



An Assessment Of Patient's Perceptions Of Service Quality In Primary Health Care Facilities In Mpulungu District

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ABSTRACT

This study aimed at assessing patient's perceptions of service quality in primary health care facilities in Mpulungu district in the Northern Province of Zambia. The study was cross sectional; both primary and secondary sources of data were used.

100 participants were randomly selected using a non-probability technique

A Cronbach's alpha for the perception statements was 0.635.

The study concluded that both nurses and clinicians were perceived to be well trained and highly confidential.

The study also reviewed that waiting time for treatment and diagnostic services was longer than 45minutes.

As regards to satisfaction, the majority of the respondents were satisfied with the services offered in the facilities representing 63%.

The result from Pearson correlation analysis indicated that there was positive and significant correlation between satisfaction and nurse's response time and empathy

KEY WORDS: *Service quality, SERVQUAL model, Perceptions, Expectations, Primary Health care, Satisfaction*

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I. INTRODUCTION

The Zambian economy has been growing at an average of over 6 percent annually since the year 2000 with considerable stability and inflation rates below 10 percent for much of the period in question. The good economic performance has resulted in improved and more predictable funding for service delivery to the Ministry of Health and improved share in the national resource envelope from 7 percent in 2006 to 9.7 percent in 2015 according to the Zambia Health Service Improvement project report (2016). On the other side, these achievements have not yet significantly impacted on the socio-economic status of the majority of the population especially those in the rural areas.

Despite the increase in financing to the health sector over the past years, Zambia continues to have a huge burden of diseases.

Despite these efforts by the government in the health sector the quality of services offered in the facilities still leave a lot to be desired.

So much is being done by the cooperating partners in service delivery in the district through the Sector wide approach (SWAp) introduced in 1993 by the Zambian government to improve aid effectiveness, Mpulungu in the recent years has seen partners such as the World Bank and Clinton Health Access Initiative (CHAI). Both partners aim at increasing coverage while maintaining quality in health indicators. The coming of the results based financing and the Clinton health initiative, the district has seen a reduction in mismanaged cases pertaining to maternal health, a motivated staff workforce, new medical and non-medical equipment.

Quality and quantity assessments are conducted on a regular basis to counter check tangible performance in the health facilities, however the quality aspect of the services offered from the user's point of view has been neglected and this compelled this research to assess quality of service from the client's point of

view and identify the gaps between perceptions and expectations. It went further to determine which dimensions had positive effect on clients satisfaction.

1.2. Problem Statement.

Despite the efforts being made to ensure improved service delivery in the facilities, efforts to assess patient's perceptions on quality of service in primary health care facilities have not been done in the recent past, (DHO report, 2018). On a quarterly basis the district health office and hospital teams have been conducting onsite technical support to the staff at the facilities in different service areas of health care. Through the Sector wide approach (SWAp) introduced in 1993 by the Zambian government to improve aid effectiveness, Global fund and Clinton Health initiative came on board in 2017 to improve indicators in maternal and neonatal child health (MNCH) and nutrition activities in Mpulungu District. Global fund came on board with Results based financing project which aims at incentivising services been provided in the selected facilities, a 'fee for service' mechanism. The Clinton health initiative supports the District with training of community health assistants and transport to facilitate referral of maternal and neo natal child health. With the coming of global fund and Clinton health initiative the district has seen a reduction in mismanaged cases pertaining to maternal health, a motivated staff workforce, new medical and non-medical equipment. However nutrition services still seem to be lagging behind. Quality and quantity assessments are conducted on a quarterly basis to check performance in the health facilities, however it has been realised that much attention has been on assessing service quality at facility level and strategies to improve health care service delivery in the district has been based predominantly on tangible performance with minimal inclusion of patients perspectives and this compelled this research to assess quality of service from the clients point of view and identify the gaps between perceptions and expectations. The findings of the research helped us to understand and identify the perceptions of patients and gaps as regard to quality of service delivery in primary health care facilities in Mpulungu and how these concerns can be addressed and recommended new studies in improving service quality. It also helped us understand the dimensions that determine satisfaction as regards to service quality in primary health care facilities in Mpulungu.

