Impact of Perceived Health Services Quality on the Beneficiaries' Satisfaction An Explorative Study of Erbil Hospitals

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Abstract

This study attempts to measure the impact of perceived health services quality on the beneficiaries' satisfaction. So the main goals of it are Understanding the impact of some of the dimensions of perceived quality from the beneficiary on his or her satisfaction through the outcomes which this research will yield and attempting to present a sample derived from ethics which can be a scientific evidence that can be used by managers and the health staff at hospitals to provide health services of a quality favoured by the beneficiaries.

The result shows that there is a continuous significant increase in the demand for services in general and the health services in specific since they are related to the beneficiary's life and future.

Keywords: Beneficiaries' Satisfaction, Quality, Health Services.

1. Introduction

The health services are among the most important services that are provided to the individual since they are related to his or her life, health and the life of his or her family. The health services represent the diverse benefits provided by health sectors to consumers (beneficiaries). They are also considered among the abstract activities that aim at satisfying the desires at different times and places. Many organizations (hospitals) that the consumer's (beneficiary) satisfaction gives them a "solid" justification for growth and persistence. Unable to achieve that satisfaction, the organizations may not be able to continue and compete for a long time especially under the current challenges including the technological development, and the wide spread of multi-nationalities organizations as a tool of globalization along with changes in the (beneficiaries) consumers' needs and desires.

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Problem Statement

The health services provided to patients at hospitals have an important role in the lives of society members, particularly the patients since those services are related to their health and destiny. Based on that, the research attempted to crystallize the problem through shedding light on some of the principles and dimensions of perceived quality and trying to know its impact on patients' (beneficiaries) satisfaction.

Importance of the Study

This study highlights a number of dimensions and principles of quality perceived by the beneficiary through the health services provided to him or her. Then it distinguishes the resulting effects on the beneficiary's satisfaction through the way that the latter views those dimensions and recognizes them.

Objectives of the Study

This study aims the following:

1- Understanding the impact of some of the dimensions of perceived quality from the beneficiary on his or her satisfaction through the outcomes which this research will yield.

2- Attempting to present a sample derived from ethics which can be a scientific evidence that can be used by managers and the health staff at hospitals to provide health services of a quality favoured by the beneficiaries.

Hypothesis of the Study:

The study sample attempts to test the following hypotheses:

- The main hypothesis: The perceived quality of health services do not impact (the efforts exerted to get the services, trusting the quality of health services, expediting the provision of health services, and well treatment with beneficiaries) the beneficiary's satisfaction.

The following sub-hypotheses emerge from the main one:

- The 1st sub-hypothesis: The efforts exerted to get the services do not impact the satisfaction of beneficiary.
- The 2nd sub-hypothesis: Trusting the health services quality does not impact the beneficiary's satisfaction.

- The 3rd sub-hypothesis: Expediting the provision of health services does not impact the beneficiary's satisfaction.
- The 4th sub-hypothesis: Well treatment with beneficiary does not impact the beneficiary's satisfaction.

Sample of Study

This research discussed and analysed a study on the patients' (beneficiaries) community in Erbil Governorate. A random sample was selected consisting of 50 patients who went regularly to five hospitals in Erbil (The public hospital Rezgari, PAR hospital, CMC hospital, West Erbil public hospital, and Sardam hospital). Sixty forms of questionnaires were distributed, four of which were not received back and six were neglected and could not be analysed. Therefore, only 50 questionnaires were statistically processed.

2. Theoretical Framework

A. Service Notion:

There are many definitions for services discussed by researchers and writers. Kotler, Turner defined service as any action or performance that an individual provides to another on an intangible basis, not resulting in owning something, and producing it may or may not be accompanied by a concrete product[1]. Meanwhile, Raewf and Thabit define services as aspects of an intangible activity that aims at satisfying the desires and needs when marketed to the last consumer or the industrial buyer in return to paying a certain amount of money. These services should not be linked to selling other products[2]. Gronroos also defines service as any activity or a series of activities that are usually intangible in nature. It does not necessarily happen as interaction between the consumer and the service employees or the tangible resources or goods or systems, which are presented as solutions for problems[3]. Skinner, on the other hand, defines services as an intangible product that is of direct benefits to the consumer as a result to applying and using human efforts or energy or mechanism on certain objects or individuals. This service cannot be possessed and used in a concrete manner[4].

Therefore, services are intangible products that are used at certain markets, aiming mainly at satisfying the needs and desires of consumers (beneficiaries). They also contribute to providing much comfort, assurance, and care. Services also yield an economic stability, whether on the individual's level or the society level[5].

