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Social media and hospital brands: A field study in Turkey

Abstract

The objective of this study is to evaluate the respondents' use of social media and explore whether there are any differences, according to their demographics and social media use behaviors. The study was conducted on the Facebook pages of three hospitals in Turkey and totally, 443 questionnaires were completed. Frequency, mean and percentage distributions were calculated and Factor Analysis, Kruskal-Wallis and Mann-Whitney U tests were conducted in order to achieve the objectives of this study. As a result, healthcare organizations should enhance their presence and be more active on social media in order to increase the perceived benefits of the users and to strengthen their brands.

Keywords: social media, brand trust, brand loyalty, hospital.
JEL classification: M20.

Introduction

Since health care is such an intimidating service, it is more important for marketers to establish relationships with their customers, not just marketing services to individuals. New technological advancements have health care marketers

thinking of more unique ways to reach consumers [Hackworth and Kunz 2010, p. 55]. In the last decade, the rapid rise in the use of social media provided marketing and communication opportunities for healthcare organizations in order to strengthen their brands and communicate with their consumers. It is considered very important to be a reliable and a strong brand by using social media tools for public and private health sector nowadays, and, this new media enabled especially the private health sector to focus on the patients and to interact with them [Güneş 2013, p. 1011]. Marketers are working to harness the power of these new social networks and other "Word-of-Web" opportunities to promote their products and build closer customer relationships. Instead of throwing more one-way commercial messages at consumers, they hope to use the Internet and social networks to interact with consumers and become a part of their conversations and lives [Kotler and Armstrong 2012, p. 141].

1. Theoretical background

1.1. Social media

Social media technologies are computer-mediated communication technologies that are typically used to connect people, as well as to produce and share user-generated content [Osatuyi 2013, p. 2622]. According to Kaplan and Haenlein [2010, p. 61]: "Social Media is a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content". Generally, social media technologies are referred to as social networking sites, microblogging sites, wikis, forums, and blogs and those are becoming a reliable platform for sharing information to target audiences in a timely manner [Osatuyi 2013]. It is known that each Social Media Services (SMS) provide benefits for both the consumer and the provider perspective [Hackworth and Kunz 2010].

1.2. Perceived benefits

Brands provide benefits for the consumers that are sufficient to create purchases [Wood 2000, p. 666], and, the consumers, likewise, tend to establish relationships with service providers who offer benefits to them [Kang, Tang and Fiore 2014]. Here, it is important to interact with the brand, and this is the first step in the development of a loyal relationship [Arnone et al. 2010]. In this context, "uses and gratifications" theory [Katz, Blumler and Gurevich 1974] has been employed in media studies to identify the different types of benefits that can be obtained from media usage and to examine how those benefits shape such relations between the brand

and the consumer. It is suggested here that the four types of benefits identified by the U&G theory – cognitive, social integrative, personal integrative, and hedonic – reflect the nature of benefits customers expect to derive from their participation in social media sites and online communities [Nambisan and Baron 2009, p. 390]. Similarly, Kuo and Feng [2013, p. 949] classified perceived benefits (PB) in four groups, such as learning benefits, social benefits, self-esteem benefits, and hedonic benefits. This classification provides a theoretical background for this research.

1.3. Satisfaction

Consumers usually face a broad array of products and services that might satisfy a given need. Customers form expectations about the value and satisfaction (SAT) that various market offerings will deliver and buy accordingly [Kotler and Armstrong 2012, p. 7]. Expectations influence total satisfaction, when the customer evaluates a product or service [van Vuuren, Roberts-Lombard and van Tonder 2012, p. 84]. Satisfaction therefore depends on the difference between what a consumer wants and what he or she obtains [Flavián, Guinalıu and Gurrea 2006, p. 4]. Satisfaction is a customer's emotional response, when evaluating the discrepancy between expectations regarding the service and the perception of actual performance. If the performance matches or exceeds the expectations, then the customer is satisfied, if performance is below par, then the customer is dissatisfied [van Vuuren, Roberts-Lombard and van Tonder 2012, p. 84]. Satisfied customers will repurchase and inform other people about their good experiences and dissatisfied customers often switch to competitors and disparage the product to others [Kotler and Armstrong 2012, p. 7]. Satisfaction reflects the overall emotions based on the perceived benefits and values and it is known that perceived benefits from a SMS can have a positive impact on satisfaction [Yang and Peterson 2004, pp. 804-805].

