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Evaluation of service quality using SERVQUAL scale and machine learning algorithms: a case study in health care

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Received 8 October 2020
Revised 22 January 2021
Accepted 21 February 2021

Abstract

Purpose – This study aims to propose a service quality evaluation model for health care services.

Design/methodology/approach – In this study, a service quality evaluation model is proposed based on the service quality measurement (SERVQUAL) scale and machine learning algorithm. Primarily, items that affect the quality of service are determined based on the SERVQUAL scale. Subsequently, a service quality assessment model is generated to manage the resources that are allocated to improve the activities efficiently. Following this phase, a sample of classification model is conducted. Machine learning algorithms are used to establish the classification model.

Findings – The proposed evaluation model addresses the following questions: What are the potential impact levels of service quality dimensions on the quality of service practically? What should be prioritization among the service quality dimensions and Which dimensions of service quality should be improved primarily? A real-life case study in a public hospital is carried out to reveal how the proposed model works. The results that have been obtained from the case study show that the proposed model can be conducted easily in practice. It is also found that there is a remarkably high-service gap in the public hospital, in which the case study has been conducted, regarding the general physical conditions and food services.

Originality/value – The primary contribution of this study is threefold. The proposed evaluation model determines the impact levels of service quality dimensions on the service quality in practice. The proposed evaluation model prioritizes service quality dimensions in terms of their significance. The proposed evaluation model finds out the answer to the question of which service quality dimensions should be improved primarily?

Keywords Health care, Service quality, Evaluation model, Classification, Machine learning, Case study

Paper type Case study

The authors would like to thank the three anonymous reviewers for their insightful comments and suggestions that have significantly improved the paper.

0368-492X
DOI 10.1108/K-10-2020-0649

1. Introduction

Nowadays, evaluating, determining and improving the service quality are some of the most crucial fields of study, regardless of the sector. Hitherto, various methods have been suggested for several purposes in a wide range of sectors, such as transportation (Deb and Ahmed, 2018; Lee and Yu, 2018), health care (Aggarwal *et al.*, 2018; Cullen *et al.*, 2018; Jennings *et al.*, 2015), economy (Fragoso and Espinoza, 2017) and web services (Oriol *et al.*, 2014; Sá *et al.*, 2016; Somu *et al.*, 2018). However, artificial intelligence-based methods have the highest preferability among the approaches in the literature. Moreover, machine learning algorithms are one of the most preferred algorithms in the field of artificial intelligence. The studies that are based on machine learning algorithms generally focus on the economy, agriculture, health care and engineering. Many approaches, such as experimental design and quality control charts have been proposed to examine service quality in health care in the literature that considers their advantages and disadvantages. The main advantage of the approaches, which are used for data processing, is that they have a dynamic structure. These methods enable to analyze all of the data so that they do not disregard any items and samples that could be significant. Because of these features, the data processing methods come to the forefront since they are considered the most appropriate method in sectors such as health care services where the elimination of the errors is vital.

Service quality has become a significant issue since the service industries started competing for traditional sectors such as manufacturing and production (Javed *et al.*, 2019). The ultimate goal of service systems is to meet and exceed customer requirements and to increase service quality in practice (Altuntas and Kansu, 2019). The proposed service quality evaluation model based on the service quality measurement (SERVQUAL) scale and machine learning algorithm in health care help decision-makers and managers to fulfill this ultimate goal. Providing services to patients on the basis of their expectations and needs is a necessary and important step in offering high-quality services for the success of an organization to remain competitive in the market (Aghamolaei *et al.*, 2014). Hospitals have a very strategic role in accelerating the enhancement of public health (Kadir *et al.*, 2017). The demand for better service quality is rising due to the increased aspiration level of customers with an increase in their per capita income (Singh and Prasher, 2019). The dimensions that lead to unsatisfied customers can be easily defined through the SERVQUAL scale (Altuntas and Kansu, 2019). The SERVQUAL scale, which is a comprehensive service quality measurement scale, is empirically examined for its potential usefulness in a setting of hospital service (Babakus and Mangold, 1992). Hence, the SERVQUAL scale is extensively used in the health care service quality assessment (Pekkaya *et al.*, 2019). Hospitals, in particular, aim to provide excellent clinical care and quality services to their patients for providing high-quality services, which is of key importance in the management of service organizations (Teshnizi *et al.*, 2018). Level of the patient satisfaction could help decision-makers and managers to identify specific areas of improvement in public sector hospitals (Hussain *et al.*, 2019). In addition, public hospitals play a key role in Turkey for enabling the access of population to health services. Therefore, the proposed approach in this study is performed to a public hospital in Turkey. A service quality evaluation model, which is based on the SERVQUAL scale and ensemble machine learning algorithm in health care services, has not been conducted in the literature so far.

Similar to the studies that use only the SERVQUAL scale for the measurement of service quality, the use of the SERVQUAL scale has been combined with various methods including, multi-criteria decision-making methods (Ocampo *et al.*, 2019; Singh and Prasher, 2019) and fuzzy logic (Behdioglu *et al.*, 2019; Riono, 2017) to increase the efficiency for the measurement of the service quality in the hospitals. Therefore, in this study, a service quality evaluation model based on SERVQUAL scale and machine learning algorithms was proposed for health care services.

The primary contribution of this study is threefold. These are presented as follows:

- The proposed evaluation model determines the impact levels of service quality dimensions on the service quality in practice.
- The proposed evaluation model prioritizes service quality dimensions in terms of their significance.
- The proposed evaluation model finds out the answer to the question of which service quality dimensions should be improved primarily?

In this study, it is not only discussed measurement of service quality. The prioritization of improvement activities is considered. This study has two main aims. The first aim is to propose factors that will increase general service quality for the improvement activities to managers in health care. The second aim is to test the validity of the use of machine learning algorithms to predict the service quality. The patient testimonials are considered for the improvement activities to analyze items that affect service quality. The item scores are determined using patient testimonials. Afterward, the effects of these items on the general service quality are detected. These items are collected under various factors using factor analysis. The factors that have the highest gap value between effect value on the general service quality and item score value are evaluated in detail. Thus, the factors that would increase the service quality at the highest level are determined for improvement activities. As a result, the budget allocated for the improvement activities can be directed to the factors that will increase the service quality at the highest level.

In addition, a sample of service quality classification model based on ensemble machine learning algorithms was performed for health care services in this study. Unlike other service quality evaluation models, machine learning techniques have a dynamic structure. As long as the data flow keeps on, the model improves itself continuously. Machine learning techniques are interested in generating algorithms and computer systems that machines can learn from previous experiences (Izenman, 2008). Ensemble machine learning techniques train multiple learners that can solve the same problems. Because, these techniques aim to obtain an ensemble global model that achieves more reliable forecasts (Erdoğan, 2017; Maimon and Rokach, 2005). Because of these features, the use of the ensemble machine learning techniques generally provides better results than those of individual machine learning techniques. Machine learning techniques have three functions, including classification, clustering and association rules. In this study, classification algorithms are used to develop a service quality evaluation model in health care. The classification is a process of constructing a model that identifies and categorizes data classes or concepts to forecast the classes of objects with unknown class labels (Han and Kamber, 2001). The classification techniques are supervised learning algorithms. These algorithms have advantages over clustering and association rules, which are unsupervised learning algorithms. Because the performance values of models obtained using supervised learning algorithms can be calculated in practice. Thus, the best-fitted algorithm for the data set can be determined considering these performance values. There are values of output in the data that is used in this study. Therefore, supervised learning algorithms are more suitable for the existing data.

