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RESEARCH ARTICLE

THE EFFECT OF DOCTOR BRANDING ON HOSPITAL PREFERENCE: THE CASE OF TURKEY

Fatma Nuray KUŞCU [*]
Mehmet YORULMAZ [**]
Ali GÖDE [***]

ABSTRACT

This research aimed to determine to what extent the reason for choosing a hospital can be explained by branded doctors. In this study, which was carried out using the general survey model, which is a quantitative research method, 1077 participants were determined from among adults by simple random sampling method and the data were collected online. "Personal Information Form", "Doctor's Branding Scale" and "Hospital Preference Scale" were used in the research. The Physician Branding Scale consists of 12 statements and one dimension, while the Hospital Preference Scale consists of 16 items and one dimension. In addition, the Personal Information Form was used to determine the socio-demographic characteristics of the participants. The obtained data were analyzed with the SPSS program. Since it was determined that the data were normally distributed, t-test, ANOVA, pearson correlation and simple linear regression analyzes were applied in independent groups. As a result of the research, it was determined that the branding of the doctor had a statistically significant and positive effect on the hospital preference. This result shows that the level and frequency of patients' preference for that institution increased with the work of doctors who became branded in institutions.

Keywords: *Health sector, physician branding, hospital preference.*

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[*] *Lecturer, Mustafa Kemal University, Hatay Vocational School of Health Services, nuraykuscu@outlook.com*
https://orcid.org/0000-0003-2657-6174

[**]*Assoc. Prof., Selcuk University, Faculty of Health Sciences, Department of Health Management, mtyorulmaz@hotmail.com*
https://orcid.org/0000-0001-6670-165X

[***] *Lecturer, Mustafa Kemal University, Hatay Vocational School of Health Services, alig.sy31@gmail.com*
https://orcid.org/0000-0002-6865-6298

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ARAŞTIRMA MAKALESİ

DOKTOR MARKALAŞMASININ HASTANE TERCİHİNE ETKİSİ: TÜRKİYE ÖRNEĞİ

Fatma Nuray KUŞCU [*]
Mehmet YORULMAZ [**]
Ali GÖDE [***]

ÖZ

Bu araştırma, bir hastanenin tercih edilme sebebinin markalaşan doktorlar tarafından ne kadar açıklanabildiğini belirlemeyi amaçlamıştır. Nicel araştırma yöntemi olan genel tarama modeli kullanılarak gerçekleştirilen bu çalışmada, reşit bireyler arasından basit seçkisiz örneklem yöntemiyle 1077 katılımcı belirlenmiş ve veriler online olarak toplanmıştır. Araştırmada "Kişisel Bilgi Formu", "Doktorun Markalaşması Ölçeği" ve "Hastane Tercihi Ölçeği" kullanılmıştır. Doktorun Markalaşması Ölçeği 12 ifade ve tek boyuttan, Hastane Tercihi Ölçeği ise 16 ifade tek boyuttan oluşmaktadır. Ayrıca, katılımcıların sosyo-demografik özelliklerini belirlemek amacıyla Kişisel Bilgi Formu kullanılmıştır. Elde edilen veriler SPSS programıyla analiz edilmiştir. Verilerin normal dağıldığı tespit edildiğinden bağımsız gruplarda t testi, ANOVA, pearson korelasyon ve basit doğrusal regresyon analizleri uygulanmıştır. Araştırma sonucunda, doktorun markalaşmasının hastane tercihine istatistiksel olarak anlamlı ve pozitif yönlü bir etkisi olduğu belirlenmiştir. Bu sonuç, kurumlarda markalaşan doktorların çalışmalarıyla hastaların o kurumu tercih etme düzeyinin ve sıklığının arttığını göstermektedir.

Anahtar Kelimeler: *Sağlık sektörü, doktorun markalaşması, hastane tercihi.*

MAKALE HAKKINDA

[*]*Öğr. Gör., Hatay Mustafa Kemal Üniversitesi, Hatay Sağlık Hizmetleri Meslek Yüksekokulu, nuraykuscu@outlook.com*
https://orcid.org/0000-0003-2657-6174

[**]*Doç. Dr., Selcuk Üniversitesi, Sağlık Bilimleri Fakültesi, Sağlık Yönetimi, mtyorulmaz@hotmail.com*
https://orcid.org/0000-0001-6670-165X

[***] *Öğr.Gör., Hatay Mustafa Kemal University, Hatay Sağlık Hizmetleri Meslek Yüksekokulu, alig.sy31@gmail.com*
https://orcid.org/0000-0002-6865-6298

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I. INTRODUCTION

Health institutions have undergone great changes over time to meet the unique conditions of each period. Today, in line with scientific and technological developments, important developments are taking place in the field of health as well as in all areas of life (Sevim and Sevim, 2019). Technological developments contribute to the fact that health institutions and organizations are equipped in terms of technical devices, redesign of institutions, and that the working technical personnel and expert healthcare teams are more experienced in terms of knowledge and experience (Kishore et al., 2018).