1.4 Main objective

The study aimed to assess patient's perceptions on service quality in primary health care facilities in Mpulungu District using the SERVQUAL approach.

1.5 Specific objectives of the study.

The specific objectives of the study were to;

- 1) To establish clients' perceptions of service quality in primary health care facilities in Mpulungu.
- 2) To establish to what extent clients were satisfied with health care services in the district.

1.6 Research questions

The study sought to answer the following research questions as enunciated by gaps in the literature.

- 1) What are client's perceptions of service quality in primary healthcare facilities in Mpulungu?
- 2) To what extent are clients satisfied with health care services in Mpulungu?

II. LITERATURE REVIEW

Service quality

According to Parasuraman et al. (1985) the word service quality is a measure of the degree of discrepancy between consumer's perceptions and expectations and dissatisfaction occurs when expectations of the consumers are greater than actual performance of service delivering organizations and perceived service quality is less than the satisfactory level, (Akhade et al 2016) . Another researcher, Gronroos (1984) defined service quality as a function of expectations, outcome and image. According to Reinartz, (2004), quality is a relative concept, in a service industry, like healthcare, experience of the patient plays a crucial role in rating and assessment of quality of services primary healthcare facilities. Research by (Dean and Lang, 2008), Gronroos (1984) also shows that service quality in healthcare can be broken down into two quality dimensions namely technical quality and functional quality.

Technical quality is defined primarily on the basis of the technical accuracy of the medical diagnoses and procedures or the conformance to professional specifications where as functional quality refers to the manner in which the health care service is delivered to the patients (Wanjau et al 2012).

Service Quality Vs Satisfaction

Studies in the field of service quality have shown a strong correlation between service quality and patient satisfactions, a study by Cronin and Taylor, (1992) indicated that service quality was related to enterprise performance and client satisfaction. On service quality perceptions, Varinli et al (1999) found out that service quality perceptions were closely related to the patients' satisfaction level. According to the studies conducted by

Brady and Cronin, (2002); Parasuraman et al (1994); Cronin and Taylor, (1992); service quality emerged before patient satisfaction. On the other end other researchers such as (Bitner, 1990); (Bolton and Drew, 1994); deduced that patient satisfaction emerged before service quality.

However a critique to a causality relationship between service quality and client satisfaction was made by (McAlexander and Kaldenberg, 1994) who asserted that there was no continuous and repeated priority relationship between service quality and satisfaction. The proponents of service quality (Dursun and Cerci, 2004) argued that although there was no complete consensus on causality relationship between service quality and satisfaction, it is widely accepted that service quality emerged before satisfaction; i.e., it determines satisfaction level. According to Akhade et al (2016) service quality has become an imperative in providing patient satisfaction because delivering quality service directly affects customer satisfaction, loyalty and financial profitability of service businesses.

Service Quality Perceptions

According to Bowers et al, (1994) the elements that determine patients' service quality perception are indirect criteria such as doctor-patient relationship and/or hospital setting, which remain more outside the scope of the technical dimension. Literature reviewed in Kayral (2014) availed to the researcher that there was a study by Carman (2000) who examined the importance of the features patients use in evaluating quality in hospital services; to him service quality is an attitude and it comprises of two features, functional and technical. In Iran, a study by Zarei et al. (2012) was conducted in which the SERVQUAL

Model was applied based on the five service quality dimensions, the findings of the study showed that patients in private hospitals of Iran defined service quality in three dimensions: Tangibles, reliability/responsiveness and empathy and the women's expectations score was much higher as compared to the men's. Research has also indicated that the quality of services in health care facilities can be improved by focusing on modernization of equipment, timeliness of care delivery, accuracy of performance and enhancing the interpersonal relationships, communication skills of physicians, nurses and other personnel of the hospital, (Akhade et al 2016).

