

-RESEARCH ARTICLE-

## DEVELOPMENT OF THE HOSPITAL SELECTION SCALE: A VALIDITY AND RELIABILITY STUDY

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### Abstract

*Individuals consider a number of factors when deciding to use health services. Therefore, measuring these factors is an important issue for health institutions. The aim of this study is to develop a measurement tool that will enable standardized measurement of the factors that affect current and potential consumers of health services when choosing a health institution. In the process of developing the scale, item generation and content validity, construct validity, internal consistency, and consistency over time analyses were performed. A total of 505 participants, 267 for exploratory factor analysis, 195 for confirmatory factor analysis, and 43 for test-retest testing, were included in the study. Cronbach's alpha coefficient was used to examine the internal consistency of the scale, and "Composite Reliability (CR)" and "Average Variance Extracted (AVE)" calculations were used for composite reliability and convergent validity. As a result of the research, a scale consisting of 21 items and 5 sub-dimensions was obtained. In confirmatory factor analysis, it was determined that the fit indices were better than acceptable values ( $\chi^2/df$ : 2,152; GFI: 0,850; AGFI: 0,803; CFI: 0,927; NFI: 0,873; RMSEA: 0,077). Cronbach's  $\alpha$ , CR and AVE coefficients were 0.942, 0.94, and 0.62 for 'accessibility and comfort'; 0.741, 0.75, and 0.50 for 'physical facilities'; 0.799, 0.80 and 0.58 for 'image'; 0.8900, 0.83 and 0.63 for 'recommendation' and 0.776, 0.80 and 0.67 for 'media and promotion', respectively. The relationships between test and retest measurements were found to range between  $r$ :0,736 and  $r$ :0,894 in sub-dimensions. It was determined that the obtained factor structure is consistent with the literature. Hospital Preference Scale is valid, reliable, and can be used by practitioners in their strategic decisions. Hospital managers can use this scale to determine the hospital preference motives of consumers and take it as a reference in their studies to improve the preferability of hospitals.*

**Keywords:** *Scale Development, Hospital Selection, Validity, Reliability, Health Management*

**JEL Codes:** *M10, M31*

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## HASTANE SEÇİMİ ÖLÇEĞİNİN GELİŞTİRİLMESİ: GEÇERLİLİK VE GÜVENİLİRLİK ÇALIŞMASI<sup>2</sup>

### Öz

Bireyler sağlık hizmeti satın alma kararını verirken bir takım faktörleri değerlendirmektedirler. Bu nedenle bu faktörlerin ölçülebilmesi sağlık kurumları açısından önem arz eden bir konudur. Bu çalışmanın amacı sağlık hizmetlerinin mevcut ve potansiyel tüketicilerinin bir sağlık kurumunu tercih ederken etkilendiği faktörlerin standart bir şekilde ölçülebilmesini sağlayacak bir ölçüm aracı geliştirilmesidir. Ölçeğin geliştirilmesi sürecinde madde oluşturma ve kapsam geçerliliği, yapı geçerliliği, içsel tutarlılık ve zamana göre tutarlılık analizleri yapılmıştır. Açımlayıcı faktör analizi için 267, doğrulayıcı faktör analizi için 195 ve test-tekrar test ölçümü için 43 olmak üzere toplam 505 katılımcı araştırmaya dahil edilmiştir. Ölçeğin iç tutarlılığının incelenmesi için Cronbach'ın alfa katsayısı, bileşik güvenilirlik ve yakınsak geçerlilik için ise “Kompozit Güvenilirlik (CR)” ve “Çıkarılan Ortalama Varyans (AVE)” hesaplamaları kullanılmıştır. Araştırma sonucunda 21 madde ve 5 alt boyuttan oluşan bir ölçek elde edilmiştir. Doğrulayıcı faktör analizinde uyum indekslerinin kabul edilebilir değerlerden daha iyi olduğu ( $X^2/df$ : 2,152; GFI: 0,850; AGFI: 0,803; CFI: 0,927; NFI: 0,873; RMSEA: 0,077) belirlenmiştir. Sırasıyla Cronbach'ın  $\alpha$ , CR ve AVE katsayıları “erişilebilirlik ve konfor” için 0,942, 0,94 ve 0,62; “fiziksel olanaklar” için 0,741, 0,75 ve 0,50; “imaj” için 0,799, 0,80 ve 0,58; “öneri” için 0,89, 0,83 ve 0,63 ve “medya ve tanıtım” için 0,776, 0,80, 0,67 olarak tespit edilmiştir. Test ve tekrar test ölçümleri arasındaki ilişkilerin alt boyutlarda  $r$ :0,736 ile  $r$ :0,894 arasında değiştiği tespit edilmiştir. Elde edilen faktör yapısının literatürle uyum içerisinde olduğu belirlenmiştir. Hastane Tercih Ölçeği geçerli, güvenilir ve uygulayıcıların stratejik kararlarında kullanabilecekleri ölçektir. Hastane yöneticileri bu ölçeği kullanarak tüketicilerin hastane tercih sebeplerini belirleyebilir ve hastanelerin tercih edilebilirliğini geliştirecek çalışmalarında referans olarak alabilir.

**Anahtar Kelimeler:** Ölçek Geliştirme, Hastane Seçimi, Geçerlilik, Güvenilirlik, Sağlık Yönetimi

**JEL Kodları:** M10, M31

“This study has been prepared in accordance with Research and Publication Ethics.”

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## 1. INTRODUCTION

Understanding the potential consumers of a product or service is the key to the long-term success of the organization offering that product or service. This situation is also very important for health institutions (Singh et al., 2022). It is stated that there is a relationship between a good understanding of potential consumers and hospital occupancy rates. This emphasizes the need to understand the factors that may affect a customer's/patient's or potential customer's/patient's choice of hospital. Such an understanding is important not only for the sustainable growth of the health sector but also for a more cost-effective and efficient allocation of limited resources (Bin Saeed, 1998).

