Bingöl Üniversitesi
İktisadi ve İdari Bilimler Fakültesi
Bingol University
Journal of Economics and Administrative Sciences
Cilt/Volume: 5, Sayı/Issue: 1
Yıl/Year: 2021, s. 305-336
DOI: 10.33399/biibfad.865373
ISSN: 2651-3234/E-ISSN: 2651-3307
Bingöl/Türkiye
Makale Bilgisi /Article Info
Geliş/Received: 20.01.2021 **Kabul/Accepted:** 02.08.2021

THE EFFECT OF PERSONALITY CHARACTERISTIC OF OUTPATIENTS ON HOSPITAL PREFERENCES*

Poliklinik Hastalarının Kişilik Özelliklerinin Hastane Tercihi Üzerindeki Etkisi

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Abstract

The purpose of this study is to determine the direct and indirect interactions between personality characteristic and hospital preference of polyclinic patients and to develop confirmatory character models. The universe of the research is the patients who have outpatient treatments from Dursun Odabaşı Medical Center Hospital, Van Yüzüncü Yıl University. In this study, quantitative research method was used and the data were collected from 400 patients through face to face questionnaire technique. In the study, descriptive statistics, confirmatory factor analysis and path analysis techniques were used. SPSS and AMOS software were utilised for data

* Bu araştırma, Düzce Üniversitesi Bilimsel Araştırma ve Yayın Etik Kurulu'ndan etik kurul onay izni alınarak gerçekleştirilmiştir (Tarih: 11.04.2019, karar no: 2019/28)

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analysis. According to the confirmatory character analysis results; the personality trait that best represents the personality profiles of patients is neuroticism. According to patients, transportation is the most important dimension affecting hospital preference. Within the framework of direct relations (variables) related to variables in the research model; it was determined that the expressions of openness, which is one of the personality traits of the participants, positively and significantly influenced the hospital preference with many dimensions (bureaucracy-qualified personnel-physical characteristics-transportation-information-fee-promise). It has been determined that the bureaucracy level of the hospital has a statistically significant and positive effect on the expressions of conscientiousness, openness and extraversion, which are the personality traits of the patients. It was found out that the conscientiousness, openness and extraversion status of the patients, which are the personality traits of the patients, had a statistically significant and positive effect on the qualified personnel level of the hospital.

Keywords: Five-factor personality model, hospital preference, outpatients.

JEL Codes: M10; I11; I12.

Öz

Bu çalışmanın amacı, poliklinik hastalarının kişilik özellikleri ile hastane tercihi arasındaki ilişkileri belirlemek ve doğrulayıcı karakterli modeller geliştirmektir. Araştırmanın evrenini; Van Yüzüncü Yıl Üniversitesi Dursun Odabaşı Tıp Merkezi Hastanesinden poliklinik hizmeti alan hastalar oluşturmaktadır. Çalışmada nicel araştırma teknikleri kullanılarak kolayda örneklem yöntemi ile 400 kişiden elde edilen veriler yüz yüze anket yöntemi ile toplanmıştır. Araştırmada; betimleyici istatistikler, doğrulayıcı faktör analizi ve dışsal değişkenlerin (hasta sadakati) içsel değişkenler (beş faktör kişilik modeli) üzerindeki etkileri yol (path) analizi ile belirlenmiştir. SPSS ve AMOS paket programlarından faydalanılarak veriler analiz edilmiştir. Araştırma sonuçlarına göre; hastaların kişilik özelliklerini en iyi şekilde temsil eden kişilik özelliği, nevrotikliktir. Hastalara göre sadakati etkileyen en önemli boyut ise ulaşımdır. Ayrıca hastaların kişilik özelliklerinden olan açıklık ifadesinin, hasta sadakatine birçok boyutuyla (bürokrasi-nitelikli personel-fiziksel özellikler-ulaşım-bilgilendirme-ücret-vaat) olumlu ve anlamlı olarak güçlü bir etki ettiği görülmüştür. Hastanenin bürokrasi düzeyini ise, hastaların kişilik özelliklerinden olan sorumluluk, açıklık ve dışa dönüklük ifadelerinin, hastanenin nitelikli personel düzeyini, hastaların kişilik özelliklerinden olan sorumluluk, açıklık

ve dışa dönüklük durumlarının olumlu ve anlamlı bir şekilde etkilediği ortaya çıkmıştır.

Anahtar Kelimeler: Beş faktör kişilik modeli, hastane tercihi, poliklinik hastaları.

JEL Kodları: M10; I11; I12.

1. Introduction

Along with globalization, competition between institutions has increased; thus the demands and needs of individuals have changed day by day. The developments in information and communication technology have evolved the competition from a regional and national scale to an international dimension. Hence, the sales-oriented or production-oriented service concept which was previously applied in business administration has been replaced by the customer-oriented service concept (Karahan, Korkutan and Yıldırımçakar, 2017). Organizations operating on an international scale have had to adopt a customer-oriented service approach in order to achieve superior performance against their competitors.

The importance of patient satisfaction and patient loyalty has been increasing day by day, and hospitals have become a strategic goal to protect or expand the market, protect the hospital's existence and ensure its sustainability (Anbori et al., 2010). Studies on satisfaction and loyalty in the health sector were conducted to measure the relationship between patient satisfaction and loyalty, to determine patient expectations and needs and to evaluate the effects of variables related to the social and demographic characteristics of the patients and treatment process on patient satisfaction and loyalty (Özer and Çakıl, 2007; Baydas, 2014). Mittal and Lassar (1998) emphasize that it is wrong to perceive the patients who are satisfied with hospital services as loyal customers (Mittal and Lassar, 1998). Kandampully and Suhartanto (2000) indicated that just patient satisfaction is not enough for the re-preference of the same institution by the patients (Kandampully and Suhartanto, 2000).

