

Patient Satisfaction in Alternative, Holistic, and Complementary Treatment Centers: The Case of Istanbul¹

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Alternatif, Bütüncül ve Tamamlayıcı Tedavi Merkezlerinde Hasta Memnuniyeti: İstanbul İli Örneği	Patient Satisfaction in Alternative, Holistic and Complementary Treatment Centers: The Case of Istanbul
Öz Bütün sektörlerde olduğu gibi, sağlık sektörünün müşterisi olarak hastalar da bir sağlık hizmeti alırken ödedikleri ücretin karşılığını görme beklentisine girdiklerinden; sağlık hizmetlerini tercih ederken daha seçici olmaya başlamışlardır. Bu çalışma, İstanbul ilinde alternatif, bütüncül ve tamamlayıcı tedavileri uygulayan sağlık merkezlerine başvuran hastaların bu merkezlerdeki hekim ve çalışanlarla ilgili memnuniyet durumunu ölçmeyi amaçlamaktadır. Çalışma kapsamında İstanbul il merkezindeki alternatif, bütüncül ve tamamlayıcı uygulamalara başvuran 436 bireye araştırmacılar tarafından hazırlanan anket uygulanmıştır. Bulgular, hastaların alternatif uygulamalarla yaşam kalitesini artırmayı ve ağrıyı azaltmaya öncelik verdiğini göstermektedir. Çoğu katılımcı, zamanında hizmet, uygun randevu imkânı ve hekim ile personelin destekleyici tutumlarından memnuniyet duyduğunu ifade etmiştir.	Abstract As in all sectors, patients in the healthcare sector have become more selective when choosing healthcare services, as they expect to receive value for the money they spend. This study aims to measure the level of satisfaction of patients who visit healthcare centers offering alternative, holistic, and complementary treatments in Istanbul. A survey was conducted with 436 individuals who visited alternative, holistic, and complementary treatment centers in Istanbul. The findings show that patients prioritize improving their quality of life and reducing pain with alternative treatments. Most participants expressed satisfaction with timely service, convenient appointment options, and the supportive attitudes of physicians and staff.
Anahtar Kelimeler: Alternatif Tıp, Açıklayıcı Faktör Analizi, Hasta Memnuniyeti	Keywords: Alternative Medicine, Explanatory Factor Analysis, Patient Satisfaction
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1. Introduction

It is known that the foundations of today's modern medicine were laid by the first humans. While treatments were created and applied by trial and error using nature at that time, with the development of technology, chemistry and biology, modern medicine also began to develop and industrialize gradually. Despite this rapid development, the methods used in ancient times continued to be passed down from generation to generation, albeit little by little. While alternative medicine, known as traditional, old-fashioned medicine, aims to treat diseases with completely natural methods (such as applying vinegar for high fever or drinking lemon for cough); in holistic and complementary practices, the patient is looked at as a whole and general recovery is aimed by utilizing both natural methods and technical advances in modern medicine. While modern medicine focuses only on the disease; alternative, holistic and complementary practices take into consideration the patient's psychological state, social environment and lifestyle in addition to the disease.

Today, the increasing cost of drug treatment in modern medicine, the roboticization of the doctor/nurse-patient relationship, and the inability of modern medicine to find permanent solutions to some diseases have led individuals to new searches. Alternative, holistic and complementary treatment methods can be given as examples of these searches. When individuals go to the hospital due to an illness, they start to approach the doctor's statements, the medications he/she prescribes and the treatment methods he/she determines more questioningly compared to previous years. With the influence of increasing education, income and cultural levels, patients now want to play an active role in their own treatment processes.

Studies on patient satisfaction, factors affecting patient satisfaction, and alternative, holistic and complementary practices (ABTTU) that support modern medicine and are aimed at measuring patient satisfaction have recently begun to appear in the literature. In most conceptual studies among these studies, alternative medicine practices, holistic medicine practices and complementary medicine practices have been explained separately. In studies, the opinions of different professional groups (faculty members, physiotherapists, family physicians, medical school students) on these treatments have mostly been included or the practices have been considered separately and the satisfaction levels of patients have been measured.

Although there are many studies in the literature that address alternative, holistic and complementary practices and opinions about these practices, one of the important factors affecting these opinions is the lack of studies that also take into account the health center and health personnel that provide this service. In this study, opinions, attitudes and satisfaction levels about alternative, holistic and complementary treatments are examined by also taking into account the health center where the treatments/methods are applied. In this context, it is expected that this study will contribute to the literature on these practices as a more comprehensive study.

In this study, the satisfaction levels of patients who are customers of the health sector and the factors affecting patient satisfaction were discussed; the satisfaction levels of physicians, employees and other personnel in the healthcare centers where they receive these practices were examined under various factors.

During the data collection process of the study, data was collected from participants in healthcare centers in the city center of Istanbul through a survey prepared by the

researchers. The first part of the survey included demographic information such as gender, marital status, age, education level, occupation, income level, where they applied when they encountered a health problem; how they became aware of alternative, holistic and complementary practices; how many times they have been to the health center they are in and how long they have been receiving service from the health center; which alternative, holistic and complementary practices they have heard of and applied, for what types of ailments and for what purpose they applied to these practices. In the other part of the survey, the aim was to measure the satisfaction levels of the participants with the health center where they receive service, the health center physician and the staff, with a satisfaction scale consisting of 13 statements on a 5-point Likert scale.

It is anticipated that the study results will shed light on individuals considering alternative, holistic and complementary methods, physicians/entrepreneurs who are the practitioners of these methods, and the management of healthcare centers where the methods are applied.

2. Patient Satisfaction in Healthcare Institutions

Humans are the most important element of this system and when it comes to human health, the perception of quality in service comes to the fore. The emergence of the concept of quality management in service delivery in the health sector has contributed to the development of quality in this sector. Quality management is an initiative aimed at establishing a standard through studies such as planning, development and improvement regarding the product or service offered (Dağhan, Ö. 2023).

Increasing the quality of service and thus increasing patient satisfaction is very important in the health sector (Tanrıverdi H. & Erdem Ş. 2010). The aim of increasing patient satisfaction with health services can be effective in the implementation of new practices, which has a direct share in the development of quality.

