A Research on Patient Satisfaction in Primary Health Care Services: The Case of Bilecik Province*

Birinci Basamak Sağlık Hizmetlerinde Hasta Memnuniyeti Üzerine Bir Araştırma: Bilecik İli Örneği*

Tarık SEMİZ** (ID), Nadir ÖZKARA*** (ID)

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**Dr. Öğr. Üyesi, İzmir Bakırçay Üniversitesi, tarik.semiz@bakircay.edu.tr, ORCID: 0000-0002-6647-3383
***Dr., Bilecik Bozüyük 3 Nolu Aile Sağlığı Merkezi, ridan.ozkara@gmail.com, ORCID: 0009-0009-9653-1298

Abstract

The aim of this study is to determine whether patient satisfaction in Bilecik province is affected by personal factors, characteristics of the health institution and the quality of the health service provided within the scope of family medicine practice. The data collection method in the study was carried out with face-to-face and web-based questionnaires. The data collection process was carried out between 1-28 February 2021. The prepared questionnaire forms were printed on paper and also transferred to the website. The address of the website was shared via the internet. As a result of data collection, 406 valid questionnaire forms were obtained. The questionnaire consists of three sections. Under the heading of demographic information; gender, marital status, educational status, occupational information, social security, total monthly income of the household, the reason for applying to the family physician and the first person to whom the health problem is applied when encountered are included. 3 questions are included in the section "Level of knowledge about family medicine practice". The next stage is on "Evaluation of service places". There are 3 questions under the heading "Evaluation of procedures". There are 5 questions under the title "Evaluation of family medicine", 2 questions under the title "Evaluation of family health personnel" and 5 questions under the title "Evaluation of family medicine services". Finally, a section has been reserved for the participants to indicate the issues that they would like to specify about the family medicine service.

According to the results of the research; 53% of the participating patients were male and 47% were female, accordingly, it was determined that the majority of the employees participating in the research were male. It was determined that there was no statistically significant difference between the difference in the gender of the patients and their level of satisfaction with the family medicine system. In addition to these, it has been concluded that there is a statistically significant difference between the different ages of the patients and their satisfaction levels with the family medicine system, and that the satisfaction levels of the patients increase with increasing age. It has been determined that there is a statistically significant difference between the marital status of the patients and their satisfaction levels with the family medicine system and that married patients have higher satisfaction levels with family medicine than single patients.

Keywords: Health Services, Primary Health Care Services, Patient satisfaction.

Öz

Bu araştırmanın amacı, aile hekimliği uygulaması kapsamında, Bilecik ilinde hasta memnuniyetinin kişiye ilişkin faktörlerden, sağlık kurumunun özelliklerinden ve sunulan sağlık hizmetinin niteliğinden etkilenip etkilenmediğini ortaya koymaktır. Araştırmada veri toplama yöntemi yüz yüze ve web tabanlı anketle ile gerçekleştirilmiştir. Veri toplama süreci 1-28 Şubat 2021 tarihleri arasında gerçekleştirilmiştir. Hazırlanan anket formları kâğıt ortamında basılmış, ayrıca web sitesine de aktarılmıştır. Web sitesinin adresi internet aracılığıyla paylaşılmıştır. Veri toplama sonucunda 406 adet geçerli anket formu elde edilmiştir. Anket formu üç bölümden oluşmaktadır. Demografik bilgiler başlığı altında; cinsiyet, medeni durum, öğrenim durumu, meslek bilgisi, sosyal güvence, haneye ilişkin toplam aylık gelir, aile hekimine başvurma nedeni ve sağlık sorununa rastlandığında ilk kime başvurulduğu sorularına yer verilmektedir. "Aile hekimliği uygulaması hakkında bilgi düzeyi'' kısmında 3 soru yer almaktadır. Bir sonraki aşama "Hizmet mekânlarının değerlendirilmesi'' üzerinedir. Burada da 4 soru bulunmaktadır."İşlemlerin değerlendirilmesi'' başlığı altında 3 soru mevcuttur. ''Aile hekimliğinin değerlendirilmesi'' başlığı altında 5 soru; ''Aile sağlığı elemanının değerlendirilmesi'' başlığı altında 2 soru ve ''Aile hekimliği hizmetlerinin değerlendirilmesi'' başlığı altında ise 5 soru yer almaktadır. Son olarak, katılımcıların aile hekimliği hizmeti hakkında belirtilmek istenen konuların ise ayrıca belirtilmesi adına bir kısım ayrılmış bulunmaktadır.