B. Service Characteristics:

The qualities and characteristics of service can be recognized through what have been presented. They are:

1. Intangibility: Intangibility means that the service is a wide theoretical intangible field[6] if meeting the need and its requirements is largely done in an intangible way when the consumer buys a service. If it was not, the means of satisfaction is a commodity[7].

2. Heterogeneity: Any service could be a pure service such as massage and legal consultancy without a tangible concrete commodity. The service level could be accompanied by a concrete or tangible commodity such as a car or a computer. It could also be a pure tangible commodity without any service such as soap. Between these two levels, there are non-standard levels where the accompanied services can decrease or increase.

3. Inseparability: it is produced and consumed at the same time with the participation of the beneficiary in the process.

4. Perishability: Service cannot be stored as it is produced and consumed at the same time[8]. Many services are gelatinous in nature and cannot be stored. The more intangible they are, the less they could be stored. In other words, the degree of non-intangibility increases or decreases much from perishability. Services that are of a perishable nature could not be stored, which makes the storing and depositing cost relatively or completely low in the service organization.

5. Ownership: the non-transference of ownership is one of the clear characteristics distinguishing between the goods production and service production since the consumer has the right to use the service only for a certain period of time but not owning it.

C. Service Quality:

Before discussing the service quality, we would like to note that services became among the important things in human life. The demand for services also increased for many reasons including:

1. The growth in the individual's income surplus.

2. The technological development.

3. The change in life styles.

4. More specialized work.

There are many studies that proved that the demand for services is continuously increasing. One of the studies in the United Kingdom showed that the number of workers in the service sector in 1961 represented 47%. This number increased in 1993 to represent 70%. Another study showed the amount of expenditure on services which started to increase. This increase in the expenditure means the increase in service demand which made the service providers produce services with high quality so that they can compete (as a result to the increase in service demand) and also promote the services and control the market[9].

Teas views the service quality as "the measurement of consumers' (beneficiaries) standard expectations and these expectations represent the level of measurement of performance based on a previous experience"[10]. Maidan suggests that the service quality means that "the service is flawless during the time of achievement and this judgment is given by the costumer after recognizing the actual performance of the service"[11]. Some researchers agree that service quality is (the ability of management to meet the demands of the costumer in a way that match with his or her expectations, and fully satisfy him or her with the service provided[12].

There are three types of expectations[13]:

1. Probable service: it reflects the service which the costumer believes it exists, which can also be achieved and included by the organization in reality.
2. Desirable service: it is the ideal expectation that reflects the desire of consumer in obtaining it which should be included.
3. Appropriate service: it is the minimum quality of service which the costumer accepts or is satisfied with without his or her dissatisfaction.

Other researchers[7] view that the service quality has standards which consist of the following:

1. Reliability: the extent of relying on the service.
2. Accessibility: easy access to the service at the appropriate times.
3. Credibility: trusting the service provider.
4. Security: avoiding risk and doubt.
5. Knowledge: the extent of organization knowledge of the costumers' needs.

6. Response: it represents the workers' desire to provide the service to the costumer and meet his or her demands.
7. Efficiency: it represents the skills of workers.
8. Greetings and courtesy.
9. Communication.
10. Service tangibility.

D. The Importance of Health Service Quality:

The changes on the life styles have contributed to expanding the importance of service sector in general. In the last 40 years, the number of women workers doubled to around 40% of the workforce. They were 16 years and above and they contribute with around 40% of the domestic income[14]. On the other hand, these women expressed their increased needs for people looking for their children, helping in their household services, offering medical and legal services for them. This issue helped the services thrive and spread and the demand on these services increased particularly the services provided by the service organizations such as (restaurants, maintenance, tools rental, etc.) for which the demand became more than the consumptive services. Many companies compete to provide services. Therefore, caring for the quality of service became one of the very sensitive and important issues to ensure that the companies stay within the competing circle. The health service plays a vital role in the individual and society life for which the demand is increasing continuously although it is characterized by accuracy, complexity and risk because it is directly related to individuals' lives. The health service has witnessed development, expansion and strong competition attempting to provide a health service with a high quality that meets the expectations of the patient. Thus, the importance of health service quality contributes to forming the patient's recognitions that are matching with his or her expectations which leads to his or her satisfaction and also the satisfaction of his or her relatives and acquaintances. This point will contribute to achieving a good reputation for the health organization.

