

EXPLORING THE HOSPITAL INPATIENTS SATISFACTION: AN ANALYSIS ON FACTORS, DEMOGRAPHICS AND PATIENT RIGHTS

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ABSTRACT

Customer satisfaction that is one of the basic components of quality management has gained importance due to rapidly increasing competition in all industries and regions. Therefore, the limits of the "customer" concept expanded and gone beyond the being end-user, began to cover all parties and stakeholders that interact with the companies, including even employees and shareowners. In its evolved form, customer is anymore defined as "the person who can affect or influence the corporate capabilities that are required achieve organizational objectives through benefiting from the products or services". In this research, patient satisfaction and patient rights in a private-owned hospital are explored in details from a quality improvement perspective. Research aims to understand the factors of patient satisfaction and their intersections with patient rights. As findings pointed out that there is a close interaction between patient satisfaction factors and patient rights. The possible impact of this relationship was also explored. In-depth analysis of findings and recommendations for improving patient satisfaction and discussion on further research are discussed in the conclusion in details.

Keywords: Customer satisfaction, health institutions, patient rights, quality

1. INTRODUCTION

There is a large and heterogeneous group of patients (customers) that have to be satisfied by health institutions. Sustainability of organizational success of health institutions is largely dependant on meeting the requirements and expectations of these patients. Patient satisfaction that is one of the main basic objectives of health institutions can be described as the difference (gap) between the level of care that is expected by the patient and the level of care that is perceived by the patient.[1] Determining the satisfaction level of patients is important for improving the service quality and providing more qualified services in accordance with the expectations of the patients. Patients are aware of health issues to the extent that they have been described as "expert witnesses" to the health care process [2], so it is important that health institutions plan their services to reflect the needs of patients in other words to satisfy their patients [3]. On the other hand, as a result of advancements in medicine science and human rights has also brought the need of protecting the basic rights of the patients. In providing quality in health services, meeting the rights, requirements and expectations of patients is important as providing the best services of modern medical care. However, satisfaction is a relative concept that is strongly influenced by the patient-personnel interaction, physical and environmental conditions, bureucracy, trust, price, quality and similar characteristics of the serving institution.

In this context, by the aim of presenting a multidimensional case study on dimensions of patient satisfaction, this paper explores the factors that affect patient satisfaction and their intersections with patient rights in a public hospital in Turkey.

In the second section, we present general literature view on patient satisfaction in health services including its definition, importance, impact and interactions with service quality. Third section provides insights to patient rights that is closely related to patient satisfaction and health services quality issues. In the fourth section, the methodology and research of the study is explained in details. Detailed findings are also explained in the fourth section. Finally fifth section is the conclusion that presents the highlights and comments for findings, recommendations on the discussed issues and needs for further research.

2. PATIENT SATISFACTION IN HEALTH INSTITUTIONS AND IN QUALITY OF HEALTH SERVICES

As hospitals have to operate with zero defect as even the smallest error in service quality may cause harms that are uncoverable. Therefore, defining the quality in health and medicine is a hard task. In classical approach, quality is defined as the conformance of different components of health system to standards or the level of their excellence [21]. Similar to other organizations, hospitals aim to survive, grow and realize their missions in the highest level. Survival of these organizations is dependant on the existence of patients and growth is dependant on having a competitive advantage that are both closely tied to patient satisfaction [4]. Patient satisfaction provide valuable insights to the structure, processes and outputs of health care services. Satisfied patients are more consistent with the treatment process and they become continous customers of the health institution unless they have a negative experience with this institution [5]. Most of the patients evaluate health services by the behaviours that they witnessed rather than the technical aspects of the service. Therefore their expectations are focused on these issues that are relevant to the aim of the patient rights [6].

Patient satisfaction is not the same thing with correct diagnosis and treatment or cure, but it is a concept that complements these [7]. Previous researches found out that patients with high satisfaction believe in the treatment more, obey the instructions and recommendations of doctors, use the given medicines, intend to have more positive attitudes during undesired conditions that are caused by their health problems and they maintain their relationship with doctors better than the patients with low satisfaction [7]. Surveying the experiences and views of patients can provide usable data for planning health care [3]. Depending on the feedback received by patient satisfaction surveys, hospitals can evaluate the performance of the personnel and plan trainings and improvement projects hospital, hence can adapt new policies and strategies for improving their services and using their resources more effectively [8].

