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STRATEGIC BRAND MODEL PROPOSAL FOR PATIENT SATISFACTION AND PRIVATE HEALTHCARE PREFERENCES

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Strategic Brand Model Proposal for Patient Satisfaction and Private Healthcare Preferences

Selver GOK¹, Emre BURCKIN²

Abstract

The success and survival of healthcare services depend largely on meeting the wishes and expectations of the patient. Patient satisfaction can be defined as increasing the satisfaction level by meeting their needs and desires, thus decreasing customer turnover. The brand is the care the healthcare institution offers the patient and it is predicated on the patient's personal satisfaction and their personally perceived satisfaction stemming from the credentials of the healthcare business. As a result, the credential's of the brand is a phenomenon that takes shape by how the brand expresses itself. The brand itself is the credential. The element that directly affects customer demands and expectations in health institutions is the emotional bond the institution forms with consumers. The purpose of the study is to identify the actions which healthcare enterprises take towards building corporate credentials, to address the strategy of such institutions in establishing their credentials through patient satisfaction and to measure the effect of a brand value phenomenon derived from the credentials. The comparison made by patients and their relatives of one healthcare institution with another which results in the emergence of satisfaction with a brand is a persuasive factor in wages policy against other competitors. The research was supported by measurement and evaluation processes and it aimed to develop a strategic brand model proposal.

Keywords: healthcare institutions, patient satisfaction, brand, brand perception, trust, social development.

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Introduction

It is seen that the behaviors towards protecting human health and raising health generations have been continuing since the existence of man. While primarily instinctive in humans, these behaviors have evolved into voluntary and conscious behaviors through individual and social development. The healthcare sector emerged as a natural result of all these rational and conscious personal and social behaviors. The provision of healthcare and healthcare services is especially important in creating and maintaining good quality for human life. In this regard, measuring the quality of the services provided by healthcare enterprises provides important information and data that can help increase the quality of service. In addition, such data is an important contribution to healthcare companies while preparing for and determining their future policies and strategies (Derin & Demirel, 2013). Health, which is defined by the World Health Organization (WHO) as a state of well-being in terms of spiritual, physical and social health, is a basic human right, and everyone should have access to this right equally, fairly and economically (Dogan, Bakan, & Hayva, 2017). Healthcare service, which is based on the protection and improvement of the physical, mental and social health of people, is the primary element with a direct effect on increasing the quality of life and ensuring the continuity of lives (Aslantekin, *et.al*, 2007). It is defined as “all planned work done to protect the health of people and communities, to treat individuals when they get sick, to rehabilitate and teach those who cannot fully recover and remain handicapped to survive without being dependent on others and to increase the health statuses of communities” (www.megep.meb.gov.tr, 2012) (Dogan, Bakan, & Hayva, 2017). Unlike other service sectors, the healthcare services sector cannot focus on cost and efficiency controls due to the fact that social welfare is its main objective. However, the healthcare sector faces market competition, as in all other sectors, and they need to compete to build patient loyalty using limited resources. Healthcare services are characterized by complex and information asymmetries that are likely to create a high degree of uncertainty among patients in regards to what the characteristics of health services are (Anderson & Smith, 2018; Murray & McCrone, 2014). Healthcare companies create brand value by raising service awareness and thus limiting such uncertainties. Kim *et al.* (2008) argue that brand value has a positive effect on the image of a healthcare business and that business executives can improve that image by raising brand value and thus increasing patient satisfaction (Cheng *et al.*, 2016). Creating and maintaining a brand requires effective management aimed at supporting the brand (Burmam, Zeplin & Riley, 2009). Today, healthcare companies have made developing human resources management and creating an effective brand values their main targets (Wirtz & Jerger, 2016).

Patient Satisfaction

Healthcare institutions must render reliable and quality service to their patients (customers) as it is a service that is indispensable and that cannot be delayed. In this context, patient satisfaction plays a very important role in present day healthcare. In an environment where the competitive market is getting fiercer, these institutions have to adopt and develop sensitivity to the concept of “Customer-Patient Satisfaction”, which has become one of the main factors contributing to the survival of the institutions (Tasliyan & Gok, 2002). Until recently, the issue of quality in health services had been regarded as a professional and technical issue, but today, patient expectations and opinions and patient satisfaction have become decisive factors when assessing quality. In the traditional patient care, the service was provided based on the perspective of those providing it; however today the focus is on care generated from the perspective of the customer (Esatoglu, 1997, Boukis, 2016).

Therefore, it is not wrong to maintain that defining and measuring customer satisfaction is one of the important tasks of hospital managers. Patient-Customer satisfaction can be described as a situation where expectations and demands are met, the complaints are rare; that is, it is the increase in acquisition of new customers and a low turnover rate. Customer satisfaction may lead to customer recommendation which in turn has an overall positive effect on the healthcare institution. The data obtained in this study can help healthcare institutions to establish an emotional bond between patients and their credentials.

In short, patient satisfaction is the patient’s perception and expectation of the service they are receiving. A patient has certain expectations before receiving the service and has certain perceptions based on the experience they have had after they receive the service. Patients decide whether they are satisfied by making a comparison between the quality they perceive and the quality they expect (Bery *et al.*, 1985).

Thus, a satisfied patient may be more open and clear, determined to comply with some difficult procedures while undergoing treatment. This can either eliminate or minimize the negative impact on the outcome of the service provided (Ozgen, 1995; Turkel, 2004). Patient Satisfaction is defined as “the main authority that gives information about the extent to which the values and expectations of the patient have been met is the patient himself and is; therefore, the criterion of the quality offered” (Kilinc, 2009). Patient satisfaction consists of three processes (Derin & Demirel, 2013): (1) Previous experiences, sensations, perceptions; (2) Experiences, sensations, perceptions created while receiving the service; (3) Post-service experiences, sensations, perceptions.