Developments in science and technology have changed individuals' perceptions of health and have made them give more importance to health. Today, competition in almost every sector is increasing and the health sector is also included in this competition. Individuals have many options in the health sector in the global market (Emül, B. & Naldöken, Ü. 2019). In order to be the choice of individuals, hospitals have to carry out various studies in order to differentiate themselves from their competitors and come to the fore in the increasingly competitive market (Derin, N., Demirel, E. 2010). Patient satisfaction and corporate image development efforts are at the forefront of these. Institutions need to satisfy their customers, namely their patients, in a competitive environment.

One of the indicators of quality in health services is patient satisfaction. If individuals are satisfied with the service they receive, they will apply to the same health institution again when needed or recommend it to their circle. In other words, if individuals are satisfied with the service, they will become regular customers of the health institution; this will contribute positively to the image of the health institution (Sevim, E. 2009).

From Kotler's definition, it can be deduced that there are two factors affecting customer satisfaction. Customer expectations are the first factor affecting customer (i.e. patient in the healthcare sector) satisfaction. Factors such as customers' expectations of the service they will receive from health institutions and their communication with employees form the basis of customer expectations. Customer expectations may vary according to age, gender, education level, cultural characteristics and past experiences from health institutions

(Kavuncubaşı, Ş. & Yıldırım, S. 2010). The way customers perceive the service they receive also affects customer satisfaction.

Patient satisfaction is a measurement based on health facility performance. Evaluation of health worker performance. It is a quality indicator of health facilities. In order to increase the service quality of health facilities, patient satisfaction in the facility must be measured and improved (Şahin et al. 2005).

The issue of measuring and evaluating patient satisfaction is important both because it provides an idea about the quality of service provided to patients in healthcare institutions and because it sheds light on future policies that healthcare managers can develop regarding medical services (Şahin et al, 2005).

Businesses that provide services to consumers want to know what their customers think about them. This desire is generally to know the level of satisfaction of the customer who received the service, their suggestions and complaints about the service provided.

By measuring patient satisfaction, the feedback received from patients helps determine whether patients are satisfied with the service they receive from the healthcare institution and, if there is dissatisfaction, contributes to the development of the institution's personnel (Hayran et al. 2018).

3. Alternative, Holistic and Complementary Treatment Methods

For centuries, people known as healers, who apply traditional methods (Ozturk Y. et al. 2020); have prioritized many methods such as preparing medicine from medicinal plants, leech and needle practices (Şen, 2017). Experimental methods and magical practices are mostly used in these treatments (Ozturk Y. et al. 2020). Since it was believed that supernatural powers were also effective in the emergence of diseases, clergy and sorcerers were accepted as dispensers of healing in ancient times. At that time, it was believed that when diseases could not be treated, healing could be achieved by asking for help from divine powers. Despite this, research suggests that many practices used to treat diseases in the past laid the foundations of today's modern medicine (Ozturk Y. et al. 2020).

Treatments created by using nature to treat diseases form the basis of traditional and complementary medicine. Information based on observation and trial and error techniques has been transmitted from nation to nation through culture for centuries and has survived to the present day; it has formed today's medical science (Ersoy, 2014).

Traditional complementary medicine is based on religious beliefs, philosophies and social experiences. Complementary medicine is the use of alternative medical practices in addition to modern medical treatments. Although alternative and complementary medicine are different concepts, they are generally used together or interchangeably. While alternative medicine includes practices used as an alternative to modern medicine, complementary medicine includes practices used in addition to treatments in modern medicine. In both approaches, methods such as medicinal plants, animal products, suggestions and warnings are accepted for treatment purposes (Bodeker 2005, Anonymous 2008).

TCM (Traditional and Complementary Medicine), which has been frequently discussed both in the world and in Turkey for the last 30 years, has become increasingly important in the health sector (Polat et al., 2014) and the use of these practices has increased in the treatment of diseases and the alleviation of symptoms (Kütmeç Y. et al., 2017). The belief that natural products are safer is among the reasons for the increase in TCM practices. However,

on the other hand; TCM practices carried out unconsciously and uncontrolledly put the health of individuals who apply these practices at risk (Tuna, H. 2021). In this direction, TCM practices have become a subject that the World Health Organization (WHO) and national organizations have drawn attention to (Kocabaş et al., 2019).

'Holistic' means a holistic approach. The use of this word in medicine defines an approach where physical, spiritual and social dimensions are taken into consideration for the desired state of health (Anonymous 2016). The subconscious, the way a person perceives the world, the structure of thought and emotion, affects the entire body through the neurological system. Therefore, the stimuli sent to the brain determine the person's emotions and mental state. So, holistic medicine approaches the patient with practices that combine the human system; basic medical research, clinical practice and research results in the treatment process and approach the patient as a whole. The concept of HIM (Holistic Integrative Medicine) is used in many medical education and treatment processes.

The European Federation for Complementary and Alternative Medicine (EFCAM) proposes that alternative, holistic and complementary practices are a range of different health practices used to treat diseases and maintain a sustainable state of health for individuals, and can be used independently or in conjunction with modern medical treatments (EFCAM).

The factors that are effective in the increasing prevalence of TCM practices can be listed as follows:

- Increase in chronic diseases and diseases that are difficult to treat
- Severe side effects of drug treatment in modern medicine
- The idea that naturalness is reliable
- Increased sensitivity to environmental pollution caused by the pharmaceutical industry in developed countries
- Decreased trust in physicians
- The need to protect and strengthen health
- Inadequate care of patients by health personnel (Öztürk, Y. Dömbekci H., Ünal, S 2020).

Individuals' use of alternative, holistic and complementary practices may vary according to their culture, religion and traditions (Araz et al., 2007; Kav et al., 2009). Studies show that individuals who use these practices are generally elderly, living in rural areas and having diseases that are difficult to treat.

There are regulations on complementary treatment methods in 11 countries included in the European Union. In our country, the "Acupuncture Treatment Regulation" is the first legal regulation on this subject. In 2001, the Complementary Medicine Department was opened at the Istanbul University Oncology Institute; and in 2003, the Alternative and Complementary Medicine Advisory Board was established (Kalyon, 2007). Another development regarding TCM practices in our country was the publication of the "Traditional and Complementary Medicine Practices Regulation" in 2014 (Öztürk Y et al. 2020).