Opposite to the other customers of products or services, patients of hospitals generally have difficulties in consciously auditing the health services that are provided to them because they are totally dependant on the doctors or health services personnel. Health services are produced for the patients that need them, and it is not possible to form a traditional seller-customer relationship between the patient and the health personnel, or offer health services only with commercial objectives [9]. Patient satisfaction is one of the basic outputs of health institutions can be defined as meeting the requirements and needs of patients or providing services above their expectations [10].

Patient satisfaction on health services was first evaluated in 1956 in USA in the field of nursery [11] as a determinant of continuity and advancement of qualified health services [12]. Patient satisfaction explains the quality of service components [13]. Knowing about patients' expectations is critical for achieving satisfaction [14]. Satisfaction occurs as a "function of perceived quality and expected quality" where relationship between these two can take place in three conditions [7]. To achieve patient satisfaction, health institutions have to focus on health services quality in two dimensions [31]: "providing the optimal health services of modern medical care" and "meeting the rights, requirements and expectations of patients". However due to the continuity and complexity of requirements regarding the individual's health, measures of patient satisfaction are far more complicated and different than the

measures for customer satisfaction in other services [15]. Patients and their companions have different physical and psychological structures and requirements as they are much more stressed, worried and tensioned due to their health problems. Failure to identify patient expectations can lead to patient dissatisfaction with care, lack of compliance and inappropriate use of medical resources [16]. As other customer expectations, patient expectations hence satisfaction is formed with a process that begins with the occurrence of the need, then shaped by the impact factors, and ends with the use of the service [17]. Expectations of patients are also diversified by age, gender, education level, socio-cultural characteristics of the patients and by their previous experiences with health institutions [18].

2.1. Impact Factors on Patient Satisfaction

Impact factors of patient expectations from hospital services can be classified as follows [19]:

- Medical Needs,
- Experiences from other health institutions [20], and experiences of the people around,
- Quality phenomenon and perception,
- Sociocultural Structure and Psychological Conditions,

According to American Health Institutions Accreditation Committee, quality is “the level of increasing the desired results from treatments of patients and decreasing the possible undesired results”. Patient satisfaction is an important predictor of compliance with treatment as the psychological well-being of the patient is critical for recovery [3]. However, as stated before, patients evaluate the service quality from the perspectives like the presentation style of service, physical conditions, attitude of personnel, waiting times in hospitals etc. Therefore satisfaction is a relative concept that is strongly influenced by the patient-personnel interaction, physical and environmental conditions, bureaucracy, trust, price, quality and similar characteristics of the serving institution and also by the age, gender, socio-cultural structure, psychologic conditions, expectations and experiences of the patients. Psychological factors like character, perceiving, motivation, attitude and innovativeness level and sociocultural characteristics like social class, culture, family relationships. of patients seem to have affect on patient satisfaction [21]. A survey on patient discussion groups identified the factors of patient satisfaction as communication, patient preferences, emotional support, physical comfort, pain management, education, family participation, discharge planning and financial information. [3]. Additionally, hospital service quality dimensions like, physician/ capabilities, nurses/staff, amenities and accessibility are related to patient satisfaction [23]. Bruster et al. [3] stated that the principal problems reported by patients concern communication, pain management, discharge planning, together with problems about all aspects of care like not being informed about the hospital and its routine, patient condition, treatment, tests and operations that patient had had or being informed about these in an upsetting way or with little respect for privacy.

In an article that analyzed 221 researches on patient satisfaction between the years of 1966-1990 from different perspectives, factors that have impact on patient satisfaction was found to be interest and attention of health service providers for their patients (65%), informing patients about their diseases and problems (50%), reliability and close attention of health service providers (%45), professional qualification of health services personnel (43%), long waiting times or bureaucracy (28%), availability (27%), physical conditions[24]. Impact factors on patient satisfaction are classified in various ways with no consensus on the ideal classification, so further research is needed to measure aspects of health services and to find the determinants of satisfaction and its relationships with quality and patient rights [22].

3. PATIENT RIGHTS:

Patients are dependant, needing help and uninformed in their relationships with health institutions while health personnel is dominant as having medical knowledge and skills that

patients need. Rights are mentioned if one of the sides is more advantageous than the other in a relationship, hence as a series of rules, patient rights are needed in patient and health personnel relationship to protect the benefits of patients [15]. Patient rights also explain the duties and responsibilities of health institutions, doctors and health personnel [3]. In this context, beside various factors that affect patient satisfaction, the issue that is most strongly emphasized today is that health institutions should show consideration for patient rights [13].

