An Empirical Investigation of Patients' Expectations and Perceptions in Developing Country Hospitals

Saad Anis

Glasgow Caledonian University

United Kingdom

saadanis1@gmail.com

Abstract

The overall aim of this work is to evaluate service quality of health sector of a developing country Pakistan. In addition, the second drive of this study is to identify the process by which health care consumers evaluate the quality of the services they receive. This research focused on consumer needs and wants that are directly related to the satisfaction of the consumer of health care services. It is hoped that with a better understanding of how consumers evaluate the quality of health services, quality assurance in health will be more effective and objective.

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 Sherer, 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 complaints (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).

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. Rest of this paper has been organized as follows. In section 2, related work is presented. The focus of section 3 is on data analysis. In section 3, discussion is covered whilst conclusion and future work is detailed in section 4.

2. Related Work

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.

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 policy makers 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. Data Analysis

Total 250 questionnaires were distributed to patients and hospital staff and 132 completed questionnaires were returned, and over all return rate of 53%. Of the patients questionnaires 63 out of 130 were returned with 69 out of 120 were returned.

![Questionnaire Response Rate](chart.png)
The above graph indicates that the highest expectations of patients about hospital service is statement 6 “hospital staff have sincere interest in solving patients problems” in the reliability dimension and second very important is statement 5 “hospital staff tells patients exactly when services will be performed” in the reliability dimension. While two of the lowest expectation statements of customers i.e. number 1 and 4 are in the tangibility dimensions.

The above graph indicates that the highest expectation of hospital staff is statement 7 “when patients have problems staff shows sympathy and assurance” is in the responsibility dimension and one of the lowest expectation statement is 4 “Materials (brochures; appointment card) associated with a hospital easily understood” which is in the tangibility dimension.
The above graph indicates that empathy & access dimensions got the least expectation score from patients and hospital staffs' across the five dimensions whereas; reliability dimension is high in both groups assessment.

**GRAPH 5. PATIENTS PERCEPTIONS MEAN**

The above graph indicates that the highest perceptions of patients about hospital service is statement 9 "when hospital promise to do something by a certain time its done" so in the reliability dimension and one of the lowest Perception statement is 2 "visually appealing facilities" in the tangibility dimension.

**GRAPH 6**

The above graph indicates that two of the highest perception statements are 5 & 7 "staff tells patients exactly when services will be performed and when patients have problems staff shows the sympathy and reassuring" in the reliability dimension and least perception statement is 15 "hospital staff instils confidence in patients" in the assurance dimension.

**GRAPH 7**

Patients and Staff's Perception Scores in adopted SERVQUAL Dimensions

<table>
<thead>
<tr>
<th>Service Quality Dimensions</th>
<th>Patients</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangibility</td>
<td>5.4</td>
<td>4.7</td>
</tr>
<tr>
<td>Reliability</td>
<td>5.1</td>
<td>4.8</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>5.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Assurance</td>
<td>5.0</td>
<td>4.9</td>
</tr>
<tr>
<td>Empathy</td>
<td>4.7</td>
<td>4.6</td>
</tr>
</tbody>
</table>
The above graph indicates that patients ranked top the reliability dimension and tangibility is least important dimension but hospital staff ranked reliability dimension the very important dimension and assurance is the least important dimension.

The above graph shows that statement 12 “staff in hospital always willing to help patients” had the highest gap score that is -0.84 whereas statement 9 “hospital promises to do some thing by certain time, it does so” received the least gap score i.e. -0.18.

The above graph shows that reliability dimension had the highest gap score
that is -1.05 of the five service quality dimension; whereas, tangibility dimension attained the least gap score i.e. -1.05.

**GRAPH 10. Patients Overall Service Gap (Perception & Expectation)**

The above graph shows that tangibility dimension had the highest gap score (tangibility -0.55) (reliability -0.55) of the five service quality dimension, whereas, empathy dimension received the least gap score i.e. -0.43.

**GRAPH 11. Staff Overall Service Gap (Perception & Expectation)**

The above graph shows that reliability dimension had the highest gap score that is -1.05 of the five service quality dimension; whereas, tangibility dimension attained the least gap score i.e. -1.05.

**GRAPH 12. SERVICE QUALITY OVERALL GAP**
Above graph shows a negative value between perceptions & expectations, expressing those respondents (patients & Staff) perceptions of the service are declining short of their expectations. Also, hospital staff's overrating of service gap in all five dimension more than the customers. Regardless of negative value by both respondents, this chart depicts that the customers' perceptions are higher than the staff glimpses.

4. Discussion

4.1. PERCEPTIONS

The result shows that customer's perception means for all the 19 statements about Mideast hospital and Al Raheem hospital service quality are greater than 4.93 ranging from the highest 5.60 for "promise to do something by certain time does so" to the lowest 4.94 for "visually appealing physical facilities" customer perception result shows that reliability and responsibility are the two very important dimension of service quality. Between the five dimensions, patients perceptions for hospital service quality highest for reliability and responsibility which is 5.24, while the perception finding identified the tangibility dimension (5.02) least important between the five dimensions, the tangibility dimension covers the issue like up to date equipments, visually appealing physical facilities, staff are neat and clean in appearance, material associated with hospital easily understood.

Conversely, on individual basis mean for staff perception for all the 19 statements about Mideast and Al Raheem hospitals are larger than ranging from the highest 5.48 for hospital staff tells patients exactly when services will be performed" to the lowest 4.96 for "staff have adequate knowledge to answer patients questions" between the five dimensions means of reliability (5.31) is the highest between the five dimensions. Reliability is followed by responsiveness (5.28) while the means of assurance dimension is lowest (4.85) between all the five dimensions of hospital service quality.

These result shows that there is a big discrepancy between patients and staff perception about hospital quality. From patients point of view
reliability is very important and tangibility is least important whereas hospital staff perceive that reliability is very important and assurance is least important.

4.2. GAP SCORES

In this study the result shows that there is a disagreement between patient’s expectations and perceptions, the assurance dimension received the highest gap score and empathy received the least gap score between the five dimensions of adopted SERVQUAL. From staff point of view assurance is the most important dimension and tangibility is the least important between the five dimensions of service quality. The highest difference between expectations and perceptions were in the assurance dimension i.e.-1.12.

The result shows that the assurance dimension had the highest overall gap score which is -1.12 and second most important dimension is reliability with gap score is -0.82. The tangibility dimension got the lowest gap score which is -0.50. From the result it can be seen that assurance is very important SQ dimension followed by reliability, responsibility, tangibility and empathy.

These results are according to Allred and Adams (2000) who use a same study in a banking sector and found that reliability and responsiveness are the very important dimensions of service quality. The result of this research is not in accordance of PZB study who reported that Reliability (1) responsiveness (2) Assurance (3) Empathy (4) and Tangibility (5).

5. Conclusion and Future Work

SERVQUAL, as a standard instrument for measuring service quality, is reliable and valid in a hospital environment. Therefore, it can be used as a tool by hospital administrators for the measurement of functional quality in their organizations. Measuring the opinion of patients can help to facilitate hospital service provision and management as well as increase the marketability and desirability of the service provided. In future this can be done to discover the service quality of hospitals in different cities. The preset research spotlight on hospital service quality in future this
can be done in airline, tourism, banks and other service sectors. In future other service quality dimensions can be use like technical quality, image quality, security, functional quality should be use and assessed.

References
