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Factors Affecting The Perceived Hospital Quality

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ABSTRACT

Quality perception, which is related to a number of factors and variables, has come to the fore both because of the features of health services and because of the hospital quality rating practices of the Ministry of Health in Turkey. Although there are national and international studies to assess the perceived quality, with the thought that country-specific studies are not enough, this study has been thought necessary in order to learn the main factors which affect public's hospital quality perception in Turkey due to the facts that culture is an important determinant on quality perception and the results of the year-to-date studies are different from each other. In Turkey's 3 biggest cities, 2500 people have been asked 28 questions with demographical and descriptive features in the questionaire in order to define hospital quality and these questions have been perceived in 4 dimensions. Non-parametric and parametric statistical tests have been applied on the data gathered. In the scope of analysis, descriptive statistics, reliability analysis, ANOVA analysis, and Regression analyses have been used. According to the results of this study, the idea of a high quality hospital changes according to age, income, education and the city; the tendency to the idea of a well managed hospital changes according to gender, income, education, and the city and the idea of low-quality changes according to age, gender, income, education and the city. Whereas education is the most effective variable in high-quality hospital aspect, gender is the most effective variable on low-quality hospital. In this study, it has been determined that hospital quality perception changes according to the demographical features as age, income, education and the city resided. This study has been reinforced with the fact that there has been a significant difference in terms of age groups and level of education in Devebakan and Aksaraylı's study in a private hospital with SERVQUAL scale. We are made to think that these researches has to be carried out more owing to the fact that there has been similar and different results with different scales in different organizations.

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INTRODUCTION

As well as being different and relatively more important than the other service sectors, since the quality rating system practices are being held within the scope of the Health Transfromation Project by the Ministry of Health in the last decade in our country, Health services brings the hospital quality concept into the forefront and remains popular due to the facts that the health services are directly related to the human health and life, the demand is aspecific, it has the urgency when it is needed, it has a great risk, its consumer has not got sufficient knowledge about the product and the services, the quality and the advantage of the product is not easily assessed and it is not substitute [4, 14, 29, 30].

While the quality in the health services is described as the level of providing services effectively, efficiently and in a purchasable way as the individuals demand for [26], the percieved service quality in health is explained with the satisfaction level of the patient [20].

Whereas there are a good number of methods and techniques about assessment and evaluation of the quality, this study aims at determinig the factors which affect the hospital quality perception of public. There are studies in literature about this topic, as well. According to a report published by the American Psychological Association, when it's hard to interpret numbers, people are tempted to make decisions based on cost or how

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they feel at the moment. Still others base their decisions on word-of-mouth referrals from their friends and family [23] Boscarina S.A. suggests that researchers should use quality indicators based on patients' perceptions with caution and be open to additional scientific research, until these measures are better understood [6]. Significant growth along with higher purchasing power of Indian customers has led to stiff competition in Indian healthcare sector. Customer perception of service quality plays a significant role when choosing or preferring a particular hospital. The objective of their study is to find out customer preference for healthcare services delivered by both public and private hospitals in India [18]. The model development draws from the service quality, attitude, and customer satisfaction literatures. Expectations and perceptions play an important role in both literatures. In general, both literatures treat these constructs as static, at least for estimation purposes [7]. Patient evaluations of the interpersonal features of hospital care are influenced by interventions that physicians or nurses identify as "higher" quality of care [24].

As the quality expectation of the patient varies from sector to sector and throughout time [1, 25, 21]; the improvement effort, if successful, results in an improvement in service quality. Improved service quality results in increased perceived quality and customer satisfaction and perhaps reduced costs [25].

The studies show that the perceived service quality is related to the hospital performance, the patient satisfaction and the aim to purchase [31, 27, 7, 9]. In the perceived service quality, along with the important variables such as the satisfaction and loyalty of the patients [16] and the profitability of the hospital [13, 22]; the experience, knowledge, proficiency, participation, readiness to serve, reliability and empathy of the hospital staff, clinical nursery process, management procedures and social responsibility are some of the factors which affect the patients' perceptions throughout the health service [12, 19]. Findings highlight seven distinct dimensions of patient-perceived Total Quality Service and the relationships among them. Positive and significant relationships among the dimensions and patient satisfaction have been found by Duggila [12]. Both service quality and value have a significant direct impact on behavioral intention while value assessment was influenced by perceived service quality [8].

