

A study of outpatients expectation and satisfaction by using gap analysis technique

An exploratory study in Diwaniya Teaching Hospital

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Abstract

This research aims at assessing outpatient expectations and satisfaction of service quality rendered by Diwaniya teaching hospital by using Gap analysis technique. Little or no researches have been conducted related to outpatient according to researcher knowledge. Most of researches concentrate on inpatient view about health care quality. 140 questionnaire were distributed for this purpose and questionnaire with 20 statements in four dimensions developed by (Choi et al; 2005) was adapted with some modifications and only 122 questionnaire were valid and used for analysis. The analysis shows that there was a negative gap between expectation and perception in mean value in all dimensions of service quality rendered by hospital. Recommendations about improvement across quality dimensions are submitted to bridge the gap between expectations and perceptions and enhance patients satisfaction.

1- Introduction

Health care has become a critical issue and the increased concerns for health care quality and patient safety are the primary source of competitive advantage (Lee et al; 2012: 19). The hospitals are industry characterized by high degree of professionalization and patient centered. Patient satisfaction in health care sector and efficient use of resources become the main priority of modern health care provider. Medical equipment, know-how, sufficient staffing and modern building alone is not enough to ensure high quality health care. culture of employees and commitment whether to provide high quality service or not is the most important aspect in this regard. Patients satisfaction surveys are useful instrument in gaining an understanding of patients perception of service quality provided by hospitals. It is a regular trend to conduct customer satisfaction survey to know patients point of view about health care quality (Frank & Enkaue 2007;117). The growth of health care industry in Iraq is obvious as it has been opened to private sector and the increase in number of private and public hospitals as well as the improvement of living standards and the increase of people who suffer from health problems makes hospitals in Iraq under high pressure to adapt to such challenges and improve health care quality. Studying and understanding the influencing factors of patient perception of service quality by comparing their expectations and perceptions is an important instrument in this regard. The focus of this

study is outpatient (patient who is not hospitalized overnight but who visit the hospital clinic, or associated facility for diagnosis or treatment) because such patients are different from inpatient in certain aspects such as the different functions performed or served by outpatient department (consultancy clinic in Diwaniya Teaching Hospital) and a considerable volume of mixed patients in every day should be served by outpatient department also outpatient department serves as a link to consultant expertise, diagnostic facilities and specialized care.

This study tries to find out perceived service quality through Gap analysis technique in order to understand what outpatient expect and their perception of Diwaniya teaching hospital service quality. The study use questionnaire as a tool for this purpose with 20 statements in four dimensions of service quality. 122 outpatient chosen randomly for this purpose. Recommendations have been presented based on questionnaire results.

Research Mythology

2- 1- Study problem

One of the problems that healthcare managers face is how to improve overall system efficiency in order to increase patients satisfaction .Some studies on quality of public health care in Iraq shows that the quality was inadequate and patients were dissatisfied with service quality rendered which reflected in increasing of patients who prefer to go abroad for treatment.

Most of studies related to medical care in Iraq concentrate on inpatient service care and there is little or no researches on outpatient service care quality. For all these reasons such study was conducted in order to investigate outpatient view about service care quality rendered by Diwaniya teaching hospital as a public hospital.

2- 2- Objective of the study

The main objective of this study is to present and discuss the findings from an investigation of outpatients expectations and perceptions of health care quality rendered by Diwaniya Teaching Hospital by using Gap analysis technique. Such researches help hospital management to manage the hospital successfully when they understand outpatients views and incorporate their views into service system.

2- 3- Study hypothesis

Base on the problem and objective of the study the hypothesis can be formulated as following;

-There is a significance difference in the mean value of outpatients expectations and perceptions for all dimensions of service quality rendered by Diwaniya Teaching Hospital.

2- 4- Research Design

The research design is descriptive and survey research technique was used in this research.

2- 5- Sample size

The target population Of study were outpatients of Diwaniya Teaching Hospital in Diwaniya city – Qadisiya province .140 questionnaire were distributed and only 122 questionnaire were valid and used for analysis. 2-

6- Data collection

Primary data was collected by distributing structured questionnaire developed to understand outpatients expectations ,experience and feeling toward healthcare quality rendered by the hospital .Data was collected within 30 days.