E. Consumer's (Beneficiary) Satisfaction:

Many organizations realized that the consumer's (beneficiary) satisfaction gives them a solid reason to exist and grow. Their inability to achieve that satisfaction may make them unable to continue and compete for a long time, especially under the current challenges along with the rapid technological development and the spread and expansion of the multi-national organizations as a tool for globalization and the resulting changes in the preferences, needs and desires of the consumers. As a result to those challenges and others, it became a must for companies (hospitals) to take into consideration the issue of

consumer's (beneficiary) satisfaction with what they provide and attempt to win his or her satisfaction and loyalty.

The satisfaction is a main determinant of the extent of consumer inclination toward the products and services of the organization in the light of the positive or negative or neutral directions toward those services[15]. Smart suggested that the organization ability to attract and keep the consumers and strengthening the relation with them[16]. Stanton et al. stressed that comparing the expectations of the consumer with the development that are related to the service provided to him or her[17].

Therefore, we can say that the consumer's (beneficiary) satisfaction is a measurement that enables the organization (hospital) to know how the organization (hospital) performance matches with the consumer's (beneficiary) expectations. The more the performance exceeds the expectations, the happier, and more satisfied the consumer (beneficiary) will be and vice versa. The satisfaction of the consumer (beneficiary) is the basis of growth for the organization (hospital) and its continuity on the long term. The satisfaction does not only represent the reaction of the consumers (beneficiaries) but also represents the reaction of the whole society toward the organization (hospital).

3. Practical Part

Questionnaire framework:

For this study, a questionnaire was used to collect the necessary data and to complete the study requirements. Table (1) describe the items of the questionnaire.

Table (1) : The items of questionnaire

Main Variables	Sub Variables	Q. sym.	Statements
The perceived quality of health services	Efforts exerted to get the services	X_1	The patient cares about receiving health service from the hospital instead of suffering from visiting the private offices of the treating doctor.
		X_2	The level of hospital health services fees is an important factor to attract or repel the patient in case of fees decrease or increase.
		X_3	The commitment to applying the hospital visitors' entrance disciplines by the management is essential since it is related to the patient's comfort.
		X_4	Cleanliness and ensuring that contagious diseases do not spread are factors that should be available in the hospital.

	Trusting the quality of health services	X_5	The patient prefers to undergo surgeries undertaken by specialized doctors than by resident doctors or those under training.
		X_6	The patient cares about the commitment of hospital workers to give him or her medicines prescribed by the doctor, not replacing them with expired medicines.
	Expediting the provision of health services	X_7	The constant availability of ambulances at hospitals is one of the important priorities that should be taken into consideration by the hospital administration.
		X_8	The presence of specialized physicians particularly at critical times is one of the most important things the patient needs then.
		X_9	The availability of the means of calling the treating doctor at any time the patient needs in terms of the speed and readiness from the technical side is an issue that the hospital administration should consider constantly.
	Well treatment with the beneficiary	X_{10}	The administration caring about the room atmosphere as far as ventilation is concerned, air-conditioning, and bed lining are among the most important things the patient needs.
		X_{11}	The hospital administration should widely care for the quality of food served to the patients.
		X_{12}	The patient attempts to get great compassion from the hospital workers at different levels.
Beneficiary's satisfaction		X_{13}	Facilitating all the difficulties and obstacles by the workers at the hospital with regards to enabling the patient to get the health services that he or she needs contribute to their rest.
		X_{14}	Assuring the quality level of the health services provided by the hospital leads to attracting the patient to get those services.
		X_{15}	The less the time the patient waits to receive the health service he or she needs, the faster he or she recovers.
		X_{16}	Showing compassion to patients by the medical staff results in a positive reaction on the patient's part.

Table (2) below shows the answers of the study sample against the questionnaire.

Table (2) : Frequent and relative distribution, mean, and standard deviation of beneficiaries from the study sample