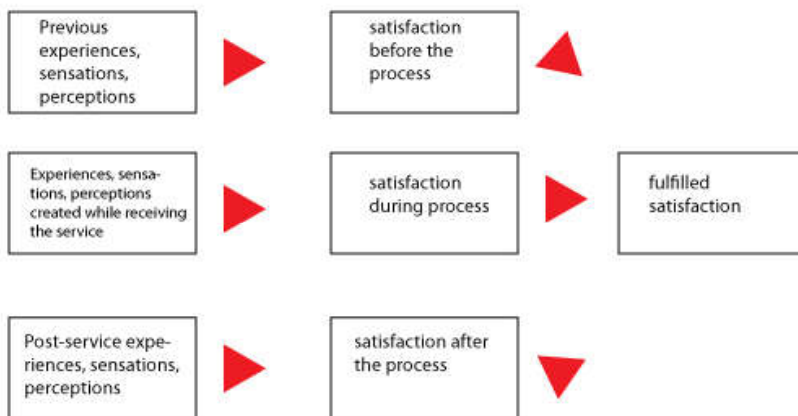


Figure 1: Patient satisfaction process

Previous comments, experiences and perceptions play a major role in patient satisfaction. Based on these, comments, experiences and perceptions made at the time of service are very important. In other words, patient satisfaction is a result of the sensations, experiences and perceptions that occur after the service. Satisfaction after service generally depends on the success of phone calls. There are cognitive, emotional and behavioral evaluations in patient satisfaction. Patient loyalty depends on all of these patient satisfaction processes and evaluations. Health services are services provided for the purpose of increasing human life quality, sustainability and protection. Determining new strategies and determining the sustainability of the service quality based on the results of the evaluation of the previous service is an important feature in terms of attaining patient satisfaction.

Service quality is a subjective concept. Understanding how customers think about service quality is the basis of effective management. Although a general consensus exists that the superiority of the service is judged holistically, there is no general agreement on the nature or structure of this approach. Only recently have more comprehensive examinations other than that of accommodation in healthcare received attention, focusing on the patients' evaluation of the overall experience, adding subjectivity and overall satisfaction to the mix (Erickson & Rothberg, 2013; Kelly, Losekoot, & Wright-St. Clair, 2016). However, this has not been enough and it is clear that health services require a deeper foundation in terms of experimental approach and a stronger basis for discussion. The inclusion and evaluation of intangible assets in this approach seem to provide this foundation. Therefore, for an intangible asset this asset is the brand. Determining factors related to patient satisfaction, such as understanding how service quality is perceived by patients, what is valuable for patients, where, when and how to make service improvements, is extremely important for health institutions (Zineldin, 2006).

Brand and Branding

The first use of the brand in history was to mark a product in order to indicate where this particular product was produced or by whom (Taskin & Akat, 2012). In other words, branding relates to the concept of belonging and thus it creates a sense of belonging in the person. Therefore, the future of businesses depends on their ability to adapt and change rapidly and to successfully create a brand. Another definition for what a brand is suggests that a brand has more meaning for the business than naming or symbolizing products and services. The brand is an important strategy for the segmentation of the market, that is, it enables businesses to meet different consumer demands and requirements with different products and brands. It is the past and the future of the product and it gives identity and meaning to the product. Furthermore, it creates an emotional bond between the business and the consumer (Tengilimoglu, 2014).

According to the perspective of branding in the field of service, a brand is a service with its own unique qualities. These unique qualities can also be defined as the means that enables people to distinguish one brand from another and select accordingly (Aaker, 1995). When consumers re-purchase any product or service they want, desire or need, an emotional bond is created between the brands that belong to the product or service and consumers. Many experts link the emergence of branding to tribal instincts, while others attribute it to the nature of being human (Millman, 2012). The Industrial Revolution brought striking innovations in manufacturing and communication. It led to the first mass marketing efforts through the use of advertising media. Currently, designers and marketers are promoting change via brands and branding.

The idea that the brand creates an emotional bond with its consumer naturally leads the consumer to the process of brand preference. The most important moment of this process is “Decisive Moment”. “Decisive Moment” is the moment when a consumer decides to buy a brand. From that moment on, a personal relationship is to develop depending on whether the brand can address the consumer’s values and desires in a meaningful way. Linking a brand to a mission is important and necessary because the main idea of purposeful brands is to witness, embrace and celebrate the positive outcomes that brands have on people’s lives. Strong brand perception may increase company revenues and customer loyalty and competitive marketing environment may increase the interest (Keller, 1993). Cobb-Walgren, Ruble & Donthu (1995) show that a high level of brand value can lead to consumer preferences and a desire to buy. The combination of thinking skills with creative skills represents one of the greatest talents in brand creation. In other words, it can be said that the brand is a phenomenon with which the person establishes an “unexplained emotional connection”. Attaining a successful corporate identity in the health sector depends on branding and sustainable corporate reputation based on the establishment of trustworthy marketing strategy models. Although measuring brand value is important, there is no psychometrically based and

sufficiently sensitive brand value research index in practice for managers to consult (Yoo & Donthu, & Lee, 2000; Yoo & Donthu, 2001).

