International Journal Entrepreneurship and Management Inquiries (Journal EMI) Dergisi ISSN: 2602 - 3970 / Dönem / Cilt: 2 / Sayı: 3

Araştırma Makalesi

ÖZEL SAĞLIK KURULUŞLARINDA HİZMET TALEBİNİ ETKİLEYEN DEMOGRAFİK ÖZELLİKLER: ESTETİK TIP MERKEZLERİ ÖRNEĞİ

Gülay TAMER¹

ÖZ

Küreselleşen dünyada ekonomik, teknolojik, ,toplumsal, kültürel, yapılarda meydana gelen hızlı ve sürekli gelişme ve değişmeler, Estetik Tıp Sektöründe de hizmet veren merkezlerin yapılarında önemli değişimlerin yaşanmasına neden olmuş ve her geçen gün yeni uygulamaları hayata geçirerek kişilerin mutluluğuna hizmet eden ve aranılan bir sektör haline gelmiştir. Yapılan bu çalışmada; öncelikli olarak, estetik tıp merkezlerine hizmet almaya gelen bireylerin kritik bilgileri belirlenmiştir. Daha sonra bu veriler doğrultusunda, estetik tıp merkezlerin rakiplerini ve hedeflerini belirli kriterler ile belirleyecek bir anket formu hazırlanmıştır. Anketin güvenilirlik testleri yapılarak, değişik müşteri profili olan farklı lokasyonlarda bulunan merkezlere hizmet almaya gelen 600 kişiye uygulandı. Anketin farklı yaş, eğitim, income guruplarına uygulaması için çok titizlik gösterildi. Elde edilen sayısal veriler SPSS paket programıyla analiz edildi. Estetik Tıp Merkezlerinden hizmet alan müşteri profilinin incelenmesi ve analiz edildiği bu çalışma da; analiz sonuçları değerlendirildiğinde Estetik Tıp Merkezilerinde verilen tüm hizmetler içinde cinsiyet yaş ve medeni durumdan etkilenen hizmetler kırışıklık, skin Problems, antiaging, estetik operasyonlardır. Söz konusu hizmetler özellikle kadınlar tarafından çok daha fazla tercih edilmektedir. Yaşa göre yapılan karşılaştırmada hizmet alanların büyük kısmı 40-60 yaş arasında büyük oranda single müşterilerden oluşmaktadır. Ayrıca gelir arttıkça hizmet talebinde de büyük artış olduğu gözlemlenmiştir.

Anahtar Kelimeler: Sağlık, Estetik, Tıp Merkezleri, Müşteri Profili, Demografik Özellikler.

Jel Kodları: I31, I37

¹Asst.Prof.Dr., İstanbul Gelişim University tamergulay@gmail.com

Geliş Tarihi/ Received: 10.09.2018 Kabul Tarihi/ Accepted: 02.10.2018

DEMOGRAPHIC CHARACTERISTICS AFFECTING SERVICE DEMAND IN PRIVATE HEALTH INSTITUTIONS: AESTHETIC MEDICAL CENTERS EXAMPLE

ABSTRACT

The rapid and continuous developments and changes taking place in economic, technological, social, cultural structures in the globalizing world have caused significant structural changes in the centers serving in the Aesthetic Medicine Sector and by realizing new applications day by day, it has become a sector in demand which serves for happiness of people. In this study; primarily, the critical information of individuals visiting aesthetic medical centers for receiving service was determined. Then, according to this data, a questionnaire form was prepared to determine the competitors and objectives of aesthetic medical centers within the framework of specific criteria. Reliability tests of the questionnaire was carried out, and then it was applied to 600 people who were visiting various centers at different locations and having different customer profiles. Attention was paid to include different age, education and income groups to the survey conducted. The numerical values obtained were analyzed by SPSS package program. In this study examining and analyzing the profile of customers receiving service from aesthetic medical centers, according to the evaluation of the analysis results, services that are affected by sex, age and marital status among all the services provided in Aesthetic Medical Centers are wrinkles, skin problems, anti-aging treatments and aesthetic operations. These services are much more preferred by women in particular. In the comparison based on the age, the service receivers are mostly single customers at 40-60 age range. Also, a substantial increase in demand for services has been observed with the increasing income level.