2- 7- Questionnaire Design

The questionnaire adapted from study of (Choi et al;2005) (translated to arabic language) and some modifications were made to certain questions to make them more relevant to public hospital after consultation with senior and nursing staff. The questionnaire contained an expectation and perception sections with (20) statements for expectation and " perception" consists of matching statements and grouped in the following four dimensions;

- Doctor concern statements: 1-----7
- Staff concern statements: 8-----13
- convenience of process statements: 14-----16
- Tangibles statements: 16-----20

Five points likert scale ranging from strongly agree -5- to strongly disagree -1- was used.

3. Service quality concept

service defined as activity or benefit provided by one party to another and are basically intangible (kotler 2006: 402),while service quality defined as the customer's judgment about the overall excellence or superiority of the service (U'eltschy et al; 2004: 902). Zeithamel et al; 2009 define service quality as a focused evaluation that reflects customer perceptions of reliability,assurance,responsivness ,empathy tangibles. service quality can be considered as a strategic issue in any organizations and become a vital factor in enabling organizations to achieve its objectives. Such increase in the importance of service quality has been influenced significantly by customer's changing needs and preferences. (kahchana2008) suggested that quality represent the most important competitive priority compared with other priorities such as flexibility, customer focus, know howetc. Although the concept of quality is universal but it means different things to different people and it should be viewed from a customer perspective . customers have different values and basis for evaluation and they may perceive the same service in different ways, therefore measuring the quality of service output is more difficult because service have psychological

rather than physical form and dynamic rather than permanent. Quality is expected to have positive influence on customer satisfaction due to intense competition in the service sector and service providers are laying more emphasis on service quality to achieve market leader ship (Dagger and Sweeney 2007). For health care service American college of health care executives (2006: 6) pointed that if patients are highly satisfied with care in the broadest sense, then the most manageable part of the hospital mission is achieved . It is important to mention that health care service is heterogeneous depending on the provider and receiver and quality of health care can be viewed as a mix of medical – science and technology applied to achieve health goals without increasing risk and therefore quality is determined by the best possible balance between risk and benefits (Niaz , 2007 : 50) and service value is the end result of service exchange (Babin and James 2010) . (Aleksandar Visinjc et al ;2012 :54) mentioned that in last thirty years with emphasis shifted to the outcome of patient treatment , we have come to the modern approach to health called "the patient focus " which represents a great challenge to the health system in how to provide the most effective possible health care .

4-Service quality dimensions

Health care quality may vary depending on the situation each one faces and it may involve the following fundamental parts:

- 1- situation: an environment in which health care is provided
- 2- process: A method of providing health care (service and treatment received)
- 3- The outcome : A result of health care (result of treatment) . However the most important element of service quality to each patient may vary depending on the situation each one faces (Mowen et al; 1993: 87). (Boller et al; 2003) stress the importance to focus on the structure and the process when analyzing service quality of healthcare because the results of healthcare are consequences of the service quality and not a component of it. (Parasuaman et al; 1985: 26) suggested five dimensions for service quality as follow:

- Tangible elements: medical tools, equipment, worker and hospital appearance.
- Reliability: ability of the hospital to deliver service accurately.
- Empathy: care and attention of hospital staff to the patient.
- Responsiveness: providing healthcare on demand as soon as possible.
- Assurance: knowledge and reliability of hospital staff to create trust and safety to the patient.

The application of SERVQUAL in healthcare showed that intangible elements tend to be more influential than tangible elements (Kara et al; 2005). (Gronross 1984: 41) suggested three dimensions of servicequality. -

Technical quality concern with what is received by the customer such as accurate diagnostic and treatment process.

-Functional quality concerned with how is the service submitted (how to provide health care service for patient).

-Corporate image concerned with customer (patient) perception of the hospital and such image is a result of technical and functional quality of service. (Choi et al; 2005:143) found that process quality which composed of four dimensions, physician concern, staff concern, convenience of care process, and tangibles was the main concern for Korean patients. While (Bryant et al; 1988) grouped the variables related to patient satisfaction into four groups:

-socio - emotional (empathy, politeness) variables.

-List of contacts (family and friends).

-System variables (waiting time, access to service, technical quality of service, cost, comfort of equipment, appointment duration).

-Socio - demographic variables and state of health.

