



The Comparative Opinion of Dentists Working in the Private and Public on Advertising Ban in Healthcare Services

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Authors' contributions

This work was carried out in collaboration between both authors. Author AE designed the study, wrote the protocol and wrote the first draft of the manuscript. Authors AE and EAA managed the literature searches, analyses of the study performed the spectroscopy analysis and author AE managed the experimental process and authors AE and EAA identified the species of plant. Both authors read and approved the final manuscript.

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ABSTRACT

Background: Medical institutions, just like other institutions, have promotion issues on marketing the services they produce in the ever increasing competition. Because the effect of promotion methods change from consumer to consumer and according to environmental conditions, the promotion concepts used by institutions providing healthcare services may demonstrate a different content.

Aim: In this research, it is aimed to reveal the opinions of dentists working in private and public sectors on the advertisement bans in the healthcare sector. In addition to this, the opinions of dentists working in the private and public sectors on advertisement bans will be analyzed in terms of their demographic characteristics and their positive and negative opinions on advertisement bans.

Methods: Literature has been scanned and a questionnaire consisting of two sections has been

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developed for the research in order to determine the opinions of dentists working in the private and public sectors on advertisement bans in the healthcare sector. The questionnaire has been conducted to 120 dentists, which 60 of the them working in the private sector and the other 60 working in the public sector, in Ankara. The analysis of the data obtained in the research has been evaluated with a statistical package program. In the research, ANOVA (Analysis of Variance), T-Test and LCD (Fisher's Least Significant Difference) tests have been conducted. In addition to this, frequency tables and descriptive statistics have also been used.

Results: According to the five hypotheses put forward in the study, four of these hypotheses were accepted, one hypothesis was refused. According to this, it has been determined that there is a statistically significant difference between the gender, level of education, level of income and whether these participant dentists work in the private or public sectors and their opinions on advertisement freedom. It has also been determined that this difference doesn't exist in terms of age groups.

Conclusion: While it has been determined that dentists working in the private sector agree more with the statements related to introductory advertisements, informative advertisements and regulatory advertisements, the same group of dentists have agreed less with statements related to negative effects of advertisements and influence strength of advertisements.

Keywords: Advertisement ban; health; dentists; Turkey; private sector; public sector.

1. INTRODUCTION

Marketing efforts can be evaluated as giving messages to consumers about the goods and services of institutions and to ensure that they decide to buy the products of the institution. According to this, it is clear that marketing efforts is based on a process of communication between the institution and the consumers within the market. While all of the marketing components have a contribution to this process of communication, promotion efforts, which is one of these marketing components, are directly towards this communication. In that sense, promotion is a process of communication consisting of conscious, programmed and coordinated activities in order to ease the sale of goods and services of an institution conducted under the supervision of the institution and to persuade the consumer [1].

Competition is constantly increasing due to free market economy and developing technology. Consumers coming to a decision and the survival of institutions by exceeding hundreds of similar ones are becoming more and more difficult. In this environment, advertisement appears to be an important marketing communication tool [2].

Advertisement, which is a communication activity conducted for the promotion of goods and services, is one of the most important tools acting as a bridge between producer and the consumer as well as ensuring the promotion of goods and services [3]. In order to summarize this marketing strategy, it is possible to say that

advertisements are mounted within the framework of inform, persuade and prompt. A consumer cannot be expected to have detailed information about the goods and services provided to the public with a new technology each day in the free market economy and to make the most suitable decision. Advertisements step in at this point and inform consumers in the shortest and fastest way by promoting a variety of goods and services and providing information on where and how these goods and services can be purchased and used as well as what the price is [4].

We encounter many definitions of advertisement in literature. Before all, advertisement is a vital marketing tool, a strong communication style that helps the sales of goods, services, images and ideas through communication channels and persuasion processes. According to American Marketing Association's (AMA) definition, advertisement is the presentation of goods, services or ideas by announcing them to large populations and enabling their acceptance in a non-personal way in return for a payment and in a way where the person who pays for it is known [5-10]. The common point of the definitions of advertisements is the promotion of a good, service or a commercial idea to consumers through advertisements [11].