The concept of patient rights means the implementation of human rights in health and medicine and it is based on the basic documents of human rights [3]. Before 1970s, patient-health service provider relationships used to be based on traditional medicine ethics principles [11]. First studies on patient rights took place in US. Lisbon Declaration of World Medical Association was issued in 1981 as the first international document on patient rights. Followed by the “Decision on Human Rights” of World Medical Association in 1990, Amsterdam Declaration in 1994 and Bali Declaration (so called Lisbon Declaration II) on 1995 [25]. One important development on patient rights had been the European Union Patient Rights Basic Contract that was prepared by EU Parliament and issued in Rome in 2002 [26].

Basic human rights like being respected, being able to define one’s own life, to survive a safe life, or keeping privacy began to take place in legal system and increasingly gained importance with the introduction of patient rights that are sacred as human dignity and wholeness and right to live in the health system [22]. The main objective of patient rights is to enable patients to get the help for regaining their health in the most appropriate way, in an equal and respectable manner [16], providing availability and continuity of health services for all individuals that need them just because they are humans. Patient rights aim to support and encourage patients socially, help them benefit from health services, improve relationships between patients and health personnel while building collaboration and communication between the people and health institutions, structure and standardize the training of patients and hence increase the effectiveness of health services [27]. They introduce their own application mechanisms and provide internal control, hence form a more effective and reliable model for health services systems [27]. In general terms, patient rights are:[28]

- Getting health services in general
- Asking for information and informing
- Selecting or changing the health institution or health personnel
- Privacy
- Rejection, stopping, consent
- Confidence
- Ability to carry out religious obligations,
- Being respected and relaxation
- Being visited and being accompanied during the treatment
- Right to apply, to complain and to sue

In Turkey, patient rights are under protection of the Constitution of Republic of Turkey, international agreements, laws and regulations [29]. The main reference of these clauses is the Public Act [30] that also covers clauses for establishment of Patient Rights Unit in all hospitals that have sufficient technical competency and personnel that can help patient to reach the needed health units and that can inform patients about their rights not just verbally but also through written informing announcements and signs.

4. METHODOLOGY AND RESEARCH

The research is conducted in Istanbul Taksim Training and Research Hospital with the aim of analysing the factors that affect patient satisfaction and the intersections of these factors with patient rights. The satisfaction factors and related patient rights of the served inpatients in the hospital are analysed within the topics of “Patient Acceptance”, “Unit Services”, “Doctors-Medical Services”, “Nursery Services” and “Treatment and Care Services”.

4.1. Assumptions

Satisfaction factors that are related to “Patient Acceptance”, “Unit Services”, “Doctors-Medical Services”, “Nursery Services” and “Treatment and Care Services” do not have the same importance level for the inpatients in the hospital

Implementation of patient rights is a satisfaction factor for the inpatients in the hospital.

Patient rights and satisfaction factors of inpatients of the hospital are intersected.

4.2. Population and Sample

Total field of the survey is the cared inpatients in Taksim Training and Research Hospital. Sample of the study includes the inpatients that are cared between the dates 06.03.2009-11.03.2009 in the internal diseases, neurology, general surgery, brain and nerve surgery, orthopedy and traumatology, urology, obstetrics and gynecology, ear-nose and throat clinics of the hospital. Sample group is composed of the inpatients that have well-being in general and that willingly contribute to research. Number of patient beds in the hospital is totally 249. For data collection, 160 patients were surveyed.

4.3. Data Collection Method

Survey method is used for collecting the data.

When designing a survey questionnaire, brevity, clarity and consistency must be considered. Even an in-house survey can be statistically correct if practices stick to some basic rules like keeping staff well informed about the process, and making the interpretation and action-design processes transparent [27]. As Bruster et al. [3] concluded, general questions about satisfaction can not highlight issues and problems related to satisfaction and patient rights. Therefore, in this study’s surveys, detailed questions were asked to patients. Survey questions that are used in this study are designed by restructuring the “Inpatient Satisfaction Survey” that is included in the Quality and Performance Guidelines of Health Ministry of Republic of Turkey and by adding the questions about the patient rights to these restructured survey questions. Survey questionnaire includes 44 questions about patient satisfaction and patient rights.

4.4. Data Analysis and Testing

Data that had been collected by the survey was analysed with MS Office XP Excell and SPSS 13.0 statistical application software. Factor analysis method is applied to the data collected through survey. This analysis explored the relationship of inpatient satisfaction with patient rights. Factor analysis was also applied for clearly defining the variables that have impact on this relationship and finding out the factors that these variables are grouped under. Followingly, by applying reliability analysis to these factors, we tested whether the questions that explain these factors are correct or not. Besides, during data collection, 5 point Lykert scale is used in the questionnaires. Choices are ordered beginning from the most negative view to the most positive one in order to be relevant for the analysis.

