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Evaluation of the Health Services at Private Hospitals in the Context of Neoliberal Policies: A Field Study¹

Neoliberal Politikalar Bağlamında Özel Hastanelerin Sağlık Hizmetlerinin Değerlendirilmesi: Bir Alan Araştırması

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ABSTRACT	ÖZ
<p>The regulation of health policies within the scope of neoliberal policies caused the private sector in healthcare to be supported by the states and this led to a significant increase in the number of private hospitals. Increasing the role of private hospitals and the private sector in health services, has moved away from providing health services as a basic social policy and has transformed this area into a commercial area. The purpose of this research is to determine the changes in the service quality of health services and to reveal the reasons that transform this area into an area dominated by economic relations. The stage of the research consists of patients who were treated in private hospitals in Ağrı, Muş and Patnos and benefited from the health services of these hospitals. The patient groups who benefited health services from private hospitals in Muş, Ağrı and Patnos, which are believed to represent the stage; 10 from Ağrı, 15 from Muş and 10 from Patnos, were reached using the purposeful qualitative sampling technique. The patients who constitute the sample of the study, were asked conducted questions and interviews by using semi-structured in-depth interview technique according to the subject and purpose of the research. The findings were analyzed and interpreted according to the purpose and subject of the research by using the descriptive analysis method.</p>	<p>Neoliberal politikalar kapsamında özel hastanelerin sağlık hizmetlerindeki rolünün artması, sağlık hizmetlerinin temel bir sosyal politika olarak verilmesinden uzaklaştırmış ve bu alanı adeta bir ticaret alanına dönüştürmüştür. Bu araştırmanın amacını sağlık hizmetlerinin hizmet niteliğinde değişime neden olan ve bu alanı ekonomik ilişkilerin hâkim olduğu bir alana dönüştüren nedenleri ortaya koyabilmek oluşturmaktadır. Araştırmanın evrenini Ağrı, Muş ve Patnos'ta bulunan özel hastanelerde tedavi görmüş ve bu hastanelerin sağlık hizmetlerinden yararlanmış hastalar oluşturmaktadır. Evreni temsil ettiğine inanılan, Muş, Ağrı ve Patnos'ta bulunan özel hastanelerin sağlık hizmetlerinden yararlanmış Ağrı'dan 10, Muş'tan 15 ve Patnos'tan 10 kişilik hasta gruplarına, amaçlı nitel örneklem tekniği kullanılarak ulaşılmıştır. Araştırmanın örneklemini oluşturan bu hastalara, araştırmanın konusu ve amacına göre yarı yapılandırılmış derinlemesine görüşme tekniği kullanılarak sorular yöneltilmiş ve görüşmeler yapılmıştır. Elde edilen bulgular betimsel analiz yöntemi kullanılarak, araştırmanın amacı ve konusuna göre analiz edilip yorumlanmıştır. Araştırma neticesinde elde edilen temel sonuç, sağlık hizmetlerinde özel hastanelerin rolünün artması, bu alanda ekonomik ilişkilerin ve kâr anlayışının hizmet sunumunda öne çıkan temel amaç olduğudur.</p>
<p>Keywords</p> <p>Neoliberalism, Commercialization, Health, Health Policies, Private Hospitals</p>	<p>Anahtar Kelimeler</p> <p>Neoliberalizm, Ticarileşme, Sağlık, Sağlık Politikaları, Özel Hastaneler</p>

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1. Introduction

The increasing dominance of the private sector in health services can be stated as one of the fundamental reasons for the imbalances in the access to health care. The adoption of neoliberal policies by the majority of the world states after the 1980s has led to the gradual expansion of the private sector in health care with state support. Although neoliberal policies in the field of health develop through many factors, it can be stated that they have become clearly visible with private hospitals. In this context, the creation of a competitive environment with private hospitals and their aiming at efficiency and quality in service delivery can have many side effects. However, the provision of services in private hospitals with a financial return causes people with low income and belonging to the sub-social strata in particular to be unable to benefit from this service and causes serious inequalities in the field of health.

The transformation of health services on the axis of neoliberal policies has removed the health field from the 'service' logic and converted it into an area where trade, profit, and capital relations are the determinants. By paving the way for the commodification of health and its transformation into a tradable product, this process develops under the influence of many factors, such as state hospitals, private hospitals, pharmaceutical companies, and medical technology devices, and it is effective in almost every field of health services. In other words, neoliberal policies in health services include almost all aspects of the health field, which constitutes a huge sector not only with private hospitals but also with all its features, and these policies can consider these areas as a means for profit. Commercial-oriented and profitable service delivery in health affects the quality of health care, doctor–patient relations, drug consumption, and the patient service process in general, causing patients to be evaluated as customers. This approach, which places patients as customers and doctors as sellers of healthcare services, can aim at a service logic that strives to gain maximum profit from each patient. This perspective, which paves the way for the consideration of health services as a commercial object, also reveals the importance of the policies determined in the field of health.

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2. Neoliberal Policies and Health in Turkey

The adoption of neoliberal policies in line with the developments in world politics after the 1980s has led to significant changes in the world. As a result of the adoption of neoliberal policies, a new process in which the private sector is becoming increasingly active has emerged, especially in the field of health, by decreasing the role of states in providing services. This process has led to the weakening of the social role of the states, leading to the dominance of market relations such as profit and capital in many basic social services including the health sector.