One of the most important factors in the realization of health services is hospitals. While healthcare services were largely provided by public institutions and organizations until recently, today, healthcare services are also provided by private institutions and organizations due to the increase in the number of healthcare professionals and the spread of technical devices. In addition to improved facilities, the increase in demand for health institutions is also effective in the expansion of health institutions (Gilpin et al., 2018).

Table 1. Number Of Hospitals By Sector

Classification of Statistical Region Units	Ministry of Health	University	Private	Total
Istanbul	54	16	162	232
West Marmara	55	4	20	79
Aegean	122	7	71	200
East Marmara	80	4	54	138
West Anatolia	71	13	51	135
Mediterrenian	84	8	88	180
Middle Anatolia	77	4	22	103
West Blacksea	97	3	19	119
East Blacksea	68	1	12	81
Northeast Anatolia	50	2	4	56
Middle East Anatolia	58	3	17	78
Southeastern Anatolia	84	3	46	133
Turkey	900	68	566	1.534

Kaynak: Ministry of Health (2021)

Today, the number of Ministry of Health, university and private hospitals is 1534. Of these hospitals, 900 belong to the Ministry of Health, 68 to universities and 566 to private enterprises. When the numerical data are analyzed, it can be said that there are more health institutions in Istanbul, Aegean, Marmara, Mediterranean and Western Anatolia regions, and therefore the demand is more widespread in these regions. When the proportion of private hospitals in the total number is analyzed, the fact that there are 566 hospitals shows that approximately one out of 3 hospitals is private (Table 1). Therefore, it can be said that private healthcare services have developed and become widespread alongside public hospitals (Ministry of Health, 2021).

II. CONCEPTUAL FRAMEWORK

2.1. Branding and Doctor Branding

Today, the increase in competition makes branding obligatory, which enables institutions, organizations and businesses to be more effective, understandable and recognizable in the areas in which they operate. Branding is important for businesses to compete, to respond to customer

expectations, and to sustain the existence of the business, especially in the period when information and communication technologies are widespread today (Subrahmanyam et al., 2021).

Branding has a feature that reflects the difference of businesses with similar characteristics operating in the same sector from others and affects preferability. Branding is also considered as an investment factor. Today, branding is encountered in all areas of life such as clothing, nutrition, protection, construction, education, finance, communication, industry and health. Branding emphasizes production-orientation, product-orientation, sales-orientation, marketing and social interaction (Kishore et al., 2018). Branding has important benefits for organizations/businesses and customers. These benefits can generally be expressed as follows (Kahn and Baum, 2020).

Table 2. Benefits Of Branding

Business Perspective;	Customer Perspective;
• Providing customer satisfaction	• Providing emotional closeness
• Sustainability	• Reducing risks
• Embodying and reassuring	• Facilitating shopping/trading
• Marketing and persuasion	• Providing service assurance
• Ensuring product promotion	• Supporting the consumer
• Enhancing recognition	• Providing price security
• Providing quality assurance	
• Ensuring differentiation	
• Building customer relationships	

Kaynak: Özkoç (2013)

Table 2 shows that branding has various benefits for both organizations/businesses and customers. These benefits contribute to the establishment of a secure bond between customers and businesses and the development of mutual relations. People who want to benefit from the services offered prefer the business thanks to branding (Özkoç, 2013).

The health sector is one of the most widespread sectors in Turkey and the world, operating in both public and private sectors. Although there are many health organizations, not all of these organizations can show branding characteristics, and it can be said that a significant number of branded businesses cannot successfully perform branding in every field (Karahan et al., 2016).

Since the establishment purposes of private hospitals are based on a commercial approach as well as providing healthcare services, care is taken to ensure that other healthcare personnel, especially doctors, are well-equipped in order for patients to turn to private hospitals. Because private hospitals come to the forefront by branding in certain health service areas and attract the attention of their customers with this brand (Kayaoğlu and Gülmez, 2020). Therefore, branding is an important factor for hospitals. There are some situations that need to be considered for branding to be successful in health institutions. These can be generally expressed as follows (Gilpin et al., 2018; Kayaoğlu, 2020; Odoom et al., 2021);

- Health institutions need to develop and implement strategies in order to survive and be successful. One of the most effective ways to achieve these goals is to improve the quality of health services by improving all medical processes. Because service quality is a fundamental factor in choosing healthcare providers.

- The demands and preferences of the patients should be taken into consideration and the quality of service should be improved based on their views and experiences. When patients correctly assess the quality of service provided by a healthcare institution, they may tend to refer to that

institution again in the future and may also recommend this institution to the people around them.