Keywords: Health, Aesthetics, Medical Centers, Customer Profile, Demographic Characteristics.

JEL Codes: I31, I37

INTRODUCTION

In recent years, the human factor has become much more important than other factors in line with the change in the perspective of human resources. In order to survive under increasing competition due to increased quality of life and rapid development of technology, establishments do not show resistance to change, instead work intensively on researches on sectoral innovation and novelty. In the developing and changing socio-economic and technological environment, the number of newly opened aesthetic medical centers, polyclinics and plastic surgery hospitals is rapidly increasing, and new clinics and beauty centers pose a serious threat, in terms of competition, for the establishments which are already in operation. Today, it is thought that being the best in the aesthetics & beauty sector is no longer sufficient (Herdman, 2012). There is a need to offer services with training in treatment methods that are updated and improved every day and by equipping with technological devices on the cuttingedge (Çimen, 1994).

1. CUSTOMER PROFILE IN MEDICAL CENTERS PROVIDING BEAUTY SERVICES

In recent years, business life and ruthless competition can cause an increase in the number of people appeal to aesthetic interventions for their career; managers and management trainees being at the forefront (Coruh, 1994). İt is seen that employees appeal to aesthetic interventions to look good (Alan, 1993). Recently, it has been proven that professional achievements of people who have an attractive and vivid impression are higher (Engiz, 1998). For this reason, many managers pay much more attention to their appearance than in previous years, and they knock on the door of aesthetic medical centers (Devebakan, 2006). Among employees having the same level of education and knowledge, those with better appearance may receive up to 5 percent higher salary, and when the whole life span is taken into account, it is estimated that a considerable amount is earned (Abbas, Camp, 1996). Today, many of thousands of people at the same level from various aspects who are applying for jobs are selected according to their appearance (Donabedian, 1980). Some aesthetic interventions are required to be made to middle age and above managers holding managerial positions whom served by Aesthetic Medical Centers. Nowadays, this rate is in increase almost one hundred percent (Abel, 1994). Increased competition has also increased the interest in aesthetic interventions for career objectives. The vast majority of people appeal to aesthetic interventions for their career is women holding managerial positions (Erem, 1984). Apart from this, the rate of service purchase from aesthetic medical centers is also high among individuals wishing to have a good appearance and people employed in the service sector, members of the professional groups requiring face-to-face communication such as human resources managers, television faces, models, athletes, and individuals working in the field of sales and marketing (Alan, 1993). Turkey is one of the best countries in the world for proper application of aesthetic treatment and care practices, which in turn affects health tourism positively. Individuals who

are in the business world, especially those who manage people, can have a desire to look young for continuation of dynamism, authority, and even faithfulness between the employee and the manager, and they can easily receive treatment services from medical specialists in the aesthetic medical centers (Caldwell, 1998).

2. SOCIO-PSYCHOLOGICAL CHARACTERISTICS AFFECTING DEMAND IN SECTORS RELATED TO AESTHETIC MEDICINE

Demographic characteristics such as population, gender, age, income, education are determining factors in preferences of the individuals. Some individuals in the media seen as role model also play a role in people's need for aesthetic and cosmetic centers (Engiz, 1998).

In our country; while only women were in need of such interventions until the last decade- men used to appeal such services secretly because of the fear of "what would they think about me?", today, also men can visit aesthetic centers to have a well-groomed, young and dynamic image. Specialists who serve in the aesthetic medicine sector need to give necessary advices about pre- and post-treatment conditions by planning the best treatment for their clients (Eren, 1984). In case the individuals requesting and applied for such services are satisfied with the practices, they become a repeat customer, and they also recommend such practices to their social circle. Individuals do not change their centers and specialists when they feel safe. Because of demand to this sector increasing day by day, the more aesthetic establishments in different scales commence to provide service (Eriş, 2017). It is no more a sector where only individuals having high socio-cultural level are served, instead individuals from all socio-cultural segments purchase service, and this diversifies the customer base. Accordingly, it is seen that the number of people having different demands is in rise (Hayran, Sur, 1998).

