



THE FACTORS THAT AFFECT THE SATISFACTION OF ARAB REFUGEES ON HEALTH SERVICES PROVIDED BY NGOS IN ISTANBUL

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ABSTRACT

The main aim of this thesis is to measure, evaluate and analyze the factors that influence the Arab refugees' satisfaction with health services provided by NGOs' clinics in Istanbul. During the last years, Turkey experienced an increase in refugees number due to a variety of worldwide conflicts and wars especially in the Arab world. Refugees usually suffer from poor mental and physical health in their country of origin, as well as during the transition to and upon arrival in the host country; which in turn resulted in a greater number of patients among the Arab refugees in Turkey. Therefore, the research suggests that understanding the factors that affect the refugees' satisfaction with the healthcare is important for improving their health. A cross-sectional study was conducted from August to September 2018 in three of the NGOs clinics in Istanbul. Two hundred and five participants were interviewed using a comprehensive questionnaire to rate the level of satisfaction of services received by 5- point Likert Scale. The questionnaire was filled by direct face to face interview. Research model constructs were evaluated and analyzed with a help of confirmatory factor analysis (CFA) and structural equation model (SEM) processed in statistical software. The results revealed that staff behaviors, accessibility, and quality of medical care are not significantly co-related with satisfaction of Arab refugees, whereas physical environment and facilities of the clinic, security and privacy, and financial aspects influence the satisfaction of Arab refugees in NGOs clinics in Istanbul.

Keywords: *Satisfaction, NGOs, Staff Behaviors, Accessibility, Quality, Physical Environment, Security, Privacy, Financial Aspects*

1. Introduction

The main aim of marketing is building profitable relationships with customers by gaining new customers and keeping current customers. Satisfaction of customers is one of the essential functions of marketing orientation because of its major impact on revenue. Delighting customers would be achieved by delivering the best services quality

for them, understanding their wants and trying to fulfill their needs and attaining the highest level of customer satisfaction. Customers' expectations play a critical role in forming satisfaction. According Armstrong and Kotler (2010), achieving customer satisfaction comes through meeting customers' expectations, if the actual performance of a service is under the expectations, then the customer is dissatisfied.

The researcher chose this topic because of its increasing importance especially with the rapidly changing market conditions and the increasing competition. Nowadays, both public and private organizations and NGOs are seeking new means to improve customer satisfaction, and then using it to make customers loyal to the organization. It's the organizations' management responsibility to make sure if the customers are fully satisfied or not, to judge of the quality of delivered services frequently, and to have visibility into the performance of the staff in order to control the ways that employees deal with customer. (NGOs) the Non-governmental organizations provide help, protect lives and build a better future for more than 3 million registered Arab refugees in Turkey. NGOs are funded by different sources, including individual donors, foundations, corporations, and governments. NGOs in Istanbul cooperates closely with governmental authorities and work as partners with UNHCR; the UN Refugee Agency is the main provider of basic services – health, education and social services – to around 3 million Arab refugees in Turkey. (Official Website of UNHCR, 2017). After the Arab world crisis in 2011, Turkey became the world's largest refugee host. Almost 230 000 refugees are hosted in 21 camps run by the Turkish authorities, where they have access to shelters, healthcare, education, food and social services. (Official Website of European Commission humanitarian, 2018).

NGO organizations have been chosen by the researcher, because of the big number of refugees who benefits from its services in Istanbul specially health ones. NGOs work to deliver the main healthcare services, and to provide a healthy living environment for Arab refugees. Here, the researcher chose the NGOs to examine the procedures they use to satisfy its customers especially that they are serving more than three million Arab refugees. In this scenario, the researcher will talk about the procedures that NGO organizations' employees and management use to deal with their customers. The researcher is estimating the present situation and customers' final point of views of the provided services, the quality, efficiency and effectiveness of services, and the providers of services.

2. Research Aims and Objectives

This study aims to measure, analyze and evaluate the satisfaction of the Arab Refugees on the health services provided by NGOs in Istanbul. The researcher tries to look for the reasons for satisfaction or dissatisfaction of Arab refugees. The researcher will also try to convey the thoughts, point views of Arab refugees to NGOs, to find possible solutions if needed. Depends on the study results the researcher will recommend ways to deal with Arab Refugees, to reach the highest level of satisfaction.