Today, health institutions operate in an intensely competitive environment like all other businesses. In addition to the increase in both the number and quality of health institutions, it is stated that access to health institutions has become easier (Çakmak and Öztürk, 2022). For this reason, health institutions strive to meet customer/patient expectations and needs, to ensure that the quality of the services they offer is in line with customer/patient expectations, and to increase their preferability (Kayaoğlu and Gülmez, 2020). The fact that there are a large number of service providers operating in the health services sector gives individuals the opportunity to choose the most appropriate one among the providers for these services (Berendes et al., 2011). Moreover, individuals want to be more involved in decision-making processes related to health services and seek information about these services. This information search makes consumers of health services more conscious about the healthcare processes (Singh et al., 2022), and the increase in the level of knowledge and awareness of individuals about health makes it possible for individuals to make their choices more meticulously (Karahan et al., 2016). Kotler et al. (2008) also state that customers/patients seek more freedom to choose healthcare providers.

Individuals consider a number of criteria before making a decision to purchase health services and make a selection decision according to these criteria. In this sense, it is of great importance for health institutions to be able to determine the reasons for individuals' health institution preferences (Korkutan, 2021). Thus, it will be possible to develop strategies in accordance with customer/patient expectations for health institution managers who develop strategies in order to survive in an intensely competitive environment and to provide a competitive advantage. Understanding these criteria will enable health institutions to take steps to increase their preferability. Health institutions that enhance their attractiveness can achieve customer/patient loyalty and a sustainable competitive advantage by ensuring that patients leave the institution satisfied (Karahan et al., 2016).

In order to ensure the survival of the institution in the competitive environment, the people working in managerial positions in health institutions need to understand the reasons why existing and potential customers/patients prefer health institutions (Tengilimoğlu, 2001). When the literature is examined, it is seen that there are researches both nationally and internationally to determine these factors.

Tengilimoğlu (2001) found that the proximity of the institution, physical environment, and technological infrastructure are important factors. Ateş et al. (2004), on the other hand, found that there are many factors affecting the preference decision, such as economic status, social security, distance to the institution, reputation of the institution, and previous experiences. Akıncı et al. (2005) stated in their study that the accessibility, image, physical appearance, and technological facilities of the institution are important. Ayhan and Cangöz (2006) stated that it is important for the institution to have a good and reputable image, and Yıldırım et al. (2009) stated that trust in the physician, the availability of an appointment system, and recommendations are important. Çiftçi (2010) determined that hygiene and cleanliness of the institution, attitudes and behaviors of the doctor and staff, and reliability of the institution are among the important factors. Özkoç (2013) stated that income level and accessibility to the institution are important, while Işık et al. (2016), like Şantaş et al. (2016), found that the most important factor was hygiene and cleanliness. Şantaş et al. (2016) revealed that the second most important factor is the attitude and behavior of the physician. Sarıyıldırım (2016) concluded in his research that personnel services, service quality, and ease of transportation are the prominent reasons for preference. Aytekin (2016) determined that the determining variables are transportation fees, availability of all services in the institution, having modern technology, being recommended, process flow, and appropriate physical conditions. In the research conducted by the General Directorate of Health Research (2016), it was determined that individuals prefer the health institution they last applied to for reasons such as proximity, easy access, satisfaction with the services, recommendation, habit, low co-payments, lack of alternatives, having someone they know at the institution, and the institution's insurance agreements. In their research on the factors affecting private hospital preferences, Kayaoğlu and Gülmez (2020) found that factors such as hospital quality, experience and success, costs, reputation, satisfaction, and ease of access are important. Korkutan (2021) concluded that the physician factor, the quality of the hospital, accessibility, and recommendation of the institution are important. Yetim and Çelik (2021) asked a question about why the hospital was preferred and concluded that obligation, proximity, satisfaction, recommendation, acquaintance, habit, and low co-payment were the main reasons. Çakmak and Öztürk (2022) found in their study that demographic characteristics are important in the hospital preferences of the participants, and that the preference due to social security, cheapness, proximity, liking, and recommendation is affected by demographic factors.

When the international literature are examined, it is seen that Berkowitz and Flexner addressed a number of factors in 1980. These factors are stated as the quality of the institution, appropriate physical conditions, attitudes and behaviors of the staff providing services, and the recognition and image of the institution (Berkowitz and Flexner, 1980). Boscarino and Steiber (1982) stated that factors such as the proximity of the institution, recommendation by a doctor, availability of specialist physicians, qualified technological equipment, quality of the building, knowing a personnel member working in the institution or satisfaction with the personnel, previous experience with the institution, fees, size of the institution and religious issues come

to the fore. Bin Saeed (1998) examined the factors affecting hospital preference under five categories: appropriate administrative procedures, quality of services, image of the hospital, treatment costs, and health insurance coverage. Al-Doghaitey et al. (2003) found that the factors that are important in the preference of the health institution are medical services, access to the institution, management processes, recognition, and physical features. Pentescu et al. (2013) determined that service quality, reliability of the institution, and fees are important for private health institutions. According to Mosadeghrad (2014), the factors that are important in individuals' preference for health institutions are the type of hospital, type of service, advice, costs of services, individuals' health insurance coverage, the location of the institution, physical facilities, the expertise of physicians, staff behavior, and the reputation of the hospital. Bamfo and Dogbe (2017) similarly concluded that service quality, satisfaction, recommendation, type of service needed, health insurance coverage, and costs are important. Chauhan (2021) found that facilities such as quality of treatment, cleanliness, reputation of the hospital, payment, and food conveniences are important factors. In another study, features such as competent medical and support staff, emergency and laboratory services, hospital reputation, cost of services, and location of the hospital came to the fore (Singh et al., 2022). Che et al. (2023) conducted a meta-analysis of the factors affecting Chinese patients' hospital choice and found that the prominent factors were medical technology and quality, appropriateness of medical treatment, costs, hospital service quality, health insurance coverage, and acquaintance relationship.