According to (Tremble et al; 2006, Rao et al, 2006, Otani et al; 2005: 317) doctors communication skills and interaction has better impact on patient satisfaction. (Bell 2010: 10) pointed that that service dimensions can be listed in the following: reliability, responsiveness, tangibility, competence, courtesy and security.

In general service quality dimensions vary according to the situation each patient faces and the importance of each dimension to the patient in such a situation.

5- Service quality measurement

The problem with measuring health care results could be consequences of the large period between a moment when service is provided and the arising of results (Choi et al; 2005) as well as the cultural background of patient. Health care should meet both medical and psychological needs in order to satisfy the patient but in reality both needs may be difficult to meet in same time. Perceived service quality is a process of assessment through comparison between expectation and perception of service rendered (Yousaporn paiboon, 2000: 26). Quality in service is difficult to measure in quantitative terms because it based on one's own and other experience. (Kwortnik 2005) pointed that service quality is objectively measured according to some technical standards but is subjectively felt by customer and measured relative to customer determined standards.

Because of intangibility of service quality and difficulty to measure in objective terms managers and researchers measure it through perception of customer (Karatep et al; 2005). (Chen 2010: 31) suggested that expectancy-perceived performance is a good indicator for satisfaction prediction. (Kotler 2000: 136) concluded that the feeling of pleasure or displeasure based on individual comparison between perception and expectation.

(Moliner et al; 2007) mentioned that satisfaction is the customer judgment about pleasure versus displeasure in two ways.

-cognitive nature (comparison between expectation and performance).

-Affective nature (feeling of pleasure) patient positive perception. (Fornell et al 1996: 9) suggest that expectations and experienced service have a direct and positive effect on overall customer satisfaction. (Matzler et al; 2006) concluded that if perceived quality is more than perceived costs then customer value is high but if cost is more than quality ,customer value is low.

Gap analysis is one of the most popular technique widely used to help service provider improve quality and customer(patient) satisfaction through decreasing service quality gap .Gap analysis model can reveal five types of gaps (Singh et al ;2010 :3299)

Gap1: The gap due to not knowing what customer expect .

Gap2: The gap due to not selecting right service design.

Gap3: The gap due to not delivering service in accordance with standards.

Gap4:The gap due to not matching performance to promise.

Gap5: The gap due to not meeting customer expectation. Such gap(5) is resulting from sum of degree and direction of gaps 1, 2, 3, 4 .

Managers who want to increase customer perceived quality should decrease the gap between expected and actual rendered service by raising expectations instead of trying to maximize the gap between delivered services and expectations because customer low expectations may perceive service firm as a relatively low quality service provider (Hamer 2006:224). It is important for managers to know that evaluating service quality based on customer (patient) expectations are dynamic and evaluations may shift from time to time and continuous monitoring and evaluation of service quality in any hospital is a must.

6- Data analysis

The socio_demographic profile are presented in the table number (1)

Table (1) Demographic of respondent

AGE	NO.	SEX	NO.
Under 20	11	Male	79
21 – 29	16	Female	43
30 – 39	24		
40 – 49	27		
50 – 59	32		
Over 60	12		

The socio_demographic profiles in the table (1) shows that about 64% of the sample were male and 36% were female . most of the patients fall within age 30 – 60

6 – 1 – The questionnaire

As stated earlier the objective of this study is to evaluate the outpatient expectation and perceptions of service quality rendered by diwaniya

teaching hospital. Measures were taken by the researcher to assure the validity of the construct. Before distributing the questionnaire a pilot study was conducted about the wording of some questions and adjustments were made.

Reliability coefficient for expectations and perceptions was conducted as shown in table (2) and seem to be high across all dimensions . the alpha (cronbach's Alpha) coefficient for expectations ranged from 0.768 (convenience dimension) to 0.863 (Doctor concern). coefficient for perceptions were also high and ranged from 0.753 to 0.823 the above results indicate high internal consistency among items within each dimension.

Table (2) Alpha coefficient of quality service dimensions

Dimension	Expectation	Perception
Doctor concern	0.863	0.854
Staff concern	0.813	0.832
Process convenience	0.768	0.753
Tangibles	0.782	0.783
All dimensions	0.842	0.815

Table (3) The expectation, perceptions, and gaps of outpatient

Statement / expectation / perception / gap mean / std. dev. mean / std. dev.

