

Patient Satisfaction in Healthcare

Sağlık Hizmetlerinde Hasta Memnuniyeti

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ABSTRACT

Patient satisfaction in healthcare is critical for both institutions and patients. For institutions, factors such as the quality of services provided, the manner in which services are delivered, and the timing of service delivery are prominent. Meanwhile, for patients, the demand for high-quality healthcare services, as well as the expectation of receiving accurate, timely, and effective care, takes precedence. As a result of this demand-and-supply process, healthcare service satisfaction emerges. Numerous factors influence satisfaction with healthcare services. Some of these include the patient-physician relationship, the patient-nurse relationship, quality of care, information provision, nutritional services, trust, bureaucratic processes, and the organizational and physical environment. In this context, this study addresses the factors affecting patient satisfaction, the significance of patient satisfaction, and models of patient satisfaction.

Keywords: Patient Satisfaction, Health, Delivery of Health Care.

ÖZET

Sağlık hizmetlerinde hasta memnuniyeti hem kurum hem de hasta için kritik önem taşımaktadır. Kurum için verilen hizmetin kalitesi, hizmetin sunum şekli ve hizmetin sunum zamanı gibi etmenler ön plana çıkarken hasta için kaliteli sağlık hizmeti, doğru, zamanında ve etkili bir hizmet alma talebi ön plana çıkmaktadır. Söz konusu talep ve arz süreci sonucunda sağlık hizmeti memnuniyeti ortaya çıkmaktadır. Sağlık hizmetlerinde memnuniyeti etkileyen birçok etmen bulunmaktadır. Bunlardan bazıları hasta-hekim ilişkisi, hasta-hemşire ilişkisi, bakım kalitesi, bilgilendirme, beslenme hizmetleri, güven, bürokratik işlemler, örgütsel ve fiziksel çevredir. Bu bağlamda bu çalışmada hasta memnuniyetini etkileyen etmenler, hasta memnuniyetinin önemi ve hasta memnuniyet modelleri ele alınacaktır.

Anahtar Kelimeler: Hasta memnuniyeti, sağlık hizmetleri, sağlık hizmetlerinde hasta memnuniyeti

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INTRODUCTION

In contemporary society, humanity is confronted with numerous innovations influenced by technology, leading to an increase in and diversification of human needs. As these needs grow, innovations tend to proliferate. This escalation and diversification of needs have resulted in advancements in the service sector. Similar to many other fields, the concept of patient satisfaction has gained significance in the healthcare sector in recent years. Healthcare institutions are increasingly emphasizing patient satisfaction. To ensure patient satisfaction, these institutions have developed various standards and models.

Institutions providing health services have started to attach more importance to the concept of patient satisfaction. Organizations develop different standards and models to ensure the satisfaction of patients. While addressing these standards and models, it is accepted that the perception that only patients demand health services has changed over time. To put it more clearly, the demand for services from health institutions today does not only come from individuals who are sick. In this context, the issue of satisfaction comes to the fore due to the fact that wider masses are served.

As the perspective on patients and the method of service delivery have changed, there have been some contradictions in naming patients. Therefore, different approaches have been developed. Health service demanders are referred to as both patients and customers in the literature (Aydan, 2020).

In this study, the selection of the topic of patient satisfaction in healthcare services aims to provide a theoretical knowledge base regarding the importance of patient satisfaction, the factors influencing it, the dimensions of patient satisfaction, and measurement methods.

The Concept of Health

The concepts of health and illness are among the most significant in our lives. The prevention of diseases, establishment of a healthy environment, and ultimately, the elevation of the health level of society constitute one of the primary aims and objectives of all governments. Healthcare services are provided to meet the health needs of society. These services are offered by various health institutions in the country. Understanding the management of health institutions greatly benefits from knowledge of the content of the health concept (Kavuncubaşı and Yıldırım 2010).