Numerous studies have been conducted and continue to be conducted on the subject in both national and international literature. In these studies, it is seen that the factors affecting the preferences of health service consumers and the degree of importance of these factors differ (Kayaoğlu and Gülmez, 2020). On the other hand, it is considered that the results are not fully comparable due to the lack of a standardized measurement tool that can be used in the studies. Different forms have been used in the studies, but these forms are in the form of questionnaires and there are no validity and reliability studies. Therefore, this study aims to develop a measurement tool that will enable a standardized measurement of the factors that are effective in health institution preference.

## **2. METHODOLOGY**

In this methodological study, separate samples were used for exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and test–retest analysis. In scale development studies, it is generally recommended that the sample size should be at least five (Suhr, 2006) to ten times (Hair et al., 2011; Aydın et al., 2021) the number of items to ensure construct validity. Since the initial item pool consisted of 38 items, it was aimed to reach a minimum of 190 participants for the EFA phase. For the CFA phase, where the item pool was reduced to 24 items, the minimum required sample size was calculated as 120 participants.

For the factor analyses, adults living in Tarsus who had received at least one service from a secondary and/or tertiary healthcare institution within the last year were included in the study using a random sampling method. A total of 267 individuals who agreed to participate between 08.11.2024 and 15.11.2024 were included in the EFA phase, while 195 individuals who participated between 18.11.2024 and 24.11.2024 were included in the CFA phase. Test–retest measurements were conducted with 43 participants at three-week intervals. Participation in the study was voluntary, and informed consent was obtained from all participants.

The scale development process consisted of generating the item pool, content validity, construct validity, internal consistency analysis, and test-retest application. Literature review and expert opinion were utilized to create the item pool. EFA and CFA were applied for construct validity. EFA was conducted using varimax rotation. Varimax rotation is reported to be the method that best ensures factor invariance (Ricolfi and Testa, 2021). The maximum likelihood estimation method, which is the most frequently used method in the literature, was used in the CFA application (Tabachnick and Fidell, 2009). Cronbach's alpha coefficient, composite reliability (CR), and average variance extracted (AVE) values were used for internal consistency and convergent validity. Although there are different approaches in the literature, 0.70 is generally accepted as the minimum value for Cronbach's alpha (Taber, 2018). Therefore, the minimum internal consistency coefficient was set at 0.70. The literature suggests values of 0.60 and above for CR and 0.50 and above for AVE. Even if the AVE value is below 0.50, it is acceptable if the CR value is greater than 0.60 (Shrestha, 2021). The relationships between test and retest measurements were determined by Pearson correlation analysis. SPSS 20.0 and AMOS 20.0 programs were used to analyze the data obtained in the study.

In the generation of the items in the item pool, a literature review was conducted as mentioned above, and all items that could be included in the scale were added. Then, in order to evaluate these items and to ensure content validity, an item pool evaluation form was sent to 8 academicians who are experts in the field of Health Management, and as a result of these evaluations, the item pool consisted of 38 items. The draft form was designed as a Likert-type scale with 5 options. Responses range between 1: Strongly Disagree and 5: Strongly Agree. The item pool was applied as a pilot test to a group of 52 people, and it was concluded that there were no incomprehensible items. Subsequently, the 38-item question pool was applied.

Ethics committee approval was obtained with the decision numbered 2024/91 of the Tarsus University Social and Human Sciences Research Ethics Committee.

### **3. RESULTS**

In the construct validity part of the study, a total of 267 people were reached. 68.9% of the participants were female, and 31.1% were male. 74.2% of the participants were single, and 25.8% were married. The mean age of the participants was  $23.41 \pm 7.93$ . 55.4% of the participants had associate's or bachelor's degrees, 31.5% had graduated

from high school or an equivalent program, 10.9% had graduated from primary or secondary school, 1.5% were only literate, and 0.7% had postgraduate education. It was determined that 43.8% of the participants had a household income level of minimum wage or below, 31.8% had a household income level between minimum wage and twice the minimum wage, 13.1% had a household income level between twice and three times the minimum wage, and 11.2% had a household income level more than three times the minimum wage. 95.1% of the participants stated that they were insured only under Social Security Institution (SSI), while 4.9% stated that they had complementary or private health insurance other than SSI.

In the first step of construct validity, EFA was conducted using the varimax rotation method. Here, Kaiser-Meyer-Olkin (KMO) sample adequacy criterion was 0.946, and Bartlett's sphericity test was significant ( $p < 0.01$ ). Therefore, the sample was sufficient for EFA. In the analysis, items with factor loadings below 0.50 or loading on more than one factor were excluded. Different cut-off values for the factor loading of an item are suggested in the literature. These values vary between 0.20 and 0.70. However, it is stated that the most frequently used values are 0.30, 0.40, and 0.50 (Peterson, 2000). In this study, the minimum value was set as 0.50. In the first stage EFA, 13 items that disrupted the factor structure of the scale and overlapped were removed from the scale. The second stage EFA was conducted with 25 items, and the KMO value was 0.940 and Bartlett's sphericity test was significant ( $p < 0.01$ ). At this stage, it was determined that there were no items that disrupted the factor structure or overlapped. A 5-factor structure was obtained, each with an eigenvalue greater than 1, and the 5 factors explained 69.74% of the total variance. The factor structure and item factor loadings are given in Table 1.

