THE RESEARCH ON THE IMPACT OF CORPORATE TRUSTWORTHINESS AND CORPORATE IMAGE ON CUSTOMER SATISFACTION AND LOYALTY: CASE OF HEALTHCARE INSTITUTION

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ÖZET

Amaç, üniversite kafiliye eğitim araştırma hastanesinde hasta bakımı alan hastalar arasında kurumsal güvenilirlik ve kurumsal imajın müşteri memnuniyeti ve sadakat üzerindeki etkisini belirlemektir. Kurumsal güvenilirlik, kurumsal imaj, müşteri memnuniyeti ve müşteri sadakati için ölçekler belirlenmiş ve anket hazırlanmıştır. Ön test yapıldıktan sonra araştırmada son anket kullanılmıştır. Toplam 1410 form analiz edilmiştir. Güvenilirlik ve faktör analizi tamamlandıktan sonra karşılaştırmalı testler, korelasyon ve regresyon analizi yapılmıştır. Faktör analizinden sonra müşteri memnuniyeti 2 alana ayrılıp, müşteri sadakati de 2 alana ayrılmıştır. Her değişken arasındaki Pearson korelasyon katsayıları *(r)* belirlenmiş. Regresyon analizinde boyutlar arasında belirleme katsayısı (R^2) ortaya çıkmıştır. Müşteri savunuculuğundaki değişimin oranı, vakaların% 51,2'sindeki maddi ve manevi tatmin boyutlarıyla açıklanmaktadır. Müşteri savunuculuğundaki değişimin oranı, vakaların% 62'sinde somut ve gayri resmî tatmin, güvenilirlik ve imaj boyutları ile açıklanmaktadır. Müşteri tercihindeki değişim oranı, organizasyonel ve kişisel memnuniyet % 27,1'inde güvenilirlik boyutları ile açıklanmaktadır.

Keywords: *corporate trustworthiness, corporate image, customer satisfaction, customer loyalty*

ABSTRACT

The objective was to define the impact of corporate trustworthiness and corporate image on customer satisfaction and loyalty among patients who get in-patient care in a university affliated hospital.

The scales for corporate trustworthiness, corporate image, customer satisfaction and customer loyalty were determined and a survey questionaire was prepared. After a pre-test was done, the final questionaire was used in the research. Total of 1410 forms were analysed. After reliability and factor analysis were completed, comparative tests, correlation and regression analysis were done.

After factor analysis, customer satisfaction was divided into 2 domains, customer loyalty into 2 domains. Pearson's correlation coefficients (r) between each variable was determined. Regression analysis revealed coefficient of determination (R2) between dimensions. The proportion of variation in customer advocacy is explained by tangible and intangible satisfaction dimensions in 51,2 % of cases. The proportion of variation in customer advocacy is explained by tangible and intangible satisfaction, trustworthiness and image dimensions in 62% of cases. The proportion of variation in customer choice is explained by organizational and personel satisfaction, trustworthiness dimensions in 27,1% of cases.

1. INTRODUCTION

The satisfaction of customers is measured by two basic models, namely, transaction-specific model and cumulative satisfaction model. customer satisfaction has been modeled as a function of psychological constructs such as attitude, expectation and disconfirmation in transaction-specific model (Boulding et al., 1993; Oliver, 1993). However the benefits derived from product or service attributes form the primary antecedents to satisfaction in cumulative satisfaction model (Gustaffson and Johnson,2004). Personal control theory and cumulative satisfaction model is used to measure CS in healthcare services.

Satisfaction was defined as an evaluative, affective, or emotional response (Oliver 1989). Hence only after the object is interpreted then the customers can evaluate the object. Thus, satisfaction is the post-purchase evaluation of products or services as the expectations are before purchase (Kotler, 1991). The ability of the supplier to meet the customer's norms and expectations determines satisfaction. Yet customers will continually expect better services no matter how good the services are (Dwyer et al., 1987; Fornell, 1992; Oliva et al., 1992).