The service quality of a hospital can be evaluated using machine learning technique. Through this application, the patients could be able to make their hospital preferences more accurately and hospital managers could be able to assess satisfied or dissatisfied patient masses. Moreover, the hospital managers would be able to determine the service gaps that need to be improved through assessing these results. The service quality evaluation model, which has been developed in this study, is beneficial both for patients and service providers. The service quality evaluation model enables patients to determine the most appropriate hospital without experiencing the provided service quality. In addition to this advantage, the hospital management saves time for the necessary improvements and prevents the occurrence of any possible dissatisfaction. It is expected that the results of this study would guide patients, companions and hospital managers to provide satisfactory service quality.

The rest of the paper is organized as follows. The literature review is provided in Section 2. The proposed approach is introduced in Section 3. The case study is explained in Section 4. The results of the proposed approach are given in Section 5. Finally, conclusions are provided in Section 6.

2. Literature review

2.1 Service quality

To maintain the existence of a service system in an increasingly competitive environment, companies need to ensure customer satisfaction. Customer satisfaction can be achieved in companies those having an adequate level of service quality. To increase customer satisfaction, customer requirements should be considered by using several tools, such as quality function deployment (Parezanović *et al.*, 2019) and SERVQUAL scale. In the literature, the studies related to service quality were broadly carried out in various sectors. Among these studies, Lee and Yu (2018) used user-generated online survey data to assess airport service quality based on Google reviews and performed sentiment analysis. Fragoso and Espinoza (2017) analyzed the service qualities of two banks using a modified version of the SERVPERF mode. They examined the service quality using samples obtained from the branches in four cities in Mexico. Deb and Ahmed (2018) aimed to explore the service quality of the city bus by taking perceptions and expectations of the users and data was analyzed by a combination of statistical tools comprising of factor analysis, linear regression analysis and structural equation modeling. Sá *et al.* (2016) developed a methodology to assess the qualities of local e-government online services based on an empirical study using the Delphi process. Somu *et al.* (2018) used multi-level hypergraph coarsening based robust heteroscedastic probabilistic neural networks to forecast the reliability of the service applications based on cloud technologies. Oriol *et al.* (2014) analyzed 47 quality models of web services from 65 papers to evaluate the state of the art of the proposed quality models for web services. Berry *et al.* (2019) intended to find the answer to the question of how do customers perceive the organization following the service and discussed the key concepts of service organization brand, namely, service marketing and service quality, to answer the question.

Innovative applications such as the use of information technologies highly influence the quality provided in health services. The use of information systems have provided a remarkable contribution to health care services (Mudavadi *et al.*, 2016). In the literature, there are various studies related to the use of information technologies in health services. Topacan *et al.* (2008) evaluated the determinants related to the adoption of health information services in practice. Behkami and Daim (2011) proposed an analysis model for an assessment of the adoption of health information technologies. Behkami and Daim (2012a) measured the effects of health information technologies on the delivery of care in patient-centered medical homes. Furthermore, Behkami and Daim (2012b) discussed the adoption of health information technology and highlighted that the use of health information technology provides lower cost and better patient experience. Behkami and Daim (2016) explored technology adoption in the case of the patient-centered medical home using structural equation modeling. They found that the use of health information technology is associated with lower cost and higher care quality. Mudavadi *et al.* (2016) used the analytical hierarchical process model to find the importance of perceived benefit, perceived ease of use and external factors concerning physicians' adoption of electronic health records.

The studies about service quality in health care services are given in Table 1.

Several studies on the topic of SERQUAL scale is given in Table 2.

2.2 Machine learning algorithms

When the literature is reviewed, it is noticed that machine learning techniques were widely used for the prediction of diseases in the health care services. Among these studies, Soni *et al.* (2011) used decision tree, Bayesian classification, K-nearest neighbors and neural networks classification for heart disease prediction and found that decision tree is a suitable method for heart disease prediction. Dangare and Apte (2012) conducted decision trees, Naïve Bayes and neural networks for heart disease prediction and found that neural networks provide accurate results as compared to decision trees and Naive Bayes. Besides, Vijayarani and Dhayanand (2015) predicted liver diseases using classification algorithms, namely, Naïve Bayes and support vector machine, and found that the support vector machine is a better classifier to predict liver diseases. Esteva *et al.* (2017) classified skin cancer with deep neural networks. Shah and Jivani (2013) compared three classification algorithms, namely, decision tree, Bayesian network and K-nearest neighbor algorithms, to predict breast cancer and found that Naïve Bayes is a superior algorithm. In addition to these studies, there are also studies dealing with data mining applications in the health care services and examining simple applications on these issues (Durairaj and Ranjani, 2013; Koyuncugil and Özgülbaş, 2019; Tomar and Agarwal, 2013). Furthermore, the use of large-scale data in health care has been discussed in the literature (Kaur and Wasan, 2006).

Several studies on the topic of data-driven analysis in service systems are given in Table 3.

As can be seen from the literature provided above, the literature, which is reviewed in this paper, is grouped into two parts: studies related to service quality and machine learning algorithms in health care. The studies in the first group are related to determining the quality of service in health and SERVQUAL scale. In the second group, there are studies with applications of machine learning algorithms in the field of health.

In this study, a model based on the SERVQUAL scale and machine learning algorithm is proposed to evaluate the service quality in health care services. Items that affect the service quality are determined in the proposed approach. Then, the mean score of these items is calculated. Subsequently, the impact of these items on service quality is determined. Thus, weak items, that is to say regarding poor health care services of the hospital, could be identified. Among these items, the items that have the highest impact on service quality are prioritized. Thus, the resources allocated for the improvement of related activities can be managed optimally. This evaluation model is important in terms of time, cost, and patient satisfaction. As far as we know, this study differs from the previous researches in that it uses from the machine learning algorithms in health care services based on the data obtained from patients by a survey. The proposed approach is a service quality evaluation model based on the SERVQUAL scale and machine learning algorithm in health care services. In this study, ensemble machine learning methods were used to eliminate the inadequate aspects of individual machine learning techniques and to enhance the evaluation performance. It should be noted that the ensemble machine learning techniques intends to establish a global ensemble model by putting the strengths of individual machine learning techniques to the forefront. Because of these features, the use of the ensemble machine

Table 1. Studies about service quality in health care services

Author(s) (year)	Method	Aim of study
Badrick *et al.* (2018)	The quality control techniques	To improve patient care quality
Roy *et al.* (2018)	A rough strength relational DEMATEL model	To analyze the key success factors of hospital service quality
Bonner *et al.* (2019)	Statistical analysis	To increase patient satisfaction and to assess the treatment quality
Jiang and Liao (2019)	A linear programming method based on probabilistic linguistic Kolmogorov-Smirnov distance	To evaluate the quality of service of the hospital
Martín-Martínez *et al.* (2019)	Delphi methodology	To evaluate the quality of care in the management of patients with rheumatoid arthritis
Mirzaeia *et al.* (2019)	Content validity, face validity and exploratory factor analysis	To measure consumers' perceptions of service quality in community pharmacies
Tuzkaya *et al.* (2019)	Interval-valued intuitionistic fuzzy-PROMETHEE	To evaluate the hospital service quality
Aburayya *et al.* (2020)	Principle component analysis, Pearson correlation coefficient, and multiple regression analyses	To examine the impact of TQM elements on hospital service quality
Alkafaji and Al-Sharmey (2020)	A fuzzy assessment model	To develop an assessment model based on fuzzy inference to assess the service quality
Bayati and Emadi (2020)	Panel data analysis	To investigate the factors affecting hospital death rate as a indicators of inpatient services quality
Firouzi Jahantigh and Ostovare (2020)	PROMETHEE-II and DEA	To evaluate the performance of teaching hospitals
S. Jiang *et al.* (2020)	A large group linguistic Z-DEMATEL approach	To determine key performance indicators in hospital performance management
Nemati *et al.* (2020)	HEALTHQUAL model	To compare hospital service quality based on the HEALTHQUAL model and trusting nurses at university and non-university hospitals
Shirazi *et al.* (2020)	FAHP-PROMETHEE hybrid approach	To rate hospitals in Sari city of Iran in terms of patient satisfaction during the outbreak of COVID-19
Suresh *et al.* (2020)	Fuzzy logic approach	To measure the leanness of a hospital
Yucesan and Gul (2020)	Pythagorean fuzzy AHP and fuzzy TOPSIS	To evaluate the hospital service quality