It is advised to be careful in assessment of service quality perception which is related to a number of factors and variables [8]. In the assessment of perceived service quality SERVQUAL scale, which was developed by Parasuraman, Zeithaml and Berry (1985), is commonly used. In this scale, if the perceptions is equal to or higher than the expectations, the service is considered of good quality, if not so, then it is considered of poor quality. So without considering the type of service, ten different determinants of perceived service quality are described as access, communication, competence, courtesy, credibility, reability, responsiveness, security, tangibles, understanding/knowing the customer [21].

Instead of SERVQUAL scale which is commonly used to assess general service quality, Jayesh and Garg have developed a new five dimensional scale. According to them most relevant studies about perceived service quality for public hospitals either do not have stable factor structure or are relying on generic SERVQUAL scale to measure service quality. The new scale fills the gap of absence of a validated scale to measure perceived service quality for public hospital. A reliable and valid scale called public hospital service quality (PubHosQual) is developed to measure the five dimensions of hospital service quality: admission, medical service, overall service, discharge process, and social responsibility [17].

In a satisfaction study in two private hospital polyclinics in Kırıkkale by Papatya G., Papatya N., and Hamşıoğlu B.A. there is a significant difference among gender, age and occupation groups, whereas there is not a significant difference between patients' satisfaction levels of polyclinics and their education and income status [20]. In health services one of the most important indicator of quality is the patient satisfaction [10]. In Dursun and Cerci's study it is stated that the coefficient of correlation among perceived service quality, perceived value, patient satisfaction and patient's behavioral aim is statistically significant [13].

In Güç's study, in complex hospital buildings being familiar to the structure also affects the perception and changes the values [15].

With the growth of Facebook, public health researchers are exploring the platform's uses in health care. However, little research has examined the relationship between Facebook and traditional hospital quality measures. The authors conducted an exploratory quantitative analysis of hospitals' Facebook pages to assess whether Facebook "Likes" were associated with hospital quality and patient satisfaction [28].

In U.S.A. hospitals that are located in the Midwest or West, have higher average employee salaries, and that are more costly are also perceived to be of a higher quality. A multiple regression analysis reveals that combined these variables account for 50 percent of the public's quality perception, with the most important being tertiary care level, patient-census level, average employee salary, and teaching status (all positively related to higher quality). Using these variables in a discriminant function analysis, hospitals with high-perceived quality can be correctly identified 80 percent of the time. It is suggested that these findings have major significance for monitoring the quality of care, based on patients' perceptions [5].

According to Andaleep patients' perceptions about health services seem to have been largely ignored by health care providers in developing countries. That such perceptions, especially about service quality, might shape confidence and subsequent behaviors with regard to choice and usage of the available health care facilities

is reflected in the fact that many patients avoid the system or avail it only as a measure of last resort. Those who can afford it seek help in other countries, while preventive care or early detection simply falls by the wayside. Patients' voice must begin to play a greater role in the design of health care service delivery processes in the developing countries. Therefore, patient-centered and identifies the service quality factors that are important to patients; it also examines their links to patient satisfaction in the context of Bangladesh. A field survey was conducted. Evaluations were obtained from patients on several dimensions of perceived service quality including responsiveness, assurance, communication, discipline, and baksheesh. Using factor analysis and multiple regression, significant associations were found between the five dimensions and patient satisfaction. Implications and future research issues are discussed [2] Whereas Baksheesh is not considered as a dimension in developed countries, in developing countries it is a factor which must be considered as a dimension in the assesment of perceived quality.