The concepts of health and illness remain subjects of ongoing discussion in medical sociology. According to classical medical understanding, health is fundamentally a biological condition, and disruptions in an individual's biological structure are considered to be illnesses. While illness is generally defined as the absence of health, health is defined as the absence of illness. Two approaches are used to define illness: self-assessment and professional assessment. Self-assessment refers to an individual's evaluation of their illness and carries a subjective quality. For instance, an individual experiencing chronic headaches may feel the need for health care services. However, headaches can be perceived differently by each individual (Black & Grunen 2005).

In 1948, the World Health Organization (WHO) developed a comprehensive definition of health, enriching the concept by adding social and psychological dimensions to it. According to this widely accepted definition, health is described as "not merely the absence of disease or disability but a state of complete physical, mental, and social well-being" (World Health Organization, 1978). Based on this definition, health is evaluated multidimensionally and is influenced directly and indirectly by various factors.

Definition of Health Services

The concept of health services refers to the actions taken to eliminate various factors that harm human health, protect society from the effects of these factors, treat patients, and rehabilitate individuals whose physical and mental abilities and skills have diminished (Ministry of Health, 2011a). The aim of health services is expressed as striving to elevate the health status of society and ensure the continuity of well-being, protect individuals from diseases, treat those who become ill through appropriate methods, and enable individuals to live independently without reliance on others (Bulakbaşı, 2015).

There are several principles in the execution of health services, which can be outlined as follows.

- a) Population-based Organization:** The fundamental principle of health services in Turkey is organization according to population. Each health unit is assigned a specific geographical area for which it is responsible for providing services (Arslantaş et al. 2013).
- b) Integrated Health Services:** This principle involves the simultaneous and coordinated implementation of all health services and programs. Preventive and curative health services are conducted together in health centers (Ministry of Health, 2011b).

- c) **Social equality:** Situations of inequality lead to certain groups within society being less healthy, resulting in these groups experiencing higher rates of illness and earlier death. This is contrary to the principle of ensuring the most fundamental right of all, the right to life. A thorough explanation of these inequalities, along with efforts to minimize or ideally eliminate them, is critical (Manavgat, 2024).
- d) **Continuous Service:** This principle signifies the provision of services to everyone, everywhere, and at all times, including during disasters. Mobile service units should be established in situations where established services cannot be provided (Arslantaş et al., 2013).
- e) **Team Service:** Teamwork not only reduces medical errors but also offers numerous other benefits. The implementation of services through teamwork in healthcare institutions enhances the organization's health standards, thereby increasing patient and employee satisfaction. It strengthens coordination among healthcare workers and between them and patients. Additionally, it contributes to lowering hospital costs and reducing legal problems. Considering the many advantages of teamwork in healthcare services, it is essential to adopt collaborative practices, monitor their effectiveness, and evaluate the outcomes to improve service standards (Önen & Dinçer, 2018).
- f) **Stepwise Service:** This refers to the distribution of services and patient referral chain among primary, secondary, and tertiary care facilities. Patients can access hospitals directly or be referred by family physicians. A patient referred by a family physician is not directed to the normal appointment queue. Instead, the normal appointment sequence must be bypassed to facilitate referrals. This is essential because if a patient has undergone a physician's evaluation and a referral is deemed necessary, this situation should be prioritized (Benli, 2024).
- g) **Priority Services:** Preventing diseases and averting their onset is always much easier and cheaper than treating them. Therefore, services aimed at prevention should be prioritized in the future. Certain groups should receive priority services when delivering preventive services. Examples of these groups include women of reproductive age (15–49 years), children aged 0-6 years, the elderly, and individuals with disabilities.
- h) **Universality:** Although health issues vary from country to country, being healthy is a concern that affects all nations. Therefore, international cooperation is essential in this field.

- i) Appropriate Service:** A model suitable for social conditions should be established for the same. This model should encompass everything from cultural appropriateness to the adequacy of the material conditions (Arslantaş et al., 2013).