Araştırma sonuçlarına göre; katılan hastaların %53'ünün erkek ve %47'sinin kadın olduğu, buna göre araştırmaya katılan çalışanların çoğunluğunun erkek olduğu tespit edilmiştir. Hastaların cinsiyetlerinin farklı olması ile aile hekimliği sisteminden memnuniyet düzeyleri arasında istatistiksel olarak anlamlı bir farklılık olmadığı tespit edilmiştir. Bunların yanı sıra, hastaların yaşlarının farklı olması ile aile hekimliği sisteminden memnuniyet düzeyleri arasında istatistiksel olarak anlamlı bir farklılık olduğu, hastaların yaşlarının yükselmesi ile memnuniyet düzeylerinin de arttığı neticesine varılmıştır. Hastaların medeni durumlarının farklı olması ile aile hekimliği sisteminden memnuniyet düzeyleri arasında istatistiksel olarak anlamlı bir farklılık olduğu ve evli olan hastaların bekâr olan hastalara göre aile hekimliğinden memnuniyet düzeylerinin daha yüksek olduğu tespit edilmiştir.

Anahtar Kelimeler: Sağlık hizmetleri, Birinci basamak sağlık hizmetleri, Hasta memnuniyeti.

Introduction

Increasing the quality and service quality of health services has become an essential issue in our country and worldwide (Dursun & Çerçi, 2004: 2; Sevimli, 2006: 43; Kaya, 2012: 3). Primary health care services are outpatient, preventive, diagnostic, and treatment services in the institution where the patient first applied (Önder, 2017:6). Because they are the first application units in health institutions, they are also the first environments where both the physician and the patient and the hospital and the patient meet (Çıraklı, 2019:38).

Primary health care services mean primary medical services that try to realize the aims of primary health care services. At the same time, they are services that prevent diseases from occurring in society, provide equitable health services, and aim to fulfill health regardless of whether the service is ostentatious or whether the physician provides it (Eser, 2007: 5-7). Primary health care services constitute the first step where patients reach the physician since they are accessible to them (Ak, 2010). In addition, patients' quality perceptions and satisfaction levels regarding the services provided in these units significantly affect their decision to apply to the same health institution in the following periods (Casey et al., 1998; Çelik, 2013: 222). Along with being the first entry point to primary health care services, it also has the feature of being a doorkeeper in the transition to other health institutions (Starfield, 1988). With a properly functioning referral system, most health problems are solved by family medicine, preventing crowding in other health institutions and ensuring efficient use of resources (Ateş, 2013: 5). In this context, to create a positive image of the institution, attention should be paid to the sound management of services provided in primary healthcare institutions and quality service delivery.

Conceptual Framework

Customer Satisfaction

When we analyze the concept of customer in terms of health services, we see that the word customer, which had never been used before, was widely used in the mid-1980s (Esatoğlu, 1997:20).