1-The doctor concern

- doctor is polite....	4.23	0.782	3.21	0.628	-1.02
- doctor explained....	3.85	0.632	2.23	0.732	-1.62
- doctor allowed me....	3.98	1.723	2.13	1.231	-1.85
- doctor consideration...	3.82	0.587	2.21	0.923	-1.61
- doctor made me comfort..	3.91	0.627	2.33	0.823	-1.58
- doctor gave me time...	4.21	0.732	2.11	0.834	-2.10
- doctor gave me attention..	3.81	0.564	2.31	0.632	-1.50

2-staff concern

-staff were friendly.....	4.12	0.712	3.32	0.834	-0.80
- nursing explained....	4.24	0.501	3.72	0.932	-0.52
- nursing tried to help...	4.32	0.692	3.81	0.732	-0.51
- nursing cared of me.....	3.91	0.823	2.61	0.802	-1.30
- nursing gave enough time..	4.12	0.712	3.53	0.962	-0.59
- good coordination	3.95	0.932	3.73	0.823	-0.22

3-convenience of process

- procedures of lab test.....	3.98	0.811	3.12	0.760	-0.81
- lab test's result....	4.21	0.733	3.62	0.802	-0.59
- I didn't wait long time	4.11	0.826	2.51	0.706	-1.60

4-tangibles

- waiting area.....	4.12	0.838	3.71	0.792	-0.44
- Easy to use amenities.....	3.22	0.567	2.41	0.583	-0.81
- up to date care facilities...	4.23	0.823	3.03	0.876	-1.20
- easy to find care facilities..	4.01	0.762	3.92	0.202	-0.39

The expectation of outpatient with the hospital performance as perceived by patients are shown in table (3). service quality gap for each statement

was computed for any service quality shortage in the hospital. The table shows that there were mean differences between outpatient's expectations and perceptions in all dimensions. the highest differences between expectation and perception in Doctor concern dimension is statement of (doctor gave me enough time) with gap -2.10 . the next largest difference was (the doctor allowed me to ask) -1.85 . All other aspects within doctor concern have negative gap between expectations and perceptions (service quality gap)

- For staff concern dimension the largest difference gap was (Nursing staff cared of me) with negative gap 1.30 . All other aspects have a negative gap between expectations and perceptions.

- For process convenience dimension the largest difference was (I didn't have to wait long time) -1.60 which refer to the lengthy waiting time and dissatisfaction about such aspects. All other items have a negative gap.

- Tangibles dimension had a highest gap in the attribute (up to date care facilities) -1.20 . All other statements have negative gap In general table (4) shows that there were mean between outpatient's expectations and perceptions in all dimensions but such gaps vary among dimensions and within the same dimension. In order to measure the significance of the differences between expectations and perceptions the researcher use ANOVA analysis for this purpose as shown bellow.

Table (4) Average Mean and Gap score For Service Dimension

Service Dimension	Average Mean For Dimension		Gap score
	EXP .Score	Per. score	
Doctor concern	3.97	2.36	- 1.61
Staff concern	4.11	3.45	- 0.66
Process convenience	4.10	3.08	- 1.02
Tangibles	3.89	3.27	-0.62

From the above table (4) the outpatient at Diwaniya hospital evaluated service quality negatively in all dimensions and the highest Gap between expectation and perception were doctor concern and process convenience respectively while the lowest gap was staff concern and tangibility dimensions . such results shows that outpatients were dissatisfied with medical care services rendered by the hospital.

Table (5) Result of comparison of doctor concern statements for expectation and perception

statement	Sum of squares	d f	Mean square	F	Sig.
Between groups	68.765	1	68.765	171.057	.000
Within groups	48.283	120	0.402		
Total	117.	122			

The results of ANOVA between perceptions and expectations for doctor concern is shown above .Calculated -F- value 171.057 which is greater than the table value -F- ($1, 120$) = 3.92 P value is less than the significant value of -p- value = $.05$ therefore there is a service gap in service quality

(perceptions were less than expectations) i.e outpatient were dissatisfied with doctor dimension of quality of the hospital.

