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THE QUALITY OF HEALTH SERVICES IN BECHAR PUBLIC HOSPITAL INSTITUTION

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Abstract:

Rrecently, the heath sector is given a great interest and at all levels and the subject of health services' quality becomes of an international increasing interst.So, hospital institutions try to provide health services with a high quality to achieve the maximum possible satisfaction for the patient.This research aims at studying the fact of health services quality in public hospital institution for the town of Bechar and its impact on patient's satisfaction, basing on the dimensions of quality of health services (Tangible, Reliability, Responsiveness, Assurance and Empathy).

Keywords:

Quality, Quality of health services, Dimensions of quality of health services, Patient satisfaction, Public hospital institution

JEL Classification: A14, D12, I18

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Introduction

Service quality has become an important topic in view of its significant relationship to profit, cost saving and market share. Researchers of service marketing had developed nineteen service quality models during the period 1984-2003, These models share a single primary goal.

The service quality model "SERVQUAL"' ranks as the most important of these models. It is based on the assumption that service quality is a function of differences (gaps) between customers' expectations and perceptions along five quality dimensions: reliability, responsiveness, tangibles, assurance and empathy. In addition, favorable customer perception of service quality will have a positive relationship with overall customer satisfaction and in turn their behavioral intention; repeat purchases and willingness to recommend the service to others Consequently, providing high service quality to customers, offers a firm an opportunity to differentiate it's self and gain a competitive advantage in the market.

In Algeria, the Ministry of health and population is responsible for setting the policy of providing health services. But, the spending on health in Algeria had declined during the period 1991-2001, the budget for health in 1989, representing 2.2% of GNP, and then declined in 2001 to 1.4%, returning later to hit in 2005 to 3.5%. This raises the question of why and how his relationship with rising health care costs, and the increase in population.

In spite of the relative increase in spending on health ,but the health service sector in Algeria still faces many obstacles,which affect the level of services quality in it,and the performance of health institution,which gives importance to the reform of the health services sector to ensure quality and excellence in health services .

Facing the increasing demand for health care has not only a quantitative, but also a qualitative dimension .In this context, this paper investigates: (1) Patient expectations and perceptions toward the service quality of Algeria hospitals. (2) The relative importance of service quality dimensions. (3) The relationship between overall service quality and overall patients' satisfaction and their willingness to recommend the services of healthcare providers to others.

Objectives of the Study

The main objectives of this research is:

1. To define the constructs and sub-constructs used by Algeria consumers in the evaluation of healthcare service quality in hospitals sector in Algeria.

2. To analyse the best method for measurement of service quality among the tested measures.

3. To determine relationships between variables of the study (overall consumer satisfaction on one hand, and return behaviour, outcome and value for money on the other hand).

4. To determine relationships between consumer demographics characteristics and their effects on the variables in the research.

5. To recommend a healthcare service quality model for the healthcare sector

In Algeria.

Statement of the Problem

The Alerian healthcare sector is in need of elevation of the level of service quality. In order to achieve this goal, there is a need for a model for healthcare service quality applied and tested on the Algerian healthcare market as well as a scale to enable researchers to measure healthcare service quality in the hospitals aiming to pin-point areas of service quality short-falls for short and long-term improvement strategies.

Currently, there is lack of existing knowledge about a healthcare service quality model that takes into consideration a complete coverage of all the constructs and sub-constructs that consumers use in evaluating healthcare service quality in Algeria that is probably quite different than those used for other industries and in other countries. In considering this, the problem of this paper can be formulated as the following question:what is the level of quality of health services provided in public health institution of Bechar?

Research Hypotheses

To achieve the purpose of this study, the following hypotheses were formulated:

H1: there are no significant differences in patient's perceptions of service quality dimensions, (tangibles, reliability, responsiveness, assurance and empathy) of Bechar hospital.

H2: there is no significant relationship between overall service quality and overall patient satisfaction of Bechar hospital.

H3: there is no significant relationship between overall patient's satisfaction of Bechar hospital and propensity of patients to recommend the health services to others.

