public health department or ministry provided central organization of public health services with high wage policies, has become attractive in terms of personnel. Assignment of all health personnel involved in the public health sector, promotion, reward, employee rights, such as from a single penalty, collected in Ministry of Health, Ministry of services has become an institution that actually executes. Doctors or the government, according to the civil administration's organizational structure, the county was organized on the basis of the government doctors, the fight against infectious diseases, forensic, general administrative tasks are given to the diagnosis and treatment of poor patients. In addition to private practice of opening their official duties, where they were given permission to buy pharmacy or medicine. Republican period, while therapeutic states to expand its service network. When asking it became a major campaign issue in health care. Treatment and preventive services in this period is considered as a whole. This holistic nature to create a service network is one of the ideals of the Republican administration. (WEB_20, 2002).

3.2.3 1937 - 1960 period:

Health organization established after the founding of the republic took in this period. Major improvements and changes for the period can be summarized as follows: (WEB_19, 2012).

- Site Mania due to large outbreaks in 1945 "Extraordinary Law on Malaria" is removed.

- Here Social Security in 1945 Institution (SSK) was founded, this organization started to provide health care to workers in 1952, health organizations as well as financing, hospital building, has been provided with operational and staff appointments authority. During the ministry, according to a plan prepared in 1946-1947 year to serve about 20 000 inhabitants "Health Centers" designed, these centers will be found in 10 patient beds, two doctors, to serve the 11 non-physician health care providers, health-care. If the envisaged integration of satisfactory service in this plan has not been fully put into practice.

With an arrangement made in the city for Tuberculosis "Tuberculosis Association" have been established.

"Maternal and Child Health Organization" was established, MCH centers, branches and stations were opened. Transparency period is left to local governments therapeutic services, undertaken by the Ministry of Health, municipal hospitals were nationalized. Accordingly slip and services to hospital staff working in protective services has been opened to the emergence of the open. In providing major improvements in the area being in hospital, preventive services declined, particularly non-physician health care providers need to be trained not given.

3.2.4 1960 - 2000 Period

This period is the period of the planned development of our country. Adopted in 1961 on "Law for the Socialization of Health Services" Instead the government has envisaged the establishment of the basis of population, doctors or health centers. For the first time in 1963, Mus applications began in the province in a more spread in 1979 with a few every year 45, while in 1982 spread to 53 all over the country with an arrangement made in 1983, are provided to go to the appropriate health organization in this law. Principles are designed in accordance with the organizational model is as follows: (WEB_19, 2012).

- The basic unit of health organization 5-10 thousand people are health centers that will provide primary health care services. Each health center physician, a nurse, a health

officer, 2-4 village midwives and support staff with a medical secretary, a driver will be found.

- Health Stove in the team concept, the entire population in its region, will offer preventive health services with primary care services. The staff will sit in the area where the responsible service will be continuous and necessary traveling.

- Health Centers, therapeutic services in the direction of the State Hospitals, and in terms of preventive services will be supported by the public health department of public health organizations, it will be established referral chain. This organizational model, which is still in force for various reasons has been successful in rural areas also could be made more effective in urban areas somehow.

3.2.5 2000 – 2015 Period

Current health care system and the health of the rotated radically reforms in Turkey have undergone. Social context of health system restructuring insurance and social welfare systems and the Ministry are radical changes in the central organization. Health sees as a fundamental human right and is financed from the general budget addressing all the citizens as a public service provided free space approach, instead of paying health insurance premiums regularly has the right of citizens service approach to move away from health services, the state's main duties with the health reforms are in Turkey. Be removed from the guarantee and protection of the state of these services, abandoning the prevailing market conditions, the transformation into an area of the profit of health care has led the way. As a result, in Turkey, for multinational companies working in the health field as an attractive health investment and profitability is guaranteed by country. Rapidly becoming in the process of policy, the state of the health system in Turkey is almost completely withdrawn from service delivery, therapeutic grown with an approach focused on health care a "market" in the private sector belongs is dominant; therefore the society including the poor first disadvantaged sections of the restriction of access to health care is heading rapidly towards a building. This structure can not be expected to reduce health inequalities. Health is not a commercial commodity, it should be seen as a fundamental human right. Based on primary health care, it is important the

financing of health care for the most important reason for the increasing health efforts to control the spending of public funded alternative and the neoliberal agenda against health system needs. Health services in the reform process. However, if the use of unnecessary and inefficient use of resources due to the increase in health spending priorities to take measures to eliminate these negative is required. The problem of financing health services, equity and in line with the principles of solidarity, unhindered access to health services, the welfare state by providing social justice can be solved. (WEB_20, 2002).

3.3 Health and Healthcare Concept

The most famous modern definition of health was created during a Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948. (WEB_21, 2015).

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The definition has not been amended since 1948. During the Ottawa Charter for Health Promotion in 1986, the WHO said that: '**Health** is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.' (WEB_21, 2015).

- Two aspects to health

Most people accept that health can be divided into two broad aspects - physical and mental health. (WEB_22, 2012).

• **Physical health:** For humans, physical health means a good body health, which is healthy because of regular physical activity (exercise), goodnutrition, and adequate rest. As a country's or region's people experience improved nutrition, health care, standards

of living and quality of life, their height and weight generally increase. In fact, most people, when asked for a definition of health talk about physical health. Physical health relates to anything concerning our bodies as physical entities Physical health has been the basis for active living campaigns and the many nutrition drives that have swept the industrialized world. People are exposed to so much "physical health" data these days that it is hard to decide what is relevant and what is not. Another term for physical health is physical wellbeing. Physical wellbeing is defined as something a person can achieve by developing all health-related components of his/her lifestyle. Fitness reflects a person's cardiorespiratory endurance, muscular strength, flexibility, and body composition. Other contributors to physical wellbeing may include proper nutrition, bodyweight management, abstaining from drug abuse, avoiding alcohol abuse, responsible sexual behavior (sexual health), hygiene, and getting the right amount of sleep.

Some people divide physical health into two separate sections:

• **Structural health** - this refers to sound bones, muscles, organs etc. That the structures in the body are performing the functions they were made for properly. Structural health is associated with a person's height/weight ratio, their BMI (body mass index), their resting pulse rate (heart rate), and recovery time after doing exercise.

• **Chemical Health** - good chemical health means that the chemicals in the person's body are correct, that tissues contain the right balance of nutrients, etc., and there are no toxic chemicals.We may inhale or swallow natural and synthetic chemicals; they can also get into our body through skin. In most cases, the body can break these chemicals down or excrete them, so that there is no risk of toxic overload. Some chemicals can harm or destroy cells and tissues, while others may affect genetic material directly, which can increase the risk of developing cancer.

• **Mental Health:** Mental health refers to people's cognitive and emotional well-being. A person who enjoys good mental health does not have a mental disorder. According to WHO, mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and

fruitfully, and is able to make a contribution to his or her community". No matter how many definitions people try to come up with regarding mental health, its assessment is still a subjective one. People have always found it easier to explain what mental illness is, rather than mental health. Most people agree that mental health refers to the "absence of mental illness". For some, this definition is not enough. They argue that if you pick 100 people who do not suffer from any mental disorder or illness that could be diagnosed by a psychiatrist, some people within those 100 will be mentally healthier than others. Most people also agree that mental health includes the ability to enjoy life, the ability to bounce back from adversity, the ability to achieve balance (moderation), the ability to be flexible and adapt, the ability to feel safe and secure, and self-actualization (making the best of what you have). (WEB_22, 2015).

Health care system an organized plan of health services. The term usually is used to ref er to the system or program by which health careis made available to the population and financed by government, private enterprise, or both. In a larger sense, the elements of

healthcare system embrace the following: (WEB_22, 2015).

Personal health care services for individuals and families, available at hospitals, clinics, neighbourhood centers, and similar agencies, in physicians' offices, and in the clients' own homes;

The public health services needed, maintain a healthy environment, such as control waterand food supplies, regulation of drugs, and safety regulations intended to protect given population;

Teaching and research activities related to the prevention, detection, and treatment of disease; Health insurance is coverage of system services.

3.3.1 Properties of Health Services

Health services should be technology-intensive weight both in terms of supply based on the human factor it has a feature which is extremely expensive. (WEB_23, 2009).

Health services;

- The cost of supply,

- Not determined by consumer demand,

- Social being characterized by a partition,

- Be not-for-profit social purposes,

- Randomness of the request,

- Inelasticity of demand elasticity,

- Lack of substitution.