3. ETHICS IN AESTHETIC MEDICINE INDUSTRY

In consumption of health services, the patient-doctor relationship is completely established on the element of "trust", since there is no possibility to test the service that people demanded before they use. This feeling of trust is also in harmony with principles of medical profession. In the medical profession, gain is measured, not materially, but based on the variables such as fulfillment of one's social responsibilities, performance achievement in the profession, contributions to the science and medical profession, and publications (Sur,1997). The statement "there is no cost for the profession of a physician and life of a patient" explains this. For this reason, both the physicians and the managers of health institutions and other health personnel do not feel the word "marketing" very close to them; and even though the primary objective of an enterprise is being profitable, this is not the first priority in the health sector. Because, "there is a substitute for everything in life, but there is no substitute of health" (Kavuncubaşı, Ersoy, 1998).

Due to characteristic of aesthetic service, mostly private establishments provide service in our country. Aiming to eliminate aesthetic concerns of people and make them to feel better, some treatment International Journal Entrepreneurship and Management Inquiries Dergisi / Cilt 2 / Sayı 3 / 91-105

and care services are offered by such centers (İncesu, Yorulmaz, 2011). Even services that are not felt by people as a need are offered by aesthetic health establishments.

Besides being preventive and protective that the services offered by the aesthetic establishments to prevent people from having some health and aesthetic problems, they also provide health and care services in case of problems that have already been arisen (Karaca, 2008, pp. 61-80). Some interventions affecting aesthetic appearance, and indirectly health, differ depending on education and economic level, and business lines (Kasem, 2013, p.41). Because of raising consciousness of having a good appearance and exhibiting strong presentation skills, such kind of treatments are demanded by people, and so, the increased level of job standards also contributes increase in the need felt for this sector in the society day by day.

As in all businesses, there are both general and specific objectives for an Aesthetic Medical establishment (Konca, 2006, pp. 160-170). The first of the general objectives is profitability. Profit is the income difference between revenues and expenses obtained at the end of operating activities (Kavuncubaşı, 2000). Profitability is important from the perspective of customer satisfaction, productivity, growth and fulfilling responsibilities (Kaya, 2012). It is impossible for an unprofitable establishment to compete in the market conditions. While profit is so important, it is not a primary goal the in healthcare services. Because being healthy, and having a healthy and good look is a fundamental right that every person wishes.

It is the most basic duty of health workers who provide health services in every country committed to human rights. In addition, the aesthetic need has a difference than other needs. Aesthetic practices can be bought with money like a commercial service, but besides his/her aesthetic, health of a person matters, and no such practice is so worthy to risk the health (Velioğlu,1993). For these reasons, in healthcare establishments, profitability is important but it should never be the top priority (Lewis, 1976). But, on the other hand, an aesthetic medicine business cannot be operated by not taking into account profit; because, profit is the most important indicator for an establishment. Establishments that are not seeking profit and are not managed according to business rules become more inefficient and cumbersome day by day (Zerenler, 2007). Besides meeting needs of the people they serve, social responsibility is before profit in health care businesses. The most important characteristic of Aesthetic Medical centers is that they cannot determine and valuate the type, nature and quality of treatment services supplied. This is an important characteristic that separates such centers from many other organizations (Tütüncü, 2009, p.63-66).

People are vulnerable because they do not know exactly what treatment and care services they need. Protection of interest of the individual is the duty of the center serving to him/her, and the best

way to perform this duty is possible by prioritizing the mental and economic protection of the individual by employees of the establishment (Muluk, Burcu, Danacıoğlu, 2000).