Some modeling studies have been carried out by Diamantopoulos and Winklhofer (2001) and Arnett, Laverie, & Meiers (2003) in measuring the brand value of a healthcare company; however they are not relatable to this study. On the other hand, when the issue is approached within this framework, the necessity of a communication system, which must be managed very well between the parties, emerges. Achieving quality communication in the health sector is possible by identifying and managing the needs and problems of all parties. Health communication encompasses factors such as raising awareness of individuals, organizations, societies about health and what is beneficiary, fulfilling the need for information and providing correct information, creating and raising health awareness, creating the awareness of the right to health as a patient or individual, and raising the awareness of living in and maintaining a healthy environment and to be successful in doing so it implements these communication strategies efficiently. Health communication is an age of maturity about the processes of awakening and exciting situations of behavioral sciences

The realization of the target is possible with a strong management team. The aim is to increase the satisfaction of the parties and to make it permanent. For the communication to be effective, the satisfaction of all health personnel, especially the management staff, should be evaluated within this scope. Attaining a sustainable satisfaction understanding indicator is possible with a sufficiently satisfied patient profile. Addressing satisfaction not only as a goal but as a culture guarantees continuity in the trust and reputation of the institution and through this the institution achieves its corporate identity and brand goals. In light of social marketing principles the concept of “marketing of the idea” is the basic and indispensable factor in “brand creation”. In other words, the need for the marketing of the service arises. These studies can transform healthcare companies into strong, national, and then regional and international healthcare companies brands.

The quality of health services strengthens the brand value. Therefore, creating strong and reliable brands is an important task as these brands can promote a country by projecting its health services to the world. As a result, it is necessary for healthcare companies to determine their target audience correctly for while creating a brand, to correctly determine the branch in which they have relative superiority in services and to accelerate branding by encouraging mutual relationship. Therefore, the following research has been carried out in order to determine how social marketing understanding and approach affects brand creation and branding.

Methodology

Purpose of the research

The question for this research was determined as “Do brands have an impact on consumer behavior in health institutions?” Tests of identified hypotheses and the evaluation of the findings obtained from a questionnaire helped determine the results.

Research Model and Processes

The research measured how brand awareness is perceived by individuals receiving the service from healthcare institutions and to associate the brand image with the service preference. The questionnaire’s reliability was measured with descriptive statistical values in the light of demographic information. The research was evaluated within the scope of the criteria and qualifications used during the identification process of the research problem. These criteria and qualifications were determined as significance, innovation, compliance with established ethical rules, proficiency in the field, proficiency in methods and techniques, data collection permit, time and opportunity competence, and the competency of the participant. Once the model was determined, the research was conducted in accordance with the established ethical rules.

Constraints and Assumptions

The research was evaluated within the limits of margin and reliability of the universe and its sample. The limitations of the research are the assumptions that the participants gave correct, sincere answers and the assumptions that the analysis and techniques used were appropriate.

The Target Population (Universe) of the Research and Sampling

The target population of the study is the healthcare consumers over the age of 15, who live within the boundaries of Istanbul. The data of Istanbul’s population in 2016 was obtained from of TURKSTAT 14.804.116 during the calculation of the target population (universe) for this research. Since the research was conducted in June 2017, it was estimated that there would be a 1% increase in the population in comparison to the previous year, 14.878.137 people with the addition of 74.021 people were determined as the target population. Of these, 14.86% were under the age of 15; thus the target population was determined at 12.593,225. The sample of the study was determined by using the stratified random sampling method, one of the probable sampling methods for 820 questionnaire sizes. The formula used is Margin of Error Formula (Bal, 2001).

According to the formula:

$$ME = z \sqrt{\left(\frac{p(1-p)}{n}\right)}$$

$$ME = 1,96 \sqrt{\left(\frac{p(1-p)}{n}\right)}$$

(For 95% confidence interval)

p = 0.5

n = Number of Polls

z = 1.96 Constant Coefficient

ME = Margin of Error

As a result, the sample size calculated according to the formula was found to be 820 with a 95% confidence level and an error of 3.42.

Data Collection Method and Process: The questions and statements in the questionnaire were prepared within the scope of the research and were distributed to the participants electronically through various platforms via the Survey monkey website data collection program (Chin, 2001).

The survey participants were free to remain anonymous, thereby increasing the accuracy of the answers received. The questionnaire consisted of 27 “Close-ended questions (multi-choice and graded, elective, responsive, decision-making)” questions and statements. The survey was sent to 1050 people. 795 of these people successfully completed the survey. 25 of the participants were contacted again and asked to answer the questions they had left incomplete. 230 people were excluded from the evaluation as they did not show any interest in the survey or they provided incomplete answers. The questionnaires with missing answers were subjected to content analysis through document review.

The evaluation of the answers in the questionnaire and the application of hypothesis tests were carried out with the statistical package program of IBM SPSS 18.0 Windows (Statistical Packages for Social Sciences). Structural equation modeling and descriptive statistical methods were used to analyze the validity and reliability of the data.

Results

Brand perception involves sensory codes that are shaped in the mind of the consumer and the consumer ascribes meanings to these shapes. This leads to consumers having feelings towards brands. When this sense perception reaches the point of individual happiness, that is, when it triggers the sense of loyalty, it becomes the most important building block that creates brand perception. This brand perception awakens a desire to consistently relive and go through that same experience that the consumer has never experienced previously. Managing brand perception is the same as managing brand communication. It is about both implementing the brand strategy on consumer perception in order to increase the perception and to stand out among the competitors, and implementing it with a consistent and sustainable action plan across all communication channels of the brand. Brand perception also depends on consumer psychology and the ability to cater to the psychological needs (Nedungadi,1990). Correct perception management and immersing in and internalizing consumer perceptions results in the desired effect of an emotional bond between the consumer and the brand. The continuity of this bond and loyalty of the customer depends on how the communication is maintained and secured.

