Health Service Quality: Comment on "How Outpatient Service Quality in Hospitals Affects Patients' Loyalty?"

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Abstract

Introduction: Today, service quality and patient loyalty have a critical impact on the performance of health-care organizations. The present study aimed to make a survey on the relationship between outpatient service quality and patients′ loyalty in selected general public hospitals affiliated to Shiraz University of Medical Sciences in 2012.

Methods and Materials: In this descriptive, analytical and cross sectional study, 256 cases of the outpatients were investigated in four public hospitals in Shiraz. The Standard questionnaires were used as data collection tool. Data were analyzed using SPSS.18 software and descriptive statistics including Spearman's Correlation Coefficient and pair t-test.

Results: The findings revealed a meaningful difference between the patients' perception and expectation in all dimensions of SERVQUAL. The patients rated 'reliability' to have a high gap (-2,62) and 'accessibility' as the least (-1,34). Among loyalty dimensions they ranked positive word-of-mouth approach as the most important (4,1) and price sensitivity as the least important (1,81). The results of Pearson Correlation Test revealed that overall quality and loyalty dimensions were correlated (p<0.05).

Conclusions: This study showed that quality of outpatient services in hospitals were lower than patients' expectations and there was a noticeable gap between expectations and perceptions, given the strong correlation between quality of services and loyalty dimensions. In addition, implementation of patient loyalty program would mediate service quality influence on a patient's loyalty.

Key words: Loyalty, service quality, hospital.

Introduction

Nowadays service quality and patient satisfaction are clearly critical aspects for health-care managers who need to address variety of issues and aspects of their organizations. With health care industry competition on the rise, many hospitals are looking for ways to improve patient satisfaction (1). Being more customers-oriented is the main strategy in most of the organizations in the world. The other key strategies for hospitals to expand into new markets include high quality services and distribution of products with the best quality which brings about competitive advantages such as customer loyalty, distinctive services or products, marketing cost reduction and specification in higher prices (2,3). Therefore, quality is one of the fundamental marketing tools and distinction removal, which creates loyalty through creating satisfaction (4). Obtaining and assessing such tool are the main challenges for hospital managers (5). A number of researchers have attempted to address the issue of defining service quality within the hospital context and developing or adapting an instrument to measure specified hospital service quality (6).

The term *service quality* has been defined in various ways. Parasuraman et al. (1985) described service quality as "the degree and direction of discrepancy between consumers' perceptions and expectations" (7).

One of the effective ways to evaluate quality of service is to attain balance between perception and expectation in customers when providing services. Sometimes this kind of assessment does not have any symmetry with managers' prospection and creates defection for quality and decreases loyalty (5). For this purpose, the SERVQUAL model invented by Parasuraman has been used in health facilities to evaluate the quality of provided services to patients (8). The SERVQUAL assesses customers' perception in five dimensions including tangibility, reliability, responsiveness, assurance and empathy (9).

In comparison with other ways of assessing quality, SERVQUAL is of a special importance as its elements can be easily adapted in various service environments, while they all have high validity and reliability compared to customer's perception and expectation. Also, the other advantages of this instrument are its five relativity important dimensions in understanding service quality and analysis capacity on the basis of psychological, phenomenological features and other areas (10,11). It is suggested that SERVQUAL and its dimensions of perceived service quality are reliable and valid across cultural and economic environments in the context of healthcare and hospital albeit some need for adaptation (12). Researches showed that satisfaction is not the main key to achieving profit and success, since it create a sense of commitment and belonging in customers towards the organization and these concepts would be perpetual profit making, intangible asset and wealth (13,14). Due to the availability of modern information systems and better public education, there is an increase in patients and their families' awareness on their own rights about health, quality of health services, and the choice of treatment available (15,16). Consequently, complaints regarding the quality of health care are significantly increasing (17). Since patient satisfaction is an important issue for health care managers, many previous studies developed and applied patient satisfaction as a quality improvements tool for health care provider (2,4,18).