It has like basic facilities. Service offer and the benefit cost the service to have it limitations when determining countries' health policies, quality, effectiveness, efficiency, discussed the overall economic assessment concepts in the health sector as being spent on home values and made even apply. (WEB_23, 2009).

Health services should be technology-intensive weight both in terms of supply based on the human factor it has a feature which is extremely expensive. Indeed, the use of technology in health care is more requires new technologies with both scientific progress every day. Demand in health services, patients using the service does not specify that such treatment services. Because it is compulsory to use, it tries to reach all kinds of facilities available to service (rigidity of demand elasticity). It also can be put in place in the health service does not have the chance to choose another service, so there is no substitute. Health services external to the social or economic statement services are. As those who can not get health care because they get the benefit from that service. As an example that others, especially the vaccine also protects a person in preventive health care services can not be caught from infectious diseases. Therefore, social services and health services' profits are unanimous. Therefore health care does

not stop, it is continuous and requires any measures to be taken at any moment. Although the quality of health care in spite of not being able yet to reach a precise definition; making the discussion of the requirements of the common services and service areas of social, cultural and economic satisfaction focuses on the subject. (WEB_23, 2009).

Quality of health services, the resources allocated for these services and shows no consideration of what the standard set of features that substantially comply with the requirements of the services. In other words, the quality of health services aim to improve the health care system of benefits and cost-effectiveness. That is why there has been a process leading to total quality management for quality assurance in health care. Health care cost entries can be grouped under three main headings. These are: operating costs of health care organizations, the costs are the costs and losses outside of the patient or family sector. In response to these inputs, outputs; changes in patients, and patients and their families of changes in resource use money corresponding improvement in the quality of life it can be summed up as. (Anderson, 1972).

Health care does not include provision of sanitary service or other general public health measures, nor it includes provision of necessities of life, which influence the state of health. Such as food, clothing or shelter. Also, informal health services such as care provided by the family of a patient are not included in this definition of formal health care services, although it should be remembered that such care has a direct influence on the amount of formal care provided by a doctor or a hospital. (Anderson, 1972).

The lengthening of the average life of the economically population structure changes, such as the elderly population increases in the consumer position in the health sector, the increase in manpower cost, quality increase of cost increases shown in the technology of the demand for the supply of services, the demand for treatment services increases, such as why the main outstanding cost plus in health care reasons. The overall objective of health services is to improve the health status of the population. All of these tools will be used for this purpose are the way to reach the goals. Targets for general purposes; coverage of health services, availability, equity, effectiveness, raising productivity, which is needed to provide quality health services offered can be summarized as follows. (WEB_23, 2009).

3.3.2 Classification of Health Services

In the United States, the spectrum of health care has been defined by the Department of Health and Human Services as encompassing six levels of health care. The first level of care is preventive care, which is primarily provided by school health education courses andcommunity and public health services.

- **Primary care** is the usual point at which an individual enters the health care system. Its major task is the early detection and prevention of disease and the maintenance of health. Primary care has to do with stopping illness before it begins. This level of care also encompasses the routine care of individuals with common health problemsand chronic illnesses that can be managed in the home or through periodic visits to an outpatient facility. Providers of care at the primary level include family members as well as the professionals and paraprofessionals who staff community and neighborhood health centers, hospital outpatient departments, physicians' offices, industrial health units, and school and college health units. (National center for Health Statistics, 1965).

- **Secondary or acute care** is concerned with emergency treatment and critical care involving intense and elaborate measures for the diagnosis and treatment of a specified range of illness or pathology. Entry into the system at this level is either by direct admission to ahealth care facility or by referral. Provider groups for secondary care include both acute- and long-term care hospitals and their staffs. Secondary care refers to the process of treatment which returns an individual to his/her previous state of functioning. (National center for Health Statistics, 1965).

- **Tertiary care** includes highly technical services for the treatment of individuals and families with complex or complicated health needs. Providers of tertiary care are health professionals who are specialists in a particular clinical area and are competent to work in suchspecialty agencies as psychiatric hospitals and clinics, chronic disease centers, and the highly specialized units of general hospitals; for example, a coronary care unit. Entry into the health care system at this level is gained by referral from either the

primary or secondary level. Tertiary care provides stabilization for long term irrevesible illnesses such as heart disease or diabetes. . (National center for Health Statistics, 1965).

- **Respite care** is that provided by an agency or institution for longterm care patients on a short-term basis to give the primary caretaker(s)at home a period of relief.

- **Restorative care** comprises routine follow up care and rehabilitation in such facilities as nursing homes, halfway houses, inpatient facilities for alcohol and drug abusers, and in the homes of patients served by home health care units of hospitals or community-based agencies. (WEB_24, 2012).

- **Continuing care** is provided on an ongoing basis to support those persons who are physically or mentally handicapped, elderly andsuffering from a chronic and incapacitating illness, mentally retarded, or otherwise unable to cope unassisted with daily living. Such care is available in personal care homes, domiciliary homes, inpatient health facilities, nursing homes, geriatric care centers, and various other types of facilities. (WEB_24, 2012).

3.4 HOSPITALS

A **hospital** is a health care institution providing patient treatment with specialized staff and equipment. The best-known type of hospital is the general hospital, which has an emergency department. A district hospital typically is the major health care facility in its region, with large numbers of beds for intensive care and long-term care. Specialised hospitals include trauma centres, rehabilitation hospitals,children's hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric problems and certain disease categories. Specialised hospitals can help reduce health care costs compared to general hospitals. A teaching hospital combines assistance to people with teaching to medical students and nurses. The medical facility smaller than a hospital is generally called a clinic. Hospitals have a range of departments (e.g., surgery, and urgent care) and specialist units such as cardiology. Some hospitals have outpatient departments and some have chronic treatment units. Common support units include pharmacy, pathology, and radiology.

Hospitals are usually funded by the public sector, by health organisations (for profit or nonprofit), by health insurance companies, or by charities, including direct charitable donations. (WEB_25, 2009).

3.4.1 Properties of Hospitals

There are 9 properties of hospitals. (WEB_26, 2010).

- The identification and measurement of the output is difficult,
- Work done in health institutions is very complex and variable,
- The majority of the activities carried out in health institutions is urgent nature and can not be postponed,
- Completed works are highly susceptible to error and uncertainty and can not show tolerance,
- Has s a very high level of specialization in Health Institutions,
- Functional dependence in health institutions is very high; therefore a high level of coordination is needed between the activities of different professional groups,
- Hospital authorities are mainly two lines in all health institutions; in this case, coordination, control and conflict leads to problems,
- Human resources in health institutions composed of professional people and that people are giving more importance to the professional goals of the corporate goals
- Service on the amount and effectiveness of activities of the physician determines a significant portion of health spending is not set up with high managerial.

3.4.2 Purposes and Importance of Hospitals

Hospitals are one of the key elements of the patient care system. Hospitals, which is a subsystem of the health system, the basic function of the treatment of healthcare services is being carried out economic, technical and legal characteristics which is a

type of business. Although a company, hospital services are separated and some aspects of general business. The main objective in hospitals, early diagnosis of disease states that may occur despite all precautions, brought into the original position in a short time and quick and effective treatment of the patient. The purpose of performing effective and efficient use of available resources and society must ensure patient satisfaction. (WEB_27, 2008).

Hospitals play an important role in the health care system. They are health care institutions that have an organized medical and other professional staff, and inpatient facilities, and deliver medical, nursing and related services 24 hours per day, 7 days per week. Hospitals offer a varying range of acute, convalescent and terminal care using diagnostic and curative services in response to acute and chronic conditions arising from diseases as well asinjuries and genetic anomalies. In doing so they generate essential information for research, education and management. Traditionally oriented on individual care, hospitals are increasingly forging closer links with other parts of the health sector and communities in an effort to optimize the use of resources for the promotion and protection of individual and collective health status. (WEB_26, 2010).

3.4.3 The Importance of the Employee Job Satisfaction in Hospitals

Job satisfaction among health-care professionals acquires significance for the purpose of maximization of human resource potential. There has been considerable emphasis on human resource management in recent past. In an organization, productivity and quality of service depend entirely on the organization's ability to manage the human resources. Human resources management encompasses organizational development, human resource development, and industrial relations. Human resource functions in an organization include everything that has to do with ‘people’, i.e., their recruitment, induction, retention, welfare, appraisal, growth, training, skill development, attitudinal-orientation, compensation, motivation, industrial relation and retirement, etc. (Bhatnagar, 2012).