Hospitals establish long-term relationships with their patients and want them to be loyal customers. The long-term relationship depends on the emphasis indicating that the person is private for the

institution. The patient's sense of feeling special will be ensured by the hospital once the recognition and characteristics of the person are identified and appropriate strategies compatible with the mentioned features are developed. Therefore, the study which is based on the five-factor personality model and its features and is being utilized frequently in different disciplines (sociology, psychology, etc.) recently, as for being the first in marketing literature shows the originality of the subject. One of the main reasons why people react differently to the same events, follow different strategies against similar situations and follow different paths to achieve the same goal is the differences in the personality traits of individuals. Personality differences can be considered as the dynamo of innovation and development as they can lead to different expectations and attitudes.

Patients receiving services in hospitals have different personalities and therefore different expectations, attitudes and problem solving strategies. This study, which was conducted to determine whether there is a relationship between the personality traits of the polyclinic patients and patient loyalty, is different from other studies in terms of scope and content.

The main purpose of this study is to determine the direct and indirect interactions between the five-factor personality traits of the outpatient clinic patients and the patient loyalty and satisfaction, thus guide to relevant hospitals or institutions.

2. Literature Rewiev

2.1. Five - Factor Personality Model

It is also qualified as 'Five Factor Model', 'Five Dimensional Personality Approach' or 'Big Five' (Zel, 2006). It can be summarized as follows:

Studies on personality and personality traits started with Allport, continued with Cattell and Eysenck and gained a new appearance in the early 1980s within the research of McCrea and Costa. The researchers analysing the continuity and structure of the personality with the factor analysis method, firstly defended the three-factor personality model dimension including "extraversion" and

"emotional inconsistency (neuroticism)" at the beginning and then within the addition of a new dimension called "openness to experience". McCrea and Costa handled the personality in five dimensions by adding the words "Agreeableness" and "Conscientiousness" via the studies carried between 1983-1985 (İnanç and Yerlikaya, 2011). It is also known as "Five-Factor Model", "Five Dimensional Personality Approach" or "the Big Five" (Zel, 2006). The five personality factors and their characteristics can be summarized as follows:

a. Extraversion: Since extraversion is related to the level of comfort of an individual's relationship, individuals who possess this feature are social, self-confident, open to new interpersonal relationships, comfortable while talking to others, successful in communicating, ambitious, enterprising, determined, active and open to the outside world. Inversion, which is the opposite of the extroversion feature, are individuals who are less social, quiet, shy, prudent, have low self-confidence and the ones who are happy to be alone (Goldberg, 1992; Wiggins and Trapnell, 1997; Somer, Korkmaz and Tatar, 2002; Madjaroski, 2018).

b. Conscientiousness (Self-Auditing): Individuals with this dimension are determined and success-oriented, reliable, know their responsibilities, do their work carefully, planned and programmed, and act constantly and disciplined. Individuals with the opposite characteristics of this dimension are irresponsible, careless, undisciplined and unplanned; thus give up quickly when faced with difficulties (Goldberg, 1992; Wiggins and Trapnell, 1997; Somer, Korkmaz and Tatar, 2002; Madjaroski, 2018).

c. Agreeableness: Also known as mildness and compatibility, agreeableness is the ability of the individual to have good relationships with other people. Harmonious people are kind, gentle, understanding, collaborative, love working with others; they are friendly and in good faiths with others, their limits of tolerance are very broad and they inspire confidence for other people. On the contrary, individuals with the opposite characteristic features are stubborn, get angry quickly, do not like to help and tend to behave

uncomfortably (Goldberg, 1992; Wiggins and Trapnell, 1997; Somer, Korkmaz and Tatar, 2002; Madjaroski, 2018).

d. Openness: The nature of openness is related to how far cultured, artistic, imaginative, broad thinking, curious, original minded, intelligent and intellectual the individuals are. Individuals being open to developments are the ones who are open to innovations, can change their thoughts and have a wide range of interests. On the other hand, the individuals with the opposite features are the ones who are resistant to change are short-sighted and closed to new ideas (Goldberg, 1992; Wiggins and Trapnell, 1997; Somer, Korkmaz and Tatar, 2002).

e. Neuroticism: This dimension is related to whether individuals are nervous or not, how confident, optimistic, pessimistic, tired, emotional and anxious; they are. The emotional stability dimension is also known as emotional consistency and neuroticism. The emotional inconsistency dimension reveals how comfortable, safe and anxious an individual feel. Emotionally coherent individuals are balanced, calm, flexible and comfortable in dealing with other individuals. Individuals with less emotional stability are more excited, worried about their relationships with other individuals and their mood can change very quickly (Goldberg, 1992; Wiggins and Trapnell, 1997).

2.2. Hospital Loyalty

Oliver (1996) defines satisfaction as "the reaction to be fulfilled by the customer". Patient satisfaction is based on the patient's perception on the service being provided or fulfilment of the expectations (Howard and Sheth, 1969; Parasuraman, Zeithaml and Berry, 1985; Newsome and Wright, 1999; Ercan, Ediz and Kan, 2004; Kotler and Armstrong, 2009). Patient satisfaction also reveals the expected benefit from health care and the compliance of service delivery with socio-cultural valu (Dinç et al., 2009). Patient loyalty is a comparison of the patient's expectations from the health service before it is received and the benefit the patient has been acquired after the health service has been supplied (Baydas, 2014; Çetintürk, 2016).

Satisfaction means the reflection of positive thoughts on health services and experiences (Önsüz et al., 2008; Savaş and Bahar, 2011). Satisfied patients contribute more to trusting service providers, believing their mutual relationships, establishing long-term relationships with customers (Çetintürk, 2016), suggesting the institution more than competitors (Elleuch, 2008; Erdem, et al., 2008), lower customer costs (Tengilimoğlu, 2001; Peyrot, Cooper and Carrol, 2008; Büber and Başer, 2012). It will provide. In addition, the opportunity to compare with competitor hospitals, public disclosure of satisfaction and increase the accountability of the hospital will contribute to the financial strengthening of the number of patients and the hospital (Derin and Demirel, 2013).