Purpose, Scope and Method:

The purpose of this study is to find out the main factors which affect the public's perception of hospital quality. In the first part of the questionaire, questions about attendants' demographical and descriptive characteristics and in the second part, questions aiming to determine hospital quality are asked. Non-parametric and parametric statistical tests are carried out on the collected data. The attendants in this study are randomly selected. The questionaire of this study is a questionaire which has been used before and some of the questions have been changed and adapted to this study. The study has been completed approximately in eight months. The questionaires have been posted to the attendants by e mail or have been delivered by hand. Some attendants have been interviewed face to face and their responses have been recorded toı the questionaire. A pre - reliability test is carried out for the new questionaire which was developed before the main study. 150 individual has attended to this practise. All the attendants who have taken part in the pre – test are from İstanbul. The data obtained from the pre-test have beren put through reliability analysis and 0,801 value has been obtained as Alpha parameter. This value has shown that the questionaire is quite reliable. Moreover some experts have been consulted during the preparation of the questionaire and it has beeen approved that the questionaire is applicable and during the study process an assesment and evaluation expert, a statistics expert, a pedagogue, a sociologist and a psychologist backed up the study. According to the experts' advice and views and with the results of the pre test, the necessary changes in the questionaire have been made before the general study and it has been applied after the revision.

Data Analysis:

In the scope of analysis, descriptive statistics, reliability analysis, ANOVA analysis and Regression analyses have been used. PASW 18.0 package software has been used to analyze the data gathered. 0.05 significance level has been taken into consideration in relations and differences among variables.

Results:
Practice and Analyses:

Table 1: Reliability Statistics.

Cronbach's Alpha	N of Items
,848	28

As the result of reliability analyses, due to the fact that Alpha = 0,848, we daresay that 28 subjects are at very high reliability level.

Demographical Statistics:

When the age variance is examined, it is determined that 27% of the attendants are aged between 18-28, 30% of the attendants are aged between 29-39, 24% of the attendants are aged between 40-50 and 20% of the attendants are aged over 50. 52% of the attendants are women and 48% are men. When the income status is examined, 14% of the attendants earn below 1000 TRY, 45% of the attendants earn between 1001-2000 TRY, 30% of the attendants earn between 2001-3000 TRY, 10% of the attendants earn between 3001-4000 TRY and 2% of the attendants earn above 4000 TRY. When the educational levels are examined, 14% of the attendants are primary school graduates, 6% of the attendants are secondary school graduates, 36% of the attendants are highschool graduates, 42% of the attendants have bachelor's (BA) degree and 3% of the attendants have master's (MA) degree. 53% of the hospitals are state hospitals (SGK) and 47% are private hospitals. 35% of the attendants are from Istanbul, 37% are from Ankara, 28% are from Izmir.

Table 2: Demographic characteristics

		Frequency	Column N %
Age	18-28	670	27%
	29-39	750	30%
	40-50	590	24%
	50+	490	20%
Gender	Female	1310	52%
	Male	1190	48%
Income	1000-	340	14%
	1001-2000	1120	45%
	2001-3000	740	30%
	3001-4000	240	10%
	4001+	60	2%
Education	Primary school	340	14%
	Secondary school	140	6%
	Highschool	890	36%
	Bachelor's (BA) degree	1050	42%
	Master's (MA) degree	80	3%
The type of hospital	SGK (STATE)	1326	53%
	PRIVATE	1174	47%
City	İstanbul	887	35%
	Ankara	916	37%
	İzmir	697	28%

Factor Analysis:

Factor analysis has been applied by evaluating the responses of the attendants. The factors below have been acquired as a result of the analysis.

28 questions which have been asked about hospital quality have been divided into four sub-dimensions after factor analysis.

1. High hospital quality
2. The hospital is good about management.
3. Low hospital quality.
4. Neutrality about hospital.

Table 3: Hospital quality factor analysis.