All organizations operate within an internal and an external environment. Technology provides resources; structure defines the formal relationship of people in organization and both internal and external environment as well as influences the attitudes of people. The key to effective work performance is in understanding what domains of work are important for job satisfaction among clinicians. The job satisfaction of an employee is a topic that has received considerable attention by researchers and managers alike. The most important information to have regarding an employee in an organization is a validated measure of his or her level of job satisfaction. Offering the highest quality of health-care services possible to as many people who need them, within a given environment of social, material, financial, and human resources is the main goal of health-care systems and of every single health-care organization or unit within an organization. Achieving this goal requires a committed and high-quality workforce in health-care organizations. Attending to job satisfaction of staff is then a fundamental component of human resources quality. In particular, many researchers have demonstrated strong positive correlations between job satisfaction of medical staff and patient satisfaction with the services in these health-care settings. (Bhatnagar, 2012).

Organizations' efficiency depends to a large extent on the morale of its employee. Behavioral and social science research suggests that job satisfaction and job performance are correlated. Job satisfaction and morale among medical practitioners is a current concern worldwide. Poor job satisfaction leads to increased physician turnover, adversely affecting medical care job satisfaction. Consequently, by creating an environment that promotes job satisfaction, a health-care manager can develop employees who are motivated, productive, and fulfilled. This in turn will contribute to higher quality patient care and patient satisfaction. The increasing importance of patient experience and the sustained interest in comparing people's satisfaction with the health system across different countries and time periods suggests the need to characterize the relationship between them. (WEB_28, 2003).

Job satisfaction can be increased by attending to motivating factors, such as making work more interesting, requiring more initiative, creativity, and planning. This is especially relevant when budget constraints limit increases to pay and benefits. Managers who grasp the importance of factors affecting the well-being of staff are more

likely to gain improved performance from the various groups of hospital staff. It is of utmost importance to seek the opinions of employees and include them in decision-making and problem-solving processes. This will improve satisfaction among the employees and make them feel that they are part of the organization. (WEB_28, 2003).

3.5 QUALITY AND PATIENT SATISFACTION IN HEALTH SERVICES

This chapter is about, relationship, affecting factos and the importance between quality and patient satisfaction.

3.5.1 Relationship Between Patient Satisfaction and Quality

Patients (claiming), personal desires, wishes and marketing components of the purchaser or purchasing capacity needs are indicated as a real person. The main reasons for the presence of almost every kind of business is profit to achieve and sustain their lives. As much as possible for more people while equally and aim to provide equitable health services in private business is becoming more important to protect the value of institutions with direct-to-value. Business studies should be performing these purposes aware of their responsibility towards the environment and society. In this context, our businesses are provided the basic condition for being able to survive patient satisfaction has now expanded the boundaries of the concept of the patient. Patients (demanding) not only as the person who purchased the service, the services produced by the organization benefiting from the person or persons wording as groups. At the same time employees of the institution within the stated colleagues and managers are also required to incorporate into the scope. Patients (claiming), the center of the debate is settled agencies are doing what they're doing business which demands put at the center of the work has taken the form of necessity. (WEB_29, 2013).

On the basis of the value that organizations demand, taking advantage of repartitioning and offering benefits to both income as well as requesting a new line of cost factors. When presented along with other analytical data, customer value and benefit of those owners provide the changing demands in the struggle with the challenges of view demanding communication needs and to adapt to the needs and reconstruction must be provided freely. Businesses and demand among those who is not with power no longer command and organizational structure to establish a balance in the construction of a continuous and open communication with terms of patient loyalty CRM = CRM Customer Relationship Management = Customer Relationship Management) patients, indicate hospitals and insurers. Hospitals are adapted CRM in slowly. But experts should be encouraged to look at from different perspectives and a variety of services on offer, and better build loyalty Despite the fact that the needs of these hospitals including the cost of patients. Such perspectives include support centers and personal service functions. (WEB_29, 2013).

A large and heterogeneous patient needed to satisfy the health authority (requesting) has groups. Can continue its success and life of health institutions, largely these patients (claiming) to meet the demands and expectations of s depends on the skill. Different strategies to satisfy each patient health institution managers because of all the patients needs and expectations are different from each other needs to improve. Besides the provision of patient satisfaction also it has another benefit. Patients are talking with other potential patients about their business more like it. This can be made easier thanks to positive word of mouth business to win new patients. Another reason for the successful corporate strategy to create value for the market today comes from the truth. Patients are in greater demand than ever before. (Tengilimoğlu, 2009).

It aims to provide solutions to demanding health services. Although independent businesses selling products or services to be provided, and encourages forced to increase the satisfaction of patients. Depending on the nature of the service department may be geographically or center. Patient orientation should be the basis to provide the necessary services next to be constantly sick. Thus, the sales and services must be evaluated as a whole. Strategies to create businesses in order to create patient-centered care should be clearly stated in the CRM strategy. Foster communication with patients

and provide value possible with the establishment of standards for the company's strategy. Take some businesses are showing a special interest in the patient for many reasons. However, to provide service in a welcoming manner is really very important for patients. One of the reasons is that it is fully determined by the inhibitions that businesses should start where the limits of hospitality. The sale of certain according to the conditions they have set will be when the hospitality and get to the product produced by the company in the provision of choosing the institution in meeting the expectations has the knowledge and services of the company is important, the importance of meeting the hospitality understanding of the access to better position the brand value and patients' needs and expectations can be seen. (WEB_28, 2003).

As a result, long-term strategies developed by businesses in order to increase the loyalty of patients by providing patients with dry loyalty, requires the implementation of new management approaches and techniques. Here, one of the latest of these approaches is CRM aims to go beyond the patient-centered and patient satisfaction at the same time, the stage reached in the historical process of the marketing approach reveals. Many businesses came in as the demands of the program uses the patient's decision regarding the formation of the patient. Despite high expectations here have a variation of some programs, how simple patient information from patients collected in a different form in complex welded interferences be designed to satisfy the measurement, it is important to be listed. (Tengilimoğlu, 2009).

3.5.2 The Importance of Relationship Between Patient Satisfaction and Quality

In a major report published in 2001 “Crossing the Quality Chasm”, the Institute of Medicine (IOM) set forth six aims for a quality health care system patient safety: safe; equitable; evidence based; timely; efficient; and patient centered. The latter three factors directly influence patient satisfaction. This article focuses on patient satisfaction, its assessment, and its effects on health care delivery, particularly with reference to dermatological and esthetic practice. Today's success in marketing to patients are two

important dimensions of quality service delivery and satisfaction from goods and services received is to maximize. (WEB_30, 2011).

The word “consumer” is derived from the Latin word “consumere” which literally means one who acquires commodities or services. Similarly, the word customer is also defined as “a person who purchases goods or services.” Today the patient sees himself as a buyer of health services. Once this concept is accepted, then there is a need to recognize that every patient has certain rights, which puts a special emphasis on to the delivery of quality health care. (Prakash, 2010).

This explains why many hospitals, especially those in the corporate sector, have begun to function like a service industry. The hospital industry has begun to employ HR professionals and management graduates. Third-party payers too have recognized that patient satisfaction is an important tool for the success of their organization and are regularly monitoring patient satisfaction levels among their customers. In USA, physician bonuses are linked to patient evaluation of their doctor's personal interaction with them. These players have recognized that higher patient satisfaction leads to benefits for the health industry in a number of ways, which have been supported by different studies: (Prakash, 2010).

- Patient satisfaction leads to customer (patient) loyalty.

- Improved patient retention - according to the Technical Assistant Research Programs (TARPs), if we satisfy one customer, the information reaches four others. If we alienate one customer, it spreads to 10, or even more if the problem is serious. So, if we annoy one customer, we will have to satisfy three other patients just to stay even. Change the reference number.

- They are less vulnerable to price wars. There is sufficient evidence to prove that organizations with high customer loyalty can command a higher price without losing their profit or market share. In fact, in a study conducted in Voluntary Hospitals of America, nearly 70% of patients were willing to pay more money if they had to consult a quality physician of their choice.

- Consistent profitability - it is estimated that, in USA, loss of a patient due to disatisfaction, can result in the loss of over $200,000 in income over the lifetime of the practice.

- Increased staff morale with reduced staff turnoveralso leads to increased productivity

- Reduced risk of malpractice suits – an inverse correlation has been reported for patient satisfaction rates and medical malpractice suits.

- Accreditation issues – it is now universally accepted that various accreditation agencies like International Organization for Standardization (ISO), National Accreditation Board for Hospitals (NABH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc., all focus on quality service issues.

