

# The Measurement of disabled people's perceive about health service quality: A sample of hospital

## Engellilerin sağlık hizmet kalitesi konusundaki algılarının ölçülmesi: Bir hastane örneği

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### ÖZET

Hastanelerden hizmet alan gruplar içerisinde engelli bireyler önemli bir oranı oluşturmaktadır. Şüphe yok ki engellilik kavramının bireyler, aileler, toplum ve ülkeler üzerine bir çok sosyal ve ekonomik etkisi vardır. Sağlık hizmetlerine yetersiz erişim ve eşit muamele eksikliği engellilerin sağlığı üzerinde daha olumsuz bir etkiye yol açacaktır. Engelli kişilerin algıladıkları sağlık hizmet kalitesini araştırmak için yapılan çalışmada katılımcılar engellilik durumlarına göre 2 gruba ayrılarak sağlık hizmet kalite algıları incelenmiştir. Elde edilen servqual skorları engellilik durumlarına göre incelenmiştir.

### ABSTRACT

The research has also been carried out in order to research to disabled people's perceive about health service quality. Disabled people constitute an important part of the people who are using service from the Hospital. There is no doubt that disability has many social and economic effects on individuals, families, society and countries. Inadequate access to health services or lack of equal treatment will lead of more negative impact on the health of people with disabilities. Participants of the study were divided into 2 groups and the perceptions of healthcare service quality examined for each group. Then Servqual scores were evaluated according to disability.

## INTRODUCTION

Nowadays, as in all other fields, the health sector is in constant technological development and economic growth. In parallel with the development of the health sector in the world and Turkey. It has also increased the average life expectancy which has increased the importance given to quality health services as a result. The level of health services in a country is considered as an indicator of the socioeconomic development level of the country. The quality of the services provided in health facilities deeply affects both individual and social structure.

In order to evaluate the quality of service, hospitals should try to evaluate the services they offer in various aspects and make efforts to improve the quality. It is

generally used as perceived service quality in order to express the concept of service quality defined as the ability of the service provided by the organization to be perceived above the expectations of the users. Service Quality Describes the ability of the organization to perceive the service offered by the users on the expectations of the users (2). Generally used as perceived service quality.

The factors of determining health service quality; service environment, appearance, service providers' expertise, reliability and continuity. Besides these, waiting times of service user (patients), courtesy and consistency of service providers, service accessibility, the timely and correct delivery of the service provided are the elements which also determining factors in perceived

service quality (19). The characteristics of those who demand service such as disability, past life experiences and socioeconomic status affect the quality expectations and perceptions of the service recipient.

More than 1 billion people in the world live with any kind of disability, and nearly 200 million of them have serious problems sustaining their lives (21). In parallel with the developing technology and treatment methods in health services, the elderly population is increasing and due to chronic diseases (cardiovascular diseases, cancer, mental health disorders, diabetes etc.) of people in the growing elderly population the risk of being disabled will also increase. Therefore the issue of disability will become more important in the coming years.

There is no doubt that disability has many social and economic effects on individuals, families, society and countries. Inadequate access to health services or lack of equal treatment will lead of more negative impact on the health of people with disabilities. It is necessary to ensure that people with disabilities who apply to health facilities more than other people receive the same quality of service.

As in Our country, The countries where health policy practices are combined with political decision-making, financing and technical support, it will be easier and more qualified to meet the needs of people with disabilities, for health services through reforms in policies and legislation.

## **DISABILITY CASE, MEASUREMENT OF DISABILITY AND ACCESS OF DISABLED PERSONS TO HEALTH SERVICES**

According to WHO (1948) definition, health is, "not only disease and disability, therewithal physical, spiritual and social well-being" as described. The health of the individual can be expressed as a prerequisite for his / her participation in social and economic activities. There are many factors that determine a person's health. There are; individual factors (disorders of genes, hormones and metabolism etc.), environmental factors (cold, hot, rays, travas), cultural factors, socioeconomic factors etc. As described (21). Disability is a general term that refers to activity constraints and inadequacies of participation and refers to adverse situations between the person and the contextual factors associated with that person (10). Preventing social life, social and cultural activities, economic activities and access to basic services such as education and health is the second obstacle for disabled people. Until recently, the medical model has been used as the approach to the solution of the disability problem, and social approach has come to the forefront on the increasing awareness and studies. The social model

argues that the source of disability is social and that people are isolated from social life due to social barriers and barriers (4).