Patient (Customer) Satisfaction and Its Importance

Patient satisfaction is critical for ensuring organizational sustainability by considering thoughts and evaluations of health services. (Çetintürk, 2016)). Patient satisfaction is critical for ensuring organizational sustainability by considering thoughts and evaluations of healthcare services (Temeloğlu Şen & Sertel Berk, 2022). Healthcare services are continuously evolving and changing. Patient satisfaction plays a significant role in this dynamic process. Therefore, measuring patient satisfaction at regular intervals facilitates a more efficient and effective progression of the process (Demir et al., 2023). However, it is often not possible to resolve issues solely through evaluation and thought. It is crucial that patient reports and complaints are resolved before the patient leaves the hospital (Özkan & Karan, 2024).

Patient satisfaction in healthcare is of great importance for healthcare institutions and for patients and their families. The significance of patient satisfaction in healthcare includes the following points (Atıgan, 2021).

- The increase in the level of education within society has led to patients becoming more aware of their health over time.
- Patients are increasingly seeking to be more involved in decisions regarding their health care.
- The widespread expectation of quality healthcare services has increased.
- The number of healthcare institutions has increased.
- Competition has intensified and technological advancements have emerged.
- State policies aimed at enhancing the country's development have also been established.

According to Leebov and Scott, patient satisfaction in healthcare institutions is important for four reasons, which are as follows (Leebov & Scott, 1994, akt; Şeremet, 2013):

- a) Humanitarian Reasons:** At forefront of patients' fundamental rights is the right to receive the best and highest-quality healthcare services. The services provided in healthcare institutions must be sufficient in both technical and scientific terms and should be delivered with respect for patients' personalities, thoughts, values, and attitudes.

- b) Economic Reasons:** Patients are recipients of services. Due to their circumstances, patients are generally more attentive to the services they receive than customers in other sectors. They make their preferences more seriously and expect value for the fees they pay.
- c) Marketing:** Healthcare institutions must prioritize patient satisfaction to increase their customer base and, consequently, enhance their market share.
- d) Effectiveness:** Satisfied patients exhibit more positive behaviors during the treatment process (Leebov & Scott, 1994).

A patient's age, gender, education level, social security status, income status, place of residence, diagnosis of the disease, treatment, and length of hospitalization affect patient satisfaction ((Atıgan, 2021).

Many health system outputs are closely affected by the quality of health worker-patient communication. Physician and nurse satisfaction is important for patient satisfaction, quality and development of the health sector (Başol, 2018)

Hospitals are among the most challenging organizations to manage because of their characteristics. Therefore, hospitals must be managed in a highly professional manner and in accordance with contemporary management techniques, which brings quality management to the forefront (Can, 2008).

Quality can be divided into two categories: perceived and technical quality. Perceived quality refers to the extent to which customer expectations are met from their perspective. This level is evaluated differently by customers. When perceived quality aligns with customer expectations, it positively affects customer satisfaction. However, if there is a mismatch between customer expectations and perceived quality, it negatively affects customer satisfaction. In contrast, technical quality refers to the extent to which the performance expectations of tasks carried out by healthcare professionals and facilities are met (Başanbaş, 2012; Dodwad, 2013).

Patient (Customer) Satisfaction Models

Various models analyze satisfaction based on the alignment between customer expectations and the benefits derived from using goods and services. These models include (Vavra, 1999):

- Assimilation-Contrast Model

- Contrast Model
- Contradiction Model
- Negativity Model
- Hypothesis Testing Model
- Kano Model

1. Assimilation-Contrast Model

This theory was developed by Sherif and Houland. The relative importance of performance against expectations depends on the difference between them. According to Sherif's social logic, customers have acceptable performance zones in their minds. There are performance levels that a customer may be indifferent to, as well as those that they will accept or reject. If performance falls within a customer's acceptance zone, it is suggested that they may overlook this discrepancy, allowing the assimilation process to occur and the performance to be deemed acceptable, even if it falls short of expectations. Conversely, if performance falls within the rejection zone, contrast will emerge, and the service will be considered unacceptable (Öz 2016).