The regulation clearly includes the definitions of these practices, how they will be applied, in which cases they can or cannot be applied, the qualifications of the specialist who will apply them, and the tools and equipment to be used during the practice. In addition, alternative, holistic and complementary practices should be applied by certified specialist physicians. (Tekçi, 2017).

4. Studies on Patient Satisfaction in Alternative, Holistic and Traditional Complementary Treatment Methods

Kılıç, K. & Soylar P. (2019) aimed to examine the views of individuals who applied to traditional and complementary medicine practice centers and the reasons for their practice together with their satisfaction levels. In this direction, a survey was applied to 261 individuals. According to the results of the research, 85.4% of the participants stated that complementary practices would benefit them and it was found that the participants' attitudes towards the practices were positive. It was seen that the reasons for applying to these treatments were mostly to increase health well-being and to reduce pain.

According to the research results of Pekmezci H. Et Al. (2022), it has been revealed that the use of TT (Complementary Medicine) methods by cancer patients has increased due to the increase in social and psychological symptoms, but patients need more education on this subject. At this point; in order to increase the competence of nurses in this field and to strengthen them legally, it is recommended to integrate course content on TT practices into undergraduate and graduate education, to increase awareness on the subject, to inform cancer patients about the effective and correct use of TT practices by competent healthcare personnel in the field, and to increase the quality and quantity of scientific research in order to ensure the evidence-based applicability of TT practices in cancer patients.

Bozkaya G. et al. (2008) aimed to determine the frequency of use of alternative medicine methods (AMM) by families in the pediatric age group, the views of the families, and the effects of variables affecting the use of AMM. The majority of parents stated that they had used alternative medicine several times before. As a result of the study, it was concluded that the side effects of commonly used alternative practices can be overlooked because they are known and reflected as safe methods because they are natural. At this point, it was determined that informing families and our physicians would be beneficial both in terms of choosing ATY that is appropriate for the situation and time and in terms of minimizing the negative effects experienced due to wrong choices.

5. A Practice On Patient Satisfaction In Health Care Facilities Applying Alternative, Holistic And Complementary Treatment Methods

5.1.Purpose of The Research

This study aims to;

- measure individuals' awareness of alternative, holistic and complementary practices,
- determine individuals' expectations from healthcare centers that offer the practices in question,
- examine individuals' satisfaction levels with practices and healthcare centers in terms of consumer behavior.

In this context, patient satisfaction is addressed together with the concepts of alternative, holistic and complementary medicine; and the opinions of individuals about these methods and healthcare centers that implement these methods, as well as the factors that are effective in their preference for these healthcare centers, are among the other objectives of the study.

5.2 Importance of the Research

Individuals have begun to prefer alternative, holistic and complementary practices due to reasons such as the high cost of drug treatments in modern medicine and the belief that natural treatments are safer. There are many studies in the literature on alternative, holistic and complementary practices, but no study has been found on the satisfaction levels and expectations of patients from healthcare centers offering these practices. Therefore, this study will fill this gap in the literature and shed light on the awareness of individuals who apply alternative, holistic and complementary practices regarding these practices and their expectations from healthcare centers.

5.3 Scope of the Research

In the study, a survey was applied to 436 individuals in healthcare centers in Istanbul that offer alternative, holistic and complementary practices, including questions to measure their demographic characteristics (gender, age, occupation, income level), reasons and purposes for applying these practices, and their satisfaction and attitudes towards the healthcare centers that offer these practices.

5.4. Method of the Research

In line with the purpose and scope of the research, data were obtained through a survey created by the researchers using a relational screening model. Quantitative analysis methods were used for the data obtained.

In the study, the participants' opinions about alternative, holistic and complementary treatment methods and their satisfaction levels with the healthcare centers that apply these methods were determined with the scale created by taking inspiration from the satisfaction scales previously created in the literature. In this context, the research is a survey study.

The descriptive results of the demographic characteristics, practice usage habits, purposes and reasons of the individuals who applied alternative, holistic and complementary practices were presented with frequency analysis. In the analysis of the obtained data, firstly the scales were sized with EFA and various comparison analyses were used in terms of the dimensions in question. In the study, Independent Samples t-Test was applied in the analysis of the differences in terms of dimensions of the variables consisting of two groups, and a One-Way Analysis of Variance (ANOVA) was applied for variables consisting of more than two groups.

5.4.1. Population and Sample

The population of the research consists of individuals who apply to healthcare centers for alternative, holistic and complementary practices. The sample of the study consists of individuals who apply to alternative, holistic or complementary practices in 7 healthcare centers operating in Istanbul.

Since the characteristics of the units constituting the universe in the study are different (gender, age, profession, marital status, etc.) related to the research topic, a stratified sampling method was used, where 7 healthcare centers were taken as a stratum.

The data within the scope of the study were collected between February 2024 and May 2024. In order to increase the reliability of the study, the sample size was determined as 200-300 people at the beginning of the study; data were obtained from 436 people at the end of the process.

5.4.2. Data Collection Tecnique

During the data collection process of the study, data were collected from 436 participants who applied in the provincial center of Istanbul through a questionnaire prepared by the researchers. The scales used in the study were developed based on studies in the literature concerning patient opinions. The final version of the questionnaire was shaped through interviews conducted with patients, physicians at the centers, and experts, and a pilot study was also carried out. The first part of the survey included demographic information such as gender, marital status, age, education level, occupation, income level, where they go when they encounter a health problem; how they heard about alternative, holistic, and complementary practices, how many times they have been to their current health center and how long they have been receiving service from the health center; which alternative, holistic, and complementary practices they have heard of and applied, for what types of ailments and for what purpose they apply to these practices. The second part of the survey includes an opinion scale consisting of 13 statements and an attitude scale consisting of 11 statements aimed at determining the opinions and attitudes of patients regarding alternative, holistic, and complementary practices in line with the purpose of the study. The opinion scale was categorized as 'From the Patient's Perspective', 'Safety', 'Accessibility' and 'Cost-Time'; The attitude scale is divided into two sub-dimensions 'Attitude Towards Psychological and Physical Effects' and 'Attitude Towards Practice Results'. In the last section of the survey, the satisfaction scale consisting of 13 statements was used to measure the satisfaction levels of the participants with the health center they receive service from, the health center physician and the staff. The satisfaction scale with the health center is divided into two sub-dimensions 'Health center - Patient Relationship' and 'Attention and Time'.