Items				
	Component			
	1	2	3	4
. High Hospital Quality	,809			
. High Hospital Quality	,769			
. High Hospital Quality	,760			
. High Hospital Quality	,734			
. High Hospital Quality	,714			
. High Hospital Quality	,708			
. High Hospital Quality	,695			
. High Hospital Quality	,692			
. High Hospital Quality	,665			
. High Hospital Quality	,655			
. High Hospital Quality	,650			
. High Hospital Quality	,617			
. High Hospital Quality	,550			
. High Hospital Quality	,536			
. High Hospital Quality	,369			
Hospital is Good About Management		,781		
. Hospital is Good About Management		-,746		
. Hospital is Good About Management		,657		
. Hospital is Good About Management r		,606		
. Hospital is Good About Management		,582		
. Hospital is Good About Management		,581		
. Low Hospital Quality			,629	
. Low Hospital Quality			,598	
. Low Hospital Quality			,513	
. Low Hospital Quality			,478	
. Neutrality About Hospital.				-,829
. Neutrality About Hospital.				,801
. Neutrality About Hospital.				-,517

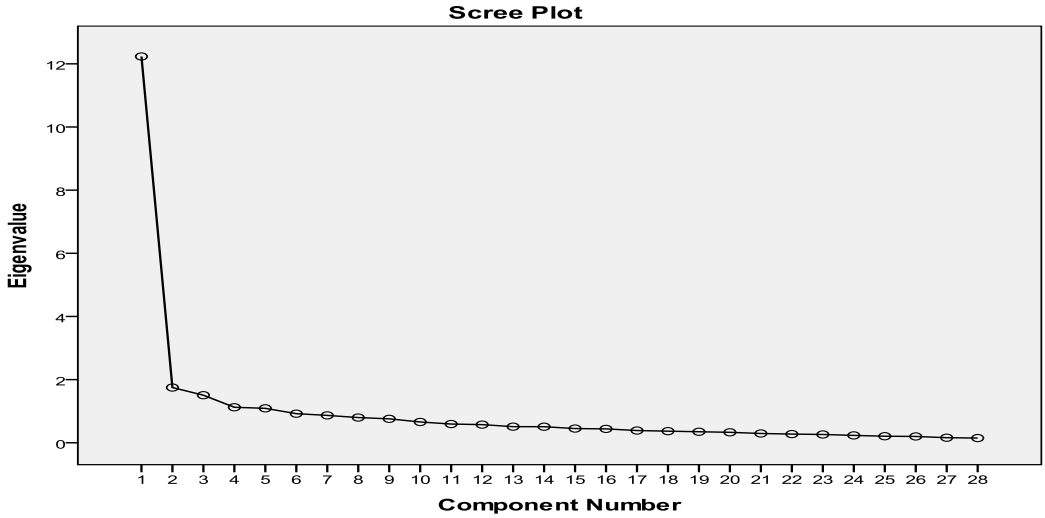

Fig. 1: Screeplot diagram.

Table 4: Component Transformation Matrix.

Component		1	2	3	4
dimension 0	1	,852	,383	,342	,105
	2	-,171	,793	-,534	,238
	3	,187	,112	-,308	-,926
	4	,459	-,461	-,709	,273
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.					

Hospital quality scale factor analyses:

H1: Hospital quality scale differs according to age:

When hospital quality scales are examined in terms of age, except from the 2nd subject all the significance values are below the threshold value 0.05. So,

- High hospital quality concept differs according to age.
- The idea that the hospital has a good management does not differ according to age.
- The tendency to low quality hospital idea differs according to age.
- The tendency to neutrality about hospital differs according to age.

Table 5: ANOVA test of Hospital quality scale according to age.

		Sum of Squares	df	Mean Square	F	Sig.
1. High Hospital Quality	Between Groups	148,812	3	49,604	52,681	,000
	Within Groups	2350,188	2496	,942		
	Total	2499,000	2499			
2. Hospital is Good About Management..	Between Groups	,245	3	,082	,082	,970
	Within Groups	2498,755	2496	1,001		
	Total	2499,000	2499			
3. Low Hospital Quality..	Between Groups	101,404	3	33,801	35,188	,000
	Within Groups	2397,596	2496	,961		
	Total	2499,000	2499			
4. Neurtrality About Hospital.	Between Groups	111,364	3	37,121	38,806	,000
	Within Groups	2387,636	2496	,957		
	Total	2499,000	2499			

H2: Hospital quality scale differs according to gender:

When hospital quality scales are examined in terms of gender, except from the 1st and the 4th subjects, all the significance values are below the threshold value 0.05. So,

- High hospital quality concept does not differ according to gender.
- The tendency that the hospital has a good management differs according gender.
- The tendency to low quality hospital idea differs according to gender.
- The tendency to neutrality about hospital does not differ according to gender.