The fact that the state was shown to be the source of social and political problems in the 1980s constituted an important basis of the legitimacy for neoliberal policies. In this sense, neoliberalism and globalization-oriented policies that shaped the world politics in Turkey after the 1980s have increased their impact. In this period, the state was isolated in its relationship with social and political phenomena, and the state did not adopt an interventionist approach by remaining in a passive position (Sönmez & Dinler, 2003, pp. 32-33).

The neoliberal policies that gained considerable strength in Turkey after the 1980s incorporated the field of health as well as many other fields. In this sense, the approach that health is within the responsibility of the state and should be offered to all citizens as a basic

right has been abandoned, and health service has been marketed and provided under supply-demand conditions. According to neoliberal policies, services carried out under the responsibility of the state are services with high costs, low efficiency, and therefore with limited effectiveness. According to the neoliberal approach, the solution to these problems is possible through the gradual privatization of public services. These privatizations are completely shaped by market relations, and the service is provided under these conditions (Soyer, 2009, pp. 301-302). The neoliberal approach in health services sees the source of the problems as state-oriented and finds the solution in active privatization. This means that the state took an active role in privatization after 1980 and supported the process of market sovereignty in the health system (Soyer, 1995, p. 27).

3. Neoliberalism and Health

The evaluation of health services through profit and capital relations and their transformation into a commodity that can be bought and sold was limited by the social state approach that prevailed until the 1980s. Until this period, health care was carried out under the responsibility of the state as a basic human right. All health services, including the pharmaceutical sector, which has an important function in the marketization of health services, were shaped under the supervision of the state during this period. The private provision of health care outside the public sector has been in the form of opening a private clinic for my physicians for many years. However, the way to privatization in the field of health was paved in the majority of the world countries after the 1980s, especially in developed countries. These changes have turned health services into a sector that can be bought and sold and made health services a commodity. Private hospital chains, private insurance companies, and private clinics, which have started to be effective in health care, have started to transform this area into an industry (Sönmez, 2017, p. 66).

With the implementation of neoliberal policies, a profit-based approach has prevailed in health services. The fact that the World Health Organization (WHO) acts under the guidance of organizations such as the World Bank and the IMF is another significant factor affecting the development of a profit-based approach in health. The fact that neoliberal policies started to increase their effectiveness, especially in the 1990s, negatively affected access to health services and deepened inequality in health. The parallel development of the need for health services in societies and the privatization in health constitute an important basis for the rise of this inequality (Akalın, 2015, p. 15).

In line with the increase in privatization in health, the benefits of health services for disadvantaged people in society have seriously decreased. In private health services, being able to benefit from health care causes significant inequality in essence because it is a process shaped by economic power, not by disease or need (Belek, 2004, p. 23). The inequality experienced in being able to use health services is undoubtedly a process associated with the increase in private hospitals and private health understanding. However, at the same time, increasing inequalities in social, economic, cultural, and class factors parallel to the implementation of neoliberal policies also affect the health status of society. Increasing economic and social differences between social groups show that inequality in health care is not only a process related to access to health but also to economic and social factors that determine the health status of society (Demirel & Akin, 2014, p. 238).

Private health care, which has gained momentum with neoliberal policies, has been an area supported by states. The fact that governments support pharmaceutical companies and private hospitals with resources such as social insurance funds has led to significant increases in health expenditures over the years. The commercial dimension of health services is expanding rapidly, and the sector has grown with different methods. In this sense, in addition to the deterioration of the health status of people due to socio-economic reasons, the activities of companies, pharmaceutical and treatment institutions, which are found in the health sector for profit, can improve consumption in health, and efforts to increase expenditure with devices such as the media can be quite effective today (Sönmez, 2017, pp. 17-18). The presentation of health in the media is made through many devices, such as newsletters, health-related programs, newspapers and magazines, the internet, and TV series. In addition, the introduction of the products presented in the media through the concepts of health and disease shows that the concepts of health and disease are used as commercial elements in marketing communication. In this context, the presentation of health in the media today plays an important role in the commercialization of health services by being demonstrated in a format that increases consumption (Can, 2019, pp. 183-184).

Transforming health services into commodities that can be bought and sold gains more effectiveness by medicalizing daily life (Kurttaş, 2017, p. 993). The concept of medicalization is defined as the inclusion of subjects who do not fall within the scope of medicine in the previous processes (Gönç Savran, 2010, p. 38). With the concept of medicalization, the conditions that were accepted as natural and normal in the past are seen as a disease today and are tried to be treated within medical coverage (Bauman, 2019, p. 125). The concept of medicalization in parallel with the commercialization of health services is also increasing its effectiveness. Factors such as the rise of neoliberal policies, especially after the 2000s, and the significant acceleration of the pharmaceutical industry caused the concept of medicalization to include many aspects of life. With the developments in medical technology and the effect of consumption habits, medicine has developed into a status that is not limited only with diseases, but its scope includes many natural factors of daily life today (Can, 2019, p. 88).