Table (6) Results of comparison of staff concern statements for expectations and perceptions

Statement	Sum of square	d f	Mean square	F	Sig .
Between groups	78 .343	1	78 .343	160 .210	000
Within groups	58 .736	120	0 .489		
Total		122			

The results of ANOVA between expectations and perceptions for staff concern show that calculated - F – value is 160.201 which is greater than the table - F- (1 , 120) = 3.92 value . P value is less than the significant value of - P - value of - p - = .05 . Hence there is a significant difference in the mean value of outpatient expectations for staff concern in service quality.

Table (7) Results of comparison of process convenience statements for expectation and perception

Statements	Sum of squares	df	Mean squares	F	Sig.
Between groups	60.325	1	60.325	165.412	000
within groups	40.263	120	0.335		
Total	100.588	122			

The results of ANOVA between expectations and perceptions for process convenient dimension reveal that the calculated -F – Value is (165 .412) which is greater than the table - F – (1,120) = 3 ,92 Value. P value is less than the significant value of - P - = .05 . Hence there is a service gap in the mean value of patients perceptions for process convenient in service quality rendered by the hospital.

Table (8) Result of comparison of tangible statements for expectations and perceptions

Statements	Sum of square	d f	Mean square	F	Sig .
Between Groups	42 .515	1	42 .515	166.725	000
Within Groups	30 .672	120	0 .255		
Total	73 .197				

The result s of ANOVA between perceptions and exrpectations for tangibles dimension show that calculated –F –Value is greater than the table value –F –(1,120) = 3.92 Value. –P y– Value is less than the significant value of – P– = .05 . Therefore there is a difference in the mean value of outpatients perceptions for tangibility dimension in service quality (dissatisfaction about medical care quality).

According to the results driven from the analysis, the hypothesis was confirmed in all dimensions of service quality.

7- Findings and Recommendation

7- 1- Findings

The results of the research revealed the following:

-There is a service gap of patient's expectation and perceptions in all dimensions of service quality rendered by Diwaniya teaching hospital.

- The "doctor concern" has the highest negative service quality Gap. Service quality gap in this dimension indicate that outpatient feel no empathy and individual attention about them and their needs.
- The second highest negative Gap was process convenient especially with statement "waiting time" which may attributed to the substantial volume of patients and/ or shortage of medical staff (Doctors).
- "Staff concern" dimension was a third negative Gap with low difference compared with "doctor concern" dimension and process convenient. The researcher suggest that such result may be related to the fact that outpatients interact much more with doctors than with nursing staff and doctors is the focus of outpatient in this regard compared with inpatients so that such result is not an indicator of accepted performance of nursing staff.
- Tangibles have the least negative Gap .Management can provide enough amenities such as public telephone ,seating ,cafeteria ,care facilities in order to bridge the gap.

-7- 2- Recommendations

This investigation was initiated in order to improve quality of health care rendered for outpatients in Diwaniya Teaching Hospital so that recommendation in this regard can be listed in the following:

- Staff education programs on patient service techniques is necessary to improve quality and reduce the gap.
- Doctors should be trained on interpersonal skills in order to provide good care, empathy, courtesy to patient.
- Nursing staff should be trained on interpersonal skills so as to provide care, empathy, courtesy to patients.
- Formation of an quality committee responsible for searching and detecting any problem in providing health care for patients.
- The hospital management should continue to collect data about outpatient perceived service quality in order to improve quality and incorporate it in service planning and engage patients proactively in the process of rendering health care by the hospital.
- The hospital management can hire well known doctors or experts from inside or outside Iraq in order to improve service quality or make arrangement or cooperation with hospitals outside Iraq especially in most needed specializations.
- Hospital management should improve waiting time process in order to facilitate and manage waiting time in an proper and efficient way.
- Review quality dimensions periodically to control medical care service quality.

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Appendix:

QUESTIONNAIRE

Expectation of service quality questionnaire

1-Doctor Concern

- The doctors should be polite and courteous with patients.
- The doctors should explain my condition, examination results, and treatment process.
- The doctor allow me to ask questions enough to clarify every thing.
- The doctors should pay enough consideration to patient concern for deciding medical procedure.
- The doctor should make patient feel comfortable .
- The doctor should give me patient enough time to ask questions about his/her condition.
- The doctor should give patients personal attention.