3. Customer Satisfaction

Customer satisfaction is considered as one of the most important matters in marketing since Cardozo's (1965) study of customer effort and satisfaction. A customer service revolution was started to focus on customer, to understand his needs critically in order to fulfill them. As keeping customer satisfied is a key to business success whether in selling a product or providing a service. According to Klee and Hennig-Thurau (1997) customer satisfaction with organizations' services or products or is considered as most important elements of competitiveness and success. According to Cambridge dictionary, customer satisfaction is defined as "a measurement of how happy a customer feels when he does business with a company", which means that satisfaction is a feeling or an emotional reaction. Kolter (2000) defined it as: "a customer's feeling of pleasure or disappointment as a result of comparing products' perceived performance in relation to his expectations". Nowadays, big companies and organizations are trying to use social media, and more mobile surveys to measure customer satisfaction. In any business, measuring customer satisfaction is essential for many reasons. According to Anderson, Fornell and Lehmann (1994), organizations with higher levels of customer satisfaction have higher return of investment. Also, there is a strong and a positive relationship between customers' satisfaction and loyalty. Customers are loyal customers when they only purchase from specific brands. According to Oliva, Oliver, and MacMillan (1992), when satisfaction increases, loyalty increases dramatically, and when customer satisfaction declines, loyalty also declines dramatically. Customer satisfaction has a great financial outcome, and loyalty is more profitable (Thomas and Tobei, 2013), as it leads to increase sales and profitability as satisfied customers become loyal customers and loyal customers are more likely to purchase frequently and pay more for the product or the service. Thus, the main driver of loyalty is satisfaction for that keeping customers highly satisfied is so important.

The healthcare industry is considered as one of the fastest growing industries in the service sector over the last couple of years. Measuring the satisfaction of patient is also increasingly becoming essential and commonly used way by hospital management strategies for evaluating the quality of healthcare and to collect feedback about patient experiences.

4. Data analysis and discussions

In order to test proposed conceptual model of this study one of the multivariate statistical analysis techniques, namely, Structural equation modeling (SEM) was utilized in this study. SEM is the combination of factor analysis and multiple regression analysis, and it is used to analyze the structural relationship between measured variables and latent constructs.

4.1 Variable Coding

In order to get effective customer satisfaction results, following coding conventions were used.

Table 4.1: Variable-Coding Conventions Used in the Analysis

#	Dimension	Symbol	Total Items	Label & value	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The staff	STAFF	(6)	1	2	3	4	5	
2	Accessibility	ACS	(5)	1	2	3	4	5	
3	Clinic Environment and Facilities	ENV	(7)	1	2	3	4	5	
4	Financial Aspects	FINACIAL	(5)	1	2	3	4	5	
5	Security and Privacy	SECURITY	(7)	1	2	3	4	5	
6	Quality of Medical Care	QUALITY	(5)	1	2	3	4	5	
#	Dimension	Symbol	Total Items	Very poor	Poor	Acceptable	Good	Very good	
-	Customer satisfaction	SAT	(6)	1	2	3	4	5	

4.2 Reliability Test

. In the table below, the reliability of the variables of the current research is presented.

Table 4.2: Reliability Results of Variables

Variables	N	Cornbach's Alpha
The staff (STAFF)	6	0.93
Accessibility (ACS)	5	0.91
Clinic Environment and Facilities (ENV)	7	0.93
Financial Aspects (FINACIAL)	5	0.81
Security and Privacy (SECURITY)	7	0.93
Quality of Medical Care (QUALITY)	6	0.91
Level of Customer satisfaction	35	0.96
Customer satisfaction (SAT)	6	0.89

4.3 Confirmatory Factor Analysis (CFA)

CFA is not similar to exploratory factor analysis (EFA). The objective of CFA is to let researchers know about description of the factors and how well they match the actual data. With CFA, researchers stipulate a definite number of aspects, which are associated, and use the experiential variables to measure each aspect before outcomes can be made.