In a wider frame, the aim of advertisements for organizations is to attain more of whatever it is they take to be the measure of their success. If you are a profit organization, you advertise to earn more money. If you are a non-profit

organization, you can assess your success with the number of customers you have served in a month or year, how much donations you have received or how many new members you have registered. You advertise to increase the number of the criteria given. This is the corner stone of free market economy. In short, you need to improve your business or organization. Otherwise, you cannot survive in the market environment based on competition. This is where advertisements step in and become one of the most important elements of their expansion program [12]. The number of those who see advertisements as the life source of commerce [13] is too high to ignore. In order to reach these goals or to protect their status, institutions make use of the various functions of advertisement.

Advertisement applications in healthcare services have been used in developed countries for many years. The place and importance of advertisement in the healthcare sector of our country has come to light with the rapid increase in the number of private healthcare institutions that have started to provide service in recent years. Healthcare services are therefore the care of patients and have a social feature. The fact that healthcare services have different features when compared with the other services they receive, presents the need for special attention on the advertisement in the healthcare sector [14].

Patients being completely uninformed about the service they will receive, their need of information from experts about the use of these services, the demand-preference choice not being up to the individual, the relationship being based on mutual trust rather than trial and error, the profits being made from the service not being financial, the fulfilling of social responsibilities, increasing of performance and assessment of the performance via criteria based on science, not being able to define the satisfaction to be received from the service until the return of the patients to their normal lives are the factors preventing healthcare services to be marketed as a product [15]. The problems in determining the quality of healthcare services, justice and equality problems in the determining of the value of healthcare services, accessing healthcare services when in need, false information in the advertising of healthcare services, insufficient information and conflict of interests [16,17] effect the social structure of healthcare services.

As a social right, the need for health to be equal and accessible for everyone and in order to

prevent ethic violations, makes limitations on advertisements in this competitive environment necessary. On the legal part, it is obvious that limitations on the advertisement and promotion in the health regulations have clearly defined articles. Article 24 of the Law on the Practice of Medicine and Medical Sciences dated 1928 and numbered 1219, Article 8 of the Medical Deontology Directory dated 1960 and numbered 6023 and Article 11 of Medical Professional Ethic Rules dates 1999 has emphasized that all sorts of advertisement and promotion that will provide the physician' profession with a commercial quality is forbidden. In the legal regulations related to health and other legal regulations, it is emphasized that deceptive, misleading advertisement in healthcare that could lead to unfair competition is not allowed. Moreover, it has also been emphasized that advertisement that should not disturb the privacy or emotional health of the patient and should not mislead patients [14].

Physicians and dentists are permitted to publish notices announcing their work place along with their fields of specialty and work hours, but their verbal or printed advertisements other than this and using signboards outside of the criteria stated by law is forbidden. However, the legal regulations about the issue that limit advertisement freedom go beyond its purpose and imprison the right to inform and compete to a narrow field. On the other hand, while it is forbidden for pharmacists to advertise verbally or written (except the signboards within certain shape and format), opticians using another title or advertising incorrectly is within the ban, they are not within the limitations stated above [11]. The number of criticism towards advertisements is rather high. Advertisements may not be as innocent as they are presented. For example, it is known that secret advertisement techniques can be used or an advertisement that is viewed a few times can leave deep traces preventing people from forgetting them, which are the sorts of advertisements that are forbidden. Moreover, advertisements are criticized on the basis that they manipulate consumers and are responsible for the consumer society and direct consumers towards a certain direction [18].

Advertisements being used in healthcare services also draw some other criticism. Firstly, because advertisement in healthcare services is unnecessary, they cause an increase in the costs of goods and services. Secondly, advertisements can cause the shadowing of poor quality service

in healthcare services. For example, a physician providing poor service but who uses advertisements can draw more patients than a physician who is providing high quality service but is not advertising. This can cause a fall in the quality of the profession [10]. Thirdly, it is stated that advertisement in healthcare can push consumers and families to unnecessary and excess consumption which can lead to negative outcomes for the individual and national economy. Hence, it is believed that a large number of physicians create an unnecessary demand for plastic surgery [19]. Another criticism is that advertisement for physicians is not only harmful but it's also incompatible with the honor of the profession and should be considered taint and should be reprimanded [10,20].

Like in Turkey, advertisement in healthcare is also a controversial issue in different countries. Even in the United States of America where limitations are considerably low, many physicians have organized campaigns against advertisements. As a result of these campaigns, although there is no legal prevention, it is seen that hospitals in this country are very careful in their activities and generally tend to limit their advertisements to mailing patients and family physicians [21,19]. According to the U.S laws, healthcare institutions can advertise but these advertisements cannot cause unfair competition and need to contain correct information. In other words, it is necessary that these advertisements should not be misleading or taking advantage of patients [22,19].

