

## DETERMINING THE EFFECT OF HEALTH SERVICE QUALITY IN THERMAL HEALTH CENTERS ON DESTINATION MARKETING IMAGE: THE SAMPLE OF PAMUKKALE

TERMAL SAĞLIK MERKEZLERİNDEKİ SAĞLIK HİZMET KALİTESİNİN  
DESTİNASYON PAZARLAMA İMAJINA ETKİSİNİN BELİRLENMESİ: PAMUKKALE  
ÖRNEĞİ

Murat BAYAT<sup>1</sup>

### Abstract

The purpose of this study is to investigate the effect of health service quality on destination marketing image. The population of the research are people/patients who receive health services from thermal health centres for treatment in the Pamukkale region. The quantitative research method was employed and the data was collected from 390 people by face-to-face questionnaire technique. The samples were determined with the convenience sampling method. With the help of the SPSS package program, descriptive statistics, exploratory factor analysis (EFA) and multivariate regression analysis techniques had been conducted to analyse the research data. According to the results of the research, it has been observed that "Assurance" has the highest average among the factors of health service quality. Similarly, it has been observed that the "Emotional Image" variable has the highest average among the destination marketing image factors. It has also been determined that health service quality has a statistically significant effect on the destination marketing image. This study was limited to domestic customers receiving treatment service from thermal health centres in the Pamukkale region, and foreign customers were not considered within the scope of the study. The proposed framework and research findings would help stakeholders to recognize and understand the versatile association in the thermal health tourism industry. Moreover, the findings of the research will make an important contribution to the knowledge that is compatible with this field, especially for visitors who prefer thermal health tourism centres. This study on the health treatment centres in the Pamukkale region evaluates and contributes to the literature and the professionals in the field based on confirmed knowledge obtained via the valid and reliable scales that had been developed for different cultures and sectors.

**Keywords:** Health Service Quality, Destination Marketing Image, Therapeutic Thermal Health Center, Pamukkale Region

### Öz

Bu çalışmanın amacı, sağlık hizmeti kalitesinin destinasyon pazarlama imajına etkisini araştırmaktır. Araştırmanın ana kütlesini Pamukkale ve çevresinde tedavi amaçlı termal sağlık merkezlerinden sağlık hizmeti alan kişi / hastalardır. Nicel araştırma yöntemi kullanılmış ve veriler yüz yüze anket tekniği ile 390 kişiden toplanmıştır. Örnekler, kolayda örnekleme yöntemi ile belirlenmiştir. Araştırma verilerini analiz etmek için SPSS paket programı yardımıyla tanımlayıcı istatistikler, Betimleyici faktör analizi (BFA) ve çok değişkenli regresyon analizi teknikleri uygulanmıştır. Araştırma sonuçlarına göre sağlık hizmet kalitesi faktörleri arasında en yüksek ortalamanın "Güven" olduğu görülmüştür. Benzer şekilde, destinasyon pazarlama imaj faktörleri arasında "Duygusal İmaj" değişkeninin en yüksek ortalamaya sahip olduğu görülmüştür. Sağlık hizmeti kalitesinin destinasyon pazarlama imajı üzerinde istatistiksel olarak anlamlı bir etkiye sahip olduğu da tespit edilmiştir. Bu çalışma Pamukkale ve çevresindeki termal sağlık merkezlerinden tedavi hizmeti alan yerli müşterilerle sınırlı tutulmuş olup, yabancı müşteriler çalışma kapsamında değerlendirilmemiştir. Önerilen çerçeve ve araştırma bulguları, sektördeki paydaşların termal sağlık turizmi endüstrisindeki çok yönlü ilişkiyi tanımalarına ve anlamalarına yardımcı olacaktır. Ayrıca bu araştırmanın bulguları, özellikle termal sağlık turizmi merkezlerini tercih eden ziyaretçiler için bu alanla uyumlu bilgi birikimine önemli katkı sağlayacaktır. Pamukkale Bölgesi'ndeki sağlık tedavi merkezleri üzerine yapılan bu çalışma, farklı kültürler ve sektörler için geliştirilmiş geçerli ve güvenilir ölçekler kullanılarak elde edilmiş bilgilere dayalı bir şekilde literatürü değerlendirmekte ve hem uygulayıcılara hem de literatüre katkı sağlamaktadır.