The effect of social restriction on health inequality is significant. Inadequate access to health services or lack of equal treatment will lead to a more negative impact on the health of people with disabilities (11).

Functionality varies in order to measure disability, which is a complex and multidimensional phenomenon. There is no agreed international standard for measuring disability. The Washington Disability Statistics Group is a group of experts created by the UN statistical commission in 2001 to measure disability and facilitate cross-country comparisons of disability data. Washington Group adopts an ICF-based disability approach

Washington Group questions in 6 main function groups (vision, hearing, cognition, mobility, self-care and communication) asks if there is any difficulty in creating activities. There are 4 kinds of answers to each question. These answers; "I have no difficulty", "I'm struggling a bit", "I have too much difficulty", "I can't ever".

This set of questions prepared by the Washington Group was used in 2006 in a comprehensive study of living conditions in the country of Zambia (3).

In 2012, Turkey has made in research in disability set of questions prepared by the Group for measuring the state of Washington was used.

World Health Organization Disability Report 2011; It stated that people with disabilities have lower educational attainment, health and participation in social life, and people with disabilities are poorer than non-disabled people (21). The main reason for this is that there are barriers for disabled people to access services that healthy people have no problems accessing.

The national policies of the countries as well as the policies of the international organizations can affect the access of the disabled people to the health services and the improvement of the quality of the health services they benefit from. Convention on the Rights of Persons with Disabilities (Declaration on the Rights of Disabled Persons) and the millennium development goals provide countries with rationale and support to improve the quality of health care services for people with disabilities. Declaration on the Rights of Disabled Persons refers to the following headings:

**Accessibility:** Stop all kinds of negative discrimination in access of people with disabilities to health care, health insurance and health care.

**Health Service Availability:** Early intervention and, where necessary, treatment services should be located as close as possible to where people live

**Affordability of Costs:** The provision of health services to people with disabilities free of charge or at affordable costs of the same standard, quality as non-disabled individuals. .

**Quality of Service:** It states the necessity of providing health service providers with the same quality service to disabled individuals

## QUALITY AND SERVICE CONCEPTS, HEALTH

Service Quality and The Model of SERVQUAL  
In the historical process, studies on quality go back to Hammurabi Laws. Quality first emerged as a concept in the 19th century (18). Quality, which is a multi-dimensional concept, has different meanings according to the intended use. Quality according to many people in daily life; "Having more positive qualities than their counterparts", "Luxury", "Expensive", is explained by such concepts. However, quality is not only a concept of luxury, as expressed by many in the everyday language, but there are many definitions of quality introduced into the literature by quality pioneers such as Deming, Juran, Crosby, Ishikawa and Feigenbaum. Juran and Gryna (1988) describe quality as fitness for purpose. Feigenbaum (1983); expresses all of the characteristics and characteristics of a product or service that enable it to meet clearly or indirectly stated needs. Crosby (1979) is also one of the leading researchers in the field of quality which is defined as a production system that produces a product or service in an economical way and responds to customer requests and expectations. Quality according to Ishikawa; The most economic and useful, always satisfying the customer to develop the product or service, to design and give after-sales services.

The concept of service is defined by Philip Kotler and Gary Armstrong, who are accepted as Marketing gurus. It is defined as the untouchable activity or benefit that one offers to the other and does not result in having any physical thing (8).

Here are 5 main features that distinguish the concept of service from other products:

**Abstractness:** The benefit of the service is based on user experience, the service offered cannot be handcrafted, packaged, transported or exhibited.

**Simultaneity:** Although the goods are first produced and then consumed through sales, the services are consumed as soon as they are produced

**Heterogeneity:** The basic mode of production of services is shaped by human behavior. In other words, the services offered by the people doing the same job differ

from each other. It is very difficult to provide a standard in the production of services as in the production of goods.