In healthcare services, where the positive and negative effects of advertisements relatively differ, there is no consensus on this issue. Bell and Charles [23] address those who are against advertisement and state that it is impossible to understand the limitations on this issue, as long as there is no harm done. According to them, there is no concrete evidence proving that advertisements have negative effects on patients and their relatives or cause unfair competition. Therefore, those who are against it are making an incorrect diagnosis. According to a research Bell and Charles have conducted in the U.S, the attitude of patients towards advertisements is much more positive than that of physicians. In other words, the number of physicians being against advertisement is more than patients [19]. In research in the field of healthcare services, Miller and Walter [24] and Fisher and Anderson [25] have reached the conclusion that while

physicians are discussing the harms of advertisement, the worries of patients on advertisement is much lower [19]. Hence, it is seen that there are different reasons for opinions against advertisements among physicians is more common than among patients.

According to those for advertisement, the aim of this activity in the healthcare sector is not to take the place of the physician but to assist patients obtain some basic information and to guide them and thus physicians need not worry. Harmful advertisement applications are not only seen in the healthcare sector but in all sectors. Thus, instead of saying advertisement is bad for the entire healthcare sector, it is more appropriate to say that it can be harmful in the hands of individuals with low moral values. Without doubt, more attention is needed on the moral side of advertisement campaigns in healthcare services. Advertisements not jeopardizing the public health, not causing excessive use of medication, not creating an artificial demand for healthcare services and not contradicting general custom are the main points to consider [26].

While the topic is an issue that needs to be evaluated with the legal and ethical dimensions together, the technological dimension should not be neglected. Advertisements rules that is present in our regulation and which is very limiting need to be toned down in accordance with the society's needs and the speed of technological improvements and treatment opportunities. These limitations need to be evaluated in accordance with the interests of patients who are regarded as consumers.

2. RESEARCH METHODOLOGY

2.1 Research Objective

The objective of the research is to analyze the viewpoints of dentists working in the public and private sectors on the advertisement bans in the marketing of healthcare services. In this sense, the topic of the research is to set forth the conceptual, ethic and legal dimensions of advertisement ban in the healthcare sector, to determine the opinions of dentists on advertisement ban in the healthcare sector, and to contribute to the literature by revealing the positive and negative aspects of advertisement bans.

2.2 Research Methods

In order to determine the opinions of dentists working in the private and public sectors on the advertisement ban in marketing healthcare services, a descriptive method within the survey model has been used in the research. Questionnaire technique has been used as a method of gathering data.

The research has been conducted to 120 dentists in the province of Ankara with a convenience sampling method. While 60 of the dentists are providing service in Public Oral and Dental Health Centers, 60 dentists provide service in Private Oral and Dental Health Centers. As the limitations of the study, it has only been applied in Ankara to randomly selected dentists in the public and private sectors.

The questions towards the consumers have been designed to fall under two primary topics in order to reveal the demographic information and the opinions of individuals on the advertisement bans in the healthcare sector. The questions developed by the researchers in order to determine the opinions on the advertisement ban in the healthcare sector have been asked using a 5 point Likert scale. In the scale, 5: "I certainly agree", 4: "I agree", 3: "I am uncertain", 2: "I disagree" and 1: "I certainly disagree". The reliability analysis of the questions has been conducted and the Cronbach's Alpha coefficient has been found as 0.95. Hence it has been determined that the questionnaire is reliable. The question "Do the Opinions of Dentists Working in the Private and Public Sectors on Advertisement in Healthcare Differ?" constitute the main problem of the research.

The hypotheses put forward in the study are:

- H₁:** There is a significant difference between the opinions of female and male participants on the advertisement freedom in the healthcare sector.
- H₂:** There is a significant difference between the opinions of different age group participants on the advertisement freedom in the healthcare sector.
- H₃:** There is a significant difference between the opinions of participants with different education levels on the advertisement freedom in the healthcare sector.
- H₄:** There is a significant difference between the opinions of participants with different levels of income on the advertisement freedom in the healthcare sector.

H₅: There is a significant difference between the opinions of participants providing service in the public or private sectors on the advertisement freedom in the healthcare sector.

ANOVA (Analysis of Variance), T-Test and LCD (Fisher's Least Significant Difference) tests have been conducted in order to determine whether the gender, age, level of education and level of income of dentists on whom questionnaires have been applied in accordance with the hypotheses determined has a statistical effect on the attitudes towards advertisement freedom in healthcare. Moreover, frequency tables and descriptive statistics have also been used.

