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SERVICE QUALITY IN HEALTHCARE SERVICES: AN APPLICATION IN PRIVATE DENTAL CLINIC

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Abstract: *At present, succeeding and competing of the health institutions substantially based on the quality service provided. It is seen that the studies on measuring the quality of health services gradually increase in recent years. This research was conducted in a private dental clinic in İstanbul between the dates of 15th June 2014-15th August 2014 for the purpose of measuring the quality of the health services that they perceived or expected. Our study is composed of totally 200 patients who applied to the clinic during the investigation period and accepted to attend to the study as well. The questionnaire form has two parts. The questions about the socio-demographic features are in the first part, questions of SERVQUAL Service Quality Scale are in the second part. The data obtained from the research are subjected to reliability analysis, and all the sub-dimensions of the scale is found as high-level reliable. Attendees' point averages of Tangibles, Reliability, Responsiveness, Assurance, Empathy and General Service Quality SERVQUAL are found as high when the Expected and Perceived Quality levels of them are considered. It is determined when being reviewed the SERVQUAL point averages after getting the clinic service that they left with the perception more than expected.*

Key words*: Healthcare Services, Quality of Service, SERVQUAL Scale*

1. Introduction

Becoming the sense of quality more significant in our country day by day has pretty much affected the health sector as well. Similarly, the health care services that are privatized from the government monopoly have turned into a great competition environment for both the patients who have ever increasing pickiness and the patient relatives. Expectations of the patients from the health facilities gradually multiplying and studies have done to meet these growing expectations. Health facilities continuously need to be in a struggle for improving the quality of their services. The purpose of the institution during this process should always be gaining profit by considering the employee satisfaction as well as providing benefit to the society. In other words, the relationship of the effective employee, quality service, and satisfied customer needs to emerge.

Since the service is not presented as a product, evaluating the service is just be possible by measuring the perceptions of the people get the service. Determination of the perceptions of the customers about the service comes into prominence to evaluate the services given in health facilities. This study was performed to measure the quality of the service expected/perceived in health care services.

1.1. Service and Service Quality Concepts

It is possible to see different definitions of the service when the related literature is reviewed. Service is the abstract products that are produced for the purpose of meeting the requests and expectations of the customers [1]. In the other definition, services are the abstract efforts that are identifiable and sufficient to meet the demands of the consumers as the chief goal or the factor of an activity [2]. With reference to the statement of Devebakan and Aksaraylı [3], 'Service is performing a work for anybody else'. After all, the services are a whole of abstract activities that generate benefit and satisfaction, cannot be standardized, are intangible and put on the market by a certain price to satisfy the needs of individuals or communities [4].

Service can be analyzed under two main titles as 'material service and person service'. Service's easiest side to measure and compare is the material. It is not possible to render a good personal service in case of there is no good service. However, even if the quality of the material service is pretty high, the impression of the service on the customers is neutral when the personal service is not quality. On the other hand, the title that gives a good impression on the customers and enhances the quality is the good personal service. Accordingly, the service can be defined as the whole of abstract activities that create benefit and satisfaction, do not necessitate the property of any asset and also the activities put on the market by a certain price to satisfy the needs of people or communities [5].

Even though there are quite a change features differentiate the service concept from good/product concept, the services have four key features have specific characteristics. These are; being abstract, being non stockable, being heterogeneous, consumed in the minute that it is produced [6]. Much as the health facilities produce the goods, the health facilities are the enterprises produce healthcare services in general terms. When considered from this point of view, the quality assessment of healthcare services has importance because of both the difficulty of measuring the service quality and the characteristics of the healthcare services.

The service quality has started to be defined by the explanations started with Adam Smith and continued with Alfred Marshall at the end of the eighteenth century while tangible product-driven studies dominated during the historical development of the quality. The service quality concept that has become significant recently is defined as the 'strategical value' for the enterprises [1].

Parasuraman et al. [7] discuss the service quality based on the expectation and perceptions of the customers and defined it as the comparison of the customer expectations and the perceptions. During the service evaluation process, the customers do not only consider the service but also evaluate the presentation phase. This is because one of the main problems in service marketing is to make the service different from the service of the competitors; however, it is pretty hard to actualize it. This differentiation can be provided by adding innovation to the service [6].