Participants were asked to indicate their level of agreement with the statements on a 5-point Likert type and their agreement with the statements according to the following options:

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree.

5.4.3. Scope, Limitations, and Assumptions

The research covers the satisfaction levels of individuals who apply to healthcare centers operating in the city center of Istanbul and offering alternative, holistic and complementary practices. The fact that the data was collected from individuals who applied to 7 healthcare centers in only one city constitutes a limitation of the study.

Since some of the physicians administering the treatments in the study work in private clinics and others in large hospitals, conducting a complete census was not possible. This is also among the limitations of the study.

It is assumed that all individuals from whom data was collected during the research process applied to at least one of the alternative, holistic or complementary practices, participated in the survey of their free will, and provided accurate and sincere answers by understanding the questions in the survey form; therefore, they represent the universe.

5.5. Research Findings and Evaluations

In this section, the data obtained in the research are analyzed and presented.

5.5.1. Descriptive Statistics

Demographic data of participants who were surveyed within the scope of the research and their satisfaction levels with healthcare centers that apply alternative, holistic and complementary treatment methods are presented in Table 1, Table 2, Table 3, Table 4, Table 5, Table 6 and Table 7.

5.5.1.1. Demographic Distribution of Participants

The distribution of individuals participating in the study according to demographic data is presented in detail in Table 1.

Table 1. Distribution by Demographic Characteristics of Participants

	Variable	Frequency	%
Gender	Female	298	68.3
	Male	138	31.7
	Total	436	100
Age	Under 30	142	32.6
	30 – 40	116	26.6
	40 – 50	102	23.4
	Over 50	76	17.4
	Total	436	100
Marital Status	Married	233	53.4
	Single	203	46.6
	Total	436	100
Education Level	Primary – Secondary Graduate	138	31.70
	Higher Education Graduate	298	68.30
	Total	436	100
Employment Status	Employed	352	80.70
	Unemployed	84	19.30
	Total	436	100
Income Level	Less than 20000 TL	119	27.30
	20000 TL - 40000 TL	169	38.80
	Over 40000 TL	148	33.90
	Total	436	100.00

- 68.3% of the participants are women, 31.7% are men.
- The majority of the age groups are individuals under the age of 30 with 32.6%; 26.6% of the participants are in the 30-40 age group, 23.4% in the 40-50 age group, and 17.4% in the 50+ age group.
- 53.4% of the participants are married, 46.6% are single.

- When the education levels of the participants are examined, the majority are undergraduate and graduate graduates at 68.30%; the remaining 31.70% are primary school, secondary school or high school graduates.
- When it is examined whether they have a profession, 80.70% of the participants are employed, while 19.30% are not employed.
- When the income level is examined, 38.80% of the participants have an income between 20000 TL and 40000 TL, 33.90% have an income above 40000 TL, and 27.30% have an income less than 20000 TL.

Table 2. Distribution by Methods and Health Center Data of Participants

Variable	Frequency	%	
First Place of Consultation for a Health Issue	Family Health Center	122	28
	State Hospitals	164	37.6
	Private Hospitals	106	24.3
	University Hospitals / Private Doctor Offices	44	10.1
	Total	436	100
Source of Awareness for Alternative / Complementary Treatment Methods	Health Professionals	87	20
	Online Resources / Book / Magazines	134	30.7
	Friends / Family	215	49.3
	Total	436	100
Number of Previous Visits to the Health Center for Treatment	First Visit	105	24.1
	1 - 3 Times	133	30.5
	4 or more	198	45.4
	Total	436	100
Duration of Receiving Services from the Health Center	Less than 1 year	205	47
	1 - 3 years	83	19
	3 - 5 years	49	11.2
	More than 5 years	99	22.7
	Total	436	100

- When participants were asked where they went when they encountered a health problem, the majority (37.6%) were those who applied to state hospitals, while 28% preferred family healthcare centers. It was observed that 24.3% of the participants applied to private hospitals when they encountered a health problem, while 10.1% preferred private doctor's offices and university hospitals.
- When the participants' sources of information about alternative, holistic and complementary treatment methods were examined, 30.7% stated that they heard about

them from books, magazines and online sources, 49.3% from family and friends, and 20% stated that they learned about them through health professionals.

- When participants were asked how many times they had visited the health center they were in, 45.4% said they had come more than 4 times, 30.5% came 1-3 times and 24.1% saw it as their first visit.
- When we look at how long the participants have been receiving service from their current health center, 47% reported that they have been receiving service for less than 1 year; 22.7% reported that they have been receiving service from the same health center for more than 5 years, 19% for 1-3 years, and 11.2% for 3-5 years.

Table 3: Distribution by Awareness and Implementation of Treatments Among Participants

Method	Awareness		Implementation	
	F	%	F	%
Acupuncture	338	77.50	127	29.10
Cupping	396	90.80	252	57.80
Leech Therapy	365	83.70	91	20.90
Homeopathy	82	18.80	19	4.40
Meditation	293	67.20	92	21.10
Aromatherapy	175	40.10	44	10.10
Ozone Therapy	297	68.10	77	17.70
Mesotherapy	205	47.00	33	7.60
Phytotherapy	138	31.70	24	5.50
Reiki	126	28.90	26	6.00
Yoga – Pilates	319	73.10	110	25.30
Hijama	249	57.10	84	19.30
Apitherapy	34	7.80	1	0.20
Hypnosis	267	61.20	19	4.40
Music Therapy	131	30.00	20	4.60
Thermal Spa Treatment	327	75.00	118	27.10
Applied Kinesiology	58	13.30	14	3.20
Other	15	6.70	23	5.30

- 338 Participants (77.5% of the participants) stated that they had heard of acupuncture, 127 participants (29.1% of the participants) stated that they had applied it;
- 396 Participants (90.8% of the participants) stated that they had heard of cupping therapy, and 252 participants (57.8% of the participants) stated that they had applied it.