2. Contrast Model

According to this theory, all differences between expectations and customer experiences can be exaggerated based on the degree of the difference. If the performance of a product or service is significantly below expectations, it will fall into the unacceptable criteria for the customer. Conversely, if the performance exceeds expectations, the opposite holds true (Ünver, 2015)

3. Contradiction Model

This model explains that when a customer encounters performance lower than their expectations, they will attempt to minimize this contradiction in their mind. This can occur either by lowering the level of expectations or perceiving performance in a more positive light (Ünver, 2015).

4. Negativity Model

Discrepancies between expectations and performance can negatively affect customers. The extent of this contradiction felt by the customer is inversely proportional to their satisfaction

with a product or service. In this regard, the magnitude of the contradiction increases satisfaction with goods and services (Vavra, 1999).

5. Hypothesis Testing Model

In this model, customers positively evaluate their experiences with products. This model adopts an optimistic approach regarding customers and assumes that much of the information customers have prior to purchase is based on numerical data, which plays a significant role in shaping expectations for the products to be used (Vavra 1999).

6. Kano Model

This model illustrates the relationship between the degree to which customer expectations are met and consumer satisfaction. It is important to ensure the satisfaction of both internal and external customers.

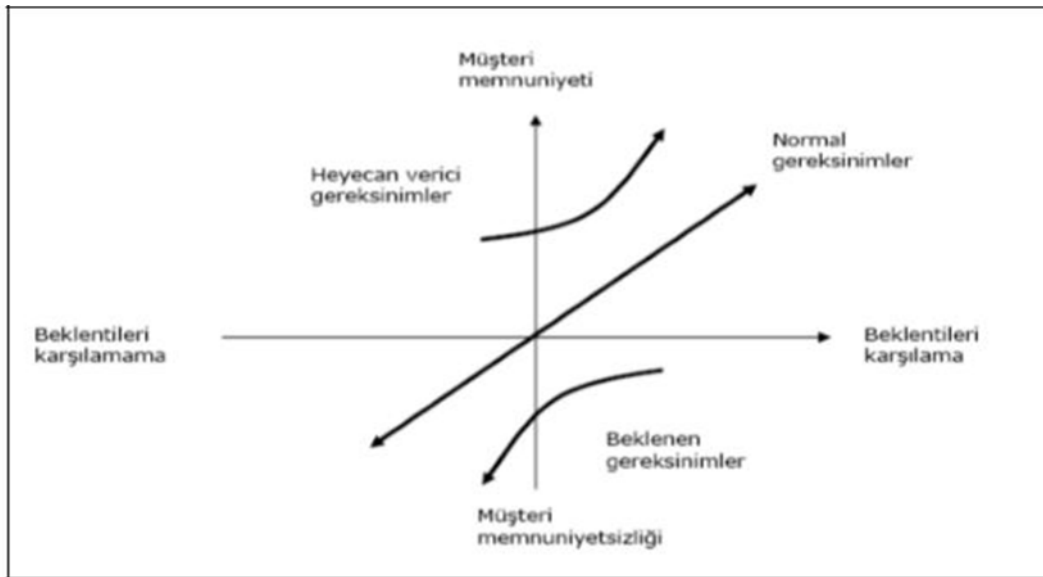


Figure 1. Canoe Model

Source: Berger et al. (1993).

According to the model presented in Figure 1, the characteristics expected by the customer from a product are defined in three ways (Tengilimoğlu, 2015).

- **Basic Quality:** These are the characteristics that customers expect to be present in a product or service. If this expectation is not met, it results in dissatisfaction and complaints from customers.

- **Expected Quality:** These are the characteristics consciously determined by customers. The presence of these characteristics leads to satisfaction, whereas their absence results in dissatisfaction. For example, being examined without waiting in an outpatient clinic is a quality level expected by every hospital customer.
- **Attractive (Exciting) Quality:** This refers to the quality that is needed in a product or service, but of which customers may not be fully aware. The absence of such a quality does not create any negativity, whereas its presence can foster customer loyalty. For instance, the availability of postal and telegraph services in a hospital may not be a highly noticeable quality, but its recognition by customers can contribute to their loyalty to the institution.