**Non-accumulative:** Cannot retain their presence before or after the services are provided to the beneficiary.

**Ownership:** While the ownership of the manufacturing companies changes after the acquisition process, ownership of the service producing enterprises does not change.

Parasuraman, Zeithaml and Berry (1985) developed a conceptual service quality model by bringing a broad perspective to the concept of service quality. The model they develop is based on the difference between consumer perceptions and expectations of service. If the expected service is larger than the perceived service, the satisfaction level will be low, otherwise the satisfaction level and quality perception will be high. Contemporary debates about service quality dimensions have been initiated by European scientists

According to Gronroos (1984), there are three dimensions that determine the quality of the services provided. These dimensions are; functional quality, technical quality and image-related dimension (5).

Another researcher, Lehtinen and Lehtinen, expressed the dimensions of service quality in three dimensions as physical quality, enterprise quality and interaction quality (20).

Parasuraman et al. (1985) stated that there are 5 service dimensions valid in all organizations providing services. These; physical characteristics, reliability, enthusiasm, confidence and empathy (22).

Parasuraman and colleagues(1988) measured their quality of service in 5 different service sectors (repair service, banking service, long distance telephone service, securities broker service and credit card service) through the SERVQUAL scale. In 1991, they improved the SERVQUAL scale and modified it (16).

It can be said that there is a big difference between quality practices in healthcare services and quality practices in production and service sectors.

If there is a faulty production in the production sector, it is possible to stop and take measures to correct the error. When we look at the service sector, although customers demand quality service, even if customer satisfaction is not provided, apologies can be taken to prevent the same mistake.

However, error is a concept that cannot be mentioned in the health sector. Since the cost of poor quality in health services can result in human life, quality service has great importance (9).

Quality health care establishes a spiral relationship to the well-being and happiness of individuals, the efficiency of service providers and the development of the country. For this reason, the quality of care provided in health care institutions is an important issue not only for patients but also for public institutions and government policies (13). When the literature is examined, it is seen that there are many studies on the dimensions of quality in health services.

Table 1 below summarizes the dimensions of quality in health care by utilizing studies that compile different dimensions of quality addressed by many authors and institutions:

As it can be seen from the analysis of the table given above, the most commonly used dimensions are effectiveness / effectiveness, efficiency, accessibility, safety, equity, compliance, timeliness, acceptability, satisfaction enthusiasm / sensitivity / patient focus, health improvement and continuity of health services.

When the literature is examined, it is seen that SERVQUAL approach is used in many studies with different approaches for measurement of service quality in hospitals.

Babakus and Mangold (1992) revised the SERVQUAL scale developed by Parasuraman et al. (1985). Within the scope of this research, SERVQUAL expressions

were used by Babakuş and Mangold (1992), which were revised to hospital services.

## MATERIALS AND METHODS

The sampling of the study is the patients who receiving service from the hospitals which operating in Istanbul. However, due to cost and time constraints, inpatient or outpatient services from a public hospital providing tertiary health care services in Istanbul were identified as samples. In this study, 334 inpatients or outpatients were interviewed. The questionnaire applied to individuals consists of 3 parts. The first part was used for demographic characteristics and the second part the question set was prepared by Washington Disability Statistics Group was used. (3).

In the third part of the questionnaire, Parasuraman et al. (1985), the Servqual model, which was proposed for service quality measurement, was adapted to hospital services by Babakuş and Mangold (1992) and a 15-item scale was used. 5 expressions for expected service quality and 15 expressions for perceived service quality were analyzed with 5-point Likert responses to a total of 30 expressions.

Questionnaires were applied to inpatients or outpatients after waiting for the patients to leave and after a certain period of time, the questionnaires were re-administered to different patients within a suitable period of time.

Table 1: Dimensions of Quality in Health Services.

