



Exceeding parents' expectations in Ear–Nose–Throat outpatient facilities: The development and analysis of a questionnaire

Eleftherios Margaritis^a, Maria Katharaki^{b,*}, George Katharakis^c

^a General Hospital of Children, "P. & A. Kuriakou", ENT Department, Athens, Greece

^b Faculty of Nursing and Faculty of Economics, National and Kapodistrian University of Athens, 8 Pasmazoglou Str., 10559 Athens, Greece

^c National and Kapodistrian University of Athens, Greece

ARTICLE INFO

Article history:

Received 19 February 2011
Received in revised form 27 August 2011
Accepted 4 October 2011
Available online 12 October 2011

Keywords:

SERVPERF
Patient satisfaction
Loyalty
Attitude
Outpatient clinic
Health care

ABSTRACT

The study attempts to develop an outpatient service quality scale by investigating the key dimensions which assess parental satisfaction and provides a recommendation on an improved health service delivery system. The survey was conducted in an Ear–Nose–Throat outpatient clinic of a Greek public pediatric hospital. A total of 127 parents in outpatient waiting areas were chosen; 74.8% of the sampled parents were under 40, and 78% were mothers. A factor analysis was performed; while a Fischer's exact test and multinomial logistic regression analysis was conducted. All Cronbach's α exceeded 0.70 and all factor loadings exceeded 0.50. Twenty-three items were retained through the scale development process and seven factors were formed that appear to be statistically valid and clinically meaningful: access and convenience, doctor's attention, customization, reliability, assurance, satisfaction and loyalty. Findings were discussed in relation to parents' overall satisfaction and intention of reusing and recommending outpatient clinic. Satisfaction was found to be positively affected by access and convenience and doctors' attention. Staff attitude and the telephone procedure of scheduling the child's examination found positively correlated to the likelihood of recommending services to friends and relatives. Time and communication in the waiting room influenced parents' satisfaction. Overall, results reveal the measures that need to be taken in order to improve outpatient service quality.

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1. Introduction

Outpatient clinic in public hospitals is one of the most important aspects of a national health system. A large number of patients with severe and chronic diseases use these services. It is considered that these patients are aware of health services provided and thus they can better evaluate the quality of these services (Krueckeberg & Hubbert, 1995).

Children are often referred to outpatient clinics. The most important outcome of pediatric care is the improvement of the child's health or diminution of symptoms. In view of such outcomes, including adherence to the therapeutic regimen and understanding of medical information, parents' satisfaction with care can be considered, as Hall, Roter, and Katz (1988) highlights, a good proxy variable of quality of care. Studies identify that the information available to parents and the communication they receive from the staff, are important factors to their satisfaction.

In general, satisfaction is considered a key measure in care quality. However, the importance and priority of different issues varies from person to person, often revealing the patients' preferences or desires (Ammentorp, Mainz, & Sabroe, 2005). Identification of parents' priorities can be an important instrument to improve ways of measuring care quality and can also help as a guideline for improving healthcare (Donabedian, 1980).

The study of parents' satisfaction in outpatient Ear–Nose–Throat (ENT) clinic of the General Children Hospital of Athens was used to evaluate its function and to improve health services provided. The research aim of the current work is twofold; firstly, to develop an outpatient service quality scale by investigating the key dimensions which assess parental satisfaction, and secondly, to perform an empirical validation of the outpatient service quality dimensions in healthcare settings in order to provide a recommendation on an improved health service delivery.

For this reason, the scale development approach was used to investigate the level of parents' satisfaction. Careful examination of SERVQUAL (Parasuraman, Zeithaml, & Berry, 1988; Parasuraman, Berry, & Zeithaml, 1991) was used in order to ensure its applicability to outpatient healthcare services. Performing such an investigation would assist in drawing conclusions on the appropriateness of the theoretical model proposed, in terms of the

* Corresponding author. Tel.: +30 210 322 3758; fax: +30 210 323 7319.
E-mail addresses: mkatharak@econ.uoa.gr, m.katharaki@gmail.com (M. Katharaki).

constructs and the measures utilized, while it will contribute further in the assessment of parental satisfaction.

2. Literature review

2.1. Parental satisfaction

Client satisfaction studies in health service delivery have appeared over the last thirty years. In a review of studies assessing consumer satisfaction with health treatment, one can identify the debate over the relationship between patient satisfaction as a evaluation of the process of care versus the standard of technical care. Assessing patient satisfaction has been mandatory for hospitals worldwide since, according to Boyer, François, Doutre, Weil, and Labarere (2006), it is used to improve the hospital's environment and patient amenities and facilities in a consumerist sense, however not necessarily improving care.

Attkisson and Zwick (1982) introduced Client Satisfaction Questionnaire (CSQ) which is a measure of general satisfaction with services. Likewise, Parasuraman et al. (1988, 1991) developed a scale for measuring service quality (known as SERVQUAL) based on the perspective that service quality is linked to the concepts of perceptions and expectations. Since that time, numerous instruments have been developed in order to measure satisfaction and/or service quality. The validity and reliability of said instruments is still undetermined.

