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Editorial

THE EFFECT OF SOCIAL MEDIA AS A MASS MEDIA ON HEALTH COMMUNICATION: THE CASE STUDY OF THE PROVINCE OF KILIS (*)

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Abstract

Mass media, internet and social media play an important role in the provision of health communication thanks to technological innovations. These resources have become the platforms that people use to seek advice before the use of health services and then giving advice. This study was carried out to determine the use of social media in the selection of physicians, dentists and hospitals in Kilis. For this purpose, the questions that reveal the personal behaviours of the participants and the Before and After Purchasing in Social Media scale were used. The study was carried out on 391 people living in Kilis province. As a result of the study, it was determined that individuals were not sufficiently affected by social media in the selection of doctors, dentists and hospitals. 72,9% percent of individuals surveyed have reached the conclusion that they use social media. Internet or social media utilization rate for health-related developments is 19,8%. As a result of the study, it was found that there was no significant difference between the participants' social behaviours before and after the purchase in social media for age and occupational variables; it was observed that there was a significant difference among education status variable.

Keywords: Health Communication, Social Media, Mass Communication,

1. Introduction

The health care sector shows distinguished characteristics from the regular markets due to the its own rules concerned with presence of asymmetric knowledge. The diversification of health care markets in terms of quality in terms of competition markets inevitably emerges as natural consequences of the policies implemented by private and public institutions which provide health services (Kurtulmuş, 1998: 44).

Health communication is one of the concepts emerging as a natural consequence of the provision of health services and is defined as the study and use of communication strategies to inform, influence and motivate individuals, institutions and communities in making effective decisions to improve health and improve quality of life according to the US Department of Health and Human Services (Ahmed and Bates, 2013: 3). In this context, the issue of health communication can be deemed as the use of strategic communication in the field of health, in order to ensure the individuals to have information about the disease and health, to increase the overall health level, to inform the patient as a decision-making mechanism about the treatment process (Yılmaz, 2011: 11-12).

Communication is of the concepts emerged through advanced technology and mass communication is defined as the communication of the message to the target audience through the means of communication and communication between the masses. Social media communication tools are generally known as a unilateral form of communication until before it became widespread among the masses (Kılıç, 2014).

Mass media is the source of power as a potential means of influence, control and innovation in society, the source of information and the means of transmission for the work of most social institutions (Dilber, 2014). The main concept to be discussed in this study is social media which is a mass communication tool. Social media are developed independently and online applications that allow consumers to reflect and share their content with others (Gülsoy, 2009: 245).

Patients who intend to use health services have a certain amount of knowledge before meeting with their doctors. At this stage, social media, especially before and after the use of health services, is one of the sources used to transfer experiences and benefit from experience. Social platforms

provide health information and act as a bridge between patients and service providers (Kotsenas et al., 2018).

Social media in which patient participation is achieved. It can be stated that there are three main areas of use, such as information dissemination, information gathering and empowering communication between patients and service providers. Thus, the use of social media in health services is widely used for effective communication between users and service providers (Syed - Abdul et al., 2016: 28).

The aim of this study was to determine the use of social media in the selection of physicians, dentists and hospitals in Kilis. In line with this aim, the level of participation of individuals in expressions that reveal the behavioural patterns before and after the purchase on social media will be demonstrated and it will be determined whether demographic characteristics make a significant difference with these expressions. The importance of the study is that it is realized in the province of Kilis, which is different from the other studies and it is thought that the inferences made according to the results will make an important contribution to the literature.

2. Mass Communication

Human are social creature and must interact with their environment during their life span. This interaction occurs in social, cultural and economic areas. People are in communication while reflecting their feelings and thoughts in these areas. Communication has become a rule of living in a collective state at every moment of life (Hoşgör, 2014).

Various communication tools are used to provide information flow between the masses. The concept of mass refers to a group that follows, reads, and listens with the help of means of communication, and is not clear from a class perspective. Individuals constituent the masses have common aims. In this process, they act together without discrimination based on personal characteristics and social structure. In this way, they can reach the policymakers collectively. In the same way, with the modernization of societies, political authorities and sovereign powers have succeeded in establishing a fast and active communication with the masses. The concept of mass communication, which has become more important, has become double-sided thanks to the developing technology, while the means of communication are usually one-sided before they become widespread (Kılıç, 2014).