Theoretical Background

Parasuraman et al. (1985, 1988, 1991) undertook a series of research projects which gave birth to the service quality model "SERVQUAL". Initially, the model was based on 10 dimensions of service quality – later reduced to 5 dimensions, The SERVQUAL instrument contains 22 pairs of Likert scale questions designed to measure customers' expectation of a service and the customers' perception of a service provided by an organization. To assess a service quality, the gap for each question is calculated based on comparing the perception score with the expectation score. The positive gap score means that customers' expectations are met or exceeded, while the negative score means the opposite. In general, service quality, to which the health sector is no exception, is divided into two main components; namely they are,: technical and functional quality (Gronroos,1984; Parasuraman et al., 1985. Technical quality (clinical quality) is defined as the technical diagnosis and procedures (e.g., surgical skills), while functional quality refers to the manner of delivering the services to the patients (e.g. attitudes of doctors and nurses toward the patients, cleanliness of the facilities, quality of hospital food….). Because most patients lack medical expertise for evaluating the technical attributes, the service marketing approach, which focuses on functional quality perceived by patients, has been widely used to evaluate the health services, (Buttle, 1996; Dursun and Cerci, 2004). Combined with some modification or additional operational measurements, the SERVQUAL instruments have been used to gauge service quality in a variety of service industries including, but

not limited to: banking (Roig et al., 2006; Yavas, Bilgin and Shemwell, 1997), hotels (Olorunniwo et al., 2006), sport tourism (Kouthouris & Alexandris,2005), retails stores (Eastwood et al., 2005), library setting (Ho and Crowley, 2003), government local authority (Wisniewski, 2001), professional business (Accounting) (Aga and Safali, 2007), education (Arambewela and Hall, 2006), airlines (Prayag, 2007), mobile communications (Lai et al., 2007), and web portal (Kuo et al., 2005). Regarding the health care industry within the Arabic Gulf Region, Jabnoun and AL.Rasasi (2005) investigated the relationship between transformational leadership and service quality in six UAE hospitals. The results showed that patients were generally satisfied with the quality of services provided by their hospitals, and a positive relationship was also found between service quality and all dimensions of transformational leadership. Tangibles dimension had the lowest score of expectation of all five dimensions. Within the context of Arabic countries, Mostafa (2005) analyzed patients' perceptions of service quality in Egypt's hospitals. The results reveal a three - factor solution inconsistent with the five- components associated with SERVQUAL. However, all 22 attributes of service quality in both expectation and perception sectors were statistically significant. Alasad and Ahmed (2003) examined satisfaction of patients with nursing care at a major teaching hospital in Jordan. Data obtained from 266 in-patients of three wards showed that patients in the surgical ward had a lower level of satisfaction than patients in the medical or gynecological wards. With respect to the conditions of developing countries, Andaleeb (2001) proposed and tested a five dimensional instrument for assessing perception of patients availing of hospital services in Bangladesh. The results indicated that a significant relationship is found between the five factors and patients' satisfaction. The discipline factor, encompassing "tangible' and "assurance", had the greatest impact on patients' satisfaction, while the baksheeh (tips) factor had the lowest effect. In the same direction, Baker, Akgun and Assaf (2008) used an adapted SERVQUAL scale to assess patients' attitudes toward health service in Turkey. Data collected from 472 patients revealed that patient perceived scores are higher than their expected scores for ordinary hospitals and lower than their expected scores for high- quality hospitals. Responsiveness and reliability dimensions get the lowest expected scores of all dimensions.

Based on the application of a modified SERVQUAL instrument, Choi et al. (2005) found a significant relationship between service quality dimensions and patient satisfaction in the South Korea health care system, In particular, "staff concern" followed by "convenience of the care process" and "physician concern" dimensions are the most determinants of patients satisfaction. However, Narang (2010) adopted 20- item scale that had been initially developed by Hadded et al. (1998), to measure patients' perceptions of health care services in India. The study reveals that the four factors - health personnel practices and conduct, health care delivery, access to services and, above all, adequacy of resources and services- were perceived positively by patients. Pakdil and Harwood (2005) applied SERVQUAL construct for measuring patients' satisfactions in Turkey by calculating the gap between patients'expectations and perceptions. The study found that patients are highly satisfied with all elements of service quality; specifically, "adequate information about their surgery and"adequate friendliness, courtesy" items. However, Robini and Mahadevappa (2006) investigated patients' satisfactions of service quality in Bangalore - based hospitals in India. Data collected from 500 patients revealed that expectations exceeded their perceptions in 22 items of service quality. The assurance dimension got the least negative score in all hospitals. In contrast, Sohail (2003) found that patients' perceptions exceeded their expectations for all items of services provided by private hospitals in Malaysia.