The factors affecting patient satisfaction include the socio-economic status of patients and how the service is provided. The attitudes such as kindness, care, compassion and understanding of the professional or other personnel providing health services towards the patients affect patient satisfaction positively (Cromarty, 1996; Topal et al., 2013; Aytekin, 2016). The prolonged waiting period in polyclinics decreases patient satisfaction, but it is stated that great importance is given to patients' nutritional services (Carry-Hill, 1992) and positively affect patient satisfaction.

The demographic characteristics of the patient, the state of being insured affect the choice and preference of the hospital. The importance of these individual characteristics differs person-to-person. For example, while for cases with serious situations or the need of advanced expertness a health institution and professional is very important; proximity may be a more important factor in emergency cases. Loyalty means the patient's repeating purchase behaviour from the same institution (Gremler and Brown, 1996; Kim and Yoon, 2004; Baytekin, 2005; Derin and Demirel, 2011; Chahal and Mehta, 2013; Nakip and Özçifçi, 2015), showing positive attitude towards the institution and in case of the need of service preferring the same hospital being satisfied beforehand (Kandampully and Suhartanto, 2000; Çatı and Koçoğlu, 2008; Kessler and Mylod, 2011; Chang, Tseng and Woodside, 2013; Pişgin and Ateşoğlu, 2015). Loyalty is the result of patient satisfaction, which helps to improve

and maintain the institution's image (Zeithaml, Berry and Parasuraman, 1996; Kandampully and Suhartanto, 2000; Cyr et al., 2007). In other words, loyalty is also expressed as recommending the same product over a certain period of time without considering the income status of the customers and the place barrier (Chahal and Mehta, 2013).

The purpose of the researches related to patient satisfaction can be classified as the importance of the factors affecting the satisfaction of the patients, determining the quality of the health service, the preference reasons of the hospitals, the problems arising in the quality of the service and the determination of the solutions (Özcan, Özkaynak and Toktaş, 2008).

Patient satisfaction, patient's response to the treatment and getting positive results increase patient loyalty, besides a satisfied patient in the situations caused by health problems as a result of the individuals presenting a clearer, more precise and determined attitude, the negative effects that may occur during the submission of the services provided by the hospital can be minimized (Tükel, et al., 2004).

Studies have shown that a satisfied customer expresses his/her satisfaction to five people on average, the cost of holding satisfied customers is one fifth compared to the others and causes less tension (Marangoz and Akyıldız, 2007). It also indicates that corporate assets will increase in the future within patient loyalty (Anderson, Fornell and Lehman, 1994; Morgan and Rego, 2006). Satisfied customers turn into loyal customers and loyal customers turn into profitable customers for companies and affect corporate profit positively (Yeung and Ennew, 2000).

To sum up, in healthcare institutions customer (patient) satisfaction provides important positive results such as contributing to the formation of loyal customers, reducing costs, increasing the patient's trust in the healthcare institution and their belief in treatment, increasing the number of patients and profitability via word of mouth marketing/promotion. A loyal customer is not just a permanent customer, but also the one not leaving the institution, reporting complaints directly to the institution and making efforts to

complement the deficiencies of the institution (Kandampully, 1998). Hospital preference is determined by factors such as impact of close reference groups, patient's general hospital knowledge, results of the service been received and experiences of other patients (Groot, et al., 2012). Another reason that affects the preference of the hospital is the possibility of finding a parking space in the institution (Dubey and Sharma, 2013).

3. Materials and Methods Research Method

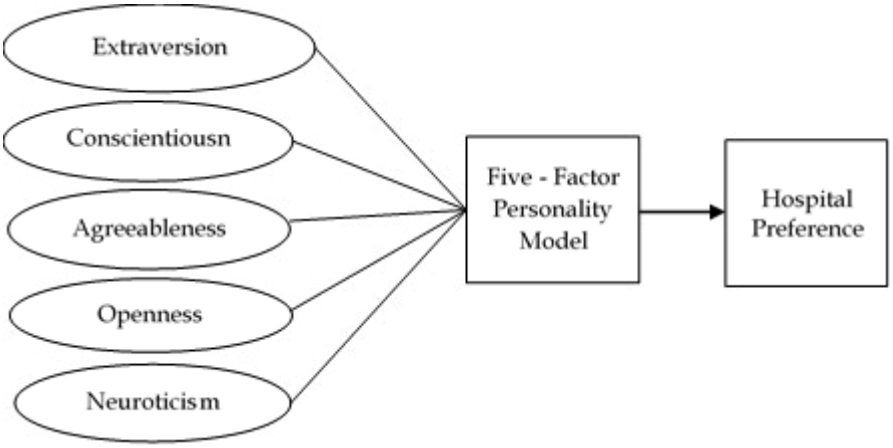
This research was carried out with the ethical approval of Duzce University Scientific Research and Publication Ethics Committee and the Research and Publication Ethics were compiled (Date: 11.04.2019, decision no: 2019/28).

Considering the main argument and topic of the research, quantitative research method was preferred in the research for the realization of the research purpose and solution of the problem. The variables obtained within the utilization of meta-analysis and correlation analysis, which are among the quantitative research methods, were interpreted.

3.1. The Conceptual Model of The Research

During the model development phase, relevant literature was scanned in a detailed way and thus the conceptual model of the research has been created. The relationship between the personality traits and loyalty of outpatient clinic patients is the topic of the research. The statement “The personality traits of polyclinic patients have a positive and statistically significant effect on the loyalty of the patients” constitutes the basic hypothesis of the research. It reveals the causality relationships between the conceptual model and the structures in the research (Five - Factor Personality Traits, Patient Loyalty, Demographic Traits). The details of the conceptual model of the research is given in Figure 1.