4.5. Questionnaire and Findings

In this research, a questionnaire that is composed of 44 questions is asked to inpatients in Taksim Training and Research Hospital. Results of the conducted survey are evaluated and in order to determine whether the data is in relevant for factor analysis or not, Kaiser Meyer Olkin (a test to assess the appropriateness of using factor analysis on data) and Bartlett’s Test (a test statistic used to examine the hypothesis that the variables are uncorrelated in the population) are applied. In the end of the testing, a result value of 0.912 is obtained that is meaningful. Precondition of factor analysis is the existence of a significant relationship between the variables. Bartlett’s test of sphericity shows if there is a sufficient relationship between the variables. In the end of the factor analysis, survey is reduced into 3 factors with 17 questions in total. Reduced factors, survey questions per these factors together with their relations with patient Rights are shown in Table 1. These questions are found to be

significantly more important than the other questions for the patients that participate in the survey. As can be seen from the table the questions that were used to measure the factors for their affects on satisfaction do also cover various statements that refer to patient rights. This shows there is a strong intersection of patient satisfaction and patient rights.

Table 2. Satisfaction Issues and Related Patient Rights by Survey Questions of Reduced Factors

Satisfaction Issues	Factor Group	Questions	Related Patient Right
<i>Physical conditions of health units and patient comfort</i>	Unit Services	1. The room was silent, comfortable. 2. I was satisfied by the cleanliness and services in my room. 3. Climate and air-condition of the room were satisfactory. 4. Toilets and bathrooms were clean and sufficient	Relaxation and Comfort
<i>Communication, personal care , attention , amenities</i>	Medical Services	1. Doctors were nice, affectionate, concerned about me sufficiently.	Interest and politeness
<i>Patient preferences and consent</i>	Medical Services	2. Doctors did not act without the consent of me or of a relative of me. 3. During my treatment and cure, I agreed with the decisions that doctors made for me	Consent
<i>Patient preferences and consent</i>	Patient Rights	1. Health institution respected my choice when I asked for change of the nurse that I was not satisfied with her nursery services.	Choosing and changing the health personnel, Rejection, Apply,complain
<i>professional qualification of health services personnel Doctors/ nurses/staff, physician capabilities</i>	Medical Services	4. Doctors were competent, knowledgeable and inspiring confidence.	Confidence, Trust
<i>Being informed about the patient rights, hospital and application ways</i>	Patient Rights	2. I was informed about the patient rights office. 3. I was informed about how I can apply to patient rights office in the hospital.	Being informed and asking for information
<i>Being informed about their condition or treatment, their diseases and problems</i>	Medical Services	5. Doctors answered my questions in a way that I can understand 6. Nurses answered my questions in a way that I can understand.	Being informed and asking for information
<i>Privacy</i>	Medical Services	7. Doctors were sensible about not giving third parties/other people any information that I do not want to be shared.	Privacy
<i>Respect</i>	Medical Services	8. During the time I stayed in the hospital, I believe doctors showed respect for me and they in behaved me in accordance with my cultural norms.	Being respected (for human needs, values)
<i>Respect</i>	Patient Rights	4. Hospital provided the appropriate conditions and settings for me and my companions to carry out our religious obligations	Carrying out the religious obligations
<i>Accessibility, Availability, Equality</i>	Medical Services	9. Doctors do what is required for treatment and care without any discrimination.	Benefiting from the services in general

Findings proved that patients are not much interested in surveyed topics like “patient acceptance”, “nursery services” and “treatment and care”. Patients see the “Patient Acceptance” phase as a bureucratic activity rather than a part of treatment. When patients perception on “Nursery services” is analysed, it is found out that patients do not have high expectations from nurses and they only expect to be informed with understandably, clearly and simply without using medical terms as much as possible. Test results for “Treatment and Care Services” showed that patients are not deeply interested in Treatment and Care Services.

This situation can be explained by the fact that patients are not competently able to evaluate if the treatment and care services are correct or complete because they have insufficient knowledge on medical science. That is why patients evaluate the presentation of treatment and care services rather than the content of these services. They become satisfied by the removal of their health complaints rather than the recovery from the disease. Therefore, patient satisfaction is a concept that complements correct diagnosis and treatment.