According to Odabaşı [8], the broadest definition of the service quality is to render perfect intensified service to meet all the expectations of the customers. Thus, the service quality is also mentioned as meeting and even exceeding the expectations of customers.

The attention shown to the service quality provides an organization to make itself different from the competitors and take lasting advantages in competition. High service quality is the irreplaceable part of the long-term decisions of both the organizations render service and organizations make production. It is accepted in some of the production industries that the service quality is more important than the product quality. Outstanding service quality is not the return of working, it is a key for higher profit margins. Service forms the basis for the next sale [9].

1.2. Quality of Healthcare Services and Quality Assessment

Quality in healthcare services has discussed in different dimensions. With reference to a description, quality is to perform the certain activities to heal or at least to stop a regression as a function of a disease or a state occurs in the physical condition of an individual. With a briefer definition, quality is to perform the correct medicinal implementations so as to give the best result. National Institutes of Health (NIH) defined the quality in healthcare services as the consistency degree of the health care services with the professional knowledge of the modern day and the increase the possibility to reach the desired health outputs from the healthcare services rendered to the individual and the society [10].

There are major differences between the sense of quality in production&service sectors and the sense of quality in health. The production is stopped, the precautions are taken to rectify the mistake and the defective units are put aside if there is a fault in the production process of the industry. The customer profile of the modern day has changed and they demand the quality service. In the service sector, it apologizes to the customer and maybe the customer is loosed; but the measures are taken to not to repeat the same mistake. 'Sorry!' is a word that can never be used in health. Even the 'mistake' word is not pronounced in this sector [11]. The crucial difference between the healthcare services and the production services is this.

Quality in the health sector has different meanings for different customers in the health sector. All the customer's sense of quality different from each other need to be considered to create a quality health system. Improvement activities should be performed to do this [12]. These activities hinge upon to the increase in healthcare services, well-determination of the demand and needs of patient and customers, reinforcement the technical services by utilizing the available sources, analyzation the data used in decision mechanism and selection the proper solutions. Enhancing the customer satisfaction and bringing down the costs should be grounded on when the quality works are performed. Moreover, facing the problems head-on is an uphill task requires to work together.

This difficulty happens based on managing, measuring and defining the quality, and also the multidimensional structure of the quality. Customers use healthcare services' definitions and measurements when evaluating the organizations render healthcare services [13]. In this regard, Donabedian defined the quality of health care services as 'the service should maximize the general well-being of the patient after calculating the gains and loses '[14].

All the factors in healthcare services constitute the service are obliged to get in a wholistic harmony. In sanitation, existing a powerful management model and organization and being known of the person who performs the work, the pace where the work is performed, the tools and methods which are used to perform the work are significant to reach and apply the quality [15]. Because the quality of health is an inevitable fact in terms of the modern enterprises by reason of the increasing competition and communication, educational level, humanitarian approaches.

There are basically two types of approaches in quality evaluation in healthcare services. The technical quality is evaluated in the first approach. Quality in technical meaning is the appropriateness of the services to the scientific norm and standards. Scientific norms are the common views about the inputs used by healthcare professionals during the service rendering process, production process and the results. The essential one of the approaches used in evaluating the technical quality of the service is 'Structure-Process-Outcomes' approach that was developed by Donabedian. Structure means the general features (building, equipment, human resources, organizational structure, etc.) of the health organizations render services. The process factor is for the production and focusing on the activities performed during the production and presentation of the service. Outcome means the effect of the services given on the health status of the patients and the society [14]. Another approach used in evaluating of healthcare service quality is being evaluated the services by the patients themselves [1]. According to Parasuraman, Zeithaml and Berry who developed a conceptional service quality model by bringing a broad perspective to the service quality fact, the perceived service quality is a result of the direction of customers' perceptions occurred during the service presentation towards the service performance [7]. 'Expected service quality' means the desires or demands of the customers from the service they take [16]. SERVQUAL model is the commonly used method to measure the quality that is expected and perceived by the patients in healthcare services [17]. The base of the SERVQUAL model is based on actualizing the expected service of the customer by the business executives by perceiving and also comparing the service provided with 'perceived service' by the customers [1].