Notes: DEMATEL = The decision making trial and evaulation laboratory; DEA = data envelopment analysis; HEALTHQUAL = healthcare service quality and AHP = analytic hierarchy process

Author(s) (year)	Method
Al-Neyadi *et al.* (2018), Ali (2018); Ali *et al.* (2018), Gullu *et al.* (2017); Nyandwe *et al.* (2017), Rehaman and Husnain (2018); Shuv-Ami and Shalom (2017), Ting *et al.* (2019); Singh *et al.* (2020a), Vanichchinchai (2020), Zarei *et al.* (2020)	SERVQUAL
Behdioglu *et al.* (2019)	Fuzzy SERVQUAL
Rasouli and Zarei (2016), Altuntas *et al.* (2020)	SERVQUAL and statistical quality control charts
Shafiq *et al.* (2017)	SERVQUAL and structural equation modeling
Singh and Prasher (2019)	Fuzzy SERVQUAL and fuzzy AHP
Souri *et al.* (2018)	Grey SERVQUAL
Alam and Mondal (2019)	SERVQUAL and AHP
Stevic *et al.* (2019)	SERVQUAL and BMW
Gundogdu and Kahraman (2021)	SERVQUAL and fuzzy AHP
Perera and Dabney (2020)	SERVQUAL, principal component analysis, confirmatory factor analysis and Gap analysis
Singh *et al.* (2020b)	SERVQUAL scale and net promoter score
Farhadi *et al.* (2020)	SERVQUAL, fuzzy DEMATEL and analytic network process (ANP)
Hatam *et al.* (2020)	SERVQUAL, DEMATEL and Andersen-Petersen (AP)

Note: AHP = analytic hierarchy process

Table 2. Several studies on the topic of SERVQUAL scale

Author(s) (year)	Method
Shah *et al.* (2019)	Deep learning approach
Akhyani *et al.* (2020)	Selectability/rejectability measures approach
Beura *et al.* (2020)	Associativity functional network, genetic programming and step-wise regression
Deng *et al.* (2020)	Multinomial logistic model, K-means algorithm and Markov chain model
Fattore *et al.* (2020)	Neural networks
Isak-Zatega *et al.* (2020)	Logistic regression method
Moro *et al.* (2020)	Text mining and topic modeling
Saleem *et al.* (2020)	Fuzzy AHP and fuzzy mean clustering
Shokouhyar *et al.* (2020)	Kano model, SERVQUAL scale and RFM clustering technique
Son *et al.* (2020)	Dynamic neural network and genetic algorithm
Tan and Yan (2020)	Linear regression, text classification and text pattern recognition
Vicente *et al.* (2020); Wang *et al.* (2020)	Fuzzy clustering approach
Lucini *et al.* (2020)	Text mining
Eldeeb and Mohamed (2020)	Latent class choice model and error components interaction model
Golmohammadi *et al.* (2020)	Neural networks, sensitivity analysis
Mukherjee *et al.* (2020)	linear discriminant analysis, K-means clustering
Rallis *et al.* (2020)	Unsupervised learning, classification and regression trees

Note: RFM = recency, frequency, and monetary

Table 3. Data-driven analysis in service systems

learning techniques generally provides better results than those of individual machine learning techniques. Thus, evaluation results with a higher accuracy rate can be obtained. In addition to improving evaluation performance, the selection of the best performing algorithm is also crucial. Because specific performance values of different algorithms might give better results, hence, the synthesis index (SI) value (Chou *et al.*, 2014; Erdogan and Namli, 2019) was used to obtain a single algorithm with the best performance. Ensemble machine learning techniques and SI values have been preferred in this study, taking these situations into account.

3. The proposed approach

In this section, the proposed service quality evaluation model based on the SERVQUAL scale and machine learning algorithm in health care is introduced in detail. As seen in Figure 1, the proposed approach consists of four parts.

The first part of the proposed approach is the preparation and preliminary test. This part consists of three steps. First, the SERVQUAL scale was established. Afterward, a pilot study was carried out. A preliminary test was performed to increase the comprehensibility of the participants throughout the application of the survey. Within the scope of the pilot