Standard Deviation	Mean	Answer Scale										Question index
		1		2		3		4		5		
		Never		Seldom		Sometimes		Mostly		Always		
		%	Seq.	%	Seq.	%	Seq.	%	Seq.	%	Seq.	
0.96	4.02	-	-	10	5	14	7	40	20	36	18	X_1
0.98	3.78	2.0	1	8	4	24	12	42	21	24	12	X_2
0.79	3.98	-	-	4	2	20	10	50	25	26	13	X_3
0.99	3.92	-	-	10	5	22	11	34	17	34	17	X_4
1.03	3.58	4.0	2	12	6	22	11	46	23	16	8	X_5
1.02	3.76	4.0	2	10	5	12	6	54	27	20	10	X_6
1.05	3.90	-	-	14	7	18	9	32	16	36	18	X_7
1.04	4.06	2.0	1	8	4	14	7	34	17	42	21	X_8
0.84	3.94	-	-	8	4	14	7	54	27	24	12	X_9
0.93	3.86	2.0	1	8	4	14	7	54	27	22	11	X_{10}
0.86	4.04	-	-	6	3	16	8	46	23	32	16	X_{11}
0.87	3.96	2.0	1	2	1	20	10	50	25	26	13	X_{12}
1.04	3.78	2.0	1	12	6	18	9	42	21	26	13	X_{13}
1.07	3.80	4.0	2	8	4	20	10	40	20	28	14	X_{14}
0.74	3.76	-	-	4	2	30	15	52	26	14	7	X_{15}
1.05	3.52	4.0	2	14	7	24	12	42	21	16	8	X_{16}

The total of the fields 4 and 5 is calculated and considered positive answers while the total of fields 1 and 2 is considered negative answers. The total of answers of field 3 refers to uncertainty.

Testing the Study Hypotheses

Testing the research hypotheses through measuring the correlation among the hypotheses variables in addition to measuring the linear relation and specifying the impact of an independent variable on a dependable variable of the same hypotheses variables as follows:

1) Testing the first sub-hypothesis of the main hypothesis:

The correlation test shows that the coefficient of correlation between the efforts exerted to get the service and the beneficiary's satisfaction was (0.261) and the value of calculated T was (1.87) which is less than its table value; meaning that there is no correlation between these two variables.

Through testing the linear regression, the first sub-hypothesis proved to be right. The value of (F) calculated was (3.50); less than its table value which means to accept the hypothesis of non-existence and reject the alternative hypothesis (the efforts exerted to get the service do not impact the beneficiary's satisfaction). It was shown that the sample of simple linear regression was not significant with the level of (0.067) and the determination coefficient of correlation (R2) was (%6.8).

2) Testing the second sub-hypothesis of the main hypothesis:

The correlation test shows that the value of correlation between trusting the quality of health services and the beneficiary's satisfaction was (0.253), and calculated T value was (1.81) which is less than its table value. This means that there is no significant correlation between these two variables. Through the regression test, the second sub-hypothesis proved to be correct. The calculated (F) value was (3.29), which is less than its table value; meaning that to accept the hypothesis of non-existence and reject the alternative hypothesis (the trust in the health services quality has no impact on the beneficiary's satisfaction). The sample of simple linear regression was not significant with a level of (0.076) and the determination coefficient (R2) of this correlation was (%6.4).

3) Testing the third sub-hypothesis of the main hypothesis:

The correlation test shows that the value of correlation coefficient between the quick provision of health service and the beneficiary's satisfaction was (0.566) and calculated (T) was (4.76) which is higher than its table value; meaning that there is a significant correlation between these two variables.

Through the linear regression test, the third sub-hypothesis proved to be incorrect since the calculated value of (F) was (22.67) which is higher than its table value; meaning that the hypothesis of non-existence of correlation is rejected and that the alternative hypothesis is accepted (the quick provision of health services has an impact on the beneficiary's satisfaction). The sample linear regression was significant with a value of (0.000) and the value of determination coefficient (R2) of this correlation was (%32.1).

4) Testing the fourth sub-hypothesis of the main hypothesis:

The correlation test shows that the value of correlation coefficient between the good treatment or care with the beneficiary and the beneficiary's satisfaction was (0.502), and the calculated value of (T) was (4.02), which is higher than its table value; meaning that there is a significant correlation between these two variables.

Through the linear regression test, the fourth sub-hypothesis is incorrect. The calculated value of (F) was (16.15) which is higher than its table value; meaning that the

non-existence hypothesis is rejected and the alternative hypothesis is accepted (the good treatment of beneficiary has an impact on the beneficiary's satisfaction). The sample of regression was significant with a value of (0.000), and the determination coefficient (R2) of this correlation was (%25.2).

5) Testing the main hypothesis:

The correlation test shows that the value of correlation coefficient between the perceived quality of health services (efforts exerted to get the health service, trusting the quality of health services, the quick provision of health services, and the good treatment of beneficiaries) and the beneficiary's satisfaction was (0.574), and the calculated value of (T) was (4.86) which is higher than its table value; meaning that there is a significant correlation between these two variables.