1.4. Brand trust

According to Morgan and Hunt [1994], "trust is a prerequisite for the creation and preservation of long-term relationships between the company and consumers, especially in the context of services markets" [Martínez and del Bosque 2013, p. 91]. Trust includes the expectation that an individual or institution will act competently, fairly, openly, and with concern. It is a relational phenomenon which enhances cooperation [Mohseni and Lindstrom 2007, p. 1374]. In a marketing context, brand trust (BT) is usually linked to consumer expectations concerning the firm's capacity to assume its obligations and keep its promises. The-

se expectations are based on the firm's competence, honesty, and benevolence [Nguyen, Leclerc and LeBlanc 2013, p. 99]. The consumer will feel satisfied if he perceives the fulfilment of the required level of honesty, benevolence and competence in the website and social media [Flavián, Guinalıu and Gurrea 2006]. Within the health sector, competence trust suggests that the customer believes in the ability, infrastructures of the hospital, skills and knowledge of the hospital employees, and capability of the hospital to provide the expected information and services to customers, when they arrive and stay at the hospital [Martínez and del Bosque 2013, p. 91]. Honesty is associated with fulfilling promises made by the firm [Nguyen, Leclerc and LeBlanc 2013, p. 99] and is the objective believability of an exchange partner, as in an expectancy that one can rely on the partner's word or written statement [Kim et al. 2008, p. 76]. Benevolence trust is the customer's reliance upon the care, concern, honesty and benevolence shown by the hospital. Customers trust in the hospital's benevolence refers to their belief that the hospital will not only act in a competent and reliable manner, but will also have the wellbeing and interests of the customer at heart when making service decisions and providing services [Martínez and del Bosque 2013, p. 91].

1.5. Brand loyalty

Organizations looking to steadily increase brand loyalty (BL) and sales are quickly realizing that SMSs and online communities offer a compelling new option for companies that want a better connection with customers. Besides Nike, Dell, and Adobe, healthcare organizations, such as Mayo Clinics, Memorial and John Hopkins have all launched SMSs and online communities that strengthen their brands, generate excitement, and increase loyalty among customers [Kembel, 2010]. Oliver [1999, p. 34] defines BL as "a deeply held commitment to rebuy or repatronize a preferred product/service consistently in the future, thereby causing repetitive same-brand or same brand-set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior" [Chaudhuri and Holbrook 2001, p. 82]. Companies whose consumers have strong loyalty to the companies can gain competitive advantages in marketing, such as reduced corporate marketing and transactional costs, increased cross-selling rate, greater positive word-of-mouth effect, and reduced cost of failure [Jang, Ko and Koh 2007, p. 4], experience with the provider, satisfaction, perceived benefits and values, competitive appeal, relationship with the provider and exit barriers [Curran, Varki and Rosen 2010, p. 180]. In addition, the success of the hospital to maintain BL is influenced by many factors, including: the quality of the service, either directly or mediated by an increasing role of trust, commitment and customer satisfaction [Patawayati et al. 2013, p. 2].

2. Methodology

2.1. Objectives

The objective of this research is to identify the perceived benefits, satisfaction, brand trust and loyalty of the followers of the hospitals' corporate Facebook (FB) pages and to investigate whether there are any statistically significant differences, according to their visit frequency, length of following period and preferred SMSs.

2.2. Questionnaire

This research was designed as a descriptive study. Questionnaire method was used as the data collection method, and an online questionnaire form was designed to collect the data. Previous researches in the literature and the expert opinions were evaluated to create the questions. The questionnaire consists of 39 questions in two parts. In the first part, there are 10 multiple choice questions related to demographic characteristics and social media use behaviors, and 29 questions in the second part including four factors which are perceived benefits [Nambisan and Baron 2009; Kuo and Feng 2013], satisfaction [Woisetschläger, Hartleb and Blut 2008], brand trust [Ok, Choi and Hyun 2011; Laroche et al. 2012] and brand loyalty [Satanasavapak 2010; Nam, Ekinci and Whyatt 2011]. In the second part, five point likert scale was used in which "1" is strongly disagree and "5" is strongly agree. After piloting with 40 respondents, seven questions were excluded from the second part and the final shape was given. The revised survey form totally consists of 32 questions, and the Crombach Alpha coefficient was found $\alpha = 0.956$. Those four factors in the second part explain the 69.38% variance of the scale.