As the individuals requesting the service do not able to control the treatment and care that is applied to them, the supervision and control of the treatment services should be important aspects in the organization of the medical services (Özdemir, 2007, pp.530-536).

In these centers where medical and aesthetic interventions are performed, people who are specialists in their fields such as plastic surgeons, dermatologists, aesthetic physicians, nurses, nutritionists, aestheticians should perform the services, and this is the primary task of specialists in this area (Özcan,1987). The real reason behind is the fact that healthcare establishments do not merely seek profit like businesses serving in other fields. Another general objective of an Aesthetic Medical center is sustainability. Sustainability is to exist forever. To this end, its existence should be protected and developed. Businesses cannot be established on short-term objectives and opinions (Velioğlu ,Oktay, 1993).

Especially sustainability is of great importance for private aesthetic medical establishments in our country. Gaining a place in the market and ensuring constant customer confidence may depend on this. Public healthcare institutions ensure sustainability much more, but this largely depends on sanction power of the public sector rather than customer satisfaction or productivity. Therefore, Corporate Objectives of Aesthetic Medical establishments vary depending on nature of the service offered.

4. CORPORATE OBJECTIVES IN AESTHETIC MEDICAL CENTERS

- To produce high quality care and treatment services at the lowest cost and sell (offer) them to whom in need.
- By using the revenues that they have earned from their services in the most economical way to produce higher number of care and treatment services, to reach more people,
- To use training and research methods based on the latest medical and technological knowledge to contribute to the employment policy, economic and social development, and to take preventive and therapeutic measures,

4.1. Promotional Strategies in Aesthetic Medicine Sector

The centers are obliged to give information to each client about the service, the products used, and regarding innovations; because they should show the differences and ensure acceptance of the innovation (psychological and behavioral), and they should ensure embracement of the center providing the service while ensuring purchase of goods and services. By increasing the dependence of the service purchaser and the center providing the service by this way, the relevant service should meet the needs and demands healthily. It is more important to earn trust of people than financial gains, because this simultaneously ensures the social circle of the said people are reached and the quality of service provided to be heard (Özkul, 1994).

Hypothesis of Research

- **H1.** There is a correlation between "age", "gender", "marital status", "income", "difference between income and care expenditures" among the types of services requested by customers who come to medical aesthetic centers.
- **H2.** "Determining the target group in the aesthetic medical centers", "Determining the strategic goals in the aesthetic medical centers," "Increasing the service quality in the aesthetic medical centers", "Providing customer continuity in the aesthetic medical centers" sex, age, marital status and income.

5. DATA COLLECTION METHOD

Primarily, the critical information of individuals visiting aesthetic medical centers for receiving service was determined. The information was related to researches conducted and to the predefined classifications. Then, according to this data, a questionnaire form was prepared to determine the competitors and objectives of aesthetic medical centers within the framework of specific criteria. Reliability tests of the questionnaire was carried out, and then it was applied to 600 people who were visiting various centers at different locations and having different customer profiles. Attention was paid to include different age, education and income groups to the survey conducted. The numerical values obtained were analyzed by SPSS package program.

5.1 Statistical Methods Used in the Analysis of Data

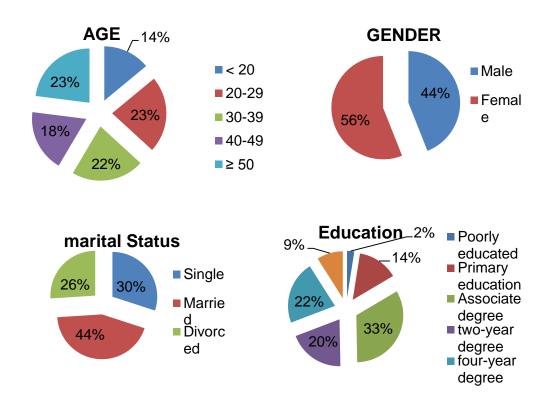
In this study, the general profile of the customers visiting the aesthetics and beauty centers was determined, and the relationship between the preferred services and the age, gender, marital status, income was investigated. At the same time, by determining the relationship between the income and the beauty and care expenditure, a multiple regression model was developed to estimate the amount of expenditures. In line with these aims, the methods used in the analysis of data are given below:

- Distribution of customers by age, gender, marital status, education and services taken is summarized in frequency tables. The related tables are given in 5.2. Research Findings section.
- Chi-square independence test is used to determine whether there is a relationship between the
 preferred services and the age, gender and marital status, and to determine the distribution of
 these variables according to preferred services.
- The independence samples t-test is used to determine the services preferred by customers according to their incomes, and to investigate whether there is a significant difference between income of the individuals receiving and not receiving the services.
- The one-way analysis of variance (ANOVA) is used to investigate whether there is a relationship between the customers' incomes and expenditures.
- The multiple regression analysis is used to estimate beauty and care expenditures.

5.2. Research Findings

The chi-square test is used to compare in pairs the customers' individual characteristics (gender, age, marital status and income) and services purchased, and the results are given below.

Table 1. Gender and Skin Problems Cross Tabulation



Chi-Square Independence Test

Individual characteristics of clients (gender, age and marital status), and Chi-square tests were conducted to compare the applications they were served with and the following results were obtained.

Table 1. Gender And Service Types Cross Tabulation

Service Type	Gender	Result
Skin Problems	Chi-square value = $11,723$ and $\mathbf{p} = 0.003$	There Meaningful
		Relationship
Anti-Aging	Chi-square value = 49,911 and $p = 0,000$	Meaningful
		Relationship
Laser	Chi-square value = 37,918 and $p = 0,000$	Meaningful
		Relationship
Hair-Makeup	Chi-square value = $68,890$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship

Hand-Foot Care	Chi-square value = $37,144$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship

In the above table, distribution of customers is given according to gender and service purchase for skin problems. The chi-square value is calculated from the relationship between the gender and the service purchase for skin problems 11.723, and the corresponding p = 0.003. Since 0.003 < 0.05, it is seen that these two variables are significantly related to each other.

Table 2. Chi-square and p (Sig.) Values between Age and Service Types

Service Type	Age	Result
Wrinkle	Chi-square value = $76,621$ and p = 0,000	Meaningful
		Relationship
Skin Problems	Chi-square value = $61,889$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship
Anti-Aging	Chi-square value = $74,820$ and p = 0,000	Meaningful
		Relationship
Laser	Chi-square value = $22,580$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship
Aesthetic surgery	Chi-square value = $84,460$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship
Hair-Makeup	Chi-square value = 19,817 and $\mathbf{p} = 0.001$	Meaningful
		Relationship

As a result, there was a significant relationship between age and all types of services.

Table 3. Chi-square and p (Sig.) Values between Marital Status and Service Types

Service Type	Marital status	Result
Wrinkle	Chi-square value = 61 , 051 and $\mathbf{p} = 0$,	Meaningful
	000	Relationship
Skin Problems	Chi-square value = $18,162$ and $\mathbf{p} = 0.001$	Meaningful
		Relationship
Anti-Aging	Chi-square value = $36,081$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship
Laser	Chi-square value = $17,654$ and $\mathbf{p} = 0.001$	Meaningful
		Relationship

Aesthetic surgery	Chi-square value = $34,659$ and $\mathbf{p} = 0,000$	Meaningful
		Relationship
Hair-Makeup	Chi-square value = $16,405$ and $\mathbf{p} = 0.003$	Meaningful
		Relationship

As a result, there was a significant relationship between marital status and all types of services.

Two Independent Sample T-Tests

The income averages are compared and a t-test is applied to investigate whether there is a meaningful difference between the income of the customers who receive and those who do not. The t-test results that are used to determine whether there is a significant difference between the customers' income levels and the services they prefer are listed in the following tables.