Figure 1: The Conceptual Model of the Research



3.2. Development Of The Research Hypothesis

In the literature review conducted, it has been observed that the relationships between the variables of the research model have been studied in different sectors; however, such studies have not been encountered in health sector. Therefore, the main and sub-hypotheses of the research have been developed based on the variables mostly described in the literature section. In this context, the basic hypotheses of the research created are as follows:

H_1: The patients' extraversion personality trait has a significant effect on their hospital preference.

H_2: The patients' conscientiousness personality trait has a significant effect on their hospital preference.

H_3: The patients' agreeableness personality trait has a significant effect on their hospital preference.

H_4: The patients' openness personality trait has a significant effect on their hospital preference.

H_5: The patients' neuroticism personality trait has a significant effect on their hospital preference.

3.3. Research Unit, Universe and Its Sampling

The main mass of the study consisted of patients who received policlinic service from Van Yüzüncü Yıl University, Dursun Odabaş Medical Center Hospital, Van. A sample of 400 policlinic patients based on the purposive sampling method a sampling type of non-probability sampling technique were selected from the Universe and face-to-face questionnaires were used. Purposive sampling method is preferred because it is easy and it enables the collection of more data. Approximately 442,000 policlinic patients (outpatient treatment) annually and 37,000 policlinic patients (outpatient treatment) monthly receive medical treatment from Van Yüzüncü Yıl University, Dursun Odabaş Medical Center Hospital (according to the data of the year 2017). Therefore, the determined sample was found sufficient for the research (Al-Balushi and Khan, 2017).

3.4. Data Collection Method

This study was carried out as a cross-sectional research of the patients receiving polyclinic services from Van Yüzüncü Yıl University Dursun Odabaş Medical Center Hospital. The questionnaire created for the research was applied face to face. As a result of the literature review, while some of the questionnaire questions have been formed on the basis of various researches directly related to the topic, the other questions have been developed by the researcher by taking into consideration the purpose of the research, the main argument and the key features of the main population. The questionnaire form created was discussed in a detailed way with the academicians who are expert in health sectors and services; thus the most suitable measurement model compatible with the study has been adapted. As a result of the discussions with academician, in line with their criticism, arrangements were made at the statements of the questionnaire and a pilot application was performed on 30 patients to ensure the reliability and validity of the questionnaire. The questionnaire form is composed of three main sections in total. In the first part, statements on determining the personality traits of the patients consisting of 44 proposals were included. In the second part, factors that are effective in hospital

preference consisting of 36 proposals and in the last part, statements on the socio-demographic traits of individuals are included.

3.5. Scales Utilized In The Research

As a result of the literature review conducted, the studies that are thought to be directly related with the topic and purpose of the research were selected and thus together with the expert academicians a model scale was created based on these studies. In order not to spoil the concept and content integrity of the adapted scales, attention was paid. Therefore; while designing the questionnaire form, the original version of the studies being utilized was taken into account and thus the questionnaire has been developed.

In the research, it has been benefitted from the "Five Factor Personality Inventory" (the Big Five Inventory) scale developed by Benet-Martinez and John. The scale originally consists of five dimensions and 44 proposals. The researchers have analysed personality through neuroticism, extroversion, openness, agreeableness and conscientiousness dimensions. Neuroticism and extroversion sub-dimensions are measured by 8 suggestions, agreeableness and conscientiousness sub-dimensions are measured by 9 suggestions and the openness sub-dimension is measured by 10 suggestions in total. To determine perceptions on hospital preference; some foreign sources directly related to the topic were benefited (Al-Balushi and Khan, 2017; Malik and Sharma, 2018). In this context, to measure the perceptions on hospital preference basic questions have been forwarded to patients under transportation, qualified staff, recommendation and recognition, information, cleaning and physical features, fees and bureaucracy dimensions.

3.6. Limitations Of The Research

Considering the relationships in the research model, even though many social and environmental factors (socio-economic, income, education, accessibility, health literacy level etc.) affect hospital preference, only personality traits have been evaluated. Besides, within the study only the effect of personality traits of outpatient

clinic patients on hospital preference has been searched and the effect of any other independent variable, mediating variable or regulatory variable has been disregarded as they were irrelevant with the main purpose of the research.

The results of the study reflect the perceptions of the patients who received polyclinic service from Van Yüzüncü Yıl University Dursun Odabaş Medical Center Hospital and do not reflect the perceptions of the patients having received health care from hospitals in other provinces or regions.

3.7. Data Analysis Method

SPSS and AMOS package programs were used together to analyse the data of the study. Firstly, reliability analysis was applied to the research data and then variance, mean, frequency, standard deviation and percentage analyses that represent descriptive analyses were applied. Finally, confirmatory factor analysis (CFA) was applied to determine the relationship between observed and latent variables. After confirmatory factor analysis, path analyses were also conducted and discussions were carried out on alternative models.

4. Findings

4.1. Findings Normality Distribution Of Research Data

In the study, Kolmogorov-Smirnov normal distribution test was applied and as a result of the analysis it was determined that the data did not distribute normally. Micceri (1989) emphasized that in social sciences normality is rare in studies and it is common to observe abnormal data in such studies.

4.2. The Reliability Of Research Data

Personality traits factors that constitute the variables of the study were handled with 44 questions and hospital preference scale with 36 expressions were subjected to reliability analysis. Cronbach's Alpha Coefficients of the scales are given in Table 1.

Table 1: Reliability Test

Variable Names	Cronbach's Alpha Coefficients
Personality Traits	0.887
Hospital Preference	0.941
Questionnaire Reliability Total	0.935

As a result of the reliability analysis, the total reliability measured with 80 questions was found as 0.935. As shown in Table 1, Cronbach's Alpha Coefficient was found as 0.887 as a result of the reliability analysis of personality traits and Cronbach's Alpha Coefficient was found as 0.941 as a result of the reliability analysis of hospital preference. Therefore, considering all factors, it is certain that the reliability of the data is quite high.