Mass media has begun to develop by recognizing the impact of mass communication on human behaviour (Yüksel, 2009). These tools have the power to shape societies in a culturally and significantly affect the social arrangements. A small innovation or emerging knowledge is transmitted to masses through mass media. The most commonly used mass media are newspaper, telephone, radio, television and the internet (Işık, 2011).

3. Health Communication

From the prehistoric times to the present, the concept of communication fulfils the function of providing information and training about health. Constantly evolving communications is divided into several subsections over time. The concept of health communication has emerged as one of the sub-disciplines of communication (Kaya, 2014). Centers for Disease Control and Prevention (CDC) and the National Cancer Institute, one of the most important organizations in the US, define health communication as investigation and use of communication strategies to inform and influence individual decisions that improve health (Centers for Disease Control and Prevention, 2018).

Health communication includes the use of communication strategies to influence individual and social knowledge, attitudes and practices related to health and health services. This concept is considered to be a necessary factor for the development of personal and social health. Health communication, which contributes to every stage of health, is particularly effective in the areas of disease prevention and health promotion. In order to encourage healthy behaviour, to create awareness, to change attitudes and to motivate individuals, Americans traditionally attach importance to mass communication (such as public service announcements on radios and televisions) and to convey printed materials and health messages (Thomas, 2006: 1-2).

4. Social Media and Use in Health

Social media is a concept that is widely used today and is developing every day. Although it appears to be a new trend, the roots of social media are very old. Social media is the product of a process that has evolved to the present day with the beginning of the computer period and the use of the Internet. Halis (2012) defined the social media as the internet platforms in which people communicate and interact with other people through video, writing, picture and sound. Furthermore, Kim et.al (2010) defined the social media as the virtual networks that users create an

online environment and determine the content of their shares. According to another definition social media is a group of internet-based applications that build on the technological foundations of Web 2.0 (Kaplan and Haenlein, 2010). Social media is becoming more and more popular with the renewal of the application areas. The most important difference separating social media from traditional media is that individuals can create, comment and contribute to the content of social media (Yağmurlu, 2011). The tools that form the basis of social media are generally examined as social networks, blogs, wikis, forums, content communities and microblogs.

Social media is a new structure that changes the communication between individuals and institutions. According to PricewaterhouseCoopers's (PwC) survey of 1,060 adults in the United States; one third of people see and use social media platforms as a comfortable environment for conducting health discussions. 42% of participants used social media to conduct reviews such as treatment research on their health or choosing a doctor. Roughly 25% of the participants shared their health experiences, while 20% participated in a health forum. More than 80% of participants in the 18-24 age group share health-related things through social media, while about 90% tend to participate in health activities. 45% of the 45-64-year-olds share health through social media, while 56% are more likely to participate in health activities. According to this, it is possible to say that the shares made through social media are affected by the age factor (PwC Health Research Institute, 2012).

In recent years, social media has become a public relations tool used by health organizations to reach people, rather than just a platform used by patients to obtain information. Health organizations not only provide web page service, but also provide information to patients through various social media platforms, and offer promotional work in which all kinds of questions are answered. In that way, reciprocal communication is realized rather than one-way information flow. Patients especially seek reliable answers when conducting research on physician selection and complaints. The active use of social media by clinicians facilitates access to accurate information while reinforcing mutual relationships in health-related issues. Use of social media in health, it is used as a means of feedback by specifying opinions and advice for the health system while providing information and convenience to individuals (Pentescu et al., 2015).

In the literature, there are various researches about the use of social media and internet in the field of health. Table 1 shows the common parameters and results of some of these studies.

Table 1: Findings of some researchers on the use of social media and internet in the field of Health

	I Use The Internet When Searching For Information About Health	I Benefit From The Internet In The Hospital/ Physician Choice	I Benefit From Social Media On Health	I Benefit From Social Media In Hospital Choice	Benefit From Social Media In Physician Choice	I Give Advice On Diseases In Social Media	I Get Advice On Diseases In Social Media	Social Media Sharing Affects Health Behaviour
Social Touch, 2013 (N: 8.001)	%78,77	%24,16	%8,25					
PwC (HRI), 2012 (N: 1.060)			%42	%10	%11			
Çimen vd., 2015 (N:402)				%75,6				
Tengilimoğlu, 2014 (N: 418)			%54	%22,1	%29,9		%36,8	
Benker&Arıkan, 2011 (N:1.211)		%28				%31	%39	
General Electric, 2012 (as cited in Darı, 2017) (N:2.100)			%42					%30
Ekiyor ve Tengilimoğlu, 2014* (N:1.373)			%21,5					
Tengilimoğlu vd., 2017 (N:947)			%55,1	%41,7	%41,9		%35,3	
Pazarıcı vd., 2015 (N: 600)	%17,8	%9,3						
PEW, 2010 (N:3.001)	%59						%3	
Fener, 2016 (N:500)				%59,8	%64,4			
Öz ve Uyar, 2014 (N: 552)		%17,8						
Bupa Health Pulse, 2010 (N: 12.262)	%46	%38- %25	%18					
Current Work (Akış, 2019) (N:391)			%19,8	%22,8	%20,5		%10,6	

