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Assessment of the Quality of Healthcare Services Using SERVQUAL Approach: A Letter

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Dear Editor,

Quality of service is recognized as a key determinant of an organization's success and any decline in customer satisfaction due to poor service quality causes concern. Among the service sub-sectors, the health sector has a special place because any mistake, even the smallest one, is not allowed in this section (1). Protecting the community is the task of this sector and effective action is particularly important to improve customer service and customer satisfaction in this sector (2). Evidence shows that there is a relationship between the quality of medical services and patient satisfaction. According to Parasuraman et al. study, service quality is a comparison between expectation and performance, and service providers must compare expected and perceived services to understand the quality and identify of the gaps between expected and perceived data on service quality (3). One of the most commonly used comprehensive methods to assess the quality of expected and perceived services is the SERVQUAL model (4). Given that one of the most important groups in assessing the quality of health care services is clients, this study aimed to assess the quality of healthcare services using SERVQUAL Approach in Ahwaz Health centers.

This cross-sectional study was conducted in Ahwaz in 2016. The study population consisted of the people under the coverage of the Health centers in the west of Ahwaz City who were selected via quota sampling method. Using the Cochran formula, the sample size was determined to be 384 persons. The data were collected using the SERVQUAL questionnaire developed by Parasuraman et al. This questionnaire has 22 questions and 5 dimensions: physical and tangible dimension (4 questions), reliability (5 questions), responsiveness of service providers (4 questions), service assurance (4 questions), and staff empathy (5 questions). The questionnaire was used in two stages. The score of total quality varied from 1 to 7. The validity and reliability of this questionnaire were confirmed by Zarei et al. (5, 6). The data analysis was conducted using the SPSS 16 software, paired *t*-test, *t*-test, and ANOVA. The significance level was considered lower than 0.05.

The highest percentage of the subjects were in the age group of 18 - 29 years. Moreover, 328 (85.4%) were female and 56 (14.6%) were male. Based on the findings of the study, there were differences between the mean score of perception and expectation in all dimensions of quality: tangibility (-0.6), reliability (-0.53), responsiveness (-0.73), assurance (-0.66), empathy (-1.04), overall quality (-0.68) ($P < 0.0001$). No significant difference was found between perceptions and gender ($P = 0.30$) and expectations and gender ($P = 0.30$). According to the one-way analysis of variance (ANOVA), no significant difference was found between perceptions and variables of age ($P = 0.272$) and education level ($P = 0.354$) and between expectations and variables of age ($P = 0.171$) and education level ($P = 0.457$). The study results indicated that there were general quality differences in all five service dimensions, and the differences were negative. This result was consistent with similar studies (7, 8). The highest quality difference in the present study was observed in the empathy dimension. In one meta-analysis in which Teshnizi et al. (9) aimed to assess the quality of health services in Iran, tangibility and empathy had the largest gaps. Since dissatisfied patients are less likely than other patients to comply with medical instructions and the process of recovery is slower than others, medical centers need to continually evaluate the quality of their services. Furthermore, given that the highest difference in service quality was observed in the empathy dimension, it seems essential to hold workshops in order to polish employees' communicative skills.

Footnotes

Conflict of Interests: We have no conflict of interest to disclose.

Ethical Approval: The study protocol was approved by Ethical Review Board of Shiraz University of Medical Sciences (code of ethics: IR.SUMS.REC.1395.S971).

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References

1. Aghamolayee T, Zare S, Kebriaee A, Poodat A. Quality of primary health services from the viewpoints of the women referring to Bandar Abbas Health centers. *Payesh Q J*. 2008;**7**(2):121–7.
2. Manulik S, Rosinczuk J, Karniej P. Evaluation of health care service quality in Poland with the use of SERVQUAL method at the specialist ambulatory health care center. *Patient Prefer Adherence*. 2016;**10**:1435–42. doi: 10.2147/PPA.S108252. [PubMed: 27536075]. [PubMed Central: PMC4977087].
3. Chang BL, Kao HO, Lin SJ, Yang SH, Kuo YW, Jerng JS. Quality gaps and priorities for improvement of healthcare service for patients with prolonged mechanical ventilation in the view of family. *J Formos Med Assoc*. 2019;**118**(5):922–31. doi: 10.1016/j.jfma.2018.09.019. [PubMed: 30301580].
4. Shafiq M, Naeem MA, Munawar Z, Fatima I. Service quality assessment of hospitals in Asian context: An empirical evidence from Pakistan. *Inquiry*. 2017;**54**:46958017714664. doi: 10.1177/0046958017714664. [PubMed: 28660771]. [PubMed Central: PMC5798721].
5. Fan LH, Gao L, Liu X, Zhao SH, Mu HT, Li Z, et al. Patients' perceptions of service quality in China: An investigation using the SERVQUAL model. *PLoS One*. 2017;**12**(12). e0190123. doi: 10.1371/journal.pone.0190123. [PubMed: 29272312]. [PubMed Central: PMC5741236].
6. Zarei E, Tabatabai G, Mahmud S, Rahimi Forushani A, Rashidiyan A, Arab M. Hospital services quality from patients' point of view: A cross-sectional study in Tehran private hospitals. *J Payavard Salamat*. 2012;**5**(4):66–76.
7. Dopeykar N, Bahadori M, Mehdizadeh P, Ravangard R, Salesi M, Hosseini SM. Assessing the quality of dental services using SERVQUAL model. *Dent Res J (Isfahan)*. 2018;**15**(6):430–6. [PubMed: 30534171]. [PubMed Central: PMC6243813].
8. Papanikolaou V, Zygiaris S. Service quality perceptions in primary health care centres in Greece. *Health Expect*. 2014;**17**(2):197–207. doi: 10.1111/j.1369-7625.2011.00747.x. [PubMed: 22296402]. [PubMed Central: PMC5060715].
9. Teshnizi SH, Aghamolaei T, Kahnouji K, Teshnizi SMH, Ghani J. Assessing quality of health services with the SERVQUAL model in Iran. A systematic review and meta-analysis. *Int J Qual Health Care*. 2018;**30**(2):82–9. doi: 10.1093/intqhc/mzx200. [PubMed: 29408970].