The status of the participants' having heard of and applying other methods and treatments can be interpreted in this way by looking at Table 3.

In addition to those in the table, the participants stated that they had heard of and applied treatments and practices such as massage, regression, glutathione, dry needle, stem cell therapy, sujok, thetahealing, prototherapy, neural therapy, and horn throwing.

Table 4: Distribution by Reasons and Purposes for Using Relevant Treatment Methods Among Participants

		Distribution (f)	%
Reasons for Participants Seeking These Treatments/Practices	Spine and musculoskeletal disorders	255	58.50
	Migraines, tension-type headaches	177	40.60
	Chronic neurological diseases (such as Alzheimer's)	28	6.40
	Sleep disorders	107	24.50
	Functional disorders of the digestive, respiratory, circulatory, or urinary systems	120	27.30
	Postural defects (Posture disorders)	71	16.30
	Psychosomatic syndromes (Anxiety, depression)	82	18.80
	Post-injury pain syndromes	22	5.00
	Post-operative rehabilitation	28	6.40
	Soft tissue sports injuries	51	11.70
	Immune-related disorders	122	28.00
	Chronic fatigue	115	26.40
	Cancer	13	3.00
	Other	17	4.00
Purposes for Participants Seeking These Treatments/Practices	Pain relief	270	61.90
	Stress management	155	35.60
	Improving quality of life	364	83.50
	Chronic condition management	95	21.80
	Health maintenance	262	60.10
	Spiritual and personal development	158	36.20
	Religious reasons	1	0.20
Frequency of Participants Using Treatments/Methods	As discomfort arises	251	57.60
	Only during the treatment period	106	24.30
	Periodically (Regularly)	79	18.10

- 255 Participants (58.50% of Participants) reported that they applied the treatments in the study for spinal and musculoskeletal disorders, 177 participants (40.60% of Participants) for migraine and tension-type headaches, and 28 participants (6.40% of Participants) for chronic neurological diseases such as Alzheimer's.
- 270 Participants (61.90% of Participants) stated that the primary purpose of using alternative, holistic and complementary treatment methods was to reduce pain, 155 participants (35.60% of Participants) for stress management, and 364 participants (83.50% of Participants) for improving quality of life.

- When the frequency of participants' use of treatment methods is examined, 251 participants (57.60% of the participants) stated that they applied to the treatment methods and practices in the study when they felt uncomfortable, 106 participants (24.30% of the participants) stated that they applied only during the treatment period, and 79 participants (18.10% of the participants) stated that they applied regularly.

Participants' reasons, purposes and frequencies for using relevant treatment methods can be interpreted in this way by looking at Table 4.

There were also participants who listed skin diseases, blood pressure, tinnitus, hearing problems, gynecological diseases and capillary diseases among the reasons for applying to alternative, holistic and complementary treatments and practices.

5.5.1.2. Distribution of Participants' Satisfaction Levels with Healthcare centers

The survey includes five statements measuring participants' satisfaction with healthcare centers that provide alternative, holistic, and complementary therapies. Participants' views on these statements were collected using a Likert scale and are presented in Table 5. The 'f' (frequency) value indicates how many of the 436 participants responded to the specified question with 'Strongly Disagree,' 'Disagree,' 'Undecided,' 'Agree,' or 'Strongly Agree.'

Table 5: Distribution of Satisfaction Levels with Healthcare centers

Statements	Strongly Disagree		Disagree		Undecided		Agree		Strongly Agree	
	f	%	F	%	f	%	f	%	f	%
Services are provided on time at the health center.	7	1.60	26	6.00	54	12.40	268	61.50	81	18.60
I can make an appointment at a convenient time at the health center.	13	3.00	40	9.20	47	10.80	265	60.80	71	16.30
I can reach the health center whenever I want.	59	13.50	188	43.10	67	15.40	88	20.20	34	7.80
I would receive these treatment methods from the same health center in the future.	7	1.60	32	7.30	111	25.50	218	50.00	68	15.60
The health center keeps records accurately.	8	1.80	24	5.50	122	28.00	217	49.80	65	14.90

According to the survey results, regarding healthcare centers that implement alternative, holistic and complementary treatment methods;

- "Service is provided on time at the health center." statement was answered by 7 participants (1.60% of the survey participants) Strongly Disagree, 26 participants (6% of the survey participants) Disagree, 54 participants (12.40% of the survey participants) Undecided, 268 participants (61.50% of the survey participants) Agree, 81 participants (18.60% of the survey participants) Strongly Agree;

- "I can make an appointment at the health center at a convenient time." 13 participants (3% of the survey participants) responded as Strongly Disagree, 40 participants (9.20% of the survey participants) as Disagree, 47 participants (10.80% of the survey participants) as Undecided, 265 participants (60.80% of the survey participants) as Agree, and 71 participants (16.30% of the survey participants) as Strongly Agree. The responses given by the participants to the other statements in the scale can be interpreted in this direction according to Table 7.

5.5.1.3. Distribution of Participants' Satisfaction Levels with Health Center Physicians

The survey includes 3 statements that measure the satisfaction of the participants towards the physicians in the healthcare centers that apply alternative, holistic and complementary treatments. The participants' opinions on these statements were obtained using a Likert scale and are given in Table 5. The "f" (frequency) value shows how many of the 436 participants answered the specified question as "Strongly Disagree", "Disagree", "Undecided", "Agree", "Strongly Agree"

Table 6: Distribution of Participants' Satisfaction Levels with Health Center Physicians

Statements	Strongly Disagree		Disagree		Undecided		Agree		Strongly Agree	
	F	%	F	%	f	%	f	%	f	%
The physician provides information about treatment methods.	4	0.90	16	3.70	50	11.50	282	64.80	84	19.30
The physician does not help me express my issues.	108	24.80	217	49.80	69	15.80	35	8.00	7	1.60
My physician helps me cope with emotional issues related to my health condition.	9	2.10	58	13.30	95	21.80	214	49.10	60	13.80

According to the survey results, for the physicians in healthcare centers that apply alternative, holistic and complementary treatment methods;

●“The physician provides information about treatment methods.” statement, 4 participants (0.90% of the survey participants) responded as Strongly Disagree, 16 participants (3.70% of the survey participants) as Disagree, 50 participants (11.50% of the survey participants) as Undecided, 282 participants (64.80% of the survey participants) as Agree, 84 participants (19.30% of the survey participants) as Strongly Agree.