	Donabedian (1998)	Maxwell (1992)	United kingdom health department (1997)	European council (1998)	Medical institution (IOM)	JCAHO (2006)	Canadian accreditation (2012)	Turkey's health ministry
Effectiveness	●	●	●	●	●	●	●	●
Efficiency	●	●	●	●	●	●	●	●
Access	●	●	●	●	●	●	●	●
Safety	●			●	●	●	●	●
Equity	●	●	(●)		●			●
Appropriateness	●	●	●	●	●	●		●
Timeliness			●		●	●		●
Acceptability		●		●				
Responsiveness/Respect/ Patient Centeredness/ Choice		●			●		●	
Satisfaction			(●)	●				●
Health Improvement	●		●					
Continuity					●		●	
Others		technical competence interest		Benefit-Effect		availability prevention/ early diagnosis	working life	

Source: Donabedian, 1988, Maxwell 1992; Department of Health 1997; European Council 1998 IOM 2001; JCAHO 2006; Accreditation of Canada 2012; Turkey Health Minister (Türkiye) 2012, Kayral, H.İ. 2014.

**RESULTS**

Reliability analysis was performed before the analysis and Cronbach's Alpha value was used as the reliability coefficient:

**Table 2:** Research Reliability Analysis.

	Cronbach's Alpha Value	Number of Questions
Expectations	0,885	15
Perceptions	0,905	15
Scale- Wide	0,890	30

The socio-demographic characteristics of the participants were given in Table 3 below:

**Table 3:** Findings on Demographic and Socio-Economic Variables.

Specifications	Frequency	Percent
<b>Gender</b>	Female	164 49,1
	Male	170 50,9
	Total	334 100,0
<b>Martial Status</b>	Married	242 72,5
	Sibgle	92 27,5
	Total	334 100,0
<b>Age Range</b>	18-25	51 15,3
	26-35	32 9,6
	36-45	61 18,3
	46-55	64 19,2
	56-64	66 19,8
	65 and above	60 18,0
	Total	334 100,0
<b>Educational Level</b>	Primary School	148 44,3
	Middle School	39 11,7
	High School	91 27,2
	License	15 4,5
	Associate Degree	38 11,4
	Graduate	3 9
	Total	334 100,0
	<b>Monthly Income</b>	No Income
1-1600 TL		71 21,3
1601-2000 TL		67 20,1
2001-3000 TL		52 15,6
3001-4000 TL		32 9,6
4001-5000 TL		5 1,5
5001 TL and above		9 2,7
Total		334 100,0

Within the scope of the research, the behaviors of the participants in accessing health services were also examined. In this context, the questions How do you go to get health care? "And The first preferred health institution to get health care?"

**Table 4:** Attitudes of participants to access to health services.

	Frequencies	Percent
<b>How to get Health Care?</b>		
With a companion	212	63,5
Alone	122	36,5
Total	334	100,0
<b>The First Preferred Health Facility to Receive the Service</b>		
Family Doctor	111	33,2
State Hospital	157	47,0
Trainin and reserach Hospital	59	17,7
Private Hospital	7	2,1
Total	334	100,0

As shown in the table 4 above; Patients indicated a high rate of companion this result shows that they think that they cannot meet some requirements on their own when receiving health services due to their illnesses. In order to determine the disability status of the participants, a set of questions prepared by the Washington Disability Statistics Group, which measures disability by focusing on the difficulties experienced in six basic functions (vision, hearing, mobility, cognitive status and personal care) was used. There are four basic variables to Answers to this question; "uncompromising", "slightly forced: z1", "hard to do activity:z2", "no activity:z3".

According to the participants' responses to the disability assessment, the findings are given in Table 5 below:

The physical and cognitive status of individuals has the potential to affect health service behaviors. From this point of view, The findings related to access to health services according to the situation of people having difficulty in daily life are given in table 6 below:

As can be seen in Table 6, the participants were divided into two groups according to their living situations while they were living with difficulty in their daily lives. The groups consist of individuals who do not have difficulty in maintaining their daily life and who experience difficulties (which are considered as disabled individuals). The grouping was formed on the basis of individuals having some difficulty in performing the activity and responding to at least one of the areas related to disability, and individuals giving the answer "never having difficulty". Accordingly, 63,2% of the participants (n=210) were identified as individuals who had no difficulty in maintaining their daily life in the fields of vision, hearing, mobility, cognitive status, self care and communication while continuing their daily lives. 36.8%, (n = 123); it consists of individuals who have difficulty(disabled) in receiving at least one of the fields of vision, hearing, mobility, cognitive, self-care and