*: The number of samples in the study conducted by Ekiyor and Tengilimoğlu (2014) is 468. "N" is stated as 1373 because of the multiple answers to these questions.

5. Consumer Behaviour and Purchasing Process in Health

Consumer behaviour is a reflection of human psychology and perception. All decisions made by individuals in the process of purchasing product and services are called consumer behaviour (Parlak, 2010). More than one model for consumer behaviour has been developed. But the common points of all these models are individuals. Persons are influenced by external warnings as well as decision-making with individual characteristics to satisfy their needs. These factors, which are classified as internal and external, guide the behaviours of individuals when making a purchase decision (Eroğlu, 2012: 11-12).

Another factor affecting the decisions and behaviours of consumers in the purchasing process is the feature of product and services. The products cause consumers to behave differently for all sectors have similar and different characteristics. Especially because of the dominance of abstraction in the service sector, the behaviours of consumers are also different (Tengilimoğlu, 2014). It is seen that they have their own features when health services are also examined.

The purchasing process in the health service sector differs due to the organizational structure of health institutions, employee diversity and originality of health services (Şantaş et. al, 2016). For these reasons, it is necessary to clearly and accurately determine the factors affecting the consumers who are involved in the process of purchasing health services. Kotler et al. (2008 as cited in Tengilimoğlu, 2014) stated that the process started before the purchase decision. This results in a significant impact on consumer behavior. Consumer purchasing process is generally examined in five stages: awareness of the problem, alternative determination, evaluation of alternatives, purchasing decision and post-purchase behaviours (Yıldırım, 2016). Today, increasing competition in every sector forces companies to make changes in the process of reaching their target audiences. It is very important for companies to provide consumers with information about the products they want to buy. The easiest way to reach customers is internet and social networks. Consumers intending to buy are affected by the content created by the enterprises (Torun, 2017). The fact that companies actively use social media provides many advantages in corporate sense. Their sharing of products and services will provide an awareness of the needs and wishes of consumers. Businesses that provide customers with what they want will have a high level of satisfaction (Yıldız, 2014).

Social media allows consumers to easily express their evaluations about the products or services they use. By this means, a strong communication network emerges both between businesses and customers and between people (Şahin, et al.). People share their knowledge, experiences, positive or negative thoughts about the products and services they purchase through social media. This shows that users use social media with their consumer identities. Other customers who want to obtain information prior to the purchase decision communicate with the target audiences of the enterprises in a very comfortable way through social media. Herewith, actual user reviews and experiences significantly influence their purchasing decisions. Social media plays an active role in purchasing decisions of consumers because it supports the interaction of individuals as well as information provided by businesses about their own brands (İşlek, 2012).

6. Methods

6.1. Research Objectives and Hypotheses

Herewith the study, it was aimed to determine the use of social media in the selection of physicians, dentists and hospitals of people living in Kilis province. The study was conducted with 391 participants. Along with the results obtained from the present study, it is considered to contribute to the study area. The following hypothesis were proposed for the study.

H₁: There is a significant difference between the behaviours of the participants before and after the purchase of health services in social media and demographic features.

H_{1a}: There is a significant difference between the behaviours of the participants before and after the purchase of health services in social media and the age of the participants.

H_{1b}: There is a significant difference between the behaviours of the participants before and after purchase of health services in social media and the educational status.

H_{1c}: There is a significant difference between the behaviours of the participants before and after purchase of health services in social media and their occupation.

H₂: There is a significant correlation between the gender variable and the effect of the comments on the product (product and / or service) or brands on social media on the perspective of the product or brand.

H₃: There is a significant correlation between the gender and the use of social media in the physician's choice.

H₄: There is a significant correlation between the gender and the use of social media in the hospital choice.