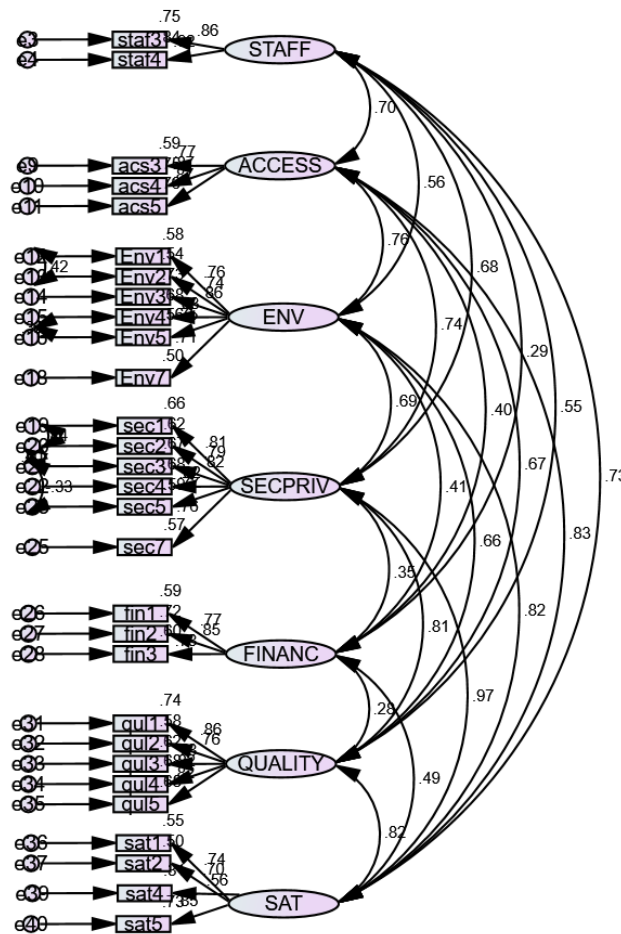


Figure 4.1: Hypotheses CFA Model

- In the hypotheses CFI model, GFI and AGFI values presented in table 5.3 (0.887, 0.782 and 0.633 respectively). It shows that this study hypothesized model fits the collected data well.
- Considering value of CFI that shown in given table 5.3 is 0.887, it is acceptable.
- Considering the value of RMSEA the given table 5.3 (.086) hypothesized CFA model fits the data moderate.

There are particular values that were calculated in order to figure out the goodness of fit. The metric values that should be presented are listed in Table 4.3, along with their suitable values, results of the present study analysis and appropriate comments.

Table 4.3: Goodness of Fit Metrics for CFA

Measure	Threshold	Results of this Study	Remarks
CMIN / DF	< 3 good; < 5 sometimes permissible	2.52	Permissible
CFI	> .95 great; > .90 traditional; >.80 sometimes permissible	.887	Permissible
GFI	>0.95	.782	
AGFI	>0.80	.730	
RMSEA	< .05 good; .05 - .10 moderate; > .10 bad	.086	Moderate

From the above table it is evident that CMIN/DF is well under the threshold value of 3, which is 2.53 and this shows the good fit. CFI value of .887 is acceptable since it is greater than the threshold of .80. GFI value of 0.782 is slightly under the threshold but is still permissible. SRMR, RMSEA values are all above their respective threshold values and therefore are great fit for the model.

4.4 Validity and Reliability

For founding validity and reliability, the researcher used Composite Reliability (CR), Average Variance Extracted (AVE), Maximum Shared Variance (MSV), and Average Shared Variance (ASV). The thresholds for these values are as follows:

Reliability

CR > 0.7

Convergent Validity

AVE > 0.5

Discriminant Validity

MSV < AVE

Below table presents the results of validity and reliability of this research.

Table 4.4: Validity and Reliability Results

	CR	AVE
Quality	0.907	0.661
Staff	0.886	0.796
Access	0.875	0.701
Env	0.899	0.599
Secpriv	0.911	0.631
Financ	0.842	0.640

The composite reliability (CR) values of Quality of Medical Care (Quality), the staff (STAFF), Accessibility (ACS), Environment and Facilities (ENV), Security and Privacy (SECURITY) and Financial Aspects (FNACIAL) 0.907, 0.886, 0.875, 0.899, 0.911, and 0.842 respectively. This means that CR of all these variables is greater than the threshold value of 0.7, which means that their CR is acceptable. The Average Variance Extracted (AVE) values of Quality of Medical Care (Quality), the staff (STAFF), Accessibility (ACS), Environment and Facilities (ENV), Security and Privacy (SECURITY) and Financial Aspects (FNACIAL)) are 0.661, 0.796, 0.701, 0.599, 0.631, and 0.640 respectively. This means that AVE of all these variables is greater than the threshold value of 0.5, and this means that their AVE is acceptable.