3. DISCUSSION

The answers of dentists participating in the research have been presented according to whether they work in the public or the private sectors. When the dentists are to be analyzed demographically, 58% of those working in the public sector are females, 63% of those working in the private sector are male dentists. While 53% of the dentists in the public sector are between the ages of 38-47, in the private sector 43% are between this age group. While 17% of dentists in the public sector have PHD qualifications, this rate in the private sector is 43%. 65% of the dentists working in the public sector earn 6.000 TL or less whereas 57% of the dentists in the private sector earn 7.000 TL and higher. A majority of the participants are married and have been working for more than 15 years (Table 1).

The participants have been asked the question "what is advertisement?" in order to determine their general point of views on advertisement. The findings have been presented in Table 2.

The question "what is advertisement?" has been presented to the dentists in four options. According to this, 58% of the dentists in the public sector and 75% of the dentists in the private sector have agree with the statement "It introduces a good or service". According to these results, dentists perceive advertisement as introducing a good or service and influencing the consumer for the follow up.

In the questionnaire, dentists have been asked the question "Why do you think a good or service is advertised"? The results are presented in Table 3.

90% of the dentists in the public sector and 75% of the dentists in the private sector have stated that advertisements for goods and services are made in order to increase sales and draw customers.

55% of dentists in the public sector and 62% of the dentists in the private sector believe that advertisement applications in the healthcare sector, which is forbidden in our country, need to be freed on a controlled basis.

Table 1. Socio-demographic characteristics of the respondents (N:120)

	Public		Private		
	F	%	f	%	
Gender			Gender		
Female	35	58,3	Female	22	36,7
Male	25	41,7	Male	38	63,3
Total	60	100,0	Total	60	100,0
Age			Age		
18- 27 years	-	-	18-27 years	10	16,7
28-37 years	26	43,3	28-37 years	24	40,0
38-47 years	32	53,4	38-47 years	26	43,3
48-57 years	2	3,3	48-57 years	-	-
Total	60	100,0	Total	60	100,0
Education			Education		
Bachelor's	50	83,3	Bachelor's	34	56,7
PHD	10	16,7	PHD	26	43,3
Total	60	100,0	Total	60	100,0
Level of income			Level of income		
2001-3000 TL	2	3,3	2001-3000 TL	-	-
3001-4000 TL	9	15,0	3001-4000 TL	-	-
4001-5000 TL	12	20,0	4001-5000 TL	1	1,7
5001-6000 TL	16	26,7	5001-6000 TL	7	11,7
6001-7000 TL	12	20,0	6001-7000 TL	18	30,0
7001 TL and higher	9	15,0	7001 TL and higher	34	56,6
Total	60	100,0	Total	60	100,0
Marital status			Marital status		
Single	5	8,3	Single	15	25,0
Married	55	91,7	Married	45	75,0
Total	60	100,0	Total	60	100,0
Experience			Experience		
1-3 years	-	-	1-3 years	10	16,7
4-6 years	4	6,7	4-6 years	7	11,7
7-9 years	8	13,3	7-9 years	16	26,6
10-12 years	7	11,7	10-12 years	3	5,0
13-15 years	15	25,0	13-15 years	6	10,0
15 years and higher	26	43,3	15 years and higher	18	30,0
Total	60	100,0	Total	60	100,0

Table 2. Descriptive statistics related to the opinions of dentists on advertisement (N:120)

What is advertisement?	Public		Private	
	f	%	f	%
It introduces a good or service	35	58,4	45	75,0
It's a propaganda	2	3,3	4	6,7
It's the art of influencing people	18	30,0	11	18,3
It's something that deceives and exploits the consumer	5	8,3	-	-
Total	60	100,0	60	100,0

Table 3. Opinions of dentists related the reasons for advertisement

Why is it done?	Public		Private	
	f	%	f	%
In order to ease sales and draw customers	54	90,0	45	75,0
Because it is low quality	-	-	1	1,7
In order to inform the public and introduce	6	10,0	14	23,3
Total	60	100,0	60	100,0

Table 4. Opinions of dentists on the advertisement applications in the field of health which is forbidden in our country (N:120)

Advertisement applications	Public		Private	
	f	%	f	%
Should continue	12	20,0	22	36,7
Should be dismissed completely	13	21,7	1	1,7
Should be freed on a controlled basis	33	55,0	37	61,6
I have no idea	2	3,3	-	-
Total	60	100,0	60	100,0

When the dentists have been asked the advertisement tools used by the institutions they work in, it has been found that introductory brochures are used in the private sector.