Through the linear regression simple test, the main hypothesis proved to be incorrect. The calculated value of (F) was (23.59) which is higher than its table value; meaning that the non-existence of correlation hypothesis is rejected and the alternative hypothesis is accepted (the quality of the perceived health services 'the efforts exerted to get the health service, trusting the quality of health services, the quick provision of health services, and the good treatment of beneficiaries' has an impact on the beneficiary's satisfaction). The sample linear regression was significant with a value of (0.000) and the determination coefficient value (R2) of this correlation was (%32.9).

The following tables (3) and (4) show the affecting correlations of the previously-mentioned variables:

Table (3) : Testing the impact of the quality of perceived health services on the beneficiary's satisfaction

Impact	P value	F value	Determination Coefficient (%) R_2	B coefficient	Value of regression (a)	Independent Variables	Seq.	Variable
Insignif.	.067	0.50	6.8	.312	2.49	Efforts exerted to get the service	1	Beneficiary's satisfaction
Insignif.	.076	3.29	6.4	.227	2.86	Trusting the quality of health services	2	
Signif.	.000	22.67	32.1	.519	1.66	Quick provision of health services	3	
Signif.	.000	16.15	25.2	.532	1.61	Good treatment of beneficiary	4	

Table (4) : Testing the impact of the quality of the perceived health services on the beneficiary's satisfaction

Impact	P value	F value	Determination Coefficient (%)	B coefficient	Independent Variables	Independent variable	Variable
Signif.	.000	23.59	32.9	.827	.488	Quality of perceived health services	Beneficiary's satisfaction

4. Conclusion and Recommendations

Conclusions

Through discussing the theoretical part, analysing the results, and testing the sample and hypotheses of the research, the researchers reached to the following conclusions:

1. There is a continuous significant increase in the demand for services in general and the health services in specific since they are related to the beneficiary's life and future.
2. Health services, like others, are related to many standards that control their quality and can as a result represent bases for competition on which the organization providing the services depend.
3. The beneficiary (patient) is the best to evaluate the quality of the provided health services through perceiving their quality. Through the patient's judgment and satisfaction, hospitals stay or get out of the competition circle.
4. The beneficiary (patient) is sensitive to the quality of the provided health services he or she perceives due to the significant correlation between the perceived health services quality and the beneficiary's satisfaction.
5. The beneficiary does not care about the quality standard related to the efforts exerted to get the service. That was obvious through the fact that there was no significant relation between the mentioned criterion and beneficiary's satisfaction. Thus, the beneficiary is ready to exert great efforts to get high-quality health services.

6. The beneficiary does not get involved much with trusting the quality of health services since he or she passes through difficult conditions in which they look forward to recovery, leaving their lives in the hands of doctors and their assistants and trusting them in advance. This explanation was included in the research results through the fact that there was no significant relation between trusting the quality of health services and the beneficiary's satisfaction.

7. The quick provision of health service contributes to the beneficiary's satisfaction. As a result, the faster providing the health service, the more satisfied the beneficiary will be.

8. The beneficiary (patient) looks forward to good treatment by the health service providers. The good humanitarian treatment with the beneficiary contributes to his or her satisfactions and recovery.

Recommendations

In the light of the conclusions reached, the researchers present a number of recommendations as follows:

1. The researchers recommend that the hospitals administrations to start seizing the opportunities which the increasing demand on the health services provides.

2. The researchers suggest that hospitals administrations focus on all or part of the standards of the health service quality, and present health services that of a high quality so that they achieve competitive qualities.

3. The researchers consider it necessary for the hospitals administrations to target the patients (beneficiaries) as the supreme targets for these hospitals through satisfying their needs and wining their satisfaction. The hospitals should also be convinced that the patients represent the decisive criterion of judging the quality of their services.

4. The researchers recommend the hospitals administrations to develop health services with high quality that attract the attention of beneficiaries, considering the appropriate standards of quality that should be clear and important so that they become more perceived by the beneficiaries such as response, credibility, security, etc.

5. The researchers suggest that the hospitals administrations urge and motivate their staff at different levels to expedite the provision of health services and void procrastination to win the satisfaction of beneficiaries through providing all the necessary requirements such as ambulances, the availability of doctors, and the availability of means of contact with them.

6. The researchers believe that it is necessary for the health service providers to commit to the good humanitarian treatment for the beneficiaries and always make them feel that everybody is to serve them through care and providing the appropriate atmospheres in rooms, providing good food, and high compassion with the beneficiaries.

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