**Anahtar Kelimeler:** Sağlık Hizmet Kalitesi, Destinasyon Pazarlama İmajı, Tedavi Amaçlı Termal Sağlık Merkezi, Pamukkale Bölgesi

<sup>1</sup> Dr., Duzce University, Faculty of Business, Department of International Trade & Finance, Düzce, Turkey,  
[muratbayat@duzce.edu.tr](mailto:muratbayat@duzce.edu.tr), Orcid: 0000-0003-0029-948X

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## 1. INTRODUCTION

Destination marketing is expressed as the marketing of all necessary activities, organizations and contents to the tourists who come to visit the destination, that the local people are also involved. Destination marketing aims to have a destination identity created by the characteristics of a place to have a more effective place in reaching specified target audiences (Iiban, 2007). At the same time, all of the marketing activities carried out to show that an area, region or place is attractive, suitable and featured to consumers or businesses (Çelik, 2009). For this reason, destination marketers are always eager to reveal the positive aspects and advantages of their destination. Image building is also vital in tourism marketing, as the image is an important element in the tourist's decision-making process (Beerli & Martin, 2004). Understanding how customers acquire information is essential for marketing management decisions. Researches have shown that tourism information is an important concept in determining the destination image and destination decision of tourists (Chen & Tsai, 2007).

Destination image, which is defined as the sum of the impressions, beliefs, thoughts, expectations and feelings about a destination (Kim & Richardson, 2003), is the summary of the beliefs and impressions that individuals remember about the destination (Kotler & Gertner, 2002). Destinations have the power to compete according to the image they have (Yüksek, 2014). In short, the destination image is expressed as an individual's mental statement of knowledge, feelings and general perception towards a particular destination (Fakeye & Crompton, 1991).

It has been emphasized that the perceived service quality based on the real travel experience of tourists also plays an important role in the formation of the image, and most of the service quality studies in the tourism sector tend to examine the relationship between perceived service quality and tourist satisfaction and tourist behaviour (Boyer & Hult, 2005; Kozak, 2001; Plamer & O'Neill, 2003; Quintal & Polczynski, 2010). However, it has been observed that the effect of perceived service quality on the image has rarely been studied in the past, and it has been pointed out that it is necessary to investigate how the perceived service quality affects the formation of the destination image. Supporting this information, Huei and Easvaralingam (2011) revealed that perceived service quality significantly affects the corporate image of the hotels rather than the image of the destination.

The concept of service quality, which is a general concept of marketing and consumer behaviour studies, has been defined and explained by many different scientists as achieving the objectives of their research. However, due to the lack of consensus on the concept of service quality, definition, dimensions and immeasurable intangible concepts, it has been one of the most discussed topics in service marketing studies (Gupta & Chen, 1995). Service quality is a measure of how well the level of service matches customer expectations. It is also the differences between perceptions and expectations (Parasuraman et al., 1988; Zeithaml et al., 1990). The concept of service quality by other authors who researched the subject; the output of service is defined by (McDougall & Levesque, 1994), as the general impression of relative inferiority and superiority (Bitner & Hubbert, 1994), intangible activities (Gronroos, 1990), customer expectations (McKercher & Prideaux, 2011) and quality control (Jraisat & Sawalha, 2013). It has been stated that service quality is a comparison between expected service and perceived service (Parasuraman et al. 1985), accordingly, the expected service and

perceived service are two main factors affecting the service quality (Parasuraman et al. 1994). The perceived service quality is considered to be good and satisfactory if the service provided is deemed or perceived by the expectation (perceived service). If the service provided exceeds the customer's expectations, the service quality is perceived as an ideal quality. Conversely, if the received service is lower than expected, the service quality is perceived as bad (Parasuraman et al. 1985). In other words, service quality is formed as the result of an evaluation process where the consumer compares the expected service with the perceived service (Grönroos, 1984: 37).

Three basic principles have been proposed regarding service quality. First, it is complex to evaluate when compared to tangible product quality. Second, the perception of service quality is based on real service performance against consumer expectations and quality evaluations. Third, service quality focuses not only on the outcome of the service but also on the service delivery process (Parasuraman et al., 1985). However, measuring service quality is complex due to the multidimensional characteristics and subjective nature of services. Many studies (Armstrong et al., 1997; Choi & Chu, 1998; Atilgan et al., 2003; Chen & Tsai, 2007) used the SERVQUAL scale as an effective framework to measure service quality in the tourism sector. Service quality contributes significantly to service differentiation, best service methods and positioning issues in marketing with regards to creating positive customer perception of organizations, destinations or countries in the long term (Cronin & Taylor, 1992).

In the tourism sector, the service quality of a destination has been at the centre of tourism marketing, with great emphasis on different tourism resources. Thus, the destination image is a fundamental concept and one of the main consequences of the successful delivery of service quality in a tourism region (Moon et al., 2011). Destination commitment has been emphasized by many researchers as an important driving force in the future stability and growth of any organization and tourism destination (Vinh & Long, 2013; Schmitt, 1999; Gnoth et al., 2006). The success of a destination depends largely on the environmental analysis of tourist motivations, customer satisfaction and customer loyalty (McKercher & Prideaux, 2011). Moreover, the determinants of customer loyalty are based on customer satisfaction, which is seen as the main driving force of customer loyalty associated with the attainability of the destination image (Alexandris et al., 2008).