For Discriminant Validity, the Maximum Shared Variance (MSV) values of this variables FINACIAL 0.238. This indicates that values are less than the threshold value of 0.5 (AVE) which means they are acceptable. While (MSV) values of this variables QUALITY, STAFF, and ACS are 0.677, 0.533, 0.692 respectively which indicates that these values are acceptable. While the MSV values of ENV and SECURITY are slightly greater than their AVE values which is considered not to be a major problem. As it is obvious from above, and since Maximum Shared Variance (MSV) is larger than the Average Variance Extracted (AVE), some cases of discriminant validity occurred. Even though there is a slight difference in the numbers of both of them (MSV and AVE) (0.67 and 0.66) respectively, removing another question of the variable QUALITY will not have an effect on the obtained model itself, so the results were kept as it is. While

the factors (ENV and SECURITY) the value even though there is a slight difference in the numbers of both of them (MSV and AVE); removing another questions of the variables factors (ENV&SECURITY and SAT) will not have an effect on the obtained model itself, so the results were kept as it is.

4.5 Normality assessment

One of the assumption of SEM is that the data is multivariate normal. In this research normality assessment was carried out through kurtosis statistics. Rescaled standardized kurtosis index for each individual scale items was obtained in AMOS and given in the table.

Table 4.5: Rescaled standardized kurtosis index and skewness Index

Variable	min	max	skew	c.r.	kurtosis	c.r.
sat4	1.000	5.000	-1.320	-7.717	2.418	7.066
sat5	1.000	5.000	-1.016	-5.941	.765	2.235
sat1	1.000	5.000	-.935	-5.465	.989	2.891
sat2	1.000	5.000	-1.110	-6.489	1.971	5.761
sec7	1.000	5.000	-.822	-4.808	.517	1.510
Env7	1.000	5.000	-.796	-4.653	.626	1.829
qul5	1.000	5.000	-1.203	-7.032	1.958	5.724
qul1	1.000	5.000	-1.189	-6.948	1.750	5.114
qul2	1.000	5.000	-.557	-3.255	-.478	-1.397
qul3	1.000	5.000	-1.173	-6.854	1.580	4.619
qul4	1.000	5.000	-1.240	-7.248	3.109	9.086
fin1	2.000	5.000	-.860	-5.026	2.024	5.916
fin2	1.000	5.000	-1.120	-6.545	3.038	8.878
fin3	1.000	5.000	-1.315	-7.689	5.381	15.727
sec5	1.000	5.000	-.843	-4.927	-.144	-.420
sec1	1.000	5.000	-.981	-5.734	.480	1.403
sec2	1.000	5.000	-.636	-3.719	-.582	-1.700
sec3	1.000	5.000	-.900	-5.264	-.105	-.308
sec4	1.000	5.000	-1.488	-8.700	2.134	6.236
Env5	1.000	5.000	-1.298	-7.585	1.938	5.664
Env1	1.000	5.000	-1.235	-7.218	1.280	3.742
Env2	1.000	5.000	-.524	-3.062	-.790	-2.308
Env3	1.000	5.000	-.753	-4.401	-.190	-.557
Env4	1.000	5.000	-.809	-4.727	.047	.139
acs5	1.000	5.000	-.739	-4.322	.207	.605
acs3	1.000	5.000	-1.139	-6.656	1.558	4.553
acs4	1.000	5.000	-.787	-4.602	.522	1.525
staf3	1.000	5.000	-.795	-4.649	-.221	-.646
staf4	1.000	5.000	-.921	-5.385	.517	1.512
Multivariate					153.587	25.930