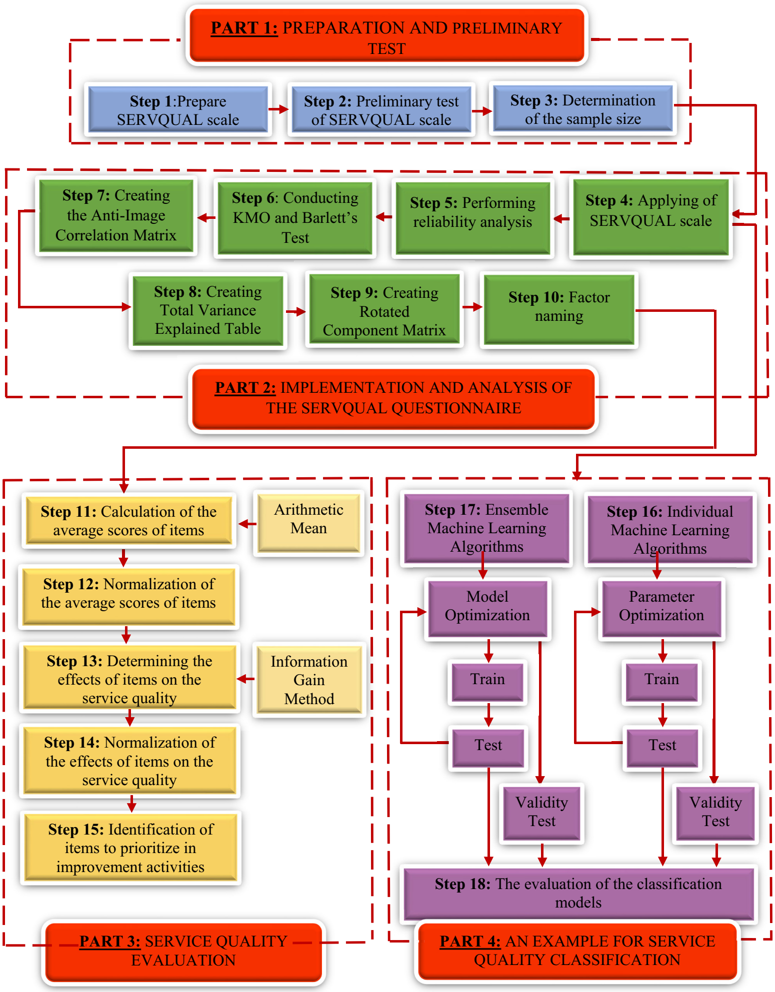

Figure 1.
Proposed approach

study, 50 people participated in the survey. Finally, the sample size was determined. The second part of the proposed approach is the implementation and analysis of the SERVQUAL questionnaire. This part consists of seven steps (Step 4–Step 10). In Step 4, the SERVQUAL scale was applied. In Step 5, the reliability analysis of the applied SERVQUAL scale was conducted. In Step 6, Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and significant Bartlett's test of sphericity was performed in SPSS. This test reveals whether factor analysis is required. Furthermore, the suitability of the sample adequacy for factor analysis is determined using this test. In Step 7, the image correlation matrix was generated to decide the suitability of the study for factor analysis. It is examined whether the values in the diagonal of this matrix are less than 0.5. Values that are less than 0.5 must be removed from the scale. In this study, principal component analysis with correlation matrix and varimax method as the rotation method were used for factor analysis. In Step 8, the total variance explained table were created. This table shows that how many factors the scale will involve. Subsequently, rotated component matrix was created in Step 9. In the last stage of the second part, factor naming was carried out to represent the factors obtained in the last stage of the second part optimally. The third part of the proposed approach consists of five steps (Step 11–Step 15). First, the mean scores of items were calculated in Step 11.

The calculated average scores of items were normalized from 0 to 1 in Step 12. In Step 13, the information gain method was used to determine the effects of items on service quality. Information gain method is an entropy-based feature selection method that is widely used in the field of machine learning. The application motivation of the information gain method is to maximize information between the class label and the given features (Dhir *et al.*, 2007; Lei, 2012). In this study, class label and features are service quality and items, respectively. After the effects of items on service quality are calculated, these values are normalized between 0 and 1 in Step 14. Thus, items to be prioritized for recovery activities are determined in Step 15. Items with a high impact on service quality and low average scores are prioritized.

A sample classification model is conducted in the last part. The data used in this study have class labels. Therefore, this data type is suitable for the use of supervised learning methods. Individual classification algorithms including various algorithms such as decision trees, statistical algorithms, artificial neural networks are used in Step 16. A trial and error method based on the use of different parameter settings was used to select the best performing algorithm among all these individual classification algorithms. Besides, the grid search method was used to determine parameter settings. According to these test results, the individual classification algorithms that give the best performance on the available data are reduce error pruning (REP) tree, random tree and J48 algorithms. Decision tree algorithms are individual classification algorithms that are most suitable for the data type used in this study. The advantages of decision trees are that they are comprehensible and interpretable. In this way, the reliability of the model for diagnostics can be verified by using both test data and expert knowledge (Yan *et al.*, 2016). Furthermore, the J48 algorithm ignores missing values and missing values are estimated using attribute values of other records (Patil and Sherekar, 2013). Thus, the quality of the classification performance is increased. Decision tree algorithms can run on numerical and categorical data. Decision tree algorithms can work efficiently in little data preparation and also can perform well when the number of features is big and unstable (Erdogan and Namli, 2019). Hence, ensemble machine learning methods were preferred in this study, to eliminate the missing parts of individual machine learning techniques and to improve the classification performances of these techniques. Ensemble machine learning techniques train multiple learners that can solve the same problems. Because these techniques aim to obtain an ensemble global model that achieves more reliable forecasts (Erdoğan, 2017; Maimon and Rokach, 2005). Because of these features, the use of the ensemble machine learning techniques generally provides better results than those of individual machine learning techniques. Random subspace and multi-class classifier algorithms that have the best estimation performance on the data used in the study among ensemble machine learning techniques were preferred in Step 17. Weston and Watkins (1998) and Vapnik (1998) proposed a multi-class classifier method in the literature. The multi-class classification approach can be examined under two titles. The first title includes algorithms that can be extended to handle multi-class cases. The second title includes methods that involve the reduction of multi-class classification problems to binary ones. The random subspace method (*RSM*) was proposed by Ho (1998). The RSM is based on the selection of a random feature subset in the training of each ensemble classifier. This method relies on an autonomous operation to select small number sizes from a given features field randomly. In each iteration, a selection is made and a subspace is fixed. Then, all samples are reflected in this subspace and a classifier is trained using the anticipated training examples. The methods with the highest classification value are preferred as sub-classifiers. These sub-classification methods are rep tree, random tree and J48 algorithms. *The J48 algorithm* is a learning algorithm equipped with additional features for solving problems that the ID3 algorithm cannot overcome. This algorithm was proposed by Quinlan (1996). *Random tree algorithms* are a collection of tree models. The collection of the tree models is called a forest. The random tree is performed to obtain a tree considering *k* items randomly determined at each node. Random selection means that the probability of selection for each tree in the forest has a uniform probability (Zhao and Zhang, 2008). The REP tree algorithm is one of the fastest classification algorithms. The information gain is used as the splitting criterion to obtain a tree (MeeraGandhi, 2010; Zhao and Zhang, 2008). The data is divided into training and test data during the model creation (Han and Kamber, 2001). The various methods have been used to divide data into two parts as test and training data. In this study, a 90% split ratio and 10-fold cross-validation methods were used. In the 90% split ratio method, 90% of the data set was determined as training data. The classification model was established using the 90% of the data set. Then, the remaining 10% of the data was used to predict the label value in the case study and to assess the classification model. In the K-fold cross-validation method, the data is divided into K different sets. These sets are approximately the same size. Subsequently, K-1 of K observations is used as a training set. After the model is established, an observation is used to test the obtained model. This procedure is run for each of the K observations (Fernandez, 2010; Maimon and Rokach, 2005).

The various individual classification algorithms are used to establish the classification model of the hospital quality in the literature. Ensemble classification algorithms are proposed in this study. The proposed ensemble classification algorithms are multi-class classifier and the RSM. In the literature, the performance values are used for the evaluation of the classification algorithms. The performance values used in this study are accuracy, precision, recall, f-measure, mean absolute error (MAE), root mean squared error (RMSE), relative absolute error (RAE), root relative squared error (RRSE) and SI in Step 18. These values are the parameters that are used in the selection of classification algorithms. However, these values are not adequate to evaluate the performance of algorithms. Different performance values of various algorithms give better results. Therefore, SI value was used to obtain a single algorithm with the best performance. SI value was calculated using equation (1) (Chou *et al.*, 2014):

$$SI = \frac{1}{m}\sum\nolimits_{i=1}^{m}\frac{P_i - P_{min,i}}{P_{max,i} - P_{min,i}} + \frac{1}{n}\sum\nolimits_{j}^{n} 1 - \left(\frac{P_j - P_{\min,j}}{P_{max,j} - P_{min,j}}\right) \tag{1}$$

where i shows measurements expected to give high value such that accuracy, precision, recall and f-measure. j implies measurements expected to give low value such that MAE, RMSE, RRSE and RAE.

4. Application of the proposed approach

In this section, a real-life case study, which is conducted in a public hospital in Kocaeli province of Turkey, is explained elaborately. To carry out the study, a protocol has been signed between the Kocaeli Provincial Directorate of Health and our University.