Positive perception of service quality in the tourism sector and the destination preference is very important in creating a successful destination marketing image due to its positive results such as consumption of products and services at the destination (Ahmed, 1991) and the decision to re-choose the destination (Stevens, 1992). A destination image that triggers emotions can create a positive consumer experience, results in purchases, as well as creates destination brand loyalty if it is in line with customers' expectations (Lo'pez-Toro et al., 2010). Thus, measuring destination brand service quality and destination loyalty have become an important component of destination marketing at national and international levels (Akroush et al., 2016).

Destination image by Kotler and Armstrong (2002); expressed as "the set of beliefs, ideas and impressions a person has about an object". According to Kotler and Armstrong, people's attitudes and actions towards an object are highly conditioned by the image of that object. Destination image is a critical component of people's destination choices (Bonn et al., 2005). Besides, the destination image has an impact on tourists' intention to revisit as well as on their destination choice (Kandampully et al., 2011). Moreover, emotional evaluations of past experiences can be effective in determining the future behaviour of tourists (Dedeoğlu et al., 2015).

The images of destinations are created both before and after the visit. The pre-visit image is affected by the tourist's own needs, motivations, preferences and other personal characteristics. The perceived service quality during the visit can affect the tourists' image of a destination as well as personal factors (Chon, 1990). Recently, perceived service quality and customer satisfaction have become vital for both producers and service providers to attract, retain and create tourist loyalty. The tourists prefer destinations with high service quality when the price and other cost factors are kept constant (Boyer & Hult, 2005). The perception of service quality that occurs during the use of services remains in the minds of tourists, and this can easily create their destination image (Crosby et al., 2003). Past studies have focused more on the marketing of tourism facilities (supply-side) and meeting the needs of these facilities, rather than on estimating the quality of tourism services and tourist demands. The literature on service quality, although generally rich, lacks the understanding of tourist loyalty to the destination.

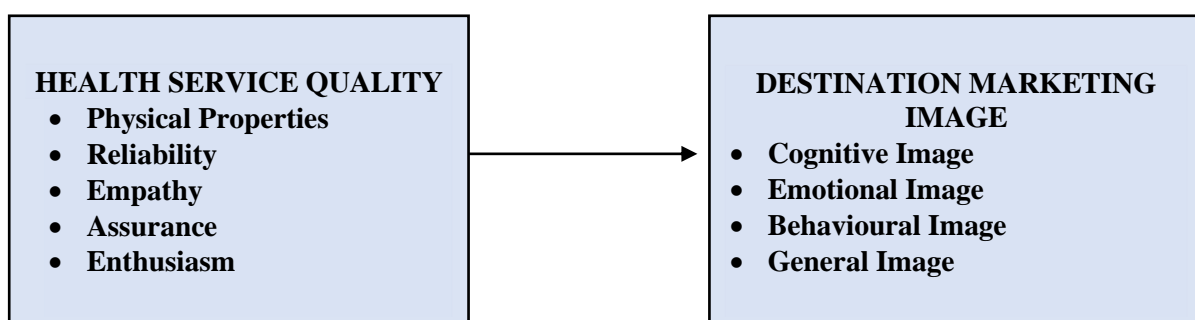
## 2. METHODOLOGY OF THE RESEARCH

### 2.1. Research Method

In consideration of the main problem and subject of study, it was decided to employ the quantitative research method in the study within the framework of ensuring the validity, reliability and generalizability of the research results.

### 2.2. Conceptual Model of the Research

Based on the literature review during the model development phase, similar model studies had been examined and the conceptual/theoretical model of the research was formed. Determining the effect of health service quality on destination marketing image is the subject of the research. The statement "Health service quality affects the destination marketing image" constitutes the thesis of the research. The conceptual model of the research discusses the causality relationship between the basic variables of the research (health service quality, destination marketing image). The relationships between the conceptual model of the research are shown in Figure 1.