4. CONCLUSION

Health institutions have to focus on patient satisfaction for improving their quality and sustain the loyalty of their patients that are the customers of their services. It is critical to explore the services or processes that cause dissatisfaction for improving patient satisfaction.

By this research, we concluded that:

- Satisfaction factors that are related to “Patient Acceptance”, “Unit Services”, “Doctors-Medical Services”, “Nursery Services” and “Treatment and Care Services” do not have the same importance level for the inpatients in the hospital. In the end of evaluations and by applying factor analysis, critical satisfaction factor groups are found to be “Medical Services”, “Patient Rights” and “Unit Services”.

- Patient satisfaction factors are closely related to and intersects with patient rights.

Implementations regarding patient rights can result in more qualified services, preventing the undesired situations during treatment and care and hence higher levels of patient satisfaction..

In order to implement patient rights completely, problems like lack of personnel, insufficient physical conditions, insufficiencies and disconformities in education on medicine, deficiencies in regulations should be overcome. Doctors and other health personnel are expected to have more job satisfaction by the overall and integrated improvements in patient rights and hence in health system. Besides, public must be informed about patient rights, patient rights and responsibilities should be covered in the curricula of primary education. Health personnel should be trained for communication skills and must be informed about the legal issues on patient rights. Health personnel must become capable of informing patients in the most appropriate way in accordance with the social status of the patients. In Medicine Faculties, curriculum should be arranged as to improve communication between doctor and patients and also to emphasize patient-focused health services.

The survey results provide important information to hospital management about the critical processes and capabilities and their quality problems, hence ways for improving their quality. These findings can be utilized in setting targets for improving health services while fulfilling the responsibilities about patients’ rights. This study covers one hospital as a case study and can be expanded to the other hospitals to have findings for the whole health sector in Turkey. In further research, much more can also be learnt from analysing the patient satisfaction factors and patient rights for their relations with demographic characteristics of patients. This exercise can also be conducted on a regular basis to follow the quality and satisfaction trends.

6. REFERENCES

- [1] Özer, A. and Enver Çakıl, “Sağlık Hizmetlerinde Hasta Memnuniyetini Etkileyen Faktörler”, Tıp Araştırmaları Dergisi, ,Cilt.5, Sayı.4,(2007), s.141.
- [2] Delbanco TL. Enriching the doctor-patient relation: inviting the papins's perspective. *Ann Intern Med* 1992;116:414-8.
- [3] Bruster, S., Jarman, B., Bosanquet, N., Weston, D., Erens, R., Delbanco T.L., National survey of hospital patients, *BMJ VOLUME 309 10 DECEMBER 1994*.
- [4] Gürgen, B. “Toplam Kalite Çerçevesinde Birinci Basamak Sağlık Hizmetlerinde Hasta Memnuniyetine İlişkin Bir Uygulama, (Yayınlanmamış Yüksek Lisans Tezi, Dumlupınar Üniversitesi Sosyal Bilimler Enstitüsü, 2004), s.63.