SERVQUAL questionnaire

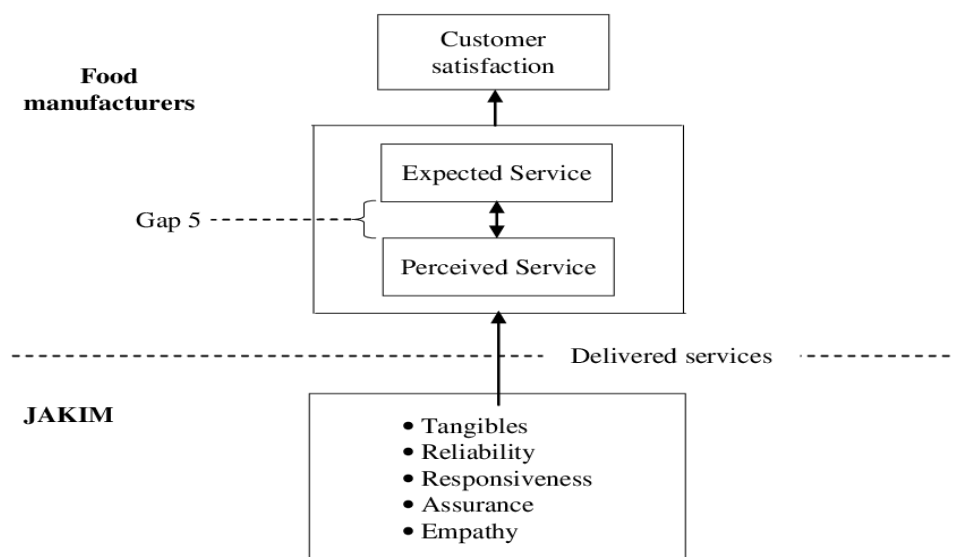
According to Parasuraman et al. (1985) service quality is a function of the differences between expectation and performance along the quality dimensions. In an attempt to measure service quality, Parasuraman et al (1985) proposed a service quality measurement scale called the SERVQUAL. The model was used to measure the customer's perception of service quality. Ten dimensions of service quality were proposed in 1985 and these included responsiveness, reliability, assurance, tangibles, communication, competence, credibility, courtesy and security. The SERVQUAL model was revised by replacing should word by would and was further reduced to five dimensions by 1994 and thereby reducing the total number of questions to 21. The SERVQUAL scale contains total 44 service attributes out of which 22 are designed to measure the expectation of the customer and 22 items are designed to measure the perceptions of customers. Using the SEVQUAL model, service quality can be measured by subtracting the expected score from perceived score.

The SERVQUAL questionnaire according to Parasuraman et al (1985) measures service quality in terms of underlying elements/ dimensions. The five dimensions of service quality include Tangibles, reliability, responsiveness, assurance and empathy. Parasuraman et al (1991) defines these five dimensions in the following terms, Tangibles refer to the appearance of the physical amenities such as available equipment, staff and cleanliness, whereas reliability refers to the ability to perform promised services accurately and dependably. Responsiveness is the willingness of staff to help patients and provide prompt service. Parasuraman defined assurance as the ability to convey trust and confidence through courteous and knowledgeable behaviour, the elements in this dimension include competence, respect, communication and good interpersonal relationships, Empathy is defined as the provision of care and the ability to show compassion, being approachable and sensitive are key elements in this dimension.

The SERVQUAL model has been used in a number of studies, in a study conducted by Sohail S.M. (2003) who attempted to measure the service quality of private hospitals in Malaysia using modified version of SERVQUAL scale it was found that people's expectation of health and medical services were also likely to change with time. The study was also based on the five service quality dimension, Tangibles, Reliability, Empathy, Reliability and Access

2.6. Conceptual framework.

This study borrowed the conceptual framework from Parasuraman et al (1985, 1988, 1990 and 1991) to answer the research questions which were formulated for this study.