Factors Affecting Patient Satisfaction

Patient satisfaction is the next step in providing healthcare services. Therefore, identifying and examining the factors that contribute to patient satisfaction is critical.

a. Patient-Physician Relationship

The patient-physician relationship has always been a prominent topic in medical practices. This subject is highlighted in Hippocratic texts, which summarize the general approach guiding medical practice. Initially, the relationship was characterized by a model of "activity-passivity," where the patient was entirely passive, and the physician directed the treatment alone. This relationship aligns with situations in which the patient is unconscious, such as in a coma or under general anesthesia. Over time, this relationship has evolved into one where the physician determines what needs to be done and the patient complies with these determinations (Atıcı, 2007).

The patient-physician relationship is the most significant factor affecting patient satisfaction due to the roles they assume in the delivery of healthcare services. The elements of this factor include options, competence, communication, compassion, continuity, and conflict of interest (Tatarlı, 2007).

- **Options:** This is an important dimension of an ideal patient-physician relationship. It relates to significant decisions, such as the patient's ability to choose the environment in which they will receive treatment, select their physician, or choose among alternative treatment options.

- **Competence:** Patients expect physicians to possess sufficient expertise, advanced technical skills, and good clinical decision-making ability.
- **Communication:** Physicians should listen to their patients, understand them, and convey that understanding. Physicians must be aware of the disease, its symptoms, and their effects on the patient's vital signs and family.
- **Compassion:** Patients desire their physicians to be compassionate and empathetic during difficult and distressing periods.
- **Continuity:** Frequent changes in physicians can reduce patient satisfaction. When a compassionate relationship develops between the patient and the physician, the patient tends to become attached to the physician; however, if a change occurs, establishing such a relationship takes time.
- **Conflict of Interest:** Regardless of how heavy their responsibilities may be, it is crucial for physicians to demonstrate interest in their patients, behave in a friendly manner, set aside their personal interests, and empathize with the patient. These actions significantly enhance patient satisfaction.

The factors affecting the patient-physician relationship can be categorized under several headings (Atıcı, 2007):

- The model of the relationship established between the patient and physician
- Communication
- Holistic approach (evaluating the patient from a bio-psychosocial perspective)
- Trust
- The physician's and contemporary understanding of disease concepts, diagnosis, and treatment methods
- Situations arising from the patient
- Situations arising from the illness
- Situations arising from the healthcare system
- Scientific and technical development
- Technology
- Medical ethics education.

b. Patient-Nurse Relationship

Nursing is a profession built on a foundation of extensive knowledge and professional behavior. The nursing profession is characterized by respect for individuals and a

commitment to human rights. By considering patient rights and the expectations of patients and their families, nurses play a crucial role in delivering efficient and compassionate health care services. All nurses strive to fulfill their responsibilities with an awareness of the significant obligations they carry (Cengiz 2017).

Communication is a core skill in the nursing profession and is one of the most fundamental needs of humans as social beings. Nurses establish a helping relationship through communication and utilize communication techniques to identify and solve problems. One of the primary objectives of the relationship that nurses build with patients is to ensure that individuals feel good about themselves. The professional attitude, practices, behaviors, and communication established by the nurse enable the patient to experience these feelings (Akgün Çıtak et al., 2011).

Interaction is a situation in which at least two individuals influence each other and communicate verbally and nonverbally. Even in the simplest nursing interventions, there is an interaction between the individual and the nurse. Individual nurse interactions can be viewed as the functional proximity of two strangers with individual expectations, goals, needs, and values. The focus of the interaction between the nurse and the patient/patient's relatives is to identify and meet the needs of the healthy/sick individual (Yalçın & Aştı, 2011).

c. Quality of Patient Care

The professional skills and competencies of physicians working in healthcare institutions, the duration of patients' hospital stays, the institution's expertise in its field, the occurrence of permanent disabilities resulting from treatment, timely interventions for patients, the provision of services based on advanced technology, the availability of services, the speed of consultation services, and the adequacy of the emergency department are all considered criteria for measuring the quality of patient care (Yüce Ayalan 2011).

d. Information

Patients are curious about their health status and the treatment process they will undergo for their condition. Therefore, information provision involves clear, non-technical, and understandable communication of information by physicians to patients and their relatives. This process allows patients to make decisions regarding their treatment in collaboration with their physicians, enabling them to better understand their illness (Yüce Ayalan, 2011).

e. Nutritional Services

Among hospital services, nutritional services are considered one of the most significant factors affecting patient evaluations. Research has shown that patients particularly remember and express a lot about food when discussing their satisfaction based on their experiences (Dwore 1993).