6.2. The Scope of the Study and Sampling

The scope of the study composed of people living in Kilis province. According to December 2017 official data, the population of this province is 130,825. The sample consisted of individuals selected by simple random sampling method in Kilis province. In this study, a total of 395 questionnaire forms were applied in order to provide the level of significance of the statistical data. However, it was determined that 4 people did not fill the questionnaire form according to the determined criteria. As a result, the sample size assigned for the study is 391.

6.3. Data Collection and Data Collection Tools

In this study, the data were obtained by face-to-face interview based on survey method with individuals. During the answering of the survey, the participants first and last name information was not requested, so that they were encouraged to give objective answers to the questions in the survey. For the study, questionnaire form based on Tengilimoğlu et al. (2014), Vural and Bat (2010), Aba (2011), Ying (2012) and İşlek (2012) was used.

7. Findings

Demographic characteristics of the participants

In the present study, 57, 8% of the participants were male and 42,2% were female. 23% of the people were 25 years and below, 39,1% were 26-35 years, 16,1% were 36-45 years, 11,8% 46-55 years and 9,2% were older than 56 years of age. 58,3% of the people were married and 41,7% were single. 6,7% of people are primary school, 16,1% are secondary school, 53,5% are high school, 22,8% are Bachelor's degree and 1,2% are postgraduate. 0,8% of the participants were commercial (lawyer, doctor, dentist), 16,6% were workers, 11,3% were students, 5,4% were retired, 13,3% were public servants. 1,3% academic, 28,6% self-employed; 17,1% is housewife and 5,6% is a member of other occupation. 89% of the persons have SGK, 1,3% have private insurance and 1,8% have green card. 7,9% of the participants did not have any health insurance.

54,5% of the persons have income of 0-2000 TL, 24,6% of them have income of 2001-3000 TL, 15,6% have income of 3001-4000 TL, 3,1% have income of 4001-5000 TL and 2,3% have income of 5001 TL and above (Table 2).

Table 1: Demographic Profile of the Participants

		n	%
Gender	Female	165	42,2
	Male	226	57,8
Age	Below 25 years	93	23,8
	26-35 years	153	39,1
	36-45 years	63	16,1
	46-55 years	46	11,8
	Above 56 years old	36	9,2
Marital status	Married	228	58,3
	Single	163	41,7
Education status	Primary school	25	6,4
	Secondary school	63	16,1
	High school	209	53,5
	Bachelor's degree	89	22,8
	Postgraduate	5	1,2
Occupation	Commercial Activity (Lawyer, Doctor, Dentist)	3	0,8
	Worker	65	16,6
	Student	44	11,3
	Retired	21	5,4
	Public Servant	52	13,3
	Academician	5	1,3
	Self-employment	112	28,6
	Housewife	67	17,1
	Other	22	5,6
Health Insurance	SGK	348	89,0
	Private	5	1,3
	Green Card (health card for uninsured people in Turkey)	7	1,8
	None	31	7,9
Revenue	0-2000 TL	213	54,5
	2001-3000 TL	96	24,6
	3001-4000 TL	61	15,6
	4001-5000 TL	12	3,1
	5001 TL and above	9	2,3
Total		391	100,0

Distribution of Participants' Personal Behaviours

In this study, the rate of social media use was 72,9%. The study revealed that 188 people use Facebook, 74 people Twitter, 4 people's LinkedIn, 151 people's YouTube, 9 people's blogs, 224 people's Instagram, 5 people's Skype, 108 people's news sites, 12 people's e-commerce sites and 8

people's forums. 12,3% of the participants reported that they spent less than 1 hour in social networks, 28,9% in 1-3 hours, 23,3% in 3-5 hours, and 8,4% in 5 hours or more.

84,1% of the participants were using the internet. The most used mass media is the internet at 70,1%; television at 29,9%. 72,9% of people use social networks while 27,1% do not. 20,5% of the participants used social media in the selection of physicians while 43,5% did not use social media in the choice of physicians. Also 9% of the participants sometimes use social media to choose physicians. 18,4% of the participants use social media in choosing dentists; 47,6% do not use them. 6,9% of the participants sometimes benefit from social media in choosing dentists. 22,8% of the participants used social media in hospital choice and 40,9% did not use social media in hospital choice. 9,2% of the participants sometimes benefit from social media in hospital choice. According to the results, 28 people prefer the social media tool they use because it is reliable, 103 people prefer because it's up to date, 94 people prefer because they're quickly accessible and 26 people prefer because they have good design (Table 3).