- Increased personal and professional satisfaction - patients who improve with our care definitely make us happier. The happier the doctor, the happier will be the patients.

3.5.3 Affecting Factors for Patient Satisfaction and Quality

Patient Satisfaction and quality revolve around three factors: doctor, patient, and organization. (Prakash, 2010).

- **Doctor**

Undoubtedly, the physician has twin responsibilities of giving the best health care to the patient, and leading the team or the organization in attaining the goal of satisfying the patient. Listed below are few “house rules” to handle the patient so as to attain a satisfying and a noncomplaining patient:

- Break the ice: make eye contact, smile, call people by name, express with words of concern.
- Show courtesy: Kind gestures and polite words make a patient very comfortable.
- Listen and understand: encourage patients to tell their problem. Invite and answer their questions.
- Inform and explain: it promotes compliance. People are less anxious when they know what's happening.
- See the whole person: see beyond illness the whole person.
- Share the responsibility: risks and uncertainty are facts of life in medical practice. Acknowledging risks builds trust.
- Pay undivided attention: this reduces distractions and interruptions as much as possible.
- Secure confidentiality and privacy: watch what you say, where you say, and to whom you say.
- Preserve dignity: treat the patient with respect. Respect modesty.
- Remember the patient's family: families feel protective, anxious, frightened, and insecure. Extend yourself, reassure, and inform.
- Respond quickly: Keep appointments, return calls, and apologize for delays.

- **Patient**

A patient's liking the doctor has a lot to do with the patient getting better. A patient's expectations of a good service depend on age, gender, nature of illness, hour of the day, his or her attitude toward the problem and the circumstances. In general, patients expect their doctors to keep up the timings, behave cordially, and communicate in their language. They expect care, concern, and courtesy in addition to a good professional job.

- **Understanding a patient**

Certain tips can help a doctor or a hospital to understand the patients better:

- Recognize that patients expect a personal relationship that shows compassion and care.

- Recognize that the patient has got certain rights. Various regulatory authorities and hospitals have drawn a charter of rights for the patients.

- Make sure a patient has got a good first impression of you and your set up.

- Step into your patients′ shoes; see through their eyes and hear through their ears.

- Minimize the patient's waiting time to the least possible.

- Try to make your problem-solving system to be functional.

- Always obtain feedback from your patients and correct shortcomings if any.

- **Hospital**

Many a times it happens that with a competent doctor and a compliant patient, the problems persist because of the policies, work culture, and attitude shown by the hospital. Traditionally, hospitals have had discrete functional services such as house-keeping, dietary services, pharmacy, laboratory, etc. Unfortunately, this specialization has led to more fragmentation, costly care, and less than ideal customer service. A study describes that during a typical 3- to 4-day stay in a large hospital, a patient may interact with 50-60 employees. Building and sustaining a service-oriented organizational culture is important for the success of any organization. Several changes are being seen in the management strategies with the goal of serving better and improving the service quality. There are certain areas where minimum requirements and standards have to be maintained. (WEB_31, 2013).

- **Telephone service**

Ensure that a smart, competent, and intelligent person is placed to handle the telephone for he or she will be the voice of the practice. Establish standards to ensure that the telephone is picked within a certain time, mode and tone of speech are cordial, and a triage protocol is followed which helps to ward off the unnecessary calls when the doctor is busy in his or her professional work. Periodically, a survey can be made to monitor how these standards are followed. (Prakash, 2010).

- **Office appearance**

An esthetically designed office, which is well-furnished, properly spaced with good interiors, well equipped with lighting, water, furniture, etc., and well-dressed, ever-smiling, and pleasant staff go a long way in bringing the patient to the doctor's office. Patients may not remember what you said to them; patients may not remember what you did to them; but they always remember how you made them feel. (Prakash, 2010).

- **Waiting time**

The amount of time the patient spends in the waiting corridor area plays a very important role in determining the outcome of patient satisfaction. With so many choices available, few people will stick to a doctor who has no respect for their time. The waiting time depends on a lot on factors, like the doctor's style of working, the kind of patients he or she sees, the locality where he or she practices, and the efficacy of the supportive staff. It's often one of the most frustrating parts about healthcare delivery system. Waiting times for elective care have been considered a serious problem in many health care systems since it acts as a barriers to efficient patient flows. (WEB_31, 2013)

- **Doctor-patient interaction**

Studies of doctor-patient communication and its consequences are usually limited to factors that may determine patients' compliance with doctors' instructions. But many patients besides or instead of following doctors' advice undertake additional activity in order to get well. The purpose of this study was to explore the whole range of patients' health behavior, its connection with the process of doctor-patient interaction (as an independent variable) and with the treatment results (as a dependent variable). This is perhaps the most important indicator to determine the patient satisfaction outcome. Improving the physician's interpersonal skills can increase patient satisfaction, which is likely to have a positive effect on treatment adherence and health outcomes. Up to 25% of patients have comorbid psychosocial problems. Such patients require more time from the dermatologist. Doctors frequently end up prescribing more and talking less to the patient. In one study, insufficient communication was recognized by psoriasis patients as a major cause of dissatisfaction with treatment. (Lapinska, 1984).

- **Patient education**

Typically, today's patients are more educated, computer savvy, and much richer. It is essential to clear all their rightly or wrongly earned doubts with much patience and compassion. According to a National Research Corporation (NRC) survey, on a scale of 10, patients listed willingness to explain things as the most important criterion in selecting a physician. Other factors used in the study were reasonable fees, telephone access, friendly office, convenient appointments, and convenient location; the willingness to explain things was given a rating of 9.6, well above the others. Incomplete, improper, and poor communication may lead to unrealistic goals and expectations which in turn can lead to dissatisfaction especially in cosmetic and chronic disorders. Successful education increases patient satisfaction and results in improved adherence to treatment and thus to a better outcome. Various methods like verbal education, written information (handouts, articles in popular magazines, etc.), group-based learning, audiotapes, videotapes, computer-assisted education, and the internet can be used to educate the patient about the disease. (Prakash, 2010).

- **Problem solving**

This is perhaps the most important among all the patient-related issues. To have accreditations to organizations like JCAHO, NABH, ISO, etc., a hospital should have a good system for handling complaints. Working together to solve common goals is at the core of these activities. Looking at how problems are broken down to create solutions and how we communicate and work together to solve them. Some activities look simple or look difficult but can be solved in no time given the right communication, plan and execution. (WEB_32, 2015).

According to the JCAHO manual:

- A mechanism must exist for receiving complaints.
- Patients must be informed of this mechanism and of their right to complain.
- The organization must respond to significant complaints and take appropriate actions; patients cannot be penalized for complaining.
- All health care facility providers must document patient complaints and their responses to them.

The TARP has conducted a survey of assessing the loss sustained by an organization to measure the financial consequence of dissatisfied customers. According to the report, if 150 complaints are voiced in a year, for every complaint voiced, an additional 26 complaints are not voiced. That means there are 150 × 26 or 3900 complaints in that period. Approximately, 1 complaint in 5 is serious. That means of the 3900 complaints, about 780 are serious. If 50% of the people with serious complaints go elsewhere the next time they need service, that means 390 people will choose another doctor or hospital next time. It is estimated that 40% of these patients or their close family members will need hospitalization in the next 12-month period. Thus the financial implication will be too heavy for the doctor and the organization. So when there is a lapse in the service delivered, one should always try to accept and acknowledge the mistake with grace. While acknowledging the lapse, one is expressing the regret only for the process. Apologizing doesn′t mean that one is accepting the guilt. Steps should be taken to ensure, that such lapses do not recur. (WEB_32, 2015).

- **Feedback**

The feedback given by the patient helps to improve the work of the physician, place, and also the system. Despite the advantages of self-assessment, dermatologists rarely have a system to analyze and evaluate quality of care rendered in the practice. Patient feedback can be obtained by patient questionnaires, follow-up phone calls, suggestion box, referral physician's survey, etc. The data can be used to design effective strategies to improve efficiency of care given to the patients. Patient satisfaction is an attitude. Though it does not ensure that the patient will remain loyal to the doctor or the hospital, it is still a strong motivating factor. Patient satisfaction is only an indirect or a proxy indicator of the quality of doctor or hospital performance. Delivery of patient-focussed care requires that we provide care in a particular way, not just sometimes or usually, but always. It must be every patient every time. It is an ironic fact - the better you are, the better you must become. Quality does not stand still. It should be linear and always ascending. One should strive to provide better care and soar above each and every patient's expectations.“A satisfied patient is a practice builder”. (Prakash, 2010).