When the dentists were asked which advertisement tools need to be used, it has been determined that a majority of the dentists in the private sector have chosen introductory brochures and the majority of the dentists in the private sector have stated that all advertisement tools need to be used.

3.1 Testing of the Hypotheses

The research has 5 different hypotheses. The hypotheses are towards determining whether there is a significant difference between the opinions of dentists on advertisement freedom in terms of their gender, age group, level of education and income, or whether they work in the public or the private sectors.

H₁: There is a significant difference between the opinions of female and male participants on advertisement freedom in the healthcare sector.

In accordance with the first hypothesis of the research, a T-Test has been conducted in order to test whether there is a significant difference between the genders of the participants and their opinions on the advertisement freedom. Results of the analysis are presented in Table 7.

In Table 7, because the variable of gender consists of two categories, a T-Test has been applied in order to analyze the effect of gender

on advertisement freedom in the healthcare sector. According to test results, it has been understood that there is a significant difference between regulatory numbers ($t=1,839$; $p=,025$) and the negative effects of advertisements ($t=2,944$; $p=,039$). It is seen that the score average of male dentists are higher than female dentists in terms of regulatory numbers. However, when the score averages of the negative effects of advertisements are considered, it has been determined that the agreement among female participants is higher.

H₂: There is a significant difference between the opinions of participants in different age groups on advertisement freedom in the healthcare sector.

Table 5. Advertisement tools used

Advertisement tools used	Public	Private
	f	F
Newspaper and magazine advertisements	8	0
Introductory brochures	2	53
Television	8	0
Radio	2	0
Outdoor advertisements	1	0
All	0	0
Other	1	0

In accordance with the second hypothesis of the research, A One Way Variance Analysis (ANOVA) has been conducted in order to test whether there is a significant difference between the age groups of the participants and their opinions on the advertisement freedom. According to analysis results, no significant

relationship was found between the age groups of the participants and their opinions on advertisement freedom.

H₃: There is a significant difference between the opinions of participants with different levels of education on advertisement freedom in the healthcare sector.

The aim of the third hypothesis to determine whether there is a statistically significant difference between the level of education of the participants and their opinions on advertisement freedom in the healthcare sector. A T-Test has been conducted for this purpose and the analysis results have been presented in Table 8.

According to the T-Test Analysis results, it has been seen that there is a significant difference between the level of education of participants and their opinions on introductory advertisements (t=2,904; p=, 045). According to this, it is seen that dentists with a PHD degree have a higher score average than dentists with a Bachelor's degree.

H₄: There is a significant difference between the opinions of participants with different levels of income and their opinions on advertisement freedom in the healthcare sector.

The aim of the fourth hypothesis to determine whether there is a statistically significant difference between the level of income of the participants and their opinions on advertisement freedom in the healthcare sector.

Table 6. Advertisement tools believed will be effective

Advertisement tools that will be effective	Public	Private
	f	f
Newspaper and magazine advertisements	0	0
Introductory brochures	3	53
television	6	0
Radio	8	0
Outdoor advertisements	4	0
All	21	0
Other	0	0

Table 7. Results of advertisement freedom in the healthcare sector in terms of gender

		f	Average	Std. deviation	F	Sig. (p)	T
Introductory advertisements	Female	57	3,0877	1,12945	,067	,796	-1,925
	Male	63	3,4881	1,14514			
Informative advertisements	Female	57	3,8456	,75405	,252	,617	-,236
	Male	63	3,8794	,80446			
Regulatory advertisements	Female	57	3,7602	,81590	5,186	,025*	-1,839
	Male	63	4,0053	,64060			
Negative effects of advertisements	Female	57	3,0526	1,21627	4,366	,039*	2,944
	Male	63	2,4603	,98452			
Influence strength of advertisements	Female	57	3,0585	1,13760	,286	,594	-1,541
	Male	63	3,3651	1,04163			