- The concept of quality can be perceived and interpreted in different ways between healthcare providers and patients. Therefore, it is important to accurately measure each perspective and appropriately prioritize the factors that affect patients' preferences for assessing service quality.
- Recent observations show that the performance standards of health personnel are an important factor in determining the quality of service, but also reveal that the preferences of the patients are of great importance.
- Paying attention to the opinions and preferences of patients is an essential element of an effective health policy, especially in developed countries. Delivering high-quality services can help attract new patients and increase the satisfaction of existing patients, helping to retain them and strengthen patient-provider relationships.
- The provision of patient-centered health services is an important factor in the treatment of patients, with consideration of patients' needs and preferences. Therefore, it is of great importance to conduct research to determine the preferences of patients. The patient-centered approach requires focusing on the needs of patients, which leads to a focus on what patients value and, as a result, an improvement in the quality of services provided.
- Recognizing which services are or are not being delivered in an acceptable way over time can help hospital managers to take measures to overcome problems with these services.
- It should be ensured that healthy feedback is received on a regular basis, including patients' and visitors' expectations, satisfaction and complaints about the hospital. This should be done as objectively as possible, with a particular focus on satisfaction from the patients' perspective.
- Awareness should be ensured that an important feature of being a brand is the standardization and continuity of the services offered, and that the features that differentiate from other institutions in the same sector are important.

The most important element of branding in hospitals is the quality of doctors who ensure patient satisfaction and continuity. Doctors being an expert in their field, taking care of patients closely and finding solutions to patients' problems are important factors in doctor preference (Kishore et al., 2018). In addition, the preference of doctors who specialize in certain fields and are especially preferred by patients in the public or private sector also results in the preference of the hospital. Therefore, hospitals tend to brand themselves by retaining preferred doctors, and the names of doctors are used as a tool in hospital branding (Subrahmanyam et al., 2021).

As a result, today, due to the development of technology, communication and transportation facilities, it has become possible for patients to choose between various institutions in order to receive the health services they desire. This situation has led to the emergence of competition among both public and private sector organizations that provide similar health services (Sevim and Sevim, 2019). Competition, on the other hand, requires businesses to develop different and prominent features from others, preferability and recognition for potential customers. Today, the most important factor in the branding of healthcare organizations is the doctors who are in direct contact with patients, treat patients and ensure satisfaction (Şantaş et al., 2016). The combination of situations such as doctors being experts in their field, satisfying patients and taking care of the patient's health closely increases the demand for the relevant organization and enables the patient to recommend it to other patients. This situation supports the increase in service quality and branding in the health institution.

2.2. Hospital Preference

Individuals who have health problems for various reasons or for routine health checks (check-ups) turn to hospitals. In this context, family physicians, tuberculosis dispensaries, doctor's offices, public hospitals and private medical centers are generally consulted (Subrahmanyam et al., 2021). Hospitals are influenced by patients' preference for doctors, technical facilities, proximity, recommendation and economic characteristics. Therefore, there is a difference in applications to hospitals according to sectors with various characteristics (Hoşgör and Günsüz Hoşgör, 2019).

Table 3. Number of Patients Admitted to Hospital by Sector

	Visit to the Doctor	**Visits to Doctors Per Capita**
Family Medicine	247,273,830	3,0
Tuberculosis Dispensary	769,343	0.07
Child, Adolescent, Women and Reproductive Health Unit	153,890	
Other Examinations Conducted by Community Health Centers	1,767,606	
Private Polyclinics	435,764	
E2-E3 İntegrated District State Hospitals	2,719,502	
First Digit Total	**253,119,935**	**3.0**
Private Medical Centers	14,527,627	0.2
Hospitals	333,613,569	4.0
Ministry Of Health	239,981,820	2.9
University	31,725,506	0.4
Private	60,906,243	0.7
Sum of Second and Third Digits	**347,141,196**	**4.2**
General Total	**600,261,131**	**7.2**

Kaynak: Ministry of Health (2021)

When Table 3 is examined for the distribution of people applying to hospitals according to sectors, it is determined that more than 600 million patients in total applied to hospitals in 2020, including 247 million patients to family physicians, 769 thousand to Tuberculosis Dispensaries, 2,700,000 to Integrated district state hospitals, 332 million to hospitals, 31 million to university hospitals and more than 60 million to private hospitals. When the data were analyzed, it was determined that approximately 75 million (12.5%) of the 600 million patients preferred private hospitals (Ministry of Health, 2021).