Other studies aimed at identifying factors influencing patient satisfaction have revealed that patients place considerable emphasis on nutritional services in their comments and evaluations of hospital services. Patients are influenced not only by the quality of the food but also by the individuals serving the food, the manner in which it is presented, and its appearance (Büber and Başer, 2012).

f. Organizational and Physical Environment

The internal relationships within healthcare institutions, working environment, communication opportunities, visiting and accompaniment facilities, social and cultural activities, lighting, heating, cleanliness, ventilation, noise levels, ease of finding locations, parking, and waiting rooms have all been found to affect patient satisfaction. These factors must be at a level that enhances patient satisfaction (Ayalan, 2011).

g. Trust

Trust in physicians provides various benefits, including increased satisfaction, adherence to treatment, and continuity of care. When a physician instills confidence in the patient, it helps address inefficiencies arising from incomplete information provided by the patient and facilitates effective clinical care (Koca & Erigüç, 2021).

h. Bureaucratic Procedures

To enhance patient satisfaction, it is essential to consider not only the physical characteristics of the services that affect patient satisfaction but also the criteria of accessibility when needed, reasonable pricing, and appropriate quality (Güven, 2021).

CONCLUSION

As a result of globalization and the removal of intercontinental barriers, individuals can now easily access the goods and services they wish to purchase. This has led to increased competition among organizations that provide goods and services. Efforts to satisfy customers

have become a matter of survival for such organizations. In modern service delivery, the primary objectives of businesses are to meet the desires and needs of customers. In this context, businesses aim to generate profits while striving to ensure customer loyalty to the organization. To gain an advantage in today's intensely competitive environment, businesses must offer products and services that are faster, cheaper, of higher quality, and at lower cost. Rapidly changing technology, rising costs, customer expectations, and evolving profiles are among the internal and external environmental conditions that necessitate improved service delivery in the banking sector. Healthcare institutions are particularly significant in the service sector because of their connection to human life. They are more complex, intricate, and susceptible to rapidly changing situations than other sectors. Therefore, healthcare organizations must provide high-quality health services, ensure that patients and their relatives are satisfied with the services offered, and continuously enhance the quality of healthcare services.

REFERENCES

- Akgün Çıtak, E., Avcı, S., Basmacı, Ö., & Durukan, İ. (2011). Bir Üniversite Hastanesinde Hemşirelerin “Zor Hasta” Olarak Tanımladıkları Hastalarla İletişim Davranışlarının İncelenmesi. *Hemşirelikte Araştırma Geliştirme Dergisi*, 13(1), 35–44. <https://doi.org/10.69487/hemarge.695151>
- Arslantaş, D., Özbabalık, D., Naçar, M., Aslan, D., Çetinkaya, F., Erol, K. & Saymer, D. (2013). *Temel Sağlık Hizmetleri* (1st ed.). Anadolu University Press.
- Atıcı, E. (2007). Hasta - Hekim İlişkisi Kavramı. *Uludağ Üniversitesi Tıp Fakültesi Dergisi*, 33(1), 45–50.
- Atıgan, F. (2021). Hasta İlişkileri Yönetimi Uygulamalarının Hasta Memnuniyetine Etkisi, Ayakta ve Yatarak Tedavi Gören Hastalar Üzerine Bir Araştırma. *Uluslararası İktisadi ve İdari İncelemeler Dergisi*, 30, 259–274. <https://doi.org/10.18092/ulikidince.687739>
- Aydan, S. (2020). Different Approaches on the Discussion of “Patient or Customer?” *Türkiye Klinikleri Journal of Health Sciences*, 5(2), 375–383. <https://doi.org/10.5336/healthsci.2019-71966>.
- Başanbaş, Ş. (2012). Algılanan Kalite, Tatmin ve Bağlılık İlişkisi Üzerine Otomotiv Yan Sanayiinde Bir Araştırma. *Pazarlama ve Pazarlama Araştırmaları Dergisi*, 5(10), 15–39.
- Başol, E. (2018). Hasta ile Sağlık Çalışanları (Doktor Ve Hemşire) Arasındaki İletişim Sorunları Ve Çözüm Önerileri. *International Anatolia Academic Online Journal Social Sciences Journal*, 4(1), 76–93.
- Benli, A. R. (2024). MHRS, Aile Hekimliği ve Kademeli Sevk Zinciri. SASAM-MHRS Oturumu.
- Berger, C., Blauth, R., Boger, D., Bolster, C., Burchill, G., DuMouchel, W., Pouliot, F., Richter, R.,