2.3. Sample

Almost 227.856 people who are following Kudret Eye Hospital (KEH), Memorial Health Group (MHG), and Anadolu Health Center (AHC) on corporate FB pages between 16.04.2014 and 16.06.2014 constitute the universe of this research. It is known, that at least 384 respondents will be enough for sampling when the universe is more than one hundred thousand [Yamane 2001, pp. 116-117]. Totally, 448 people completed the questionnaire forms, but 5 of them were excluded as they were double entries. Finally, 443 FB followers of the SMSs of these hospitals form the sample of this research.

The collected data was classified and coded by the researchers. Number Cruncher Statistical System 2007 and Power Analysis & Sample Size 2008 Statistical Software were used to analyze the collected data. Factor analysis, mean

value, standard deviation, frequency and percentage distributions, were performed while Mann-Whitney U and Kruskal-Wallis tests were used to compare the categorical data. P<0.01 and P<0.05 were considered as statistically significant.

3. Findings

This research was conducted between 16.04.2014 and 16.06.2014 on the corporate FB Pages of KEH, MHC, and AHC. Totally, 443 people participated in the research of which 59.8% (n=265) is female and 40.2% (n=178) is male.

Table 1. Demographic characteristics of the respondents

Specification		**n**	**%**	**Specification**		**n**	**%**
Age	18–24	196	44.2	Occupation	Unemployed	10	2.3
	25–30	101	22.8		Public officer	85	19.2
	31–40	106	23.9		Retired	6	1.4
	41–49	30	6.8		Student	136	30.7
	≥ 50	10	2.3		Worker	31	7.0
Gender	Female	265	59.8		Self-employment	26	5.9
	Male	178	40.2		Housewife	15	3.4
Marital status	Single	298	67.3		Health staff	83	18.7
	Married	145	32.7		Academician	27	6.1
Education	Primary	9	2.0		Other	24	5.4
	High school	198	44.7	Monthly income	≤ 850 TL	115	26.5
	Undergraduate	71	16.0		851–1600 TL	90	20.7
	Graduate	106	23.9		1601–2500 TL	117	27.0
	Postgraduate	59	13.3		2501–3500 TL	68	15.7
	Total	**443**	**100**		≥ 3501 TL	44	10.1
					Total	**443**	**100**

The participants of this research are mostly students (30.7%; n=136), public officers 19.2% (n=85), and health staff 18.7% (n=83). Every two of three participants are under 30 years old, and 67.3% (n=298) are single. 37.2% of the respondents have a graduate or post graduate degree, and every two of three have a monthly income less than 2.500 TL.

Table 2. Social media use behaviors of the respondents

On which SMSs do you follow this hospital*	n	%
1	*2*	*3*
Facebook	392	88.5
Twitter	154	34.8
Instagram	55	12.4
YouTube	62	14.0
LinkedIn	12	2.7
Google +	54	12.2
Pinterest	11	2.5

Table 2 cont.

1	*2*	*3*
For how long have you been following this hospital on SMSs?		
1–7 days	61	13.8
8–15 days	16	3.6
16–30 days	24	5.4
1–3 months	70	15.9
4–6 months	67	15.2
More than 6 months	203	46.0
How often do you visit this hospital's SMSs?		
Everyday	65	14.7
3–5 days a week	51	11.5
1–2 days a week	128	28.9
3–5 days a month	67	15.1
1–2 days a month	132	29.8
How much time in a week do you spend on this hospital's SMSs?		
Less than one hour	325	73.4
1–2 hours	93	21.0
3–4 hours	17	3.8
More than 5 hours	8	1.8

**More than one option is cited*

It can be seen that the participants mostly prefer FB (88.5%; n=392) for following those hospitals on social media while Twitter (34.8%; n=154) is the second and YouTube (14%; n=62) is the third most popular preference. Almost half of the participants (46%; n=203) follow the SMS of those hospitals more than 6 months. Also, while 28.9% (n=128) of the respondents visit the SMSs of those hospitals one or two days a week, 29.8% (n=132) visit one or two days a month. In addition, three of four participants 73.4% (n=325) spend less than an hour in a week on the SMSs of those hospitals.