Table 4. Distribution of Health Personnel by Sector

	Ministry of Health	**University**	**Private**	**Total**
Specialist Doctor	46.603	15.025	26.499	88.127
General Doctor	45.291	285	4.184	49.760
Assistant Doctor	12.264	21.108	-	33.372
Total Doctor	**104.158**	**36.418**	**30.683**	**171.259**
Total Dentist	11.588	4.764	18.478	34.830
Pharmacist	3.697	977	30.690	35.364
Nurse	156.205	35.014	36.073	227.292
Midwife	55.505	901	2.634	59.040
Other Health Personnel	140.161	19.052	46.890	206.103
Other Personnel and Service Procurement	250.461	48.694	109.426	408.581
Total Personnel	**721. 775**	**145.820**	**274.847**	**1.142.469**

Kaynak: Ministry of Health (2021)

One of the factors affecting patients' hospital preferences is the number of health personnel in health institutions. The presence of a sufficient number of health personnel can facilitate the utilization of health services (Kahn and Baum, 2020). According to the data published by the Ministry of Health in 2020, approximately 27,000 out of 88,000 specialist physicians and 30,683 out of 171,259 physicians work in private hospitals (Table 5). In addition, it was determined that 274,874 of the total number of 1,142,469 dentists, pharmacists, nurses, midwives and other health personnel work in private hospitals (Ministry of Health, 2021).

Individuals' preference for hospitals is realized when the patient himself/herself or his/her relatives choose among the available health institutions. Hospital preference is basically based on the needs of patients, and is also affected by marital status, gender, age, education, income and individual characteristics (Kahn and Baum, 2020). In addition, individuals are affected by the quality of services offered by hospitals, hospital size, and the level of expertise of healthcare staff and doctors. In various studies on individuals' hospital preferences, it has been emphasized that some characteristics are important (Gilpin et al., 2018). Some of these characteristics are given below (Kayaoğlu, 2020; Özkoç, 2013);

- Nearness to the location of residence
- Advice from other patients
- Availability of a specialist doctor
- Technical equipment
- Having expertise in the applied (health problem) field
- Other doctor's advice
- Past experiences
- Low costs
- Religious beliefs and cultural values
- Cleaning
- Patient care
- Meeting expectations
- Ability to make an appointment
- Hospital staff/doctor being familiar.

Considering the above characteristics, the doctor and the service process provided by the doctor constitute important factors in the hospital preference of individuals.

III. METHOD

3.1. Purpose of the Study

This research aims to examine the effect of branding of doctors on hospital preference. In today's increasing competition in the health sector, the influence of doctors has become quite decisive in the access of patients to health services. Doctors have been an important reference point in terms of their expertise, experience and patient satisfaction. Therefore, the response of patients to the branding of doctors while determining the hospital they prefer and the effect of this effect on the hospital preference processes constitute an important research topic. This study aims to provide healthcare managers and hospital management with valuable insights to identify effective physician branding strategies and help hospitals gain a competitive advantage.

3.2. Population and Sample

The population of the study consists of individuals over the age of 18 residing in Turkey. The scale questions were carried out on a voluntary basis with web-based answers by creating a Google form. The research was conducted between 08.04.2022-08.05.2022 using simple random sampling method.

Considering the population of Turkey as the population, it is considered sufficient to reach 384 people according to the sampling calculation formula at 95% confidence interval. In this study, 1077 individuals who met the age of majority were included in the sample.

3.3. Data Collection Tools

"Personal Information Form", "Doctor's Branding Scale" and "Hospital Preference Scale" were used to collect data in the study.

Personal Information Form is a questionnaire form consisting of 7 questions (gender, age, marital status, educational status, occupation, number of hospital admissions in the last year and presence of chronic diseases) in which demographic and descriptive data of the participants are evaluated.

Doctor's Branding Scale was prepared by Ayaz (2017) and consists of 12 statements and one dimension. The items in the scale are scored on a five-point Likert-type scale in the form of "1 - Strongly disagree, 2 - Disagree, 3 - Neutral, 4 - Agree, 5 - Strongly agree". The statements prepared to measure the branding of the doctor consist of items such as the qualifications, gender, experience and examination price of the doctor. Ayaz (2017) calculated the Cronbach's Alpha Value of his research as 0.812. In our research, Cronbach's Alpha of the "Doctor's Branding Scale" was determined as 0.760. This value shows that the Doctor's Branding Scale is quite reliable (Kalaycı 2017). The construct validity of the unidimensional structure of the scale was tested with confirmatory factor analysis and the fit statistical values obtained as a result of the analysis are as follows; [2= 183,608; Sd=51; 2/Sd=3,60; AGFI=0,957; GFI=0,972; CFI=0,937; RMSEA=0,049; RMR=0,046]. As a result of the confirmatory factor analysis, it was determined that the fit statistics were acceptable and at a good level (Meydan and Şeşen, 2015). In line with these results, it was concluded that the data obtained from the Doctor's Branding Scale were valid and reliable.