The image of a firm plays a pivotal role of attracting to a customer to the firm and give clues of which technical and functional qualities can be offered (Gro¨nroos 1982). The image affects the expectations of the customers. As a result it is crucial for the customers to bear realistic expectations. Therefore in healthcare services, the reputation of a hospital has to be considered as an element of marketing policies.

Image has an influence on service performance measures as image facilitates the prior knowledge of consumers about service performance. Gronroos (1984) considers image as the outcome of consumer perception about a firm. Furthermore Han and Back (2008) described the impressions, beliefs and feelings that an individual has about the company as image. Thus, image which represents the firm's highly subjective nature, is a consumer's mental representation of the firm. Consumer's perceived image of the firm has been cnsidered as an antecedent of their expectations (Kristensen, 1998; Gronroos, 1984).

Even though satisfaction and trust are closely related, they are also conceptually different. Each has some distinct antecedents, and also has different empirical effects on retention (Geyskens et al., 1998; Szymanski and Henard, 2001). Moreover, trust is considered as a stronger emotion than satisfaction and that it might predict retention better (e.g. Hart and Johnson, 1999).

The sense of well-being the patient feels in the hospital, security, etc. defines the trustworthiness of hospital. As a matter of fact it influences the confidence the patient has on the hospital. Consequently the overall evaluation of service provided is affected. Balasubramanian et al. (2003) considered "perceived trustworthiness" as a a determinant of customer satisfaction. Iyer and Muncy (2004) suggested that level of trust could vary across different patient segments. As a matter of fact they segmented the patients on the basis of the level of the trust they had for the service provider. Ramsaran-Fowdar (2008) found that reliability, and fair and equitable treatment' influenced patient satisfaction.

Andaleeb (1998) found that facility, communication, cost, demeanour and competence were the important determinants of patient satisfaction in hospital services. Pakdil and Harwood (2005), showed that patient satisfaction was increased more with positive physician-patient interaction than any other provider-customer relationship. Duggirala et al.'s (2008) found out that safety indicators, overall experience of medical care, personnel quality, process of clinical care, administrative processes, infrastructure, and social responsibility were significant predictors of patient satisfaction.

It is currently accepted that loyalty includes two dimensions: attitudinal; and behavioural (Oliver, 1999; Zeithaml, 2000; Chaudhuri and Holbrook, 2001; Anderson and Srinivasan, 2003; Koo, 2006). Attitudinal loyalty indicates a long-term and psychological commitment of a customer to continue a relationship with a service provider (Czepiel and Gilmore, 1987; Caruana, 2002; Shankar et al., 2003). Behavioural loyalty is defined as the proportion of purchases of a specific brand (Neal, 1999; Koo, 2006). However action loyalty is too difficult to observe and measure, so research tends to employ the conative or behavioural intention to measure customer loyalty (Yang and Peterson, 2004).

Repurchase intention refers to consumers' evaluation of future purchases from the same company based on their previous experience (Patterson and Spreng, 1997; Hellier et al., 2003; Durvasula et al., 2004; Seiders et al., 2005; Olaru et al., 2008).

The present study investigates the patients' overall satisfaction and its influence on patient loyalty. In accordance with data described in the literatüre, the satisfaction of patients' companions/visitors (Strasser et al., 1995) have been part of the current research. Hence, the current study also attempts to measure attendants' satisfaction of hospital services.

We begin the paper by introducing a framework from which we derive a number of hypotheses linking satisfaction, corporate trustworthiness and corporate image to customer loyalty. We then describe the large-scale, face to face survey conducted to collect data to test these hypotheses. Next we present the results of the study and discuss their significance. We end the paper with a conclusion of the implications for hospital managers.