4.3. Demographic Findings

The findings regarding the socio-demographic features of the patients are shown in Table 2.

When Table 2 is analysed, it is observed that the majority of the patients participating in the study consisted of males (58%), are predominantly in the middle age group (between 26-45 years old) with a rate of 55% and have university degree (41%). On the other hand, it was witnessed that the participants are mostly officers (27%) having an income level of 2020 and below (35%).

Table 2: Findings on the Socio-Demographic Features of the Patients

Gender	Frequency	Percentage
Male	233	58.2
Female	167	41.8
Total	**400**	**100.0**
Age	**Frequency**	**Percentage**
18-25	55	13.8
26-35	119	29.8
36-45	100	25.0
46-55	75	18.8
56 and above	51	12.8
Total	**400**	**100.0**
Income Status	**Frequency**	**Percentage**
2020 and below	138	34.5
2021-3999	80	20.0
3500-4999	106	26.5
5000-6499	40	10.0
6500-7999	20	5.0
8000 and above	16	4.0
Total	**400**	**100.0**

Education Status	Frequency	Percentage
Primary school degree	48	12.0
Secondary school degree	49	12.3
High school degree	111	27.8
University degree	165	41.3
MA/PhD degree	27	6.8
Total	**400**	**100.0**
Occupation	**Frequency**	**Percentage**
Worker	41	10.3
Officer	107	26.8
Retired	26	6.5
Housewife	46	11.5
Self-employed	60	15.0
Student	44	11.0
Private sector	61	15.3
Unemployed	15	3.8
Total	**400**	**100.0**

4.4. Confirmatory Factor Analysis (CFA) Findings of The Research Results Related To The Research Model

Within the research it has been assumed that the causal relationships between the five – factor personality traits; neuroticism, extraversion, agreeableness, conscientiousness, openness and the statements such as bureaucracy, qualified staff, physical features, recognition, fees, promise, information, transportation and

recommendation can be explained. In the research model, personality traits and hospital preference factors were not considered as one-dimension but instead a research model taking into account the sub-latent variables of these factors has been created.

Confirmatory factor analysis was performed to test the validity of both the Five Factor Personality Model and the Hospital Preference Scale. The fit values obtained as a result of the analysis were found to be within acceptable limits. 15 expressions (Neuroticism1, Neuroticism7, Conscientiousness2, Conscientiousness4, Conscientiousness5, Conscientiousness9, Agreeableness1, Agreeableness3, Agreeableness6, Agreeableness8, Agreeableness9, Extraversion1, Extraversion2, Extraversion5, Extraversion7, Openness7) have been removed from the scale of personality traits. The details on the measurement model being developed are presented below. In Figure 2, second level / level confirmatory factor analysis results and goodness of fit values on personality traits and hospital preference are given. Second level confirmatory factor analysis is expressed as a model in which the observed variables are gathered under more than one and unrelated factors and then these factors are combined under a wider and more comprehensive factor.

Figure 2. Personality Traits-Hospital Preference Research Model (Measurement Model) and Goodness of Fit Results

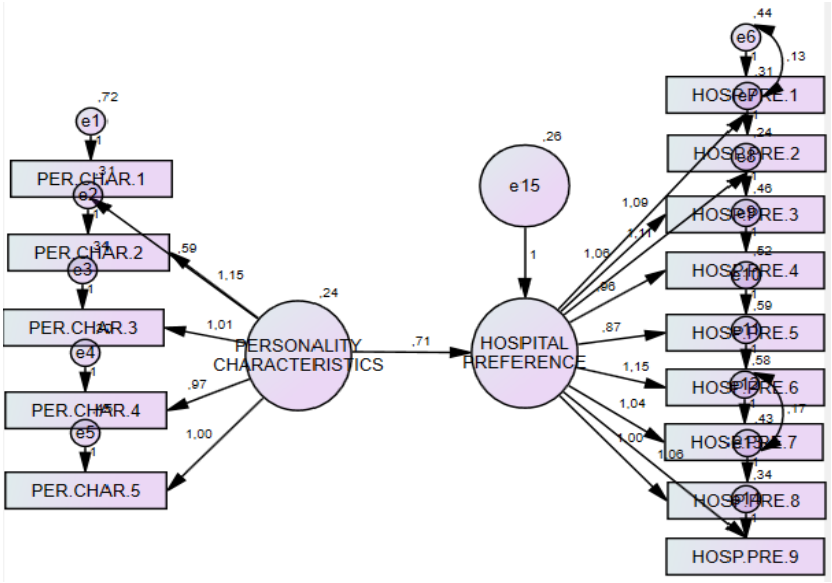


Table 3: Model Fit Measures

Measure	Estimate	Threshold	Interpretation
CMIN/DF	2.991	Between 1 and 5	Acceptable range
CFI	0.936	≥ 0.90	Within range
GFI	0.925	≥ 0.85	Within range
RMSEA	0.071	≤ 0.10	Within range
NFI	0.908	≥ 0.90	Within range
RFI	0.901	≥ 0.90	Within range
TLI	0.921	≥ 0.90	Within range

CMIN: chi-square value; DF: degrees of freedom; CFI: comparative fit index; GFI: goodness of fit index; RMSEA: root mean square error of approximation; NFI: normed fit index; RFI: relative fit index; TLI: tucker lewis index.

From Table 3, it can be summarized that this study questions/items of the latent variables pass through all the major model fit indicators suggested by Munro (2005), Brown (2006) and Byrne (2001).