Table 3. Perceived benefits

Specification		**Mean**	**SD**
Perceived benefits		57.49	±25.59
Q2	The SMSs of the hospital helps me to solve problems associated with healthcare use	3.43	±1.23
Q3	The SMSs of the hospital helps increase my understanding of particular healthcare products or components, and technical development in healthcare	3.60	±1.21
Q4	I can expand my social network through participation in the SMSs of the hospital	3.28	±1.31
Q5	The SMSs of the hospital helps strengthen my connections with other members	3.20	±1.24
Q6	I can make friends with people sharing common interests with me in the SMSs of the hospital	3.06	±1.38
Q7	I can enhance my status and reputation in the SMSs of the hospital	3.20	±1.30
Q9	I feel a sense of satisfaction when I can influence others' usage of the brand's products in the SMSs of the hospital (e.g., recommending products of the brand to other members)	3.50	±1.24
Q10	I feel pleased and relaxed in the SMSs of the hospital	3.13	±1.36

It can be seen that the respondents perceived high levels of benefits from the hospital's SMSs, and, the mean value of PB factor was found 57.49±25.59. Q3 (3.60±1,21) and Q6 (3.50±1.24) have the highest mean values in this factor while Q9 (3.06±1.38) has the lowest. We can say that respondents perceived high levels of learning and self-esteem benefits, and medium levels of social and hedonic benefits from the SMSs of the hospital brands.

Table 4. Satisfaction

Specification		Mean	SD
Satisfaction		64.47	±26.54
Q15	Overall, the SMSs of this hospital meets my expectations	3.52	±1.16
Q16	The content of the SMSs of this hospital matches exactly with my interests	3.64	±1.21

It can be seen that the respondents are highly satisfied with the SMSs of the hospital brands, and, the mean value of SAT factor was found 64.47±26.54. Also, it is found that Q15 (3.52±1.16) and Q16 (3.64±1.21) have high levels of mean values. These findings show that the respondents are satisfied to follow those hospital brands on SMSs.

Table 5. Brand trust

Specification		Mean	SD
Brand trust		68.31	±24.34
Q18	This hospital brand is very honest	3.93	±1.16
Q19	This hospital brand is very reliable	3.84	±1.18
S20	This hospital brand is responsible	3.78	±1.19
Q21	This hospital brand is dependable	3.90	±1.17
Q22	This hospital brand acts with good intentions	3.83	±1.10
Q23	This hospital brand gives me everything that I expect out of healthcare	3.50	±1.21
Q24	This hospital brand never disappoints me	3.35	±1.23

It can be seen that the respondents highly trust the hospital brands, and, the mean value of BT factor was found 68.31±24.34. Also, three of four respondents trust the hospital brands that they follow on FB pages at high and very high levels. The respondents find the hospital brand very honest (Q19: 3.93±1.16) and dependable (Q21: 3.90±1.17), but they have an expectation that the hospital brand can disapoint them (Q24: 3.35±1.23). Also, the respondents have a doubt in mind that the hospital brand can not give everything that they expect out of healthcare products (Q23: 3.50±1.21).

Table 6. Brand loyalty

Specification		Mean	SD
Brand loyalty		61.97	±25.20
Q25	I consider myself to be loyal to this hospital brand	3.35	±1.29
Q26	This hospital brand would be my first choice	3.47	±1.24
Q27	I will not buy any other brands	3.33	±1.31
Q28	I will recommend this hospital brand to someone who seeks my advice	3.70	±1.22
Q29	Next time I will apply to this hospital brand	3.54	±1.19

The respondents have a high level of BL, and the mean value of BL factor was found 61.97±25.20. Q28 (3.70±1.22) has the highest mean value while Q27 (3.33±1.31) and Q25 (3.35±1.29) have the lowest. It is important for a service brand to be advised by the people who experienced the hospital brand as the service quality can not be known before experiencing it.