Currently, health care is considered a commodity that can be bought and sold within the market logic (with profit and loss accounts), and the health market is the most profitable area after the arms industry. In this regard, medicine is considered a part of the production process by being evaluated within the scope of capitalist relations. Companies that manufacture and sell medicines and medicinal products have monopolized almost everything related to health and disease and made health a merchandise that can be bought and sold. The fact that health is a part of the consumption culture has transformed health service into a product that can be sold and individuals into customers or consumers who can shop. At the same time, the individualization of health services plays an important role in the formation of health consumption. Accordingly, the individual purchases services in the health market as a consumer who purchases health services to protect his/her own health or to find a solution to his/her disease (Kurttaş, 2016, p. 6). The pharmaceutical sector is one of the areas that has an important place in the marketization of health services and has a serious market worldwide. Nowadays, monopolized pharmaceutical companies in the health sector have the potential to direct health and disease-related issues. In this sense, the pharmaceutical industry can be expressed as the motor power of the health sector. Today, the pharmaceutical industry and

drug consumption are rising rapidly in parallel. It is stated that the pharmaceutical sector, which has a high profit return, has the size to outperform almost all other production areas (Illich, 2011, p. 51).

Although the effect of the commercial approach in health that develops in parallel with neoliberal policies is seen in private health institutions in its most concrete form, the structure and functioning of the developing pharmaceutical industry and the increase in drug production and consumption also develop depending on these policies. In this regard, the effect of the commercial approach on health is associated with many factors, such as the emergence of new forms of disease, intensive surgical operations and treatments in some regions, increased referrals to private health insurance, and a significant increase in the number of private hospitals (Turancı & Bulut, 2016, p. 44).

As a result of the commercial approach in health, the patient–physician relationship has also changed simultaneously in health services where profit and competition are at the forefront. Providing healthcare services at a certain price causes the patient to purchase services in line with the determined price and thus to be pushed to a customer or consumer position. The evolution of the patient–physician relationship into a customer-seller relationship also transforms the health service provided into a commodity that can be bought and sold under competitive conditions (Turancı & Bulut, 2016, p. 44). Parallel to the changes in health services, the customer-oriented approach came to the fore, and there was a shift from citizens' rights to consumers' rights (Ünlütürk Ulutaş, 2011, p. 29).

The reflection of neoliberal policies on the patient–physician relationship is seen in public hospitals as well as in the private sector. In public hospitals, especially with the performance system, physicians aim to see more patients and earn more money. In this process, the physician's relationship with the patient is mostly uniform, formal, and hierarchical. In public hospitals, there is a unilateral form of relationship in which the physician has the right to instruct and control. In contrast, as the physician–patient relationship in private hospitals differs from the public ones, there is a bilateral relationship in which the physician shows sincere behaviors to the patient due to intense profit and commercial anxiety; he/she listens to the patient by allocating more time to the patient and informs the patient extensively. Therefore, depending on the financial status, there are also differences in people's relationships with physicians. In this sense, people who can afford private health services receive a more attentive health service, while people with low income have to receive a more superficial health care (Can, 2019, p. 38).

4. Research Methodology

In this research, the qualitative research method was used. The main reason for using the qualitative research method is that it offers the opportunity to examine social reality through the eyes of social actors and their experiences. The process of experiencing the phenomena varies according to the social and cultural situation as well as the way each actor interprets this process. The qualitative method examines social phenomena in its own context with an interpretive approach and provides an in-depth understanding of the examined subject. In this sense, in the context of the subject of this research, the economic, social, cultural, and educational status of each patient differs. Each patient is in a different social layer, and his/her approach to hospitals and the health sector also differs according to the subjective status of

each patient, and thus his/her thoughts and perceptions also vary. Therefore, it is important to be able to see the social reality from their perspective by taking these differences into account.

"The concept of quality emphasizes processes or meanings that cannot be accurately tested and measured in terms of quantity, scope, density, or frequency" (Kuş, 2012, p. 106). Qualitative research is a research method conducted with an interpretive approach to reveal and understand the meanings that individuals or groups attribute to social problems (Creswell, 2013, p. 44). This method, which offers the opportunity to examine people with a flexible approach, is especially preferred in the field of social sciences. Due to the unique and subjective nature of human beings, many problems, such as non-communication, complexity, and disagreement, can be seen in human relations. These characteristics of human structure and human relations are seen as the reasons for the need for qualitative research methods (Yılmaz, 2016, p. 76).

The subject of the research is the change created by private hospitals developing on the axis of neoliberal policies in the provision of health services. In this context, the main focus of the study is the fact that neoliberal policies in health and private hospitals as their concrete manifestation are increasingly commercializing health care. In this sense, issues such as the patient service process in private hospitals, the doctor–patient relationships, and the comparison of private hospitals and public hospitals at certain areas constitute the main points to be emphasized in the study. The aim of this research is to reveal the reasons that cause a change in the quality of health services and transform this area into an area dominated by economic relations.

There have been significant transformations in health services in parallel with the adoption of neoliberal policies. In this respect, private hospitals gained an important place in the provision of health services and caused health services to take shape according to market balances. The focus of the research is on the reasons that lead health care to move away from the concept of service and to become a sector carried out with financial concerns.