With all the difficulty hospitals and health care providers are faced in health and treatment system attracting and keeping customers and patients, a provider who tries

more to create customer's satisfaction will succeed in this competition (15). Previous study showed that with an increased awareness in patients, they seek to use new technology and services with high quality and standards. As a result, the health care managers try to increase customer's satisfaction and loyalty through enhancing service quality (15). Loyalty is defined as the likelihood of a customer of a healthcare service provider to continue doing business with the organization in the future and engage in a positive word-of-mouth communication about the service (16).

To date, SERVEQUAL is used in hospitals and health centers to investigate the service quality gap between perception and expectation. Curasi C.F. (2008) and Wang H. L. (2011) indicated that there is a positive relationship between service quality and loyalty (15-17).

The results of the research by Yan Huo and et al. (2010) showed that there was a significant relationship between satisfaction and quality items (18).

Findings of a study in hospitals in Tehran, Iran proved that patients' experience in terms of the private hospitals' services has strong impact on the outcome variables such as willingness to return to the same hospital and reuse its services or recommend them to others (19).

In another study conducted in Tehran Public and Private Hospitals, the result showed that there is a meaningful relation between services quality and patient's loyalty and that improving quality will increase patients′ loyalty and finally will cause more profitability for hospitals (20).

In these two studies it was revealed that there was a positive and noticeable relation between the quality of services in hospitals and patients' loyalty (19,20).

In another study, the findings proved that service quality and customer satisfaction are widely recognized as the key influences in the formation of consumers purchase intentions in service environments (21). Nonetheless, Giffen emphasizes that customer loyalty is a more reliable measure to predict the growth of sales and finance, compared to consumer satisfaction (22).

Chahal (2010) conducted a study contributed to the current understanding of customer relationship management (CRM) in particular and consumer behavior in general, in the context of the healthcare sector (23).

Although, a review on the existing literatures in recent yearsconfirms the importance of service quality on patients' loyalty in health and hospital context in other countries, there is little known about this issue in Iran. The purpose of this paper was to examine how patients' loyalty was influenced by services quality in outpatient clinics affiliated to Shiraz University of Medical Sciences in 2012.

Methods and Materials

In this descriptive, analytical and cross sectional study 256 cases of the outpatients were investigated in four general public hospitals in Shiraz, Iran. We used SERVQUAL questionnaire (service quality items with six dimensions and loyalty questionnaire) and patients were selected using classified nonrandomized sampling.

A two-part questionnaire was used as data collection tool. The first part consisted of demographic data such as respondents' gender, age, level of education, etc. The second part was SERVQUAL questionnaire with six dimensions, including tangibility, reliability, responsiveness, assurance, empathy, and accessibility. This questionnaire is scored using Likert–scale from 35 to 155 for high to low scores, respectively. Each part of tangibility, responsiveness and empathy dimensions had 25 score, reliability and assurance had 35 scores and accessibility had 10 scores(24).

We also used the standard loyalty 11-item questionnaire to measure the four dimensions (3 items for positive word-of-mouth, 2 items for repeating purchase behavior, 2 items for price sensitivity and 4 items for patients' complaints) (19). All constructs used a five–point Likert scales (strongly disagree, disagree, moderate, agree, and strongly agree from 1 to 5). A pilot study was undertaken to test the relevance and clarity of the questions, and to refine them as needed to avoid misunderstanding. A small sample of 30 patients was selected and included in the sample frame and also the questionnaire was critiqued by clinic staff to assess face validity. The result of Cronbach's alpha (95% significant) was 85.2. Attending the outpatient clinics, we collected data after explaining the study purpose to the patients and asking them to fill out the questionnaire. Data were analyzed using SPSS 18 software and descriptive statistics including absolute Pearson correlation and pair *t*-test.

