Management of Service Quality for the Consumer of Health Care Services

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Abstract
In this fast moving world particularly in the business environment if the competitive advantages are to be obtained then the company or any organization need to have such technology so that the data on market demands and requirements can be obtained and then this collected can be exchanged between different departments so as to improve and boost the service quality. And to obtain all these benefits, managers and many researchers are very eager to learn details regarding the factors of service quality measurements, analysis of data and service quality models. In this plan service quality models get the prominent position between if helps the management to look for quality problems and this enables designing and launching the quality enhancement program. This contribution of this work is to evaluate service quality and their role in management of capability, profitability and business performance.
1. Introduction

A number of aspects have been focused related quality in health care system. During the consideration of quality, Technical aspect such as care, relationship practitioner and patients and the amenities should be kept in mind (Andaleeb 2001). Service quality in health care has been defined as the “provision of appropriate and technically sound care that produces the desire effects” (Mc Alexander et al. 1994).

Measuring quality in health care has a number of benefits. For customers it allows them to make informed decisions regarding practitioner and provider selection. Healthcare providers also benefits from examining quality. They are able to identify areas that need improvement within their systems (self and shay, 1996) the profitability of a system may also be impacted by improving service quality as customer satisfactions directly related to profitability. Additionally satisfying patients can save money by reducing the amount of resources spent resolving customer complains (pakdil and harwood, 2005). Studies have shown that perceived quality of healthcare services has a greater influence on patient behaviors than other factors such as access and cost. These behaviors include satisfaction, referrals and usage (Andaleeb, 2001). In this context, service quality play an important role for the consumer of health care service. The focus of this research is to evaluate the role of service quality in the management of capability, profitability and business performance. Rest of this paper has been organized as follows. In section 2, literature review is presented. In section 3, an evaluation of service quality models is detailed whilst conclusion and future work is covered in section 4.

2. Literature Review

In the developing world, as also in Pakistan, Health service requirements are increasing, mainly because of population...
growth, but also partly as a result of health and social mobilization activities and newly emerging health problems. This has created a serious resource squeeze in the health sector, and a major concern among health-care providers and governments concerning rising costs and how to meet them. The realization that available resources will not be sufficient to provide adequate health care is now the driving force behind wide spread health-care reforms in both developed and developing country alike. After long periods of neglect, ignorance of health care costs, rising expenditures and how to maintain quality of care are now being seriously addressed in Pakistan.

Over the past 30 years, Pakistanis Publicly financed sector has given priority to curative health care by investing heavily in hospitals. Of the total amount of the Gross national Product designed for health sector, currently 1 percent, almost half (45 percent) is allocated to operate public sector hospitals.

Improving the quality of health care has become a concern for patients, governments, managers, and professionals working in low-income countries, where many people do not have access to services. Patients with money, on the other hand, are paying more for their care, both for public and private services, but they often do not experience any improvements in health or service quality. Patients increasingly expect more from health-care services and compare their experiences with those countries with higher quality. Accessible, quality health care is one determinant of a nation’s health, which has been linked directly to national wealth (World Health Organization, 2004a). Although there are increasing pressures to improve quality, there are many challenges; for example, without donor support or low cost loans, many such countries cannot:

• Upgrade or build new facilities;
• Employ more professionals or enhance their skills; and
• Develop managers’ competences.
and systems - all of which are required (United Nations Department of Economic and Social Affairs, 2005).

There is also the challenge of how best to encourage private sector providers (where appropriate) and finance, but at the same time ensure regulations that stimulate improved quality. There is no lack of ideas about the best way to improve quality, and many different approaches are promoted by different interest groups. This in part explains some of the confusion that health policymakers and managers in developing countries experience when considering how best to improve service quality. One major hindrance is a lack of evidence about which approaches would be feasible and cost effective in different situations.