**Table 5:** Findings Related to Degree of Difficulty Related to Disability.

Basic Fields	Degree of Difficulty							
	No Difficulty		Z1*		Z2**		Z3***	
	n	(%)	N	(%)	n	(%)	n	(%)
"Do you have difficulty seeing even if you wear glasses?" Seeing	214	64,1	95	28,4	21	6,3	3	,9
"Do you have difficulty hearing even if you use a hear aid?" Hearing	295	88,3	28	8,4	7	2,1	3	,9
"Do you have difficulty walking stairs?" Mobility	167	50,0	97	29,0	64	19,2	4	1,2
"Do you have difficulty remembering or focusing?" Cognition	223	66,8	95	28,4	11	3,3	4	1,2
"Do you have difficulty in personal care such as bathing or getting dressed?" Personal Care	290	86,8	31	9,3	6	1,8	3	,9
"Do you have difficulty communicating when using your daily language?" Communication	295	88,3	29	8,7	5	1,5	2	,6

\*z1, little difficulty in doing the activity; \*\*z2, very difficulty to do activity, \*\*\*z3, no activity.

**Table 6:** Findings of Access to Health Services According to Difficulties (Disability) of Persons

Individuals without daily life		Individuals who have difficulty in daily life(disabled)		Total
No difficulty		Z1*	Z2** Z3***	
N	(%)	N	(%)	334
210	63,2	123	36,8	100,0

**Table 7:** Determination of Access to Health Services According to Difficulties in Daily Life.

Expressions	Individuals who have difficulty(disabled) in daily life		Individuals who do not have difficulty in daily life		p Value	
	Frequency	Percent	Frequency	Percent		
How to get health care?	With companion	60	48,8	62	29,4	,000*
	Alone	63	51,2	149	70,6	
	Total	123	100,0	211	100,0	
The first healthcare provider preferred for health care?	Family Physicians	51	41,5	60	28,4	,098
	State Hospital	50	40,7	107	50,7	
	Training And Research Hospital	19	15,4	40	19,0	
	Private Hospital	3	2,4	4	1,9	
Total	123	100,0	211	100,0		

communication. The behaviors of the respondents to access to health services according to their difficulties in daily life (disability status) are also examined in the table below (Table 7):

When the above table 7 is examined the question "How to get health care?" it was determined that individuals who have difficulty in daily life go to the health facility more often with the companion (n=62). It is seen that individuals who have difficulty in going to a health institution alone are more frequent (n = 149). Chi-square test was used to determine whether it was dependent on the variable of difficulty in maintaining daily life and the dependence between the variables was statistically significant ( $X^2 = 0.000$ ;  $p < .05$ ).

The first health care provider preferred for health care was also examined in relation to the difficulty in daily life.

According to the results of the study, the most preferred individuals were public hospitals (n = 107).

the individuals who did not experience any difficulty were firstly admitted to family Physicians (n = 51). As can be seen in the table, the chi-square test performed to determine whether the first healthcare institution preferred to receive health service depend on the difficulty variable was not statistically significant ( $X^2 = ,098$ ;  $p < .05$ ).

Within the scope of the research, all participants responded to SERVQUAL statements based on the expected levels of health services and then perceived levels.