3.5.4 Quality and Patient Satisfaction Measurement

Since the early 1990s, health plans in the United States have been measuring and publicly reporting their performance on measures of quality of care. In part, this was a response to healthcare purchasers who sought better information about the quality of care they were purchasing. Performance measurement and reporting has now become common place in most healthcare settings. (WEB_33, 2012).

In 1984, twenty five percent of all hospitals charges were patient paid; in 1975 this number had been as high as forty percent. Predated by regional efforts, national efforts to measure and report hospital performance on quality measures began with a pilot program of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, subsequently renamed "The Joint Commission"). Beginning in 2001, the Joint Commission, the Centers for Medicare and Medicaid Services (CMS), the American Hospital Association, and other organizations formed the Hospital Quality Alliance (HQA) as a mechanism through which hospitals could submit performance data to CMS Hospital participation in the HQA has been voluntary. However, the Medicare Modernization Act of 2003 made receipt of a hospital's full Medicare payment updates contingent upon reporting the initial 10-measure "starter set" to CMS. Consequently, the vast majority of acute care hospitals in the United States participate in this reporting. (Burgess, 1996).

Hospital-level performance data, which can be searched by geographic location, category of health condition (eg, general, medical, surgical), and by quality measure are available to the public at the Hospital Compare website. The original "starter set" reported in 2004 reflected processes of care for only three health conditions (acute myocardial infarction, heart failure, and pneumonia),which are among the most common and clinically-important reasons for hospitalization among Medicare beneficiaries. The range of measures reported on Hospital Compare has been expanding and now includes measures of process quality for additional conditions, risk-adjusted mortality, patient experience, and utilization of healthcare, including utilization of imaging services and readmissions. Especially, it includes the number of for profit

hospitals and their attributes such as the number of hospital beds, medical specialities present in these hospitals, turnover and profit figures, the number of employees and phsycian status.(salaried or self-employed positions.) While all of these measure types are important, this review focuses on process measures of hospital performance, as defined below. (Butler, 1992).

The ultimate goal of quality measurement and reporting systems is to improve care and outcomes. Efforts to improve documentation without changing the content of clinical care are unlikely to achieve this goal. For quality measurement and reporting efforts to be successful, hospitals and physicians must engage in efforts to understand the root causes of poor performance and develop fundamentally better systems of patient care that will lead to improved performance across a broad range of potential measures. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. (WEB_33, 2012).

4. THE ANALYSIS OF CUSTOMER RELATIONSHIP MANAGEMENT

In this part, I would like to tell about purpose, limitations, model and methodology of research, data collection, analysis of data and conclusion part.

4.1 METHODOLOGY

In methodology, there are sample and setting, procedure, instruments, analysis and findings parts.

4.1.1 Sample and Setting

The sample of this study consisted of a convenience sample of 125 patients (n=125) from Özel Kocaeli Akademi Hospital in Kocaeli province. This hospital was ultimately chosen because of their high prevalence and close proximity to the researching university. In addition, permission was taken from the administration of the hospital's Chief of Medicine.

4.1.2 Procedure

Questionnaires were hand-delivered to participants. They were informed in writing that they were participating in a research study measuring "Factors affecting patients' hospital preference" (See Appendix 1 for Questionnaire). Surveys were picked up by hand within 5-10 minutes of their initial delivery.

4.1.3 Instruments

The questionnaire included two parts. First part includes demographic and behavioral questions of patients. There is a scale has 20 questions in the second part to measure factors affecting patients' hospital preference.

4.1.4 Analysis

Frequency distribution, one sample t test, ANOVA and Dunnet T3 Test were used for analysis. All analyses were conducted via SPSS 20.0 software. Total preference scores were calculated from 20 preference questions by calculating the average.

4.1.5 Findings

Basic statistics of sample were detailed in Table 1 below. According to gender distribution, 48,8% of them are female and 51,2% of them are male. There are 5 uneducated people in the sample. Out of 16% of all respondents are graduated from primary school, 49,6% are graduated from high school, 23,2% are graduated from university and 9 people have a master or PhD degree.

4.2 SAMPLE DISTRIBUTION

- 23,2% of patients are in 18-29 age group, 34,4% of them in 30-44 age group, 29,6% are in 45-59 age group and 12,8% of them older than 60.

- Married proportion of sample is 62,9% and 37,1% of interviewed patients are single.

- 25,6% of patients is unemployed. 26,4% of them are government sector employee/relative, 48% of them are private sector employee/relative.

- According to monthly income; 20,8 of patients claimed that they earn less than 1000 TL in a month. Monty income of 68% is between 1000-3000 TL and 9,8% is between 3000-5000 TL. Only 2 patients claimed that their monthly income is more than 5000 TL.

- 79,8% of respondents have SGK, 17,7% of them have private insurance and 3 person have no health insurance.

- Most of the patients (97,6%) have a hospital experience before.

- 63,6% of respondents answer he most important factor of hospital preference question as “satisfied from previous experience”. However, 36,6% of them answered as “It is recommended by a friend”.

- Nearly half of the respondents prefer more university / public hospitals than pay hospital and vice versa.

- 82,9% of patients claimed that they are going regular sanitary controls.

- 91,1% of respondents declared to change their hospital if they face with any problem.

- 95,9% of them claimed that long-established hospitals affect their hospital preference.

- 90,2% of respondents indicated that they waited 0-20 minutes for bureaucratic procedures, even 9,8% of them said that the waiting time was more than 20 minutes. Also 77,6% of patients claimed that they waited before examination.

- Distribution of patients’ preference related questions were showed in Table 2 below.

When we examine the means of factors, the most important factors of affecting hospital preference are “Overall purity of hospital” and “Purity of toilets”. Surprisingly “Extra pay for treatments” was the least important according to respondents.

Table 4.1 Sample Distribution

		n	n%
Age	18-29	29	23,2%
	30-44	43	34,4%
	45-59	37	29,6%
	60 +	16	12,8%
Gender	Male	64	51,2%

	Female	61	48,8%
Marital status	Married	78	62,9%
	Single	46	37,1%
Education	Uneducated	5	4,0%
	Primary school	20	16,0%
	High school	62	49,6%
	University	29	23,2%
	Master / PhD	9	7,2%
Occupation	Unoccupied	32	25,6%
	Government employee / relative	33	26,4%
	Private sector employee / relative	60	48,0%
Health insurance	SGK	99	79,8%
	Private insurance	22	17,7%
	None	3	2,4%
Hospital experience	Yes	120	97,6%
	No	3	2,4%
The most important factor of hospital preference	Satisfied from previous experience	78	63,4%
	Recommended by a friend	45	36,6%
Preferred medical establishment for examination	University / Public Hospital	60	49,2%
	Pay Hospital	62	50,8%
Regular sanitary control	Yes	102	82,9%

	No	21	17,1%
Changing frequency	If I face a problem	112	91,1%
	Never	11	8,9%
Long-established hospital	Yes	117	95,9%
	No	5	4,1%
Waiting for bureaucratic procedures	0-20 minutes	111	90,2%
	More than 20 minutes	12	9,8%
Waiting before examination	Yes	97	77,6%
	No	28	22,4%
Monthly income	Less than 1000 TL	26	20,8%
	1000-3000 TL	85	68,0%
	3000-5000 TL	12	9,6%
	More than 5000 TL	2	1,6%

4.3 Factors Affecting Hospital Preference

In order to define statistical differences of hospital preference factors and total preference score according to demographics, one sample t test and variance analysis (ANOVA) were performed. Only statistically significant results are showed at all tables. Confidence level is set at 95% (α: 0,05). Dunnet T3 Test performed as post-hoc procedure in order to reveal significant differences among sub-groups. These are showed below average figures of each factor by letters. (a>b>c)

Table 4.2 Importance of Hospital Preference Factors' Difference According to Gender

n:125	Mean	Max	Min	St. Deviation
Awareness of hospital	4,22	5,00	2,00	,65
Awareness of physicians	4,26	5,00	2,00	,54
Extra pay for treatments	4,02	5,00	1,00	,83
Relation with a long-established hospital	4,15	5,00	1,00	,69
Accessibility	4,31	5,00	3,00	,50
Car park	4,10	5,00	1,00	,68
Guidance (signs in hospital)	4,21	5,00	3,00	,46
Guidance (hospital staff)	4,24	5,00	3,00	,53
Outward appearance of hospital staff	4,40	5,00	1,00	,66
Behaviors of hospital staff	4,48	5,00	3,00	,56
Overall purity of hospital	4,64	5,00	3,00	,50
Purity of toilets	4,64	5,00	2,00	,54
Latency time for registration	4,32	5,00	3,00	,48
Clarity of information	4,37	5,00	3,00	,50
Kindness	4,52	5,00	3,00	,52
Anteroom and chair sufficiency	4,39	5,00	3,00	,54
Noise level	4,40	5,00	3,00	,54
Overall quality	4,50	5,00	3,00	,52
Communication system	4,49	5,00	3,00	,55
Overall service	4,62	5,00	4,00	,49
Total importance score	***4,37***	***5,00***	***3,75***	***,34***

4.3.1 Importance of Hospital Preference Factors' Difference According to Gender

"Extra pay for treatments" is statistically more important for males than females. Total importance score of male respondents is also significantly higher.