3. Models of Service Quality

In this fast moving world particularly in business environment if the competitive advantages are to be obtained then the company or any organization need to have such technology so that the data on market demands and requirements can be obtained and then this collected can be exchanged between different departments so as to improve and boost the service quality. And to obtain all these benefits, managers and many researchers are very eager to learn details regarding the factors of service quality measurements, analysis of data and service quality models. A quality health service does not have to give the highest quality of care to every patient who asks for care. But it should meet the needs of those patients most in need and in safe and effective way. It is better not to give a service than to give one which could harm a patient, or which wastes resources which could be used by other services. In this plan service quality models get the prominent position between if helps the management to look for quality problems and this enables designing and launching the quality enhancement program which in turn improves the capability, profitability and
business performance on the whole. (Seth et al. 2005). Many conceptual service quality models have studied by different academics. All those who explored service quality models had different views and perspectives regarding the services. The focus of this section is to evaluate the quality models.

3.1. Technical and Functional Quality Model

Gronoos (1984) one of the prominent figures in the “Nordic School”, that clear picture and understanding of customer’s perception of quality and in the way service has influenced play a very important role in the survival of any company or organization. Gronoos (2000) pointed out that service, that is being comprehended is by the consumers have 2 determinants, Technical quality and Functional quality. He defined Technical quality as the judgment of the consumer which is based upon what he gets as a result of interaction with provider of the service. On the other hand, Functional quality is the consumer’s judgment which depends on the service delivery.

3.2. Gap Model

One of the famous and the popular model in measuring the service quality literature is the “Gaps analysis Model” which is commonly called as “Gaps Model” and the SERVQUAL Scale for measuring the service quality (Parasuraman et al 1985; 1988; 1991) which is dependent on the gap analysis methodology. Customers provide 2 scores, each of which contains 22 service aspects; one score shows the customer’s needs and requirements of the service delivered by the excellent company in a particular industry and the other one shows their conception of the delivered by the service representative with in that industry. After getting, the outcome of the conception and expectations, the SERVQUAL Scores are then calculated and then the assessment of the gaps between 2 consumers is made.

The various gaps in models are as follows:
Gap 1: Difference between actual consumer expectations and management’s beliefs of what consumers want (Understanding gap)

Gap 2: Difference between management’s beliefs and the actual specification of the service (Design Gap)

Gap 3: Difference between what has been specified and what is actually delivered (Delivery Gap)

Gap 4: Difference between what is delivered and hence experienced by the consumer about service delivery (Communication Gap)

Gap 5: Difference between consumer’s expectation and perceived service.

Therefore, the service quality on the whole is also known as “Gap 5” which is the product of service design, service delivery and marketing quality.

After this “SERVQUAL (1991 version)” is divided into 2 sections. The first and last section gives 22 questions for the judgment of expectations and competitors. Then the second portion asks the consumer for the importance on each service quality factors. Therefore service quality is evaluated on the basis of comparison between expectations and perceptions.

3.3. Performance Base Model

In 1992 Cronin and Taylor pin pointed that performance dependent approach which is in actual more clear with antecedent/consequent conceptualization which means that judgment of service quality and contentment sum to follow the judgment of the service provider’s efficiency. Moreover, efficiency or performance model helps in the determination of relationship between the service quality and the consumer’s contentment and purchase intentions (Cited in Gabbott and Hogg chapter 1997: 201).

They assess the “Gap Theory” (PZB Model) by saying that conceptualization and operationalization done recently by service quality (SERVQUAL) is not
adequate and then they built performance paradigm (SERVPERF) by describing that service quality is type of customer behavior and the performance only deals in the service quality. Cronin and Taylor (1997) explain the SERVQUAL with alternating states of service quality that is

- Service Quality = Performance - Expectations
- Service Quality = Importance (Performance- Expectations)
- Service Quality = Performance
- Service Quality = Importance (Performance)

Hence, they ended with the conclusion that the performance based measure of the service quality (unweighted SERVPERF) is much better basis for measuring the service quality than SERVQUAL weighted SERVQUAL or weighted SERVPERF.

3.4. P-C-P Attribute Model

Philip and Hazlett (1997) put forward a model that moulds in the form of hierarchical-constructional premises on the three important groups of attributes-Pivotal (output), Core and Peripheral (jointly presenting the inputs and processes). In accordance with the model each and every service consists of three overlapping areas where a large number of aspects and conceptions help in describing the service quality.