The analysis of the data obtained from the research revealed the following. The majority of the research participants were either employed at a place of employment or were self-employed individuals. The analysis of their educational status revealed that the majority of individuals are university or college graduates. The profile also revealed that 80% of the participants' income is below 10,000 TL per month. 93% of the participants have a social security. The rate of participants who have private health insurance drops to 50%. 5% of the participants stated that they were not covered by social security but that they had private health insurance. As a result, 99% of the participants have either social security or private health insurance, while 1% has no social security or health insurance. 79% of the participants highlighted the importance of medical service quality. 43% stated that it is important to establish good communication with the patient. In evaluating the physical conditions of health institutions, 72% of the participants stated that trust in diagnosis and treatment is important. 47% emphasized the importance of technological devices and facilities.

The rate of participants who think that the health personnel in the public health institutions do not allocate enough time to the patients is at 82%. 72% of the participants think that health institutions are not open to criticism and comments. When evaluating the physical facilities of health institutions, 72% of the participants stated that trust in diagnosis and treatment is important. 47% of them pointed to the importance of access to technological devices. In response to what services health institutions call centers cater to and how administrative services should be, 60% of the participants stated that all services and criteria are important. 21% of the participants stated that these centers and services

should provide information about the fees. 63% of the participants responded that the health institutions' call centers and the type of health services that the administrative services are constantly met in were healthcare franchises. 54% of the participants think that private health institutions constantly meet these services. However, the rate of those who think that public health institutions provide these services is 27%. 55% of the participants stated that health institutions overall do not allocate time to patients and this rate rises to 82% for public health institutions. The magnitude of the difference suggests that there is a problem that public health institutions should take into consideration. 52% of the participants responded that they would recommend a healthcare franchise to their close friends and relatives. This is an important indicator that branding in health services is a reason for preference for patients.

38% of the participants stated that they would seek medical help from brand healthcare franchises as long as their finances permit them to. The second option for the participants is Social Security Services. In response to the question to which qualities of the health institutions caught their attention, 45% of the participants responded that the information services, health slogans and the main areas activities of healthcare franchises were the conditions they deemed important. The next quality of importance was research services. Providing accurate information, focusing on research services and having viable slogans is of grave importance in the process of becoming a brand in healthcare services.

Doctor qualification and healthcare franchises proved to be the first attributes for a brand. 53% of the participants said that they would recommend healthcare franchises to their relatives. This is an indication that healthcare franchises possess a higher brand value perception than others. 47% of the respondents stated that they would prefer to seek help from a healthcare franchise with a known brand name even if it was not close to where they lived. The second choice at 30% was private health institutions. These responses indicate that the brand perception of healthcare franchise brands is of higher value than the others.

Participants revealed that when their monetary resources permitted them, their first choice of healthcare institutions were the healthcare franchises. Their second choice was social security institutions. This signifies economic conditions as the most important factor which affects peoples' choices. The study found that patients preferred healthcare institutions that have reliable doctors, that provide quality medical service and that offer diagnosis and the treatment processes in a way that grants confidence to their patients. Furthermore, health institutions which allocate substantial time to their patients and patient relatives stand out from other institutions. However, it should not be forgotten that the slightest dissatisfaction to be experienced in the subsidiary services such as the call centers and administrative services can rapidly demolishes the brand perception of health institutions. For

this reason, the prerequisite for increasing the brand perception of health institutions is to increase the quality of their services in a consistent manner by taking the criteria into account.

Identification and Verification of Factors Affecting Private Hospital Preferences of Patients

This section of the study verifies the research results by using multi-dimensional analysis techniques. Amos program is a statistical analysis program that has recently been used widely in academic studies and technical sciences especially in the Social Sciences and Health. The Amos program, analyzes multiple dependent and multiple independent variables together. In the Amos program, the implicit variables and observed variables can be used together to examine the relationship and effect between a large number of dependent and independent variables in detail. These effects can be negative and positive. Positive factors indicate that there is a positive effect between the two variables and negative effects indicate that one variable affects the other variable negatively. Amos provides the user the opportunity of measuring the relationships between many dependent and independent variables and exposing the network between these relations very easily. It can measure whether there is an intermediary effect when another variable is added to the effect of the two variables. The confirmatory factor analysis shows how appropriate the structure of the dimensions and qualities revealed in the exploratory factor analysis.

Due to these features, confirmatory factor analyzes made with the Amos program were evaluated with the Structural Equation Model and the results were confirmed.

Structural Equation Model

In recent years, Structural Equation Modeling has been implemented in researches conducted especially in the fields of economics and marketing. This model uses a multivariate statistical method that determines the causal relationships between measurable and latent variables. It tries to utilize models to explain, predict and control the relationships in the natural flow of life. These models are defined through quantitative and qualitative variables. The property of modeling is that it accepts the existence of a causal structure among latent variables. In the analysis, firstly, the measurement model is tested and checked whether the measurements of the structures in the model accurately measure the related structures. In the second stage, the structural models are examined. The two-step method is a prominent method academic study as it evaluates the support of the data in the model and determines and excludes the error that may occur because of the measurement model. The measurement model shows how well the

latent variables are represented by the observed variables. The expansion of the

	Symbol Equivalent
ζ	Latent Variable
X	Measurable Variable
Λ	Path that connects the latent variable to the measurable variable
\square	Relationship values between latent variables
δ	Error in measurable variable

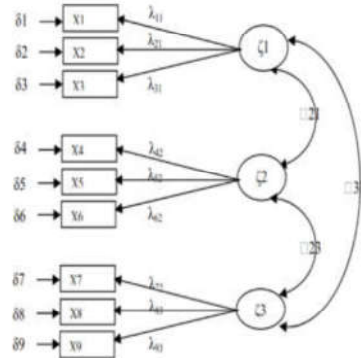
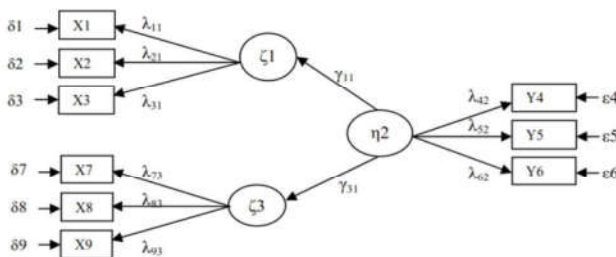


Figure 2: Sample Measurement Model

In Figure 2, $\zeta_1, \zeta_2, \zeta_3$ are latent variables, each of which is represented by 3 observed variables. When it is concluded that the structures (latent variables) in the model can be represented by expressions (measurable variables), the structural model can be tested.