2. Material and Methods

The purpose of this research was to determine the level of perceived-expected service quality in healthcare services. This survey was conducted in a Private Dental Clinic in Yenibosna District of İstanbul Province between June 15, 2014 - August 15, 2014. The survey would be applied on 310 patients applied to the clinic within those days, but totally 200 patients who gave verbal approval generated the sample of the research because of the reasons such as being undesirous to fill out a questionnaire and spare time.

In this research, the questionnaire was used as the data collection tool. The questionnaire was filled in by the clinic's auxiliary staff by the face to face meeting method. There are three parts to the survey. The first part includes the socio-demographic questions on the patients; the second part has the questions on the expectations of the patients from the dental clinics; the third part measured the perceptions about the dental clinic they got the service. The surveys were applied in two stages. The patients filled in the first and second part before the treatment, the third part was filled in after the treatment. SERVQUAL Service Quality Scale developed by Parasuraman, Zeithaml, and Berry [7] was used to measure the perceived/expected service quality. This scale was adapted to the hospital services by Babakus and Mangold [18] and translated into Turkish by Devebakan [19].

SPSS 18.0 packaged software analyzed the data obtained. Average, percentage, Student t-test, and One Way ANOVA tests were used to analyze the data. The data obtained from the research were put to reliability analysis, all the sub-dimensions of the scale were found as a high degree of reliable (Table 1). The findings were evaluated in 95% confidence interval and in 5% significance level.

Table 1. Cronbach's Alpha Reliability Coefficients

Sub-Dimensions	Expected	Perceived
Tangibles	0,873	0,895
Reliability	0,914	0,931
Responsiveness	0,894	0,828
Assurance	0,868	0,896
Empathy	0,863	0,872
Total	0,904	0,911

3. Results

200 patients who applied to a private dental clinic in Yenibosna District of İstanbul Province attended to this research. Table 2 shows the findings relating to the sub-dimensions of expected/perceived service quality with the socio-demographic features of the participants. It is seen when looking at the age groups of the attendees that the general run of them is in 36-45 (28%) age group, 21,5% of them is in 26-35 age group and 20% of them is in 18-25 age group. The greater part of the attendees consists of females (52%). About the marital status, 67,5% of them are married. About the educational background, 32% of them is the primary school graduate, 31% of them is the bachelors. The high-school graduates follow them with 28,5%. It is found when the professions are analyzed that 30,5% of the participants are freelancers, 26% of the is the workmen. The general run (82,5%) of the participants has health insurance. The highest ratio of the monthly income levels is between 1001-2000 TL (Turkish Lira) as 42,5%. 41,5% of the attendees chose that clinic at the recommendation. 27,5% of them chose that clinic because of the familiar medical personnel, 12,5 of them chose that clinic because of the relative personnel.

In the expected service level, statistically significant differences ($p<0.05$) were found between educational background and reliability, readiness, empathy and general service quality; occupational groups and reliability, readiness, health insurance with the physical properties; income level and the reliability; reliability and the reason to choose that clinic, readiness and empathy dimensions. About the perceived service level, statistically significant differences ($p<0.05$) were found between educational background and physical features, reliability, readiness, trust and general service quality; occupational groups and reliability, readiness, empathy and general service quality; health insurance and trust; income level and the physical properties, reliability, readiness, trust and general service quality; the reason to choose that clinic and the reliability dimensions. No statistically significant difference ($p>0,05$) was found between age, gender and marital status with the expected/perceived service quality dimensions (Table 2).