The population of the study consists of patients who were treated in private hospitals in Ağrı, Muş, and Patnos. Patient groups consisting of 10 patients from Ağrı, 15 patients from Muş, and 10 patients from Patnos, who benefited from the health services of private hospitals were reached using the purposeful qualitative sampling technique. According to Neuman (2014, p. 322), the purposeful qualitative sampling technique "is a non-random sample in which the researcher first determines the general categories in which the sample events or people will be selected and then selects the sample events to reach the predetermined number of sample events in each category." These patients, who constituted the sample of the study, were interviewed using the semi-structured in-depth interview technique in line with the subject of the study. In addition, the patients included in the study also had experiences with public hospitals. This situation is considered significant in terms of allowing the findings obtained to make comparisons with private hospitals.

The data obtained by the phenomenological design of the qualitative research and the semi-structured in-depth interview technique were analyzed and interpreted using the descriptive analysis method. In descriptive analysis, the data obtained as a result of the interviews are summarized and interpreted according to the themes created. While the data can be analyzed according to the themes created according to the interview questions, the questions

themselves can also be used directly as themes. In descriptive analysis, direct quotations are frequently included to protect the original form of the opinions of the actors and to include striking points (Yıldırım & Şimşek, 2000, pp. 158-159). The main purpose of choosing descriptive analysis in the research was to reflect the opinions of the interviewees in their authentic forms.

5. Findings of the Research and Discussion

5.1. Demographic Analysis

The interviews were conducted with a total of 35 people: 10 in the center of the province Ağrı, 15 in the center of Muş, and 10 in the center of Patnos. The categorization and coding of the interviews was based on the initials of the cities. Since it was thought that a study to be conducted with only women or only men would be incomplete, the interviews were conducted with 14 women and 21 men, considering the balance in the selection of the participants. In fact, in the Turkish society, the roles of women and men may differ in socio-economic terms. In this sense, the perspectives, feelings, and thoughts of women and men about events and phenomena may vary. In this respect, as the chance to capture different views increases, the opportunity to see the phenomena within the framework of the roles undertaken by women and men increases at the same time.

Regarding the frequency of the educational status of the interviewees, 14 of them had undergraduate degrees, seven had high school degrees, five were graduates of secondary school, three had associate degrees, two of them had doctorate degrees, two were primary school graduates, one had a master's degree, and one of them did not attend school. This distribution indicates that there were interviewees at every education level. Therefore, the fact that the educational status of the interviewees varied provided the opportunity to observe health services from the perspective of actors from all levels of education. In this respect, considering that the level of education is an important factor that can affect people's worldviews, approaches, and observations, it is noteworthy that the educational status of the interviewees was diverse.

As regards the marital status of the interviewees, 19 people were single, and 16 were married. The income status of the interviewees was distributed between those with an income of 7000 TL and above and those below the minimum wage. Accordingly, 12 of the interviewees were in the 0-3001 TL income group, 16 had an income between 3001-5001 TL, three were in the 5001-7001 TL range, and four earned 7001 TL and above. The examination of the income distribution of the interviewees revealed a range between low-income, middle-income, and upper-income. When the age range of the interviewees was examined, it was seen that 18 participants had an age range of 18-29, 11 participants were between 30-39, and six had an age range of 40-59. The outpatient clinics that the interviewees visited were mainly related to primary health services.

5.2. Factors Determining Patients' Hospital Preferences

Since the maximum number of patients approach is adopted in public hospitals during the health service process, less time is devoted to each patient, and thus, less attention is paid to them. This shows that the process of developing a solution to the disease and treating the patient is more superficial. In this sense, the superficial service that does not spare enough time for the patient, that is formal, and that does not establish intimacy with the patient provided

in public hospitals is the determining factor in the patients' perceptions of public hospitals. On the contrary, since a commercial perspective is adopted in private hospitals, an approach that allocates more time, cares for the patients, directs them, establishes sincerity and intimacy by which the patients feel special is adopted with the aim of satisfying the customers and enabling them to choose the same hospital in their next visits. In this context, as a result of the interviews with the patients, the following thoughts were expressed on the subject:

"The first reason that leads me to the private hospital is because the private hospital makes the patient feel special. For example, I can make a direct appointment, my turn comes immediately when I go; I do not wait too long at the doctor's door. When I go to the doctor, he does not examine me directly from above like the doctors in the state hospital. When I go to the public hospital, the doctor sits in his chair and diagnoses me from above. When I go to the private hospital, the fact that the doctor comes next to me and examines me, listens to my problems, and acts more sincerely makes me prefer them. The state hospital is very inadequate at this point..." (P1).

"The main reason for this is that under normal conditions, there is no complete interest when going to a public hospital. The health workers are usually in the pursuit of getting rid of the patients. I went to a private hospital because I knew that thing. So, that was the main factor. The doctors in the private [hospitals] are interested in one-on-one; after all, you pay a price and go there, so you get the worth for that price" (M13).

The performance-based pricing system, which is especially applied in health services in public hospitals, causes doctor–patient communication to be maintained without allocating sufficient time to the patient in general. In addition, it is suggested that the lack of concern to satisfy the patient and making the patient feel the official relationship and authority are important factors in hospital selection. On the other hand, the effort of private hospitals to satisfy customers in every aspect brings the health services of private hospitals to the forefront. In private hospitals, customer satisfaction is ensured by making the patients feel that the healthcare personnel cares for each patient, the doctor authority is not tried to be established, the relationship is based on mutual communication, and that the patients are valued. This situation was stated as a criterion for the patients' hospital preference.