**Figure 1:** Conceptual Model of the Research

### 2.3. Research Hypothesis Development

Positive perception of service quality in the tourism sector paves the way to the destination preference which is very important in creating a successful destination marketing image due to its positive results such as consumption of products and services at the destination (Ahmed, 1991) and the decision to choose the destination again (Stevens, 1992). A destination image that triggers emotions can create a positive consumer experience, resulting in purchases, as well as creating destination brand loyalty if it is in line with the expectations of customers (Lo'pez-Toro et al., 2010). However, in recent years, perceived service quality and customer satisfaction have become vital for both manufacturers and

service providers to attract, retain and create tourist loyalty. When the price and other cost factors are kept constant, tourists prefer destinations with high service quality (Boyer & Hult, 2005). The perception of service quality that occurs during the use of services remains in the minds of tourists, and this can easily create their destination image (Crosby et al., 2003). The basic and sub-hypotheses developed in this direction are as follows:

*H<sub>1</sub>: Service quality has a significant positive effect on the destination marketing image.*

*H<sub>1a</sub>: Physical characteristics have a significant positive effect on the destination marketing image.*

*H<sub>1b</sub>: Reliability has a significant positive effect on the destination marketing image.*

*H<sub>1c</sub>: Enthusiasm has a significant positive effect on the destination marketing image.*

*H<sub>1d</sub>: Assurance has a significant positive effect on destination marketing image.*

*H<sub>1e</sub>: Empathy has a significant positive effect on the destination marketing image.*

As a result of the conducted literature research, similar studies were found in different sectors regarding the relationships between some variables in the research model; there is no study found in respect to the thermal health tourism sector involving specific hypothesis discussions among the variables specified in the model. Accordingly, to reveal the interactions between variables, a hypothesis was developed based on the characteristics of the variables with the literature discussions in the second part.

#### **2.4. Research Unit, Population and Sample**

The Pamukkale region constitutes the population of the research. Each individual/patient receiving health service from the thermal health centres for therapeutic purposes in the Pamukkale region has been accepted as a research unit. The sample group consists of 390 participants. The data were obtained between January 1 and February 15, 2020, using the convenience sampling method, one of the non-random sampling methods.

#### **2.5. Data Collection Method**

The survey technique was employed to obtain the data. A detailed literature review was conducted for the preparation of the research questionnaire, and in the light of the obtained documents and information, previously developed model studies (in different or similar areas) regarding the variables included in the research had been selected and harmonized with the structural characteristics of the thermal health tourism sector that constitutes the research subject. A pilot application (pre-test) was carried out on 30 people to ensure the structural validity of the research questionnaire. The results obtained in this direction have revealed that the questionnaire form developed is sufficient in terms of structural validity and content. The questionnaire form consists of three parts. In the first part, there are expressions about the general characteristics of the participants and thermal health tourism facilities: In the second part, there are expressions to measure the quality of healthcare services consisting of 23 statements. In the last part, there are statements to determine the destination marketing image consisting of 15 statements. While nominal and ordinal scales are used in the section where the characteristics of the individuals and thermal health tourism facilities are included in the research, the SERVQUAL service quality scale was used for the sections where the variables of health service quality and destination marketing image are included.

#### **2.6. Scales Used in the Study**

The SERVQUAL scale of Parasuraman was used to measure the health service quality in the study. The SERVQUAL service quality scale is a general study that can be used in

many service sectors and can be applied to every sector by making some modifications to it. Therefore, while preparing the scale of the research, the SERVQUAL's questions were adapted to the thermal health tourism sector. The scales developed by Yiamjanya and Wongleedee (2014) and Baloglu and Mangaloglu (2001) were adapted to the thermal health tourism industry in order to determine the factors affecting the participants' perceptions of the destination marketing image as was used by the scales.

## **2.7. Data Analysis Method**

The SPSS statistical analysis program was used for the analysis of the data set within the scope of the research. Initially, the reliability analysis was performed upon recording the data in the program. Then, in accordance with the purpose of the research, the coded data were examined in terms of variance, mean, frequency and percentage values, which represent descriptive analysis in terms of demographic characteristics. Afterwards, exploratory factor analysis was conducted to determine the sub-variables of health service quality factors and sub-variables of destination marketing image factors within the context of the health sector. Finally, multiple linear regression analyses were applied to examine the direct relationships between health service quality and destination marketing image.

## **2.8. Data Set Analysis Criteria**

### **2.8.1. Criteria for Explanatory (Exploratory) Factor Analysis**

The common factor variance was taken into account in examining the factor load values of the items before the rotation. The principal component analysis, which is the most widely used and easiest to interpret in social sciences, had been used as the factorization technique. In order to eliminate the variables that do not measure the same structure, the lower limit for the load values in the factor in which the variables are included was accepted as 0.45. The items that were grouped under more than one factor and the difference between factors loads were less than 0.10 were defined as an overlapping factor and excluded from the scale. The factors with an original value above 1 are considered to be important factors. The explained variance ratio of 30% was accepted as the limit value. The rotation was made to ensure the independence of the factors, clarity and significance in interpretation. The vertical rotation technique is used as the rotation technique.

## **3. RESEARCH FINDINGS**

### **3.1. Normality Distribution of Research Data**

The Kolmogorov-Smirnov normality test was applied in the study as the normal distribution test and it had been observed that the data were not distributed normally. The test results do not have to meet the normality condition for large sample data ( $n > 400$ ). If the distribution shows a feature close to normal, non-meeting the normality condition in the p-value is not considered much (Sencan, 2005: 196).