Table 4.3 Importance of Hospital Preference Factors' Difference According to Gender

Factors	Mean		t-test for Equality of Means	
	Male	Female	t	p
Extra pay for treatments	4,17	3,86	2,078	,040
Total importance score	4,42	4,30	2,070	,041

"Extra pay for treatments" is statistically more important for males than females. Total importance score of male respondents is also significantly higher.

4.3.2 Importance of Hospital Preference Factors' Difference According to Marital Status

"Car park", "Accessibility", "Outward appearance of hospital staff", "Behaviors of hospital staff", "Latency time for registration" and "Noise level" factors are statistically more important for single respondents than married ones. Total importance score of them is also significantly higher. Thus single patients tend to be more sensitive than married patients.

Table 4.4 Importance of Hospital Preference Factors' Difference According to Marital Status

Factors	Mean		t-test for Equality of Means	
	Married	Single	t	p
Accessibility	4,23	4,43	-2,200	,030
Car park	3,97	4,28	-2,496	,014
Outward appearance of hospital staff	4,28	4,57	-2,395	,018

Behaviors of hospital staff	4,37	4,65	-2,692	,008
Latency time for registration	4,23	4,43	-2,232	,027
Noise level	4,31	4,54	-2,349	,020
Total importance score	4,30	4,45	-2,403	,018

4.3.3 Importance of Hospital Preference Factors' Difference According to Age

"Awareness of hospital" is statistically more important for 30-44 and 45-99 age groups than 60+ age group. Total importance score of respondents in 18-29 age group is significantly higher than 60+ age group. Thus older patients tend to be less sensitive than younger ones.

Table 4.5 Importance of Hospital Preference Factors' Difference According to Age

Factors	Mean				F test	
	18-29	30-44	45-59	60 +	F	Sig.
Awareness of hospital	4,20	4,32	4,32	3,75	3,768	,013
		a	***a***	***b***		
Car park	4,20	4,16	4,16	3,56	4,098	,008
	a			***b***		

4.3.4 Importance of Hospital Preference Factors' Difference According to Education

"Awareness of hospital", "Accessibility" and "Guidance (signs in hospital)" factors are statistically more important for university-graduated patients than high school graduated ones.

"Extra pay for treatments" is more important for uneducated, primary and high school graduated patients than university-graduated ones. It is expected cause is probably less income of lower educated patients.

"Overall purity of hospital", "Purity of toilets" and "Kindness" factors are statistically more important for patients who have master or PhD degree than primary, high school and also university-graduated ones. Overall quality and total importance score of patients who have master or PhD degree is significantly higher than university-graduated respondents. According to these results patients who have master or PhD degree are kind of fastidious in terms of purification.

There is no statistical difference according to occupational status of patients.

Table 4.6 Importance of Hospital Preference Factors' Difference According to Education

Factors		Mean				F test	
	Uneducated	Primary school	High school	University	Master / PhD	F	p
Awareness of hospital	4,60	3,85	4,39	4,03	4,33	4,163	,003
			a	***b***			
Extra pay for treatments	4,60	4,40	4,13	3,52	3,75	5,446	,000
	a	***a***	***a***	***b***			
Accessibility	4,60	4,30	4,37	4,07	4,63	3,372	,012
			a	***b***			
Guidance (signs in hospital)	4,40	4,10	4,25	4,07	4,56	2,625	,038
			a	***b***			

Overall purity of hospital	4,80	4,60	4,68	4,45	5,00	2,626	,038
		b	***b***	***b***	***a***		
Purity of toilets	4,80	4,65	4,69	4,38	5,00	3,098	,018
		b	***b***	***b***	***a***		
Kindness	4,60	4,65	4,48	4,34	5,00	3,178	,016
		b	***b***	***b***	***a***		
Overall quality	4,80	4,60	4,48	4,31	4,89	3,075	,019
				b	***a***		
Total importance score	4,50	4,35	4,39	4,22	4,59	2,814	,028
				b	***a***		

4.3.5 Importance of Hospital Preference Factors' Difference According to Insurance Status

"Extra pay for treatments" is more important for patients who have not any insurance than others. It is expected cause is probably less income and higher rate of payments for uninsured patients.

Table 4.7 Importance of Hospital Preference Factors' Difference According to Insurance Status

Factors	Mean			F test	
	SGK	Private insurance	None	F	p
Extra pay for treatments	4,04	3,76	5,00	3,228	,043
	b	***b***	***a***		

4.3.6 Importance of Hospital Preference Factors' Difference According to Hospital Experience

"Accessibility", "Car park", "Latency time for registration" and "Noise level" factors are statistically more important for respondents who have previous experience on hospitals than inexperienced ones.

Table 4.8 Importance of Hospital Preference Factors' Difference According to Hospital Experience

Factors	Mean		t-test for Equality of Means	
	Yes	No	t	p
Accessibility	4,29	5,00	-2,469	,015
Car park	4,06	5,00	-2,432	,016
Latency time for registration	4,30	5,00	-2,544	,012
Noise level	4,38	5,00	-1,999	,048

4.3.7 Importance of Hospital Preference Factors' Difference According to the Most Important Factor of Hospital Preference

"Awareness of physicians" factor is statistically more important for respondents who satisfied from previous experience on hospitals than others.

"Outward appearance of hospital staff" factor is statistically more important for respondents who care friends' recommendations for hospital preference than others.

Table 4.9 Importance of Hospital Preference Factors' Difference According to the Most Important Factor of Hospital Preference

Factors	Mean		t-test for Equality of Means	
	Satisfied from previous experience	Recommended by a friend	t	p
Awareness of physicians	4,37	4,08	2,857	,005
Outward appearance of hospital staff	4,29	4,59	-2,367	,020

4.3.8 Importance of Hospital Preference Factors' Difference According to Hospital Preference for Treatment

"Extra pay for treatments" factor is statistically more important for respondents who prefer University / Public Hospital than others.

Table 4.10 Importance of Hospital Preference Factors' Difference According to Hospital Preference for Treatment

Factors	Mean		t-test for Equality of Means	
	University / Public Hospital	Pay Hospital	t	p
Extra pay for treatments	4,18	3,85	2,213	,029

4.3.9 Importance of Hospital Preference Factors' Difference According to Having Regular Sanitary Control

"Car park", "Outward appearance of hospital staff", "Behaviors of hospital staff" and "overall service" factors are statistically more important for respondents who have regular sanitary control than others.

There is no statistical difference according to hospital changing frequency of patients.

Table 4.11 Importance of Hospital Preference Factors' Difference According to Having Regular Sanitary Control

Factors	Mean		t-test for Equality of Means	
	Yes	No	t	p
Car park	4,17	3,71	2,909	,004
Outward appearance of hospital staff	4,50	3,95	3,594	,000
Behaviors of hospital staff	4,54	4,19	2,685	,008
Overall service	4,67	4,33	3,032	,003

4.3.10 Importance of Hospital Preference Factors' Difference According to Being a Long-Established Hospital

"Awareness of physicians", "Extra pay for treatments" and "Latency time for registration" factors are statistically more important for respondents who do not care hospital's establishment status whether long or not than others.

Table 4.12 Importance of Hospital Preference Factors' Difference According to Being a Long-Established Hospital

Factors	Mean		t-test for Equality of Means	
	Yes	No	t	p
Awareness of physicians	4,23	4,80	-2,357	,020
Extra pay for treatments	3,97	4,80	-2,209	,029
Latency time for registration	4,28	5,00	-3,377	,001

4.3.11 Importance of Hospital Preference Factors' Difference According to Waiting for Bureaucratic Procedures

Significantly important factors including overall service and total importance score for waited patients for bureaucratic procedures detailed in Table 13. It is expected that according to patients to wait for bureaucratic procedures is an important unsatisfactory issue.