2. Conceptual framework and research hypotheses

2.1. Customer satisfaction as a driver of customer loyalty

Many theories have been proposed to explain customer satisfaction. Customers purchase goods and services with pre-purchase expectations about anticipated performance, which is in accordance with Oliver's expectancy-disconfirmation theory (1980). Outcomes are compared against expectations after the product or service has been purchased and used. Confirmation occurs when the outcome matches expectations. When there are differences between expectations and outcomes disconfirmation occurs. Confirmation or positive disconfirmation of expectations cause satisfaction; whereas, negative disconfirmation of consumer expectations causes dissatisfaction.

Customer satisfaction reflects the degree to which the customer believes the service provider evokes positive feelings (Cronin et al. 2000). The link between satisfaction and behavioural intentions and behaviours such as customer retention and word of mouth have been reported (e.g. Anderson and Sullivan, 1993; Rucci et al., 1998; Bansal and Taylor, 1999; Cronin et al., 2000). This link which is fundamental to the marketing concept, is the key to repeat purchase as a result of satisfying customer needs and wants (Kotler et al., 2002). Furthermore, some major economies now measure satisfaction at the industry level using large sample surveys to predict customer retention and future financial performance (Fornell, 1992; Fornell et al., 1995), which is an indicator for the importance of satisfaction on retention. In line with previous research we therefore hypothesize that:

H1. The higher the level of satisfaction, the higher the level of customer loyalty.

2.2. Trust as a driver of customer loyalty

When one party has confidence in a partner's reliability and integrity then trust is formed (Morgan and Hunt, 1994). Indeed, trust could exist at the individual level (Rotter, 1967) or at the firm level (Moorman et al., 1993). Additionaly, trust could also be considered as "trust in the service itself" (Parasuraman et al., 1985, 1988). In the current study, we look at a customer's trust in his/her service provider, and thus, in the firm.

Sometimes service providers might not retain even those customers who are satisfied (e.g. Heskett et al., 1994; Schneider and Bowen, 1999). Hence, satisfaction per se might not be adequate to warrant long-term customer commitment to a single provider. That is why it may be necessary to look to other variables other than satisfaction that strengthen retention such as trust (Hart and Johnson, 1999). In order to ensure economically viable, long-term relationships firms often look beyond satisfaction to developing trust through marketing channels (e.g. Morgan and Hunt, 1994). It is thought that once trust is built into a relationship, the likelihood of either party ending the relationship decreases due to high termination costs.

Gremler and Brown (1996) proposed trust as a conceptual antecedent of customer loyalty. Hart and Johnson (1999) offered a similar argument. Gwinner et al. (1998) suggested trust as a relational

benefit. More specifically, they proposed trust as a confidence benefit rated highly by customers in long-term relational exchanges with service firms.

Hart and Johnson (1999) have argued that the presence of trust reflects a stronger relationship commitment than satisfaction. In line with previous research we therefore hypothesize that:

H2. The higher the level of corporate trustworthiness, the higher the level of customer loyalty.

2.3. Image as a driver of customer loyalty

Image has an influence on service performance measures as image facilitates the prior knowledge of consumers about service performance. Gronroos (1984) considers image as the outcome of consumer perception about a firm. Furthermore Han and Back (2008) described the impressions, beliefs and feelings that an individual has about the company as image. Thus, image which represents the firm's highly subjective nature, is a consumer's mental representation of the firm. Consumer's perceived image of the firm has been considered as an antecedent of their expectations (Kristensen, 1998; Gronroos, 1984). Moreover the image of a firm informs the customer what the firm might offer in terms of technical and functional qualities. The image affects the expectations of the customers. That is why it is important to let the customers have realistic expectations. In line with previous research we therefore hypothesize that:

H3. The higher the level of corporate image, the higher the level of customer loyalty.

In accordance with the above literature we also hypothesize that:

H4. Corporate image affects patient satisfaction positively
H5. Corporate trustworthiness affects patient satisfaction positively.

The research model is given in Figure 1.