Karassavidou, Glaveli and Papadopoulos (2009) used a modified version of SERVQUAL instrument to investigate patients' perception of National Health system (NHS) in Macedonia, Greece. The study resulted in three factors in which patients' expectations exceeded their perceptions. The human factor proved to be the most critical dimension in as much as it registered the highest gap score of all.Regarding the studies in developed countries, Andaleeb (1998) proposed and tested a five – factor model that influences patients' satisfaction with hospitals in Pennsylvania. The study results showed that all factors, though especially perceived competence of the hospital staff and their demeanor, significantly affect patient satisfactions. Dean (1999) investigated the applicability of a refined SERVQUAL instrument, consisting of 15 statements, in both medical care and health care settings of Australia. The study results revealed four factors structure which approximates, in both environments, the dimensions identified by Parasuraman et al. studies (1988). Assurance and Empathy were the most important dimensions in the health care environment, while Reliability/ Responsiveness dimensions came first in the medical care environment.Frimpong, Nwankwo and Dason (2010) explored patients' satisfaction with access to public and private healthcare centers in London. The results showed that public patients, as opposed to private counterparts, were dissatisfied with the service climate factors. In general, the study concluded that both public and private healthcare users faced major problems in accessing healthcare.However, Wisniewski and Wisniewski (2005) had applied a modified SERVQUAL instrument, consisting of 19 items, for a colonoscopy clinic in Scotland. They found that although patient overall satisfaction with the services was high, improvements were needed in specific service dimensions, especially the reliability dimension.

Literature Review

The quality of the health service

The quality of health service features a new advanced service attract users, and characterize the performance of doctors or characterize unit to provide health service to others, such as integrated services; Place wait comfortably; medical record on the computer; hot meals in the inner section; follow-up cases by telephone; instructions and clear and committed by members of the health team; provide some services at home (home follow-up visits).

I have suggested that for both (J-S).Roberts,(J-A).Prevost (1987), and also Khaled Saad Abdul Aziz bin Saeed(1997) that the concept of quality health care depends on who will be selected, in the sense that the quality is intended to be the basis of agreed criteria to determine a consensus to that concept. And know body the Inter-American Accreditation of Healthcare Organizations quality as "the degree of compliance with current standards and agreed to assist in determining the level of good practice and know the results expected for the service or making the diagnosis or treatment of a medical problem specific." It can be seen through the definition because it contains specifications or standards Note Practice Then the comparison between standards and actual practice and research to improve and continuous improvement in procedures and diagnosis and treatment.Through their report on the study conducted by the American Institute of Medicine has defined quality as "the extent of the potential increase of the health outcomes envisaged of health services for individuals and populations that are consistent with professional knowledge current(K-N).Lohr,(J).Harris(1991). We Can also define the quality of health services as the maximum treatment as possible in the

light of scientific and medical advances prevailing wadia kmel (1986).Moreover, for Abd alaziz ben zayer (2005) " the quality of health care are summarized in the application of science and medical technology to achieve the maximum benefit from public health, without increasing exposure to risk, and on this basis, the degree of quality determines the extent of a better balance between the risks and benefits. And the World Health Organization Quality definded quality as" cope with the standards and performance right in a safe manner acceptable to the community, so that lead to make an impact on the proportion of cases of disease and the proportion of Alovayat, disability and malnutrition '' Abdul Aziz mukhaimar (2003).

From the foregoing can determine what quality, at least through three main angle namely:

- Technical quality of care provided to the patient;
- The quality of the art of care provided to the patient;
- Exterior Quality Health Foundation.