When the word "customer" was used in health services, only "patients" came to mind at first (Engiz, 1999; Kartaloğlu et al., 2001: 9). All individuals and organizations participating in the health production process are now accepted as customers (Engiz, 1999). The ranking of internal and external customers in health services has been discussed in different studies in the literature. The concept of internal marketing emphasizes that businesses should value their employees and see them as "internal customers" (Yeniçeri et al., 2020:476). When the literature is examined, the internal customers who make up the institution are defined as "internal customers", and those outside the institution who benefit from the services are defined as "external customers". External customers can be defined as patients, the patient's family and close environment, visitors, companions, official institutions and organizations, contracted organizations, pharmacies, associations, media organizations and members, health insurance companies, medical equipment and pharmaceutical companies, and internal customers can be defined as employees, company partners and consultants (Omachonu, 1990; Esatoğlu, 1997:20). In addition to being a perception that varies from person to person, satisfaction is essential for health institutions to provide quality service and for institutions to evaluate themselves within the framework of the service they provide. Although patients are not generally considered customers, their satisfaction is crucial because they are the primary users of health services (Çelebi, 2015:29-37). Patient satisfaction is generally based on the fact that the service provided to the patient meets the patient's expectations or the patient's perception of the service provided (Yılmaz, 2001: 69; Boudreaux, 2003: 261-262). The patient in the planning, implementation and monitoring of health services satisfaction must be measured as an essential step (Baykan,2014), and the results should be used in planning; prioritization must be taken into account in determining and reshaping practices (Derin ve Demirel:1117).

Ensuring and maintaining a superior service environment in health enterprises in order to ensure that the customers' evaluations of the service they benefit from determining and measuring the level of satisfaction is recognized as an important tool (Esatoğlu and Ersoy, 1998:67). All actors who play an active role in the health sector state that high patient satisfaction is essential for the health sector (Prakask, 2010; Akın & Kuruthan, 2021: 71). Competitiveness between healthcare organizations, patient satisfaction, which is created by responding to their views and needs (Zineldin, 2006: 60).

Method

This study aims to determine whether patient satisfaction in family medicine practice in Bilecik province is affected by personal factors, characteristics of the health institution and the quality of the health service provided.

In the study to measure patient satisfaction with family medicine practice, face-to-face and web-based survey methods were used. The approval of the Bilecik Şeyh Edebali University Ethics Committee and Bilecik Provincial Directorate of Health and permission to carry out the study voluntarily were obtained. The data collection process occurred between 01 February and 28 February 2021. The prepared questionnaire forms were printed on paper and transferred to the website. The address of the website was shared via the internet. As a result, 406 valid questionnaire forms were obtained.

The questionnaire consists of three sections. Under the heading of demographic information, gender, marital status, educational status, occupational information, social security, total monthly income of the household, the reason for applying to the family physician and to whom the first person is applied when a health problem is encountered are included. Three questions are

included in the section "Level of knowledge about family medicine practice". The next stage is the evaluation of service places". There are three questions under the heading "Evaluation of procedures". There are five questions under the title "Evaluation of family medicine", two under the title "Evaluation of family health personnel" and five under the title "Evaluation of family medicine services". Finally, a section has been reserved for the participants to indicate the issues they want to specify about the family medicine service.

This study did not cover all healthcare professionals in Turkey. It was finalized on the patients in Bilecik province who could be reached, who volunteered to participate and could express their opinions freely. The use of the convenience sampling method limits the generalization of the research.

After the data were collected, they were evaluated and sorted, and data entry was made by coding according to the entry format. SPSS Statistics 22 package program was used for data analysis. Descriptive statistics, factor analysis, validity and reliability analysis and variance analysis were used to analyze the research data.

Results

Analysing Demographic Data

Table 1: Gender Distribution of the Participants in the Study

Dimensions	Frequency	Percentage %
Male	215	53,0
Female	191	47,0
	406	100

Table 1 shows the gender distribution of the patients who agreed to participate in the study. When Table 1 is analyzed, 53% of the patients who accepted to participate in the study were male, and 47% were female; in light of this information, it is seen that the majority of the patients who accepted to participate in the study were male.

Table 2: Age Distribution of the Patients Who Accepted to Participate in the Study

Dimensions	Frequency	Percentage %
18 years old	8	2,0
19-40	201	49,5
41-60	165	40,6
61 years and over	32	7,9
	406	100

Table 2 shows the age distribution of the patients who accepted to participate in the study: 2% were 18 years old, 49.5% were between 19-40 years old, 40.6% were between 41-60 years old, and 7.9% were 61 years old and over. According to these data, it is seen that the majority of the patients participating in the study are between the ages of 19-40.