Source: Parasuraman *et al.* (1985, 1988, 1990 and 1991)

III. METHODOLOGY

Research design.

In terms of contact with the study population, in this research the researcher used a cross sectional study design as it sites a better design in trying to find out the prevalence of a situation, problem or a phenomenon by taking a cross- section of the population.

Sampling design and sample size

In order to identify the research participants in this research, the researcher came up with a sampling design. The age limit for the respondents was 15+ years. The sample size was identified to be 100 respondents, 33 from Mpulungu district hospital, 33 from Mpulungu urban clinic, 11 from kasakalawe, and 29 from other facilities. Sample size was calculated at 95% confidence level, margin of error 5% and distribution of 50%.

Data collection methods.

The data that was required within the scope of this research was obtained through questionnaires administered to patients visiting the outpatient departments and those admitted in the inpatient wards.

In this study the researcher used the SERVQUAL model to investigate perceptions and identify the gaps between expected and perceived service quality. The study used a questionnaire which had 48 SERVQUAL statements, of which 24 were statements on perceptions and 24 were statements on expectations. Four questions were on demographics and two on satisfaction. (See appendix 1). The aim of the study was to get as much detail as possible about the subject matter from individual clients. Respondents who were able to read were given the questionnaire to fill out themselves and those who were unable to read were assisted by the enumerators to understand the questions interpreted in the local language (Lungu and Mambwe). A five point Likert

IV. RESULTS AND DISCUSSIONS

The majority of the respondents in the sample were females at 63% whilst males were at 37%. In terms of educational attainment 39% of the respondents had reached secondary level of education whilst only 2% were illiterate. The most prevalent age range was that between 30-40 years at 45% and only 7% were above 61 years of age.

Data analysis.

Upon completion of data collection, questionnaires were thoroughly checked to ensure that there was completeness, after which they were coded and entered into spss under the data view. The data set was checked for inconsistencies and outliers and before analysis the data set was sent to the supervisor for checking. Reliability and factor analysis was done to obtain the reliability of the data collected and factorability of the dimensions in the data set. Descriptive statistical analysis was done on demographic data. The Pearson correlation coefficient was used to calculate the linear correlation between variables. Gap scores were obtained by subtracting expected mean scores from perceived mean scores. Values <0.05 were considered to be statistically significant, unless otherwise stated.

Reliability Analysis

To measure the internal consistency of the questionnaire and determine the trustworthiness of the data that was collected in this research, a reliability test in spss was conducted. According to Hair et al (2006) reliability refers to the extent to which a set of variables is consistent in what it is intended to measure. Internal consistent in this case means “if the questionnaire was to be administered at a different point in time, the responses should be similar to previous responses. The Cronbach’s alpha was used to measure the internal consistency of both the perceived and expected scales.

The results of the analysis indicated that that the Cronbach’s alpha for the 24 perceived statement was 0.635 which was in an acceptable range, whilst that for the expected items was 0.538 which was relatively weak. Therefore the scale for expected items was very unreliable. The recommended Cronbach’s alpha values should be values above 0.7. See appendix two for Cronbach’s alpha values

V. RESULTS AND DISCUSSIONS

Demographic characteristics of the sample.

Table below indicates that the majority of the respondents in the sample were females at 63% whilst males were at 37%. In terms of educational attainment 39% of the respondents had reached secondary level of education whilst only 2% were illiterate. The most prevalent age range was that between 30-40 years at 45% and only 7% were above 61 years of age.

Table 4.1: Demographic characteristics

Variable	Category	Frequency	Percentage (%)
Sex	Male	37	37
	Female	63	63
Education	Illiterate	2	2
	Primary level	33	33
	Secondary level	39	39
	Tertiary	26	26
Age	Less or equal to 30	14	14
	30-40	45	45
	51-60	34	34
	Above 61	7	7

Source: Field survey (2018)

Patient’s perceptions of Service quality in primary health care facilities using SERVQUAL Model Tangibles Dimension.