"So, I was welcomed in the private hospital. The hospital was pretty good. Since I did not consider the health service in the public hospital to be good, I already preferred the private hospital because they examine in more detail. In other words, I went there because I felt comfortable there and received a better health service" (P2).

".... For example, in this eastern region, while 30 people are supposed to be examined, 60 people are examined. How is a doctor at a public hospital going to look after 60 people a day? Therefore, private hospitals serve better in my opinion. The public hospital is too crowded, so it is a problem. Private is better, cleaner, prettier. They are more interested in people..."(A2)

As seen in the opinions of the participants, factors such as allocating time to the patient, caring, and establishing intimacy are highly decisive in the preference of hospitals. The participants stated that patients were generally not shown interest, they were examined superficially and quickly in state hospitals, and state hospital were very inadequate in the provision of services. In contrast, it was stated that the health personnel were sincere, spent adequate time, and provided satisfying care in private hospitals. As a result, it can be stated that the main factors

that come to the fore in patients' preferences in both type of hospitals are the concepts of time allocation and the attention paid to patients.

According to a study that investigated the factors that affected the hospital preferences of patients, the most important factor was determined as the cleanliness and hygiene of the hospital (Şantaş et al., 2016, p. 30). Likewise, in a study conducted in the Kırıkkale province of Turkey on the subject, cleanliness and hygiene were identified as the most important criteria in determining the hospital preferences of patients (Işık et al., 2016, p. 104). Thus, one of the important factors affecting patient satisfaction in public hospitals is sanitation. In fact, there is a serious difference between public hospitals and private hospitals in this regard. Accordingly, private hospitals seem to improve themselves by observing the problems experienced in state hospitals and can make a difference for the customer in this sense. A very clean atmosphere is created in every area from the room services of patients hospitalized in private hospitals to the cleaning of corridors and sinks. Luxury, comfort, and cleanliness are essential issues not only regarding the appearance or services but also serious factors that directly concern the hospital's health care and enable patients to trust the hospital's care. From this perspective, patients who encounter a luxurious and comfortable appearance can also associate this with the quality of the health care. In this respect, cleanliness and hygiene can be very guiding in the preference of hospitals. In light of this, the interviewees expressed the following opinions:

".... Now I slept here at night [in a private hospital]. This place was totally empty. There was only our room, but the man cleans it every hour. But then you are going into the state's lavatory! My grandmother contracted COVID in the state and passed away" (A1).

".... The quality of the private is better. I think it is cleaner. Especially during this corona period, cleanliness is very important, so I preferred it. There are enough staff. Doctors, nurses, and assistants are sufficient, so I preferred it" (M2).

As seen in the interviews, the problems experienced in the cleaning and hygiene of public hospitals and the meticulous attitude of private hospitals on these issues are stated as determinants in the patients' preference for private hospitals. In fact, it is seen that private hospitals are trying to create customer satisfaction and to achieve a quality of service that will enable the patients to choose the same hospital the next time they need health care. Maintaining cleanliness and hygiene in hospitals has become an even more important issue, especially in today's conditions. The COVID-19 epidemic, which was experienced during the period of this research, causes cleanliness in hospitals to be even more important for patients. Since the disease is contagious, and cleanliness should be given importance to protect against the disease, the practices of hospitals on this issue are gaining more importance. Therefore, the meticulousness of private hospitals in this regard can be decisive in hospital preferences.

5.3. Commercialization of Private Hospitals and Health Services

Considering the images created by public hospitals and private hospitals in the execution of health services, there is an image that state hospitals are crowded, they lack hygiene, the health personnel are indifferent and formal, and the doctors do not spend much time on patients and are not sincere in this sense. On the other hand, when private hospitals are considered, it can be seen that the hygiene and comfort conditions are very pleasant, the health personnel are friendly and interested, the patient procedures are very fast and do not take up the patient's time, and the doctors have a sincere and intimate image, taking time for the patient. In this

context, when we look at the background of the highly differentiated nature of health services in these two types of hospitals, it is seen that the main factor that creates this differentiation is the commercial approach. The fact that state hospitals do not have concerns such as financing themselves through the patient, ensuring their economic sustainability, or gaining customers, whereas private hospitals have commercial concerns and pay attention to patient satisfaction with these concerns constitute this differentiation. In the interviews held, the interviewees expressed the following about the subject:

“I evaluate the private hospital very well. There is a lot of difference between it and public hospitals. Even the man’s behavior towards the patients there is very different. When you go to a private hospital, at least you feel human. The mentality in the public hospitals is, “Shake the head and get the salary.” I mean, he says I will get paid whether I look after [the patient] or not. In a private hospital, it is you who is paying him. However, in the state, he looks at you from a distance and says it is finished. If you have money, you are already going to the private. At least you are taking care of yourself. May God help people who are not financially sound. There is nothing more to say” (P3).

The main reason for trying to ensure patient satisfaction in private hospitals is to be able to compete with other health institutions and thus to sustain themselves economically and to make profit. In this respect, it can be seen that there is an approach focused on satisfying the customer with financial concerns rather than sincerity in the communication with the patient, the quality and cleanliness of the hospital, and the friendly and sincere appearance of the staff. In line with this, the following opinions were put forth in the interviews:

“There is a significant difference compared to public hospitals. For example, when you go to the public hospital, they do not care about you; they pay no mind. However, they take very good care of you in the private because there is money. They act more friendly. Our relationship with the doctor was more intimate in the private. It is insincere in the state. I think this intimacy is financial. The doctor in the state is formal, and since there is the salary system, they act cold because they are institutional. They have no sincerity” (P5).