Hospital Preference Scale was prepared by Ayaz (2017) and consists of 16 statements and one dimension to measure factors such as awareness, advertising, physical conditions and equipment that affect individuals' hospital preference. The items in the scale are scored on a five-point Likert-type scale in the form of "1 - Strongly disagree, 2 - Disagree, 3 - Neutral, 4 - Agree, 5 - Strongly agree". Ayaz (2017) calculated the Cronbach's Alpha Value of his study as 0.812. In our research, Cronbach's Alpha was determined as 0.864. This value shows that the hospital preference scale is highly reliable (Kalaycı, 2017). In our research, "Hospital Preference Scale" was determined as Cronbach's Alpha: 0.864. This value shows that the Hospital Preference Scale is highly reliable (Kalaycı 2017). The construct validity of the unidimensional structure of the scale was tested with confirmatory factor analysis and the fit statistical values obtained as a result of the analysis are as follows; [X^2= 401,332; Sd=87; X^2/Sd=4,61; AGFI=0,929; GFI=0,951; CFI=0,922; RMSEA=0,058; RMR=0,043]. As a result of the confirmatory factor analysis, it was determined that the fit statistics were acceptable and at a good level (Meydan and Şeşen, 2015). In line with these results, it was concluded that the data obtained from the Hospital Preference Scale were valid and reliable.

3.4. Data Collection and Analysis

After obtaining the necessary permissions from the scale owners and the ethics committee, the scale questions were carried out on a voluntary basis with web-based answers via Google form. The data obtained as a result of the applied scales were analyzed through SPSS 26.0 program. Frequency and percentage calculations were made to determine the demographic and descriptive data of the participants (gender, age, marital status, educational status, occupation, number of hospital admissions in the last year and presence of chronic diseases).

In order to determine whether there is a difference in the perceptions of doctor branding and hospital preferences of the individuals participating in the research in terms of gender, age, marital status, occupation, number of hospital admissions in the last year, and the presence of chronic

diseases, arithmetic mean (Mean), standard deviation (Sd.), t-Test for independent samples and ANOVA test were applied after determining that the data were normally distributed.

Correlation and regression analyses were applied to evaluate the effect of doctor branding on hospital preference.

3.5. Ethical Aspects of the Study

Before the data collection form was applied in the study, ethics committee approval was obtained with the decision of Hatay Mustafa Kemal University Social and Human Sciences Scientific Research and Publication Ethics Committee dated 07.04.2022 and numbered 26.

IV. RESULTS

In the findings section of the study, the demographic and descriptive data of the participants are presented first (Table 5).

Table 5. Descriptive Data on Demographic and Descriptive Characteristics of the Research Group

Demographic Characteristics	Groups	N	%
Gender	Female	529	49.1
	Male	548	50.9
Age	20-34 years old	487	45.2
	35-49 years old	405	37.6
	50-64 years old	138	12.8
	65 years and older	47	4.4
Marital Status	Single	434	40.3
	Married	643	59.7
Education Status	Primary Education	190	17.6
	Secondary Education	156	14.5
	High School	231	21.4
	University	448	41.6
	Master's Degree and Above	52	4.9
Occupation	Officer	293	27.2
	Private Sector	128	11.9
	Tradesmen	81	7.5
	Student	180	16.7
	Housewife	252	23.4
	Self-Employed	81	7.5
	Retired	62	5.8
Hospitalized in the Last Year Number of Applications	0-1 time	177	16.4
	2-3 times	389	36.1
	4-5 times	239	22.2
	6 times and above	272	25.3
Presence of a Chronic Disease	Yes	262	24.3
	No	815	75.7
TOTAL		**1077**	**100.00**

Table 5 shows that 49.1% of the 1077 participants were female and 50.9% were male. In terms of age, 45.2% of the participants were between the ages of 20-34, 37.6% were between the ages of 35-49, 12.8% were between the ages of 50-64 and 4.4% were 65 years and older. Regarding the marital status

of the participants in the study, 40.3% were single and 59.7% were married. When the educational status of the participants was examined, it was determined that 17.6% were primary school graduates, 14.5% were secondary school graduates, 21.4% were high school graduates, 41.6% were university graduates, and 4.9% were postgraduate and above. The occupational distribution of the participants showed that 27.9% were civil servants, 11.9% were private sector employees, 7.5% were tradesmen, 16.7% were students, 23.4% were housewives, 7.5% were self-employed and 5.8% were retired. When the number of hospital admissions in the last year was analyzed, 16.4% of the individuals who participated in the study stated that they had been admitted 0-1 times, 36.1% 2-3 times, 22.2% 4-5 times and 25.3% 6 times or more. In terms of having a chronic disease, 24.5% of the participants answered "yes", while 75.7% answered "no".

According to Hair et al. (2018) and Kalaycı (2017), the distribution of Skewness and Kurtosis data between "-1 and +1" indicates that the data do not deviate from normal distribution. The results of the normality test for the scale and dimensions used in the study are presented in Table 6.