Second Level Confirmatory Factor Analysis (CFA) have been applied to the corrected measurement model and thus it has been determined to what extent the latent variables were explained in

terms of observed variables. The explained variances of reliability and factors related to the validity and reliability calculations of the measurement model are given in Table 4. Table 4 shows the standard errors, factor loads, explained variances, t values and reliability levels of the measurement model.

Table 4: Second Level CFA Results Related to Improved Measurement Model

Latent Variables	Observed Variables	Standardized Regression Coefficients	Standard Eror	T Value	P
Neurotıcısm	Per.Char.1	0.520	0.111	5.310	***
Agreeableness	Per.Char.2	0.709	0.120	9.580	***
Onscıentıousness	Per.Char.3	0.642	0.110	9.103	***
Openness	Per.Char.4	0.655	0.105	9.204	***
Extraversıon	Per.Char.5	0.585			
Bureaucracy	Hosp.Pre.1	0.711	0.085	12.766	***
Qualıfıed Staff	Hosp.Pre.2	0.777	0.080	13.850	***
Physıcal Features	Hosp.Pre.3	0.801	0.074	14.251	***
Recognıtıon	Hosp.Pre.4	0.661	0.080	12.013	***
Fee	Hosp.Pre.5	0.599	0.079	10.959	***
Promıse	Hosp.Pre.6	0.680	0.094	12.328	***
Informatıon	Hosp.Pre.7	0.645	0.071	14.605	***
Transportatıon	Hosp.Pre.8	0.686			
Recommendatıon	Hosp.Pre.9	0.746	0.079	13.405	***

***p<0.01

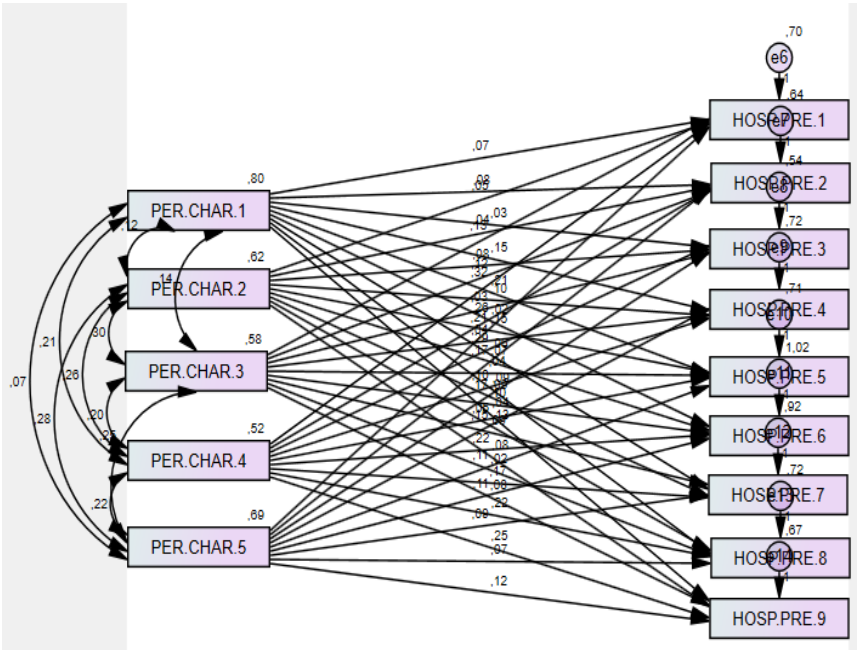
In Table 4, the results of Second Level CFA made with the improved measurement model are given. According to this table, since the standardized regression coefficients, t values (t> 1.96), p values (p <0.01) of CFA appeared, it has been determined that the model fit goodness indexes are acceptable. Since the measurement model in the first stage is confirmed, the hypotheses of the research should be tested with the structural model (path analysis). In the following section, explanations about the structural model of the research hypotheses are given.

4.4. The Structural Model Of The Research (Path Analysis)

According to the regression weights and (p) values; since removing one variable from the model may affect the level of significance of another variable, all of the meaningless paths were not removed once, but instead the model fit values and predictions were

made by trial experiments and thus the model was made more clear and understandable. The analysis of current modification indexes was repeated by removing meaningless variables from the model. As a result of the mentioned analysis, it has been observed that all the remaining paths were meaningful. Hence, the structural model and goodness of fit values related to personality traits and hospital preference were presented in Figure 3.

Figure 3. Personality Traits-Hospital Preference Structural Model and Goodness of Fit Results



[(**X²/df**: 2.944; **GFI**: 0.76; **NFI**: 0.66; **CFI**: 0.82; **RMSEA**: 0.068; **IFI:** 0.80; **AGFI:** 0.86)]

In Figure 3, relationships only valid at 0.05 (95%) significance level are given. In order to increase the goodness of fit values, covariances have been created among some latent variables and as a result it has been accepted that the the model is supported by the data. In Figure 3, the structural model is shown while in Table 5 the SEM results of the research model are given.

Table 5: Research Model SEM Results

Structural Relations	Standardized Regression Coefficients (β)	Critical Rate (C.R.)	p
Recommendatıon <--- Neurotıcısm	0.176	3.658	****
Recognıtıon <--- Neurotıcısm	0.219	4.573	****
Recommendatıon <---Agreeableness	0.150	2.482	0.013
Recognıtıon <--- Agreeableness	0.181	3.019	0.003
Fee<--- Agreeableness	0.166	2.712	0.007
Bureaucracy <---Conscıentıousness	0.155	2.480	0.013
Qualıfıed Staff <--- Conscıentıousness	0.146	2.435	0.015
Informatıon<--- Conscıentıousness	0.163	2.382	0.017
Bureaucracy <---Openness	0.362	5.552	****
Qualıfıed Staff <---Openness	0.300	4805	****
Physıcal Features<--- Openness	0.346	6.260	****
Transportatıon<--- Openness	0.282	3.727	****
Informatıon<--- Openness	0.250	3.443	****
Fee<--- Openness	0.271	4.047	****
Promıse<--- Openness	0.318	5.153	****
Bureaucracy <---Extraversıon	0.214	3.765	****
Qualıfıed Staff <--- Extraversıon	0.172	3.150	0.002
Physıcal Features <--- Extraversıon	0.206	4.298	****
Recommendatıon<--- Extraversıon	0.171	3.002	0.003
Recognıtıon <--- Extraversıon	0.124	2.208	0.027
Transportatıon<--- Extraversıon	0.151	2.302	0.021
Promıse<--- Extraversıon	0.159	2.971	0.003