Table 7. Evaluating the factor mean values, according to the visiting frequency of the respondents

Factors	**Visiting frequency**					*Test Value;* χ^2	*p*
	Everyday (n=65)	3-5 days a week (n=51)	1-2 days a week (n=128)	3-5 days a month (n=67)	1-2 days a month (n=132)		
	Mean ±SD	**Mean ±SD**	**Mean ±SD**	**Mean ±SD**	**Mean ±SD**		
PB	61.11±34.77 (68.7)	67.34±22.16 (71.8)	56.18±21.57 (59.3)	57.83±22.48 (59.3)	53.01±25.67 (53.1)	*16.929*	*0.002***
SAT	68.46±32.56 (75.0)	69.36±21.11 (75.0)	66.50±25.00 (75.0)	63.06±25.79 (75.0)	59.37±26.45 (62.5)	*11.846*	*0.019**
BT	67.91±31.09 (75.0)	69.54±22.78 (75.0)	70.26±20.53 (75.0)	69.99±24.54 (75.0)	65.29±24.52 (71.4)	*3.923*	*0.417*
BL	63.61±32.60 (70.0)	64.41±23.23 (65.0)	62.30±22.92 (65.0)	64.92±23.56 (70.0)	58.41±24.64 (60.0)	*5.150*	*0.272*

*Kruskal-Wallis test *p<0.05 **p<0.01*

It is found that there is a statistically significant difference between PB and visiting frequency ($p=0.002$; $p<0.01$). The mean value of everyday visitors is significantly higher than the ones who visit 1-2 days a month ($p=0.028$; $p<0.05$). Also, mean value of the ones who visit 3-5 days a week is significantly higher than the ones who visit 1-2 days a week, 3-5 days a month, and 1-2 days a month ($p=0.001$; $p=0.013$; $p=0.001$; $p<0.05$). In addition, it is found that there is a statistically significant difference between SAT and visiting frequency ($p=0.019$; $p<0.05$). The mean value of the ones who visit 1-2 days a month is significantly lower than the ones who visit every day, 3-5 days a week, and 1-2 days a week. It can be said that when the visiting frequency increases, PB and SAT from the SMSs of the hospital increase too.

Table 8. Evaluating the factor mean values, according to the length of following period

Factors		PB	SAT	BT	BL
Length of following period					
1-7 days	**8-15 days**	0.019*	0.388	0.268	0.136
	16-30 days	0.249	0.430	0.996	0.178
	1-3 months	0.057	0.297	0.150	0.006**
	4-6 months	0.014*	0.202	0.016*	0.001**
	>6 months	0.001**	0.001**	0.001**	0.001**
8-15 days	**16-30 days**	0.166	0.933	0.422	0.678
	1-3 months	0.264	0.786	0.960	0.768
	4-6 months	0.392	0.981	0.571	0.480
	>6 months	0.723	0.286	0.222	0.257
16-30 days	**1-3 months**	0.686	0.705	0.289	0.414
	4-6 months	0.321	0.887	0.070	0.237
	>6 months	0.019*	0.282	0.009**	0.073
1-3 months	**4-6 months**	0.625	0.993	0.368	0.794
	>6 months	0.007**	0.019*	0.018*	0.177
4-6 months	**>6 months**	0.031*	0.019*	0.129	0.339

Mann-Whitney U test *$p<0.05$ **$p<0.01$

There is a statistically significant difference between PB and the length of SMSs following period ($p=0.001$; $p<0.01$). The mean value of the ones who follow the hospital brand on SMSs between 1-7 days is significantly lower than the ones who follow the SMSs between 4-6 months, and more than 6 months ($p=0,014$; $p=0,001$). The mean value of the ones who follow more than 6 months is significantly higher than the ones who follow between 16-30 days, between 1-3 months, and between 4-6 months ($p=0.019$; $p=0.007$; $p=0.031$).

A statistically significant difference was found between SAT and the length of SMSs following period ($p=0.001$; $p<0.01$). The mean value of the ones who follow the hospital brand on SMSs between 1-7 days is significantly lower than the ones who follow the SMSs more than 6 months ($p=0.001$). The mean value of the ones who follow more than 6 months is significantly higher than the ones who follow between 1-3 months, and between 4-6 months ($p=0.019$; $p=0.019$).

There is a statistically significant difference between BT and the length of SMSs following period ($p=0.001$; $p<0.01$). The mean value of the ones who follow the hospital brand on SMSs between 1-7 days is significantly lower than the ones who follow the SMSs between 4-6 months, and more than 6 months ($p=0.016$; $p=0.001$). The mean value of the ones who follow more than 6 months is significantly higher than the ones who follow between 16-30 days, and between 1-3 months ($p=0.009$; $p=0.018$).

A statistically significant difference was found between BL and the length of SMSs following period ($p=0.001$; $p<0.01$). The mean value of the ones who follow the hospital brand on SMSs between 1-7 days is significantly lower than the ones who follow the SMSs between 1-3, between 4-6 months, and more than 6 months ($p=0.006$; $p=0.001$; $p=0.001$).