*p<0,05

Table 8. Results of advertisement freedom in the healthcare sector in terms of level of education

		f	Average	Std. deviation	F	Sig. (p)	T
Introductory advertisements	Bachelor's	84	3,1042	1,14873	4,102	,045*	-2,904
	PHD	36	3,7500	1,03510			
Informative advertisements	Bachelor's	84	3,7786	,83133	,955	,330	-1,842
	PHD	36	4,0611	,60061			
Regulatory advertisements	Bachelor's	84	3,8214	,76301	1,127	,291	-1,542
	PHD	36	4,0463	,65297			
Negative effects of advertisements	Bachelor's	84	2,9206	1,14260	2,007	,159	2,707
	PHD	36	2,3241	1,01571			
Influence strength of advertisements	Bachelor's	84	3,2421	1,10172	,277	,600	,345
	PHD	36	3,1667	1,09109			

*p<0,05

A One Way Variance Analysis (ANOVA) has been conducted for this objective. According to analysis results, it has been seen that dentists with an income of 4.000 TL and lower have a lower average of agreement than dentists with 7.001 TL and higher income towards statements related to introductory advertisements. Another difference is due to the fact that dentists with an income of 7.001 TL or higher agree less with statements on the negative effects of advertisements when compared with dentists with an income of 4.000 TL and lower.

H₅: There is a significant difference between the participants who work in the public and private sectors in terms of their opinions on advertisement freedom in the health sector.

The aim of the fifth and last hypothesis is to determine whether there is a significant

difference between the dentists who work in the public sector and the dentists who work in the private sector and their opinions on advertisement freedom in the healthcare sector. A T-Test has been conducted for this purpose and the results of the analysis have been presented in above Table 10.

According to the T-Test results, a statistically significant difference has been determined between the dimensions including statements related to advertisements in terms of dentists working in the public and private sectors. According to the test results, dentists working in the private sector agree higher to the statements related to introductory advertisements, informative advertisements and regulatory advertisements whereas the same group demonstrate lower agreement to the dimensions related to the negative effects and influence strength of advertisements.

Table 9. Results of advertisement freedom in the healthcare sector in terms of level of income

		f	Average	Std. Deviation	F	Sig. (p)
Introductory advertisements	4000 TL and lower	11	2,2500	1,00623	6,551	,000*
	4001-5000 TL	13	2,7692	1,00240		
	5001-6000 TL	23	2,9565	1,07569		
	6001-7000 TL	30	3,4917	1,07174		
	7001 TL and higher	43	3,7733	1,06180		
	Total	120	3,2979	1,15058		
Informative advertisements	4000 TL and lower	11	3,6364	1,39948	,574	,682
	4001-5000 TL	13	3,8462	,73100		
	5001-6000 TL	23	3,7739	,76824		
	6001-7000 TL	30	3,8467	,65112		
	7001 TL and higher	43	3,9860	,67809		
	Total	120	3,8633	,77784		
Regulatory advertisements	4000 TL and lower	11	3,8788	1,14768	,375	,826
	4001-5000 TL	13	3,8205	,70205		
	5001-6000 TL	23	3,8696	,75035		
	6001-7000 TL	30	3,7889	,65789		
	7001 TL and higher	43	3,9922	,68425		
	Total	120	3,8889	,73632		
Negative effects of advertisements	4000 TL and lower	11	3,2121	1,07778	6,223	,000*
	4001-5000 TL	13	3,7179	1,09584		
	5001-6000 TL	23	3,0290	1,08671		
	6001-7000 TL	30	2,6222	,88293		
	7001 TL and higher	43	2,2558	1,10754		
	Total	120	2,7417	1,13551		
Influence strength of advertisements	4000 TL and lower	11	3,5758	,97856	,567	,687
	4001-5000 TL	13	2,9487	1,20835		
	5001-6000 TL	23	3,3043	1,23466		
	6001-7000 TL	30	3,2444	,95466		
	7001 TL and higher	43	3,1473	1,12052		
	Total	120	3,2194	1,09450		

*p<0,05

Table 10. Results on advertisement freedom in the healthcare sector in terms of dentists working in the private or public sectors

		f	Average	Std. deviation	F	Sig. (p)	T
Introductory advertisements	Public	60	2,5542	1,11337	42,858	,000*	2,397
	Private	60	4,0417	,55266			2,693
Informative advertisements	Public	60	3,6367	,92167	10,973	,001*	,670
	Private	60	4,0900	,51608			,633
Regulatory advertisements	Public	60	3,7111	,82901	12,675	,001*	1,524
	Private	60	4,0667	,58480			1,412
Negative Effects of advertisements	Public	60	3,4000	1,04296	8,571	,004*	-1,335
	Private	60	2,0833	,79458			-1,252
Influence Strength of advertisements	Public	60	3,3444	1,18840	5,474	,021*	-,310
	Private	60	3,0944	,98595			-,279