- [5] Gülmez, M.“Sağlık Hizmetlerinde Memnuniyet Ölçümü ve Cumhuriyet Üniversitesi Araştırma Hastanesinde Ayakta Tedavi Gören Hastalara Yönelik Bir Uygulama”, Cumhuriyet Üniversitesi İktisadi ve İdari Bilimler Dergisi Vol.6, Nr.2, (2005), pp.148.
- [6] Güner, Ö., Türkiye Cumhuriyeti Maliye Bakanlığı'nın Sağlık Birimine İlişkin Hasta Memnuniyeti, (Yayınlanmamış Yüksek Lisans Tezi, Ankara Üniversitesi Sağlık Bilimleri Enstitüsü, 2004),s.13.
- [7] Bostan, Sedat (2006) “Hasta Odaklı Sağlık Hizmeti Sunumu”, Sağlık Hakkı Dergisi, Sayı:1, Sayfa: 20-27, Ankara.
- [8] Şahin, Ü. Hastane İşletmeciliği, http://www.sabem.saglik.gov.tr/Akademik_Metinler/display.aspx?id=1484 (29/11/2008)
- [9] Şahin, T.K., “Yatan Hasta Memnuniyeti”, Genel Sağlık Dergisi, Cilt.15, No.4, 2005, s.138.
- [10] Tükel, B., Yatan Hasta Memnuniyeti, Ankara Üniversitesi, İbn-i Sina Hastanesi'nde Bir Uygulama, Yüksek Lisans Tezi, Ankara Üniversitesi Sağlık Bilimleri Enstitüsü, 2001,s.38-39.
- [11] Yılmaz, M. “Sağlık Bakım Kalitesinin Bir Ölçütü: Hasta Memnuniyeti”, Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu Dergisi, Cilt.5, Sayı.2, (2001), s.70.
- [12] Akgün, H.S. and Rengin Erdal, “Hastanelerde Kaliteli Hizmet Sunumunda Tüketici Faktörü”, Mithat Çoruh (Ed), Sağlık Yönetiminde Devamlı Kalite İyileştirme içinde (219-225), Ankara: Haberal Eğitim Vakfı Yayını, 1997, p.221.
- [13] Özlü, T. Hasta Hakları, Hakkımız Var Çünkü Hastasınız, İstanbul:Timaş Yayınları,2005.
- [14] Taş Türköz, Y. et al., “Hasta Tatminin Sosyo-Demografik Değişkenler ve Tedaviye Özgü Değişkenler Yönünden İncelenmesi”, Mithat Çoruh (Ed), Sağlık Yönetiminde Devamlı Kalite İyileştirme içinde, Ankara: Haberal Eğitim Vakfı Yayını, 1998, s.33.
- [15] Wilkin L., Hallam L., Dogget MA., 1992, “Measures of Need and Outcome for Primary health care, Oxford, Oxford University, 16-18.
- [16] Perron NJ, Secretan F, Vannotti M, Pecoud A, Favrat B. Patient expectations at a multicultural out-patient clinic in Switzerland. Fam Pract 2003; 20:428-33.
- [17] Engiz, O., Sağlık Hizmetlerinde Hasta Tatmini, www.merih.net/m1/woguzen21.htm 25/10/2008
- [18] Demircan, Y.T., Hasta Hakları, Güncel Hukuk, Sayı 3, Mart 2006. s.14.
- [19] Günay, Y., Elçioğlu, Ö. and Sermet Koç, “Hasta Ve Hekim Hakları Açısından Hasta Rızası,” Tıp Etiği-Hukuku-Tarihi Dergisi, Cilt.8,Sayı.1, (2000), s.47.
- [20] Sütlaş, M. Hasta ve Hasta Yakını Hakları, 1.Baskı: İstanbul, Çiviyazıları, 2000, s.29.
- [21] Özlü, T. and Sedat Bostan, Hasta Rehberi Sağlık Hizmetlerinden Yararlanma Kılavuzu,Sağlık Bakanlığı Yayınları, 2007, s.33.
- [22] Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. Inquiry. 1988 Spring;25(1):25-36.
- [23] Halla, M.C., Elliotta, K.M. and Stilesa G.W., Hospital Patient Satisfaction Correlates, Dimensionality, and Determinants, Journal of Hospital Marketing, Volume 7, Issue 2, 1993.
- [24] Hasta Hakları ve Sorumlulukları, <http://sbu.saglik.gov.tr/extras/hastahaklari/haksorumluluk.htm> (12.02.2008)
- [25] Önsüz, M.F. et al., İstanbulda Bir Tıp Fakültesi Hastanesinde Yatan Hastaların Memnuniyeti, Marmara Üniversitesi Tıp Fakültesi Dergisi, Cilt.21, Sayı.1, (2008), s.33.
- [26] Ercan, I., Ediz, B. and İsmet Kan, “Hastaların Sosyo-Ekonomik Durumlarına Göre Sağlık Hizmetlerinden Memnuniyetlerinin İncelenmesi”, İnönü Üniversitesi Tıp Fakültesi Dergisi, Cilt.12, Sayı.3, (2004), s.161.
- [27] White, B. Measuring Patient Satisfaction: How to Do It and Why to Bother , The Family Practice Management, AAFP, American Academy of Family Physicians, January 1999. <http://www.aafp.org/fpm/990100fm/40.html>
- [28] Kuisma M, Maatta T, Hakala T, Sivula T, Nousila-Wiik M. Customer satisfaction measurement in emergency medical services. Acad Emerg Med 2003;10:812-5.
- [29] Özdemir, Ö. Hasta Hakları, Bursa İl Sağlık Müdürlüğü, Tedavi ve Hasta Hakları Paneli Sunumu, 2010.
- [30] Resmi Gazete (Official Gazette of Republic of Turkey), Patient Rights Public Act, (HASTA HAKLARI YÖNETMELİĞİ) Tarih: 01.08.1998; Sayı: 23420
- [31] Kavuncubaşı, Hastane ve Sağlık Kurumları Yönetimi. Ankara: Siyasal Kitabevi, 2010.