The structural model established under this assumption is shown below, assuming that the variable $\zeta_1, \zeta_2, \zeta_3$ in Figure 2 is a dependent variable and the other two variables are independent variables, and that a model claiming that ζ_2 is explained by ζ_1 and ζ_3 will be tested.



Symbol	Equivalent
Y	Measurable variable
E	Error in measurable variable
η	Latent variable (internal)
ζ	Latent variable (external)
Γ	Path coefficient between external and internal variables (dependent and independent variables)

Figure 3: Example Structural Model

Notation ζ_2 turns to η_2 and the error term previously shown as δ turns to ε . The reason for this is that when switching to the structural model, latent variables now have different positions (dependent, independent) among themselves. Thus, the definition of the expressions of the dependent variable (symbolized by X in the independent variable and Y in the dependent variable) and the expression of error terms related to them also differ. Another striking fact is that variables are defined internally and externally in these models. An external variable is a variable that is not explained by any of the other main structures in the model.

In a structural model, variables symbolized as ζ_1 and ζ_3 are external variables. An internal variable refers to the variable explained by at least one of the basic structures in the model. Therefore, we can define η_2 as both a dependent and an internal variable. In structural equation modeling, the following processes are often followed: (1) Establishing the structural model and determining the relationships between the variables in the model, testing the measurement model; (2) Obtaining the road diagram, determining the road coefficients of the relationships; (3) Examining the goodness of fit statistics of the model: Chi-square / Degrees of Freedom, GFI, AGFI, CFI, RMSEA, RMR and Standardized SRMR are some of the frequently used fit statistics; (4) Interpretation of the findings by examining the structural model.

Application Model and Stages

While the sample populace of the earlier research was 820, 320 people were interviewed for verification purposes at this stage of the research. The stages of verification and brand, and the overall satisfaction associated with them are listed below: (1) 305 people who went to the private hospital in the last 1 year were interviewed; (2) Interviews were conducted face-to-face with people who live in Istanbul; (3) Sample selection was carried out by random sampling method; (4) A literature review assessing the factors which influenced preference was carried out before the model was constructed; (5) While constructing the model, the factors that result in general satisfaction were determined. A total score was created on the basis of the following 3 Criteria “service satisfaction”, “advice” and “trust” which determine overall satisfaction.

Structural Equation Model Results Supported by Confirmatory Factor Analysis

Confirmatory Factor Analysis (CFA) is a convenient analysis method that is used frequently in the development of measurement. This method is a process for creating a latent variable (factor) based on the variables observed through a previously created model. It is often used in scale development and validity analysis or to verify a predetermined structure.

Table 1: Expression scores that affect the choice of Private Hospital

Descriptive Statistics								
Statistic	N	Minimum	Maximum	Mean		Std. Deviation	Variance	
	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic		
c01	The doctors in this hospital were experts and knowledgeable about their subjects.	305	1	10	8,4	0,109	1,904	3,625
c02	There were renowned doctors in this hospital.	305	0	10	7,7	0,12	2,102	4,419
c03	There were many specialist physicians in many of the branches at the hospital.	305	0	10	8,2	0,107	1,871	3,499
c04	The doctors showed concern and were respectful.	305	1	10	8,6	0,095	1,667	2,78
c05	The time allocated for examination was sufficient.	305	0	10	8,3	0,113	1,976	3,906
c06	Doctors divulged sufficient and clear information about diagnosis and treatment.	305	0	10	8,2	0,111	1,941	3,767
c07	I recommend this doctor to my relatives.	305	0	10	7,9	0,126	2,196	4,823
c08	Nurses had sufficient knowledge and showed interested in their subjects.	305	0	10	7,9	0,118	2,059	4,239
c09	The nurses were respectful and kind to me.	305	0	10	8	0,115	2,003	4,012
c10	I am satisfied with the call center, appointment registration and the pre information service	305	0	10	7,8	0,122	2,129	4,532
c11	The staff in the patient registration and admission procedures showed concern and were friendly.	305	0	10	8	0,119	2,08	4,326
c12	Doctors took enough time to listen to me	305	0	10	8,3	0,112	1,963	3,854
c13	The assigned appointment dates were suitable for me	305	0	10	8,2	0,108	1,88	3,533