### **3.2. Reliability of Research Data**

In the research, reliability measurement was made by calculating the Cronbach Alpha coefficient for each structure. The health service quality factors, which constitute the variables of the study, were subjected to reliability analysis with 23 questions, and destination marketing image factors with 15 questions. Reliability coefficients for the variables are given in Table 1.

**Table I.** Reliability Analysis Results

Variable names	Cronbach's Alpha Coefficient
Health Service Quality	0.944
Destination Marketing Image	0.887
<b>Survey Reliability Total</b>	<b>0.953</b>

The reliability analysis results regarding the research were found as 0.944 for health service quality, 0.887 for destination marketing image and 0.953 for the overall survey reliability. Therefore, when all dimensions are taken into account, the reliability of the study was observed to be quite high.

### 3.3. Demographic Findings

Findings of the main characteristics of the participants are presented in Table II.

**Table II.** Findings of the Main Characteristics of Participants

Gender	Frequency	Percent	Education level	Frequency	Percent
Male	186	47.7	Primary school graduate	19	4.9
Female	204	52.3	Secondary school graduate	26	6.7
Total	390	100.0	High school graduate	196	50.3
Income status	Frequency	Percent	University graduate	144	36.9
0-2234 ₺	92	23.6	Postgraduate and Above	5	1.3
2235-3499 ₺	166	42.6	Total	390	100.0
3500-4999 ₺	79	20.3	Age	Frequency	Percent
5000-6999 ₺	23	5.9	18- 3 5	1 1	2.9
7000-9999 ₺	14	3.6	36-45	47	12.1
10000₺ and above	16	4.1	46-55	157	40.3
Total	390	100,0	56 and over	175	44.9
Your Purpose of Coming to this centre	Frequency	Percent	Total	390	100.0
Business Purpose	25	6.4	Are you residing in Pamukkale?	Frequency	Percent
Thermal Treatment Purpose	16	4.1	Yes	202	51,8
Physical Therapy	62	15.9	No	188	48.2
Physical Therapy and Thermal Therapy	276	70.8	Total	390	100.0
Other	11 <sup>th</sup>	2.8			
Total	390	100.0			

When Table II is examined, the participants in the research are equal to each other as male and female. As the age group, it is observed that they are in the older age group (46 and over) with a rate of approximately 85%, and the participants are mainly high school and university graduates (87%) by the education level. On the other hand, the patients participating in the study stated that they are at the middle-income level (63%), 70% of the participants prefer these centres for both physical therapy and thermal therapy, and approximately half of the participants reside in the Pamukkale region and the other half in other regions.

### 3.4. Findings Regarding Explanatory (Exploratory) Factor Analysis

Explanatory factor analysis was performed on the data forming the participants' perceptions of health service quality and destination marketing image. The analyses performed in this direction are given below (Table III and Table IV).

**Table III:** Health Service Quality-Explanatory Factor Analysis Results

Factors	Variables	Factor Loadings	Variance Explained	Core Value
PHYSICAL PROPERTIES	PHYSICAL2	.781	36.198	8.326
	PHYSICAL1	.774		
	PHYSICAL3	.770		
	PHYSICAL4	.670		
	PHYSICAL 10	.456		
RELIABILITY	RELIABILTY16	.731	8.215	1.889
	RELIABILTY18	.722		
	RELIABILTY17	.693		
	RELIABILTY15	.692		
	RELIABILTY14	.552		
	RELIABILTY19	.537		
ENTHUSIASM	ENTHUSIASM22	.859	6.810	1.566
	ENTHUSIASM21	.835		
	ENTHUSIASM23	.759		
	ENTHUSIASM20	.548		
ASSURANCE	ASSURANCE7	.755	5.590	1.286
	ASSURANCE6	.713		
	ASSURANCE5	.501		
	ASSURANCE8	.445		
	ASSURANCE9	.412		
EMPATHY	EMPATHY11	.723	4.819	1.108
	EMPATHY12	.625		
	EMPATHY13	.475		
Evaluation Criteria	Kaiser-Meyer-Olkin Measure of Sampling Adequacy: 0.898 Approx. Chi-Square: 4427,350 Barlett's Test of Sphericity: 0.000 Extraction Method: Principal Components Rotation Method: Varimax To everyone on the Variance Total: 61.632			

The KMO value of the data subjected to factor analysis to determine the sub-variables of health service quality factors and the Barlett's Test of Sphericity result are acceptable for factor analysis (KMO value 0.898. Bartlett Test of Sphericity result  $p < 0.001$ ). On the other hand, the principal component analysis and the varimax rotation technique were used for factor analysis. As a result of the explanatory factor analysis, expressions showing low equivalence and below 0.40 were completely excluded from the scale.