3. Methodology
3.1. Sample
The study took place in Marmara University Pendik Teaching and Research Hospital, Istanbul. Patients admitted in Surgical Clinics, their companions and their visitors at the wards were invited to fill out the questionnaires.
3.2. Data Collection
Five thousand questionnaires were distributed and 1410 valid questionnaires were received. The survey period was from 5th April 2018 to 20th July 2018. Respondents were asked to rate their level of agreement on a 5-point Likert Scale (1 = 'strongly disagree' and 5 = 'strongly agree').
3.3. Measures
3.3.i. Corporate trustworthiness
The 4-item scale adapted from Panchopakesan (2010) was used.
3.3.ii. Corporate image
The 3-item scale adapted from Panchopakesan (2010) was used.
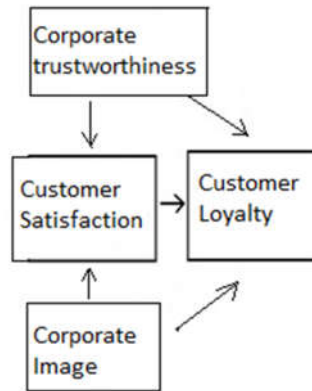3.3.iii. Patient Satisfaction (PS)
The 10-item scale adapted from Sardana (2003), Chahal (2004), Chahal & Sharma (2005) was used.
3.3.iv. Patient Loyalty (PL)
The 15-item scale adapted from Chahal (2009), Raftopoulosus (2005), Harris & Gooda (2004) was used.

Figure 1. Research Model

3.4.Pilot study

First, the content of the questionnaires was developed by consulting relevant literature and then slightly modifying existing items to create initial questionnaires based on the research purpose and specific industry features. Then, three directors or supervisors from the medical centre were invited to perform an expert validation of the questionnaire, after which it was further revised. Next, a pilot run of the questionnaire was administered to 20 patients and the questions were revised according to the feed-backs.

3.5. Validity and reliability

Table 1 shows descriptive statistics, exploratory factor analysis and internal consistency (Cronbach's coefficient) for customer loyalty variables. Table 2 shows descriptive statistics, exploratory factor analysis and internal consistency (Cronbach's coefficient) for customer satisfaction variables.

Table 1. Factor naming and reliability analysis results for Customer Loyalty

Factor	Content of items, constructs and scales	Factor loading	Variance explained	Cronbach's alpha
Customer Advocacy	I recommend the same hospital to your friends and relatives I recommend the same physician to your friends and relatives The expertise skill of staff makes me to visit the hospital again The quality of care of public hospital is good I trust the services of the hospital Overall I am loyal to the health care unit I select this hospital as first choice	0,791 0,782 0,774 0,772 0,766 0,745 0,741	41,430	0,884
Customer choice	I would not like to come the same hospital again I will rather prefer private unit than this hospital In future, I may switch to other health service	0,842 0,834 0,781		0,760
		Total	61,917	
Kaiser Meyer Olkin Olkin Measure of Sampling Adequacy 0,846				
Bartlett Test of Sphericity Approx. Chi-square 5998,403 **df** 45 **sig** 0,000				

Table 2. Factor naming and reliability analysis results for Customer Satisfaction

Factor	Content of items, constructs and scales	Factor loading	Variance explained	Cronbach's alpha
Objective Satisfaction	You always visit this hospital for all types of treatments Overall supportive facilities are excellent. The technical facilities blood bank, lab, etc. are good. Up-to-date health care techniques are well maintained Your expectations are fully meet with regard to doctors. Indoor services are satisfactory Doctors are available throughout their duty time	0,833 0,830 0,823 0,805 0,796 0,709 0,701	48,258	0,896
Subjective Satisfaction	Hospital is not fully conscious of your problems Hospital never welcomes your suggestion.	0,888 0,885		0,742
	Total		66,517	
Kaiser Meyer Olkin Measure of Sampling Adequacy 0,876				
Bartlett Test of Sphericity Approx. Chi-square 5826,985 **df** 36 **sig** 0,000				

Table 3 shows descriptive statistics, exploratory factor analysis and internal consistency (Cronbach's coefficient) for corporate trustworthiness variables. Table 4 shows descriptive statistics, exploratory factor analysis and internal consistency (Cronbach's coefficient) for corporate image variables. The new model after factor analysis is shown in figure 2.