Table 4. Values of t and p (Sig.) Between Revenue and Service Types

Service Type	Income	Result
Wrinkle	t value = $-2,603$ and $p = 0,009$	Have Significant Difference; wrinkle
		service areas are considerably higher than
		those who do not receive average income
Regional	t value = $-2,890$ and $p = 0,004$	Significant Difference; regional lubrication
Lubrication		service areas are considerably higher than
		the average income
Anti-Aging	t value = $-4,438$ and p = 0,000	Significant Difference ; the areas where anti-
		aging services are higher than the average
		income
Aesthetic surgery	t value = -6.662 and $p = 0.000$	Significant Difference; the aesthetic surgery
		service areas are considerably higher than
		those who do not receive the average income

As a result, services whose income level is determinative; wrinkle, regional fattening, anti- aging and aesthetic surgery. Therefore, these services address high-income customers. There was no significant effect of income on other services.

One way ANOVA

One-way ANOVA was conducted to determine how much beauty and care expenditure was made according to the income and the following results were obtained.

3500

3500

750

6

95% Confidence Interval for Mean Std. the Std. error Lower Bound Upper Bound Minimum Maximum Licorice deviation 1000-2500 161 881.81 1131.558 705.69 3500 89.179 1057.93 2500-4000 130 663.32 618.026 556.07 3500 54.204 770.56 6 4000-8000 157 850.64 714.356 57.012 738.02 963.25 75 3500 8000-89 | 1217.42 | 783.607 83.062 1052.35 1382.48 300 3500 20000 20000-49 1760.20 873.450 124.779 1509.32 2011.09 750 3500

 Table 5. Income Levels and Beauty-Care Expenditures

According to the table above income classes and "mean" Considering the average beauty and care expenditures in the column, it is seen that the average expenditures increase as the income increases. The F-value calculated in the One- way ANOVA to test whether there is a significant difference between expenditures according to income levels is 25,065 and p=0.000 <0.05. Accordingly, the difference between expenditure averages is meaningful.

344.559 1969.91

914.45

38.766

3458.66

1066.72

Multiple Regression Model

2714.29 1289.220

949.573

Finally, a Multi Regression model was created to explain beauty and care expenditure and to be used in estimates. The dependent variable; aesthetic-care expenditure (Y), independent variables; income (x1), age (x2) and gender (x3).

Table 5. Model Summary

60000

6000-+

Total

14

600 990.59

			Adjusted R	Std. Error of the
Model	R	R Square	Square	Estimate
one	, 432 ^a	187	, 183	858.506

R Square in the model summary shows us that the percentage of the dependent variable is explained by the independent variables. In our example, R Square = 0, 187 (18.7%). This value

indicates that the explanatory power is low. However, this model is the one with the highest clarity among the many models tested.

When according to the following ANOVA table model examined the significance F = 4 of 5, 607 and p = 0.000 < 0.05, and the pattern is seen to be statistically significant.

Table 6. Analysis of	Variance Table	(ANOVA Table)
-----------------------------	----------------	---------------

Model		Sum of Squares	df	Mean Square	F	Shallow.
one	the Regression	1,008E8	3	3,361E7	45.607	, 000 a
	residual Total	4,393E8 5,401E8	596 599	737,032.576		

When we look at the significance of the coefficients, the p values corresponding to the t values of all variables are smaller than 0.05 and the coefficients are significant.

Table 7. Table of Coefficients

				Standardized		
		Unstandardized Coefficients		Coefficients		
Model		B Std. error		Beta	t	Shallow.
one	(Constant)	540.042	126.772		4,260	000
	income	, 028	003	352	9.008	000
	Ages	11.458	2,807	165	4,082	000
	Gender	-155.125	72.465	-, 082	-2.141	, 033

Accordingly to regression equation, one unit of increase in income, spending 0, 028 a Imlie increase; an increase of 1 unit per year creates an increase of 11,458 units in spending. Although the relationship with gender is reversed, this is either a dummy variable or it will have no effect on the estimate or a reduction of 155, 125.