It is emphasized that almost all practices encountered by the patients in private hospitals are for financial purposes. Since there is no concern in the state hospital to satisfy the customer, the quality of service decreases accordingly. As a matter of fact, since customers do not have any expertise in the medical field, it is difficult for them to make any judgment in this regard in the first place. As a result, the main factors that may affect the patient at first glance are the cleanliness, comfort, the appearance of the hospital, and the nature of the relationship that the doctor and health personnel build with the patient. All these issues are handled very meticulously in private hospitals, and the perception that they receive the value for their money can be created in customers. The following statements were included in the interviews:

“.... There is no such thing in the private; he looks after ten people and has to take care of them. Plus, because he receives extra money and because the other side has the right to ask for the return of that service, it develops in this way. Well, at least you get to look for your rights. You say, ‘You got from me this much. What did you do in return?’, or ‘You cannot talk to me like that. You cannot treat me like that.’ If he does not show sincerity, you say it. You also say that you are satisfied, or you make your criticism after all. You cannot do such a thing in the state. Even if you do, they tell you to leave the room. They will expel you as we see” (M4).

“One feels like a commodity. It is like you are in good health because of your money. I feel more comfortable not paying at the public hospital. The guy treats you nicely because you pay for it in the private. When you enter a private hospital, you wonder how much money you will lose... ” (M3)

Since money is paid in private hospitals, there may be a perception that a better service is provided. The fact that money is the determinant factor causes people to experience financial concerns, and they develop the anxiety that if there is no money, they cannot be cured. In addition to the psychological situation experienced by the sick person due to the disease, the patients may also have economic concerns, and thus negative reflections may occur on the treatment processes of the patients. At the same time, it can be observed that there is trade going on through human health in private hospitals and that this practice is disturbing. At the same time, the fact that money is involved in the treatment process causes the patients to have the right to ask for and criticize the service that they are not satisfied with. Today, it can be seen that patients who do not have sufficient information about legally regulated patient rights can claim rights like a consumer for their payments. This shows that the commercial approach in health and the purchase of health services with money have transformed patient rights toward consumer rights.

“You move more easily in the private hospital because you go there with your money. You are getting better attention. So, I think it is a necessity because the public hospital is not enough. When you go the private, they must pay attention because you give them money. However, there is no such thing in the state. Of course, private hospitals also have a commercial dimension” (M10).

In private hospitals, ensuring patient satisfaction in communications is seen as a necessity by the patients. In fact, patients who think that they pay and buy a service naturally experience the expectation of obtaining the value of the money given. Patients who attribute the non-preference of public hospitals to the inadequacies in these hospitals have also a negative perception of the health services of public hospitals.

5.4. Private Hospitals and Inequality in Health

Today, it can be stated that economic and social imbalances are the sources of significant inequalities, especially in the field of health. Therefore, in addition to having healthier living opportunities, people who can afford it can also receive the best and highest quality health care. The following were pointed out in the interviews by the participants:

“Of course, one of the things that increases the quality of life here is food, nourishment, aliment. Low-income citizens are not benefiting from this. We even see this in educational studies. In the West, for example, schools are closed now; one of the greatest dangers of this is thought to be the fact that lunches are given to children in the schools there, and children from low-income families will not be able to achieve the gains of this lunch. Because their financial situation is low, this will affect their health and public health. That is, those who have money eat well, get good health care, for instance” (M7).

Those with low income and economic hardships are disadvantaged in many respects compared to people with economic sufficiency. To protect health and have a healthy body, living standards are very important. However, the increasing social and economic differences

between the social strata today cause the living standards of people who are disadvantaged in society to decrease and thus their health to be affected negatively.

“While some diseases are destiny for some people, for some they are curable. For example, when you look at cancer patients, middle class and low-income people below the middle class are very unlikely to get rid of cancer. Why? Because the opportunity to access medicine is weak. Even if he reaches the medicine, the standard of living is low. Stress, psychological problems, family problems, unemployment, think about it. How come not to have cancer in such an environment? Now that you have cancer, how are you going to get better? You go to the doctor, the doctor says keep your spirits up. OK, I will keep my spirits up, but how will I keep them up? How am I going to travel? How will I be happy. But cancer is treatable for some people. Why? Since both patients are taking the same medication, should not they both be getting better? However, the motivation, the standard of living, the economic situation, and the social status are all decisive. Therefore, there is a problem there. If your standard of living is good, you are much more likely to get rid of the disease” (M8).

While the health status of people with low incomes is affected by social inequalities, the processes of benefiting from the service are seriously affected due to economic-centered, commercial approaches in the provision of health services. Inequalities in living standards caused by social imbalance create conditions that make low-income people prone to diseases, while affluent people can have very favorable conditions to protect their health and find solutions to their illnesses. Morale and motivation are seen as very important factors in terms of getting over the disease, especially in diseases such as cancer. In this sense, people who are disadvantaged in socio-economic terms are more likely to acquire such diseases due to their living standards, while it is difficult for them to benefit from both optimal living standards and health services in the treatment of the disease.