Table 4.13 Importance of Hospital Preference Factors' Difference According to Waiting for Bureaucratic Procedures

Factors	Mean		t-test for Equality of Means	
	0-20 minutes	More than 20 minutes	t	p
Extra pay for treatments	3,9545	4,5833	-2,538	,012
Accessibility	4,2523	4,8333	-4,078	,000

Guidance (signs in hospital)	4,1455	4,6667	-3,974	,000
Guidance (hospital staff)	4,1892	4,6667	-3,070	,003
Latency time for registration	4,2636	4,7500	-3,463	,001
Clarity of information	4,3273	4,7500	-2,855	,005
Kindness	4,4595	5,0000	-3,598	,000
Anteroom and chair sufficiency	4,3333	4,8333	-3,183	,002
Noise level	4,3514	4,8333	-3,039	,003
Overall quality	4,4455	4,9167	-3,095	,002
Communication system	4,4364	4,9167	-2,969	,004
Overall service	4,5676	5,0000	-2,999	,003
Total importance score	4,3196	4,7167	-4,142	,000

4.3.12 Importance of Hospital Preference Factors' Difference According to Waiting Before Treatment

Significantly important 12 factors including overall service and total importance score for waited patients for treatment detailed in Table 14. It is expected that such as keeping waited for bureaucratic procedures, waiting before treatment is very unsatisfactory issue for patients.

Table 4.14 Importance of Hospital Preference Factors' Difference According to Waiting Before Treatment

Factors	Mean		t-test for Equality of Means	
	Yes	No	t	p
Extra pay for treatments	3,9545	4,5833	-2,538	,012
Accessibility	4,2523	4,8333	-4,078	,000
Guidance (signs in hospital)	4,1455	4,6667	-3,974	,000
Guidance (hospital staff)	4,1892	4,6667	-3,070	,003
Latency time for registration	4,2636	4,7500	-3,463	,001
Clarity of information	4,3273	4,7500	-2,855	,005
Kindness	4,4595	5,0000	-3,598	,000
Anteroom and chair sufficiency	4,3333	4,8333	-3,183	,002
Noise level	4,3514	4,8333	-3,039	,003
Overall quality	4,4455	4,9167	-3,095	,002
Communication system	4,4364	4,9167	-2,969	,004
Overall service	4,5676	5,0000	-2,999	,003
Total importance score	4,3196	4,7167	-4,142	,000

4.3.13 Importance of Hospital Preference Factors' Difference According to Monthly Income

"Awareness of physicians" and "Latency time for registration" factors are statistically more important for patients whose monthly income is more than 5000 TL than all others.

"Extra pay for treatments" factor is more important for 300-5000 TL monthly income group than less than 1000 TL income group patients.

"Behaviors of hospital staff" and "Communication system" factors are statistically more important for patients whose monthly income is more than 5000 TL than less than 3000 TL.

Table 4.15 Importance of Hospital Preference Factors' Difference According to Monthly Income

Factors	Mean				F Test	
	Less than 1000 TL	1000-3000 TL	3000-5000 TL	More than 5000 TL	F	p
Awareness of physicians	4,23	4,32	3,83	5,00	4,418	,006
	b	***b***	***b***	***a***		
Extra pay for treatments	4,32	4,02	3,45	3,50	3,182	,026
	a		***b***			
Behaviors of hospital staff	4,35	4,46	4,83	5,00	2,770	,045
	b	***b***		***a***		
Latency time for registration	4,46	4,27	4,18	5,00	2,714	,048
	b	***b***	***b***	***a***		
Communication system	4,62	4,40	4,75	5,00	2,713	,048
	b	***b***		***a***		

4.4 Summary of the Study

Summarized results of our study which is conducted with 125 patients of Kocaeli Özel Akademi Hospital in Kocaeli province are detailed below:

Demographics:

- According to gender distribution, 48,8% of them are female and 51,2% of them are male.
- There are 5 uneducated people in the sample. Out of 16% of all respondents are graduated from primary school, 49,6% are graduated from high school, 23,2% are graduated from university and 9 people have a master or PhD degree.
- 23,2% of patients are in 18-29 age group, 34,4% of them in 30-44 age group, 29,6% are in 45-59 age group and 12,8% of them older than 60.
- Married proportion of sample is 62,9% and 37,1% of interviewed patients are single.
- 25,6% of patients is unemployed. 26,4% of them are government sector employee/relative, 48% of them are private sector employee/relative.
- According to monthly income; 20,8 of patients claimed that they earn less than 1000 TL in a month. Monty income of 68% is between 1000-3000 TL and 9,8% is between 3000-5000 TL. Only 2 patients claimed that their monthly income is more than 5000 TL.
- 79,8% of respondents have SGK, 17,7% of them have private insurance and 3 person have no health insurance.

Preferences and Experiences About Hospitals

- Most of the patients (97,6%) have a hospital experience before.
- 63,6% of respondents answer he most important factor of hospital preference question as “satisfied from previous experience”. However, 36,6% of them answered as “It is recommended by a friend”.
- Nearly half of the respondents prefer more university / public hospitals than pay hospital and vice versa.
- 82,9% of patients claimed that they are going regular sanitary controls.

- 91,1% of respondents declared to change their hospital if they face with any problem. 95,9% of them claimed that long-established hospitals affect their hospital preference.
- 90,2% of respondents indicated that they waited 0-20 minutes for bureaucratic procedures, even 9,8% of them said that the waiting time was more than 20 minutes. Also 77,6% of patients claimed that they waited before examination.

Preferences Differentiations According to Demographics and Behaviors

- The most important factors of affecting hospital preference are "Overall purity of hospital" and "Purity of toilets". Surprisingly "Extra pay for treatments" was the least important according to respondents.
- "Extra pay for treatments" is statistically more important for males than females. Total importance score of male respondents is also significantly higher.
- "Car park", "Accessibility", "Outward appearance of hospital staff", "Behaviors of hospital staff", "Latency time for registration" and "Noise level" factors are statistically more important for single respondents than married ones. Total importance score of them is also significantly higher. Thus single patients tend to be more sensitive than married patients.
- "Awareness of hospital" is statistically more important for 30-44 and 45-99 age groups than 60+ age group. Total importance score of respondents in 18-29 age group is significantly higher than 60+ age group. Thus older patients tend to be less sensitive than younger ones.
- "Awareness of hospital", "Accessibility" and "Guidance (signs in hospital)" factors are statistically more important for university-graduated patients than high school graduated ones. "Extra pay for treatments" is more important for uneducated, primary and high school graduated patients than university-graduated ones. It is expected cause is probably less income of lower educated patients. "Overall purity of hospital", "Purity of toilets" and "Kindness" factors are statistically more important for patients who have master or PhD degree than primary, high school and also university-graduated ones. Overall quality and total importance score of patients who have master or PhD degree is significantly higher than university-graduated respondents. According

to these results patients who have master or PhD degree are kind of fastidious in terms of purification.

- "Awareness of physicians" and "Latency time for registration" factors are statistically more important for patients whose monthly income is more than 5000 TL than all others. "Extra pay for treatments" factor is more important for 300-5000 TL monthly income group than less than 1000 TL income group patients. "Behaviors of hospital staff" and "Communication system" factors are statistically more important for patients whose monthly income is more than 5000 TL than less than 3000 TL.
- "Extra pay for treatments" is more important for patients who have not any insurance than others. It is expected cause is probably less income and higher rate of payments for uninsured patients.
- "Accessibility", "Car park", "Latency time for registration" and "Noise level" factors are statistically more important for respondents who have previous experience on hospitals than inexperienced ones.
- "Awareness of physicians" factor is statistically more important for respondents who satisfied from previous experience on hospitals than others.
- "Outward appearance of hospital staff" factor is statistically more important for respondents who care friends' recommendations for hospital preference than others.
- "Extra pay for treatments" factor is statistically more important for respondents who prefer University / Public Hospital than others.
- "Car park", "Outward appearance of hospital staff", "Behaviors of hospital staff" and "overall service" factors are statistically more important for respondents who have regular sanitary control than others.
- "Awareness of physicians", "Extra pay for treatments" and "Latency time for registration" factors are statistically more important for respondents who do not care hospital's establishment status whether long or not than others.