- Rubinoff, A., Shen, D., Timko, M., & Walden, D. (1993). A Special Issue on Kano's Methods for Understanding Customer-defined Quality. *Center for Quality of Management Journal*, 2(4), 1–36.
- Black, N., and Grunen, R. (2005). *Understanding Health Services*. (1st ed.). Berkshire: Open University Press.
- Büber, R., & Başer, H. (2012). Sağlık İşletmelerinde Müşteri Memnuniyeti: Vakıf Üniversitesi Hastanesinde Bir Uygulama. *Sosyal ve Beşerî Bilimler Dergisi*, 4(1), 265–274.
- Bulakbaşı, M. (2015). Sağlık Tanımı, Sağlık Hizmetleri, Türk Sağlık Sistemleri. <https://www.scribd.com/document/614245978/Sa%C4%9F1%C4%B1k-Tan%C4%B1m%C4%B1-Sa%C4%9F1%C4%B1k-Hizmetleri-Turk-Sa%C4%9F1%C4%B1k-Sistemi> Access Date: 21.07.2024
- Can, Dr.Ali. (2008). Örgüt Kültürünün Hastanelerde Toplam Kalite Yönetimi Uygulamalarına Uygunluğunun Testine Yönelik Bir Araştırma. *Süleyman Demirel Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, 13(3), 293–307.
- Cengiz, A. (2017). Örnek Hemşirenin Özellikleri. http://www.acibademhemsirelik.com/edergi/yeni_tasarim/files/%C3%B6rnek%20hem%C5%9Firenin%20%C3%B6zellikleri.pdf. Access Date: 11.04.2024
- Çetintürk, İ. (2016). Hasta Memnuniyeti, Hasta Sadakati ve Demografik Özellikler Arasındaki İlişkini. *The Journal of Academic Social Science Studies*, 9(50), 203–203. <https://doi.org/10.9761/JASSS3557>
- Demir, Y., Dağ, E., & Kılınç, Z. S. (2023). Yatan Hasta Memnuniyeti ve Belirleyicileri: Kesitsel Bir Araştırma. *5th International Artemis Congress on Health and Sports Sciences*, 141–151.
- Dodwad, S. (2013). Quality Management in Health Care. *Indian Journal of Public Health*, 57(3), 138. <https://doi.org/10.4103/0019-557X.119814>
- Dwore, R. B. (1993). Managing Hospital Quality Performance in Two Related Areas: Patient Care and Customer Service. *Hospital Topics*, 71(2), 29–34. <https://doi.org/10.1080/00185868.1993.10543721>
- Güven, E. (2021). Sağlık Yönetiminde Hasta Memnuniyeti: Bir Devlet Hastanesi Örneği. *OPUS International Journal of Society Researches*, 17(37), 4873–4893. <https://doi.org/10.26466/opus.872579>
- Kavuncubaşı, Ş., & Yıldırım, Ş. (2010). *Hastane ve Sağlık Kurumları Yönetimi* (2nd ed.). Siyasal Kitabevi.
- Koca, G. Ş., & Erigüç, G. (2021). Hasta-Hekim İlişkisinde Güven İletişimi: Hastaların Bakış Açısıyla Ölçmeye Yönelik Bir Ölçek Geliştirme Çalışması. *Manisa Celal Bayar Üniversitesi Sosyal Bilimler Dergisi*, 19(Armağan Sayısı), 186–202. <https://doi.org/10.18026/cbayarsos.689732>
- Leebov, W. & Scott, G. (1994). *Service Quality Improvement: The Customer Satisfaction Strategy for Health Care* (1st ed.). American Hospital Publishing.