Table 6: ANOVA test of Hospital quality scale according to gender.

		Sum of Squares	df	Mean Square	F	Sig.
1. High Hospital Quality .	Between Groups	1,562	1	1,562	1,562	,211
	Within Groups	2497,438	2498	1,000		
	Total	2499,000	2499			
2. Hospital is Good About Management.	Between Groups	16,881	1	16,881	16,989	,000
	Within Groups	2482,119	2498	,994		
	Total	2499,000	2499			
3. Low Hospital Quality.	Between Groups	14,202	1	14,202	14,278	,000
	Within Groups	2484,798	2498	,995		
	Total	2499,000	2499			
4. Neurtrality About Hospital	Between Groups	,196	1	,196	,196	,658
	Within Groups	2498,804	2498	1,000		
	Total	2499,000	2499			

H3: Hospital quality scale differs according to income:

When hospital quality scales are examined in terms of income, all the significance values are below the threshold value 0.05. So,

- High hospital quality concept differs according to income.
- The idea that the hospital has a good management differs according to income.
- The tendency to low quality hospital idea differs according to income.
- The tendency to neutrality about hospital differs according to income.

Table 7: ANOVA test of Hospital quality scale according to income.

		Sum of Squares	df	Mean Square	F	Sig.
1. High Hospital Quality .	Between Groups	56,298	4	14,075	14,376	,000
	Within Groups	2442,702	2495	,979		
	Total	2499,000	2499			
2. Hospital is Good About Management.	Between Groups	99,985	4	24,996	25,996	,000
	Within Groups	2399,015	2495	,962		
	Total	2499,000	2499			
3. Low Hospital Quality.	Between Groups	26,386	4	6,597	6,656	,000
	Within Groups	2472,614	2495	,991		
	Total	2499,000	2499			
4. Neurtrality About Hospital	Between Groups	11,836	4	2,959	2,968	,019
	Within Groups	2487,164	2495	,997		
	Total	2499,000	2499			

H4: Hospital quality scale differs according to education:

When hospital quality scales are examined in terms of education, all the significance values are below the threshold value 0.05. So,

- High hospital quality concept differs according to education.
- The idea that the hospital has a good management differs according to education.
- The tendency to low quality hospital idea differs according to education.
- The tendency to neutrality about hospital differs according to education.

Table 8: ANOVA test of Hospital quality scale according to education.

		Sum of Squares	df	Mean Square	F	Sig.
1. High Hospital Quality .	Between Groups	104,212	4	26,053	27,143	,000
	Within Groups	2394,788	2495	,960		
	Total	2499,000	2499			
2. Hospital is Good About Management.	Between Groups	65,134	4	16,283	16,692	,000
	Within Groups	2433,866	2495	,975		
	Total	2499,000	2499			
3. Low Hospital Quality.	Between Groups	49,971	4	12,493	12,727	,000
	Within Groups	2449,029	2495	,982		
	Total	2499,000	2499			
4. Neurtrality About Hospital	Between Groups	37,537	4	9,384	9,512	,000
	Within Groups	2461,463	2495	,987		
	Total	2499,000	2499			

H5: Hospital quality scale does not differ according to the type of hospital:

When hospital quality scales are examined in terms of hospital type, all the significance values are above the threshold value 0.05. So,

- High hospital quality concept does not differ according to hospital type.
- The idea that the hospital has a good management does not differ according to hospital type.
- The tendency to low quality hospital idea does not differ according to hospital type.

- The tendency to neutrality about hospital does not differ according to hospital type.

Table 9: ANOVA test of Hospital quality scale according to the type of hospital.

