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Assessing Obstetrics Perceived Service Quality at a Public Hospital

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Abstract

Assessing service quality has become a major issue in the healthcare sector. Although direct evaluation has already taken place, literature is scarce in terms of the impact the distance covered by the user has on perceived service quality. The aim of this study was to assess the influence distance has on perceived service quality when no similar service alternatives are available. The Servperf instrument was used to collect data. All women who delivered babies in autumn 2011 were respondents to the questionnaire. Exploratory analysis was used to test research hypotheses. Cronbach's alphas were computed to assess internal consistency. Findings show that Assurance is the quality dimension that contributes the most to patients' perceived service quality and Tangibles is the one that contributes the least. It was also possible to conclude that the distance the patient has to cover to be served and its educational level influence patients' perception of the service provided.

Keywords: Perceived quality assessment, Servperf, Public Service, case study

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1. Introduction

The services sector is becoming more and more relevant in the world economy. According to the European Commission (2012), services represented 73,2% of the Gross Internal Product in the European Union in 2012. The link between service quality and customer satisfaction has been established long ago (see, for instance, Cronin and Taylor, 1992). Service quality has proved to be a means to achieve sustainable competitive advantage (Clow and Vorhies, 1993), which is a strong element in competitive environments.

Public services, however, often provide services in no competition arenas. This could lead to less concern in terms of the quality of the service provided and a focus on simply making the service available to the population. Nonetheless, public services, although initially focused on providing mass services at low cost, are becoming more

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aware of the quality of the service provided and quality measurement and improvement in this sector is increasing (Paquette, Bellavance, Cordeau and Laporte, 2011).

As a consequence of this increasing awareness, many studies of customer satisfaction measurement have been undertaken in the public area, focusing on services such as overall municipality services (Gumus and Koleoglu, 2002), e-services (Buckley, 2003), airline transportation (Chau and Kao, 2009), dial-a-ride services (Paquette, Bellavance, Cordeau and Laporte, 2011), bus transportation (Bilisik, Edogan, Kaya and Baraclı, 2013), public hospitals (Zarei, Arab, Froushani, Rashidian and Tabatabaei, 2012), just to identify a few. These studies are mainly based on existing measurement scales and barely evolve beyond the traditional quality dimensions proposed by Parasuraman, Zeithaml and Berry (1988). An issue such as distance from the location where the service is provided is scarcely analyzed in literature.

The purpose of this research is to evaluate patients' perceived service quality in a public hospital, specifically in its obstetrics department, and analyze if the distance the patients have to cover to give birth influence their perception of the service quality that is provided at that hospital. In order to avoid influences such as the possibility to choose another location to give birth, and therefore avoid biased answers, a hospital located at an isolated area was chosen, in which there is no other similar facilities available in the area.

There are several tools available to evaluate perceived quality and all of them face some type of critiques. For the purpose of this research, and taking into account Cronin and Taylor's (1994) input, the Servperf scale was used as a starting point. From this point distance from the living location to the hospital facilities is assessed as a possible influence on perceived service quality. In this context, the research starts with a literature review on how service quality assessment is provided as a basis to develop the research model and the hypotheses; secondly, the methodological guidelines will be shown and justified; thirdly, the discussion of the results will be produced; finally, the conclusions concerning the hypotheses will be summarized and recommendations will be produced to improve customers' perceived quality at the analyzed service. Limitations on the findings will be highlighted.

2. Literature Review, Hypotheses and Model

2.1. Service Quality Measurement Instruments

With links established in literature between customer satisfaction and corporate profitability (Anderson, Fornell and Lehmann, 1994) and customer satisfaction and purchase intentions (Cronin and Taylor, 1992), research has been fruitful in defining customer service evaluation models. Although there are different scales to measure customer satisfaction in specific services area, the commonly used background, from which many adjusted solutions have emerged, is Parasuraman, Zeithaml and Berry's (1988) scale, based on Parasuraman, Zeithaml and Berry (1985) gap theory. Nonetheless, many conceptual and operational critiques to this scale can be identified.

Cronin and Taylor (1992) and Carman (1990) argue that the gap theory has little support for measuring service quality. Buttle (1996) posits that there is little evidence that in fact customers evaluate service quality in terms of the difference between perceived quality and previous expectations and is supported in his argument both by Carman (1990) and Cronin and Taylor (1992). Another theoretical critique to SERVQUAL is that this scale is focused on the process of service delivery, instead on the outcomes of the service encounter (Buttle, 1996; Gronroos, 1988). Johnston, Clark and Shulver (2012) argue that the service process is influenced by the customer and that the result of the service encounter encloses not only the experience but also the outcomes of the process, which are different from customer to customer. Therefore Johnston, Clark and Shulver (2012) provide support to Cronin and Taylor's (1992) critique that perceived quality is best conceptualized as an attitude than as an outcome. Therefore, the gap theory would fall short on analyzing the quality of the service provided.

The critique concerning the appropriateness of Parasuraman, Zeithaml and Berry's (1988) proposed dimensions to evaluate each service has also been produced (Buttle, 1996; Cronin and Taylor, 1992; Carman, 1990). Nonetheless, Parasuraman, Berry and Zeithaml (1993) identify the five proposed dimensions as the ones appropriate to general services, not exactly to each specific and individual service in every location and/or culture.

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