CONCLUSION AND RECOMMENDATIONS

In this study examining and analyzing the profile of customers receiving service from aesthetic medical centers, according to the evaluation of the analysis results, services that are affected by sex, age and marital status among all the services provided in Aesthetic Medical Centers are wrinkles, skin

problems, anti-aging treatments and aesthetic operations. These services are much more preferred by women in particular. In the comparison based on the age, the service receivers are mostly at 40-60 age range. According to marital status, the service receivers are mostly single. Income has a significant role in preference of such services, because a substantial increase in demand for services has been observed with the increasing income level.

In summary, the most important customer base of these centers is consisted of female, single, 40-60 age range individuals who purchase anti-aging care services. Individuals who are active in the business life, pay attention to their appearance, presentable, have a good social life, not to want grow old, or have a desire to look young and healthy all the time, or want to have better economic opportunities and more time also at their late ages comprise the customer profile in this age range.

This study has positive particulars in regard to future investments and in terms of providing guidance such as: being practical, providing diversity, being business-oriented, being up-to-date, competing against competitors, making difference and determining the target customer segment, planning investment decisions accordingly.

I believe that it will be a great contribution to the aesthetic medical centers in offering better services, besides being a reference to those who will conduct researches on similar topics and the organizations within the sector. Because, it aims that the quality understanding and the services offered to the individuals in the aesthetic medical centers to meet even exceed the expectations.

REFERENCES

- Abel, B. (1994), An Introduction To Health. Policy, Planning And Financing, New York: Longman. Alan, M.(1993), "Ulusal Sağlık Hizmetleri Nereye Gidiyor? Geleceği Var mı?", Ankara, Hacettepe Sağlık İdaresi Dergisi.
- Bakan, İ. (2004), *Çağdaş yönetim yaklaşımları ilkeler, kavramlar ve yaklaşımlar*, İstanbul: Beta Basım Yayım Dağıtım AŞ.
- Bumin, B., Erkutlu, H. (2002), "Topam Kalite Yönetimi ve Kıyaslama (Benchmarking) İlişkileri", *Gazi Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, (1): 83-100.
- Caldwell, C. (1998), "Sağlık Kuruluşlarında Stratejik Yönetim" (Çev. Osman Akınhay), İstanbul: Sistem Yayıncılık, No: 184.
- Çoruh, M. (1994), Sağlık Sektöründe Toplam Kalite Yönetiminin Yeri, Ankara: Haberal Eğitim Vakfı.
- Devebakan N. (2006), "Sağlık İşletmelerinde Teknik ve Algılanan Kalite", *Dokuz Eylül Üniversitesi Sosyal Bilimler Dergisi*", c:8-3.
- Donabedian, A. (1980), Exploration in Quality Assessment and Monitoring, Ann Arbor, Michigan: Health Administration Press.

Engiz O. (1998), "Sağlık İşletmeleri İçin Yeni İnsangücü Tipi, Toplam Kalite Yöneticisi", *Modern Hastane Yönetimi*, Haziran-Temmuz, İstanbul, c: 2-5.