Results

Of a total of 295 outpatients study population, 256 completed the questionnaire (Response Rate 86.7%). Of the respondents, 51.2 % were females, 48.8% males, 28% had diploma or were under diploma. The majority of respondents (39%) aged 18-30 years old. The mean age of the study population was 48.18±14.7, and 90.2% of them were covered by health care insurance. In terms of occupation status, 26.2% were homemakers, 24.2% were government employees, and 15.2% were self-employed. For 55.1% of the participants, it was their first time to attend outpatient clinics in general public hospitals, while 44.9% had refereed to clinics more than once.

In summary, there were a statistically significant difference between level of education and job status and the quality gap.However, there was a significant difference in the expectations of unemployed people.

Other findings showed that the highest and lowest mean scores among the six quality dimensions in expectation related totangibility(24, 46) and accessibility (8.13). In perception content, the highest score was related to reliability (30.64) and the lowest score was for accessibility (6.79). The gap between expectation and perception had the highest and lowest scores for reliability (-2, 62) and accessibility (-1, 34), respectively.There was a significant difference between perception and expectation in all dimensions of quality (p<0.05). Table 1 shows that there was a considerable gap between patients' perception and expectation in evaluating the quality of services.

Table 2 displays that the positive word-of-mouth approach had the highest score (4.1) among the four dimensions of loyalty concept and price sensitivity had the lowest score (1.81). Statistical significant associations were seenin all dimensions of patients' loyalty concept and quality of outpatient services.

Finally, Pearson correlation revealed a meaningful difference between the patients' perception and their expectation in all components of services quality and loyalty (p<0.05). In addition, all dimensions of SERVQUAL had correlation coefficient with loyalty items. Based on the results of this study there is a positive and significant relationship between all concepts of service quality and loyalty variables. (Table 3)

Table 1: The mean scores of SERVIQUAL dimensions in the survey sample population

Quality dimension	Exception	Perception	Quality gap	Mean	Sig. (2-tailed)
Tangibility	24,46	22.64	-1.82	1.83	0.0003
Responsiveness	24.3	21.42	- 1.54	1.74	0.0001
Reliability	23.26	30.64	-2.62	3.6	0.0001
Assurance	22.63	21.33	-2.42	2.2	0.0003
Empathy	20.9	19.28	-1.62	1.6	0.0006
Accessibility	8.13	6.79	-1.34	1.8	0.0008

Table 2: The mean scores of loyalty in the survey sample population

Loyalty dimension	Mean	p-value
Positive word-of-mouth	4.1	0.01
Repeat purchase behavior	3.41	0.03
patient's complain	2.1	0.02
pricing sensitivity	1.81	0.01

Table 3: the Pearson correlation between loyalty concept and quality of outpatient services

Loyalty factor	Correlation		P-value
Tangibility	0.48	0.001	
Reliability	0.53	0.003	
Responsiveness	0.12	0.001	
Assurance	0.28	0.008	
Empathy	0.38	0.002	
accessibility	0.18	0.001	

Discussion

The current cross sectional exploratory study conducted in 2012, aimed at investigating the structural relationship between outpatient loyalty and service quality dimensions in general public hospitals in Shiraz.

The results indicated that qualities of outpatient services in these hospitals were set at the least level and there was a great gap between patients' expectation and perception about quality of provided services.

Our findings are consistent with other international studies conducted in the United States, Taiwan, Africa, Chicago, and Singapore. In fact, the hospitals in this survey failed to fulfil the patients' needs and expectations. Regarding this fact, the priorities for executive managers along with staff participation in these hospitals should be quality improvement. Evidence has revealed that greatest efforts and attention to quality improvement programs should be provided (17).

The present study showed that there was an intensive correlation between all dimensions of quality (tangibility, reliability, responsiveness, assurance, empathy, and accessibility) and loyalty variables. Here, quality in its real sense is positively influenced by loyalty, which means any efforts to promote each of them can improve the other.