REALITIES IN A KALEIDOSCOPE

c14	Patient registry system was fast and simple	305	0	10	7,8	0,108	1,881	3,538
c15	The caregivers were knowledgeable and resourceful	305	0	10	8	0,105	1,842	3,392
c16	I was examined on the time of the appointment given to me without any delay	305	0	10	8	0,118	2,058	4,237
c17	I believe this hospital will not demand unnecessary imaging tests or laboratory analysis services	305	0	10	7,2	0,149	2,606	6,791
c18	The imaging devices and laboratory services were sufficient and advanced	305	0	10	7,9	0,123	2,142	4,589
c19	The results of the imaging services and laboratory services of the hospital come out quickly.	305	0	10	8	0,112	1,957	3,83
c20	The hospital is in an easily accessible location	305	0	10	8,1	0,115	2,013	4,054
c21	There was sufficient parking facilities in the hospital.	305	0	10	7,3	0,146	2,55	6,501
c22	This hospital is easy to access via public transport	305	0	10	7,8	0,122	2,135	4,556
c23	It was a modern and clean building	305	1	10	8,4	0,099	1,721	2,962
c24	Security services were visible and sufficient	305	0	10	8	0,111	1,938	3,754
c25	I believe that the treatment I received is the best treatment that can be given.	305	0	10	7,9	0,119	2,086	4,351
c26	Waiting areas are clean and modern	305	0	10	8,3	0,096	1,679	2,817
c27	Cafeteria and restaurant services were satisfactory	305	0	10	7,8	0,114	1,992	3,966
c28	Toilets were hygienic and modern	305	0	10	8,2	0,104	1,815	3,296
c29	I think this hospital protects my personal data and records.	305	0	10	8	0,119	2,087	4,355
c30	It is a reputable hospital	305	0	10	8,1	0,117	2,049	4,2
c31	The name / brand of this hospital makes me feel safe.	305	0	10	7,9	0,134	2,348	5,514

c32	The money paid to this hospital is worth the service received	305	0	10	7,5	0,136	2,379	5,658
c33	I know I can reach the doctor if I have to ask questions after the treatment	305	0	10	8,1	0,128	2,228	4,964
	* Factors removed after reliability test							

Four basic dimensions were obtained after the final factor analysis with the remaining 32 variables. These four basic dimensions, determined by factor analysis, were measured with “Structural Equation Model” in the Amos program.

Table 2: Factors that affect the choice of Private Hospital

	Rotated Component Matrix	Component				
		1	2	3	4	5
Doctors' Quality, Expertise	c06 The information provided by the doctors about diagnosis and treatment was sufficient and understandable.	0,712	0,341	0,134	0,21	0,165
	c07 I recommend this doctor to my relatives	0,699	0,31	0,07	0,393	0,094
	c04 Doctors were concerned and respectful	0,694	0,259	0,316	0,095	0,138
	c01 The doctors in this hospital were experts and knowledgeable in their field.	0,678	0,293	0,261	0,258	0,122
	c02 There were doctors renowned in their fields in this hospital	0,676	0,114	0,164	0,302	0,01
	c05 The time spent by doctors for examination was sufficient	0,649	0,341	0,233	0,101	0,167
	c33 If I need to ask questions after the treatment, I know that I can contact the doctor.	0,618	0,166	0,26	0,272	0,269
	c03 There were many different specialist physicians in the hospital	0,611	0,251	0,366	0,135	0,067
	c25 I believe that the treatment I received was the best treatment I could get	0,569	0,079	0,382	0,421	0,106
	c29 I think this hospital protects my personal data and records	0,479	0,21	0,406	0,336	0,274
	c30 It is a reputable hospital.	0,433	0,377	0,41	0,367	0,152

Register, Date, Empathy etc.	c10 I am satisfied with the call center, appointment registration and the pre information service	0,272	0,743	0,234	0,261	0,095
	c13 The assigned appointment dates were suitable for me	0,381	0,725	0,168	0,049	0,147
	c14 Patient registry system was fast and simple	0,172	0,723	0,258	0,159	0,145
	c11 The staff in the patient registration and admission procedures showed concern and were friendly.	0,294	0,66	0,228	0,312	0,115
	c12 Doctors allocated enough time to listen to me	0,552	0,564	0,136	0,12	0,2
	c09 The nurses were respectful and kind to me.	0,259	0,538	0,29	0,371	0,185
	c16 I was examined on the time of the appointment given to me without any delay	0,382	0,464	0,257	0,279	0,292
	c08 Nurses had sufficient knowledge and showed interested in their subjects.	0,344	0,458	0,229	0,456	0,2
Physical Conditions	c23 It was a modern and clean building	0,284	0,25	0,675	0,009	0,268
	c26 Waiting areas were clean and modern	0,338	0,209	0,671	0,177	0,131
	c28 Toilets were hygienic and modern	0,254	0,233	0,662	0,264	0,081
	c27 Cafe and restaurant services were satisfactory	0,181	0,121	0,623	0,304	0,151
	c24 Security services are visible and adequate	0,253	0,397	0,616	0,242	0,061

Visualization ve lab services	c17 I believe this hospital will not demand unnecessary imaging tests or laboratory analysis services	0,292	0,087	0,101	0,789	0,052
	c32 The money paid to this hospital is worth the effective service	0,477	0,198	0,197	0,621	0,111
	c18 The imaging devices and laboratory services were sufficient and advanced	0,25	0,3	0,308	0,606	0,066
	c19 The results of the imaging services and laboratory services of the hospital come out quickly.	0,214	0,396	0,368	0,551	0,035
	c31 The name / brand of this hospital makes me feel safe.	0,396	0,411	0,261	0,489	0,109
	c15 Patient caregivers were knowledgeable and resourceful	0,138	0,392	0,416	0,466	0,144
	c21 The hospital has sufficient parking facilities	0,051	0,256	0,331	0,377	0,329
Access	c22 This hospital is easy to access via public transport	0,168	0,121	0,15	0,124	0,855
	c20 Hospital is at an easily accessible location	0,198	0,222	0,18	0,047	0,801
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization a.Rotation converged in 7 iteration						

The factors that constitute general satisfaction were determined for the model setup. A total score was created based on the following 3 factors that determine general satisfaction, “service satisfaction”, “advice” and “trust”. The final validity and reliability analysis was made and the factors that constitute general satisfaction were determined in the Model setup. A total score was created based on the following 3 factors that determine general satisfaction, “service satisfaction”, “advice” and “trust”. The analysis found below is an example for all factors. Only results that apply to Factor 1 are shown below.