Table 3: Distribution of the Marital Status of the Patients Participating in the Study.

Dimensions	Frequency	Percentage %
Married	300	73,9
Single	101	24,9
Other	5	1,2
	406	100

Table 3 shows the distribution of the patients who accepted to participate in the study according to their marital status: 73.9% were married, 24.9% were single, and 1.2% were in other marital status. According to this information, it is understood that most individuals are married.

Table 4: Distribution of Patients Who Accepted to Participate in the Study According to Their Educational Background

Dimensions	Frequency	Percentage %
Literate	1	,2
Primary School	35	8,6
Middle School	32	7,9
High School	135	33,3
University and above	203	50,0
	406	100

As seen in Table 4, according to the distribution of the educational status of the patients who accepted to participate in the study, it is understood that most of the patients' educational level is undergraduate and above.

Table 5: Distribution of the Institutions where the Patients who accepted to participate in the study work

Dimensions	Frequency	Percentage %
Officer	86	21,2
Labourer	88	21,7
Tradesmen/Self-Employed	123	30,3
Farmer	1	,2
Pensioner	62	15,3
Student	27	6,7
Unemployed	19	4,7
	406	100

Table 5 shows the distribution of the occupations of the patients who accepted to participate in the study. As seen in Table 5, it is understood that most of the patients accepted to participate in the study are tradespeople/self-employed.

Table 6: Distribution of the patients who accepted to participate in the study regarding their social security status

Dimensions	Frequency	Percentage %
Pension Fund	107	26,4
Bağ-Kur	22	5,4
SSK	269	66,3
Green Card	3	,7
Private Insured	5	1,2
	406	100

As seen in Table 6, according to the distribution of the social security status of the patients who accepted to participate in the study, it is understood that most of the patients' social security is SSK.

Table 7: Distribution of Monthly Income of the Patients Who Accepted to Participate in the Study

Dimensions	Frequency	Percentage %
2000 TL and below	21	5,2
2001-4000 TL	174	42,9
4001-8000 TL	150	36,9
8001-12000 TL	49	12,1
12001 TL and above	12	3,0
	406	100

According to the distribution of the monthly income of the patients who agreed to participate in the study in Table 7, it is understood that most of them have a monthly income between 2001-4000 TL.

Table 8: Are you aware of and do you benefit from the Family Medicine Practice of the Ministry of Health?

Dimensions	Frequency	Percentage %
I am aware of it and make constant use of it	276	68,0
I am aware of it and rarely make use of it	93	22,9
I am aware of it, but I do not make use of it	20	4,9
I am not informed	17	4,2
	406	100

In Table 8, the answers given by the patients who agreed to participate in the study to the question "Are you aware of and do you benefit from the family medicine practice of the Ministry of Health?" are analyzed and it is understood that the majority of the patients are aware of and constantly benefit from the family medicine practice of the Ministry of Health.

Table 9: Where did you get information about family medicine practices?

Dimensions	Frequency	Percentage %
From the headman	9	2,2
Media (Newspaper, TV, Radio, etc.)	80	19,7
Health personnel (pharmacist, doctor, nurse, etc.)	237	58,4
From your environment (workplace, friends, family, etc.)	80	19,7
	406	100

In Table 9, the answers given by the patients to the question "Where did you get information about family medicine practices?" are analyzed, and it is seen that the majority of the patients learnt about the family medicine practice of the Ministry of Health by getting information from the health personnel.

Analyzing the Relationships Between Variables

Some parametric and non-parametric tests will be applied to examine the relationships between the patients who agreed to participate in the study and their opinions about their satisfaction with the family medicine system.