		Sum of Squares	Df	Mean Square	F	Sig.
1. High Hospital Quality .	Between Groups	,320	1	,320	,320	,572
	Within Groups	2498,680	2498	1,000		
	Total	2499,000	2499			
2. Hospital is Good About Management.	Between Groups	,236	1	,236	,236	,627
	Within Groups	2498,764	2498	1,000		
	Total	2499,000	2499			
3. Low Hospital Quality.	Between Groups	,003	1	,003	,003	,955
	Within Groups	2498,997	2498	1,000		
	Total	2499,000	2499			
4. Neurtrality About Hospital	Between Groups	,522	1	,522	,522	,470
	Within Groups	2498,478	2498	1,000		
	Total	2499,000	2499			

H6: Hospital quality scale differs according to the city resided:

When hospital quality scales are examined in terms of the city resided, all the significance values are below the threshold value 0.05. So,

- High hospital quality concept differs according to the city resided.
- The idea that the hospital has a good management differs according to the city resided.
- The tendency to low quality hospital idea differs according to the city resided.
- The tendency to neutrality about hospital differs according to the city resided.

Table 10: ANOVA test of Hospital quality scale according to the city resided.

		Sum of Squares	Df	Mean Square	F	Sig.
1. High Hospital Quality .	Between Groups	57,216	2	28,608	29,255	,000
	Within Groups	2441,784	2497	,978		
	Total	2499,000	2499			
2. Hospital is Good About Management.	Between Groups	54,788	2	27,394	27,986	,000
	Within Groups	2444,212	2497	,979		
	Total	2499,000	2499			
3. Low Hospital Quality.	Between Groups	16,179	2	8,089	8,136	,000
	Within Groups	2482,821	2497	,994		
	Total	2499,000	2499			
4. Neurtrality About Hospital	Between Groups	15,500	2	7,750	7,792	,000
	Within Groups	2483,500	2497	,995		
	Total	2499,000	2499			

Hospital quality scale factors regression analyses:

Subjects affecting the high hospital quality factor:

When factors affecting the high hospital quality are examined,

- One-unit change in age causes 0.121 unit rise in high hospital quality idea.
- Gender causes 0.084 unit fall in high hospital quality idea.
- One-unit change in income causes 0.100 unit rise in high hospital quality idea.
- One-unit change in education causes 0.145 unit fall in high hospital quality idea.
- The type of hospital causes 0.142 unit fall in high hospital quality idea.
- Difference in cities causes 0.142 unit rise in high hospital quality idea.

Table 11: Regression analysis regarding to subjects affecting the high hospital quality factor.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Age	,121	,018	,314	6,814	,000
	Gender	-,084	,037	-,130	-2,234	,026
	Income	,100	,023	,261	4,296	,000
	Education	-,145	,018	-,483	-7,970	,000
	Hospital type	-,142	,036	-,221	-3,926	,000
	City	,142	,024	,296	5,998	,000
a. Dependent Variable: 1. High hospital quality.						
b. Linear Regression through the Origin						

Subjects affecting the factor that the hospital is good about management:

When the subjects affecting the factor that are examined,

- One-unit change in age causes 0.026 unit fall in the idea that the hospital is good about management.

- Gender causes 0.042 unit rise in the idea that the hospital is good about management.
- One-unit change in income causes 0.181 unit rise in the idea that the hospital is good about management.
- One-unit change in education causes 0.028 unit fall in the idea that the hospital is good about management.
- The type of hospital causes 0.015 unit fall in the idea that the hospital is good about management.
- Difference in cities causes 0.166 unit fall in the idea that the hospital is good about management.