The responses of the participants to the other statements in the scale can be interpreted in this direction according to Table 8.

5.5.1.4. Distribution of Participants' Satisfaction Levels with Health Center Staff

The survey includes 5 statements that measure the satisfaction of the participants towards the employees of the healthcare centers that apply alternative, holistic and complementary treatments. The participants' opinions on these statements were obtained using a Likert scale and are given in Table 5. The "f" (frequency) value shows how many of the 436 participants answered the specified question as "Strongly Disagree", "Disagree", "Undecided", "Agree", and "Strongly Agree".

Table 7: Distribution of Participants' Satisfaction Levels with Health Center Staff

Statements	Strongly Disagree		Disagree		Undecided		Agree		Strongly Agree	
	F	%	F	%	F	%	F	%	f	%
The staff at the health center where I received treatment assists patients before and after treatment.	6	1.40	27	6.20	62	14.20	267	61.20	74	17.00
The practices of the staff at the health center where I received treatment are not reassuring.	89	20.40	223	51.10	79	18.10	35	8.00	10	2.30
The staff at the health center where I received treatment are trained in the practices they perform.	9	2.10	10	2.30	55	12.60	272	62.40	90	20.60

The staff at the health center where I received treatment provides quick service to patients.	6	1.40	22	5.00	75	17.20	267	61.20	66	15.10
The staff at the health center where I received treatment does not show individual interest in patients.	89	20.40	195	44.70	74	17,00	61	14,00	17	3.90

According to the survey results, employees at healthcare centers that implement alternative, holistic and complementary treatment methods;

- “The employees of the health center where I receive treatment help patients before and after treatment.” 6 participants (1.40% of the survey participants) responded as Strongly Disagree, 27 participants (6.20% of the survey participants) as Disagree, 62 participants (14.20% of the survey participants) as Undecided, 267 participants (61.20% of the survey participants) as Agree, and 74 participants (17% of the survey participants) as Strongly Agree to the statement.

The responses of the participants to the other statements in the scale can be interpreted in this direction according to Table 9.

5.6. Results of Exploratory Factor Analysis (EFA)

Exploratory factor analysis (EFA) is to group variables to reduce their number and summarize them in order to facilitate the interpretation of relationships between multiple variables that are thought to be related to each other. In this study, EFA was performed separately for opinions on alternative, holistic and complementary treatment methods and practices, satisfaction level and satisfaction statements from the health center, and variables were summarized.

In the study, firstly, it was determined with reliability analysis whether the opinions, satisfaction and satisfaction statements about the treatment and practices were reliable or not. Afterwards, the suitability of the data for factor analysis was checked with the KMO (Kaiser Mayer Olkin)-Bartlett Test.

Table 8: EFA Results for Satisfaction Levels Related to Healthcare Centers

Factors	Eigenvalue	Variance Explained Percentage	Factor Loading	Cronbach Alpha
Factor 1: Health Center and Patient Relationship	3.645	30.373		0.864
The physician provides information about treatment methods.			0.767	
The staff at the health center where I received treatment assists patients before and after treatment.			0.752	
My physician helps me cope with emotional issues related to my health condition.			0.739	
The health center keeps records accurately.			0.702	
The staff at the health center where I received treatment provides quick service to patients			0.66	
The staff at the health center where I received treatment are trained in the practices they perform.			0.649	
I would receive these treatment methods from the same health center in the future.			0.504	
Factor 2: Attention and Time	2.934	24.449		0.766
I can make an appointment at a convenient time at the health center.			0.789	
Services are provided on time at the health center.			0.786	
The staff at the health center where I received treatment does not show individual interest in patients.			0.658	
The practices of the staff at the health center where I received treatment are not reassuring.			0.582	
The physician does not help me express my issues.			0.504	
KMO=0.910			p=0.000	
Variance Explained Percentage =%54.822				

According to the EFA results of the participants' satisfaction levels with healthcare centers; According to the results obtained from the analyses, the KMO value is 0.910 (a value close to 1), Bartlett $p=0.000$, so the data is normally distributed and suitable for factor analysis. As a result of the EFA, since the eigenvalues of the statements regarding satisfaction with the health center are above 1, two main factors were determined. These two factors explain 54.82% of the satisfaction statements in total.

When the factors are examined separately;

- The statements in the “health center and patient relationship” factor (Factor 1) are reliable since the Cronbach Alpha value is $0.864 > 0.5$. This factor explains 30.37% of the satisfaction statements with the health center.

The factor loadings of the statements to be included in the factors must be at least 50%. On the other hand, it is expected that the statement included in the factor will explain at least 50% of that factor.

When the factor loadings of the statements included in Factor 1 are examined;

The statement “The doctor provides information about treatment methods” of the “Health center and patient relationship” factor explains 77%, “The health center staff where I receive treatment assists patients before and after treatment” explains 75%, “My doctor helps me cope with emotional problems related to my health condition” explains 74%, “The health center keeps accurate records” explains 70%, “The health center staff where I receive treatment provides fast service to patients” explains 66%, “The health center staff where I receive treatment is trained in the practices they perform” explains 65%, “I will receive these treatment methods from the same health center in the future.” explains 50%.

- Since the Cronbach Alpha value in the “Interest and Time” factor (Factor 2) is $0.766 > 0.5$, it can be said that the statements are reliable. This factor explains 24.45% of the satisfaction statements about the treatments. When the statements in Factor 2 are examined;

“I can make an appointment at the health center at a convenient time.” The statement “Service is provided on time at the health center” explains 79%, the statement “The health center staff where I receive treatment do not show individual attention to patients” explains 66%, the statement “The practices of the health center staff where I receive treatment are not reassuring” explains 58%, and the statement “The doctor does not help me express my problems” explains 50%.