**Table 1.** Factor Structure as a Result of EFA

|     | Components / Factors |   |   |   |   | Total<br>Variance<br>Explained | Cronbach's<br>alpha |
|-----|----------------------|---|---|---|---|--------------------------------|---------------------|
|     | 1                    | 2 | 3 | 4 | 5 |                                |                     |
| I13 | 0.859                |   |   |   |   |                                |                     |
| I12 | 0.852                |   |   |   |   |                                |                     |
| I11 | 0.852                |   |   |   |   |                                |                     |
| I10 | 0.833                |   |   |   |   |                                |                     |
| I8  | 0.798                |   |   |   |   | %69.74                         | 0.951               |
| I15 | 0.747                |   |   |   |   |                                |                     |
| I9  | 0.722                |   |   |   |   |                                |                     |
| I33 | 0.703                |   |   |   |   |                                |                     |
| I14 | 0.698                |   |   |   |   |                                |                     |
| I5  | 0.673                |   |   |   |   |                                |                     |

|     |       |  |       |
|-----|-------|--|-------|
| I7  | 0.656 |  |       |
| I24 | 0.599 |  |       |
| I1  | 0.595 |  |       |
| I16 | 0.574 |  |       |
| I28 | 0.825 |  |       |
| I29 | 0.822 |  | 0.855 |
| I27 | 0.705 |  |       |
| I18 | 0.764 |  |       |
| I17 | 0.731 |  | 0.789 |
| I19 | 0.700 |  |       |
| I3  | 0.808 |  |       |
| I2  | 0.717 |  | 0.746 |
| I6  | 0.589 |  |       |
| I38 | 0.833 |  |       |
| I31 | 0.685 |  | 0.743 |

In the second factor structure formed, it was determined that there was no item with a factor loading lower than 0.50 or loaded on more than one factor, and there was no item with a low correlation according to the item-total correlations.

CFA was applied to confirm the factor structure obtained with EFA. In the CFA stage of the study, the 25-item question pool was applied to a separate sample group. It was aimed to reach at least 5 times the number of items (125) and a total of 195 people were reached. 69.2% of the participants were female and 30.8% were male. 58.5% were single, and 41.5% were married. The mean age was 26.76±8.43 years. 55.4% of the participants had an associate's or bachelor's degree, 27.7% had a high school or equivalent program, 14.4% had a primary or secondary school education, and 2.6% had a postgraduate degree. The household income level of 35.9% of the participants was minimum wage or below, 31.3% between minimum wage and twice the minimum wage, 15.4% between twice and three times the minimum wage, and 17.4% three times the minimum wage or above. 93.8% of the participants have only SSI, while 6.2% have SSI as well as complementary or private health insurance.

The structure revealed by EFA was tested. Four items that were found to impair the model's goodness of fit were removed from the analysis. In order to improve the goodness of fit of the model, covariances were established between items 8 and 9, items 12 and 13, and items 24 and 33. The goodness of fit values of the final model and acceptable criteria (Browne and Cudeck, 1993; Harrington, 2008) are presented in Table 2;

**Table 2.** Goodness of Fit Values of the Model

| Names of the indices | Acceptable values | Values in the model |
|----------------------|-------------------|---------------------|
| X <sup>2</sup> /df   | <3                | 2.152               |
| GFI                  | >0.85             | 0.851               |
| AGFI                 | >0.80             | 0.803               |
| CFI                  | >0.90             | 0.927               |
| NFI                  | >0.85             | 0.873               |
| RMSEA                | <0.08             | 0.077               |

It was determined that the goodness-of-fit values of the CFA model were acceptable. Therefore, the 21-item and 5-factor structure provided construct validity.

Internal consistency, composite reliability, and convergent validity values were calculated. CR and AVE values were calculated using the factor loadings obtained from the CFA model. Cronbach's alpha coefficient was calculated in SPSS using the factors confirmed by the model and the items loaded on these factors. The obtained values and the factor loadings of the final scale items are presented in Table 3.

**Table 3.** Validity and Reliability Findings for the Final Construct

| Factor | Items | Factor Loads | CR   | AVE  | Cronbach's Alpha |
|--------|-------|--------------|------|------|------------------|
| 1      | I5    | 0.76         | 0.94 | 0.62 | 0.942            |
|        | I8    | 0.74         |      |      |                  |
|        | I9    | 0.64         |      |      |                  |
|        | I10   | 0.88         |      |      |                  |
|        | I12   | 0.87         |      |      |                  |
|        | I13   | 0.90         |      |      |                  |
|        | I14   | 0.82         |      |      |                  |
|        | I16   | 0.79         |      |      |                  |
|        | I24   | 0.66         |      |      |                  |
|        | I33   | 0.81         |      |      |                  |
| 2      | I2    | 0.74         | 0.75 | 0.50 | 0.741            |
|        | I3    | 0.77         |      |      |                  |
|        | I6    | 0.61         |      |      |                  |
| 3      | I17   | 0.61         | 0.80 | 0.58 | 0.799            |
|        | I18   | 0.85         |      |      |                  |
|        | I19   | 0.81         |      |      |                  |
| 4      | I27   | 0.83         | 0.83 | 0.63 | 0.890            |
|        | I28   | 0.68         |      |      |                  |
|        | I29   | 0.87         |      |      |                  |
| 5      | I31   | 0.94         | 0.80 | 0.67 | 0.776            |
|        | I38   | 0.88         |      |      |                  |

AVE values were 0.50 and above, CR values were 0.60 and above, and Cronbach's alpha values were 0.70 and above. Therefore, internal consistency, composite reliability, and convergent validity were achieved. In order to determine the consistency of the scale over time, which provided construct validity, the scale was

applied to a group of 50 people at 3-week intervals. The responses of 43 respondents in both measurements were evaluated. There were statistically significant, positive, moderate to high correlations between the two measurements ( $p<0.01$ ). Pearson correlation coefficients are presented in Table 4.