“... Rich people have much higher levels of health. Families with low incomes are always struggling with more severe diseases. Yes, there is a distrust to private hospitals, but there are many options. If you go to a private and if they do not provide the treatment, there is another private because you have money, another private service, so you have many options, so you have access to that health somehow. Somehow you get a good service in private hospitals by trial and error, or speculations, or by research” (M14).

Parallel to the increase in the number of private hospitals today, private hospitals have also been created as a strong alternative to public hospitals. While this alternative is an option for people with better economic status, and even mostly as the first option, it does not seem to be an alternative for low-income people since they often do not have access to health care provided in private hospitals due to financial difficulties. Therefore, people with economic wellbeing have the opportunity to choose from both state and hundreds of private hospitals, while people with low incomes can only go to state hospitals regardless of their conditions and service quality. This situation reveals the inequalities experienced in terms of access to health services.

5.5. Physician-Patient Relations in Health Services

Today, when doctor–patient relations are examined, it can be seen that the physician–patient relations change depending on whether the hospitals are public or private. In this respect, there is an ordinary, formal, hierarchical relationship in public hospitals where the doctor is the

authority. On the other hand, since the commercial anxiety and profitability approach is taken as a basis in private hospitals, an ideal form of communication in which doctors try to act more sincerely, allocate time to the patient, and listen to him/her, and inform the patient about the disease and the treatment process is adopted (Can, 2019, p. 38). In the interviews held in this context, the interviewees mentioned the following:

"The doctor in particular is more sincere. When he asks, it is like he is actually living in the moment, wondering how you are. He was not asking just to ask. I mean, he was truly asking about my disease. He was asking because he wanted me to get better and to treat me. However, in the state, it is not to that extent; it is like 'let me just ask and prescribe, so I can pass over.' The one in the state is doing it only to do his job; it is formal. However, the one in the private was more sincere. He was helping like a relative, as if he was feeling that pain" (P3).

When the doctor–patient relationship is examined in private hospitals, as seen in the interview, the doctor has moved to a close relationship with the patient as if living in that moment and that a relationship style in which the patient can express himself/herself comfortably has been developed. This relationship style, which is based on customer satisfaction, affects the image of the hospital and health personnel very positively in the eyes of the patient. In fact, patients who evaluate the health service and doctor–patient relationship in public hospitals can approach a health service that tries to satisfy them in every aspect in private hospitals very positively.

"In the private hospital, they are very interested in both cleanness and other issues. They do their research well, of course, for the success of this hospital. You get more detailed information at the private hospital. You can tell your problem more; they allocate more time. However, they do not give you that opportunity at the public hospital. The state allocates shorter time and is formal" (M1).

It is possible to see the approach of ensuring customer satisfaction in private hospitals not only in doctor–patient relations but also in almost all practices of the hospital. Taking care of the patient by being sensitive during the treatment process in a private hospital and displaying effort in the treatment of the disease enables patients to have more confidence in private hospitals. In public hospitals, the fact that the doctor exhibits an uninterested, official, and authoritative profile may affect the image of the hospital and cause both the hospital and the doctors to be distrusted.

"It was very nice. They are very interested in the private. I saw this when I went to the emergency service; I saw this at the doctor and the dietitian. They have a very affectionate approach. I went to the gynecologist at a public hospital. He has a very serious attitude. That is, he may not understand your concerns. He wants to send you as soon as possible..." (M7).

As seen in the interview, the doctor's behavior to increase his/her performance directly affects the patient's trust in him/her; on the other hand, the friendly approach of the doctor in the private hospital gives the patient confidence and causes him/her to prefer the private hospital. The rush of doctors to be able to examine the patient as soon as possible by not understanding the patient's concerns in state hospitals may cause the patient to feel insecure by approaching the treatment process with suspicion.

6. Conclusion

The adoption of neoliberal policies by many of the world's states after the 1980s has led to a significant expansion of the dominance of the private sector in almost all institutional areas, especially in health services. Health services organized within the scope of neoliberal policies have moved away from being provided as a basic social policy and have become an active area with the encouragement of private hospitals and the private sector. The expansion of the domain area of the private sector in health services has caused this area to be shaped in line with commercial relations and has caused many problems. Neoliberal policies, which are also supported and guided by international organizations, have taken the field of health under their scope in almost all aspects. In this sense, neoliberal policies can exploit all dimensions of the health field, which constitutes a huge sector not only with private hospitals but also with its all relevant fields, for commercial purposes.

With all the areas that it embodies, health care constitutes a huge sector. Hence, the health field constitutes one of the areas with the highest profit potential. Especially in health, the pharmaceutical sector is an area where both national and international investors are highly interested due to high profit prospects. Considering the supply of medicine to people as a means of profit can lead to an approach to increase drug consumption while also leading to consequences that may deteriorate or harm people's health with unnecessary drug use. In this respect, it is seen that the private sector's handling of a sensitive and important issue such as health in line with economic relations does not focus on how the consequences may affect individual and public health but mainly on how much profit return can be obtained. In this context, it can be stated that the increasing expansion of the private sector in health is an indication that it is considered the leading area to be invested in by which a profit potential can be obtained in every aspect.