Table 9. Evaluating the factor mean values, according to the preferred SMS

Factors		**PB**	**SAT**	**BT**	**BL**
Preferred SMSs		**Mean ± SD**	**Mean ± SD**	**Mean ± SD**	**Mean ± SD**
Facebook	Yes (n=392)	59.01±25.03	65.27±25.81	69.21±23.45	62.86±24.59
	No (n=51)	45.83±27.04	58.33±31.19	61.34±29.67	55.20±28.81
	Test Value; Z	*3.193*	*1.339*	*1.655*	*1.586*
	p	*0.001***	*0.181*	*0.098*	*0.113*
Twitter	Yes (n=154)	61.89±25.22	65.67±26.72	68.58±24.67	63.57±26.21
	No (n=289)	55.15±25.52	63.84±26.47	68.17±24.20	61.12±24.65
	Test Value; Z	*2.919*	*0.796*	*0.249*	*1.323*
	p	*0.004***	*0.426*	*0.803*	*0.186*
Instagram	Yes (n=55)	67.73±22.65	68.41±25.44	70.45±22.83	68.18±22.72
	No (n=388)	56.04±25.67	63.92±26.68	68.00±24.56	61.09±25.43
	Test Value; Z	*3.268*	*0.977*	*0.572*	*1.909*
	p	*0.001***	*0.328*	*0.568*	*0.056*
YouTube	Yes (n=62)	68.55±21.27	71.37±24.31	72.41±23.34	71.93±22.37
	No (n=381)	55.69±25.80	63.35±26.75	67.64±24.46	60.35±25.29
	Test Value; Z	*3.573*	*2.236*	*1.477*	*3.467*
	p	*0.001***	*0.025**	*0.140*	*0.001***
LinkedIn	Yes (n=12)	79.69±17.95	78.12±20.73	83.04±13.11	79.58±16.58
	No (n=431)	56.87±25.51	64.09±26.60	67.90±24.46	61.48±25.23
	Test Value; Z	*3.139*	*1.619*	*2.144*	*2.529*
	p	*0.002***	*0.105*	*0.032**	*0.011**
Google +	Yes (n=54)	59.66±28.14	68.98±27.23	68.72±25.02	67.68±24.47
	No (n=389)	57.19±25.24	63.85±26.42	68.25±24.27	61.18±25.23
	Test Value; Z	*0.644*	*1.413*	*0.161*	*1.870*
	p	*0.519*	*0.158*	*0.872*	*0.062*
Pinterest	Yes (n=11)	69.32±25.88	71.59±28.00	76.30±25.27	75.91±27.37
	No (n=432)	57.19±25.54	64.29±26.51	68.10±24.31	61.62±25.07
	Test Value; Z	*1.879*	*1.090*	*1.408*	*2.309*
	p	*0.060*	*0.276*	*0.159*	*0.021**

*Mann-Whitney U test *p<0.05 **p<0.01*

It is found that there is a statistically significant difference between PB and FB preference (p=0.001; p<0.01), Twitter (p=0.004; p<0.01), Instagram (p=0.001; p<0.01), YouTube (p=0.001; p<0.01), and LinkedIn (p=0.002; p<0.01) preferences. The PB mean values of the ones who prefer to follow the hospital brand on these sites are significantly higher, than the ones who prefer to follow the hospital brand on other SMSs. In addition, even there is no statistically significant difference between PB and Pinterest preference, the PB mean value of the ones who follow the hospital brand on Pinterest is higher than the ones who prefer to follow the hospital brand on other SMSs (p=0.060; p>0.05). There is also a statistically significant difference between SAT and YouTube preference (p=0.025; p<0.05). The SAT mean value of the ones who follow the hospital brand on

YouTube is significantly higher than the ones who prefer to follow the hospital brand on other SMSs.