- Eren, N. (1984), Sağlık Hizmetlerinde Yönetim, Ankara: A Hatipoğlu Kitabevi.
- Eriş, H., Havlioğlu, S., Doni, N. (2017), "Kalite Sistemi ve Bilgi Güvenliği Sistemlerinin Hasta Güvenliği Üzerine Etkisi: Bir Üniversite Hastanesi Uygulaması", *Sağlık Akademisyenleri Dergisi*, 4(3).
- Hayran, O., Sur, H. (1998), *Sağlık Hizmetlerinin Özel ve Kamusal Yönü Hastane Yöneticiliği*, İstanbul: Nobel Kitabevi.
- Hayran, O., Sur. H. (Ed) (1997), Stratejik Yönetim Hastane Yöneticiliği, İstanbul: Nobel Tıp Kitabevi.
- İncesu, E., Yorulmaz, M.(2011), "Sağlık Hizmetlerinde Kalite Kavramı ve Toplam Kalite Yönetimi", (Yayımlanmamış Yüksek lisans tezi), Konya.
- Karaca, E.(2008), "Eğitimde Kalite Arayışları ve Eğitim Fakültelerinin Yeniden Yapılandırılması", Dumlupınar Üniversitesi Sosyal Bilimler Dergisi, (21): 61-80.
- Kassem, A. (2013), In'airat, Mohammad, Al Bakri, Anas, Evaluation Tools Of Total Quality Management İn Business Organizations, *European Journal of Business and Management*, (v:5,p. 41).
- Kavuncubaşı, S. (2000), Hastane ve Sağlık Kurumları Yönetimi, Ankara: Siyasal Kitapevi.
- Kaya, S. (2005), Sağlık Hizmetlerinde Sürekli Kalite İyileştirme, Ankara: Pelikan Yayınları.
- Kaya, S. (Ed) . (2012), Sağlık Hizmetlerinde Kalite Kavramı, Sağlık Kurumlarında Kalite Yönetimi ,(ss. 2 29). Eskişehir: T.C. Anadolu Üniversitesi Yayını, No:2864.
- Konca, G. E., İlhan, M. N., Bumin, M. A. (2006), Yatarak Tedavi Gören Hastaların Hastane Çalışanları ve Hastane Hizmetlerinden Beklentileri ve Beklentilerine İlişkin Memnuniyet Durumlarının Değerlendirilmesi, *Gazi Tıp Dergisi*, c: 17-3, ss.160-170.
- Lewis, G. (1976), How to Handle Your Own Public Relations, Chigaco: Nelson Hall.
- Lhor, K., Institute of Medicine; Committee to Design a Strategy for Quality Review and Assurance in Medicare. In: Lohr KN (Ed.), *Medicare: A Strategy for Quality Assurance*. v: Washington, DC: National Academy Press.
- Meraler, S., Adıgüzel, A. (2012), "Eğitim Fakültesi Öğrencilerinin Yükseköğretimdeki Kaliteye İlişkin Görüşlerinin Belirlenmesi", *Adıyaman Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, (9): 123-144.
- Muluk, Z. ,Burcu, Esra.,Danacıoğlu, N.(2000), *Türkiye'de Kalite Olgusunun Gelişimi*, Ankara: Kalder Yayınları.
- Özcan, H.(Çev.).(2014), Farabi, "Siyaset Felsefesine Dair Görüşler", İstanbul: MÜİV Yayınları,
- Özdemir, S. (2007), Öğretim Süreçlerinde Toplam Kalite İlkelerinin Uygulanmasının Öğrencilerin Tutumlarına ve Başarılarına Etkisi, *Kastamonu Eğitim Dergisi*, 15(2): 521-536.

Özkul A. E. (1999), Sağlık Sistemleri Planlama ve Kontrolü, A.Ü. Yayınları

Öztürk, A. (2013), Kalite Yönetim ve Planlaması, Bursa: Ekin Yayınları.

Şahin Ü. (1999), Hastane İşletmeciliğinde Kalite, Eskişehir.

Tengilimoğlu, D.(2001), Sağlık Kuruluşlarında Halkla İlişkiler, Ankara.

Tütüncü, Ö. (2009). Ağırlama hizmetlerinde kalite sistemleri. Ankara: Detay Yayıncılık.

Velioğlu, P., Oktay S. (1993), *Sağlık Kurumları Yönetim*i, Eskişehir Anadolu Üniversitesi Yayınları, No:715.

Zerenler, M., Öğüt, A. (2007), "Sağlık Sektöründe Algılanan Hizmet Kalitesi ve Hastane Tercih Nedenleri Araştırması: Konya Örneği". *Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 18, ss.501-519.