- Manavgat, G. (2024). Sağlıkta Eşitsizlikler ve Sosyo-Ekonomik Yaklaşımlar. Sağlık ve Sosyal Refah Araştırmaları Dergisi, 6(1), 106–118. <https://doi.org/10.55050/sarad.1401337>
- Ministry of Health. (2011a). Sağlıkın Teşviki ve Geliştirilmesi Sözlüğü.
- Ministry of Health. (2011b). Sağlık Hizmetlerinin Yürütülmesi Hakkında Yönerge.
- Önen, C., & Dinçer, N. (2018). Sağlık Çalışanları ve Ekip Hizmeti Bitlis İl Merkezi Örneği. Iksad Publition.
- Öz, H. H. (2016). Sağlık Kurumlarında Hasta Tatmininin Önemi. <https://www.slideshare.net/slideshow/salk-kurumlarında-kalite-ynetimi-unite-05salk-kurumlarında-mteri-memnuniyetiprofdrhalit-hami-z/63366981> Access Date: 15.06.2024
- Özkan, A., & Karan, E. Ç. (2024). Hasta Memnuniyeti Yönetiminde İyi Uygulama Örneği: Size Nasıl Yardımcı Olabiliz? Ofisleri. International Journal of Health Sciences, 7(16), 47–56.
- Şeremet, F. (2013). Kamu Hastanelerinde Hasta Hakları Birim Çalışanlarının Sorunları, Birime Gelen Şikayetler ve Hasta Memnuniyeti. Master Thesis. Institute of Social Sciences.
- Tatarlı, N. (2007). Sağlık Hizmetlerinde Hasta Tatminini Etkileyen Unsurlar ve Sağlık Sektöründe Bir Uygulama. Master Thesis. Institute of Social Sciences.
- Temeloğlu Şen, E., & Sertel Berk, H. Ö. (2022). Hasta Memnuniyeti Kısa Değerlendirme Formu'nun (HMKDF) Türkçe Uyarlama Çalışması. İstanbul Ticaret Üniversitesi Sosyal Bilimler Dergisi, 21(43), 35–54. <https://doi.org/10.46928/iticusbe.880433>
- Tengilimoğlu, D. (2015). Sağlık Kurumlarında Hasta Memnuniyeti. In Sağlık Kurumlarında Kalite (1st ed., pp. 31–58). Anadolu University Press.
- Ünver, A. E. (2015). Mobil Reklamcılıkta Bireysel Müşteri Hizmet Kalitesi ile Müşteri Memnuniyeti İlişkisine Dair Ampirik Bir Çalışma. Master Thesis. Institute of Social Sciences.
- Vavra, T. G. (1999). Müşteri Tatmini Ölçümlerinizi Geliştirmenin Yolları (1st ed., Vol. 28). Kalder Publishing.
- World Health Organization (WHO). (1978). Primary Health Care. WHO Publication.
- Yalçın, N., & Aştı, T. (2011). Hemşire-Hasta Etkileşimi. Florence Nightingale Journal of Nursing, 19(1), 54–59.
- Yüce Ayalan, Ş. (2011). Sağlık Sektöründe Algılanan Hizmet Kalitesi ve Müşteri (Hasta) Memnuniyeti Tokat Devlet Hastanesinde Bir Araştırma. Master Thesis. Institute of Social Sciences.