Therefore noted that the calendar of health services provided to the patient can be measured from the perspective of knowledge and skills of the doctor, it can also be measured in terms of the patient's psychological side and illustrated by the attention of the staff and the attention span of nurses and Bagthen with the patient. On the other hand, some patients believe that the assessment of quality of service can be determined based on the outward appearance of health institutions through the availability of hygiene, good ventilation and provide adequate meals, etc….the absolute freedom to act in the best interest of the patient.As for service providers is noticed that some doctors believe that defining concept of high quality lies in the patient when he will be out of the hospital free of disease, and in return, we find that another group of doctors or employees in the managerial positions believe that the concept of quality is determined by reducing costs and increasing the effectiveness of service provided., and can be seen for the high quality from the perspective of the availability of the latest technology in the medical hospital, in addition to giving the doctor the absolute freedom to act for the best interest of the patient

Dimensions of health services quality

It also contained these dimensions on the twenty-two words translate aspects of the quality of service for each dimension of these dimensions , it is noticeable that these five dimensions are from the perspective of researchers dimensions generally reliable client in measuring the quality of service regardless of the quality of service was launched on this method of measurement quality of service name or measure the gap SERVQUAL. These gaps occur if there is a difference between customer expectations and perception between the administration of these expectations and this is illustrated as follows:

Gap (1): the gap between the perceptions of management and between customer expectations. The production of this gap is the difference between perception management to customer expectations, the inability of any knowledge management needs and desires of customers expected.

Gap (2): the gap between the perceptions of management and the specifications for quality and result from differences between the specifications of the service already provided and between the perceptions of management to customer expectations, in the sense that even if the customer needs anticipated and desires known to the

administration, it will not be translated into specifications defined in the service provided because of the restrictions related to the resources the institution or organization, or the inability of the administration to adopt the philosophy of quality.

Gap (3): The gap between specifications for quality and what actually offers. The specifications appeared due to the fact that the service already provided do not match with the administration That is aware of regarding these specifications, which may be due to the low level of skill based on the performance of the service, which in turn is due to the weakness of the ability and willingness of these workers.

Gap (4): the gap between the service provided and the communication of Foreign Affairs, and the result from the imbalance in the credibility of the institution of service , in the sense that the promises offered by the institution about the service , contact the customer (personal selling efforts other promotions) vary with the level of service and specifications already provided .

Gap (5): the gap between perceived service and between the service provided, and this gap is the result of occurrence of one or some or all of the previous gaps. The second method is to measure the quality of service that is called the measure of actual performance or SERVPERF This is a method modified from the first method. Based on the direct evaluation of the methods and processes associated with the performance of the service, in the sense that it depends on the measurement of the quality of service as a form of trends towards the actual performance of the quality and the goal of the five dimensions: a tangible material respects in service, reliability, responsiveness , security and empathy. These dimensions also contains a twenty-two words translated manifestations quality of service for these dimensions. It also features this scale for the previous measurement of simplicity and ease of use as well as to increase the degree of credibility. However, that this method was not spared from criticism , although most of them focus on the methodology of measurement and statistical methods used to verify its stability and credibility. And still ongoing debate about the effectiveness of each of these two measures of the quality of service. Researchers have split into two teams between supporters and opponents of each measure. When the transition to these standards to the field of health service, the quality of the health service is measured by the availability of the five dimensions in the health service provided by the hospital.

Tangibles would include those attributes pertaining to physical items such as equipment, buildings, and the appearance of both personnel and the devices utilized to communicate to the consumer. Bitner (1992) presented her conceptual framework for examining the impact of physical surroundings as it related to both customers and employees. Berry and Clark (1991) provided validation of the physical appearance on the consumer's assessment of quality. With the research by Bitner (1990), it was noted that physical appearance might influence the consumer's level of satisfaction. "Tangibles" was one of the original dimensions that was not modified by Zeithaml, et al (1988).

Reliability relates to the personnel's ability to deliver the service in a dependable and accurate manner. Numerous researchers, including Garvin (1987) found that reliability tends to always show up in the evaluation of service. Parasuraman, et al (1988) indicated that reliability normally is the most important attribute consumers seek in the area of quality

service.It was also determined by Parasuraman, et al (1991) that the conversion of negative wording to positive wording as suggested by Babakus and Boller

(1991) and Carman (1990) increased the accuracy of this dimension. Negative wording in the request for a customer response caused the customer to misinterpret this particular determinant. Walker (1995) found that if there is an adequate delivery of the basic level of service, then peripheral performance leads consumers to evaluate the service encounter as satisfactory. Reliability was one of the original dimensions not modified by Zeithaml, et al (1988).