Table 3: Distribution of Participants' Personal Behaviours

		n	%
Do you use the Internet?	Yes	329	84,1
	No	62	15,9
Which mass media do you use most?	Internet	274	70,1
	Television	117	29,9
Do you use social networks?	Yes	285	72,9
	No	106	27,1
Do you use social media in choosing physicians?	Yes	80	20,5
	No	170	43,5
	Sometimes	35	9,0
	No Social Media Use	106	27,1
Do you use social media in choosing a dentist?	Yes	72	18,4
	No	186	47,6
	Sometimes	27	6,9
	No Social Media Use	106	27,1
Do you use social media in choosing a hospital?	Yes	89	22,8
	No	160	40,9
	Sometimes	36	19,2
	No Social Media Use	106	27,1
Why do you use social media when making choices?	Reliable	28	7,1
	Update	103	25,9
	Quick Access	94	23,7
	Good Design	26	6,5
	I don't use	146	36,8

Variance analysis results

Herewith, the behaviour of the participants before and after purchasing health care in social media according to their age did not significantly differ ($F=1,152$, $p=0,33$) (Table 4).

Table 4: ANOVA results to determine whether there is a significant difference between the behaviours of the participants before and after the purchasing of health care in social media and the age variable

Age	N	\bar{x}	S	F	df	p
Below 25 years	86	3,02	0,762	<u>1,1</u> <u>52</u>	Between Groups: 4 In-group: 280	<u>,33</u>
26-35 years	138	3,02	0,876			
36-45 years	45	3,24	0,630			
46-55 years	11	3,34	1,006			
Above 56 years old	5	2,84	0,923			
Total	285	3,06	0,815			

Hereby, the behaviour of the participants before and after purchasing health care in social media according to their educational situation significantly differ ($F=3,624$, $p= 0,01$) (Table 5). One of the post hoc tests, Hochberg's GT2, were used to determine which groups of differences were found and the results were shown in the Table 5.

Table 5: ANOVA results to determine whether there is a significant difference between education status and the behaviours of the participants before and after the purchase of health services in social media

Education status	N	\bar{x}	S	F	df	p
Primary school	8	3,40	0,690	<u>3,6</u> <u>24</u>	Between Groups :4 In-group: 280	<u>,0</u> <u>1</u>
Secondary school	24	2,77	0,681			
High school	161	2,96	0,839			
Bachelor's degree	87	3,28	0,777			
Postgraduate	5	3,33	0,386			
Total	285	3,06	0,815			

Table 6: Comparison results of Hochberg's GT2 test of the behaviours of the participants before and after the purchase of health services in social media according to their education status

Education status	Class Variable	The Difference Of Averages	P value
High school	Bachelor's degree	0,325	<u>0,03</u>

When the Hochberg's GT2 test results of behaviours of the participants before and after the purchase of Health Services in Social Media were examined, it was seen that there was a difference between the behaviours of high school graduates and those who had bachelor's degree (Table 6).

ANOVA analysis was used to test whether differs significantly the behaviour of the participants before and after purchasing health care in social media according to their occupation. As a result of the analysis, there was no significant difference in occupational variables ($F=1,455$; $p= 0,17$) (Table 7).

Table 7: ANOVA results to determine whether there is a significant difference between the behaviours of the participants before and after the purchase of health services in social media and the occupation variable

Occupation	N	\bar{x}	S	F	df	p
Commercial Activity (Lawyer, Doctor, Dentist)	3	3,63	0,225	<u>1,4</u> <u>55</u>	Between Groups :8 In-group: 276	<u>1</u> <u>7</u>
Worker	41	2,84	0,784			
Student	41	3,04	0,833			
Retired	1	2,13	.			
Public Servant	51	3,18	0,813			
Academician	5	3,31	0,378			
Self-employment	90	3,10	0,848			
Housewife	31	2,84	0,783			
Other	22	3,28	0,770			
Total	285	3,06	0,815			

According to the Chi-Square (Chi-Square) results of the relationship between the gender variable and the effect of comments on social media products (goods and / or services) or brands on the perspective of that product or brand, significant relationships were found ($\chi^2= 15,98$, $p= ,00$) (Table 8).

Table 8: Chi-Square (Chi-Square) results of the relationship between the gender variable and the effect of comments on social media products (goods and / or services) or brands on the perspective of that product or brand

			Gender		Total	X ²	sd	p
			Female	Male				
Do comments on products or brands on social media make a change in your view of that product or brand?	Yes	N	51	50	101	<u>15,98</u>	2	<u>.00</u>
		%	50,5	49,5	100,0			
	No	N	11	48	59			
		%	18,6	81,4	100,0			
	Sometimes	N	52	73	125			
		%	41,6	58,4	100,0			
Total	N	114	171	285				
	%	40,0	60,0	100,0				

As a result of the chi-square test conducted to reveal the relationship between the use of social media and gender variable in the choice of physician, no significant relationship was found between the variables ($\chi^2= 3,59$, $p=0,17$) (Table 9).