SEM results of the research model; The critical ratio (C.R.), standardized regression coefficients (β) and significance level (p values) for structural relationships are shown in Table 5. The hypothesis results with standardized regression coefficients, structural equations and multiple specificity coefficients (R^2) are given inTable 6.

Table 6: Results of the Structural Model

Hypothes	Paths	Stnd. Coeff.	R^2	Hypot. Results
$H5_1$	Recommendation<--Neuroticism	0.176	0.804	Supported
$H5_d$	Recognition<---Neuroticism	0.219		Supported
$H3_1$	Recommendation←-Agreeableness	0.150	0.620	Supported
$H3_d$	Recognition<---Agreeableness	0.181		Supported
$H3_e$	Fee<--- Agreeableness	0.166		Supported
$H2_a$	Bureaucracy<---Conscientiousness	0.155		Supported
$H2_b$	Qualified Staff<---Conscientiousness	0.146	0.578	Supported
$H2_g$	Information<---Conscientiousness	0.163		Supported
$H4_a$	Bureaucracy<---Openness	0.362		Supported
$H4_b$	Qualified Staff<---Openness	0.300		Supported
$H4_c$	Physical Features<---Openness	0.346		Supported
$H4_h$	Transportation<--- Openness	0.282	0.517	Supported
$H4_g$	Information<---Openness	0.250		Supported
$H4_e$	Fee<---Openness	0.271		Supported
$H4_f$	Promise<--- Openness	0.318		Supported
$H1_a$	Bureaucracy <---Extraversion	0.214		Supported
$H1_b$	Qualified Staff <--- Extraversion	0.172		Supported
$H1_c$	Physical Features <---Extraversion	0.206		Supported
$H1_1$	Recommendation<---Extraversion	0.171	0.690	Supported
H1d	Recognition <--- Extraversion	0.124		Supported
H1h	Transportation<--- Extraversion	0.151		Supported
H1f	Promise<--- Extraversion	0.159		Supported

SEM results of the research model gives the standardized regression coefficients (β) for structural relationships, the R^2 coefficients of the latent variables and the hypothesis results. According to Table 6, the "Neuroticism" feature, which is one of the personality traits, is affecting significantly and positively Recommendation ($\beta=0.176$; $p<0.05$) and Recognition ($\beta=0.219$; $p<0.05$) factors which are one of the effective actors in hospital preference. It has been found to affect the direction. Therefore, H_{5_1} and $H5_d$ hypotheses of the research have been accepted.

When Table 6 is analysed, it is detected that the "Agreeableness" feature of personality traits is affecting statistical significantly and positively the Recommendation ($\beta=0.150$; $p<0.05$), Recognition ($\beta=0.181$; $p<0.05$) and Fee ($\beta=0.166$; $p<0.05$) factors which are among

the effective actors in hospital preference. So, the hypotheses numbered $H_{3ı}$, H_{3d} and H_{3e} are supported.

Analyzing Table 6, it is determined that the "Conscientiousness" feature of personality traits is affecting significantly and positively the Bureaucracy (β=0.155; p<0.05), Qualified Staff (β=0.146; p<0.05) and Information (β=0.163; p<0,05) factors which are among the effective actors in hospital preference. Hence, the hypotheses numbered H_{2a}, H_{2b} and H_{2g} are supported.

While Table 6 is analysed, it is realised that the "Openness" feature of personality traits is affecting significantly and positively Bureaucracy (β=0.362; p<0.05), Qualified Staff (β=0.300; p<0.05), Physical Features (β=0.346; p<0.05), Transportation (β=0.282; p<0.05), Information (β=0.250; p<0.05), Fee (β=0.271; p<0.05) and Promise (β=0.318; p <0.05) factors which are among the effective actors in hospital preference. Therefore, the hypotheses numbered H_{4a}, H_{4b}, H_{4c}, H_{4h}, H_{4g}, H_{4e} and H_{4f} are supported.

At Table 6, it is indicated that the "Extraversion" feature of personality traits is affecting significantly and positively Bureaucracy (β=0.214; p<0.05), Qualified Staff (β=0.172; p<0.05), Physical Features (β=0.206; p<0.05), Recommendation (β=0.171; p<0.05), Recognition (β=0.124; p<0.05), Transportation (β=0.151; p <0.05) and Promise (β=0.159; p<0,05) factors which are among the effective actors in hospital preference. That is, the hypotheses numbered H_{1a}, H_{1b}, H_{1c}, $H_{1ı}$, H_{1d}, H_{1h} and H_{1f} have been accepted.

5. Discussion and Conclusion

This study, which analyses the relationship between patients' personality traits and hospital preference, was conducted at Van Yüzüncü Yıl University, Dursun Odabaş Medical Center Hospital, a public hospital. The results of the research conducted to determine the effect of the personality traits of patients on hospital preference can be summarized as follows:

Confirmatory factor analyzes has been applied and it has been observed that hospital preference trends and personality traits have

an acceptable fit index and the reliability and validity levels of all scales are quite high.

According to the confirmatory factor analysis results; the personality traits of patients are grouped under 5 different dimensions and the personality trait that represents the personality profiles (characteristics) of the patients best in these dimensions is the Neuroticism (R^2=0.80) feature. Extraversion (R^2=0.69), Agreeableness (R^2=0.62), Conscientiousness (R^2=0.58) ve Openness (R^2=0.51) dimensions follow respectively.