Responsiveness: The desire and willingness to assist customers and deliver prompt service makes up the dimension of responsiveness. Parasuraman, et al (1991) include such elements in responsiveness as telling the customer the exact time frame within which services will be performed, promptness of service, willingness of assistance, and never too busy to respond to customer requests. Bahia and Nantel (2000) disregarded responsiveness in their research, claiming a lack of reliability even though they recognized SERVQUAL and all of its dimensions as the best known, most universally accepted scale to measure perceived service quality. Responsiveness was also one of the original dimensions not modified by Zeithaml, et al (1988).

Assurance: Knowledgeable and courteous employees who inspire confidence and trust from their customers establish assurance. In studies by Anderson, et al (1976), it was determined that a substantial level of trust in the organization and its abilities was necessary to make the consumer comfortable enough to establish a relationship. Parasuraman, et al (1991) included actions by employees such as always courteous behavior instills confidence and knowledge as prime elements of assurance. Assurance replaces competence, courtesy,credibility, and security in the original ten dimensions for evaluating service quality (Zeithaml, et al, 1988).

Empathy: is the caring and personalized attention the organization provides to its customers. Individual attention and convenient operating hours were the two primary elements included by Parasuraman, et al (1991) in their evaluation of empathy. The degree to which the customer feels the empathy will cause the customer to either accept or reject the service encounter. Empathy replaces access, communication, and understanding the customer in the original ten dimensions for evaluating service quality (Zeithaml, et al, 1988).

Statistical Results and Discussion

Respondents' demographic Characteristics

The respondents of this study were 90 people, of whom 52.34% were male and 47.66% were female, Table 1. The majority of these respondents were young or middle aged people: 35.75 % for the 20 – 29 years of age group, 19.15 % for the group 30 – 39 years of age and 18.30 % were between 40- 49 years of age. In addition, they were highly educated people, 42.55% of them were University graduate, (BS.c degree), 24.68% for the diploma certificate level and 11.92% for the postgraduate degree. They were working in different fields, ranging from professional people to housewife 9.79% and Craftsman 2.13%. In general, 57% of the respondents use to attend the public hospitals for medical treatment, while 43% of them attend the private hospitals.

Table 1: Demographic Characteristics of Respondents

Characteristics	Frequency	%
Gender :		
Male	123	52.34
Female	112	47.66
Age :		
Under 20 years	27	11..49
20 – 29	84	35.75
30 – 39	45	19.15
40 – 49	43	18.30
50 – 59	28	11.91
60 years & over	8	3.40
Education:		
Secondary School & Lower	49	20.85
Diploma Level	58	24.68
University Graduate	100	42.55
Occupation:		
Executive / Manager	21	8.94
Professional	60	25.53
Trade / Proprietor	15	6.38
Student	56	23.83
Craftsman	5	2.13
Retired	21	8.94
Housewife	23	9.79
Unemployment	06	2.55
Others*	28	11.91
Total	235	100

Table 2: Cronbach's alpha coefficient

Features	Expectations	Perceptions	P – E
Tangibles	.842	.868	.832
Reliability	.842	.923	.877
Responsiveness	.881	.902	.871
Assurance	.878	.911	.884
Empathy	.884	.913	.888
Total	.961	.973	.962

Results of Factor Analysis

Based on the procedures of Parasuraman et al. (1985, 1988, 1991), the scored gap of each item in the SERVQUAL scale was calculated by subtracting the perception score of each respondent from his / her own expectation score for that item. In this study, the factor analysis was performed the SERVQUAL .

According to these procedures, the SERVQUAL scale resulted in two- factor solutions which explained 62.750% of the cumulative variance in service quality. This figure is more than the 62% level reported in Parasuraman et al.'s studies, by small fraction, .750%. On the other hand, reviewing the loadings of all items in Table 3 indicates one item, No.19, is dropped, since it's loading is less than .5. In addition, Item No. 5 should be dropped since it had more than .5 loading on both factors. Consequently, the result of factor analysis on gap score revealed two factors with twenty items, which is inconsistent with the findings of Parasuraman et al.' s studies (1988, 1991).