Table 10: Two Independent Sample t Test Results of the Relationship Between the Gender of the Patients and Their Opinions on the Level of Satisfaction with the Family Medicine System

Dimension	Groups	N	x̄	t Test		
				t	df	p
Family Medicine Satisfaction	Male	215	24,6326	,023	404	,982
	Female	191	24,6126			

Hypothesis

H1: There is a statistically significant difference between the gender of the patients and their opinions about their level of satisfaction with the family medicine system.

In Table 10, a parametric t-test was applied to examine the relationship between the gender of the patients who accepted to participate in the research and their opinions about their satisfaction with the family medicine system. According to the results of this test, significance values ($p > \alpha = 0,05$) were obtained for the patients' attitudes about their satisfaction levels with the family medicine system. Therefore, the H1 hypothesis rejected. In other words, it is understood that there is no statistically significant difference between the gender differences of the patients and their satisfaction levels with the family medicine system.

Table 11. The Relationship Between Patients' Age and Their Opinions on Satisfaction Levels with the Family Medicine System

Dimension	Groups	Sum of Squares	df	Mean Square	F	p
Family Medicine Satisfaction	Between Groups	844,770	3	281,590	3,646	,013*
	Within Groups	31048,572	402	77,235		
	Total	31893,342	405			

Hypothesis

H2: There is a statistically significant difference between the ages of the patients and their satisfaction levels with the family medicine system.

In Table 11, a parametric ANOVA test was applied to examine the relationship between the ages of the patients participating in the research and their opinions about their satisfaction levels with the family medicine system. According to the results of this test, significance values ($p < \alpha = 0,05$) were obtained for the patients' attitudes about their satisfaction levels with the family medicine system. Therefore, the H2 hypothesis was accepted. In other words, it is understood that there is a statistically significant difference between the different ages of the patients and their satisfaction levels with the family medicine system. When this difference is analyzed, it is seen that the patient's satisfaction levels increase with the increase in their age.

The Relationship Between Patients' Marital Status and Their Views on Satisfaction Levels with the Family Medicine System

Table 12: t-Test Results of the Relationship between the Marital Status of the Patients and their Opinions on the Level of Satisfaction with the Family Medicine System

Dimension	Groups	N	x̄	t Test		
				t	df	p
Family Medicine Satisfaction	Married	300	24,1133	-2,362	399	,019*
	Single	101	26,5149			

Hypothesis

H3: There is a statistically significant difference between the marital status of the patients and their satisfaction levels with the family medicine system.

Table 12 used the parametric t-test to examine the relationship between the marital status of the patients participating in the study and their opinions about their satisfaction levels with the family medicine system. According to the t-test result, it was found that the significance values for the attitudes of the patients about their satisfaction levels with the family medicine system were (p<α=0,05). Therefore, the H3 hypothesis was accepted. In other words, it is understood that there is a statistically significant difference between the marital status of the patients and their satisfaction levels with the family medicine system. When this difference is analyzed, it is understood that married patients have higher satisfaction levels with family medicine than single patients.

The Relationship Between Patients' Educational Status and Their Opinions on Satisfaction Levels with the Family Medicine System

Table 13: ANOVA Test Results for the Relationship between the Educational Status of the Patients and Their Opinions on the Level of Satisfaction with the Family Medicine System

Dimension	Groups	Sum of Squares	df	Mean Square	F	p
	Between Groups	865,152	4	216,288	2,795	,026*
Family Medicine Satisfaction	Within Groups	31028,190	401	77,377		
	Total	31893,342	405			

Hypothesis

H4: There is a statistically significant difference between the educational status of the patients and their satisfaction levels with the family medicine system.

In Table 13, a parametric ANOVA test was performed to examine the relationship between the educational status of the patients who accepted to participate in the study and their opinions about their satisfaction levels with the family medicine system. According to the results of the ANOVA test, it was found that there were significant values (p<α=0,05) for the attitudes of the patients about their satisfaction levels with the family medicine system. Therefore, the H4 hypothesis was accepted. In other words, it is understood that there is a statistically significant difference between the different education levels of the patients and their satisfaction levels with the family medicine system. When this difference is analyzed, it is understood that patients with higher education levels have higher satisfaction levels with family medicine than patients with lower education levels.