4.6 Structural Model:

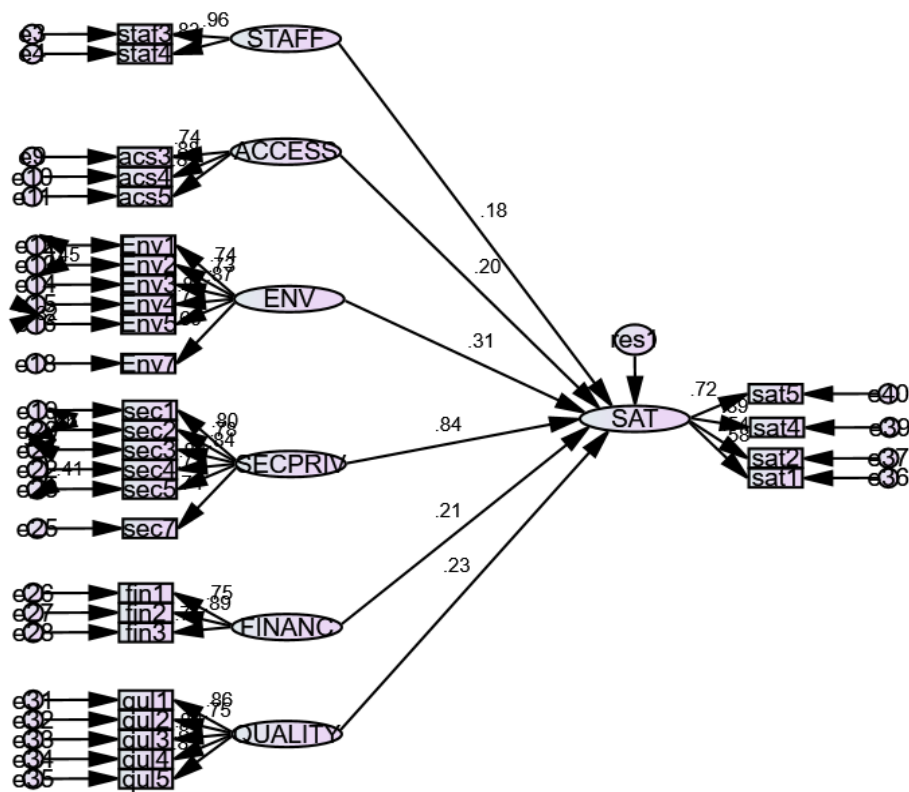


Figure 4.2: Structural Model

Table 4.6: Selected AMOS Output, Structural Model: Goodness-of-Fit Statistics

Measure	Threshold	Results	Remarks
(CMIN / DF)	< 3 good; < 5 sometimes permissible	2.53	Permissible
GFI	> .80	0.78	
AGFI	> .80	0.73	
PGFI	> .50 - > .90	0.63	

CFI	> .95 great; > .90 traditional; >.80 sometimes permissible	0.89	Sometimes permissible
PCFI	.50 - > .90	0.77	
RMSEA	< .05 good; .05 - .10 moderate; > .10 bad	0.086	Moderate

- From the given table it is evident that CMIN/DF is well under the threshold value of 3, which is 2.53 and this indicates the good fit.
- Indices range from 0 to 1, however values close to 1 and greater than 0.8 shows a good fit. In the structural model, values of GFI and AGFI are presented in table 5.5 (0.78 and 0.0.73 respectively). Hence, it can be concluded that the structural model is a good fit of data
- The Parsimony Goodness-of-Fit Index (PGFI) talks about the point of parsimony in SEM and it is better that it should have values less than the threshold level usually supposed as satisfactory for average fit indices. In table 4.6, value of PGFI is 0.63 so; it seems to be consistent with our previous fit statistics.
- The CFI signifies that the data is a good fit for the structural model. According to Byrne (2010) CFI value from 0 to 1 and close to 1 are termed as good fit values. With reference to the CFI value (0.89) of this research as shown in table 5.5, it is acceptable.
- Model parsimony is the next measure of goodness of fit. The framework is taken into account in the analysis of model fit. The PCFI value of 0.77 falls well in the range of expected values and hence termed as acceptable.
- Lastly, root mean square error of approximation (RMSEA) fit is evaluated. According to Byrne (2010), the acceptable RMSEA value is less than 0.1 and ideally less than 0.05. Hence, the RMSEA value of 0.086 which is the outcome of this research as shown in table 5.5 means model fits the data moderate.