The total variance explained by the first of these 5 factors, which are expressed as important, is 36.198 %, the second is 8.215 %, the third is 6.810 %, the fourth is 5.590 %, and the fifth is 4.819 %. Considering the difference between the item with the highest factor loading and the item with the lowest factor load among the items in the factor will increase the internal consistency of the factor, it can be said that the internal consistency of the factors for health service quality is quite good. On the other hand, factor renaming was made by considering the contents of the items, factor loadings and their names in the literature.



**Table IV:** Destination Marketing Image-Explanatory Factor Analysis Results

Factors	Variables	Factor Loadings	Variance Explained	Core Value
COGNITIVE IMAGE	COGNITIVE IMAGE 3	.829	39.249	5.887
	COGNITIVE IMAGE 4	.820		
	COGNITIVE IMAGE 5	.772		
	COGNITIVE IMAGE 6	.607		
	COGNITIVE IMAGE 15	.524		
EMOTIONAL IMAGE	EMOTIONAL I 13	.806	11.391	1.709
	EMOTIONAL I 14	.774		
	EMOTIONAL I12	.726		
	EMOTIONAL I 11	.678		
BEHAVIORAL IMAGE	BEHAVIORAL I 9	.802	9.039	1.356
	BEHAVIORAL I 8	.776		
	BEHAVIORAL I 10	.676		
	BEHAVIORAL I 7	.542		
GENERAL IMAGE	GNLIMG1	.869	7.266	1.090
	GNLIMG2	.806		
Evaluation Criteria	Kaiser-Meyer-Olkin Measure of sampling adequacy: 0.839 Approx. Chi-Square: 2764.298 Barlett's Test of Sphericity: 0,000 Extraction Method: Principal Components Rotation Method: Varimax Total Variance Announced: 66.946			

It is seen that the KMO value of the data subjected to factor analysis to determine the sub-variables of destination marketing image factors and the results of Barlett's Test of Sphericity are acceptable for factor analysis (KMO value 0.839. The result of Barlett's Test of Sphericity is  $p < 0.001$ ). On the other hand, principal component analysis and varimax rotation technique were used for factor analysis. As a result of the explanatory factor analysis, expressions showing low equivalence and below 0.40 were completely excluded from the scale. Considering the difference between the item with the highest factor loading and the item with the lowest factor load among the items in the factor will increase the internal consistency of the factor, it can be stated that the internal consistency of the factors for health service quality is quite good. On the other hand, factor renaming was made considering the contents, factor loadings and names of the items in the literature.

Descriptive statistics related to the obtained variables were examined after conducting the explanatory factor analysis and frequency analysis. Information about the means, standard deviations, reliability coefficients, number of questions and scale levels used for each variable are presented in Table V.

**Table V:** Descriptive Statistics about Factors

Buildings	Factors	N	Mean	Std. Deviation	Variance
HEALTH SERVICE QUALITY	PHYSICAL SPECIFICATIONS	390	3.4400	.92885	.863
	ASSURANCE	390	4.0790	.46769	.219
	EMPATHY	390	3.4376	.96287	.927
	RELIABILITY	390	3.5650	.79175	.627
	ENTHUSIASM	390	3.4513	.89227	.796

THE DESTINATION MARKETING IMAGE	COGNITIVE IMAGE	390	3.2538	.88162	.777
	EMOTIONAL IMAGE	390	3.6000	.85722	.735
	BEHAVIORAL IMAGE	390	3.4282	.86043	.740
	GENERAL IMAGE	390	3.4641	.96267	.927

When Table V is examined, it is seen that the variable “Assurance” (Average: 4.0790) has the highest average among the health service quality factors. The reliability coefficients higher than 0.60 shows that the scales used in the study are reliable. Similarly, it is seen that the variable “Emotional Image” (Average: 3.6000) has the highest average among the destination marketing image factors. The reliability coefficients higher than 0.60 shows that the scales used in the study are reliable.

### 3.5. Findings of Multiple Regression Analysis

In this section, the relationships between variables are revealed by performing multiple regression analysis on health service quality and destination marketing image scales with the SPSS package program.

#### 3.5.1. Results of Multiple Regression Analysis

It was assumed that the factors (latent variables) in the research model could be explained by Physical Characteristics, Assurance, Empathy, Reliability, Enthusiasm and Cognitive Image, Emotional Image, Behavioral Image, General Image and the causal relationships between these factors.

Firstly, the effects of health service quality on destination marketing image were examined within the framework of causality relationship. Table VI shows the results regarding the effects of health service quality factors on Cognitive Image, which is one of the sub-dimensions of destination marketing image.

