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## Comparison of measurement models based on expectations and perceived performance for the satisfaction study in health services

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#### ABSTRACT

The literature on satisfaction measurement features several models for establishing the relationship between expectations, service performance and satisfaction. The set of measures used includes the Importance-Performance Analysis (IPA), expectation disconfirmation and the satisfaction determinants model. This paper presents a comparison of different measurement models on the basis of a sample of 2900 health services users. The comparison shows that the expectations disconfirmation model allows to establish significant correlations between service attributes and general satisfaction, yet it warrants an adjustment of data distribution to identify the attributes where confirmation and disconfirmation are presented – when not due to chance. On the other hand, the direct effect approach allows to identify predictor attributes of satisfaction better than the other models do, whereas the importance – performance model is easier to implement but can generate erroneous conclusions about the service attributes that generate satisfaction.

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#### Comparación de modelos de medida basados en expectativas y desempeño percibido para el estudio de la satisfacción en servicios de salud

RESUMEN

En la literatura sobre medición de la satisfacción se han identificado varios modelos para establecer la relación entre expectativas, desempeño del servicio y satisfacción. Dentro del conjunto de medidas que se han empleado se encuentran los análisis de importancia-desempeño (IPA), el modelo de disconfirmación de las expectativas y el de determinantes de la satisfacción. El presente estudio presenta una comparación de distintos modelos de

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medida a partir de una muestra de 2900 usuarios de servicios de salud. La comparación muestra que el modelo de disconfirmación de expectativas permite establecer correlaciones significativas entre los atributos del servicio y la satisfacción general, pero requiere un ajuste de la distribución de los datos para identificar los atributos donde se presentan confirmación y disconfirmación, no debida al azar; de otra parte, el modelo de efectos directos permite identificar los atributos predictores de la satisfacción mejor que los otros modelos, mientras que el modelo de importancia-desempeño es el más sencillo de aplicar, pero puede generar conclusiones erróneas acerca de los atributos del servicio que generan satisfacción.

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Measuring user satisfaction is a subject of extensive debate in contemporary literature on quality of health services (Al-Abri & Al-Balushi, 2014). The companies providing services, as well as those responsible for health sector policies, regard satisfaction as a way to know the point of view of users in order to identify critical conditions of improvement, differentiation or analysis opportunities of the health system. In so doing, satisfaction studies become an input to quality assurance in the provision of services. The importance of user satisfaction is rooted in the ability of this response to evidence the compliance or noncompliance with a service performance standard, while revealing an emotional state of pleasure or displeasure (Mustaffa, Hamid, Bing, & Rahman, 2016; Oliver, 1993). This emotional state contributes to the formation of attitudes toward the purchase, repurchase, and loyalty (Lei & Jolibert, 2012), as well as to the allocation of expenditure budgets in households (Fornell, Rust, & Dekimpe, 2010). In addition, the judgments made in the process of formation of consumer satisfaction/dissatisfaction have an impact on the patient - health personnel interaction (Ha & Longnecker, 2010).

The review of the literature on satisfaction measurement indicates that there is no consensus about the best methodological routes to assess a health system. However, there is extensive work where different methodologies and measurement models have been tested. In order to study satisfaction, it is necessary to build the measurement mechanism for the specific case, seeking to have the scope and the generality needed, or the detail otherwise required, in accordance with the appropriate context. Three aspects stand out in the evaluation of attributes to establish satisfaction with the health service: (a) whether measures of specific episodes or summative events will be used (Ariely & Carmon, 2000); (b) whether it is preferable to ask the consumer to evaluate specific service attributes (e.g. waiting times for medical appointments), or rather to ask consumers to comment of general characteristics (e.g. attention, safety, reliability, etc.) in questionnaires such as the SERVQUAL (Li et al., 2015); and (c) whether the items and measurement scales shall use a direct measure of satisfaction or measures of expectation and perceived service performance, in addition, to establish the discrepancy and the satisfaction (Matzler, Bailom, Hinterhuber, Renzl, & Pichler, 2004).

Decisions regarding satisfaction measurement become more complex due to the characteristics of health services. For example, every person is exposed to health care since childhood; thus, it is difficult to determine whether a response corresponds to a single episode that the user experienced, to an attitude formed by previous experiences or to a social norm anchored in the response (Ariely & Carmon, 2000). In addition, health services can be provided by different companies simultaneously, so it is difficult to identify which of the stakeholders in the process can be attributed to the satisfaction/dissatisfaction response and the overlapping level of the measures. Likewise, the person may have expectations generated by their own conditions or by conditions of the service, which may affect their judgment, regardless of the quality of the service provider (Gok & Sezen, 2013). On the other hand, the criteria used to evaluate service quality and user satisfaction by the administrators and promoters of quality policies is based on the importance they give to different attributes of the service. These criteria are not unique or homogeneous, so different evaluation mechanisms are necessary to establish the best quality and satisfaction measures for the implementation of health care services (Sadeh, 2017). In light of the above, it is necessary to evaluate the ability of different measurement models to reflect satisfaction indicators that respond to features of interest in health services to identify and evaluate the relevant factors that must be borne in mind for policy-makers and managers to enhance the quality of health services and scale-up thereof.

# Expectations, perceived performance and satisfaction

Satisfaction measurement is carried out either by using overall measures through a single response on the general level of satisfaction, or by evaluating particular aspects such as the attributes or events on which the user could have positive or negative reactions to judge the service. However, in both cases, when taking the isolated measure of satisfaction, it is not possible to adequately reflect the psychological process that leads to that (Oliver, 1993). Thus, to understand what determines the satisfaction response, it is necessary to measure other related processes, the most common ones being the formation of expectations and attitudes toward the performance or perceived performance, as well as the gap between expectations and performance or expectation disconfirmation (Oliver, 1993).

Expectations regarding health services are important to consumers on their different roles as users, patients,

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