The Relationship between the Professions of the Patients and their Opinions on the Level of Satisfaction with the Family Medicine System

Table 14: ANOVA Test Results for the Relationship between the Professions of the Patients and their Opinions on the Level of Satisfaction with the Family Medicine System

Dimension	Groups	Sum of Squares	df	Mean Square	F	p
	Between Groups	2237,310	6	372,885	5,017	,060
Family Medicine Satisfaction	Within Groups	29656,032	399	74,326		
	Total	31893,342	405			

Hypothesis

H5: There is a statistically significant difference between the occupations of the patients and their satisfaction levels with the family medicine system.

In Table 14, a parametric ANOVA test was applied to examine the relationship between the occupations of the patients participating in the research and their opinions about their satisfaction levels with the family medicine system. According to the results of this test, it was found that there were significance values ($p>\alpha=0,05$) for the attitudes of the patients about their professions and satisfaction levels with the family medicine system. Therefore, the H5 hypothesis was rejected. In other words, it is understood that there is no statistically significant difference between the different occupations of the patients and their satisfaction levels with the family medicine system.

The Relationship Between Patients' Social Security and Their Views on Satisfaction Levels with the Family Medicine System

Table 15: ANOVA Test Results Related to the Relationship Between Patients' Social Security and Their Opinions on the Level of Satisfaction with the Family Medicine System

Dimension	Groups	Sum of Squares	df	Mean Square	F	p
Family Medicine Satisfaction	Between Groups	107,029	4	26,757	,338	,853
	Within Groups	31786,314	401	79,268		
	Total	31893,342	405			

Hypothesis

H6: There is a statistically significant difference between the patients' opinions about their social security and their level of satisfaction with the family medicine system.

In Table 15, a parametric ANOVA test was applied to examine the relationship between the social security of the patients participating in the research and their opinions about their satisfaction with the family medicine system. According to the results of this test, significance values ($p>\alpha=0,05$) were obtained for the patients' attitudes about their social security and satisfaction levels with the family medicine system. Therefore, the H6 hypothesis was rejected. In other words, it is understood that there is no statistically significant difference between the different social security levels of the patients and their satisfaction levels with the family medicine system.

The Relationship Between the Monthly Income Levels of the Patients and Their Opinions on the Level of Satisfaction with the Family Medicine System

Table 16: Anova Test Results of the Relationship Between the Monthly Income Levels of the Patients and Their Opinions on the Level of Satisfaction with the Family Medicine System

Dimension	Groups	Sum of Squares	df	Mean Square	F	p
Family Medicine Satisfaction	Between Groups	123,322	4	30,831	,389	,816
	Within Groups	31770,020	401	79,227		
	Total	31893,342	405			

Hypothesis

H7: There is a statistically significant difference between the monthly income levels of the patients and their satisfaction levels with the family medicine system.

In Table 16, a parametric ANOVA test was applied to examine the relationship between the monthly income levels of the patients participating in the research and their opinions about their satisfaction levels with the family medicine system. According to the results of this test, significance values ($p>\alpha=0,05$) were obtained for the monthly income levels of the patients and their attitudes about their satisfaction levels with the family medicine system. Therefore, the H7 hypothesis was rejected. In other words, it is understood that there is no statistically significant difference between the monthly income levels of the patients and their satisfaction levels with the family medicine system.

Reliability Study

Investigating how well the scale used in the research represents the research and how reliable the results will be shows that the Cronbach's Alpha reliability coefficient of the scale used in the research is 0.957. In other words, the reliability level of the scale used in the research is relatively high, and its power to represent the research is very high.