In the first part of the proposed approach, the SERVQUAL scale was prepared within the scope of the Preparation and preliminary test section. In the literature, the use of five-point Likert scale for the application of the SERVQUAL is suggested based on the management team's experience with previous surveys, which indicated that the five-point format would reduce the frustration level of the respondent patients, and would thereby increase the response rate and the quality of the responses (Babakus and Mangold, 1992). Service quality of hospitals is widely measured with scales that gauge patients' perspective (Shafiq *et al.*, 2017). Five-point Likert scale is extensively used and accepted in the literature for the application of the SERVQUAL to hospital service quality by many researchers, such as Altuntas *et al.* (2012), Altuntas and Yener (2012), Altuntas *et al.* (2020), Altuntas and Kansu (2019), Shafiq *et al.* (2017), Rai *et al.*, 2019; Aghamolaei *et al.* (2014) and Li *et al.* (2015). Therefore, a five-point Likert scale was used in the survey study. The items of the questionnaire were prepared based on the SERVQUAL scale. The items used in the questionnaire are presented in Table A1. Then, preliminary test was conducted for pilot application. The sample size was calculated using equation (2):

$$n = \frac{pX_{(1-p)}X\left(Z_{\propto/2}\right)^2}{e^2} \tag{2}$$

Where n is required minimum sample size, p is percentage picking a choice and e is error margin.

In this study, the sample size was calculated by taking 0.5 p-value for 95% confidence interval. n value was found to be 385. Thus, 410 people were surveyed in the study. Of the surveys, 390 were found eligible to use in the study.

In the second section of the proposed approach, the SERVQUAL scale was applied to the Kocaeli Public Hospital in Turkey. A survey study was conducted to obtain data from patients in this hospital between August 15th, 2016 and October 28th, 2016. The survey was conducted in 14 separate department of the hospital and the data was obtained from 390 patients. These departments are that brain surgery, internal medicine, physical therapy and rehabilitation, general surgery, chest diseases, eye, cardiology, otorhinolaryngology, neurology, orthopedics and traumatology, plastic surgery, urology, chest cardiovascular surgery and infectious diseases. After the survey was conducted, reliability analysis was carried out. Cronbach's alpha value was found to be 0.931. Item-total statistics study was carried out to determine whether deleting an item will increase the reliability of the questionnaire. Item-total statistics is given in Table A2. As can be seen from Table A2, there is no need to remove any item from the questionnaire. KMO measure of sampling adequacy and significant Bartlett's test of sphericity was performed to determine whether factor analysis is required. As can be seen from Table 4, p is less than 0.05.

KMO measure of sampling adequacy		0.890
Bartlett's test of sphericity	Approx. chi-square	8,613.281
	df	946
	Sig.	0.000

Table 4. KMO and Barlett's test

This value indicates that the test result is meaningful and factor analysis is required. The result of KMO measure of sampling adequacy was found to be 0.890. This means that the sample size is adequate for factor analysis. Anti-image correlation matrix was established to determine whether items were adequate for factor analysis. All values in the diagonal of this matrix were examined. There is no value less than 0.736. Considering the obtained results, it is concluded that the items are suitable for factor analysis. In this study, principal component analysis with correlation matrix and varimax method as the rotation method was used for factor analysis. Total variance explained is given in Table 5.

As can be seen from Table 5, the scale consists of 10 sub-sections. These dimensions were accounted for the 62.601% of the total variance. Subsequently, the rotated component matrix was generated. Rotated component matrix is presented in Table 6.

Finally, factor naming was carried out. As can be seen in Table 7, the items are allocated in 10 factors.

Mean scores for each item were also calculated based on a five-point Likert scale. Table 8 shows mean scores for items. As can be seen from Table 8, Item 1 (modern physical appearance and medical equipment) has the lowest mean score among the 44 items. While the highest mean score is recorded at Item 12 (employees have a neat appearance).

Then, the info gain method was used for the assessment of the effects of the items on the service quality. Table 9 shows the effects of items on the label value. Eight items (item no 18, 33, 26, 28, 16, 15, 12 and 22) did not have any contribution to the classification model. These ineffective items were removed from the data set. These ineffective items did not have a positive or negative impact on the classification performance.

Figure 2 illustrates the percentage effects of items on the service quality. The top 5 items having the highest effects on service quality are Item 43, Item 1, Item 25, Item 7 and Item 5.

It is crucial to focus on items by considering item percentage effects of items on the service quality (Figure 2) and the mean score of items (Table 8). Figure 3 shows the scores of patients on items and the effect of items on service quality. It should be noted that item scores are based on five Likert-scale. The percentage of gap for factors is given in Table 10.

In this study, it was considered not only item scores but also the effects of items on the service quality. The factors that have the highest value between item score and effect value on the service quality were proposed for improvement activities. First, item scores and the effects of items on the service quality were normalized between 0 and 1. Because these two values should be comparable. The reason why these two results were given together was so the hospital could notice more easily which item should be improved. Hospital managers can group patients based on the scores they give to the items and find out to which items the patient group attach importance most. As can be seen from Figure 3, the lowest scores are assigned to Items 1, 6, 9, 10, 23, 25, 27 and 38. These items have scores that are less than 4 out of 5. Which of these items needs to be improved first can be determined using the proposed approach. The effects of items shown with the red circle in Figure 3 are higher than the item score given by patients. Therefore, it can be concluded that the decision-makers should consider items shown with the red circle to improve service quality in the future. As it can be seen from Table 10, the items in Factors 4 and 7 should be improved to provide higher perceived service quality in practice. Items having the highest gap between the effect of item on the service and item score are 5 (Factor 4), 6 (Factor 4), 25 (Factor 1), 23 (Factor 2), 27 (Factor 2), 38 (Factor 8). The first 10 items having the highest gap between the effects of items on the service quality and item score among the items are 1, 25, 43, 7, 5, 9, 23, 10, 27 and 38. These items represent six factors, namely, Factor 1, Factor 2, Factor 4 and Factor 7, Factor 8 and Factor 9. Item 1 has the highest gap between the effects of items on the service quality and item score among the items. Hence, hospital managers and decision-

Item	Initial eigenvalues Total	% of variance	Cumulative (%)	Rotation sums of squared loadings Total	% of variance	Cumulative (%)
1	12.256	27.854	27.854	4.195	9.534	9.534
2	2.767	6.288	34.142	3.336	7.582	17.117
3	2.453	5.575	39.716	3.020	6.863	23.980
4	1.984	4.509	44.225	2.884	6.554	30.534
5	1.747	3.971	48.196	2.735	6.216	36.750
6	1.483	3.370	51.566	2.647	6.015	42.765
7	1.372	3.118	54.684	2.609	5.930	48.695
8	1.241	2.820	57.505	2.548	5.791	54.486
9	1.163	2.644	60.148	2.040	4.637	59.122
10	1.079	2.453	62.601	1.531	3.479	62.601
11	0.975	2.216	64.817			
12	0.970	2.205	67.022			
13	0.905	2.056	69.078			
14	0.843	1.915	70.993			
15	0.827	1.879	72.872			
16	0.780	1.773	74.645			
17	0.728	1.654	76.300			
18	0.692	1.572	77.872			
19	0.644	1.464	79.335			
20	0.612	1.390	80.725			
21	0.603	1.371	82.096			
22	0.576	1.309	83.405			
23	0.563	1.280	84.684			
24	0.550	1.250	85.934			
25	0.534	1.215	87.149			
26	0.488	1.108	88.257			
27	0.461	1.048	89.305			
28	0.451	1.025	90.330			
29	0.413	0.938	91.267			
30	0.383	0.870	92.138			
31	0.370	0.842	92.979			
32	0.355	0.808	93.787			
33	0.321	0.729	94.516			
34	0.306	0.696	95.211			
35	0.300	0.683	95.894			
36	0.282	0.642	96.536			
37	0.277	0.630	97.165			
38	0.253	0.576	97.741			
39	0.246	0.560	98.301			
40	0.191	0.435	98.735			
41	0.171	0.389	99.125			
42	0.163	0.370	99.494			
43	0.117	0.266	99.761			

Table 5. Total variance explained

makers should focus on the physical appearance of medical equipment (Item 1) in the hospital.