The Pivotal attributes situated at the core of the most important aspects which influence the consumers' contentment. They are identified as the "End product" or "Output" from the service encounter, that is to say that what the consumer wants to obtain and receive or may even "take away" when the service is entirely completed. Core attributes can be explained as the combination of the people, processes and the service organizational construction as a result of which consumer interact so that they can obtain the Pivotal attributes. The third attribute of this model can be explained as the "incidental extras" or the frills framed to add
“roundness” to the service encounter and hence make the whole process a pleasure for the customer. In accordance with Philip and Hazlett’s opinion of the P-C-P Model, it is a simple but an especially effective major framework for the assessment of the service quality in any of the service area.

3.5. Antecedent Model

Dabholkar et al. (2000) proposed a precise framework which discusses the issues regarding the antecedents, consequences, mediators, and measurements of the service quality. The framework of this model actually gives the additional insights into the way the service quality is assessed by the consumer and how this evaluation by the consumer can then be used for their behavioral determination. In addition, they explained that this model is more suitable when people actually make judgments related to the service quality. Therefore, it can be said that it is expected that antecedent model of service quality (where the service quality mediates the influence of these attributes on behavioral intention) is better and effective than the components model of service quality and thus get the quick response on the behavioral Intentions.

3.6. Service Quality DEA Model

Soteriou and Stamouli (2005) formulated a DEA Model which incorporates the SQ yield that gives bank branch benchmarks of internal consumer service quality conceptions. They described that the model will help the manager to improve the service quality by the usage of resources provided. The DEA model matches branches how well they change these resources in the form of inputs to obtain the required level of output (service quality).

The input of this model consists of 2 determents, the resources which are being used by the branches such as personal? Personal training, education and computer time etc. and the number of accounts in variable account sections. The
proper usage and consumption of these resources is told to the branches to obtain the performance measure, often this information is available. The field of the model is obtained service quality which is perceived by the personal of the branch. Information related to the service quality conceptions from external consumer is quite costly and not readily provided. They ended up with the conclusion that the input minimization model gives the information about how the resources can be lessoned but which gives the same level of service quality. In contrary, output maximization DEA model gives information that by using the same resources how the service quality can be improved.

3.7. Hierarchical and Multidimensional Model

Brady and Cronin (2001) construct this model by combining the Rust & Oliver’s and Dabolkar’s hierarchical model. On the basis of this model they explain that consumers develop service quality perceptions on the basis of judgement of performance at various levels and finally fuse these judgements to arrive at an overall service quality perception. According to authors this model explains what defines service quality perceptions, how they developed and how imperative where the service experience takes place.

3.8. Hedperf Model

Abdullah (2004) developed an advanced and more concise measuring scale for the measurement of service quality in higher education. In this model, he drew a comparison of HEDPERF scale against two other models known as SERVQUAL and SERVPERF. The basic scale contains 41 items which comprises of 13 items SERVPERF and 28 items have allotted for literature reviews and variable qualitative analysis. But in later stages of scale advancement and refinement author built a 50 item scale that gives 28 HEDPERF’s items and 22 SERVPERF’s items (Cited in Abdullah, 2005; 2006).
3.9. Indserv Scale

Gounaris (2005) developed a model, called "INDSERV" which is based on the notion of 4 factors of service quality plays crucial role in developing the customer's competition in business in accordance with business context. In this model, he drew a comparison between INDSERV and SERVQUAL model and explained that the INDSERV excels the SERVQUAL because of assessment and judgment of quality that b2b consumers comprehended from service firms. At an individual stage, INDSERV gives a better approach to look for each question in their customer's rating and then at point those sections which do not provide the correct facilities or don't meet the deadline. In contrast, at the business levels, it helps the firms to draw the comparison with the major competitors in areas including the entire handling philosophy, high potential turn over and required facilities.

4. Discussion and Analysis

As far as business management is concerned a lot of service quality research has been done for this sector. The analysis of literature review shows that there is no harmony when it comes to conceptualization or hypothesesization perceived service quality (Cronin and Taylor, 1992; Rust and Oliver, 1994) in the service quality, there are 2 keys of conceptualization given on the basis of literature review, one is denial theory and the other one is related to performance-only approach.