Table 2. Socio-Demographic Charasteristics of Participant's and Expected/Perceived Service Quality Findings

Variables	n (%)	Expected						Perceived					
		Tangibles	Reliability	Responsive-ness	Assurance	Empathy	Total	Tangibles	Reliability	Responsive-ness	Assurance	Empathy	Total
Age													
18-25	40 (20)	4,45±0,45	4,43±0,46	4,42±0,49	4,58±0,45	4,31±0,51	4,44±0,41	4,59±0,36	4,63±0,38	4,61±0,46	4,77±0,36	4,53±0,54	4,63±0,34
26-35	43 (21,50)	4,48±0,66	4,31±0,54	4,45±0,52	4,55±0,63	4,21±0,62	4,40±0,51	4,6±0,56	4,57±0,48	4,56±0,51	4,7±0,41	4,48±0,68	4,58±0,45
36-45	56 (28,00)	4,58±0,4	4,42±0,49	4,49±0,45	4,62±0,41	4,34±0,53	4,49±0,41	4,66±0,4	4,62±0,38	4,66±0,42	4,77±0,31	4,52±0,52	4,65±0,34
46-54	34 (17,00)	4,41±0,44	4,38±0,47	4,46±0,43	4,55±0,42	4,38±0,55	4,43±0,39	4,7±0,42	4,68±0,39	4,64±0,44	4,68±0,4	4,45±0,56	4,63±0,38
>55	27 (13,50)	4,41±0,42	4,22±0,48	4,17±0,50	4,39±0,47	4,10±0,48	4,26±0,41	4,67±0,35	4,43±0,46	4,50±0,45	4,64±0,41	4,40±0,52	4,53±0,37
p**		0,404	0,370	0,078	0,436	0,253	0,253	0,809	0,203	0,573	0,467	0,895	0,713
Gender													
Female	104 (52,00)	4,49±0,44	4,37±0,47	4,42±0,46	4,60±0,41	4,27±0,52	4,43±0,41	4,66±0,35	4,63±0,39	4,63±0,44	4,72±0,37	4,48±0,53	4,62±0,36
Male	96 (48,00)	4,47±0,53	4,36±0,51	4,42±0,51	4,50±0,55	4,29±0,58	4,41±0,47	4,62±0,50	4,55±0,45	4,58±0,47	4,73±0,37	4,49±0,60	4,59±0,39
p*		0,839	0,991	0,954	0,151	0,749	0,762	0,474	0,174	0,494	0,883	0,838	0,586
Marital Status													
Married	135 (67,50)	4,52±0,45	4,44±0,46	4,52±0,38	4,61±0,47	4,45±0,51	4,51±0,4	4,72±0,34	4,71±0,35	4,66±0,43	4,72±0,39	4,45±0,53	4,65±0,34
Single	65 (32,50)	4,38±0,56	4,27±0,52	4,34±0,56	4,44±0,57	4,2±0,55	4,32±0,48	4,54±0,49	4,47±0,45	4,48±0,5	4,59±0,43	4,43±0,5	4,5±0,41
p*		0,120	0,240	0,06	0,092	0,308	0,063	0,052	0,599	0,138	0, 320	0,748	0,210
Educational Status													
Illiterate	17 (8,50)	4,31±0,38	4,13±0,40	4,10±0,42	4,35±0,42	3,96±0,49	4,17±0,35	4,63±0,40	4,55±0,42	4,41±0,48	4,59±0,45	4,34±0,52	4,50±0,39
Primary	64 (32,00)	4,38±0,59	4,24±0,53	4,29±0,51	4,38±0,59	4,18±0,51	4,29±0,48	4,50±0,54	4,45±0,46	4,45±0,51	4,58±0,44	4,39±0,52	4,47±0,43
High	57 (28,50)	4,57±0,45	4,43±0,47	4,52±0,46	4,62±0,44	4,39±0,51	4,51±0,40	4,65±0,37	4,59±0,38	4,63±0,44	4,72±0,35	4,53±0,48	4,62±0,32
Üniversity	62 (31,00)	4,56±0,40	4,50±0,46	4,54±0,44	4,72±0,33	4,37±0,59	4,54±0,37	4,78±0,30	4,77±0,34	4,80±0,30	4,91±0,17	4,59±0,67	4,77±0,28
p**		0,084	**0,003**	**0,0001**	**0,0001**	**0,007**	**0,0001**	**0,004**	**0,0001**	**0,0001**	**0,0001**	0,150	**0,0001**
p*: Student's T-Test, p**: One Way-Anova Test													

Tablo 2. (Cont) Socio-Demographic Charasteristics of Participant's and Expected/Perceived Service Quality Findings