In the literature, service quality was assessed by using the concordance and discordance tests (Nacer *et al.*, 2015), multi-criteria decision-making methods (AHP, Intuitionistic Fuzzy (IVIF)-Preference Ranking Organization Method for Enrichment Evaluation (PROMETHEE) IVIF-Technique For Order Preference by Similarity to Ideal Solution (TOPSIS), Fuzzy AHP, etc.) (Akdag *et al.*, 2014; Maghsoodia *et al.*, 2019; Mudavadi *et al.*, 2016; Shafii *et al.*, 2016;

Table 6.
Rotated component matrix

Item	Factor 1	2	3	4	5	6	7	8	9	10
20	0.795									
9	0.761									
21	0.677									
24	0.556									
26	0.539		0.358							
32	0.455		0.417			0.399				
25	0.424							0.344		
13	0.423								0.392	
43	0.321									
22		0.713								
29		0.705								
30		0.625								0.352
23		0.580								
34		0.528				0.406				
35		0.487								
27		0.392								
28			0.623							
12	0.321		0.609							
41			0.580					0.440		
4			0.577							
31			0.543			0.451				
33	0.327		0.444						0.324	
6				0.831						
8				0.786						
1				0.654						
5				0.592						
15					0.905					
16					0.836					
14					0.794					
17	0.332				0.403					
37	0.331					0.718				
36						0.664				
18						0.509			−0.344	
11							0.875			
9							0.854			
10							0.823			
39								0.777		
38								0.752		
40								0.568		
42		0.360				0.408		0.450		
4									0.719	
7				0.406					0.628	
2										0.658
3										0.553

Tuzkaya *et al.*, 2019), structural equation modeling (Safari *et al.*, 2019). However, the methodology used in these studies is static. The use of machine learning algorithms provides real-time assessment and dynamic evaluation of provided service quality. The classification model is constructed by using machine learning algorithms. Because these algorithms continue to improve themselves as long as the flow of the continues. Furthermore, it is well-documented in the literature that ensemble machine learning algorithms provide better results than

Factors	Item no
1: Being ready to serve in the hospital	13, 19, 20, 21, 24, 25, 26, 32, 43
2 : Adequacy of health care staff	22, 23, 27, 29, 30, 34, 35
3 : Act ethically	12, 28, 31, 33, 41, 44
4: General physical conditions	1, 5, 6, 8
5: Reliability in services	14, 15, 16, 17
6: Accessibility	18, 36, 37
7: Food services	9, 10, 11
8: Information and communication	38, 39, 40, 42
9: Cleaning	4, 7
10: Physical condition of the rooms	2, 3

Table 7.
Factor naming

Item no	Score*	Item no	Score*	Item no	Score*	Item no	Score*
1	*3.6360*	*12*	*4.7872*	23	3.8051	34	4.2231
2	4.4026	13	4.4462	24	4.5051	35	4.3538
3	4.0538	14	4.0487	25	3.9205	36	4.5128
4	4.2077	15	4.2487	26	4.6949	37	4.5436
5	4.1333	16	4.3667	27	3.8641	38	3.8205
6	3.9154	17	4.5231	28	4.7821	39	4.1103
7	4.1589	18	4.1333	29	4.4487	40	4.3487
8	4.1077	19	4.5026	30	4.4051	41	4.7487
9	3.6897	20	4.5795	31	4.7026	42	4.2513
10	3.9692	21	4.5180	32	4.6000	43	4.2000
11	4.0744	22	4.0436	33	4.6718	44	4.7333

Note: *Mean score (five-point Likert scale)

Table 8.
Mean scores of items

individual machine learning algorithms in practice, as ensemble machine learning algorithms could obtain optimum global models. However, despite all these advantages, ensemble machine learning algorithms have not been used for the evaluation of service quality of hospitals in the literature so far. Service quality evaluations performed by neglecting the interactions among the items cannot provide the necessary information to the hospital managers. However, the use of ensemble machine learning algorithms considers interaction among the items. Hence, these algorithms provide a comprehensive and factual evaluation of the service systems. Therefore, a sample case study related to use of machine learning techniques to the evaluation of the service quality in health care was given in the last section of the proposed approach, in the study. The data used in this study involve class label. The distribution of the label value among the participants is given in Table 11. Approximately, 30% of the patients assigned the highest scores to the quality of the hospital. A great majority of patients (46%) assigned 4 points to the quality of the hospital. When the scores given by the patients to the hospital quality were assessed in general, the mean score of the hospital was 4.02. This score indicates that the service quality of the hospital is good. Nevertheless, this service quality score is not adequate, as the analyzed sector is a health care sector. To enhance the score of service quality to 5, items with low scores should be identified. Among these items, improvements of the items that have the most effect on the label value should be prioritized.

The parameter settings providing the best performance values are given in Table 12. The classification models were established by considering these parameter settings. The grid

Table 9.
Ranking values of the items

Item no	Rank value	Item no	Rank value	Item no	Rank value	Item no	Rank value
43	0.1769	36	0.0939	21	0.0711	31	0.0529
1	0.1588	19	0.0929	9	0.0697	14	0.0529
25	0.1526	10	0.0926	3	0.0686	41	0.0522
7	0.1425	37	0.0874	44	0.0639	18	0
5	0.1385	34	0.0836	6	0.0634	33	0
35	0.1339	8	0.0828	2	0.0628	26	0
30	0.1230	17	0.0819	27	0.0624	28	0
29	0.1154	11	0.0817	39	0.0591	16	0
42	0.1098	23	0.0768	4	0.0572	15	0
24	0.1073	32	0.0756	40	0.0555	12	0
20	0.0979	13	0.0722	38	0.0553	22	0