Table3. Factor naming and reliability analysis results for Corporate Trustworthiness

Factor	Content of items, constructs and scales	Factor loading	Variance explained	Cronbach's alpha
Corporate Trustwortiness	your level of confidence in the doctors who treated you hospital provided services as promised and on time extent to which the services, functioning and administration of the hospital are credible maintenance of patient privacy and confidentiality by the hospital	0,845 0,851 0,876 0,777		0,858
	Total		70,243	
Kaiser Meyer Olkin Measure of Sampling Adequacy 0,819				
Bartlett Test of Sphericity Approx. Chi-square 2533,695 **df** 6 **sig** 0,000				

Table 4. Factor naming and reliability analysis results for Corporate Image

| Factor	Content of items, constructs and scales	Factor loading	Variance explained	Cronbach's alpha
Corporate Image	sincerity, honesty and ethics followed by the hospital in providing medical services to you investment in new technologies and innovative practices by the hospital	0,875 0,875		0,693
	Total		76,505	
Kaiser Meyer Olkin Measure of Sampling Adequacy 0,500				
Bartlett Test of Sphericity Approx. Chi-square 462,364 **df** 1 **sig** 0,000				

3.6. Data analysis

The data were analysed using SPSS 21.0 Windows (Statistical Packages for Social Sciences) with descriptive statistics indicating the demographics of the sample. To understand the relationships between the demographic characteristics of the healthcare receivers and their perceptions of customer satisfaction,

corporate trustworthiness, corporate image, customer loyalty, a one-way ANOVA was conducted with equal variance assumed (Macnee & McCabe 2007). Furthermore, this study implemented a Scheffe post hoc comparison, focusing on results with statistically significant differences.

Taking into consideration the factors extracted from the exploratory factor analysis we proceeded with the application of Multiple Regression Analysis.

Figure 2. Model after factor analysis
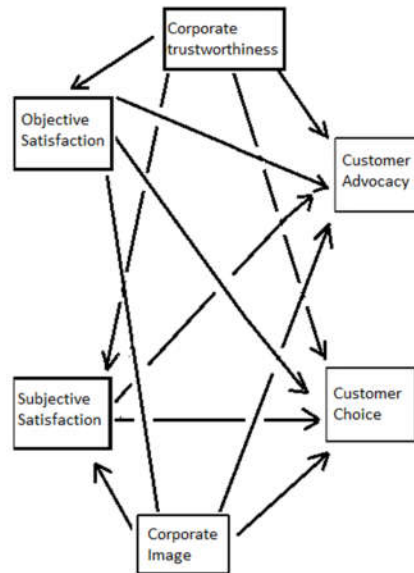
3.7. Results and Discussions

All tables are at appendix. Pearson's correlation coefficients (r) between each variable was determined (Table 7). Weak or no correlations were left out of the table. Regression analysis revealed coefficient of determination (R^2) between dimensions are shown in tables 8-10.

The current study investigated the impact of corporate trustworthiness and corporate image on customer satisfaction and loyalty among patients who get in-patient care in a university affliated hospital. Convenience sampling method was used among patients, their companions and those visiting them at the ward in a University affliated hospital. Surgical wards were chosen as the setting for data collection. Questionaires were handed out and those elligible for data preparation were collected for analysis. One thousand four hundred and ten valid forms were gathered.

After factor and reliability analysis, customer satisfaction and customer loyalty each were divided into two dimensions. Corporate trustworthiness and corporate image each had one dimension.

The proportion of variation in customer advocacy is explained by tangible and intangible satisfaction dimensions in 51,2 % of cases. The proportion of variation in customer advocacy is explained by tangible and intangible satisfaction, trustworthiness and image dimensions in 62% of cases. The proportion of variation in customer choice is explained by organizational and personel satisfaction, trustworthiness dimensions in 27,1% of cases.