**Table 4.** Correlations Between Test and Retest Measurements

|           | F1Test  | F2Test  | F3Test  | F4Test  | F5Test  |
|-----------|---------|---------|---------|---------|---------|
| F1Re-test | 0.736** | 0.400** | 0.473** | 0.421** | 0.117   |
| F2Re-test | 0.343*  | 0.894** | 0.452** | 0.371*  | 0.399** |
| F3Re-test | 0.309*  | 0.395** | 0.769** | 0.263   | 0.336*  |
| F4Re-test | 0.351*  | 0.345*  | 0.318*  | 0.748** | 0.389** |
| F5Re-test | 0.059   | 0.380*  | 0.367*  | 0.390** | 0.775** |

\* $p<0.05$ , \*\* $p<0.01$

According to the results of the study, the 21-item “Hospital Selection Scale” meets the criteria of content validity, construct validity, and reliability. The scale also shows consistency over time with high test-retest correlation.

**4. DISCUSSION**

As a result of the development and validation procedure, it was seen that the scale met the requirements of content validity and construct validity. The total variance explained by the scale structure and the high factor loadings of each item indicate that the scale can be used in the field research. Moreover, the fit indices obtained as a result of CFA are above acceptable values. The CFA study, which was conducted using a different sample group than the EFA study, showed that the model was compatible with the practice. On the other hand, the AVE value in F2 is at the limit of 0.50. It is acceptable for this coefficient to be 0.50 and above. In addition, as stated by Shrestha (2021), even if the AVE value is below the limit value, it is accepted that validity is ensured if the CR value is above 0.60. The correlations between the test and retest measurements of the obtained scale showed that the scale was consistent over time, and the high internal consistency coefficient indicated that the scale was reliable. In this framework, a valid and reliable measurement tool consisting of 21 items and 5 sub-dimensions was obtained. Accordingly, individuals consider five different factors, such as “accessibility and comfort”, “physical facilities”, “image”, “recommendation”, and “media and promotion” in their health institution preferences.

It is observed that the final factor structure obtained is largely consistent with the literature. Although there is no scale measuring a similar structure in the literature, similar findings have been obtained in studies examining the hospital selection motives. The reasons for preference in the “accessibility and comfort” dimension are similar in many studies. The location of the hospital (Mosadeghrad, 2014), proximity (Yetim and Çelik, 2021), transportation facilities (Sarıyıldırım, 2016; Kayaoğlu and Gülmez, 2020), and other accessibility aspects (Akıncı et al. 2005; Özkoç, 2013; Aytekin, 2016; Korkutan, 2021) come to the fore. The comfort aspects of the hospital are also among the findings obtained by researchers in the literature (Yıldırım et al.,

2009; Çiftçi, 2010; Işık et al., 2016; Mosadeghrad, 2014; Şantaş et al. 2016; Sarıyıldırım, 2016; Chauhan, 2021). Similarly, physical facilities (Tengilimoğlu, 2001; Akıncı et al. 2005; Mosadeghrad, 2014), image (Ateş et al. 2004; Akıncı et al. 2005; Ayhan and Cangöz, 2006; Mosadeghrad, 2014; Kayaoğlu and Gülmez, 2020; Chauhan, 2021) and recommendation (Yıldırım et al. 2009; Mosadeghrad, 2014; Aytekin, 2016; Yetim and Çelik, 2021; Korkutan, 2021) are also highly consistent with the literature. The literature states that factors such as the occasional media coverage of the hospital (Sarıyıldırım, 2016) and news about the hospital in the media (Çiftçi, 2010; Şantaş et al., 2016) are also important. Therefore, the obtained factors related to media and promotion are also in line with the literature. As can be clearly demonstrated, the scale developed was able to bring together the reasons for preference that are scattered in the literature. Moreover, it will be able to fill the gap of the lack of a standardized, valid and reliable measurement tool in the literature.

Understanding the expectations of consumers regarding a product or service, revealing the reasons why they prefer the product or service and developing strategies accordingly are very important for a business to compete (Singh et al., 2022). Consumers of health services also make a choice among many alternative service providers today (Korkutan, 2021). For this reason, health institution managers need to be able to identify the reasons for the preferences of health service users in order to survive in the intense competitive environment (Tengilimoğlu, 2001). Moreover, it is also important for health institutions to determine the priority areas in customer/patient preferences in order to use their resources more efficiently. Thus, it may be possible to direct resources to the areas that are prioritized by consumers and increase the preferability of the organization. In this context, the scale developed in this study and tested for validity and reliability can be used as an important tool for managers of health institutions to make strategic decisions.

## CONCLUSION

As a result of the research, a valid and reliable scale has been obtained in which participants can evaluate different factors related to hospital preferences together. This scale will provide important references for researchers, practitioners and decision makers and will be an important starting point for better use of resources and strategic decision-making processes.

Although all stages of the scale development process have been implemented meticulously, it is recommended that the scale be tested at different times and on different sample groups. Thus, it can be possible to examine the scale structure in different samples and to reveal the measurement power more clearly. On the other hand, it is an advantage that the scale is short and can be applied quickly. Thus, it will be possible both to test the scale with methodological research and to reveal how different characteristics affect hospital preference. Another advantage of the scale is that it can be used in repeated studies to provide comparable data. Changes in consumer demands and expectations over time can be identified. Therefore, health

managers can be informed about changing consumer expectations and can carry out activities to increase the preferability of the hospitals.