*p<0,05

4. CONCLUSIONS AND RECOMENDATIONS

The aim in this research is to set forth the opinions of dentists working in the private and public sectors on the advertisement bans in the healthcare sector and to analyze the opinions of these dentists in accordance with the hypotheses developed. If we were to evaluate the findings of the analysis, the striking results can be summarized as the following:

When we evaluate the field of expertise of the dentists, it has been determined that 36 of the total 120 dentists participating in the questionnaire have a field of expertise, in other words have a PHD degree whereas the remaining 84 dentists have a Bachelor's degree. Another important result is that 43% of the dentists working in the private sector have a PHD degree, this rate in the public sector is 17%. Moreover, in accordance with their education levels, 65% of the public sector workers have an income level of 6.000 TL and lower whereas 57% of those working in the private sector have an income of 7.001 TL and higher.

When dentists are asked the question "what is advertisement?" 58% of the dentists working in the public sector and 75% of the dentists working in the private sector agree with the statement "It is introducing a good or service". According to these results, dentists perceive advertisement as introducing a good or service and influence the consumer in the follow up. Moreover, 90% of the dentists in the public sector and 75% in the private sector have stated that advertisements for goods and services are made in order to increase sales and attract customers.

55% of the dentists working in the public sector and 62% of the dentists working in the private sector have stated that they believe advertisement applications need to be freed in a controlled way when asked the question "How do you think the advertisement application, which is forbidden in our country, should proceed?", which is one of the concepts determined towards the main objective of this research.

When the advertisement tools used by the institutions where the dentists work at are asked, it is seen that introductory brochures are mostly used in the private sector whereas when asked which advertisements need to be used, the dentists working in the private sector have agreed mostly with the statement introductory brochures need to be used and the dentists in the public sector have agreed mostly with the statement all advertisement tools need to be used.

Five hypotheses have been put forward and while four of these hypotheses were accepted, one hypothesis was refused. According to this, it has been determined that there is a statistically significant difference between the gender, level of education, level of income and whether these participant dentists work in the private or public sectors and their opinions on advertisement freedom. It has also been determined that this difference doesn't exist in terms of age groups.

In terms of regulatory advertisements, the score average of male dentists seems to be higher than female dentists. However, the score averages in terms of the negative effects of advertisements, it has been determined that agreement among female dentists is higher. Moreover, dentists with a PHD degree have a higher score average than dentists with a

Bachelor's degree in terms of introductory advertisements.

It has been seen that dentists with an income level of 4.000 TL and lower have a lower agreement level than dentists with an income level of 7.001 TL and higher in terms of the statements related to introductory advertisements. Another difference is because dentists with an income level of 7.001 TL and higher have agree less with the statements related to the negative effects of advertisements when compared to dentists with an income level of 4.000 TL and lower.

While it has been determined that dentists working in the private sector agree more with the statements related to introductory advertisements, informative advertisements and regulatory advertisements, the same group of dentists have agreed less with statements related to negative effects of advertisements and influence strength of advertisements.

It is clear that promotional activities will contain all sorts of demand creation. In that sense, services in private oral and dental health centers which are referred to as being very expensive can cause more demand in the public sector. Therefore, as it can be seen from the research results, it is not surprising that dentists working in the public sector agree less with the statements related to introductory advertisement activities when compared to dentists working in the private sector.

In order to resolve the accumulation and long turn waiting issues in the public sector, or in other words, in order to create a need for advertisement activities in the public sector, it will be appropriate to share various treatments, especially those where there is accumulation, with the private sector or even the announcement of informative activities where for example the orthodontic treatment goods are met by the Social Security Institution.

Commercial concerns are issues that need to be considered in multiple ways by all institutions in terms of sustainability. If the fact that each advertisement and promotional activity creates a demand in accordance with the objective of the concept of advertisement is considered, even if it carries commercial concern, if the advertisement applied is in favor of the society's health, creating a demand needs to be overlooked. After all, the aim of limitations on advertisements in the field of healthcare is to protect human health and human

rights and to prevent them from harm caused by activities with a concern of profit, competition and similar sources. However, the sensitive differentiation between informing and advertisement can only be provided through the honesty in the presentation of the advertisement.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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