Customer choice dimension loadings were higher among unemployed, patients and single persons. Patients had higher appreciation than those of the companions and visitors. The reason would be the patients are the true care-seekers and thus would value the health-caregivers more. Even though the hospital was a public hospital with social coverage, the patients with highest income had higher

customer choice loadings than the rest. However this difference was insignificant. Primary school graduates had significantly higher customer choice loadings than the high school graduates.

Customer advocacy loadings were higher among companions than visitors. Married persons had higher loadings than the single persons.

Subjective satisfaction was higher among married persons than single or divorced ones. The primary school graduates had higher subjective satisfaction than those of high school graduates. People with an income over 4000 tl had higher loadings than the rest.

When the factor loads were evaluated in general, the scores were above average. This would mean that the customer satisfaction and loyalty are above acceptable levels at least in a public academic hospital. Similarly corporate image and trustworthiness were determined to be higher than average.

3.8. Limitations and directions for future research

One of the limitations of our study was that the study only included patients who were hospitalized in a surgical clinic and had in-patient health-care service delivered to them. Patients who would apply to an out-patient clinic and get 1st level health-care services could show different results. Secondly, the study was conducted in a government teaching and research hospital. The same parameters should also be checked in foundation and private hospitals. Apart from non-financial performance metrics, financial indicators were not evaluated. Next, focus group discussions were not used. Questionaire forms were developed after secondary data was collected and analysed.

4. Conclusion

Customer loyalty is necessary for organizational longevity. In our case of health-care services, especially objective satisfaction had a high correlation with customer advocacy. Hence hospital administration should recruit highly qualified physicians and nurses for uptodate health care techniques to be well maintained, all types of treatments are given in the hospital. With right staff, the expectations of the patients are fully meet with regard to physicians and nurses. Subjective satisfaction had a good correlation with customer choice. Thus hospital administration should have a well designed interactive internal service quality stragey and internal communication policy so that hospital is not fully conscious of patient problems and patient's suggestion are likely to be welcomed. Customer advocay is well correlated with objective satisfaction, corporate trustworthiness and corporate image. Thus hospital administration should have a well designed integrated marketing communication strategy to increase the perception trust and image.

APPENDIX. Tables

Table 5. Factor loadings compared with regards to gender, marital status

Gender	Women (n=794)	Men (n=616)	
Objective Satisfaction	3,70	3,70	
Subjective Satisfaction	2,84	2,77	
Corporate Trustworthiness	3,79	3,82	
Corporate Image	3,73	3,74	
Customer Advocacy	3,76	2,18	
Customer Choice	3,04	3,06	
Marital status	**Single (n=341)**	**Married (n=963)**	**Divorced (n=106)**
Objective Satisfaction	3,62	3,73	3,64
Subjective Satisfaction	2,93 [d]	2,73 [d e]	3,11 [e]
Corporate Trustworthiness	3,75	3,83	3,75
Corporate Image	3,69 [f]	3,75	3,70
Customer Advocacy	3,66 [f]	3,81 [f]	3,83
Customer Choice	2,93 [g]	3,26 [g h]	3,44 [h]

* mean ±sd ; [a-h] statistically significant comparisons

Table 6. Factor loadings compared with regards to employment and status of the participant at the hospital

	Public (n=229)	Private (n=388)	Own (n=260)	Unemployed (n=533)
Objective Satisfaction	3,59	3,75	3,65	3,73
Subjective Satisfaction	2,79	2,88	2,90	2,71
Corporate Trustworthiness	3,72	3,83	3,85	3,80
Corporate Image	3,68	3,76	3,73	3,73
Customer Advocacy	3,69	3,83	3,81	3,75
Customer Choice	3,09	3,18 [a]	3,08	2,91 [a]
	Patient (n=527)	**Companion (n=718)**	**Visitor (n=165)**	
Objective Satisfaction	3,73	3,70	3,58	
Subjective Satisfaction	2,70	2,79	3,20	
Corporate Trustworthiness	3,83	3,80	3,73	
Corporate Image	3,73	3,75	3,64	
Customer Advocacy	3,75	3,81 [a]	3,65 [a]	
Customer Choice	2,91 [b c]	3,08 [b d]	3,36 [c d]	