Table 17: Reliability Analysis Results

Scale	Cronbach's Alpha	Standardized Cronbach's Alpha Number of Items	Number of Items
Family Medicine Satisfaction	,957	,958	16

Conclusion and Evaluation

As important as customer satisfaction is in the service sector, patient satisfaction is equally crucial in the health sector. The main aim of general practitioners providing primary healthcare services is to protect their patients from diseases and treat them in case of illness by providing quality healthcare services that meet their expectations. In order to improve the quality of health services, the staff's knowledge, attitudes and behaviors need to be improved. The best way to improve is to train and motivate staff.

Patient and employee satisfaction is critical in the health sector. Health services is a field directly related to human health, and a mistake or possible carelessness may cause permanent damage to the patient and the risk of death. Therefore, compared to other services, health service provision is subject to higher quality standards (Arısoy, 2017:1100).

Healthcare organizations should attach great importance to patient satisfaction in both the private and public sectors in terms of continuity of business life. It is a fact that the private department is more successful in its field. Consumer satisfaction is in constant search. In recent years, serious efforts have been made to increase patient satisfaction in the public sector.

The test results of the hypotheses formed for this research are given in Table 18 below summarized.

Table 18: Results Related to Tested Hypotheses

Hypotheses	Results
H1: There is a statistically significant difference between the gender of the patients and their opinions about their level of satisfaction with the family medicine system.	Rejected
H2: There is a statistically significant difference between the ages of the patients and their satisfaction levels with the family medicine system.	Accepted
H3: There is a statistically significant difference between the marital status of the patients and their satisfaction levels with the family medicine system.	Accepted

H4: There is a statistically significant difference between the educational status of the patients and their satisfaction levels with the family medicine system.	Accepted
H5: There is a statistically significant difference between the occupations of the patients and their satisfaction levels with the family medicine system.	Rejected
H6: There is a statistically significant difference between the patients' opinions about their social security and their level of satisfaction with the family medicine system.	Rejected
H7: There is a statistically significant difference between the monthly income levels of the patients and their satisfaction levels with the family medicine system.	Rejected

Patient satisfaction is closely linked to how patients see the health services they receive. Patient satisfaction is the key to patient expectations and behaviour of health service providers. This study aimed to examine the satisfaction of the people receiving services from family medicine practice, and hypotheses were developed for this purpose.

Patient satisfaction measurement studies provide information about patient satisfaction and skills. In this way, institutions can identify their deficiencies and make necessary arrangements. Measuring the satisfaction of the patients cared for by Bilecik's family medicine practice can guide other provinces where family medicine practices are carried out in Bilecik.

It was determined that 53% of the patients participating in the research were male and 47% were female; accordingly, most of the employees participating in the research were male. It is understood that 2% of the individuals participating in the research are 18 years old, 49.5% are between the ages of 19-40, 40.6% are between the ages of 41-60, and 7.9% are 61 years and over, and the majority of the patients participating in the research are between the ages of 19-40.

Based on the data obtained;

- 73.9% of the individuals were married, 24.9% were single, 1.2% had other marital statuses, and the majority of the individuals were married,

- The majority of the individuals participating in the study have a bachelor's degree and above,

- The majority of the patients are tradespeople/self-employed,

- The majority of the patients have SSK as their social security,

- The majority of the patients had a monthly income between 2001-4000 TL,

- The majority of the patients are aware of the family medicine practice of the Ministry of Health and benefit from it continuously,

- The majority of the patients learnt about the family medicine practice of the Ministry of Health by getting information from health personnel,

-It has been determined that there is no statistically significant difference between the difference in the gender of the patients and their level of satisfaction with the family medicine system.

-In addition to these, it has been concluded that there is a statistically significant difference between the different ages of the patients and their satisfaction levels with the family medicine system and that the satisfaction levels of the patients increase with the increase in their ages. It is seen that there is a statistically significant difference between the marital status of the patients and their satisfaction levels with the family medicine system and that the satisfaction levels of married patients with family medicine are higher than that of single patients.