The first point discussed is that service quality depends on the denial theory. The idea of "total service quality" is developed by Gronoos (1982) who is one of the pioneers in the field of service quality. On the basis of this idea it can be assumed that service quality is comparison between the customer's requirements and the conception of obtained service (Gronoos, 1984: Parsuraman et al. 1985: 1990). On the basis of denial approach, a
multidimensional service quality evaluation tool was developed by Parasuraman et al. (1988) called as SERVQUAL scale. In studying the determinations of service quality there are 2 core streams of research:

First is the “Nordic model” of Gronoos (1984) is which he said that perceived service quality comprises of 2 dimensions i.e. Technical quality and Functional quality. Physical environment was mentioned by Rust and Oliver (1994) as the third determinants. The second one is “American Perspective” (Parasuraman et al. 1988) which was given on the basis of Gronoos model and Tri-components model of service quality. In this “American Perspective” service quality is explained by using service encounter features i.e. tangibles, responsiveness, empathy, assurance, reliability.

Many marketing researchers recently have largely criticized the denial methodological measurement and psychometric grounds (Cronin and Taylor 1992; Teas, 1993; Buttle, 1996) due to more reliability, defensiveness and more variance then the denial theory it has been thought that the performance-only approach is more suitable (Cronin and Taylor, 1992; Babakus and Boller, 1992; Dobholka et al. 2000; Page and Spreng, 2002). Page and Spreng (2002) said that service quality can be effectively indicated by the performance approach then the expectation. Despite this it has been argued by the literature review that perception-only approach is more suitable than the denial approach. On the basis of these contradictions, it is assumed that service performance is actually over all assessment of service quality.

SERVQUAL Model for the past decades has proved to be a very effective measuring tool of service quality. Its aim is to compare the service perceptions of consumer with five dimensions of service quality given by Parasuraman et al. (1988). Due to the criticism Parasuraman et al. (1991)
revolutionized the SERVQUAL and the new version given had a third portion that helps in measuring that what those five dimensions actually mean to a customer. Parasuraman et al. on the basis of empirical and theoretical studies declared SERVQUAL as reliable and authentic measure of service quality and also its applicability to a broad spectrum of service context (Parasuraman et al. 1988:1991).

Several researchers condemned the SERVQUAL despite its popularity at both operational and theoretical level (Buttle, 1996).

Theoretical criticisms are as follows:

- Paradigmatic objections (Cronin and Taylor, 1992)
- Gaps model (Babakus and Boller; Cronin and Taylor, 1992,1994; Teas, 1993)
- Process orientation (Cronin and Taylor, 1992)

- Dimensionality (Babakus and Boller 1992)

Operational criticisms are as follows:

- Expectations (Teas, 1993)
- Item composition (Carman, 1990)
- Moments of truth (Carman, 1990)
- Scales points (Lewis, 1993)

A number of scales have been given by many researchers to measure the service quality such as: the advancement of SERVPERF scale (Cronin and Taylor, 1992) and the retail service quality scale (Dabholkar et al. 1996) or Hierarchical and Multidimensional model (Brady and Cronin, 2001). Cronin and Taylor said that performance-based scale is an effective tool for service quality measurement. Dabholkar et al. (1996) contradicted that in the retail section SERVQUAL has not proved to be good measure for service quality. Instead they put forward a Retail Service Quality Scale which by blending service and goods
like department or special stores proves to be an effective choice. Since there was no connection between the consumer’s conception of service quality carried by the retailer and the consumer’s conception of service quality give by retailer, Retail Service Quality Scale (RSQS) was also condemned (Robinson, 1999).

Brady and Cronin (1991) put forward a model called Hierarchical and Multidimensional Model of perceived service quality. This model defines the service quality perceptions, their development and how imperatively the service occurs. Service quality in this model is described by three dimensions which are: interactive quality, physical environment quality and output quality.

Parasuraman et al. (1994:2001) reformed SERVQUAL tool due to the contradictions from various researchers. But there is a risk of doubt that will come in future when SERVQUAL will be used for measuring service quality.

4. Conclusion

From the analytical review of literature, it is clear that there is no conceptual definition of service quality. But it has been proved from this research that the combination of numerous levels and dimensions concept make up the service quality which can be expressed as the comparison between customers requirements and their perspective regarding the service quality given to them. The issues that have been investigating in this work clearly indicate the complications and abstractive notions that are difficult to grasp in the area of service quality.

References

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