According to the patients' perspectives, the factors affecting hospital preference are expressed under 9 basic dimensions. It is noticed that the most important dimension that shows the preference level of a hospital among these dimensions is the Transportation (R^2=1.02) factor. This factor is followed by Information (R^2=0.93), Fee (R^2=0.73), Recommendation (R^2=0.72), Recognition (R^2=0.71), Bureaucracy (R^2=0.70), Promise (R^2=0.68), Qualified Staff (R^2=0.68) and Physical Features (R^2=0.54) factors respectively.

In the path analysis results, the effect of the independent variable Five - Factor Personality Traits on the dependent variable, hospital preference, is statistically significant. According to the results of the path analysis; it has been determined that the bureaucracy level, which is one of the sub-dimensions of the factors affecting hospital preference, effects the conscientiousness, openness and extraversion features of the patients' personality traits significantly and positively. On the contrary, it has been realised that neuroticism and agreeableness features of patients' personality traits have no significant effect on the bureaucracy level of the hospital.

It was noticed that the qualified staff level, which is one of the sub-dimensions of the factors affecting hospital preference, effects the conscientiousness, openness and extraversion features of the patients' personality traits significantly and positively. Moreover, it has been indicated that neuroticism and agreeableness features of patients' personality traits have no significant effect upon the qualified staff level.

It was found that the physical features level, which is one of the sub-dimensions of the factors affecting hospital preference, effects the openness and extraversion features of the patients' personality traits significantly and positively. On the other hand, it has been highlighted that neuroticism, agreeableness and conscientiousness features of patients' personality traits have not any significant effects upon the physical features of the hospital.

It was realised that the level of recognition, which is one of the sub-dimensions of the factors affecting hospital preference, effects the agreeableness and extraversion features of the patients' personality traits significantly and positively. Besides, it has been detected that neuroticism, conscientiousness and openness features of patients' personality traits did not have a significant effect upon the recognition of the hospital.

It was observed that the level of fee, which is one of the sub-dimensions of the factors affecting hospital preference, effects the agreeableness and openness features of the patients' personality traits significantly and positively. Further, it has been detected that neuroticism, conscientiousness and extraversion features of patients' personality traits did not have a significant effect upon the fee level of the hospital.

It was perceived that the level of promise, which is one of the sub-dimensions of the factors affecting hospital preference, effects the extraversion and openness features of the patients' personality traits significantly and positively and that neuroticism, agreeableness and conscientiousness features of patients' personality traits did not have a significant effect upon the promise level of the hospital.

It was noted that the level of information, which is one of the sub-dimensions of the factors affecting hospital preference, effects the conscientiousness and openness features of the patients' personality traits significantly and positively and that neuroticism, agreeableness and extraversion features of patients' personality traits did not have a significant effect upon the information level of the hospital.

It was determined that the level of transformation, which is one of the sub-dimensions of the factors affecting hospital preference, effects the extraversion and openness features of the patients' personality traits significantly and positively and that neuroticism, agreeableness and conscientiousness features of patients' personality traits did not have a significant effect upon the transportation level of the hospital.

Many studies have been conducted in the national and international literature to reveal the factors affecting the hospital preference of patients. Tengilimoğlu (2001) in her study investigating the factors affecting the choice of hospital, revealed that the environment in which the service is provided and whether the technological equipment is sufficient are important factors. Özkoç (2013) carried out the determination of the factors affecting the health institution preferences of the patients through the convenience analysis. As a result of the study, income level and access to the institution were found as the most important factors. Işık, Fidan and Erişe (2013), on the other hand, found that while the cleanliness of the hospital emerged as the most important factor in consumers' perceptions of the factors affecting the choice of hospital, the factor that had the least effect on the choice of hospital was the gender of the physicians and nurses. In another study, the factors affecting the choice of hospital were expressed under two headings as patient characteristics (such as age, gender, race, payment source) and hospital characteristics (such as the number of beds, the distance between the patient's place of stay and the hospital, the number of services provided) (Özdemir, Kılıç and Aydın, 2010).

In the study of Doghaiter et al., (2003) the factors affecting the choice of hospital are grouped under five headings such as medical services, access, administrative services, reputation, environment and equipment. In another study, the factors affecting the choice of hospital were examined under three headings: the characteristics of the hospital, the value factors of the patient and the effect of individual characteristics (He, 2011). When the studies on the factors that health care consumers consider in choosing a hospital are examined; In addition to the individual characteristics of consumers

such as gender, marital status, educational status, personality traits and income status, factors related to the characteristics of the hospital such as the structure of the hospital, its size and the level of service provided are seen (Berkowitz and Flexner, 1981; Leister and Stausberg, 2007; Roh, 2007; Roh and Moon, 2005).

The level of recommendation, which is one of the sub-dimensions of the factors affecting hospital preference, effects the **neuroticism, extraversion** and **agreeableness** features of the patients' personality traits significantly and positively according to the research; and **conscientiousness** and **openness** features of patients' personality traits did not have any significant effects upon the recommendation level of the hospital.

Ethics Statement: Prior to conducting the study, we obtained informed consent from the participants. This research was carried out upon the approval of the ethics committee of Duzce University Scientific Research and Publication Ethics Committee (Date: 11.04.2019, decision no: 2019/28).
Author Contributions: Fuat YALMAN and Abdulvahap BAYDAŞ contributed to the determination of the subject, literature, data analysis and reporting sections. Mehmet Emin YAŞAR and Semra ÇAMUKA contributed to the literatüre and collection of data. 1st and 2nd authors' contribution rate is approximately 60%, 3rd and 4th authors' contribution rate is 40%.
Conflict of Interest: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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