When Table 8 is evaluated, it is the fourth expression of confidence dimension (Hospital staff should receive

**Table 8:** Findings for Expected and Perceived Servqual Expressions

SERVQUAL Expressions		Expected		Perceived	
		Average	Standard Deviation	Average	Standard Deviation
<b>Physical Facilities</b>	Hospital must to have up-to date equipment	4,62	,65	3,93	,94
	Visually appealing environment	4,39	,85	3,70	1,00
	Hospital workers should be clean and tidy	4,72	,57	4,29	,84
<b>Reliability</b>	Hospital Should perform the service as promised	4,71	,57	4,07	1,00
	Hospital staff should be friendly when the patient has a need	4,67	,66	4,20	,90
	Hospital billing procedures must be performed correctly	4,46	,77	3,79	,85
<b>Responsiveness</b>	Hospital staff should fully explain how and when to provide services to patiet	4,68	,64	4,04	,98
	Hospital staff should provide patients with the service as quickly as possible	4,68	,56	4,07	,96
	Hospital staff should always be willing to help patiets	4,66	,65	4,09	,99
<b>Confidence</b>	Patients should feel safe	4,75	,50	4,27	,84
	Hospital staff should be knowledgeable (answer questions clearly)	4,74	,58	4,1796	,87
	Employees should be polite	4,72	,53	4,2485	,84
	Hospital staff should receive sufficient support from their managers to do their job well	4,53	,70	3,7006	,88
<b>Empathy</b>	Hospital staff should sense patients special needs and desires	4,23	,94	3,5449	1,07
	Should make you feel special	4,32	,89	3,7126	1,07

**Table 9:** Statistics of The Difference Between Expectations and Perceptions

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig. (p)	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	
Findings on expected servqual scores	Equal variances assumed	1,336	,249	1,496	332	,135	1,08169	,72285	-,34027	2,50364
	Equal variances not assumed			1,564	290,312	,119	1,08169	,69153	-,27935	2,44273
Findings on perceived Servqual Scores	Equal variances assumed	,042	,837	,398	332	,691	,41987	1,05408	-1,65364	2,49339
	Equal variances not assumed			,399	255,744	,691	,41987	1,05348	-1,65472	2,49447

sufficient support from their managers to do their job well) that has the highest difference between expectations and perceptions in Servqual expressions. Moreover, the expectations of the participants were higher than the perceptions.

The statistics of the difference between expectations and perceptions are given in Table 9 below. According to the results, it was found that there was no statistical difference between expectations and perceptions.

The participants were divided into two groups as disabled and non- disabled (Individuals who have no difficulties in daily life). Table 10 below shows the average expectation of Servqual expressions of disabled and healthy individuals. In order to determine whether the responses to servqual expressions show a significant

difference between disabled and healthy individuals, independent group t test was used for each expression:

When we examine the value of 'p for each expression according to the findings given in Table 10; Significant difference (p <.05) was found in the 3rd statement (Hospital workers should be clean and tidy) of the physical opportunities dimension in the analyzes conducted for disabled and non-disabled (p = 0.03; p <.05).

As a result of this finding, it is seen that individuals who have difficulty in daily life (accepted as disabled in the study) are less likely to receive clean and tidy clothing compared to healthy individuals. The priority of the disabled person is to be able to access the service and it can be interpreted that the expectations of

**Table 10:** Average Expectations SERVQUAL Scores Based on Life Difficulties(Disability)

SERVQUAL Expressions		Individuals who do not have difficulty in daily life		Individuals who have difficulty(disabled) in daily life		t test results	
		Average	Standard Deviation	Average	Standard Deviation	P	t
Physical Facilities	Hospital must to have up-to date equipment	4,67	0,48	4,59	,73	0,2	1,11
	Visually appealing environment	4,49	,70564	4,33	,92	,08	1,70
	Hospital workers should be clean and tidy	4,81	,41190	4,67	,64	,03*	2,10
Reliability	Hospital Should perform the service as promised	4,79	,44	4,67	,64	,05*	1,89
	Hospital staff should be friendly when the patient has a need	4,67	,69	4,67	,64	,969	0,03
	Hospital billing procedures must be performed correctly	4,53	0,73	4,42	,79	,191	1,31
Responsiveness	Hospital staff should fully explain how and when to provide services to patiet	4,74	,60	4,64	,66	,177	1,35
	Hospital staff should provide patients with the service as quickly as possible	4,75	0,44	4,63	,61	,04*	1,82
	Hospital staff should always be willing to help patiets	4,68	0,65	4,65	,65	,747	0,32
Confidence	Patients should feel safe	4,76	0,46	4,74	,52	,787	0,27
	Hospital staff should be knowledgeable (answer questions clearly)	4,78	4,78	4,72	,65	,308	1,02
	Employees should be polite	4,72	4,72	4,72	,55	,917	0,10
	Hospital staff should receive sufficient support from their managers to do their job well	4,55	0,69	4,52	,71	,739	0,33
Empathy	Hospital staff should sense patients special needs and desires	4,29	0,92	4,20	,95	,433	0,78
	Should make you feel special	4,34	0,83	4,31	,93	,719	0,36