The fact that the research participants were mostly women, single, and young in both EFA and CFA applications, had low education levels and household incomes, and the majority of them were insured only under the SSI constituted a limitation. On the other hand, the absence of a comparable or similar scale made it impossible to examine concurrent validity.

## HASTANE SEÇİMİ ÖLÇEĞİNİN GELİŞTİRİLMESİ: GEÇERLİLİK VE GÜVENİLİRLİK ÇALIŞMASI

### 1. GİRİŞ

Günümüzde tüketici istek ve beklentileri hızla değişmektedir. Buna bağlı olarak da çeşitli mal ve hizmetleri üreten işletmeler, tüketicilere sundukları ürünlerini bu beklentilere uyumlu bir hale getirmek ve böylece tüketiciler tarafından tercih edilebilirliği artırmak için çaba sarf etmektedir. Bu çabalar, temelinde çeşitli tüketici araştırmalarını içermektedir. Sağlık hizmetleri de tüketici beklentilerinin üzerinde durulması gereken bir alandır. Hem hizmetlerin temel özellikleri hem de sağlık hizmetlerinin kendisine has özellikleri değerlendirildiğinde, hastane tercih sebeplerinin anlaşılması bu alanda faaliyet gösteren kurumlar için önem arz etmektedir. Literatür incelendiğinde, bu alanda standardize edilmiş, geçerli ve güvenilir bir ölçüm aracının mevcut olmadığı görülmektedir. Zira araştırmalarda birbirinden farklı formların kullanıldığı, ancak bu formların anket şeklinde olduğu ve geçerlilik ve güvenilirlik çalışmalarının olmadığı görülmektedir. Dolayısıyla, bu araştırmada sağlık hizmetlerinin mevcut ve potansiyel tüketicilerinin bir sağlık kurumunu tercih ederken etkilendiği faktörlerin standart bir şekilde ölçülebilmesini sağlayacak bir ölçüm aracı geliştirilmesi amaçlanmıştır.

### 2. YÖNTEM

Mevcut araştırma metodolojik bir araştırmadır. Araştırmada ölçek geliştirme süreçlerinin tüm basamakları titizlikle uygulanmıştır. Öncelikle madde havuzu oluşturulması ve kapsam geçerliliği çalışması gerçekleştirilmiştir. Kapsam geçerliliği için öncelikle literatür taranmıştır. Literatürde yer alan farklı araştırmaların bulgularından yola çıkarak bir madde havuzu oluşturulmuştur. Oluşturulan madde havuzu sekiz uzmana gönderilmiş ve saha araştırması için 38 maddeden oluşan bir havuz oluşturulmuştur. Ardından elde edilen madde havuzunun yapı geçerliliği sınanmıştır. Burada açımlayıcı faktör analizi uygulanmış, ardından elde edilen yapı doğrulayıcı faktör analizi ile sınanmıştır. Araştırmada ayrıca, yapı geçerliliği ile elde edilen ölçek yapısının içsel tutarlılığı, bileşik güvenilirliği ve yakınsak geçerliliği incelenmiştir. Ölçeğin iç tutarlılığını incelemek için Cronbach'ın alfa katsayısı, bileşik güvenilirlik ve yakınsak geçerlilik için ise "Kompozit Güvenilirlik (CR)" ve "Çıkarılan Ortalama Varyans (AVE)" hesaplamaları kullanılmıştır. Ölçeğin zamana göre tutarlılığı ise test ve tekrar test ölçümleri arasındaki korelasyon incelenerek analiz edilmiştir. Açımlayıcı ve doğrulayıcı faktör analizleri ile zamana göre tutarlılığını incelemek için ayrı örneklem grupları kullanılmıştır. Bu gruplar toplam 505 katılımcıdan oluşmaktadır.

### 3. BULGULAR

Açımlayıcı faktör analizinin ilk aşamasında faktör yapısını bozan maddeler madde havuzundan çıkarılmıştır. İkinci aşamada gerçekleştirilen analiz neticesinde 25 madde ve 5 faktörlü bir yapı oluşmuştur. Bu faktörler, toplam varyansın %69,74'ünü

açıklamaktadır. Bu aşamada, faktör yapısını bozan ya da binişik olan herhangi bir madde olmadığı tespit edilmiştir. Faktörlerin Cronbach'ın alfası değerleri 0,743 ile 0,951 arasında değişmektedir. Doğrulayıcı faktör analizinde ise kurulan modelin uyum iyiliğini bozduğu tespit edilen 4 madde analizden çıkarılmıştır. Ayrıca uyum iyiliğinin artırılabilmesi için üç adet kovaryans kurulmuştur. Elde edilen modelin uyum iyiliği değerleri kabul edilebilir sınırların üzerindedir ve model iyi uyum göstermektedir. Nihai modelde içsel tutarlılık katsayıları 0,741 ile 0,942 arasında değişmektedir. AVE değerleri 0,50 ve üzerinde, CR değerleri 0,60 ve üzerinde, Cronbach'ın alfa değerleri ise 0,70 ve üzerindedir. Dolayısıyla iç tutarlılık, bileşik güvenilirlik ve yakınsak geçerlilik sağlanmıştır. Ölçeğin zamana göre tutarlılığının belirlenebilmesi için 50 kişilik bir gruba 3 hafta arayla ölçek uygulaması gerçekleştirilmiştir. Her iki ölçümde de yer alan 43 kişinin yanıtları değerlendirmeye tabi tutulmuştur. Burada iki ölçüm arasında istatistiksel olarak anlamlı, pozitif yönlü ve orta ile yüksek kuvvette ilişkiler olduğu tespit edilmiştir. Dolayısıyla ölçek zaman göre tutarlıdır.