**Table VI:** Health Service Quality Factors - Cognitive Image Multiple Regression Analysis Results

Variables	B	Std. Error	$\beta$	t	p
(Fix)	.525	.297	-	1.767	.078
<i>PHYSICAL CHARACTERISTICS</i>	.318	.050	.335	6.343	<b>.000*</b>
<i>ASSURANCE</i>	.043	.077	.023	-.555	.579
<i>EMPATHY</i>	.080	.046	.087	1.737	.083
<i>RELIABILITY</i>	.259	.061	.233	4.274	<b>.000*</b>
<i>ENTHUSIASM</i>	.178	.046	.180	3.865	<b>.000*</b>
Dependent variable: <b>COGNITIVE IMAGE</b>					
R: 0.688      R <sup>2</sup> : 0.474      F: 69.077      p:0.000      Durbin-Watson: 1.702					

When Table VI is examined, the Durbin – Watson coefficient (1.702) shows that there is no problematic relationship between the independent variables and error terms. On the other hand, health service quality sub-dimensions together give a moderate and significant relationship with the cognitive image of the destination (R: .688, R<sup>2</sup>: .474, p: .000) and explain 47% of the total variance in the cognitive image level. When the t-test results regarding the significance of the regression coefficients are examined, it is observed that physical characteristics, reliability and enthusiasm have a statistically (positive) significant effect on the cognitive image of the destination.

**Table VII:** Health Service Quality Factors - Emotional Image Multiple Regression Analysis Results

Variables	B	Std. Error	$\beta$	t	p
(Fix)	1.223	.344	-	3.550	.000
<i>PHYSICAL CHARACTERISTICS</i>	.137	.058	.148	2.358	<b>.019*</b>
<i>ASSURANCE</i>	.101	.090	.055	1.125	.261
<i>EMPATHY</i>	.090	.053	.101	1.690	.092
<i>RELIABILITY</i>	.168	.070	.155	2.380	<b>.018*</b>
<i>ENTHUSIASM</i>	.171	.053	.178	3.206	<b>.001*</b>
Dependent variable: <b>EMOTIONAL IMAGE</b> R: 0.501      R <sup>2</sup> : 0.251      F: 25.768      p:0.000      Durbin-Watson: 2.151					

When Table VII is examined, the Durbin – Watson coefficient (2.151) shows that there is no problematic relationship between the independent variables and error terms. On the other hand, the sub-dimensions of health service quality together give a moderate and significant relationship with the emotional image of the destination (R: .501, R<sup>2</sup>: .251, p: .000) and explain 25% of the total variance in the emotional image level. When the t-test results regarding the significance of the regression coefficients are examined, it is observed that physical characteristics, reliability and enthusiasm have a statistically (positive) significant effect on the emotional image of the destination.

**Table VIII:** Health Service Quality Factors - Behavioral Image Multiple Regression Analysis Results

Variables	B	Std. Error	$\beta$	t	p
(Fix)	.437	.326	-	1.341	.181
<i>PHYSICAL CHARACTERISTICS</i>	.148	.055	.160	2.696	<b>.007*</b>
<i>ASSURANCE</i>	.208	.085	.113	2.456	<b>.014*</b>
<i>EMPATHY</i>	.025	.050	.028	.503	.615
<i>RELIABILITY</i>	.154	.067	.141	2.306	<b>.022*</b>
<i>ENTHUSIASM</i>	.289	.050	.300	5.739	<b>.000*</b>
Dependent variable: <b>BEHAVIORAL IMAGE</b> R: 0.579      R <sup>2</sup> : 0.335      F: 38,653      p:0.000      Durbin-Watson: 1.921					

When Table VIII is examined, the Durbin – Watson coefficient (1.921) shows that there is no problematic relationship between the independent variables and error terms. On the other hand, the sub-dimensions of health service quality together give a moderate and significant relationship with the behavioural image of the destination (R: .579, R<sup>2</sup>: .335, p: .000) and explain 33% of the total variance in the behavioural image level. When the t-test results regarding the significance of the regression coefficients are examined, it is observed that physical characteristics, confidence, reliability and enthusiasm have a statistically (positive) significant effect on the behavioural image of the destination.