**Table 11:** Average of Perception SERVQUAL Scores Based on Life Difficulties(Disability).

SERVQUAL Expressions		Individuals who do not have difficulty in daily life		Individuals who have difficulty(disabled) in daily life		t test results	
		Average	Standard Devision	Average	Standard Devision	P	t
Physical Facilities	Hospital has up-to date equipment	4,00	,85	3,89	,99	,310	1,0
	Visually appealing environment	3,67	,98	3,71	1,02	,72	-0,35
	Hospital workers are clean and tidy	4,40	,66	4,23	,93	0,77	1,77
Reliability	Hospital performs the service as promised	4,17	,87	4,01	1,07	,14	1,44
	Hospital staff are friendly when the patient has a need	4,12	,89	4,25	,90	,20	-1,26
	Hospital billing procedures are performed correctly	3,82	,84	3,78	,86	,72	0,35
Responsiveness	Hospital staff are fully explain how and when to provide services to patiet	4,07	,94	4,03	1,00	,72	0,35
	Hospital staff are provide patients with the service as quickly as possible	4,13	,95	4,03	,97	,33	0,95
	Hospital staff are always be willing to help patiets	4,01	,98	4,14	,99	,26	-1,12
Confidence	Patients feeling safe	4,25	,88	4,29	,82	,66	-0,43
	Hospital staff are knowledgeable (they answer questions clearly)	4,19	,83	4,17	,89	,80	0,24
	Employees are polite	4,21	,83	4,27	,85	,54	-0,61
	Hospital staff are receive sufficient support from their managers to do their job well	3,75	,89	3,66	,88	,38	0,87
Empathy	Hospital staff are sense patients special needs and desires	3,60	1,06	3,50	1,08	,40	0,83
	Hospital makes you feel special	3,69	1,03	3,72	1,10	,86	-0,17

the Healthcare hospitality services like the healthy individuals are not high.

As a result of statistical research, it is seen that another significant difference is the first expression within the reliability dimension (Hospital Should perform the service as promised) ( $p=0,05$ ;  $p<.05$ ). .

The second expression of the Responsiveness dimension (Hospital staff should provide patients with the service as quickly as possible) was also significant ( $p=0,04$ ;  $p<.05$ ).

When Table 11 was examined, no statistically significant difference was found in Servqual perception expressions of disabled and healthy individuals.

## DISCUSSION AND CONCLUSION

The most important legal step in the disability policy in Turkey, issued in 2005, "5378 Law on Disability. This law states that non-discrimination against people with disabilities and the fight against discrimination is the fundamental principle of policies towards people with disabilities. In addition, ensuring the participation of disabled people, their families and non-governmental organizations in the services and decisions to be provided for the disabled are included in the general principles of the same law.

Practices that differentiate people with strict limits in education, health and business life due to their characteristics restrict the social sharing of people imprisoned in a certain environment.

Access to health and health services, which is one of the most basic human rights, should be as accessible to persons with disabilities as people with disabilities. In the study, it was seen that the expectations of disabled people were lower than those of healthy individuals in terms of health service quality expectations, especially in Healthcare hospitality services. In addition, when we evaluate the average of Servqual expectation expressions, it is seen that the average expectation of the disabled people who have difficulty in daily life is generally lower than the healthy individuals.

It is necessary to ensure that individuals with disabilities, who benefit more from health facilities than other people, receive services of the same quality.

It is important and recommended that health and all other institutions should establish a functional system for people to receive quality services together without being separated in the common area.

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