Table 4.7: Regression Weights

	Estimate	S.E.	C.R.	
SAT<--- STAFF	.059	.052	1.135	.257
SAT<--- ACCESS	.075	.077	.970	.332
SAT<--- ENV	.180	.064	2.804	.005
SAT<--- SECPRIV	.721	.106	6.825	***
SAT<--- FINANC	.181	.066	2.741	.006
SAT<--- QUALITY	.055	.085	.652	.514

Depending on the results;Table 4.8 shows a summary of hypotheses testing:

Hypothesis	Description	Remarks
H1	There is a positive relationship between the staff behaviors and refugees satisfaction from services provided by NGOs in Istanbul	Not Supported
H2	There is a positive relationship between accessibility and refugees satisfaction from services provided by NGOs in Istanbul	Not Supported
H3	There is a positive relationship between Physical Environment and Facilities and refugees satisfaction from services provided by NGOs in Istanbul	Supported
H4	There is a positive relationship between Security and Privacy and refugees satisfaction from services provided by NGOs in Istanbul	Supported
H5	There is a positive relationship between Financial Aspects and refugees' satisfaction from services provided by NGOs in Istanbul	Supported
H6	There is a positive relationship between Quality of Medical Care and refugee's satisfaction from services provided by NGOs in Istanbul	Not Supported

5 Conclusion

Patient satisfaction is an indirect or a proxy indicator for measuring the quality in the healthcare. In the last 20 years, patient satisfaction became very important; as they are considered as meaningful and essential sources of information for knowing the factors that influence patient satisfaction. Moreover, patient satisfaction surveys should be done routinely in the different aspects of health care to know how to improve the quality of health services. However, there are very few published studies about the satisfaction of refugees and the factors that influence their thoughts especially in the healthcare sector. This research review gives an understanding of determinants of refugees' satisfaction either dependent or in-dependent variables, and compares the magnitude of the impacts of various independent healthcare dimensions on overall refugees' satisfaction. This study shows the clear and the true image of the Arab refugees' satisfaction with the health services provided by Non-Governmental Organizations (NGOs) in Istanbul. To measure the refugees' satisfaction, the researcher distributed a questionnaire in Arabic Language on some of NGOs clinics.

The findings of this research show that there is a significant positive relationships between refugees satisfaction and physical environment, financial aspects, security and privacy in the clinics of NGOs in Istanbul. On the other hand and despite the general belief that staff behaviors, accessibility, and the quality of medical care have significant impacts on patient satisfaction, this study's results show that there is no relationship between refugees satisfaction, staff behaviors, accessibility and quality of medical care. The reason of the different results of this study and other studies, can be explained due to the existence of different issues like: different cultures, languages, perceptions, demographical differences, etc. In general, the objective of this study was to identify and analyzes the factors that influence refugees satisfaction on healthcare services provided by NGOs in Istanbul. Based on the results of this research, it can be concluded that physical environment, financial aspects, security and privacy significantly impacted on the overall performance of NGOs in Istanbul.

6 Limitations and Recommendations for Future Researches

As with almost every research, this present research also has some limitations, which may call for further studies in the same area. Primarily, this study is limited to the experience of refugees in one city which is Istanbul, and as such limits generalizations of the results to the experience of the refugees in all Turkey. A larger research involving a bigger refugee

populations from different cities in Turkey is recommended. Secondly, patient information was collected from refugees who can read and write in Arabic language. Despite the fact that the most of refugees are Arabic speakers, there are many refugees who can not read in Arabic; so it is possible that some bias happened because the questionnaires were available just in Arabic language. Furthermore, some of them were Arabic native speakers, still they were illiterate. In any future research, face to face interviews are also recommended. Thirdly, only six factors (based on collected literature within study scope) have been analyzed in this research. There might other critical factors that impact Arab refugees' satisfaction in the NGOs clinics in considerable way. Fourthly, improvements are recommended in many different areas of healthcare to create a favorable environment of health care and increase levels of refugees' or patients' satisfaction among refugee populations. Also, refugees deal with doctors through interpreters, which may also be a reason for misunderstandings between patients and their doctors. Hiring Arabic speaking doctors in the clinics that deal with Arab refugees is also recommended.

Taking into consideration all the above mentioned limitations researchers may conduct new researches with improved models and hypotheses that will help to get a better understanding about refugees' satisfaction in the healthcare sector in Turkey.

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