Table 12: Regression analysis regarding to Subjects affecting the factor that the hospital is good about management.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Age	-,026	,018	-,067	-1,435	,151
	Gender	,042	,038	,066	1,108	,268
	Income	,181	,024	,468	7,612	,000
	Education	-,028	,018	-,094	-1,532	,126
	Hospital type	-,015	,037	-,024	-,421	,674
	City	-,166	,024	-,345	-6,890	,000
a. Dependent Variable: 2. The hospital is good about management						
b. Linear Regression through the Origin						

Subjects affecting the low hospital quality factor:

When the subjects affecting the low hospital quality are examined,

- One-unit change in age causes 0.152 unit fall in low hospital quality idea.
- Gender causes 0.200 unit rise in low hospital quality idea.
- One-unit change in income causes 0.141 unit rise in low hospital quality idea.
- One-unit change in education causes 0.143 unit fall in low hospital quality idea.
- The type of hospital causes 0.030 unit rise in low hospital quality idea.
- Difference in cities causes 0.062 unit rise in low hospital quality idea.

Table 13: Regression analysis regarding to subjects affecting the low hospital quality factor.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Age	-,152	,018	-,394	-8,434	,000
	Gender	,200	,038	,312	5,273	,000
	Income	,141	,024	,366	5,940	,000
	Education	-,143	,018	-,475	-7,732	,000
	Hospital type	,030	,037	,047	,817	,414
	City	,062	,024	,129	2,574	,010
a. Dependent Variable: 3. Low hospital quality.						
b. Linear Regression through the Origin						

Subjects affecting the neutrality about hospital factor:

When the subjects affecting the neutrality about hospital factor are examined,

- One-unit change in age causes 0.119 unit rise in the neutrality about hospital idea.
- Gender causes 0.123 unit fall in the neutrality about hospital idea.
- One-unit change in income causes 0.048 unit rise in the neutrality about hospital idea.
- One-unit change in education causes 0.043 unit fall in the neutrality about hospital idea.
- The type of hospital causes 0.067 unit fall in the neutrality about hospital idea.
- Difference in cities causes 0.017 unit rise in the neutrality about hospital idea.

Table 14: Regression analysis regarding to subjects affecting the neutrality about hospital factor.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Age	,119	,018	,310	6,558	,000
	Gender	-,123	,038	-,192	-3,217	,001
	Income	,048	,024	,123	1,984	,047
	Education	-,043	,019	-,142	-2,282	,023
	Hospital type	-,067	,037	-,105	-1,814	,070
	City	,017	,024	,036	,721	,471
a. Dependent Variable: 4. Neutrality about hospital.						
b. Linear Regression through the Origin						

Conclusıon and Assessment:

When the attendants are examined from demographical aspect, age groups and female-male variance are suitable for the general status of the country's population, and 75% of the attendants have 1001- 3000 TRY

income, 78% of the attendants are highschool and university graduates, and the results of the study, which has been carried out in 3 biggest cities, according to the city are evenly distributed.

Totally 28 questions have been asked to assess the hospital quality and these questions are perceived in 4 dimensions. These dimensions are listed below:

- High hospital quality.
- The hospital is good about management.
- Low hospital quality.
- Neutrality about hospital.

The idea of a high quality hospital changes according to age, income, education and the city resided.

The tendency to the idea that the hospital is good about management changes according to gender, income, education, and the city resided.

The tendency to the idea of low hospital quality changes according to age, gender, income, education and the city resided.

The tendency to the neutrality about hospital changes according to age, income, education and the city resided.

When the subjects affecting high hospital quality factor are examined, it is determined that education is the most effective variable

When the factors affecting the idea that the hospital is good about management are examined, it is determined that income is the most effective variable

When the factors affecting low hospital quality idea are examined, it is determined that gender is the most effective variable

When the factors affecting the tendency to neutrality about hospital are examined, it is determined that age is the most effective variable

In this study, contrary to the studies of Bakan *et al*. [3], it is determined that the hospital quality perception differs according to the demographical features as age, income, education, and the city resided. In Devebakan and Aksaraylı's study in a private hospital with SERVQUAL scale, this study has been reinforced with the fact that there has been a significant difference in terms of age groups and level of education, whereas there has not been a significant difference in terms of gender and marital status [11]. We are made to think that these researches has to be carried out more owing to the fact that there has been similar and different results in the analyses with different scales in different organizations.

When all the studies about the topic are carefully examined, since perception is closely related to the individuals' lifestyle and culture, it is gratifying that countries attempt to develop their own perception scales.

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