#### **4. TARTIŞMA**

Araştırma sonucunda 21 madde ve 5 alt boyuttan oluşan, geçerli ve güvenilir bir ölçüm aracı elde edilmiştir. Buna göre bireyler sağlık kurumu tercihlerinde “erişilebilirlik ve konfor”, “fiziksel olanaklar”, “imaj”, “öneri” ve “medya ve tanıtım” şeklinde beş farklı faktörü göz önünde bulundurmaktadır. Bir ürün veya hizmete ilişkin olarak tüketicilerin beklentilerini anlamak, ürün veya hizmeti tercih etmelerinin sebeplerini ortaya koymak ve buna yönelik stratejiler geliştirmek, bir işletmenin rekabet edebilmesinde oldukça önemlidir. Bu nedenle sağlık kurumu yöneticilerinin, yaşanan yoğun rekabet ortamında ayakta kalabilmesi için sağlık hizmeti kullanıcılarının tercih sebeplerini tespit edebilmeleri gerekmektedir. Dahası, sağlık kurumlarının müşteri tercihlerindeki öncelikli alanları belirlemeleri, kaynaklarını daha verimli kullanmaları açısından da önem arz etmektedir. Böylece kaynakların tüketiciler tarafından önemsenen alanlara yönltilmesi ve kurumun tercih edilebilirliğinin artırılması mümkün olabilir. Bu bağlamda, bu araştırmada geliştirilen, geçerlilik ve güvenilirliği test edilen ölçek, sağlık kurumları yöneticilerinin stratejik karar verebilmesinde önemli bir araç olacaktır. Elde edilen yapı, literatürde yer alan farklı araştırmaların bulguları ile uyum içerisindedir.

#### **SONUÇ**

Araştırma sonucunda katılımcıların hastane tercihleri ile ilgili farklı faktörleri bir arada değerlendirebilecekleri, geçerli ve güvenilir bir ölçek elde edilmiştir. Bu ölçek hem araştırmacılara hem uygulayıcılara hem de karar vericilere önemli referanslar sunarak kaynakların daha iyi kullanılması ve stratejik karar verme süreçlerinde önemli bir çıkış noktası olacaktır. Gelecek çalışmalarda geçerlilik ve güvenilirlik özelliklerinin farklı gruplar üzerinde denenmesi ölçeğin yapısının ve psikometrik özelliklerinin geliştirilmesi ve farklı örneklemlemlerle uyumunun değerlendirilmesi açısından önem arz etmektedir.

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| <b>KATKI ORANI /<br/>CONTRIBUTION RATE</b>                            | <b>AÇIKLAMA /<br/>EXPLANATION</b>                                                                                                                                  | <b>KATKIDA<br/>BULUNANLAR /<br/>CONTRIBUTORS</b> |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Fikir veya Kavram /<br><i>Idea or Notion</i>                          | Araştırma hipotezini veya<br>fikirini oluşturmak / <i>Form<br/>the research hypothesis or<br/>idea</i>                                                             | Sait SÖYLER                                      |
| Tasarım / <i>Design</i>                                               | Yöntemi, ölçeği ve deseni<br>tasarlamak / <i>Designing<br/>method, scale and pattern</i>                                                                           | Sait SÖYLER                                      |
| Veri Toplama ve İşleme /<br><i>Data Collecting and<br/>Processing</i> | Verileri toplamak,<br>düzenlenmek ve raporlamak<br>/ <i>Collecting, organizing and<br/>reporting data</i>                                                          | Sait SÖYLER                                      |
| Tartışma ve Yorum /<br><i>Discussion and<br/>Interpretation</i>       | Bulguların<br>değerlendirilmesinde ve<br>sonuçlandırılmasında<br>sorumluluk almak / <i>Taking<br/>responsibility in evaluating<br/>and finalizing the findings</i> | Sait SÖYLER                                      |
| Literatür Taraması /<br><i>Literature Review</i>                      | Çalışma için gerekli<br>literatürü taramak / <i>Review<br/>the literature required for<br/>the study</i>                                                           | Sait SÖYLER                                      |