Table 9: Chi-square results of the relationship between the gender variable and the use of social media in the physician's choice.

			Gender		Total	X ²	sd	p
			Female	Male				
Do you use social media in choosing physicians?	Yes	N	32	48	80	<u>3,59</u>	2	<u>.17</u>
		%	40,0	60,0	100,0			
	No	N	63	107	170			
		%	37,1	62,9	100,0			
	Sometimes	N	19	16	35			
		%	54,3	45,7	100,0			
Total	N	114	171	285				
	%	40,0	60,0	100,0				

As a result of the chi-square test conducted to reveal the relationship between the use of social media and gender variable in the choice of hospital, no significant relationship was found between the variables ($\chi^2= 7,42$, $p= 0,02$) (Table 10).

Table 10: Chi-square results of the relationship between gender variable and the use of social media in hospital choice

			Gender		Total	X ²	sd	p
			Female	Male				
Do you use social media in choosing a hospital?	Yes	N	38	51	89	$\frac{7,4}{2}$	2	<u>,02</u>
		%	42,7	57,3	100,0			
	No	N	55	105	160			
		%	34,4	65,6	100,0			
	Sometimes	N	21	15	36			
		%	58,3	41,7	100,0			
Total			N	114	171	285		
			%	40,0	60,0	100,0		

8. Conclusion

The aim of this study is to determine the use of social media in the choice of physicians, dentists and hospitals by individuals' resident in Kilis.

According to the results, it was found that 28,6% of the participants shared their satisfaction and dissatisfaction on the social media about the person or institution they received health services, 20,5% used the social media in the selection of physicians, and 9% sometimes used social media in the selection of physicians. It was found that 18,4% used social media in the selection of dentists, 6,9% sometimes used social media in the selection of dentists, 22,8% used social media in the selection of hospitals, 9,2% sometimes used social media in the selection of hospitals.

According to the findings, there was a significant difference between the behaviours of the participants before and after the purchase of health services in social media and the variables of health insurance and education; no significant difference was found between age and occupation.

According to the research data, it was revealed that there was a significant relationship between the use of social networks (Facebook, Twitter, LinkedIn, YouTube, Instagram, blogs etc.) and the age and marital status variable. It is observed that people in the 26-35 age group use social networks more. Also, it was concluded that single people use social networks more.

It has been concluded that there is no significant relationship between the use of social media in physician, dentist and hospital selection and gender variable.

The differences from previous studies might be attributed to the demographic characteristics of the region.

It is inevitable that there will be delays and disruptions in the use of health services by the fact that Kilis is located on the border, the number of health institutions is low in the province and the refugees fleeing the war are added to the city population.

Since the survey was conducted with one-to-one interview technique, some verbal feedback was obtained in addition to the answers to the questions. Besides the participants who use internet and social media, it is observed that individuals who have low levels of education and income or elderly people have benefited from MHRS in the choice of physicians even though there is no alternative to health institutions.

Research on living standards can also be carried out in Kilis and other similar provinces where search behavior is low in social media for health services. The effects of the features such as the living conditions, education and culture on the purchasing behaviours of individuals are inevitable. Similar studies can be carried out in nearby provinces and improvement studies can be initiated according to the results. The sources of information about health services can be searched and research can be done in these areas and the reliability of these resources can be revealed.

Although other studies have shown different results, health care managers should not ignore the reality of the internet and social media. People who intend to benefit from health services do not choose any concrete data, but choose hospitals or doctors according to the results they observe in their health conditions. The fact that hospitals and health service providers do not inform individuals clearly leads consumers to experience and opinions of other people. Health institutions can benefit from the advantages of developing technology and influence consumers' choice decisions. They can be a basic source of information for people who intend to purchase healthcare services on the Internet and on social media.

In today's conditions, health managers need to have a good command of existing technology in order to prioritize the organizational image. Social media tools that provide a dual relationship network can also be used to determine the expectations and wishes of consumers. In this way, health institutions can turn to providing services in accordance with these data. Furthermore, the

internet and social media play an important role in the quality evaluations of health service providers thanks to the feedback received from the healthcare users.

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