While neoliberal policies in health services and commercial-oriented approaches that develop accordingly negatively affect the efficiency and quality of service in public hospitals, it can be stated that the service quality is more positively affected due to customer satisfaction in private hospitals. Private hospitals need customers who can prefer them to ensure their economic sustainability under competitive conditions. Thus, private hospitals pay more attention to the sanitation and comfort of the hospital, develop a friendlier and loving approach, and take care to ensure that the customer is satisfied in every aspect. Compared to public hospitals, it can be stated that private hospitals try to achieve better quality service due to their economic-centered approaches. Physicians who receive their money from the state in public hospitals, who look after more patients, who aim to earn more money due to the performance system, and do not have concerns such as patient satisfaction show a negative profile in service quality, whereas it is seen that physicians who receive their money directly through the patient in private hospitals have the preoccupation to satisfy the customer and therefore demonstrate a more positive profile.

References

- Akalın, A. (2015). *Sağlığa ve Hastalığa Toplumcu Yaklaşım*. İstanbul: Yazılama Yayınevi.
- Belek, İ ve Soyer, A. (1995). *Sağlıkta Özelleşme*. İstanbul: Sorun Yayınları.
- Belek, İ. (2004). *Sosyoekonomik Konumda ve Sağlıkta Sınıfsal Eşitsizlikler: Antalya'da Beş Yıllık Bir Araştırma*. Ankara: Türk Tabipler Birliği Yayınları.
- Can, İ. (2019). *Sağlık Olsun*. Konya: Çizgi Yayınevi.
- Creswell, J. W. (2013). *Nitel Araştırma Yöntemleri*. (Çev: M. Bütün ve S. B. Demir) Ankara: Siyasal Kitapevi.
- Demirel, T ve Akın, B. (2014). Sağlıkla İlişkili Olarak Sosyal Adalet, Eşitlik ve Hemşirelik. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 7(3), 238-245.
- Gönç Şavran, T. (2010). *Tolumsal Eşitsizlikler ve Sağlık: Eskişehirde Sosyolojik Bir Araştırma*. (Yayınlanmış Doktora Tezi). Eskişehir Anadolu Üniversitesi, Eskişehir.
- Illich, I. (2011). *Sağlığın Gaspı*. (Çev: S. Sertabiboğlu) İstanbul: Ayrıntı Yayınları.
- Işık, O., Ereşen, M. A ve Fidan, C. (2016). Tüketicilerin Hastane Seçiminde Etki Eden Faktörlere İlişkin Algılamalar. *İşletme Bilimi Dergisi*, 4(1), 99-110.
- Kurtdaş, Ç. (2016). "Sağlıklı Yaşam"! Sloganı Etrafında Şekillenen Yeni Tüketim Biçimleri. *Sosyolojik Düşün Dergisi*, 1(1), 1-10.
- Kurtdaş, Ç. (2017). Medikalizasyon Süreci, Sağlıkın Ticarileşmesi ve Bedenin Denetlenmesine Sosyolojik Bir Bakış. *Adıyaman Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 10(27), 983-1012.
- Neuman, W. L. (2014). *Toplumsal Araştırma Yöntemleri: Nitel ve Nicel Yaklaşımlar 1*. (Çev: S. Özge). Ankara: Yayıncı.
- Soyer, A. (2009). 1980'den Günümüze Sağlık Politikaları. *Praksis*, Kış-Bahar (9),301-319.
- Sönmez, M. (2017). *Paran Kadar Sağlık: Türkiye'de Sağlıkın Ticarileşmesi*. İstanbul: Yordam Kitap.
- Sönmez, U ve Dinler, D. (2003). Kamu Yönetimi Temel Kanun Tasarısı: Halkın İhtiyaçlarına Yönelik Refrom mu? Neoliberal Dönüşümün Kurumsallaşması mı? *Ankara Üniversitesi SBF Kamu Yönetimi Reformu İncelemeleri: Mülkiye'den Perspektifler(2)*, Özel sayı(2), 32-43.
- Şantaş, F., Kurşun, A ve Kar, A. (2016). Hastane Tercihine Etki Eden Faktörler: Sağlık Hizmetleri Pazarlaması. *Hacettepe Sağlık İdaresi Dergisi*, 19(1), 17-33.
- Turancı, E ve Bulut, S. (2016). Neoliberalizm ve Sağlık Hizmetlerinin Dönüşümü: Özel Sağlık Sektörünün İletişim Politikaları Üzerine Bir Analiz. *İletişim Kuram ve Araştırma Dergisi*, Göz(43), 40-63.
- Ulutaş Ünlütürk, Ç. (2011). *Türkiye'de Sağlık Emek Sürecinin Dönüşümü*. Ankara: Notabene Yayınları.
- Yıldırım, A. ve Şimşek, H. (2000). *Nitel Araştırma Yöntemleri*. Ankara: Seçkin Yayıncılık.
- Yılmaz, N. (2016). *Tıpta Uzmanlaşma Üzerine Nitel Bir Araştırma*. (Yayınlanmış Doktora Tezi). Süleyman Demirel Üniversitesi, Isparta.
- Zygmunt, B. (2019). *Akışkan Modernite*. (Çev: S. O. Çavuş) İstanbul: Can Sanat Yayınları.