**APPENDIX 1. TURKISH FORM OF THE SCALE**

| HASTANE SEÇİM ÖLÇEĞİ                                                                                      | Kesinlikle Katılmıyorum | Katılmıyorum | Ne katılıyorum ne katılmıyorum | Katılıyorum | Kesinlikle katılıyorum |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------|--------------------------------|-------------|------------------------|
| <b>FAKTÖR 1: ERİŞİLEBİLİRLİK VE KONFOR</b>                                                                |                         |              |                                |             |                        |
| 1.Hastanede konforlu bir ortam olması tercihimde etkilidir.                                               |                         |              |                                |             |                        |
| 2.Hastaneye ulaşımın kolay olması tercihimde etkilidir.                                                   |                         |              |                                |             |                        |
| 3.Hastanede uygun bekleme alanlarının olması tercihimde etkilidir.                                        |                         |              |                                |             |                        |
| 4.Hastanede işlemlerin kolay olması tercihimde etkilidir.                                                 |                         |              |                                |             |                        |
| 5.Hastanenin hijyen ve temizliği tercihimde etkilidir.                                                    |                         |              |                                |             |                        |
| 6.Hastanenin uygun bir randevu sisteminin olması tercihimde etkilidir.                                    |                         |              |                                |             |                        |
| 7.Hastanede sunulan tıbbi hizmetlerin çeşitliliği tercihimde etkilidir.                                   |                         |              |                                |             |                        |
| 8.Hastane masraflarının sigortam tarafından karşılanması tercihimde etkilidir.                            |                         |              |                                |             |                        |
| 9.Hastanede personelin tutum ve davranışları tercihimde etkilidir.                                        |                         |              |                                |             |                        |
| 10.Hastanede mahremiyete ve haysiyete özen gösterilmesi tercihimde etkilidir.                             |                         |              |                                |             |                        |
| <b>FAKTÖR 2: FİZİKSEL OLANAKLAR</b>                                                                       |                         |              |                                |             |                        |
| 11.Hastanenin fiziksel görüntüsü tercihimde etkilidir.                                                    |                         |              |                                |             |                        |
| 12.Hastanenin fiziksel büyüklüğü tercihimde etkilidir.                                                    |                         |              |                                |             |                        |
| 13.Hastanede otopark olanaklarının geniş olması tercihimde etkilidir.                                     |                         |              |                                |             |                        |
| <b>FAKTÖR 3: İMAJ</b>                                                                                     |                         |              |                                |             |                        |
| 14.Hastanenin eski veya köklü olması tercihimde etkilidir.                                                |                         |              |                                |             |                        |
| 15.Hastanenin markası/tanınımlılığı tercihimde etkilidir.                                                 |                         |              |                                |             |                        |
| 16.Hastanenin, hizmet alan kişilere toplum içinde prestij sağlaması tercihimde etkilidir.                 |                         |              |                                |             |                        |
| <b>FAKTÖR 4: ÖNERİ</b>                                                                                    |                         |              |                                |             |                        |
| 17.Hastanenin yakın çevrem tarafından önerilmesi tercihimde etkilidir.                                    |                         |              |                                |             |                        |
| 18.Hastanenin aile hekimi ya da tanıdığım bir doktor tarafından önerilmesi tercihimde etkilidir.          |                         |              |                                |             |                        |
| 19.Hastanenin, daha önceden aynı hastaneden hizmet almış biri tarafından önerilmesi tercihimde etkilidir. |                         |              |                                |             |                        |
| <b>FAKTÖR 5: MEDYA VE TANITIM</b>                                                                         |                         |              |                                |             |                        |
| 20.Hastanenin tanıtım faaliyetleri düzenlemesi tercihimde etkilidir.                                      |                         |              |                                |             |                        |
| 21.Hastanenin sosyal medya kullanımı tercihimde etkilidir.                                                |                         |              |                                |             |                        |

## APPENDIX 2. ENGLISH FORM OF THE SCALE

| HOSPITAL SELECTION SCALE                                                                                                                    | I strongly<br>disagree | I disagree | I neither agree<br>nor disagree | I agree | I strongly agree |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|---------------------------------|---------|------------------|
| <b>FACTOR 1: ACCESSIBILITY AND COMFORT</b>                                                                                                  |                        |            |                                 |         |                  |
| 1. A comfortable environment in the hospital is effective in my preference.                                                                 |                        |            |                                 |         |                  |
| 2. Easy transportation to the hospital is effective in my preference.                                                                       |                        |            |                                 |         |                  |
| 3. Having appropriate waiting areas in the hospital is effective in my preference.                                                          |                        |            |                                 |         |                  |
| 4. Easy procedures in the hospital are effective in my preference.                                                                          |                        |            |                                 |         |                  |
| 5. Hygiene and cleanliness of the hospital are effective in my preference.                                                                  |                        |            |                                 |         |                  |
| 6. A convenient appointment system is effective in my preference.                                                                           |                        |            |                                 |         |                  |
| 7. The variety of medical services offered at the hospital is effective in my preference.                                                   |                        |            |                                 |         |                  |
| 8. The fact that hospital expenses are covered by my insurance is effective in my preference.                                               |                        |            |                                 |         |                  |
| 9. Attitudes and behaviors of the staff at the hospital are effective in my preference.                                                     |                        |            |                                 |         |                  |
| 10. Attention to privacy and dignity in the hospital is effective in my preference.                                                         |                        |            |                                 |         |                  |
| <b>FACTOR 2: PHYSICAL FACILITIES</b>                                                                                                        |                        |            |                                 |         |                  |
| 11. The physical appearance of the hospital is effective in my preference.                                                                  |                        |            |                                 |         |                  |
| 12. The physical size of the hospital is effective in my preference.                                                                        |                        |            |                                 |         |                  |
| 13. The parking facilities of the hospital are effective in my preference.                                                                  |                        |            |                                 |         |                  |
| <b>FACTOR 3: IMAGE</b>                                                                                                                      |                        |            |                                 |         |                  |
| 14. Whether the hospital is old or well-established is effective in my preference.                                                          |                        |            |                                 |         |                  |
| 15. The brand/reputation of the hospital is effective in my preference.                                                                     |                        |            |                                 |         |                  |
| 16. The prestige associated with receiving care at the hospital influences my hospital choice.                                              |                        |            |                                 |         |                  |
| <b>FACTOR 4: RECOMMENDATION</b>                                                                                                             |                        |            |                                 |         |                  |
| 17. The recommendation of the hospital by people close to me is effective in my choice.                                                     |                        |            |                                 |         |                  |
| 18. Recommendation of the hospital by a family doctor or a doctor I know is effective in my preference.                                     |                        |            |                                 |         |                  |
| 19. The recommendation of the hospital by someone who has previously received service from the same hospital is effective in my preference. |                        |            |                                 |         |                  |
| <b>FACTOR 5: MEDIA AND PROMOTION</b>                                                                                                        |                        |            |                                 |         |                  |
| 20. Promotional activities of the hospital are effective in my preference.                                                                  |                        |            |                                 |         |                  |
| 21. The hospital's use of social media is effective in my preference.                                                                       |                        |            |                                 |         |                  |