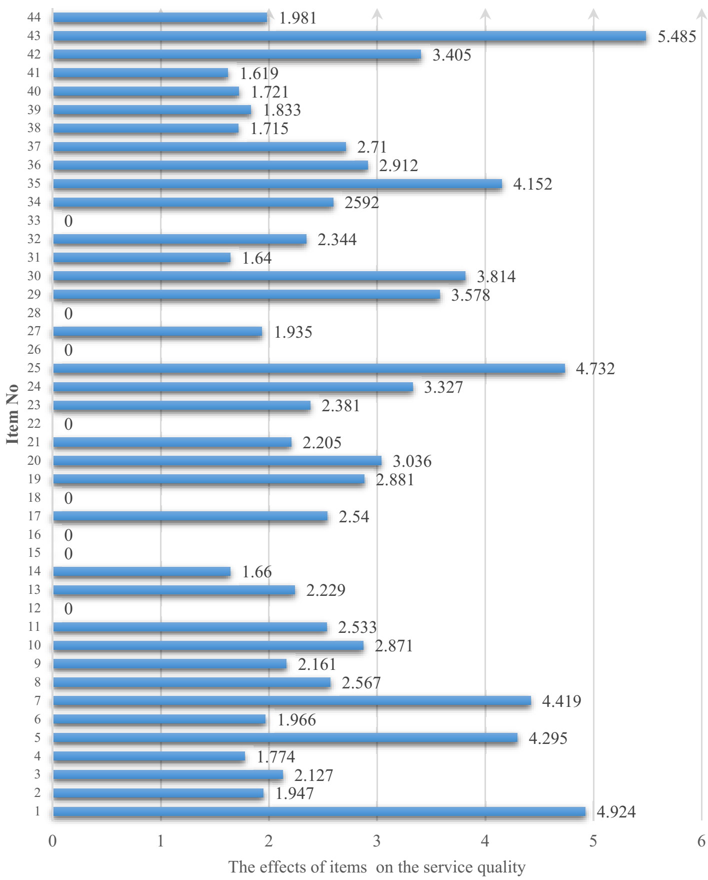

Figure 2.
Percentage effects of items on the service quality

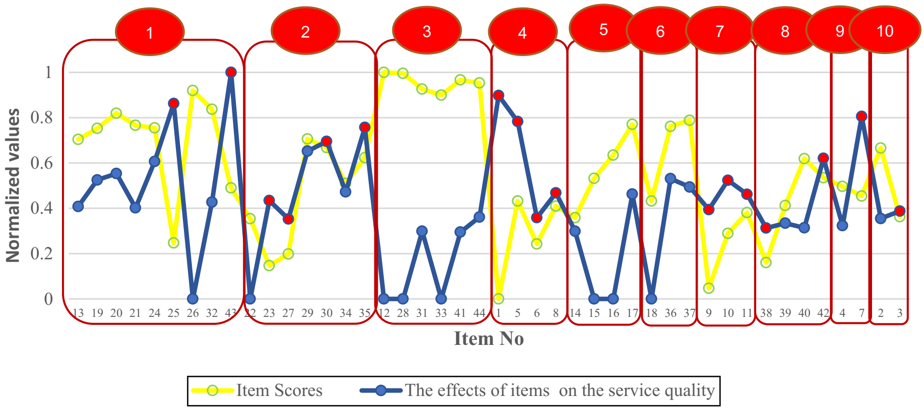

Figure 3. Comparative analysis of item scores and the effects of items on the service quality

Table 10. Percentage of gap for factors

Factor	No. of items	No. of items having gaps	(%) of gap
Factor 1	9	2	22
Factor 2	7	4	57
Factor 3	6	0	0
Factor 4	*4*	*4*	*100*
Factor 5	4	0	0
Factor 6	3	0	0
Factor 7	*3*	*3*	*100*
Factor 8	4	2	50
Factor 9	2	1	50
Factor 10	2	1	50

Table 11. The distribution of the label value among the hospital

The service quality of hospital (label)	Sample value	(%)
5	116	29.7436
4	180	46.1538
3	85	21.7949
2	5	1.2821
1	4	1.0256
Total	390	100

search method was used to determine parameter settings given in Table 12. Classification models were obtained by using the software of WEKA (Witten *et al.*, 2011).

The performance values of the classification models used in this study are given in Table 13. As can be seen from Table 13, the multi-class classifier that uses the J48 algorithm as a sub-classifier performed the best with respect to the accuracy, precision, recall and f-measure values for 90% split ratio validity method. The RSM that uses a random tree algorithm as a sub-classifier performed the best regarding the RMSE, RRSE values for 90% split ratio validity method. The random tree algorithm performed the best with respect to MAE, RAE values for 90% split ratio validity method. Different performance values of different algorithms gave better results.

Model	Parameter	Setting
Multi-class classifier	Batch size	100
	Classifier	Respectively, J48, random tree, REP tree
	Random width factor	2
	Method	Exhaustive correction code
RSM	Batch size	100
	Classifier	Respectively, J48, random tree, REP tree
	Num execution slots	1
	Num iterations	10
	Subspace size	0.5
	Batch size	100
J48	Confidence factor	0.2
	Min number object	2
	Seed	1
	K-value	0
Random tree	Batch size	100
	Max depth	0
	Min number	1
	Min variance prop	0.001
REP tree	Batch size	100
	Initial count	0
	Max depth	−1
	Min number	2
	Min variance prop	0.001

Table 12.
Parameter settings of ML models

Therefore, the SI value was used to obtain a single algorithm with the best performance. In this study, the RSM that uses random tree algorithm as sub-classifier provides the best SI value. The SI value is calculated regardless of the significance levels of these performance criteria. However, each of the performance values can be of different importance in practice. Thus, it is necessary to determine whether the deviation value is more important than the accuracy value. In this study, the significance level of performance values in Table 13 was regarded as equal. Also, the multi-class classifier and the RSM were used instead of the use of only one algorithm. Classification models established in this study have proved that machine learning (ML) techniques are appropriate methods for the classification of service quality in the health sector. This study provides a roadmap that takes the impact of the items on the quality of service into account for hospital managers.

5. Conclusion

Evaluation of service quality in health care is a popular and hot topic. The aim of this study is to propose a service quality evaluation model based on the SERVQUAL scale and machine learning algorithm in health care services. A real-life case study is performed to reveal how the proposed evaluation model works in practice. A survey study was conducted to obtain data from patients in a public hospital in Turkey. Then, mean score for items are calculated. Subsequently, the impact of items on service quality is calculated using information gain method. Mean score for items and the impact of items on service quality are normalized for comparison. Items that have lower mean score and higher impact are prioritized for improvement activities. The fact that which of these items should be improved primarily could be determined using the proposed approach. Later, items having a high effect value and a low score are determined based on the perspective of patient. In this study, the factors having the highest gap value between the effects value on the service

Table 13. Performance values of the classification models

Classification algorithms	Validation test	Accuracy	Precision	Recall	F-measure	MAE	RMSE	RAE (%)	RRSE (%)	SI
Multi-class classifier (random tree)	90% split ratio	71.7949	0.7170	0.7180	0.6970	0.2908	0.3668	116.5140	107.1940	1.1248
	Fold 10	53.3300	0.5480	0.5330	0.5370	0.2965	0.3762	113.5110	104.2640	0.5841
Multi-class classifier (REP tree)	90% split ratio	58.9744	0.5480	0.5900	0.5520	0.2969	0.3725	118.9380	108.8410	0.6385
	Fold 10	55.6410	0.5736	0.5560	0.5424	0.3026	0.3799	115.8590	105.2890	0.6112
Multi-class classifier (J48)	90% split ratio	*76.9231*	*0.7800*	*0.7690*	*0.7600*	0.2897	0.3641	116.0518	106.3980	1.3163
	Fold 10	60.0000	0.5945	0.6000	0.5955	0.2969	0.3736	113.6800	103.5520	0.7778
The RSM (random tree)	90% split ratio	71.7949	0.6150	0.7180	0.6600	0.1802	*0.2909*	72.1801	*84.9912*	*1.6534*
	Fold 10	61.2821	0.6290	0.6130	0.6157	0.2103	0.3240	80.5427	89.7945	1.2979
The RSM (REP tree)	90% split ratio	71.7949	0.6960	0.7180	0.6890	0.2118	0.3076	84.8500	89.8871	1.5720
	Fold 10	53.3333	0.5762	0.5330	0.5173	0.2298	0.3330	88.0035	92.2797	0.9567
The RSM (J48)	90% split ratio	66.6667	0.6560	0.6670	0.6490	0.1993	0.3031	79.8605	88.5772	1.4887
	Fold 10	60.2564	0.6390	0.6030	0.6075	0.2173	0.3275	83.2053	90.7584	1.2477
Random tree	90% split ratio	58.9744	0.6410	0.5900	0.5880	*0.1641*	0.4051	*65.7433*	118.3740	1.1304
	Fold 10	44.8718	0.4540	0.4490	0.4510	0.2210	0.4699	84.6310	130.2240	0.3085
The REP tree	90% split ratio	56.4103	0.5360	0.5640	0.5490	0.2185	0.3602	87.5454	105.2450	0.9126
	Fold 10	61.0256	0.6744	0.6100	0.6208	0.2114	0.3251	80.9950	90.1261	1.3248
J48	90% split ratio	58.9744	0.6960	0.7180	0.6890	0.2185	0.3602	87.5454	105.2450	1.2889
	Fold 10	51.2821	0.5313	0.5130	0.5120	0.2036	0.4120	77.9442	114.1790	0.7495