**Table IX:** Health Service Quality Factors - Results of General Image Multiple Regression Analysis

Variables	B	Std. Error	$\beta$	t	p
(Fix)	.102	.172	-	.595	.552
<i>PHYSICAL CHARACTERISTICS</i>	.018	.029	.018	.627	.531
<i>ASSURANCE</i>	.016	.045	.008	.368	.713
<i>EMPATHY</i>	-.013	.027	-.013	-.475	.635
<i>RELIABILITY</i>	-.077	.035	-.063	-2.182	<b>.030*</b>
<i>ENTHUSIASM</i>	1.028	.027	.953	38.624	<b>.000*</b>
Dependent variable: <b>OVERALL IMAGE</b> R: 0.923      R <sup>2</sup> 0.852 F: 441.703      p: 0000 Durbin-Watson: 1.793					

When Table IX is examined, the Durbin – Watson coefficient (1.793) shows that there is no problematic relationship between the independent variables and the error terms. On the other hand, the sub-dimensions health service quality together gives a high level and significant relationship with the overall image of the destination (R: .923, R<sup>2</sup>: .852, p: .000) and explain 85% of the total variance in the overall image level. When the t-test results regarding the significance of the regression coefficients are examined, it is observed that reliability and enthusiasm have a statistically (positive) significant effect on the overall image of the destination.

#### 4. CONCLUSION AND DISCUSSION

This study was carried out to determine the effect of health service quality on the destination marketing image, which had been conducted on people/patients who had received health services from therapeutic thermal health centres in the Pamukkale region. The results obtained from the research to determine the effect of health service quality on the destination marketing image are given below:

It has been observed that the variable of “Assurance” (average: 4.0790) has the highest average among the factors of health service quality. Similarly, it was observed that the variable “Emotional Image” (Average: 3.6000) had the highest average among the destination marketing image factors.

According to the results of multiple linear regression analysis; the sub-dimensions of health service quality together gave a moderate and significant relationship with the cognitive image of the destination (R: .688, R<sup>2</sup>: .474, p: .000) and explained 47% of the total variance in the cognitive image level. When the t-test results regarding the significance of the regression coefficients were examined, it was observed that physical characteristics, reliability and enthusiasm had a statistically (positive) significant effect on the cognitive image of the destination. Similarly, the sub-dimensions of health service quality together gave a moderate and significant relationship with the emotional image of the destination (R: .501, R<sup>2</sup>: .251, p: .000) and explained 25% of the total variance in the emotional image level. When the t-test results regarding the significance of the regression coefficients were examined, it was observed that physical characteristics, reliability and enthusiasm had a statistically (positive) significant effect on the cognitive image of the destination.

On the other hand, the sub-dimensions of health service quality together gave a moderate and significant relationship with the behavioural image of the destination (R: .579, R<sup>2</sup>: .335, p: .000) and explained 33% of the total variance in the behavioural image level. When the t-test results regarding the significance of the regression coefficients were

examined, it was seen that physical characteristics, confidence, reliability and enthusiasm had a statistically (positive) significant effect on the behavioural image of the destination.

Finally, the health service quality sub-dimensions together gave a high level and significant relationship with the overall image of the destination ( $R: .923$ ,  $R^2: .852$ ,  $p: .000$ ) and explained 85% of the total variance in the overall image level. When the t-test results regarding the significance of the regression coefficients were examined, it had been observed that reliability and enthusiasm had a statistically (positive) significant effect on the overall image of the destination.

According to the findings of the literature review supporting the results of this study; the positive perception of service quality in the tourism sector is thought to have positive and significant relationships between destination preference, consumption of products and services at the destination (Ahmed, 1991), and re-choosing the destination, and this fact plays an important role in creating a successful destination marketing image (Stevens, 1992). At the same time, it has been determined that a destination image that triggers emotions can create a positive consumer experience which results in positive purchases and creates destination brand loyalty if it is compatible with the expectations of the customers (Lo'pez-Toro et al., 2010).

Moreover, it has been emphasized that the perceived service quality and customer satisfaction in recent years have become vital for both producers and service providers to attract, retain and create tourist loyalty. It has been observed that tourists prefer destinations with high service quality when the price and other cost factors are kept constant (Boyer and Hult, 2005). It has been stated that the perception of service quality that occurs during the use of services remains in the minds of tourists and this can easily create their destination image (Crosby et al., 2003).

This study was limited to domestic customers receiving service from thermal health centres for treatment in the Pamukkale region, and foreign customers were not considered within the scope of the study. Considering the necessity of repeating the measurement of service quality perception at different intervals, studies in determining the perceived quality of the services offered in the Pamukkale region can be carried out with a larger sample in future periods. Thus, the necessary measures can be taken to increase the service quality by examining whether there were any differences in the quality perceptions of the individuals towards services and their destination image perceptions.

On the other hand, the fact that the sample of this study consists of only the local tourists who receive service from thermal health centres in the Pamukkale region is an obstacle to the generalization of research results. Therefore, research is open to development in terms of the sample. It may be recommended to keep the sample larger, focus on different regions and countries, and conduct studies at certain time intervals for future studies. In this context, regional or international differences in service quality and destination marketing image perception and recommendations can be investigated and developed.

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