Variables	n (%)	Expected						Perceived					
		Tangibles	Reliability	Responsive-ness	Assurance	Empathy	Total	Tangibles	Reliability	Responsive-ness	Assurance	Empathy	Total
Occupation													
Worker	52 (26,00)	4,58±0,4	4,41±0,43	4,45±0,41	4,61±0,37	4,29±0,46	4,47±0,35	4,66±0,39	4,63±0,39	4,68±0,4	4,83±0,25	4,55±0,54	4,67±0,31
Officer	29 (14,50)	4,57±0,4	4,46±0,52	4,51±0,46	4,72±0,36	4,31±0,67	4,51±0,41	4,83±0,3	4,77±0,35	4,75±0,36	4,9±0,18	4,56±0,8	4,76±0,31
Retired	25 (12,50)	4,39±0,53	4,33±0,56	4,28±0,51	4,47±0,57	4,28±0,58	4,35±0,51	4,56±0,43	4,57±0,48	4,61±0,44	4,67±0,41	4,56±0,48	4,59±0,37
Self-employment	61 (30,50)	4,33±0,47	4,28±0,44	4,17±0,45	4,41±0,43	4,12±0,4	4,26±0,38	4,54±0,41	4,54±0,44	4,5±0,51	4,63±0,41	4,59±0,47	4,56±0,4
Housewife	33 (16,50)	4,58±0,4	4,42±0,49	4,49±0,45	4,62±0,41	4,34±0,53	4,49±0,41	4,66±0,4	4,62±0,38	4,66±0,42	4,77±0,31	4,52±0,52	4,65±0,34
p**		0,697	**0,001**	**0,011**	0,168	0,347	0,064	0,212	**0,007**	**0,005**	0,205	**0,0001**	**0,005**
Health Insurance													
Yes	165 (82,50)	4,52±0,42	4,38±0,49	4,45±0,47	4,58±0,43	4,3±0,56	4,45±0,41	4,67±0,39	4,6±0,41	4,63±0,45	4,75±0,35	4,48±0,57	4,63±0,36
No	35 (17,50)	4,31±0,7	4,28±0,5	4,28±0,52	4,43±0,69	4,19±0,49	4,3±0,5	4,51±0,58	4,56±0,45	4,5±0,49	4,6±0,45	4,51±0,53	4,54±0,44
p*		**0,019**	0,240	0,060	0,092	0,308	0,063	0,052	0,599	0,138	**0,032**	0,748	0,210
Income Level (monthly)													
500-1000 TL	29 (14,50)	4,52±0,45	4,44±0,46	4,52±0,38	4,61±0,47	4,45±0,51	4,51±0,4	4,72±0,34	4,71±0,35	4,66±0,43	4,72±0,39	4,45±0,53	4,65±0,34
1001-2000 TL	85 (42,50)	4,38±0,56	4,27±0,52	4,34±0,56	4,44±0,57	4,2±0,55	4,32±0,48	4,54±0,49	4,47±0,45	4,48±0,5	4,59±0,43	4,43±0,5	4,5±0,41
2001-4000 TL	56 (28,00)	4,58±0,4	4,41±0,43	4,45±0,41	4,61±0,37	4,29±0,46	4,47±0,35	4,66±0,39	4,63±0,39	4,68±0,4	4,83±0,25	4,55±0,54	4,67±0,31
>4000 TL	30 (15,00)	4,57±0,4	4,46±0,52	4,51±0,46	4,72±0,36	4,31±0,67	4,51±0,41	4,83±0,3	4,77±0,35	4,75±0,36	4,9±0,18	4,56±0,8	4,76±0,31
p**		0,066	0,156	0,178	**0,022**	0,197	0,058	**0,01**	**0,002**	**0,01**	**0,0001**	0,559	**0,003**
Reasons for Preference													
Advice	83 (41,50)	4,54±0,55	4,43±0,52	4,48±0,52	4,6±0,55	4,35±0,56	4,48±0,47	4,68±0,49	4,67±0,4	4,65±0,47	4,74±0,4	4,53±0,58	4,65±0,41
Acquaintance	55 (27,50)	4,5±0,4	4,38±0,44	4,44±0,43	4,53±0,41	4,34±0,48	4,44±0,36	4,63±0,37	4,6±0,36	4,65±0,4	4,75±0,34	4,4±0,5	4,61±0,3
Availability	9 (4,50)	4,39±0,53	4,33±0,56	4,28±0,51	4,47±0,57	4,28±0,58	4,35±0,51	4,56±0,43	4,57±0,48	4,61±0,44	4,67±0,41	4,56±0,48	4,59±0,37
Emergency case	19 (9,50)	4,33±0,47	4,28±0,44	4,17±0,45	4,41±0,43	4,12±0,4	4,26±0,38	4,54±0,41	4,54±0,44	4,5±0,51	4,63±0,41	4,59±0,47	4,56±0,4
Closeness	25 (12,50)	4,33±0,39	4,06±0,43	4,26±0,46	4,48±0,42	3,87±0,56	4,2±0,35	4,62±0,38	4,29±0,48	4,32±0,45	4,6±0,35	4,34±0,74	4,43±0,37
Other	9 (4,50)	4,67±0,48	4,69±0,41	4,83±0,25	4,86±0,22	4,72±0,44	4,75±0,31	4,78±0,38	4,89±0,19	4,83±0,33	4,94±0,11	4,72±0,49	4,83±0,29
p**		0,212	**0,007**	**0,005**	0,205	**0,0001**	**0,005**	0,697	**0,001**	0,011	0,168	0,347	0,064