quality and item scores are Factor 4 (general physical conditions) and Factor 7 (general physical conditions). The gap corresponding to Factor 3 (act ethically), Factor 5 (reliability in services) and Factor 6 (accessibility) are 0. The reason for this case is that these factors have a high-quality value from the perspective of patient. Therefore, the improvements that will be carried on these factors will not provide a high effect level on the general service quality. As result, the factors that have a high effect value on the service quality and the low-quality score value are proposed for improvement activities. Thus, the budget allocated for improvement activities can be directed to the right items. In addition, a sample service quality classification model is presented in this study. Sample classification models, which have the best performance values, were selected using SI value among all of the established classification models. The classification algorithm, which has the best performance values, is the RSM that use the random tree algorithm as a sub-classifier. The accuracy value and SI value of this algorithm are 71.7949% and 1.6534, respectively. The classification algorithm, which has the highest performance values (accuracy, precision, recall and f-measure), is the multi-class classifier algorithm that use the J48 algorithm as a sub-classifier. In this study, the classification models have proved that ensemble machine learning algorithms are an appropriate approach for classification of service quality in the health care services. The proposed classification model achieved a successful predict with a rate of 76.923%.

By using the proposed classification model, the level of hospital service quality can be improved in practice. Necessary preventive actions can be taken by monitoring the fluctuations in the predicted hospital service quality. Thus, before the decrease in the quality level reaches an irreversible level, it could be possible to intervene in advance.

There are two limitations in this study. First, SERVQUAL results are valid only for one hospital because data is collected from one hospital. Second, it is assumed that each SERVQUAL item has equal importance in practice.

For the prospective studies, other service quality measurement scales can be used for the data obtaining process. Fuzzy logic-based service quality classification and evaluation can be used in future research. Expert opinion can be taken into consideration during the service quality evaluation process to prioritize factors for improvement activities. The patient satisfaction can be analyzed for pre-improvement and post-improvement so the success of the improvement activities can be tested. The number of observations in the data can be increased to obtain the higher predictive performance. In this study, it was observed that a model with a predictive performance of 76.923% was obtained by using 90% of 390 observations. If the number of observations is increased, k-fold validation methods providing a more robust performance evaluation can be used in future studies.

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Appendix

Item no	Statement
1	Has modern physical appearance and medical equipment
2	Equipment in patient rooms such as TV, nurse call bell, lamp and bed are working
3	Has adequate patient room temperature
4	Clean patient room
5	Peaceful and quiet hospital environment
6	Has ideal number of inpatients in patient rooms
7	Clean WC/bathroom
8	Has enough number of WC/bathroom
9	Gives meals which are mouth-pleasing
10	The food is hot
11	Meals are satisfying
12	Employees are neat in appearance
13	Performs the service right the first time
14	Has less waiting time in radiology (film, x-ray, ultrasound) and laboratory (blood, urine analysis) services
15	Provides analysis reports related to radiology and laboratory services on time
16	Never occur unsatisfied services in radiology and laboratory such as loss of results, faulty and incomplete results
17	Has less waiting time for bureaucratic procedures in a hospital (referral opening-closing, admission-exit procedures [. . .]) and these procedures are completed smoothly
18	Act urgent inspection in case of emergency
19	Doctors ready to serve at any time
20	Health staff ready to serve at any time
21	Shows interest in inpatient problems and sincere interest to solve inpatient problems
22	Has experienced doctors in all branches
23	Has knowledgeable and experienced doctors and nurses at the weekend as well
24	Provides services expected by companions and inpatient relatives
25	The frequency of doctor visits to patients is sufficient
26	Has patient visiting hours and duration of visit convenient to inpatient relatives
27	Has the time allocated for visit operations convenient
28	Provides food services on time
29	Has doctors who are knowledgeable and experienced
30	Has health staff who are knowledgeable and experienced
31	Has employees who are respect in-patient privacy
32	Has health staff who are polite, gentle and respectful
33	Performs only the necessary tests and treatments
34	Provides visit operations fairly and equally for every inpatient
35	Has employees who gives attention to inpatient security such as the confidentiality of patient information, the physical and monetary security
36	Easy to reach personnel who are wanted to be consult by companion and inpatient
37	Has health staff who can be easily asked related to any questions
38	Tells inpatients and their relatives the procedures, operations, average length of stay in the hospital

(continued)

Table A1.
Items for hospital service quality (Kaya, 2014)

Item no	Statement
39	Tells you information about the procedures they will perform (fever-blood pressure measurement, blood-urine, drugs)
40	Tells you using an appropriate speech style (not including medical terminology) for intelligibility
41	Get inpatient approval for the procedures to be performed on the patient
42	Provides information about patients' situation at any time
43	Has services planned according to patients' wishes, needs and expectations
44	Allows everyone to have adequate health care as possible without social security, financial possibilities, ethnic origin and religious beliefs and without financial expectation of all employees

Table A1.

Table A2.
Item-total statistics

Items	Scale mean if item deleted	Scale variance if item deleted	Corrected item-total correlation	Cronbach's alpha if item deleted
1	185.1564	537.094	0.445	0.930
2	184.3897	547.683	0.341	0.930
3	184.7385	544.523	0.382	0.930
4	184.5846	540.768	0.486	0.929
5	184.6590	535.860	0.480	0.929
6	184.8769	538.926	0.372	0.931
7	184.6333	533.503	0.545	0.929
8	184.6846	538.977	0.386	0.930
9	185.1026	541.563	0.348	0.931
10	184.8231	538.547	0.437	0.930
11	184.7179	542.558	0.382	0.930
12	184.0051	554.931	0.420	0.930
13	184.3462	536.325	0.614	0.928
14	184.7436	542.083	0.415	0.930
15	184.5436	546.007	0.401	0.930
16	184.4256	549.191	0.388	0.930
17	184.2692	547.760	0.410	0.930
18	184.6590	546.374	0.330	0.931
19	184.2897	537.918	0.617	0.928
20	184.2128	538.708	0.654	0.928
21	184.2744	536.200	0.640	0.928
22	184.7487	547.412	0.368	0.930
23	184.9872	541.509	0.497	0.929
24	184.2872	539.105	0.592	0.928
25	184.8718	528.904	0.557	0.928
26	184.0974	548.463	0.463	0.929
27	184.9282	536.550	0.445	0.930
28	184.0103	557.841	0.301	0.930
29	184.3436	543.707	0.554	0.929
30	184.3872	540.870	0.605	0.928
31	184.0897	551.074	0.460	0.930
32	184.1923	542.562	0.598	0.929
33	184.1205	550.970	0.449	0.930
34	184.5692	542.318	0.481	0.929
35	184.4385	541.794	0.528	0.929
36	184.2795	535.564	0.617	0.928
37	184.2487	538.660	0.571	0.928
38	184.9718	537.416	0.397	0.930
39	184.6821	533.729	0.516	0.929
40	184.4436	536.489	0.596	0.928
41	184.0436	550.957	0.441	0.930
42	184.5410	530.681	0.591	0.928
43	184.5923	532.319	0.601	0.928
44	184.0590	550.683	0.474	0.930