Tangibles refer to physical facilities, equipment and personnel at the facility. Service industries such as health care facilities emphasize tangibles in their service delivery strategies (Zeithaml and Bitner, 2003:98).

A majority of the respondents indicated that the facilities they had visited had up-to-date and well maintained equipment and 27% strongly agreed that the facility had updated and well maintained equipment in the facilities. In terms of cleanliness and hygiene, a majority of the respondents in the sample strongly agreed that the facilities prioritised cleanliness and hygiene,

It was also found that a majority of the respondents perceived nurses and clinicians in the facilities as being competent.

Reliability Dimension.

Reliability has been defined by Zeithaml and Bitner (2003:95) as, “the ability to perform the promised service dependably and accurately”. A majority of the respondents indicated that facilities did not provide treatment, diagnostic tests and other services within an acceptable time period, it was also found that monitoring of patients health status in the wards on a regular basis, was been done

Responsiveness Dimension.

Responsiveness reflects the commitment of a firm to provide service in a timely manner. It also includes the willingness or readiness to provide a service (Hoffman and Bateson, 2006:344). Findings in this dimension reviewed that patients had to wait for longer periods of time to access daily services.

Assurance Dimension.

The assurance dimension in SERVQUAL assesses a firm's competence, courtesy to its customers and security of its operations (Hoffman and Bateson, 2006:344). A majority of the respondents were confident in receiving medical treatment in the facilities and contended that facilities provided privacy during treatment.

Empathy

The empathy dimension concerns assessment of a firm's ability to put itself in a customer's place (Hoffman and Bateson, 2006:345). In other words, it's about caring and giving individualised attention to customers. In the context of this study the customers are the patients assessing health care services. In this dimension, the majority of the respondents in the sample strongly disagreed to the proposition that nurses at the facility were caring with a response rate of 29%.

Relationship between service quality dimensions and satisfaction

Descriptive analysis on the sample population indicated that 63% of the respondents were satisfied with the services provided and only 16% were not satisfied with the services.

VI. CONCLUSION

The literature review of this study introduced various important elements within the field of perceived service quality in health care. The findings from the empirical part of this study have helped to highlight the important aspects of service quality that is considered as important by patients. This study has concluded that, in as much as patients are satisfied with the services been provided, gaps still exists. Hopefully the findings of the study will serve as a motivation and a guideline for management at facility, district, provincial and national level to look further into studies of perceptions of service quality.

VII. RECOMMENDATIONS

- 1) The office of the District Director of health should ensure that quality management in the selection of health care personnel, allocation of resources, monitoring and evaluation of plans and the launching of improvement teams is enhanced. At the same time, a recent and growing literature suggests that managerial and organizational practices matter greatly for organizational productivity and outcomes.
- 2) The DHO team to re-orient members of staff on a quarterly basis on conditions of service to enhance professionalism and ethical behaviours.
- 3) Motivate staff in health facility by engaging them in activities involving incentives.
- 4) Strengthen supervisory measures in the centres.
- 5) Facilitate competence trainings for health workers.
- 6) Arrange management trainings for health facility in charges.

Recommendations for health facility managers

- 1) Identify measures of reducing waiting time for daily and admission services.
- 2) Facilitate competence trainings for nurses and clinicians.
- 3) Prioritise environmental health in the facilities.
- 4) Improve waiting rooms by putting up modern entertainment equipment.
- 5) realise that empathy is key in the health sector,
- 6) Improve on communication skills to enhance patient- staff communication.

Recommendations to stakeholders.

- 1) To support research in service quality in the facilities.
- 2) Upscale activities which incentivise services such Results based Funding.
- 3) Support facilities with transport and equipment.
- 4) Call on refresher programmes for clinicians and nurses

Areas for further Research.

Collecting data on the perceived service quality from patients receiving medical treatment in health care facilities has a very clear importance and further research in service quality is required. This study has contributed results and research approaches that could stimulate further research in service quality.

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