Table 6. Normality Test Analysis Data

SCALES	Mean	Sd.	Skewness	Kurtosis
Doctor Brandıng	3.68	0.57	-0.265	0.431
Hospıtal Preference	3.84	0.57	-0.380	0.539

Considering the data obtained from the participants in Table 4.2, it was determined that the Skewness and Kurtosis values of the data were distributed between "-1 and +1" and it was concluded that the data did not deviate from normal distribution. As a result of this result, it was decided to apply parametric analyzes in the following analyzes.

In order to determine whether there is a statistically significant difference between the socio-demographic characteristics of the participants and the mean scores of the Doctor Branding and Hospital Preference scale, independent groups t test and ANOVA test, which are parametric analysis methods, were analyzed and the results are presented in Table 7 and Table 8.

Table 7. Results of Independent Samples t Test and ANOVA Test Analysis Between Demographic Characteristics of the Participants and Physician Branding

Demographic Characteristics	Groups	n	Mean	Sd.	t or F value	p value
Gender	Female[1]	529	3.63	0.56	-2.774	**0.006*** 2>1
	Male[2]	548	3.72	0.58		
Age	20-34 years old[1]	487	3.63	0.58	2.804	**0.039*** 3>1
	35-49 years old[2]	405	3.70	0.55		
	50-64 years old[3]	138	3.78	0.55		
	65 years and older[4]	47	3.67	0.65		
Marital Status	Single[1]	434	3.63	0.57	-2.054	**0.040*** 2>1
	Married[2]	643	3.71	0.57		
Education Status	Primary Education[1]	190	3.74	0.57	2.424	**0.047*** 1>4 2>4 3>4
	Secondary Education[2]	156	3.73	0.56		
	High School[3]	231	3.71	0.59		
	University[4]	448	3.61	0.57		
	Master's Degree and Above[5]	52	3.72	0.54		
Occupation	Officer[1]	293	3.74	0.53	5.458	**0.000*** 1>4 3>4 7>4 3>5
	Private Sector[2]	128	3.69	0.53		
	Tradesmen[3]	81	3.86	0.56		
	Student[4]	180	3.50	0.64		
	Housewife[5]	252	3.65	0.54		
	Self-Employed[6]	81	3.61	0.62		
	Retired[7]	62	3.78	0.64		
Presence of a Chronic Disease	Yes[1]	262	3.80	0.56	4.123	**0.000*** 1>2
	No[2]	815	3.64	0.57		
Hospitalized in the Last Year Number of Applications	0-1 time[1]	177	3.65	0.58	1.706	0.164
	2-3 times[2]	389	3.64	0.58		
	4-5 times[3]	239	3.69	0.56		
	6 times and above[4]	272	3.73	0.56		
***p<0.05**						

When Table 7 is examined, while there is a statistically significant difference between the participants' gender, age, marital status, educational status, occupation and chronic disease status and the doctor branding scale ($p<0.05$), there is no statistically significant difference between the number of hospital admissions in the last year and the doctor branding group mean scores ($p>0.05$). When the gender averages were analyzed, it was determined that male participants had a higher mean score than females, individuals between the ages of 50-64 had a higher mean score than those between the ages of 20-34 in the age variable, and according to marital status, married participants had a higher mean score than single participants. In the educational status variable, it was determined that university graduates had higher mean scores than primary, secondary and high school graduates, and in the occupational groups, students had lower mean scores than civil servants, tradesmen, retired participants and tradesmen had lower mean scores than housewives. It was found that those with chronic diseases had higher mean scores than those without chronic diseases.

Table 8. Independent Samples t Test and ANOVA Test Analysis Results Between Demographic Characteristics of the Participants and Hospital Preference

Demographic Characteristics	Groups	N	Mean	Sd.	t or F value	p value
Gender	Female[1]	529	3.80	0.56	-1.968	**0.049*** 2>1
	Male[2]	548	3.87	0.57		
Age	20-34 years old[1]	487	3.79	0.58	2.301	0.076
	35-49 years old[2]	405	3.86	0.56		
	50-64 years old[3]	138	3.92	0.53		
	65 years and older[4]	47	3.86	0.54		
Marital Status	Single[1]	434	3.80	0.57	-1.726	0.085
	Married[2]	643	3.86	0.56		
Education Status	Primary Education[1]	190	3.89	0.55	2.005	0.092
	Secondary Education[2]	156	3.86	0.56		
	High School[3]	231	3.89	0.57		
	University[4]	448	3.79	0.57		
	Master's Degree and Above[5]	52	3.78	0.51		
Occupation	Officer[1]	293	3.91	0.52	4.787	**0.000*** 1>4 3>4
	Private Sector[2]	128	3.80	0.52		
	Tradesmen[3]	81	3.99	0.64		
	Student[4]	180	3.67	0.63		
	Housewife[5]	252	3.82	0.54		
	Self-Employed[6]	81	3.83	0.56		
	Retired[7]	62	3.89	0.56		
Presence of a Chronic Disease	Yes[1]	262	3.92	0.56	2.830	**0.005*** 1>2
	No[2]	815	3.81	0.57		
Hospitalized in the Last Year Number of Applications	0-1 time[1]	177	3.81	0.60	2.557	0.054
	2-3 times[2]	389	3.80	0.56		
	4-5 times[3]	239	3.83	0.57		
	6 times and above[4]	272	3.92	0.55		

