



Available online at www.sciencedirect.com

ScienceDirect

Procedia
Social and Behavioral Sciences

Procedia - Social and Behavioral Sciences 224 (2016) 176 - 183

6th International Research Symposium in Service Management, IRSSM-6 2015, 11-15 August 2015, UiTM Sarawak, Kuching, Malaysia

The Understanding of Indonesian Patients of Hospital Service Quality in Singapore

Vanesha Budiwan^a, Efendi^{b,*}

^aTricor Group, Jl. Jend. Sudirman 28, Jakarta 10210, Indonesia ^bAtma Jaya Catholic University, Jl. Jend. Sudirman 51, Jakarta 12930, Indonesia

Abstract

Medical services can be categorized as a credential product. Some Indonesian citizens prefer to go abroad to get their medical treatment. They think that hospitals abroad such as Singapore can provide them with better medical treatment. The purpose of the study is to investigate the understanding of a good service among Indonesian patients who have had medical treatment in Singapore. Most of the previous studies have been focusing on quantitative research in understanding consumers' perception of service quality. We believe that qualitative research can make a significant contribution to the understanding of service quality in the context of a hospital. The study employs qualitative methodology in collecting information from the informants. In-depth interviews were conducted on 15 informants who have had out-patient or in-patient medical treatment in four hospitals in Singapore. The age of the informants ranged from 19 to 64 years old. Their minimum education was junior high school. The frequency of their visits to a Singaporean hospital ranged from 1 to 12. The main question asked was "What is the informant's understanding of a good quality service in healthcare. The interviews were recorded, transcribed and then analyzed. The research process is reliable and valid in terms of cumulative, communicative, and argumentative validity. Our findings indicate that the dimensions that contribute to good perceptions of service quality are technical, interpersonal, tangibles, access and responsiveness, value, and outcomes. The contribution of our study is the inclusion of the dimension value and sub-dimension of customer orientation on the informants' understanding of service quality.

© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Peer-review under responsibility of the Universiti Teknologi MARA Sarawak

Keywords: healthcare; service quality; qualitative research; Indonesian patients

* Corresponding author. Tel.: +6-221-570-8815. E-mail address: efendisan@yahoo.com

1. Introduction

Currently, health is one of the important things needed by everyone. This is evidenced by the increasing number of private hospitals or clinics being established. In Indonesia, several international standard hospitals with various advanced facilities have been established. However, the services provided by Indonesian hospitals are lacking as compared to the services provided by the hospitals abroad.

In connection with this, there is an interesting phenomenon in recent years in which a large number of Indonesian patients seek medical treatment abroad. Approximately 30-40 percent of foreign patients at any one time in Singapore are Indonesian (International Medical Travel Journal, 2008). The quality of hospital care is an important aspect that affects the intention of a patient to have medical treatment in his or her home country or to choose a hospital abroad.

We are interested in studying the patients' perception of service quality provided by the hospitals in Singapore. This study aims to discover the patient's understanding of service quality in hospitals in Singapore.

2. Literature review

Service quality is defined as the overall evaluation of the performance of a service entity (Cronin and Taylor, 1992). Even though the evaluation has been described as the difference between customer's expectation and perception of a service, some researchers have argued that it is better to measure service quality solely on perception (see Dagger, Sweeny and Johnson, 2007). This argument should also make a firmer difference between perceived service quality and customer satisfaction since the latter is usually defined as the difference between customer expectation and perception of product performance.

The application of service quality model in health care or hospital has been widely conducted (e.g. Vandamme and Leunis, 1993; Rashid and Jussof, 20009; Rose, Uli, Abdul and Ng, 2004). Researchers have been trying to adapt the service quality model to the specific needs of hospital industry.

There are two challenges faced by the esearcher in hospital service quality. Firstly, patients do not use the technical aspect of service as the measurement of service quality because most patients do not understand or do not have access to the information to evaluate the technical aspect (Tucker and Adams, 2001). Secondly, the relationship between patients' satisfaction and quality is still undecided (Tucker and Adams, 2001). Therefore, Tucker and Adams (2001) are integrating the concept of satisfaction and service quality into an integrative model.

The researchers have been proposing their models of service quality in hospital. Most of them are based on the RATER dimensions proposed by PZB (Parasuraman, Zeithaml, and Berry 1985, 1988). Lim and Tang (2000) add the dimension of "accessibility and affordability" to 5 dimensions of "reliability", "assurance", "tangibles", "empathy", and "responsiveness". Tucker and Adams (2001) add "caring", "communication" and "outcome". Andaleeb (1998) and Hasin et al. (1998) add "cost". On the other hand, Tomes and Ng (2001), develop 7 dimensions: "empathy", "understanding of illness", "relationship of mutual respect", "dignity", "food", "physical environment" and "religious needs" based on their study on a different perspective, which is The Patients' Charter.

Developing the model from the previous studies, Rose et al. (2004) develop the dimensions of "technical", "interpersonal", "amenities/ environment", "access/ waiting time", "costs", "outcomes" and "religious needs". The other more notable study by Dagger et al. (2008) divide service quality into 5 dimensions which are more comprehensive, each with some sub-dimensions, they are "interpersonal (interaction and relationship)", "technical (outcome and expertise)", "environmental quality (atmosphere and tangibles)", and "administrative quality (timeliness, operation, and support)".

Although most patients cannot evaluate the technical aspect of hospital service quality in terms of technical accuracies and procedures (Rashid and Jussof, 2009), from the models above, there have been attempts to measure patients' perception of the technical aspect. The researchers use the dimensions of "reliability", "outcome", "understanding of illness", "technical" and "expertise" to portray how patients evaluate the technical dimension.

Download English Version:

https://daneshyari.com/en/article/1107399

Download Persian Version:

https://daneshyari.com/article/1107399

<u>Daneshyari.com</u>