Table 3: Final Validity and Reliability Analysis & Factor 1 Doctor Quality

		N	%
Cases	Valid	305	100
	Excluded	0	0
	Total	305	100

a. Listwise deletion on all variables in the procedure

Table 4: Reliability Statistics

	Cronbach's Alpha	N Of Items
0,925	0,927	9

Table 5: Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Mean	8.125	7.705	8.603	0.898	1.117	0.074	9

Table 6: Item - Total Statistics

Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
c01 The doctors in this hospital were experts and knowledgeable in their field.	64,76	161,655	0,787	0,652	0,913
c02 There were doctors renowned in their fields in this hospital	65,42	162,777	0,974	0,543	0,92
c03 There were many different specialist physicians in the hospital	64,94	166,21	0,698	0,526	0,918
c04 Doctors were concerned and respectful	64,52	168,178	0,75	0,591	0,916

c05 The time spent by doctors for examination was sufficient	64,87	163,213	0,718	0,581	0,917
c06 The information provided by the doctors about diagnosis and treatment was sufficient and understandable.	64,95	161,297	0,777	0,643	0,914
c07 I recommend this doctor to my relatives	65,2	155,555	0,785	0,658	0,913
c25 I believe that the treatment I received was the best treatment I could get	65,25	161,913	0,699	0,513	0,919
c33 If I need to ask questions after the treatment, I know that I can contact the doctor.	65,06	158,973	0,702	0,502	0,919

Table 7 : Scale Statistics

Mean	Variance	Std. Deviation	N of Items
73,12	203,377	14,261	9

The scoring which determined general satisfaction was analyzed with the Structural Equation Model using the AMOS Computer program. Then, the results in the modeling program were compared and evaluated with the previous research.

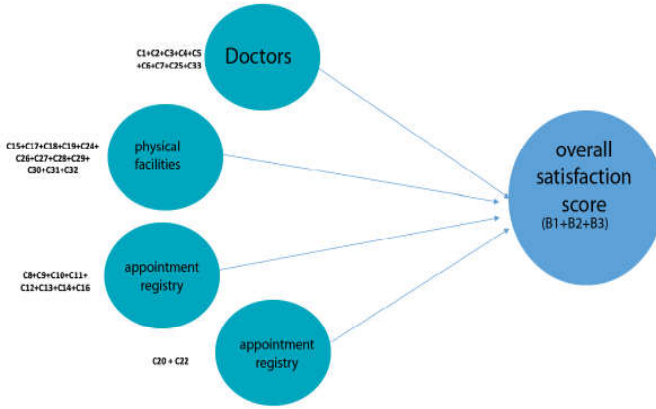


Figure 4: Defined Structural Equation Model

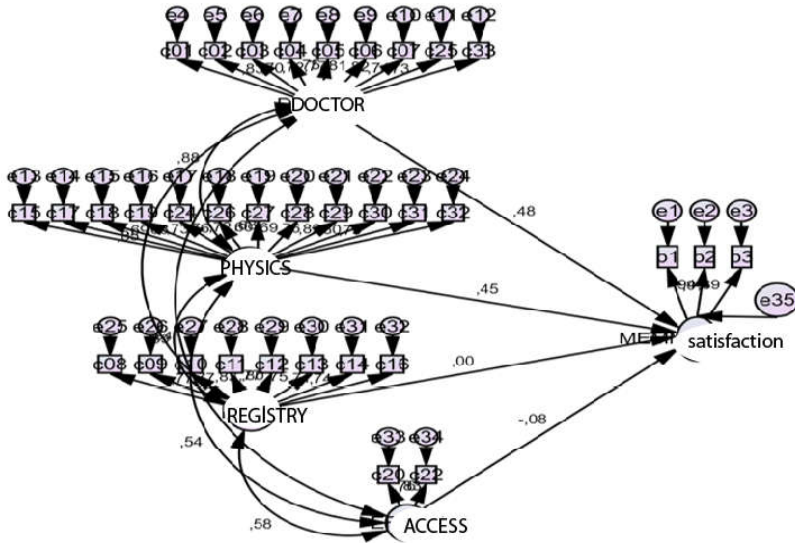


Figure 5: AMOS - SEM Model

Discussion

Two separate studies were conducted on different samples and the General Satisfaction findings were confirmed by the structural equation model mentioned above. Doctors were confirmed as the most effective criterion in the selection of private hospitals. This was an expected outcome. Physical facilities, appointment-registration and access were respectively verified as the other determinant criteria.

Brand Building Management and Strategy Proposal For Healthcare Facilities

Strategic Management: Strategy is to determine the goals and objectives of a business, to examine its public relations, to restructure the resources for the business objectives and to appropriately distribute the resources. Strategic management, on the other hand, consists of strategy formulation, its implementation and evaluation and control.

Characteristics of Strategic Management

Strategic management is a form of management that has its own characteristics. However, these characteristics do not imply that strategic management does not include the general characteristics of management. These are as follows: (1) Strategic management is the function of senior management. Since the aim is the sustainability of a business, the task of giving direction to the business by determining the future status of the business is the function of the top managers; (2) It is prudential; that is, it is aimed at long-term outcomes; (3) It treats the business as an open system. It sees the parts of the business as a whole. It is in interaction and dependent on the market it belongs to; (4) It maintains coordination between units; (5) It provides the efficient and productive distribution of business resources and it is goal oriented.

The following scheme functionalizes these features.