***p<0.05**

When Table 8 is examined, while there was a statistically significant difference between the participants' gender, occupation and chronic disease status and hospital preferences ($p<0.05$), no significant difference was found between age, marital status, educational status and the number of hospital admissions in the last year and hospital preferences ($p>0.05$). When the gender variable was analyzed, it was determined that the mean group score of males was higher than females, and when the occupational variable was analyzed, it was determined that the mean group score of student participants was significantly lower than civil servants and tradesmen. The group mean score of those with chronic diseases is significantly higher than those without chronic diseases when choosing a hospital.

Table 9. The Effect of Doctor Branding on Hospital Preference

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p	F	Model (p)
	B	Std. Error	β				
Stable	1.159	0.076		15.274	0.000*	1280.746	0.000*
Doctor Branding	0.729	0.020	0.737	35.788	0.000*		
R^2: 0.544 R: 0.737 *p<0.001 Regression Equation of the Model: Y=1.159+ (0.729X)							

In Table 9, simple linear regression analysis was applied to determine the effect of physician branding on hospital preference in line with the purpose of the study. According to the analysis, the model created as a result of simple linear regression analysis (F: 1280.746; $p<0.001$) and t statistic values indicating the significance of regression coefficients (t: 15.274; $p<0.001$) showed that the results obtained were statistically significant. According to the results of the correlation analysis, a statistically significant (R: 0.737; $p<0.001$) and positive relationship between the variables was determined and R2: 0.544 was obtained. In other words, 54.4% of the factors affecting hospital preference are explained by doctor branding. According to the results of simple linear regression analysis, it was determined that doctor branding has a statistically positive and significant effect on hospital preference ($p<0.001$).

V. DISCUSSION

In the study, while there was a statistically significant difference between the participants' gender, age, marital status, educational status, occupation and chronic disease status and the doctor branding scale, there was no statistically significant difference between the number of hospital admissions in the last year and the doctor branding group mean scores. In the study conducted by Tüfekci et al. (2016) with patients, no significant difference was found in the gender variable among the factors affecting hospital selection. In the study conducted by Şişmanlar (2014) on health managers, it was determined that the significant difference in the brand image attitudes of hospitals was caused by women. In the research conducted by Soysal et al. (2017) with patients, a significant difference was found in the marital status of the participants and the level of importance they attach to branding in the health institution.

In Aydın's (2021) thesis on 436 patients, no significant difference was found between the sense of trust, which is the factor that enables the branding of the doctor, and gender, occupation, age, educational status and marital status. In other studies examined, a significant difference was found between trust in the doctor and the variables of age in Thom et al. (2002)'s study, gender, age and educational status in Simon et al. (2014)'s study, education and marital status in Gordon et al. (2014)'s study, gender, age and educational status in Karsavuran et al. (2011)'s study, gender, age and marital status in Calnan and Sanford (2004)'s study, and education and age in Zhao et al. (2016)'s study. In Güleç's (2016) thesis conducted with 504 participants, while there was a significant difference in the sub-dimension of the factor related to the doctor in hospital preference according to gender and frequency of hospitalization, no significant difference was found in the variables of age, marital status, educational status and occupation.

In the study, while there was a statistically significant difference between the participants' gender, occupation and chronic disease status and hospital preferences, no significant difference was found between age, marital status, educational status and the number of hospital admissions in the last year and hospital preferences. While Kayaoğlu and Gülmez (2020) did not find a significant difference in the gender variable when choosing a hospital in their study with 390 individuals, Al-Doghaither et al. (2003) in their study with 303 patients, Işık et al. (2016) in their study with 579 patients and Karahan, Tarcan, Yeşilaydın and Tarcan (2016) in their study with students found a significant difference between hospital preference and gender, similar to our study. In the study, similar to Korkutan (2021)'s study with students, there was no significant difference in hospital preference attitude according to the age variable, while in the studies conducted by Belber (2015), Özdemir et al. (2010) and Çolakoğlu and Seyrek (2018) with patients, a statistically significant difference was found between hospital preference and age variable. In the study conducted by Özdemir (2018) with the participation of 1035 patients, in the study conducted by Yetim and Çelik (2021) on 8981 individuals based on Tüik data, and in the study of Özkoç (2013), no statistically significant difference was found between marital status and hospital preference, in line with our study. Andersen and Newman (2005) and Andersen (1995) found that individuals are affected by their educational status when choosing a hospital. On the other hand, similar to our study, Asığbulmuş (2016) conducted a thesis on 560 people and found no significant difference between hospital preference and education level and income status. In the