There is also a statistically significant difference between BT and LinkedIn preference ($p=0.032$; $p<0.05$). The BT mean value of the ones who follow the hospital brand on Linkedin is significantly higher than the ones who prefer to follow the hospital brand on other SMSs. In addition, even there is no statistically significant difference between BT and FB preference, the BT mean value of the ones who follow the hospital brand on FB is higher than the ones who prefer to follow the hospital brand on other SMSs ($p=0.098$; $p>0.05$). Also, there is a statistically significant difference between BL and YouTube ($p=0.001$; $p<0.01$), LinkedIn ($p=0.011$; $p<0.05$), and Pinterest ($p=0.021$; $p<0.05$) preference. The BL mean values of the ones who follow the hospital brand on YouTube, LinkedIn, and Pinterest are significantly higher than the ones who prefer to follow the hospital brand on other SMSs. In addition, even there is no statistically significant difference between BL and Instagram preference, the BT mean value of the ones who follow the hospital brand on FB is higher than the ones who prefer to follow the hospital brand on other SMSs ($p=0.056$; $p>0.05$).

Conclusions

Public and private healthcare organizations are expanding their marketing activities to social media and internet platforms in order to reach wider audiences, interact with consumers, strengthen their brands, inform people about health related new products, services or treatments, and most importantly raise awareness about healthcare issues. Their presence on SMSs allow individual users to benefit from these sites and it is found that individuals mostly gain learning benefits from the SMSs of hospitals, and the ones who visit more frequently and follow these sites for a longer period gain more benefits than the others. This frequent relation with the hospital's SMSs can allow individuals to view more activities and shared contents related to healthcare on SMSs, and can also increase the access to health information, other's experiences and views about the hospitals and healthcare. As it is a good opportunity for awareness raising and informing people, it might also be helpful for decreasing the future needs for healthcare.

SMSs are allowing easy access to the people who are interested in the brands and becoming an important factor in many sectors for customer satisfaction. The respondents of this research have high levels of satisfaction from the SMSs of the hospital brands as their expectations are met and the content of the SMSs matches exactly with their interests. The ones who visit more frequently

and follow these sites for a longer period are more satisfied from the SMSs of the hospital than the others. Patient oriented and interactive hospital SMSs that are understanding and meeting the needs of the consumers might increase the satisfaction level, and probably will make a great contribution in terms of building brand loyalty.

Respondents also have high levels of brand trust to the hospital brands that they follow on SMSs. These brands are perceived highly honest, reliable, responsible, and dependable by the respondents and the belief in the brand will act with good intentions and consider the benefits of the consumer is also high. According to the findings, almost the half of the respondents have a doubt in mind that those hospital brands can not meet their expectations and possibly can disappoint them. This is an important issue to be considered by the healthcare managers in terms of service quality. If the process and the quality of health services can be reviewed, and the factors that cause the doubt can be identified and fixed, this can lower the expectation of disappointment. Also, hospitals should avoid from the promises that can increase the expectations of consumers.

As the service quality can not be known before experiencing the services, it is important to be recommended by the experienced customers to others who seek advice. Also, to be the first choice of a customer can be considered as a great sign of loyalty. It is very important for an organization's success to have loyal customers, and the loyal customers take a critical place in the life and profitability of a brand. In healthcare, maybe the loyal customers will not need any health services for a long time, and will not apply to any hospital. The real contribution of a loyal customer at this period is word-of-mouth by making recommendations about the hospital and the services provided. SMSs are properly the right place for doing these and many people follow SMSs for health information search. Also, many people find these recommendations; views or criticisms of the people who experienced the services are more reliable and truthful than a corporate advertisement. We can say that these recommendations can have an effect on the hospital choice of others who seek advice. In addition, SMSs can allow hospital brands to monitor the conversations between the consumers, and learn their views about the brand. This can be helpful to identify the reasons of the criticism, and to maintain the processes by applying corrective actions. In addition, it is found that the individuals who follow these SMSs for a longer period have higher brand trust and loyalty than the others. As trust and loyalty require long lasting relationships, SMSs can be a appropriate platform in order to create these relations with the customers. Actively used interactive SMSs that can meet the expectations of the consumers might contribute to build and maintain a loyal and a trustful relationship with the customers.

Hospital brands should also consider the characteristics of their target audience while choosing the correct SMS for reaching them. Each SMS has its own unique characteristics, and the expectations of each user can be different from each SMS. Hospitals should design and manage these SMSs in order to understand and meet the user expectations, connect with different target audiences by using different SMSs, and maintain coordination between these SMSs if they use more than one. These are important for keeping an ongoing relation with consumers. Also brand managers should create and manage better customer experiences on SMSs if they want to increase brand loyalty and brand appeal.

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