Functional properties	Strategic Management Style
Focus	Solution of long-term living and development problems, new goals and strategies of the organization
purposes	future-oriented profitability growth
limitations	existing and possible resources and capabilities, environment
results	growth, development and continuity
information source	departments, business and future opportunities
data structure	many variants and sources
organizational structure	innovative and flexible
leadership	visionary, open to influences and changes
the nature of the problem	long term, defferable, abstract and different from each other
problem solving	participant by looking for new solutions
time horizon, risk	long-term, high-risk and vital

Strategic Management Model: The strategic management process can be characterized as a special decision-making or troubleshooting process. The first stage of the process is identifying goals and developing valid strategies. The next steps are the implementation of these goals and strategies and the control and evaluation of the results. Strategic management process: It consists of three main stages: development and selection of business strategies, implementation of strategies and control of strategic results.

Strategic Model Value Chart 3 is based on 3 pillars: (1) *Mission*: To create an innovative, patient-focused healthcare company with a brand requires the following: Having the most advanced technology; (2) *Vision*: Working with specialist doctors and health-care professionals; (3) *Values*: Considering the design of spaces, processes and relations as “experience management”, Ensuring that the services provided are easily accessible and easily understandable, Approaching customers and making their experiences unique and finally, reaching the target audience at the right place, at the right time with the right content (Churchill, 1979).

Strategic management process

The starting point of the process is the creation and selection of new strategies. However, before the strategies are selected and planned, strategic analysis is required. Analyzing the current and future external market and the current structure of an enterprise are processes inherent to strategic management. All subsequent work should be organized in accordance with the future shaping of the business.

Vision and mission determine the basic directions and objectives for business managers. An organization's human resources, technology, sub-goals, leadership and culture, principles and policies should be harmonized with the vision and strategies during the implementation process. At the last stage of the process, the results are reviewed and cross checked with the plans, and the results are fed back to the system.

Recommended Strategic Brand Model

A model proposal was put forward based on the results from the factor analysis of verification. The results are mainly related to the dynamic nature of the business. Dynamism ensures the continuity of a business. Therefore: (1) The patient's "satisfaction-oriented" activity without deviating from the "competition and service quality axis" (the principle of economic approach) from obtaining profit, which is the main purpose of the business activity; (2) Deciphering "What the perception of the quality of service is (Brand Perception) and What is more important and emphatic; (3) Determination of different strategies in order to add a new dimension to service quality according to the measurement and evaluation measurement results performed in certain time intervals; (4) Ensuring patient and relative awareness of the positive outcomes from the healthcare patients receive; (5) A strategy that reveals the credentials of the business in healthcare enterprise creates the "Brand Model Suggestion".

Conclusion

A natural consequence of all rational and conscious, personal and social approach towards human health is the emergence of the healthcare sector. At present, one of the important functions that the "social state approach" imposes on the state and all units under its management is health services. An important feature of healthcare services is that these services offer quality service and are sufficient and available when they are required by individuals who make up the society. Therefore, the success and survival of healthcare enterprises largely depend on the ability of these customers to meet their wishes and expectations.

Customer satisfaction can be defined as meeting customer needs and desires and increasing satisfaction level, in other words, decreasing customer loss. The "patient", who is a healthcare customer, is the person who is aware of the services provided and offered by healthcare institutions and has the opportunity to benefit from these services or has benefited from these services before.

Brand is a concept based on the level of care healthcare institutions provide their patients with and the satisfaction of its customers. Furthermore, it is the satisfaction that the patient perceives when they recognize the credentials of the healthcare institution. As a result, the credential is a phenomenon that occurs when

the brand expresses itself. The brand itself is this credential. An emotional bond is formed between the consumers and this bond has a direct impact on customer demands and expectations from their healthcare institutions. The aim of the study is to address a strategy that is in line with the concept of satisfaction, paying attention to patients and their relatives in corporate businesses, creating credentials, and measuring and affecting a brand value phenomenon derived from the expression of these credentials. The comparison of a healthcare company with another and the satisfaction with the brand is regarded as a persuasive factor in the different pricing (high cost) policy of the institution by patients and their relatives in respect to other healthcare providers. This is the economic outcome of branding.

Corporate identity success, branding, sustainability, corporate reputation and trust-based marketing can be achieved through the implementation of strategic models in all businesses as well as the health sector. Statistical information such as average, mode, median, and standard deviation regarding the responses about service perceptions and expectations of the customers and about the brand value of healthcare institutions have been demonstrated with the use of tables. As a result, the brand perceptions of healthcare customers were analyzed by conducting a field study in Istanbul-based healthcare franchises that have created brand perception. The analysis of the results indicated that there is a group who state their loyalty to the hospitals which have private branding. This group stated that it would recommend the branded healthcare franchises which provide physicians, personnel quality and technological possibilities all together, and this result is an important finding that supports our study. However, the smallest dissatisfaction in call center and administrative services has a negative effect on the brand perception of healthcare institutions, thus these ancillary services should not be overlooked. Hence, increasing the quality of service in a consistent manner by taking the criteria into consideration emerges as a prerequisite for increasing the brand perception of healthcare enterprises.

In the second phase of the study, confirmatory factor analyzes were evaluated with the Structural Equation Model and the results were confirmed. Two separate studies were conducted on different samples, and the subject of General Satisfaction was confirmed by the structural equation model. As a result, “Branding Management Strategy Proposal in Healthcare Organizations” has been crafted as a recommendation. The strategic management process was clarified as the selection of strategies, implementation of strategies, and control of strategic results. The starting point of new strategy applications is realized by analyzing the existing business structure and the market. With the proposed strategic brand model, the dynamism of the business and thus the continuity of the business will be ensured.

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