p*: Student's T-Test, p**: One Way-Anova Test

The perceived point averages in all the sub-dimensions and general service quality were found as statistically higher ($p<0,05$) than expected point averages (Table 3).

Table 3. Averages and Comparisons Expected/Perceived Service Quality Levels

Sub-Dimensions	Expected	Perceived	t	p
Tangibles	4,48±0,49	4,64±0,43	5,44	0,001
Reliability	4,37±0,49	4,60±0,42	8,03	0,001
Responsiveness	4,42±0,49	4,60±0,46	5,62	0,001
Assurance	4,55±0,48	4,72±0,37	5,87	0,001
Empathy	4,28±0,55	4,49±0,57	4,88	0,001
Total	4,42±0,43	4,61±0,37	8,09	0,001

4. Discussion

About the expected and perceived service quality levels of the participants, SERVQUAL point averages of physical features, reliability, readiness, trust, empathy, and general service quality were found as high. It is determined when analyzing the SERVQUAL point averages perceived after getting clinical service that they left with perception more than the expectations. According to the observations of this research conducted in a private dental clinic, the expectations of the patients on the patient-centered clinical method's main components are high; the expectations of the patients were largely met. This situation may be explained by the high ratio of the patients applied at the recommendation (41,5%) and via familiar health personnel (27,5%)

It is determined in the research of Harput [20] about the patients stayed in a university hospital that the expected service quality is higher than the perceived service quality. Similarly, Adebayo et al.[21] conducted a study on the patients applied to a dental clinic of a hospital in Nigeria and John et al [22] performed a survey of patients in a public dental health institution. At the end of both the studies, the expectations of the patients were higher than the perceptions.

With reference to the study of Perron et al., about the perceptions of the doctors about the expectations of the patients migrated from different countries to a region of Switzerland, the doctors remain incapable to perceive the expectation of the patients and again the same doctors perceive non-existent patient expectations as present [23].

In a research of Hooper et al., that was conducted to review the consensus of the patient and doctor about whether the patient's expectations are satisfied, there is a consensus about the prescribing and referring. In spite of that, there is not a consensus on demanding tests, making suggestions, explaining the complaints and supporting [24].

Similar results have been obtained in other studies about the healthcare services. In contrast to the results of this research, the perception levels of the patients are lower than the expectations about the quality of healthcare services [3], [25]. This circumstance can be explained by the place where the work is done is a private dental clinic, recommendations and the patients who are the regular customers.