research conducted by Çimen (2009) on 527 individuals in order to measure branding in hospital preference, in the research conducted by Kayaoğlu and Gülmez (2020) with 390 patients, in the research conducted by Field and Briggs (2001) with individuals, a significant difference was found between the participants' profession and hospital preferences, similar to our result. In Akın's (2016) study on the factors affecting hospital preference, significant differences were found between the answers given by 560 participants and gender, age, marital status and educational status. In the study conducted by Şantaş et al. (2016) on patients, no significant difference was found between the number of hospital admissions and the factors affecting hospital preference. In the study conducted by Yılık (2020) on 775 patients, a significant difference was found between the age and education level of the participants and their hospital preferences, while no significant difference was found between gender, occupation, marital status, and annual number of hospital admissions.

Finally, when we examined the effect of doctor branding, which is the general purpose of our research, on hospital preference, it was determined that it had a statistically positive and significant effect. In the study conducted by Yağar and Soysal (2017) on 372 patients, the vast majority of patients stated that the branding of the doctor affects the hospital preference. Şantaş et al. (2016) conducted a study with 283 patients and found that the second most important factor in hospital preference was doctors and their attitudes. In Akın's (2016) thesis conducted on 550 people, a positive relationship was found between the presence of a branded doctor in the hospital and hospital preference. In the study conducted by Ayaz (2017) on 385 people, it was concluded that the effect of doctor's branding on hospital preference had a positive result and a meaningless effect. As a result of the research conducted by Ravangard, Javanbakht, and Bastani (2020) on 330 patients, it is recommended that careful planning and social marketing approach be used to strengthen the attitudes and perceived behavioral control of employees. When the literature is examined, similar results are observed (Bahadori et al., 2016; Bankaoğlu, 2013; Tüfekci and Asığbulmuş, 2016; Uçar, 2019; Zheng et al., 2017). In the globalizing world, doctor branding means that doctors stand out with factors such as expertise, reputation and patient satisfaction in the competitive environment of health services, and patients prefer the health services of countries (Kıraç, Göde and Aydoğdu, 2020).

VI. CONCLUSIONS AND RECOMMENDATIONS

Today, branding is used to create the perception that a product or service is superior to other businesses in a community, region or even nation. In our field of healthcare, physician branding can be seen as a powerful way to familiarize patients with the physician and the hospital. A strong doctor branding ensures a steady flow of potentially interested patients to the hospital. In this context, hospitals try to make a difference by making people aware of the physicians working in their institutions. Sometimes, the branded doctor even goes beyond the name of the institution and becomes a slogan beyond the power to represent the hospital. The fact that a doctor has a strong brand identity can sometimes even be the only reason for patients to make a decision. Doctor branding can be a performance promise for hospitals and may require meeting patients' expectations. Often, especially in diseases that require follow-up, the most basic thing that individuals look for in the institution they will apply to is the name of the doctor they want to prefer. If the name of this doctor is frequently heard, his/her reputation has increased and he/she is frequently advertised, that doctor may be the first name that comes to mind when a person has a disease in the physician's branch, and the patient may apply after learning which institution he/she works in. In this context, our research examined the effect of doctor branding on hospital preference.

According to the result of the analysis applied to determine the effect of doctor branding on hospital preference in line with the purpose of the research, a statistically significant (R: 0.737; $p<0.001$) and positive relationship between the variables was determined and R2: 0.544 was obtained. In other words, 54.4% of the factors affecting hospital preference are explained by doctor branding. These figures show that doctor branding has a statistically positive and significant effect on hospital preference. Therefore, considering this effect and relationship, it is possible to make some suggestions to health institutions:

- If physicians utilize the opportunities of developing technology and engage in activities such as live broadcasting, information sharing, and patient guidance on social media, loyalty to the doctor will increase.
- The website of the hospital where the doctor works should include the achievements of the doctor, the diagnosis-treatment method developed, if any, and current professional activities.
- The health institution should know its physician staff well, plan the necessary trainings for them to specialize in specific areas and improve themselves, and support their participation.
- Health sectors should conduct a detailed feasibility study on the physicians they will work with. Branded physicians should be constantly followed up on their work and should be tried to be brought into the organization.
- Health tourists should not be ignored. Promotion of physicians in cross-border countries should not be neglected.
- When challenging achievements that can make a worldwide impact are realized (such as face transplantation), media organs should be used to make it heard.
- Physicians should be encouraged to participate as guests on general or local television channels with high ratings and share their knowledge and experience.
- The fact that the patient can reach his/her doctor instantly even in case of a minor problem (for example, in case of a long-term follow-up such as pregnancy or chronic disease), in other words, strong communication will ensure that the patient is satisfied with his/her doctor and does not give up on him/her, and that he/she will apply to the same place for every health problem related to whichever institution he/she works in.

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