Table 3: Factor loadings for SERQUAL construct

Dimensions & Items	Factor loadings for SERQUAL construct	
	Factor 1	Factor 2
Tangibles		
1	.806	
2	.857	
3	.586	
4	.747	
Reliability		
5	.562	.522
6	.634	
7	.709	
8	.722	
9	.711	

Responsiveness		
10	.645	
11	.761	
12	.767	
13	.817	
Assurance		
14	.775	
15	. .753	
16	.727	
17	.706	
Empathy		
18	.722	
19	.614	
20	.752	
21	.688	
22	.713	
Eigenvalue	12.408	1.397
Cumulative % of variance	56.400	62.750
Note SERVQUAL: KMO (Kaiser-Meyer-Olkin measure of sampling adequacy) = 0.958. Bartlett's test of Sphericity =3897.288. (P < 0.001)		

Hypotheses Testing

Hypothesis One

For identifying the importance of service quality dimensions, patients of Behar hospital were asked to allocate the 100 points over these dimensions. The respondents showed differences in their relative perceived importance of each dimension, Table 4. The reliability dimension received the highest average points .214, followed by the responsiveness dimension with .204 average points, while the assurance dimension rated at the least importance of all with .175 average points.

These results confirmed by the weighted mean scores for the five dimensions of service quality, which reflect the high perceptions of respondents to all service quality dimensions, except assurance dimension, Table 4.

On the other hand, to estimate the impact of the relative importance of the five dimensions on the patients' evaluation of overall service quality, linear regression analysis was performed, where the weighted mean of overall service quality as a dependent variable and the weighted means of service quality dimensions as the independent variables. Consequently, The value of R square (0.459) indicates that the five independent variables explain 45.9% of the variation in the dependent variable,

Table 4. In addition, the results show that responsiveness dimension has the greatest impact on service quality of all with coefficient value of (.364), and empathy comes in the second position (.264), while tangible dimension ranged in the third ordered position. These findings confirms the conclusions reached by (Parasuraman et al., 1985, 1988; 1991) studies, which indicates that the reliability dimension is the most crucial factor influencing service quality.

In addition, this study does agree with the findings of other studies carried out in the other Arabic countries, regarding "responsiveness" and "empathy" dimensions (e.g. Mostafa, 2005; Alasad and Ahmmed, 2003). Based on these findings and the high score of F (45.354), the first null hypothesis is rejected.

Hypothesis Two

To test this hypothesis that focuses on the relationship between overall service quality (SQ) and patients' satisfaction with the services of specific hospital (SAT), Spearman correlation analysis was performed. Positive and significant relationship between these two variables was observed (.779), and thus the null hypothesis is rejected, Table 4.

Table 4: Relative Importance of Service Quality Dimensions, customer satisfaction and behavioral intention.

Factors	Average Importance	Weighted means	Beta	T	Sig
Tangible	.204	9.590	.236	4.820	.000
Reliability	.214	9.709	.193	3.871	.000
Responsiveness	.199	9.381	.364	7.086	.000
Assurance	.175	8.036	.192	3.723	.000
Empathy	.208	9.403	9.403	5.116	.000
Overall perception of SQ		9.224*			
R .677 R square .459 Adjusted R square .447					
F 38.838 Significant at 0.05 level					
.*The weighted overall SERQUAL mean is calculated by multiplying the respondent's mean score for each dimension by its relative importance weight and summing the results of all dimensions.					

SQ – SAT	R	.779**	.000
SAT – BI	R	.822	.000
** Significant at the 0.01 level			

Hypothesis Three

Finally, correlation analysis indicates again a positive and significant relationship between patients' satisfaction with the services of a specific hospital (SAT) and their behavior intentions (BI), (.822). Consequently, the null hypothesis is rejected. The results of this study confirm the findings of other studies (e.g. Zeithaml, et al., 1996) indicating that a satisfied patient will engage in a positive word-of- mouth about the hospital's services.

Conclusion

This paper measures the dimensions of the quality of health services provided by the hospital of Bechar, and so addressing standards to measure the degree of quality of health services provided by the hospital. Most important findings of the study can be illustrated in the following points:

- There is a lack of agreement about the availability of respondents dimensions of quality health services.
- The lack of tangibility after regarding the quality and timeliness of the rooms and the cleanliness of the hospital and the availability of modern techniques and devices in the hospital of Bechar.
- Lack of response from the medical staff and the nursing of patients, and the lack of response to their complaints.
- A low level of quality services empathy with the patient by the medical staff in the hospital.
- Unavailability of all medical specialities as medicines are not available in the hospital.
- Many of the staff at the reception and public relations at the hospital under study do not have good moral character in the treatment of patients and their companions.

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