As a result convenience and purity are important factors as well as waiting and service quality for patients. Also low educated and older patients expectations are lower than others. On the contrary single and richer patients are more sensitive. Experienced patients care awareness of hospital and doctors more than service related issues. Financial concerns are valid for a lot of the patients.

5. CONCLUSIONS AND RECOMMENDATIONS

Customer Relationship Management, is a marketing strategy. The building blocks; human forms and process technology. In parallel with the development of our country in the world it has started to gain importance in the CRM market. The reason, intensified competition, the positive relationship established between provider and customer reveals the superiority of the service provider as an important factor. In the 2000s and healthy long-term customer relationships, organizations will be one important means of competition. Large enterprises who realize the importance of CRM in our country, begin to make appropriate CRM infrastructure is still small businesses, they can integrate their CRM within the large enterprise, they see it as a cost-effective implementation. To sum up, competition is intense, the sector saw the creation of information systems have implemented CRM as a marketing strategy.

Patients is an important factor in the choice of health care provider. According to the research of influential factors in patient hospital services at the beginning of the election must be easily accessible. Therefore, proximity to patients in the hospital facility location selection and transport facilities should be considered. Another local factor affecting the choice of hospital decision environment in which the service (examination rooms, patient rooms, waiting rooms and cleaning), to have modern machinery and equipment and other physical conditions (the building's appearance, parking, elevators, etc ...) is competence. Therefore, hospital administrators, improvements in the physical conditions which should improve the impact on patient satisfaction and medical technology must be closely followed. Another criteria that influence the choice of hospital, the hospital's image.

Therefore, hospital administrators, staff need to leave a good image on both the patient and the community, must continue to run image development. Good recognition and is an important asset for a hospital social level want a good image of the organization level. Create an image for him or development programs, and efforts should be based on facts. Because compared to former patients of the hospital when choosing where to collect more information and news on health institutions should not be forgotten that they followed more closely and should be objective and sufficient information to

patients. Because this information plays an important role in facilitating the selection of patients.

There are a lot of significantly important factors including overall service and total importance score for both waited patients for bureaucratic procedures and kept waited ones before treatment. It is expected that according to patients to waiting is an important unsatisfactory issue.

As a result, the most important step of the customers of the service provided by the hospital institutions of the health sector that is how it is perceived by the patient, and what the satisfaction dimensions and that both respects from the hospital should be how demographic and is examined through socio-economic data, but completely different factors affecting the choice of hospital for patients. It was also observed.

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APPENDICES

APPENDIX 1: The QUESTIONNAIRE USED in the STUDY

Sayın Katılımcı;

Bu çalışma Okan Üniversitesi Sosyal Bilimler Enstitüsü İşletme Yönetimi Anabilim Dalı İngilizce İşletme Yönetimi bölümü Yüksek Lisans Programı Bitirme Tez çalışması kapsamında başlatılmıştır. Özel Kocaeli Akademi Hastanesi aracılığı ile yürütülen çalışmamda anket oluşturularak konuyla ilgili veriler incelenecektir. Çalışmaya sağladığınız destekten dolayı şimdiden teşekkür ederiz.

Ece ATALAY

Okan Üniversitesi

Sosyal Bilimler Enstitüsü

İşletme Yönetimi Anabilim Dalı

İngilizce İşletme Yönetimi Bilim Dalı Yüksek Lisans Öğrencisi.

1.Yaşınız:

( ) 18-29 yaş ( ) 30-44 yaş ( ) 45-59 yaş ( ) 60 yaş ve üstü

2.Cinsiyetiniz:

( )Erkek ( )Kadın

3.Medeni durumunuz:

( )Evli ( )Bekar

4.Eğitim durumunuz?

( ) Okur -yazar değil ( ) İlköğretim ( ) Lise ( ) Lisans ( )Yüksek Lisans - Doktora

5.İş Durumunuz?

( )Çalışmıyor ( )Kamu çalışanı/Çalışan yakını ( ) Özel sektör çalışanı/ Çalışan yakını

6.Sağlık sigortası ve türü:

( ) SGK ( ) Özel Sigorta ( ) Güvence yok.

7. Hastaneyle ilgili olarak önceki deneyimlerinizin hastane seçimi üzerine etkilimidir?

( ) Evet ( ) Hayır

8.Hastane seçiminizdeki en önemli etken sizce nedir?

( ) Önceki hizmetten memnun kaldım ( ) Dost/arkadaş tavsiyesi/reklam

9.Muayene olmak için daha çok hangi sağlık kurumunu seçiyorsunuz?

( )Üniversite Hastanesi/ Devlet Hastanesi ( )Özel Hastane

10. Düzenli sağlık kontrollerinden geçer misiniz?

( ) Evet ( ) Hayır

11. Hastanenizi ne sıklıkla değiştirirsiniz?

( ) Bir problem yaşadığımda ( ) Hiç

12. Hastanenin uzun yıllardır faaliyette olan bir hastane olması seçiminizi etkiler mi?

( ) Evet ( ) Hayır

13. Hastaneye geldikten sonra muayene olmak için bürokratik işlemlere (hasta kabul, kayıt vb.) harcadığınız toplam süre ne kadardır?

( ) 0-20 dakika ( ) 20 dakikadan fazla

14. Muayene öncesinde beklediniz mi?

( ) Beklemedim. ( ) Bekledim.

15. Aylık gelir

( ) 1000 TL altı ( ) 1000-3000 TL arası ( ) 3000-5000 TL arası ( ) 5000 TL üstü

<u>Lütfen aşağıdaki soruları tek seçenekle yanıtlayınız.</u>

1. Hastane seçiminizde, hastanenin tanınmışlığı / bilinilirliği seçiminizde ne kadar önemlidir? .

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

2. Hastane seçiminizde, hekimlerin tanınmışlığı / bilinilirliği seçiminizde ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

3. Tedavi için ödenen fark ücreti sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

4. Yeni açılan bir hastanenin köklü bir kuruluşuna bağlı bir sağlık kurumu olması seçiminizde ne kadar önemlidir?

1. ( ) Hiç önemli değil.

2. ( ) Önemsiz.

3. ( ) Ne önemli ne önemsiz.

4. ( ) Önemli.

5. ( ) Çok önemli

5. Hastaneye gelirken ulaşımda sıkıntı yaşamanız, yeterli tabela ve yönlendirmelerin olmaması hastane seçiminiz için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

6. Hastanenin otopark imkanları, ulaşım kolaylığı hastane seçiminizde ne kadar önemlidir?

1.( ) Hiç önemli değil.

2. ( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4. ( ) Önemli.

5. ( ) Çok önemli

7. Hastanedeki levhaların sizi anlaşılır ve doğru olarak yönlendirmesi veya hastane personeli tarafından size iletilmesi sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

8. Gideceğiniz yönlerin hastane personeli tarafından size iletilmesi sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

9. Personelin kılık kıyafeti, binanın mefruşatının hastane seçiminde ne kadar önemli olduğunu düşünüyorsunuz?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

10. Personelin tutum ve davranışının hastane seçiminde ne kadar önemli olduğunu düşünüyorsunuz?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

11. Hastanenin genel temizliği hastane seçiminizde ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

12. Hastanedeki tuvaletlerin temizliği, kullanılabilirliği, havalandırması sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

13. Hastaneye başvurduğunuzda kayıt işlemleri için beklediğiniz süre hastane seçiminizde ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli.

5.( ) Çok önemli

14.Size verilen bilgilerin açıklık ve anlaşılırlığı hastane seçiminizde ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

15. Hastane içerisinde rahatınıza ve mahremiyetinize gösterilen destek, dikkat, ilgi ve kibarlık ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

16. Bekleme salonunun bulunması ve yeterli sandalye olması sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

17. Hastane içerisindeki gürültü sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

18. Hastanenin genel kalitesi hastane seçimizde ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

19. Hastanedeki haberleşme sisteminin yeterli, düzenli olarak ihtiyacınızı karşılıyor olması sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

20. Tedavi olduğunuz hastaneden aldığınız hizmet, genel olarak sizin için ne kadar önemlidir?

1.( ) Hiç önemli değil.

2.( ) Önemsiz.

3.( ) Ne önemli ne önemsiz.

4.( ) Önemli

5.( ) Çok önemli

TEŞEKKÜR EDERİM.

CURRICULUM VITAE

Ece Atalay was born in Istanbul in 21 July 1990. After completing her primary and secondary education in Kocaeli, she continued her high school life in Istanbul. In 2013, she graduated from Health Science Faculty of Okan University. In 2014, she did Master of Business Administration of Okan University, and now she has written her thesis.