2- Staff concern

- Hospital staffs (nursing, pharmacist, receptionist) should be friendly and polite.
- Nursing staff should explain thoroughly the medication process.
- Nursing staff should help patient as much as they could.
- Nursing staff should sincerely care of patient .
- Nursing staff should give enough time to patient to ask questions about medication process .
- There should be a good coordination among hospital staffs (excluding doctor)

3-Convenience of process

- The procedures of Lab test (e.g blood checking, urine checking) should be convenient.
- The Lab tests" result should be done in a prompt way.
- Patient should not have to wait long for the medical examination from the doctor.

-Tangibles

- The waiting area for medical examination, medical examination room, and toilet should be clean.

–It should be easy to use amenities (cafeteria, public telephone, etc.) in the hospital.

–The hospital should has up-to-date care facilities (e.g. medical equipment, laboratories, medical examination room etc.)

–It should be easy to find way to care facilities (e.g. laboratories, medical examination room etc)and amenities (cafeteria, public telephone etc).

Perception of service quality Questionnaire

1-Doctor Concern

–The doctor was polite.

–The doctor explained my condition ,examination results ,and treatment process.

–The doctor allowed me to ask questions enough to clarify everything.

–The doctor paid enough consideration to my concern for deciding medical procedure.

–The doctor made me feel comfortable.

–The doctor gave me enough time to ask questions about my codi.

–The doctor gave me attention .

2- Staff concern

–Hospital staffs (nursing, pharmacist, rceptionst) were friendly ,polite,

–Nursing staff explained thoroughly the medication process.

–Nursing staff tried to help me as much as they could.

–Nursing staff sincerely cared of me .

–Nursing staff gave me enough time to ask questions about medication process.

–There was a good coordination among hospital staffs (excluding doctor)

3-Convenience of process

–The procedures of Lab test (e.g blood checking, urine checking) was convenient.

–The Lab tests" results was done in a prompt way.

–I did not have to wait long for the medical examination from the doctor.

–Tangibles

–The waiting area for medical examination, medical examination room, and toilet were clean.

–It was easy to use amenities (cafeteria, public telephone, etc.) in the hospital.

–The hospital has up-to-date care facilities (e.g. medical equipment, laboratories, medical examination room etc.).

–It was easy to find way to care facilities (e.g. laboratories, medical examination room etc) and amenities (cafeteria, public telephone etc).

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جامعة القادسية - كلية الإدارة والاقتصاد - قسم إدارة الأعمال

المستخلص

يهدف البحث الى تقييم توقعات ورضا المرضى الخارجين outpatient وليس الداخليين الراقيدين في المستشفى (المرضى الخارجيين هم أولئك المرضى الذين لا يبقون في المستشفى بل يرجعون عيادة المستشفى او الوحدات الاخرى لغرض التشخيص او المعالجة) حول جودة الخدمة الصحية المقدمة لهم في مستشفى الديوانية التعليمي باستخدام أسلوب او مدخل تحليل الفجوة. وحسب علم الباحث فانه ليس هنالك دراسات بخصوص المرضى الخارجين واكثر البحوث تطرقت الى الخدمة المقدمة للمرضى الداخليين inpatient. ان هنالك اختلاف واضح بين الاثنين حيث العيادة (العيادة الاستشارية في المستشفى-الديوانية) تستقبل يوميا عدد كبير من المرضى ولاختصاصات مختلفة كما انها تتضمن العديد من الاختصاصات وضرورة انجاز او القيام بهذه الاعمال بمختلف الاختصاصات بالاضافة الى كونها حلقة الوصل بين هؤلاء المرضى والاستشاريين والوحدات التشخيصية في المستشفى. وقد تم توزيع 140 استمارة استبانة لهذا الغرض وبلغ عدد الاستمارات الصالحة للتحليل 122 استمارة وتتضمن الاستمارة 20 سؤال من خلال 4 ابعاد لنوعية الخدمة الصحية وقد تم اعتماد اداة القياس المعدة من قبل (choietal 2005) بعد ترجمتها الى اللغة العربية مع اجراء بعض التعديلات لتتواءم مع مشكلة الدراسة ومجالها في مستشفى عام. وقد اظهرت نتائج الدراسة ان هنالك فجوة سلبية في جميع ابعاد الخدمة الصحية المقدمة بين التوقعات والادراكات لعينة البحث. وقد تم تقديم بعض التوصيات على ضوء نتائج البحث وبما يعزز جودة الخدمة المقدمة من المستشفى لهذا النوع من المرضى.