The services given to health organizations are intrinsically open to the mistakes and negative results. Each of the patients applied to those organizations may not back to health completely. Even the

worse results may occur sometimes. The adverse outcomes are inevitable in some situations while they stem from the violations of rights. These violations in hospitals are rooted in different reasons. Insufficiency and mistakes of the health system are one of those reasons. Other significant reasons for the violations in health organizations are the problems arising from the patients and healthcare personnel. Patients' slushiness stemming from the physical condition, lack of knowledge on health field and rights, prejudice to the health system and personnel can be given as the examples for the violation of rights arising from the patients. The factors such as modern equipment, the attitude of the dentist and auxiliary staff, quality of treatment, pain control, waiting time, accessibleness of the dentist, the time spared for the treatment are the components affect the patient satisfaction. The patient satisfaction needs to be thought as same with the customer satisfaction in each of the sectors in today when the human rights have been understood better. The institution and organizations give health service should degrade the quality management policy that is used to review the patient satisfaction to the units and doctors. Even though measuring and evaluating the patient satisfaction is pretty difficult, increasing competition, educational background, and the communication are the inevitable situations of our century in terms of the health sector.

5. Conclusion and Suggestions

In the competitive environment of the modern day, the business target to survive and make good have centered upon the service concept. The factors such as increasing the share of the service sector in production, technological advancements, increase in welfare level, and the close relationship between the customer satisfaction and service quality play a crucial role in being popular of the service concept.

Being the service abstract, dynamic and unstackable, not to make quality evaluation before the presentation, being much of the human factor in the service, the difficulty of standardizing, supplying to the degree of demand and other structural characteristics complicate the customer satisfaction for the enterprises aim to reach the service quality to provide pleasure and focus on the service concept that has become more important day by day.

To ensure and develop the service quality in the health sector like all the sectors is an essential strategy for the business want to achieve the success and provide continuity in the competition environment.

It has remained faithful to the original scale of Parasuraman, Zeithaml, and Berry in terms of being the research subject in a private dental clinic. This study was applied to the patients in a private dental clinic and the sample of the research was composed of 200 people. Servqual scale was used to measure the expected and perceived quality level relating to the services of the private dental clinic and to analyze the relationship of the service quality with the demographic and social characteristics of the patients. Expected and perceived service quality points and also the service quality dimension points of the clinic were computed by analyzing the data. It is determined when reviewing the SERVQUAL point averages of the patients after getting clinical service that they left by perception more than the expectation.

In the light of the results obtained, below suggestions can generally be made to private dental clinics to render efficient and quality health care services;

- It must be paid attention to rendering the services promised on time.

• The doctors should speak the language that the patients understand about the physical conditions, they should ask patients' opinion and encourage them to participate in the decisions.

• Clinics need to work for increasing the knowledge level of the patient relating to the treatment if they want to completely satisfy the patient.

• Patient satisfaction investigations ought to be made consistently and as standard. The reasons that decrease the satisfaction and cause to dissatisfaction should be determined at the end of the investigations, the required service improvements should be actualized. The quality policies and standards need to be created as well.

• The improvements on the presentation of health services ought to be standardized.

• The patients come to meet the doctors by some expectations. Also, they can the issue about whether these expectations are satisfied at the end of the meeting.

• Customer satisfaction investigations should be done with the customer expectation studies. It needs to determine the expectation level where the satisfaction result occurred and the quality level of the clinic should be specified based on this finding.

• It should be provided the personnel to get training so as to be respectful, polite and helpful to the patients.

• The desires of the patients need to be considered as long as complying with medical science and within the frame of the ethical rules. An approach to patient-centered ought to be adopted in the doctor-patient relationship.

• Constructing the profiles of customers of the clinic is the way of starting to increase the patient satisfaction in dental clinics.

• The problems of the health sector need to be scheduled and the satisfaction and complaints of the patients and the features of the health services should be analyzed well to reach 100% success.

• An efficient appointment system should be developed and the waiting times of the patients need to be shortened.

• The physical equipment of the dental clinic ought to be new and in conformity with the requirements of the century.

Same research and the similar studies may be repeated with more participants and the longer period to increase the generalizability of the findings. As the subject of a next study, the foremost service dimension that is accepted by the patients can be revealed by comparing these findings with the analyses of other clinics. Thus, it is possible to lead the way for clinics that will be opened for the first time and also the clinics which will enter into the process of renewal about the issues need to be considered.

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