* mean ±sd ; [a-h] statistically significant comparisons

Table. 7 Factor loadings compared with regards to income and education

Income (TL)	Less than 1000 (n=291)	1001-2000 (n=416)	2001-3000 (n=350)	3001-4000 (n=216)	Over 4001 (n=137)
Objective Satisfaction	3,64	3,70	3,74	3,77	3,61
Subjective Satisfaction	2,85 [a]	2,82 [b]	2,95 [c]	2,75 [d]	2,42 [a b c d]
Corporate Trustworthiness	3,70	3,79	3,87	3,87	3,79
Corporate Image	3,63	3,71	3,78	3,84	3,74
Customer Advocacy	3,69	3,77	3,81	3,84	3,79
Customer Choice	3,09	2,96	3,15	3,09	2,90
Education	**Elementary (n=464)**	**High school (n=495)**	**University (n=362)**	**Masters (n=71)**	**Doctorate (n=18)**
Objective Satisfaction	3,71	3,72	3,65	3,74	3,41
Subjective Satisfaction	2,68 [a]	2,93 [a]	2,79	2,79	2,97
Corporate Trustworthiness	3,78	3,84	3,78	3,83	3,67
Corporate Image	3,73	3,75	3,72	3,73	3,53
Customer Advocacy	3,76	3,84	3,73	3,74	3,56
Customer Choice	2,98 [b]	3,15 [b]	3,08	3,15	3,02

* mean ±sd ; [a-h] statistically significant comparisons

Table 8. Pearson's coefficient of correlation

r	Objective Satisfaction	Subjective Satisfaction	Corporate Trustworthiness	Corporate Image
Corporate Trustworthiness	0,713			0,743
Corporate Image	0,688		0,743	
Customer Advocacy	0,710		0,736	0,663
Customer Choice		0,510		

* r= 0.25-0.50, weak correlation; r= 0.50-0.75, good correlation; r= 0.750-1.00, very good correlation, only good correlations were shown on the table.

Table 9. Multiple regression analysis for customer advocacy

Dependent variable	Customer Advocacy			
Independent variables	Beta	T value	P value	VIF
Objective Satisfaction	0,718	38,142	0,000	1,009
Subjective Satisfaction	-0,081	-4,303	0,000	1,009
R= 0,715	R²= 0,512	Fvalue= 727,671	P value= 0,000	

* r= 0.25-0.50, weak correlation; r= 0.50-0.75, good correlation; r= 0.750-1.00, very good correlation, only good correlations were shown on the

Table 10. Multiple regression analysis for customer advocacy

Dependent variable	Customer Advocacy			
Independent variables	Beta	T value	P value	VIF
Objective Satisfaction	0,345	13,651	0,000	2,319
Subjective Satisfaction	-0,052	-3,133	0,002	1,018
Corporate Trustworthiness	0,381	13,875	0,000	2,737
Corporate Image	0,143	5,418	0,000	2,515
R= 0,787	R²= 0,620	F value= 561,948	P value= 0,000	

* r= 0.25-0.50, weak correlation; r= 0.50-0.75, good correlation; r= 0.750-1.00, very good correlation, only good correlations were shown on the table.

Table 11. Multiple regression analysis for customer choice

Dependent variable	Customer Choice			
Independent variables	Beta	T value	Pvalue	VIF
Subjective Satisfaction	0,517	22,297	0,000	1,018
Objective Satisfaction	-0,098	-2,957	0,003	2,074
Corporate Trustworthiness	0,161	4,901	0,000	2,055
R= 0,520	R²= 0,271	F değer= 171,086	P değeri= 0,000	

* r= 0.25-0.50, weak correlation; r= 0.50-0.75, good correlation; r= 0.750-1.00, very good correlation, only good correlations were shown on the table.

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