In order to promote patients' loyalty, we suggest adopting best strategies to ensure quality in hospitals such as increasing

resources, strengthening management, applying standards and guidelines, patient empowerment and rights, quality assessment and accreditation (internal and external), quality indicator comparison, benchmarking, re-engineering while using quality improvement plans.

The other results of the current study proved that the patients' experience in terms of the hospitals' services had a strong impact on the outcome variables like willingness to return to the same hospital and reuse its services or recommendations to others. These findings are consistent with other similar national and international studies (19,20,24,27).

In the other similar studies, it was also proved that a better quality and enhanced services could increase both patients' satisfaction and loyalty (17-18). Evidently, patients who are better informed promote the success of any clinical or business models. Therefore, strategies should be adopted that will encourage the loyalty and positive behavior of patients, thus, any no patient-oriented approach is likely to meaningfully decrease the intended outcomes, quality, and values. Although, obtaining patients' loyalty is not as simple as it used to be in the past, meeting principles such as quality, value, convenience and support can have an important effect on patients' loyalty. Nevertheless, they may not be enough to build patients' loyalty, we suggest hospital to adopt strategies to preserve it over time. The insight derived from patients' satisfaction surveys should not be underestimated.

Mirghafouri and Zare in Rahnemon Hospital of Yazd stated that there was a negative gap in reliability dimension of health services (28). Findings on the existence of a large gap between perception and expectation in this construct of quality are consistent with the results of the researches performed by Mohammadi in the Hospitals of Zanjan and Wisniewski in Colposcon (29-30).

In Greece and Kenya, Tsoukatos showed there was a considerable deficiency in the quality of services especially in the reliability and empathy dimensions (31).

The reasons for this deficiency may be related to not providing necessary information that enables patients to make informed decisions and ignore the importance of being involved in treatment process. Another study also confirmed these results (32). Some interventions to fill this gap can be providing good patient information, involving patients in their treatment, helping them to make sure they arrive on time and are properly prepared for procedures or operations, enabling them to make informed decisions.

The survey showed that among the loyalty items, a sequent positive word-of-mouth and sensitivity to pricing policies have the highest and lowest scores, respectively. Theword-of-mouth promoting factor is an unpaid expansion of a positive marketing message from one person to another, which is considered as one of the most powerful, and effective forms of marketing. This shows the point of view of the patients towards the physicians and society. In this regard, positive comments and recommendations of a customer can increase prompt other patients, families, and friends in choosing that provider and services (33-34).

According to our findings, assurance is one of the quality concepts, which proved an almost noticeable gap in this dimension.

Conclusions

Quality in hospitals has a wide variety of meanings. All dimension of outpatient services quality were identified as priority areas for prompt interventions. In this study, assurance and reliability appeared to be the most important concept in services.

Gap analysis was also performed to determine the degree to which the difference between expectations and perceptions exist among the surveyed patients. It is essential for hospital managers to pay more attention to accreditation standard, clinical governance, and effectiveness performance to promote quality continuously or to decrease quality barriers. We suggest adopting strategies, including using service quality relates with a cost-effective or cost-benefit approach, promoting the culture of customer-orientation, conducting consumer satisfaction surveys, attending to the patients' complaints on the performance and providing them with feedbacks. In addition, conducting further studies on the idea of patients' perception as a tool for assessing the satisfaction– organization culture, personal culture, and cost-effectiveness is recommended, as many health care organizations and policymakers are looking to apply the best practices.

Competing interests
The authors declare that no competing interest is pertinent to this paper.

Authors' contributions
SK and AP initiated the idea and had substantial roles in the developing the content and design, and contributed to the literature review, study conception, implementation, data analysis, and writing of the final version of manuscript. AK, MRA critically revised the manuscript and the data analysis. ZN participated in the data-gathering phase, finalizing the analysis and writing the initial version of the manuscript.

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