Satisfaction with health services differentiates from service quality. Patient perception of service quality is a key determinant of a healthcare organization's success, due to its primary role in achieving patient satisfaction (Williams & Calnan, 1991). The cognitive status of service quality is strongly implied in the SERVQUAL scale, which is based on the assumption that consumers apply a mental calculus to reach an evaluation, as Choi, Cho, Lee, Lee, and Kim (2004) underlines. SERVQUAL measures functional quality rather than technical quality, this limitation is evident in the fact that the technical aspects of the delivery process are, in most cases, industry specific (e.g., health care versus banking services) (Babakus & Mangold, 1992).

The SERVQUAL scale has been tested and/or adapted in a number of studies conducted in various service settings, cultural contexts and geographic locations: for example applications like the quality of service offered by a hospital (Babakus & Mangold, 1992), acute care hospital (Carman, 1990), banking (Cronin & Taylor, 1992) and discount and departmental stores (Finn & Lamb, 1991). The universality of the scale and its dimensions has also been the subject of criticism (Lapierre et al., 1996) and it is suggested that it requires customization to the specific service sector in which they are applied.

In the majority of the patient satisfaction studies, the dimensions usually accessed are the physical environment of the hospital or the clinic, the access, demeanour of the personnel and the quality of information. The results indicate that patients are satisfied from the attitude of health professionals, while according to Calnan (1998) and Moumtzoglou et al. (2000), dissatisfaction is related to infrastructure, organizational weaknesses, and information provided. Moreover, satisfaction affects patient compliance to treatment and "faith" in the health provider. Calnan (1998) and Pascoe (1983) underline that patient satisfaction influences the rate of patient compliance with physician's advice and requests.

Similarly, literature reviews reveal that responsiveness, assurance, information-accessibility, knowledge and skills of staff as well as the waiting time and examination time are the factors that parents' assess (Andakeeb, 1998; Carmel, 1985; Carmel & Halevy, 1999; Howard, Rayens, El-Mallakh, & Clark, 2007; Latour, Hazelzet, Duivenvoorden, & Van Goudoever, 2009;

McPherson, Sachdeva, & Jefferson, 2000). It has also been reported that the interpersonal and technical skills of healthcare providers are two unique dimensions involved in parent assessment of hospital care (Cheng, Yang, & Chiang, 2003). Britner and Phillips (1995), Bostan, Acuner, and Yilmaz (2007) and Beckett, Elliot, Richardson, and Mangione-Smith (2009) indicate the quality of interactions between providers and parents and parent involvement in care are key components of parents' satisfaction. Nevertheless, parents are the main source of children's health care information (Ackard & Neumark-Sztainer, 2001). Thus, parents' satisfaction is important because it ensures the quality of care and communication (Lew, Lalwani, & Palermo, 2010), and it generates better clinical outcomes for children. In general, parents' satisfaction depends on characteristics such as age, gender, educational level and socio-economic status (Vuori, 1987). It has been reported that parents' satisfaction is influenced by communication, cost, continuity of service and providers, physical environment of clinic, humanity, information, time spent on the patient, official procedures, doctors gender and nursing care (Bernhart, Wiandyana, Wihardjo, & Pohan, 1999; Delgado, Lopez-Fernandez, & Luna, 1993; Jones, Carnon, Wylie, & Hedley, 1993; McKinley, Manku-Scott, Hastings, French, & Barker, 1997; Tsai et al., 2007). Furthermore, waiting for long periods, having no alternative appointment and possessing insufficient information are the sources of dissatisfaction in outpatient clinics (Bodur, Zdemur, & Kara, 2002; Dufrene, 2000; Kojo-Austin, Malin, & Hemminki, 1993; Kurata, Nogawa, Philips, Hoffman, & Werblun, 1992).

Despite these initiatives, assessment of parental satisfaction with outpatient facilities remains a largely neglected area. Parents, who are involved in an ongoing use of outpatient services with their children, differ from parents who seek acute medical care for their child. Such parents have special characteristics and needs, in terms of doctor–patient communication, a fact that should be considered when trying to understand their level of satisfaction with outpatient services. The findings of several studies of parents' satisfaction (Beckett et al., 2009; Omar, Azrin, Abu, & Omar, 2009) indicated that the strongest predictor of general satisfaction with the provided service was the parents' satisfaction from their communication with the doctor. This finding could be explained by the parents' perception of the doctor as playing a crucial role in achieving the ultimate goal of improving their child health status (Carmel, 1985). Overall, the measurement of user satisfaction may be a key tool to enhance and improve the quality of pediatric healthcare.

2.2. Research framework and hypotheses

The formulation strategy of the research model in order to empirically investigate the parental satisfaction with regard to the outpatient services was based on several factors. Primarily, a thorough literature review on related work and previous research studies on parents' satisfaction and outpatient delivery services quality was performed. The review revealed the extensive use of the SERVQUAL and its performance items (SERVPERF) as base theories for conducting empirical studies. Fig. 1 outlines the dimensions of the conceptual research model.

Specifically, the five constructs of SERVQUAL were the base for measuring the satisfaction of the participants towards the outpatient clinic. The inclusion of items related to the satisfaction was also influenced by the empirical work of Omar et al. (2009) and Landrum, Prybutok, and Zhang (2007) who propose the dimension of satisfaction as a key dependent variable. Consistent with them, we encapsulate the current dimension as a key dependent construct, in order to adequately examine the abovementioned hypothesis.

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