It is concluded that there is a statistically significant difference between the educational status of the patients and their satisfaction levels with the family medicine system. Patients with higher educational levels are more satisfied with the family medicine system than those with lower education.

It was determined that there was no statistically significant difference between the different occupations of the patients and their satisfaction levels with the family medicine system, there was no statistically significant difference between the different social security levels of the patients and their satisfaction levels with the family medicine system, and there was no statistically significant difference between the different monthly income levels of the patients and their satisfaction levels with the family medicine system. From this point of view, occupational status, type of social security and monthly income do not make a difference in patient satisfaction. In general, the results coincide with the literature (Çıraklı et al., 2014:61-82; Üstün & Cezlan, 2021: 353-364; Bagarad, 2019:51-53; Aslan, 2020: 65-68).

Another study was conducted in 10 family medicine centres. Accordingly, it is concluded that the level of satisfaction with family medicine gives high results, as in many studies (Arısoy, 2017:1079).

Studies that accept many factors in the ineffectiveness of family medicine practices or unsuccessful practices recognize that they are caused by health service providers, society and the state (Basan & Bilir, 2016: 48).

The most important feature of health services is that they are complete. All elements of health service are combined. In order to talk about a quality health service, you must first have a healthy system and organization.

Implementing the family medicine model aims to provide quality, effective health services. In line with this aim, it is a priority task to meet the needs and expectations of the patient for short-term patient satisfaction.

One way to provide quality health care is to improve continuously. Technical quality is sufficient to assess the quality of care provided, but measuring the quality of care received (patients' expectations and needs) is also essential. By measuring perceived quality, it is possible to determine how low or high the perception of quality is by general practitioners and in which areas need improvement. Health policy should be supported by cost-benefit analysis in all areas of health. For this purpose, plans should be made to measure patient satisfaction and ensure sustainability under the coordination of health management.

It is also essential in ensuring service areas' cleanliness and hygiene. With the current fees paid to the family physician, the necessary sensitivity and attention should be paid to cleanliness and hygiene. Cleanliness and hygiene should not be limited to the cleanliness of the buildings. However, they should also take into account the tools and equipment used, the personal cleanliness of the workers, and the cleanliness of the clothes and garments.

Communication and information, trust and sensitivity are essential in patient-physician relations. The family doctor should treat the patient with empathy, especially regarding communication. In addition to empathy, they can make the other person feel they understand and appreciate their feelings. This establishes a relationship of trust between the patient and the doctor. Important factors related to the degree of satisfaction, the interest and importance of the patient's behaviour, and the interest and importance of the family doctor and health worker. To this end, health workers must receive regular training in patient psychology, communication, patient relations and conversations to be friendly and tolerant to show concern and closeness. At the same time, a reasonable examination time and effective teamwork in the health sector are among the essential factors affecting patient satisfaction (Çıraklı et al, 2015: 144).

Other factors affecting institutional sustainability in Family Health Centres providing 1st step healthcare services are employee satisfaction, workload, and inadequate laboratory and technology infrastructure. In Turkey, the number of patients per capita for family physicians and health personnel working in Family Health Centres is relatively high. This causes a serious workload and, consequently, dissatisfaction among the employees. For this reason, the workload of family physicians and other health workers should be alleviated (Uslu, 2022: 622). In Bilecik province, there are 3,500-4,000 patients per doctor on average. In Western countries, this ratio varies between 1.500 and 2.500. New family medicine regions should be designed to increase the patient's trust in the general practitioner by giving the patient more time to the general practitioner and providing the necessary information about the examination and treatment. This will reduce the workload of existing general practitioners and provide general practitioners with more information about the people registered with them.

Emphasis should be placed on healthy generations, notably the effectiveness of antenatal health services. Preventive health care needs to be improved. In this way, it is possible to ensure that resources already insufficient for possible diseases are utilised in other areas, especially health inequalities.

Reforms in health or other areas must be stable and sustainable. At the very least, the information age in which we live should be utilised, and technological infrastructure should be created.

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