6. Results

Alternative, holistic and complementary practices that utilize nature to heal illnesses also use techniques from modern medicine to address individuals/illnesses from a holistic and comprehensive perspective. Focusing not only on the illness but also on the patient; the patient's personality, lifestyle, socio-economic status and psychology are also taken into consideration. In today's understanding of health, it is very important for patients to play an active role in their own examination or treatment processes. Patients can engage in a detailed search to choose the most appropriate method for themselves during the diagnosis and treatment decision process. Accordingly, as awareness of alternative, holistic and complementary practices increases in Turkey, the preference rates for these practices are increasing. Various factors play a role in the decision process of which health institution individuals will receive these practices from. When individuals receive health services from health institutions, they now expect attention, courtesy and understanding from the physician and employees at the health center in addition to the concrete service they receive. As a result of the practice; they evaluate both the results of the treatment they receive and the service they receive from the health center. As a result of these evaluations, they decide whether or not they will prefer the same health center again in the next case of illness.

A survey was conducted with 436 participants within the scope of this study, which was conducted to determine the opinions of individuals regarding alternative, holistic and complementary practices, their expectations from healthcare centers offering these practices

and their satisfaction levels. The findings obtained as a result of the analysis of the obtained data can be summarized as follows:

- *Alternative, holistic and complementary practices are mostly preferred by women.
- *When we look at the age distribution, the majority (32.6%) are young individuals under the age of 30, followed by individuals between the ages of 30-40 with 26.6% and individuals between the ages of 40-50 with 23.4%. While traditional methods are thought to appeal more to individuals over the age of 60, the rate of young individuals applying these methods is striking.
- *The distribution of participants in the study according to their marital status was found to be very close to each other. (53.4% of the participants were married, while 46.6% were single.) The reason for this may be that a positive experience with a health service or practice is shared with family members or members of the immediate circle, and they also resort to these practices.
- *One of the striking findings of the study is that while traditional alternative and complementary methods are seen as outdated by some physicians and scientists, 68.30% of those who resort to these methods are undergraduate and graduate graduates. Accordingly, it can be said that individuals with a higher level of education tend to turn to these practices more with the philosophy of lifelong health.
- *While 49.3% of the participants heard about alternative, holistic and complementary methods from their friends and family, 30% heard about them from online sources and 20% heard about them from health professionals. Based on this finding, it can be said that individuals share their satisfaction or dissatisfaction with these practices with their close circle and that they are also influential in their decisions. Considering that 20% of those who reported hearing about them from health professionals heard about them from modern medical doctors; considering that modern medical doctors also use such practices in their treatments today, it can be said that this is an important development in the health sector.
- *37.6% of the participants first apply to public hospitals when they encounter a health problem. The fact that the rates of family healthcare centers (28%) and private hospitals (24.3%) are close to each other following this rate may mean that patients first try public hospitals due to economic reasons, but continue with private hospitals due to reasons such as long waiting times, appointments given for a long time, and the behavior of hospital staff.
- *The 10 most frequently heard practices were cupping, leeching, acupuncture, spa treatment, yoga-pilates, ozone, meditation, hypnosis, cupping and mesotherapy, respectively; while the 5 most frequently used practices were cupping, acupuncture, spa treatment, yoga-pilates and meditation. Participants mostly use these practices for spinal and muscle disorders, migraine and immune-related disorders. Cancer, skin disorders, hearing problems and post-accident pain syndromes were also seen, albeit at a low rate.
- *Participants' most common purposes for applying alternative, holistic and complementary practices are to improve quality of life, reduce pain and protect health. This may be because individuals are looking for more permanent and effective solutions instead of being subjected to lifelong drug treatment.

When the satisfaction levels of the participants were examined according to the healthcare centers, the participants stated that the service was generally provided on time at the health

center, that they could make an appointment at the health center at a convenient time, and that they would apply to the same health center in the future.

Participants stated that the physician who specializes in alternative, holistic or complementary medicine at the health center they applied to provided adequate information about treatments, helped the patient express their problems and provided support in changing emotional states.

While evaluating the health center staff, the participants stated that the staff's attitudes were reassuring, that they provided fast service to the patients, and that they were also quite adequate in terms of providing individual attention.

As a result of the Explanatory Factor Analysis (EFA) applied to the scale, the Satisfaction scale was gathered under 2 factors. According to the findings of the comparative analyses applied after the Explanatory Factor Analysis (EFA), a significant difference was found in the 'Health Center – Patient Relationship' factor of the Satisfaction scale according to the income level. The difference was observed between the groups with an income of 40,000 TL and above and less than 20,000 TL. From this, it can be said that the potential of participants with a high-income level to be satisfied with the physicians and employees in the health center increases. No significant difference was observed in terms of 'interest and time' (Factor 2).

The contributions of the study to the literature include;

- It offers a holistic perspective on health approaches by looking at alternative, holistic and complementary practices from a single framework,
- It sheds light on the expectations of patients of the service quality units of healthcare centers offering alternative, holistic and complementary practices,
- It provides information to modern medical doctors about the reasons and purposes for which the practices are preferred by patients while presenting the awareness and attitudes of individuals regarding alternative, holistic and complementary practices.

The findings of the study reveal that alternative, holistic, and complementary practices are increasingly preferred, particularly by women and younger individuals, indicating a shift in health-seeking behaviors across different demographics. Despite some skepticism from traditional medical perspectives, the high level of education among individuals using these methods underscores their growing acceptance as a complement to modern medicine.

The significant impact of income level on satisfaction with healthcare center services highlights the importance of personalized and quality service in meeting patient expectations. This suggests that healthcare providers must prioritize empathy, communication, and timely care to enhance patient satisfaction, regardless of socioeconomic background.

In this study, examining patients' satisfaction levels with healthcare centers is important for understanding their intentions to revisit these centers and their attitudes toward service quality. Within the framework of the Theory of Planned Behavior, satisfaction levels can reinforce patients' positive attitudes toward these centers, while societal expectations (subjective norms) and perceived behavioral control (e.g., ease of access to services) can shape their intentions to prefer these services.

It is considered that this study, which covers individuals applying to healthcare centers operating in Istanbul and offering alternative, holistic and complementary practices, will contribute positively to the literature if it is conducted with individuals from different cities or countries.

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Extended Summary

Patient Satisfaction in Alternative, Holistic, and Complementary Treatment Centers: The Case of Istanbul

Factors such as the developing technology, human needs, and globalization are pushing individuals to question every aspect of their lives. This questioning can be observed in marketing, as well as in the healthcare sector, where patients are now more likely to evaluate not only the treatment they receive but also the services provided by doctors, nurses, and other staff members. Factors such as the doctor's behavior toward the patient, compassion, understanding, the staff's attention, and the cleanliness of the hospital also affect patient satisfaction during the treatment process. Healthcare institutions should pay attention to these factors to increase patient satisfaction and maintain the hospital's image.

Alternative, holistic, and complementary practices aim to heal illnesses by utilizing nature, while also incorporating techniques from modern medicine to address individuals and diseases from a comprehensive perspective. This approach focuses not only on the illness but also on factors such as the patient's personality, lifestyle, socio-economic status, and psychology. In today's understanding of health, it is crucial for patients to play an active role in their examination and treatment processes. Patients tend to conduct detailed research to choose the most suitable method for themselves during diagnosis and treatment decisions. As awareness of alternative, holistic, and complementary practices increases in Turkey, the preference for these practices is also rising. Various factors influence individuals' decisions regarding which healthcare institutions to seek these services from. Nowadays, people not only expect tangible services but also seek attention, courtesy, and understanding from the physicians and staff at healthcare centers. After receiving treatment, they evaluate both the outcomes of the treatment and the services provided by the healthcare center. These evaluations play a significant role in their decision to revisit the same healthcare center in the event of future illness.

In the past, alternative medicine, often referred to as "old wives' remedies," and practices like complementary and holistic medicine, which focus on the patient rather than just the disease, have become increasingly popular. Reasons for this include the growing commercialization of the pharmaceutical industry in modern medicine, trust in natural products, the desire of individuals with severe symptoms to improve their quality of life and spiritual fulfillment. Acupuncture and cupping are commonly preferred for chronic spinal and musculoskeletal issues or migraine headaches, while practices like yoga, meditation, and Reiki are sought for spiritual development and emotional satisfaction.

The underlying objectives of these practices and methods include improving quality of life, emotional and spiritual satisfaction, pain reduction, and easing the process of chronic diseases. The number of people receiving training in these practices and those wishing to provide them is steadily increasing. This indicates a need for more widespread regulation in this area of the healthcare sector. Otherwise, the uninformed use of these practices could lead to serious health problems.

Healthcare centers that offer alternative, complementary, and holistic methods, like other healthcare institutions, should also pay attention to hospital conditions (cleanliness, comfort, ventilation, etc.) and doctor-patient, staff-patient relationships. Patients primarily want to trust the specialist/doctor when receiving these treatments. When a trust bond and quality communication are established between the doctor and the patient, the treatment process becomes easier.

On the other hand, especially in rural areas, it is often observed that women are more inclined to learn these practices and apply them to others. The importance of providing education to women in this field, and creating employment opportunities, should not be overlooked.

There are numerous studies in both national and international literature related to patient satisfaction and alternative, holistic, and complementary treatment methods. It has been observed that the factors affecting patient satisfaction are largely the same, even though cultures may differ. International studies examine opinions about alternative, holistic, and complementary practices as well as satisfaction levels focused on specific ailments. However, based on our literature review, we found no comprehensive study that measures individuals' awareness of alternative, holistic, and complementary methods, as well as their satisfaction levels and expectations regarding healthcare centers. Therefore, this study is important in shedding light on GETAT (Traditional Complementary Medicine) methods, which are an increasingly popular sub-sector of the healthcare industry, and the expectations and satisfaction levels of patients with healthcare institutions.

This study answers questions such as, "For what reasons and purposes do individuals turn to alternative, holistic, and complementary methods?", "What factors influence the quality of services received from healthcare centers?", and "Do the attitudes of hospital doctors, nurses, and staff affect patient satisfaction?".

The aim of this study is to measure the satisfaction levels of patients who seek alternative, holistic, and complementary treatments at healthcare centers in Istanbul, considering the factors that influence patient satisfaction. The population of this study consists of individuals who have visited healthcare centers practicing alternative, holistic, and complementary methods in Istanbul. A total of 436 individuals were surveyed using a relational screening model. The first section of the survey includes questions to determine the demographic characteristics of the individuals, as well as inquiries regarding the reasons and purposes for seeking alternative, holistic, and complementary methods, how they became aware of these methods, and how often they have experienced them. The second part includes a satisfaction scale consisting of 13 statements. The data collected were analyzed using quantitative methods. Descriptive results regarding the demographic characteristics of individuals seeking alternative, holistic, and complementary treatments, their usage habits, purposes, and reasons, were presented using frequency analysis. Later, the satisfaction scale was dimensionalized using Exploratory Factor Analysis (EFA).

According to the results of the survey conducted with 436 individuals who visited 7 healthcare centers in Istanbul, it was found that women, individuals in the middle and younger age groups, those with higher education levels, and individuals with middle-income levels generally seek alternative, holistic, and complementary treatments. Participants generally trust these methods because they are natural and believe that when used alongside modern medicine, the results will be more positive. Regarding patient satisfaction, it has been proven that individual attention, politeness, compassion, and information provided by healthcare professionals significantly increase patient satisfaction. Furthermore, environmental factors such as the accessibility of healthcare institutions and their distance from the city center also affect patient satisfaction levels. This study is expected to provide valuable insights for healthcare professionals working in the GETAT sector, healthcare centers, and modern medicine professionals by reflecting the views and expectations of individuals.

The findings indicate that patients using alternative, holistic, and complementary practices prioritize improving their quality of life, reducing pain, and seeking long-term health solutions, often as an alternative to lifelong medication. Moreover, the majority of participants expressed satisfaction with the healthcare centers, highlighting factors such as timely service, convenient appointments, and the supportive attitudes of physicians and staff, particularly in addressing emotional states and providing individual attention.